

February 27, 2015

Honorable Sylvia Matthews Burwell
Secretary of Health and Human Services
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Honorable Jack Lew
Secretary of the Treasury
U.S. Department of Treasury
1500 Pennsylvania Avenue, NW
Washington, DC 20220

Honorable Tom Perez
Secretary of Labor
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20201

Attention: Summary of Benefits and Coverage
Submitted electronically to <http://www.regulations.gov>

Re: Summary of Benefits and Coverage and Uniform Glossary [CMS-9938-P]

Dear Secretary Burwell, Secretary Lew and Secretary Perez:

On behalf of the American Nurses Association (ANA), we are pleased to offer comments on the proposed rule, *Summary of Benefits and Coverage (SBC) and Uniform Glossary*, published in the Federal Register on December 30, 2014. As the only full-service professional organization representing the interests of the nation's 3.1 million registered nurses (RNs), ANA is privileged to speak on behalf of its state and constituent member associations, organizational affiliates, and individual members. RNs serve in multiple direct care, care coordination, and administrative 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, and provide advice and emotional support to patients and their family members.¹ ANA members also include the four advanced practice registered nurse (APRN) roles: nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs) and certified registered nurse anesthetists (CRNAs).²

¹ <http://www.bls.gov/ooh/healthcare/registered-nurse.htm>.

² APRNs are defined in federal law as Certified Nurse-Midwives, Certified Registered Nurse Anesthetists, Clinical Nurse Specialists, and Nurse Practitioners (P.L. 114-148, Sec. 5509). The Consensus Model for APRN Regulation defines four APRN roles: certified registered nurse anesthetist; certified nurse-midwife; clinical nurse specialist; certified nurse practitioner. 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.

In this Notice the Departments of Treasury, Labor and Health and Human Services (the Departments) describe the health-coverage-related terms and medical terms that must be included in the uniform glossary. In addition, the Notice explains that certain documents, including the proposed uniform glossary, are available for review on Department websites. The Departments propose to add several new definitions to the glossary and revise additional definitions. Comments are invited on all aspects of the proposed changes to the SBC template and other materials, and the uniform glossary.

ANA recommends including a definition of APRN in the Uniform Glossary

ANA recommends that the Departments revise the mandatory list of terms set forth in the regulations to include a definition of APRNs. As proposed, the rule mandates definitions of both “primary care physician” and “primary care provider.” The definition of “primary care provider,” set forth in the proposed updates to the *Glossary of Health Coverage and Medical Terms*, references two APRN roles (nurse practitioner and clinical nurse specialist) in addition to physicians. However, there is a separate definition for *Primary Care Physician* (i.e., “a physician . . . who provides or coordinates a range of health care services for you.”). Since APRNs also fulfill this role, it is important that the regulations also mandate (and the glossary include) a definition of the APRN role.

The utilization of APRNs to provide primary care services is not a new practice. APRNs have delivered professional health services to patients for decades. It is well-documented that APRNs deliver the same, high quality of care as primary care physicians. Additionally, as the shortage of physicians grows – at the same time an estimated 10,000 people a day turn 65 and the number of newly insured Americans increases – APRNs are positioned to help address this growing demand and provide high quality.

APRNs have a long history of providing care to patients that leads to improved patient outcomes, increased access to care, enhanced patient safety, and greater cost savings. In addition to the direct provision of health care, APRNs play an integral role in managing and coordinating care for patients, particularly those with chronic disease, multiple co-morbid conditions, and other complexities. The essential role of APRNs was recognized in the Institute of Medicine’s October 2010 report, *The Future of Nursing: Leading Change, Advancing Health*.³ The recommendations offered in this report focus on the critical intersection between the health needs of diverse, changing patient populations across the lifespan and the actions of the nursing workforce. The recommendations were intended to support efforts to improve the health of the U.S. population through the contributions nurses can make to the delivery of care. An important step in this process is to ensure that consumers/patients have tools and information to help them understand and become familiar with the full range of health care personnel available to provide health care services. Including a definition of APRNs in the uniform glossary is an important step in this process. We recommend the following definition for the uniform glossary:

APRNs are clinicians with advanced training who provide primary, acute, and specialty health care services. APRNs complete a masters, postmasters or doctoral degree program including clinical training beyond their registered nurse preparation. The four APRN roles are Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs), Certified Nurse-Midwives (CNMs) and Certified Registered Nurse Anesthetists (CRNAs).

³ Institute of Medicine. *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: National Academies Press, 2010.

ANA urges the Departments to consider the important role of APRNs in meeting the increasing demand for health services, and to recognize this role by requiring a definition of APRNs in the uniform glossary.

ANA urges the Departments to revise the definition of “physician services”

The proposed rule also requires a definition of “physician services” be included in the uniform glossary. The proposed uniform glossary set forth on Department websites defines physician services as “*Health care services a licensed medical physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), provides or coordinates.*” As discussed above, APRNs also provide a wide range of health care services to patients. While the term “physician services” is sometimes used to refer to both physician services and the services of non-physician practitioners,⁴ such an incomplete definition will be confusing to the consumers/patients who seek guidance from the proposed uniform glossary. Further, despite the historical use of physician services to encompass services provided by non-physician practitioners such as APRNs, the current definition set forth in the proposed uniform glossary is completely silent regarding the role of APRNs.

ANA recommends that you revise the proposed rule to include a mandatory definition for “physician/practitioner services” (rather than “physician services”). Further, ANA recommends that this definition specifically refer to the health care services provided by APRNs and other providers legally authorized to practice by the State.

We appreciate the opportunity to share our views on this matter. If you have questions, please contact Andrea Brassard, Director, Health Policy (andrea.brassard@ana.org or 301.628.5043).

Sincerely,



Debbie D. Hatmaker, PhD, RN, FAAN
Executive Director

cc: Pamela Cipriano, PhD, RN, NEA-BC, FAAN, ANA President
Marla Weston, PhD, RN, FAAN, ANA Chief Executive Officer

⁴ See MLN Matters Number: SE0441 (“For clarity’s sake, this article will refer to ‘physician’ services as inclusive of non-physician practitioners”). <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/se0441.pdf>