February 24, 2021

Melanie Bella, Chair
Medicaid and CHIP Payment and Access Commission
1800 M Street NW
Suite 650 South
Washington, DC 20036

Submitted via email to comments@macpac.gov

Dear Chairperson Bella:

The American Nurses Association (ANA) appreciates the work of the Medicaid and CHIP Payment and Access Commission (MACPAC) on the important issue of identifying policy gaps in maternal and infant health. We recognize that these gaps contribute to poor birth outcomes and maternal morbidity and Medicaid has a role in addressing those gaps. We appreciate the thoughtfulness of the Commission's discussions and focus over the last year to improve care of pregnant and all reproductive-age women who rely on Medicaid for access to critical health care services. Specifically, ANA supports the commission's recommendations to extend Medicaid coverage for 12-months postpartum for eligible pregnant individuals with a 100 percent federal medical assistance percentage match, as determined at the January 2021 public meeting. The association looks forward to publication of the chapter and recommendations in the March 2021 Report to Congress.

ANA is the premier organization representing the interests of the nation's 4.2 million registered nurses (RNs), through its state and constituent member associations, organizational affiliates, and individual members. 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). 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. RNs serve in multiple direct care, care coordination, and administration leadership roles, across the full spectrum of health care settings. Moreover, RNs are critical to ensure that reproductive-age women have access to maternal health care services.

While MACPAC's recommendations regarding Medicaid coverage are an important first step, we urge the Commission to continue its work on this important issue. Women's, maternal, and infant health in Medicaid goes beyond coverage—coverage can only be meaningful if beneficiaries have access to needed health care services. As MACPAC highlighted in its June 2020 Report to Congress, Medicaid pays for more than 40 percent of births in the United States—and even more in rural areas and among women of color—and that pregnant individuals covered by Medicaid have higher rates of severe maternal morbidity and mortality.[1] Socioeconomic and racial disparities have a significant impact on maternal and infant health outcomes and must be addressed. These disparities are further intensified as

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[1] MACPAC. June 2020 Report to Congress on Medicaid and CHIP. June 2020. https://www.macpac.gov/publication/june-2020-report-to-congress-on-medicaid-and-chip/. Accessed February 2020.

the nation combats the COVID-19 pandemic, which has shown a disproportionately fatal impact among racial and ethnic minority groups.[2]

In addition to recommending Congress to act on postpartum coverage, ANA continues to urge MACPAC to recommend additional approaches that Congress and the Centers for Medicare & Medicaid Services (CMS) can adopt to ensure meaningful access to maternal health care and to address racial disparities and their severe, unjust consequences. We encourage the Commission to consider the following robust policy solutions that will help achieve better health outcomes for reproductive-age women.

MACPAC should issue recommendations that direct CMS to examine strategies and adopt incentives to grant full practice authority to CNMs and NPs.
CNM and NP practice continues to be unnecessarily restricted in many states due to outdated state licensing rules. These rules present a barrier to patients and their choice of provider. As noted above, Medicaid coverage can only be meaningful if beneficiaries have access care. As the Commission's research illustrates the need for more access is especially true for reproductive and maternal care. States that have not allowed CNMs and NPs full practice authority are only exacerbating existing access issues and shortages in maternal health care providers. ANA believes that federal action is warranted to encourage state action on nurse licensing approaches that would expand scope of practice for APRNs, such as CNMs and NPs.[3] As Congress and CMS determine new policy to address maternal health, it is critical to create incentives for states to remove practice barriers that result in reduced access to high-value maternal health care services.

MACPAC should issue recommendations to direct Congress and CMS to measure and account for nurses in the development of Medicaid payment models that address women's and maternal health.
CMS should be directed and resourced to develop Medicaid payment models that account for and reward RNs, NPs, and CNMs for their high-value care and resulting high-quality birth outcomes. Such care includes primary care throughout the reproductive life span, as well as preconception care, pregnancy care, and postpartum and interconception care. While there are examples of nurse-led programs that are promising cost-effective Medicaid maternal care models, these models are not sustainable or scalable unless the Medicaid program adequately pays nurses for services provided.[4] ANA encourages MACPAC to examine Medicaid payment models that target women's and maternal health and ensure nursing services are measured and accounted for. The Commission should recommend that Congress and CMS develop and adopt scalable models that integrate the critical role of nurses in addressing access to women's and maternal health care services.

MACPAC should recommend Medicaid reimbursement for maternal and infant telehealth services.

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[2] Artiga S, Corallo B, and Pham O. Racial Disparities in COVID-19: Key Findings from Available Data and Analysis. Kaiser Family Foundation. August 17, 2020. https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-covid-19-key-findings-available-data-analysis/. Accessed February 2021.
[3] The Consensus Model for APRN Regulation defines four APRN roles: NP, CNS, CNM, and CRNA. 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.
[4] American Academy of Nursing. Edge Runners: Transforming America's Health System Through Nursing Solutions. https://www.aannet.org/initiatives/edge-runners. Accessed February 2021.

Telehealth is a tool for providers and beneficiaries to ensure early and timely access to prenatal and postnatal care, eliminating barriers that can be created by provider shortages, transportation issues, and employment schedules. Currently only a handful of states specifically address obstetric care in reimbursement through Medicaid statutes. MACPAC should research and evaluate which services provide the greatest value to beneficiaries—including, but not limited to, tobacco cessation, remote monitoring of high-risk comorbidities, postpartum care, and lactation support.

ANA appreciates the opportunity to submit these comments and looks forward to continued engagement with MACPAC on the important issue of addressing women's, maternal, and infant health. Additionally, we stand ready to provide the Commission additional information or the expertise of nurse leaders on the importance of registered nurses in providing care to reproductive-age women. Please feel free to contact Brooke Trainum, Assistant Director for Policy and Regulatory Advocacy at (301) 628-5027 or brooke.trainum@ana.org with any questions.

Sincerely,

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cc: Ernest Grant, PhD, RN, FAAN, ANA President
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