

October 2, 2019

Acting Administrator Thomas J. Engels
Health Resources and Services Administration
U.S. Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857

Re: Request for Information: Rural Access to Health Care Services

Submitted electronically to hrsacomments@hrsa.gov

Dear Acting Administrator Engels:

The American Nurses Association (ANA) is pleased to submit comments in response to the Request for Information (RFI) concerning Rural Access to Health Care Services. As noted in the RFI, significant health disparities have been identified between rural and non-rural communities. These include disparate rates of disease burdens, injuries, suicides, and HIV and behavioral health risks.¹ People in rural areas face numerous challenges to accessing timely care. Shortages in the health care workforce exacerbate these barriers.²

In the RFI, the Health Resources and Services Administration (HRSA) raises important questions to consider in crafting federal policies to improve rural health and care delivery. In our comments below, ANA shares our perspectives on promising strategies to address rural access and quality by optimizing and leveraging nurse capacity. Briefly, our recommendations are:

1. **Full Practice Authority for Advanced Practice Registered Nurses (APRNs).** States with restrictive nurse practice rules should be incentivized to remove barriers to full practice for APRNs.
2. **Delivery Models that Leverage Nurse Skill and Capacity.** HRSA and its federal partners should pursue policies and adopt programs to support delivery models that leverage nurse skill and capacity.

Full Practice Authority for APRNs

Supported by a growing body of evidence of the safe and cost-effective provision of care by APRNs, there is a national call 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, to remove all barriers to full practice authority.³ It is estimated that shortages in primary care providers, including in rural areas, affect one in five Americans. Given the

¹ Bipartisan Policy Center. *Reinventing Rural Health Care: A Case Study of Seven Upper Midwest States*. January 2018. Accessible at <https://bipartisanpolicy.org/report/reinventing-rural-health-care/>

² Ibid.

³ 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>

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 access to services.⁴

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; prescribing pre-exposure prophylaxis (PrEP) to prevent HIV infection; 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. Addressing these systemic impacts should be prioritized.

ANA believes that federal policymakers can do more to incentivize reforms in state practice rules, as part of an overall strategy to transform rural health care delivery. For example, HRSA should 1) explore opportunities to expand practice scope through existing grant programs, offering competitive advantages and funding enhancements to states that recognize full practice; 2) collect, analyze, and publicly report research data that examine and compare access to care in relation to APRN practice laws; and 3) collaborate with the Centers for Medicare and Medicaid Services (CMS) to implement value-based payment arrangements in Medicaid and HRSA programs that account for APRN care in rural and underserved areas.

Delivery Models that Leverage Nurse Skill and Capacity

ANA urges HRSA to consider solutions for rural areas that leverage nurse skill and capacity, including registered nurse (RN) as well as APRN roles, to improve access and quality. Care coordination and telehealth practice are examples of areas in which nurses play critical roles in lowering health care costs and improving patient outcomes.

Care Coordination

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. RNs are especially qualified and educated to meet the needs of patients with high risks.

We recommend that HRSA and federal partners draw upon the promising approaches identified by the Edge Runner program of the American Academy of Nursing (AAN). Through Edge Runner, AAN recognizes a wide range of nurse-designed models of care and interventions designed to manage costs,

⁴ 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.

improve health care quality and enhance consumer satisfaction.⁵ These models provide templates to strengthen and incentivize care coordination and recognize the important role that RNs play in primary care and care coordination.

Many of Edge Runner's innovative concepts are applicable in rural communities. One example that demonstrates key roles for nurses in value-based care models is Transitional Care Nursing (TCN), based in the Southwestern Vermont Medical Center.⁶ TCN works in partnership with a range of health care and community service providers to care for high-risk patients with chronic disease, with the goal of reducing hospitalization and emergency room visits. The program documented a 56 percent reduction in hospital admissions and observation visits among high risk patients participating in the TCN program over 180 days, with a sustained decrease of 46.8 percent over a one-year period.

The Arkansas Aging Initiative is another example identified as an Edge Runner innovation. The Initiative provides not only access to clinical services but also a wide-range of health promotion and disease prevention services to reduce health disparities in the state's underserved population.⁷

We urge HRSA to build upon tested care coordination models that leverage nurse skill and capacity to meet rural health needs. As highlighted above, nurse leadership in rural health care transformation is key to successful innovation and should be a core component of federal initiatives.

Telehealth Practice

Nurses work in a variety of settings including rural, urban, and underserved areas and as mentioned above, nurses work 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. Another example of an Edge Runner program, and a HRSA School-Based Health Center Capital Program, is the Interprofessional Practice at the Vine School Health Center: A School-Based Nurse-Managed Clinic.⁸ Through this program, Vine School Health Center provides care to anyone up to 21 years of age who will be, or is, a student in the county through direct care or telehealth services. This program has shown cost savings, improved access to care for the community, and nurse-provided quality care.

We urge HRSA to promote the use of technology in delivery models that put all providers that are currently providing care in rural communities on the same level, practicing without costly and unnecessary physician supervision requirements and without limits to their scope of practice. As noted

⁵American Academy of Nursing. Edge Runners: Transforming America's Health System Through Nursing Solutions. <https://www.aannet.org/initiatives/edge-runners>

⁶ See *ibid.* <https://www.aannet.org/initiatives/edge-runners/profiles/edge-runners--accountablecommunity>

⁷ See *ibid.* <https://www.aannet.org/initiatives/edge-runners/profiles/edge-runners--arkansas-aging-initiative>

⁸ See *ibid.* <https://www.aannet.org/initiatives/edge-runners/profiles/edge-runners--interprofessional-practice-vine-school>

above, HRSA might explore how to structure funding programs to incentivize appropriate state-level initiatives in this area.

As HRSA continues to lead improvements in rural health, 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. Without the expert care of APRNs and RNs, many communities would be left without any health care provider.

ANA is the premier organization representing the interests of the nation's 4.0 million 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).⁹ ANA is dedicated to partnering with health care consumers to improve practices, policies, delivery models, outcomes, and access across the health care continuum.

We would be pleased to assist HRSA to develop policy recommendations, including options to ensure that all nurses can practice to the full extent of their education and training. 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, PhD, RN, FAAN
Chief Nursing Officer/EVP

cc: Amy Bassano, Acting Director, CMS Innovation Center
Ernest Grant, PhD, RN, FAAN, ANA President
Loressa Cole, DNP, MBA, RN, NEA-BC, FACHE, ANA Chief Executive Officer

⁹ 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.