September 5, 2019

Bipartisan Policy Center
1225 Eye Street, NW, Suite 1000
Washington, DC 20005

Submitted via email: ruralhealth@bipartisanpolicy.org

Re: The American Nurses Association submits the following comments to the Bipartisan Policy Center's request for comments to the Rural Health Task Force.

Dear Co-Chairs Senator Daschle, Senator Snowe, Governor Musgrave, and Governor Thompson,

ANA is the premier organization representing the interests of the nation's 4.0 million Registered Nurses (RNs) through its state and constituent member associations, organizational affiliates, and individual members. ANA members also include the four advanced practiced registered nurse roles (APRNs): nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs), and certified registered nurse anesthetists (CRNAs).[1] ANA is dedicated to partnering with health care consumers to improve practices, policies, delivery models, outcomes, and access across the health care continuum.

The Rural Health Task Force (Task Force) is looking for policy solutions to transform rural health care. As discussed more below, RNs and APRNs have been and are healthcare leaders in rural communities. They perform in such roles as health system leadership, sole providers of clinics and practices, public health providers, school health, and care coordination management. Key areas in which the Task Force can ensure the successful transformation for all communities include: (1) full scope of practice/full practice authority for APRNs, (2) care coordination management, and (3) telehealth practice.

Full Scope of Practice/Full Practice Authority

Supported by a growing body of evidence of the safe and cost-effective provision of care by APRNs, there is a national call to remove all barriers to full practice authority from organizations such as the Institute of Medicine, the National Governors Association, the Federal Trade Commission, the Veteran's Health Administration, and the Bipartisan Policy Center, among others.[2] It is estimated that shortages in primary care providers, including rural areas, affect 1 in 5 Americans. Given the shortage of primary care physicians, allowing APRNs and other non-physician providers to practice to the full extent of their education and training gives patients more options and more timely and available services.[3]

[1] The Consensus Model for APRN Regulation defines four APRN roles: certified nurse practitioner, clinical nurse specialist, certified nurse-midwife and certified registered nurse anesthetist. In addition to defining the four roles, the Consensus Model describes the APRN regulatory model, identifies the titles to be used, defines specialty, describes the emergence of new roles and population foci, and presents strategies for implementation.
[2] Nursing world, retrieved from: https://www.nursingworld.org/practice-policy/aprn/; HHS, Department of Labor, and Department of the Treasury. *Reforming America's Healthcare System Through Choice and Competition*, 2019. https://www.hhs.gov/sites/default/files/Reforming-Americas-Healthcare-System-Through-Choice-and-Competition.pdf
[3] Nursing world, ibid. See also Smith-Gagen, J. et al. Scope-of-practice laws and expanded health services: the case of underserved women and advanced cervical cancer diagnoses. Journal of Epidemiology Community Health. 2019.

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There are many instances across states in which APRNs are not permitted to practice to the full extent of their education and training, including instances of prescribing buprenorphine in order to help curb the opioid epidemic; ordering home health care and hospice services; or delivering anesthesia and other healthcare services to Veterans, who wait dangerously long times for care across the country. In addition to directly reducing patient access, state restrictions on practice authority can create serious challenges for public and private health care purchasers striving to build out and support adequate provider networks. ANA believes that federal policymakers can do more to incentivize state scope expansions as part of an overall strategy to transform rural health care delivery.

Care coordination management

Care coordination management is a key area in which RNs play a crucial role in lowering health care costs and improving patient outcomes. ANA recognizes and promotes the integral role of RNs in the care coordination process to improve health care consumers' care quality and outcomes across patient populations and health care settings, while stewarding the efficient and effective use of health care resources. Patient-centered care coordination is a core professional standard and competency for all RN practice. Registered nurses are especially qualified and educated to meet the needs of high risk and vulnerable patients, including those with high risk vulnerable conditions.

Care coordination models have been successfully demonstrated at the Center for Medicare & Medicaid Innovation. Models include Comprehensive Care for Joint replacement and Episode Payment Models; Comprehensive Primary Care Initiative; and Oncology Care Model. These models provide templates to recognize and incentivize the important role that RNs play in primary care and care coordination.

Telehealth practice

Nurses work in a variety of settings and in a variety of specialties, and for many they are the sole and trusted provider in a community. Nurses are well trained and educated to effectively use telehealth technologies to supervise remote patient monitoring activities and provide quality care. Remote patient monitoring in alignment with care coordination is especially important for patients with multiple chronic conditions and for those that multiple appointments could prove challenging from a transportation, provider, or geographic barrier. We urge the Task Force to incorporate the use of technology into delivery models that puts all providers that are currently providing care in rural communities to be on the same level, practicing without costly and unnecessary physician supervision requirements and without limits to their scope of practice. We also encourage the Task Force to recommend the investment in evaluating methods that enhance the understanding of the costs of RN and APRN use of telehealth technologies in providing quality and cost-efficient care.

As the Task Force continues to review opportunities for new delivery models in rural communities, ANA encourages you to bring nurse leaders to the table to truly understand the quality care and trust that APRNs and RNs bring to underserved areas. ANA is also willing to offer its assistance to help develop recommendations. If you have questions, please contact Brooke Trainum, JD, Assistant Director of Policy and Regulatory Advocacy, at (301) 628-5027 or brooke.trainum@ana.org.

Sincerely,

Debbie Hatmaker

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