

March 5, 2018

Demetrios Kouzoukas
Principal Deputy Administrator and Director
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-4182-P
Mail Stop C4-26-05
7500 Security Blvd
Baltimore, MD 21244-1850

RE: Advance Notice of Methodological Changes for Calendar Year (CY) 2019 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2019 Draft Call Letter.

Dear Administrator Kouzoukas:

The American Association of Nurse Practitioners (AANP), representing more than 234,000 nurse practitioners (NPs) in the United States, appreciates the opportunity to provide comment in response to the Advance Notice of Methodological Changes for Calendar Year (CY) 2019 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2019 Draft Call Letter.

NPs are advanced practice registered nurses who are prepared at the masters or doctoral level to provide primary, acute, chronic and specialty care to patients of all ages and walks of life. Daily practice includes: assessment; ordering, performing, supervising and interpreting diagnostic and laboratory tests; making diagnoses; initiating and managing treatment including prescribing medication and non-pharmacologic treatments; coordinating care; counseling; and educating patients and their families and communities. NPs practice in nearly every health care setting including clinics, hospitals, Veterans Affairs and Indian Health Care facilities, emergency rooms, urgent care sites, private physician or NP practices (both managed and owned by NPs), nursing homes, schools, colleges, retail clinics, public health departments, nurse managed clinics, homeless clinics, and home health. NPs hold prescriptive authority in all 50 states and the District of Columbia. It is important to note that 89.2% of NPs are certified in primary care, the majority of whom see Medicare and Medicaid patients. NPs complete more than one billion patient visits annually.

Nurse Practitioners (NPs) are educated in pharmacologic, pathophysiologic, psychologic and sociologic aspects of pain treatment that includes the diagnosis and treatment of patients with addictive diseases including those acquired from overdosing with opioids and other schedule drugs. The pharmacodynamics, therapeutics and management of controlled drugs including opioids is a part of both baccalaureate nursing education and graduate advanced practice nursing education. NPs hold prescriptive authority in all 50 states and the District of Columbia and have been providing high quality health care to patients for over half a century. With the passage of CARA in 2016, nurse practitioners were authorized to prescribe medication-assisted therapies (MATs) after taking the necessary training and obtaining the required DEA waiver to do so.

Provider Neutral Language

Throughout this draft call letter, CMS uses the term “physician” in situations where other qualified health professionals, including nurse practitioners, are authorized to provide care under the Medicare Part C and D programs. For example, CMS uses the terms “Primary Care Physician” and “Physician Specialist” in Table 24 for In-Network Service Category Cost Sharing Requirements. The use of the term “physician” in these instances confuses patients and providers as to which clinicians are authorized to provide care under the Medicare Advantage program and undermines the scope of practice and quality of care provided by nurse practitioners. This could lead to unfair restraints on practice, decreased access to care and higher co-pays for patients. It is important that during rulemaking and in all other correspondence, CMS does not continue to utilize the word “physician” when other qualified health professionals are authorized to provide a service.

Improving Drug Utilization Review Controls in Medicare Part D

Days Supply Limits for Opioid Naïve Patients: CMS requested feedback on requiring Part D plans to implement supply limitation policies for opioid prescriptions. When assessing the benefits and risk of opioids, CMS must consider how these policies can be adapted for individual responses to pain and the varying pain thresholds that patients have. While abuse and misuse are very serious concerns, there is also the concern that guidelines that are too restrictive may prevent a non-abusing patient who needs opioid pain management from obtaining medically necessary medication. Clinicians who provide pain management to patients, including nurse practitioners, should be included in the development of any guidelines to strike this balance.

It is also important to note that many providers have difficulty prescribing non-pharmacologic pain treatments due to a lack of covered options. CMS should work with Medicare Advantage plans to produce incentives to cover more non-pharmacologic pain treatments such as acupuncture, physical therapy and therapeutic massage, and to ensure that Part D plan formularies include non-opioid pain treatments. It is extremely important that these alternative pain treatments be ordered and prescribed by all providers, including nurse practitioners.

We are pleased to see that CMS recognizes the importance of aligning these policies with other government programs. AANP is a strong supporter of provider education, and any educational requirements or prescribing guidelines must be consistent among all stakeholders. It is important to ensure that providers have the most up to date information regarding opioid abuse, while also mitigating the burden on providers that can result from inconsistent educational materials.

Access to Medication-Assisted Treatment (MAT): We agree with CMS that access to MAT is a necessary component of any opioid abuse treatment regimen and support the changes to MAT prior authorization requirements. When evaluating Part D plan utilization management policies, CMS must ensure that Part D plans are aware that NPs are authorized to provide MAT and that NPs are included in the policy language to prevent the improper denial of access to MAT for their patients. With the passage of CARA in 2016, NPs were authorized to provide MAT after taking the necessary training and obtaining a DEA waiver. Since CARA passed, AANP has provided MAT training to over 4,500 NPs and the DEA has reported that almost 5,000 NPs and PAs have obtained a MAT waiver¹. This demonstrates that NPs are committed to using MAT to assist their patients suffering from opioid abuse, and granting NPs the authority to obtain MAT waivers has been a success.

¹ <https://www.dea.gov/divisions/hq/2018/hq012318.shtml>.

We thank you for the opportunity to comment on this draft call letter. We look forward to an ongoing dialogue to ensure NPs and their patients are equal participants in the MA and Part D programs. Should you have comments or questions, please direct them to MaryAnne Sapio, V.P. Federal Government Affairs, msapio@aanp.org, 703-740-2529.

Sincerely,

A handwritten signature in black ink, appearing to read "David E. Hebert", with a long horizontal flourish extending to the right.

David Hebert
Chief Executive Officer