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Medicare Payment “Fix” Includes Key Provisions for Nurses  
APRNs Included in Incentive Program, Gain Ability to Order Medical Equipment

SILVER SPRING, MD – The American Nurses Association (ANA) applauds Senate passage of H.R. 2, the Medicare Access and Children’s Health Insurance Program (CHIP) Reauthorization Act. This legislation protects seniors’ and children’s access to care and repeals the Medicare payment formula used to calculate Medicare payment rates to health care providers. H.R. 2, headed to President Obama for signature, includes provisions that enhance nurses’ roles as providers and improve their ability to provide timely services to Medicare beneficiaries.

The legislation expands the range of health care providers permitted to document the face-to-face encounters with Medicare patients required to write prescriptions for durable medical equipment by including nurse practitioners and clinical nurse specialists. This change improves access to services and will allow Medicare patients to receive equipment, such as portable oxygen systems and hospital beds, sooner. Under previous law, nurse practitioners and clinical nurse specialists were required to certify that the order of durable medical equipment was based on a prior face-to-face visit with a Medicare patient as documented with a physician’s cosignature.

The law also incorporates advanced practice registered nurses (APRNs), including nurse practitioners, clinical nurse specialists and certified registered nurse anesthetists, in the new Merit-Based Incentive Payment System, which is based on quality, value and accountability standards. The incentive payment program replaces the Sustainable Growth Rate (SGR) payment formula, which was intended to control Medicare spending by tying physician payment changes to measures of overall economic growth.
“The provisions affecting nursing in this bill recognize that nurses provide high-quality, efficient and cost-effective services that are valued and needed by Medicare patients, many of whom rely on APRNs for their primary care needs,” said ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN. “Nurses are more than ready to meet the quality and accountability standards for reimbursement and will continue to improve the health care experience for some of the nation’s most vulnerable citizens.”

ANA is also pleased that the legislation:

- Extends federal funding of CHIP, which covers more than eight million children and pregnant women in families that earn income above Medicaid eligibility levels, for two years.
- Provides $287.4 million to the National Health Service Corps Fund and Teaching Health Centers, for two years.
- Includes $7.2 billion in additional funding for federally funded Community Health Centers.
- Extends funding for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs through September 30, 2017. The MIECHV program provides funding support for evidence-based home visiting programs like Nurse-Family Partnership.

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ANA is the only full-service professional organization representing the interests of the nation’s 3.1 million registered nurses through its constituent and state nurses associations and its organizational affiliates. ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.