

May 21, 2024

The Honorable Chiquita Brooks-LaSure  
Administrator, Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
P.O. Box 8013  
Baltimore, MD 21244-1850

Submitted electronically to [www.regulations.gov](http://www.regulations.gov)

**RE: Medicare Program; Request for Information on Medicare Advantage Data [CMS-4207-NC]**

Dear Administrator Brooks-LaSure:

The American Nurses Association (ANA) is pleased to submit the following comments in response to the request for information (RFI) on Medicare Advantage Data. ANA asks the agency to address access to care provided by advanced practice registered nurses (APRNs) through provider and network adequacy standards.

ANA supports the agency's goals to improve Medicare Advantage, but we urge the agency to consider the following, as detailed in this comment letter:

- **Inclusive Provider Networks; and**
- **Impacts of Consolidation on Access in Medicare Advantage.**

**Network Adequacy**

ANA remains concerned that network adequacy requirements for Medicare Advantage (MA) plans do not effectively ensure access to the health care services provided by nonphysician practitioners, including APRNs. CMS is looking at whether there should be a national floor of quantitative network adequacy. ANA encourages CMS to develop standards ensuring that plans offer enrollees a robust choice of provider type, including APRNs.

APRNs provide safe and cost-effective care and are often the providers preferred by patients. States with outdated licensing rules unnecessarily restrict APRN practice, and therefore limit patient choice of provider. However, even in states that grant full practice authority for APRNs, patient access can be hampered by inappropriate barriers posed throughout health care systems.

Unfortunately, ANA can share numerous accounts from our APRN members with firsthand experience of how plans discriminate against them, and the adverse impacts that discrimination has on patients. Excluding these clinicians from plans has led to delayed care, inaccurate patient follow-up, and dissatisfaction. We also know that patients often must pay out of pocket when APRN reimbursement is disallowed, which undermines patient experience of care and could lead to undesirable churn in Medicare Advantage. This creates unnecessary barriers to access to care for patients, especially the most vulnerable. A physician or an alternative plan may not be available or accessible, especially in rural and underserved areas. Patients are left without meaningful choices, even though APRNs stand ready to

provide quality primary care and other services at the top of their license. ANA believes CMS can provide more effective leadership through Medicare Advantage oversight to avoid these discriminatory and inequitable situations.

In addition, ANA continues to call on HHS to do more to address restrictions on access to APRN care, through regulatory action and leadership as the largest purchaser of health care in the United States. For instance, HHS must take the lead with federal partners to promulgate strong regulations implementing the federal provider nondiscrimination law, enacted by the Affordable Care Act, commonly known as Section 2706. ANA urges the agency to act expeditiously to finalize an enforceable rule that allows APRNs to practice at the top of their license across all types of plans. Regulations should explicitly bar all forms of discrimination, including contracting, payment, value-based incentives, and unnecessary requirements such as physician supervision and prior authorization.

Ensuring the inclusion of APRNs, allowed to practice at the top of their license, is imperative to addressing barriers to care faced by patients enrolled in MA plans. As such, CMS must ensure APRNs are explicitly considered when determining whether an MA plan meets network adequacy requirements across all settings and geographic areas.

### **Consolidation**

Consolidation in the health care field has resulted in fewer opportunities for nurses to practice in their field. The result of the lack of competition is lower salaries for nurses who choose to make a career of nursing. MA plans are not immune to this feature in the health care system. While the plans may look to cast as wide a net as possible with their providers, the fact of the matter is that there are a limited number of practices in a given area, and the consolidation that has occurred in the last few years has reduced the number and diversity of providers. The result of this is that even when plans look to increase their offerings, it may not be possible.

The nation currently faces a shortage of healthcare providers. The nursing shortage is particularly acute and expected to worsen in the coming years. ANA surveys show that around 45% of nurses<sup>1</sup> are thinking of leaving the profession within the next few years. Although consolidation is not the primary reason that nurses plan to leave the profession, it may contribute to the loss of practitioners in certain areas. Allowing independent practices to thrive will help alleviate the shortage as it will allow providers to practice at locations where they are needed and to choose employment settings that meet their professional expectations.

Consolidation may also contribute to the shortage of providers in particular areas. If the largest local employer decides that they have enough nurses in a particular specialty, whether or not that is true, the employer will not hire any additional nurses in that specialty. The only recourse is extensive retraining if providers choose to leave their place of employment. The unnecessary training keeps providers out of the employment marketplace for the time that it takes to learn a new specialty, even if they want to remain focused on their existing specialty or primary care. As a result, consolidation may force many highly skilled professionals out of the marketplace, further exacerbating the shortage.

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<sup>1</sup> <https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/survey-series-results/>

## Conclusion

ANA is the premier organization representing the interests of the nation's over 5 million registered nurses (RNs), through its state and constituent member associations, organizational affiliates, and individual members. ANA advances the nursing profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating on health care issues that affect nurses and the public. ANA members also include the four advanced practice registered nurse roles (APRNs): nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs), and certified registered nurse anesthetists (CRNAs). RNs serve in multiple direct care, care coordination, and administration leadership roles, across the full spectrum of health care settings. RNs provide and coordinate patient care, educate patients and the public about various health conditions including essential self-care, and provide advice and emotional support to patients and their family members.

Nurses are critical to a robust health care system. Nurses meet the needs of patients and provide quality care that leads to better health outcomes for all patients. Moreover, nurses are critical to coordinated care approaches for Medicare beneficiaries in all settings, including hospital outpatient settings. Patient-centered care coordination is a core professional standard for all RNs and is central to nurses' longtime practice of providing holistic care to patients.

ANA appreciates the opportunity to submit these comments and looks forward to continued engagement with CMS. Please contact Tim Nanof, Vice President, Policy and Government Affairs at (301) 628-5166 or [tim.nanof@ana.org](mailto:tim.nanof@ana.org), with any questions.

Sincerely,



Tim Nanof

Vice President, Policy and Government Affairs

cc: Jennifer Mensik Kennedy PhD, MBA, RN, NEA-BC, FAAN, ANA President  
Angela Beddoe, ANA Interim Chief Executive Officer