

July 30, 2013

Hon. Fred Upton
Chairman
House Energy & Commerce Committee
2125 Rayburn House Office Building
Washington, DC 20515

Hon. Henry Waxman
Ranking Member
House Energy & Commerce Committee
2125 Rayburn House Office Building
Washington, DC 20515

Hon. Joe Pitts
Chairman
House Energy & Commerce
Health Subcommittee
2125 Rayburn House Office Building
Washington, DC 20515

Hon. Frank Pallone
Ranking Member
House Energy & Commerce
Health Subcommittee
2125 Rayburn House Office Building
Washington, DC 20515

Dear Chairmen Upton and Pitts, and Ranking Members Waxman and Pallone:

On behalf of the American Nurses Association (ANA), I want to express my support for continued legislative progress on bipartisan draft legislation (HR 2810) repealing the Medicare sustainable growth rate (SGR) formula and reforming Medicare Part B payment, and urge its continued improvement. ANA is the only full-service professional organization representing the interests of the nation's 3.1 million registered nurses and the 100,585 advanced practice registered nurses who directly bill Part B carriers who provide services to **10.4 million Part B fee-for-service beneficiaries**.

As you discuss HR 2810, as the committee is aware that 38 percent of Medicare Part B providers are not physicians. They are advanced practice registered nurses (APRN); Nurse Practitioners, Certified Registered Nurse Anesthetists, Certified Nurse-Midwives, and Clinical Nurse Specialists—9 percent; physical and occupational therapists, chiropractors, audiologists, and many others. The language of HR 2810 should reflect “providers” when appropriate and not only mention our physician friends.

Additionally, ANA would offer the below comments; we,

- Strongly support for the 0.5% update during each of the five years during the period of stability and also for including the 0.5% positive update as a base update for 2019 and thereafter;
- Approve of the consultation requirement with specialty societies in developing the Update Incentive Program (UIP) model, including quality measures and clinical improvement activities and the composite score, given the broad latitude the agency has in developing the UIP program;
- Believe the addition of clinical improvement activities as a form of performance measurement is good policy; however, we would seek to provide input on the form and measurement format of those activities;

- Support the exception to the UIP penalty for practitioners that see only a few Medicare patients. However, it is unclear how this exception (and other rules) applies to practitioners with a practice that includes a few Medicare patients paid under fee-for-service, FFS (and updated through the UIP) and other patients paid under an alternative payment model (APM). Must the practitioner meet the requirements of both models?
- Commend the committee for recognizing the importance of encouraging care coordination and medical homes and strongly encourage the expansion of the provision to include nurse practitioners and other appropriate APRNs as qualified practitioners; and
- Request that **APRNs services** (and PA services) **should be reimbursed at 100% of the Medicare Fee Schedule** rather than being subject to a 15 percent discount; and
- Moreover, for any services billed “incident to” there should be a mandate for an entry on such claims to clarify the specialty or taxonomy of the actual performing clinician. CMS would develop a set of modifiers that would differentiate the various non-physician clinicians per each line item. This would help to eliminate inappropriate delegation, fraudulent billing, and establish a means to determine the distribution and actual value of services provided under those circumstances.

We look forward to working with you in the coming months as you seek a solution to the SGR dilemma. Please do not hesitate to contact me at 301-628-5098 [/rose.gonzalez@ana.org](mailto:rose.gonzalez@ana.org) or April Canter at 301-628-5095 or april.canter@ana.org, if you have any questions, or if we could be of any assistance.

Sincerely,



Rose Gonzalez, PhD, MPS, RN
Director of Government Affairs