



January 16, 2020

Seema Verma, Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
P.O. Box 8010, 7500 Security Boulevard  
Baltimore, MD 21244

RE: Request for Feedback on Scope of Practice

Dear Administrator Verma,

On behalf of the American Psychiatric Nurses Association, thank you for the opportunity to submit comments on current Medicare regulations that limit providers' scopes of practice. We applaud the Centers for Medicare & Medicaid Services for taking this important step towards expanding access to quality care for Medicaid beneficiaries. Nurses are the most trusted profession in the US and their critical work advances the delivery of high-quality, lifesaving, preventive, and palliative care across settings, geographic areas, and social determinants of health. Updating Medicare regulations and reducing regulatory burdens to allow nurses to practice to their full scope ensures better access to quality and cost-effective care, which in turn improves the health of our nation.

The American Psychiatric Nurses Association (APNA) is the largest organization in the United States devoted to psychiatric-mental health nurses at both the Registered Nurse (RN) and Advanced Practice Nurse (APRN) levels. APNA is committed to advancing the practice of psychiatric-mental health nursing and wellness promotion, prevention of mental health problems and the care and treatment of persons with psychiatric-mental health and/or substance use disorders. Psychiatric-Mental Health (PMH) registered nurses (RN) and advanced practice registered nurses (APRN) represent the second largest group of behavioral health professionals in the U.S. Both PMH-RNs and PMH-APRNs play a pivotal role in providing professional mental health and substance use services to Medicare beneficiaries across the nation. Psychiatric-Mental Health RNs (PMH-RN) work with individuals, families, groups, and communities to assess mental health, formulate nursing diagnoses, and contribute to the development of a plan of care. Psychiatric-Mental Health APRNs (PMH-APRNs) provide the full range of specialized services that constitute psychiatric-mental health and substance use disorder care and treatment. Their additional education, clinical experience, and training enables them to assess, diagnose, and prescribe medication; provide integrative therapy interventions, psychotherapy, consultation and liaison services; oversee case management; undertake policy development for programs and service offerings; and more.

APNA appreciates CMS' continuation of its work under section 5 of Executive Order #13890 on *Protecting and Improving Medicare for Our Nation's Seniors*. In response to the CMS request for comments, APNA submits the following considerations, received from our members, to inform CMS as it works to improve access to safe, effective, high quality care for Medicare beneficiaries:

- Medicare and CMS require the provider to be physically present in US. Most state laws only require the provider to be licensed in same state as the patient. This means that providers cannot see Medicare or CMS patients via telemedicine, which severely limits access.

- Under Medicare and CMS, registered nurses (RNs) cannot be reimbursed under many codes for depression care management because RNs cannot medically diagnose. It is within an RN's scope of practice to use nursing diagnoses. Suggest that regulations use a broader language that allows for medical and nursing diagnoses to be used and reimbursed.
- Current Medicare reimbursement not the same for Advanced Practice Nurses (APRNs) as it is for physicians (85% allowed for APRNs vs. 100% allowed for physicians) even though they are submitting the same codes for reimbursement. The only way around this is if certain criteria are met. Specifically, the physician, though not required to be present during the actual visit, must be available to the APRN (such as in the same building), must have ongoing involvement in the patient's care, and the patient cannot be being seen for a new problem. This is much more limiting than the full scope of practice for APRNs in many states.
- APRNs cannot put in a discharge order under Medicare without a collaborating physician signing admission orders.
- Current regulations restrict APRNs from ordering and providing home health care for their patients. Currently, physicians must sign off on orders for home health care. This regulation is stricter than many state regulations with many of the insurances and places that reimburse APRNs for services. Bringing care from the clinic/hospital settings to the home setting provides improved access to those who need it.
- In North Carolina, APRNs who are trained, credentialed and competent may perform treatments (including procedures). However, payment policies by both public and private insurances preclude this. For example, in North Carolina, PMH Clinical Nurse Specialists are autonomous, answer only to the State Board of Nursing, and are reimbursable directly by most insurances. Medicare requires a "collaborative agreement" with a psychiatrist which is a restriction the PMH-APRN's defined role in North Carolina.
- It is within the scope of practice for PMH-APRNs to be trained in the provision of advanced techniques such as electro-convulsive therapies, ketamine infusion therapy and transcranial magnetic stimulation, but many Medicare regulations stipulate "a physician" must perform the procedures.
- CMS restrictions do not allow PMH-APRNs to complete psychiatric evaluations in the inpatient setting, which is well within their scope of practice, unless a psychiatrist enters an addendum to the evaluation with his/her own assessment, diagnosis, and plan/recommendation. This limitation impacts and duplicates provider coverage for patients and further restricts the PMH-APRN's scope of practice.
- Genesight testing for Medicare recipients requires a psychiatrist or neurologist enrolled in PECOS to waive the fee. PMH-APRNs are ordering genetic testing for their patients and this is a huge barrier to providing good care.

APNA applauds Section 5 of EO #13890 Protecting and Improving Medicare for Our Nation's Seniors and appreciates CMS' commitment to our nation's patients. We look forward to continuing to work with you. If APNA can be of any assistance, or if you have any questions, please contact APNA Executive Director, Lisa Nguyen, at [Lnguyen@apna.org](mailto:Lnguyen@apna.org) or at 571-533-1924.

Sincerely,



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APNA President