



September 11, 2023

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Blvd. Baltimore, MD 21244

RE: CMS-1784-P: Medicare and Medicaid Programs; CY 2024 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Medicare Advantage; Medicare and Medicaid Provider and Supplier Enrollment Policies; and Basic Health Program

Dear Administrator Brooks-LaSure:

The American Academy of Nursing (Academy) is pleased to offer the following comments in response to the August 7, 2023 proposed rule regarding changes to the physician fee schedule (PFS) and other changes to the Medicare and Medicaid programs for calendar year (CY) 2024. For 50 years, the Academy has been advancing health policy and practice through the generation, synthesis, and dissemination of nursing knowledge. With more than 2,900 Fellows, the Academy represents nursing's most accomplished leaders in policy, research, administration, practice, and academia. The vision of the Academy is *Healthy Lives for All People*. To actualize this vision, the Academy's mission is to improve health and achieve health equity by influencing policy through nursing leadership, innovation, and science.

The Academy applauds the Centers for Medicare & Medicaid Services (CMS)'s proposed changes to improve care and access to a wide variety of services, particularly with the inclusion of new codes for Caregiver Training Services (CTS) and a Social Determinants of Health (SDoH) Risk Assessment. The Academy is on record in support of increasing resources for family caregivers¹ and we were pleased to note that the proposed rule seeks to follow through on the guidelines put forth in the April 2023 Executive Order on Increasing Access to High-Quality Care and Supporting Caregivers² as well as recommendations from the Administration for Community Living (ACL)'s RAISE Family Caregiving Advisory Council.³ Furthermore, the Academy has long supported policies that seek to improve care for individuals through addressing social determinants of health. These policies include the promotion of economic stability and increased access to quality education and health care within the social and

¹ Letter in Support of Executive Order 14095. (18 May 2023). AARP.

[https://higherlogicdownload.s3.amazonaws.com/AANNET/c8a8da9e-918c-4dae-b0c6-6d630c46007f/UploadedImages/Organizational Sign On Letter to President Biden EO Family Caregivers 051823 Final 8100 .pdf](https://higherlogicdownload.s3.amazonaws.com/AANNET/c8a8da9e-918c-4dae-b0c6-6d630c46007f/UploadedImages/Organizational%20Sign%20On%20Letter%20to%20President%20Biden%20EO%20Family%20Caregivers%20051823%20Final%208100.pdf)

² Executive Order on increasing access to high-quality care and supporting caregivers. (2023, April 18). The White House. <https://www.whitehouse.gov/briefing-room/presidential-actions/2023/04/18/executive-order-on-increasing-access-to-high-quality-care-and-supporting-caregivers/>

³ RAISE family caregiving advisory council. Administration for Community Living. (n.d.). Retrieved August 30, 2023, from <http://acl.gov/programs/support-caregivers/raise-family-caregiving-advisory-council>

community context.⁴ As CMS prepares the final rule, the Academy offers the following comments on areas to consider related to CTS, SDoH risk assessment, and telehealth services.

Caregiver Training Services

As the proposed rule notes,⁵ caregivers play a critical role in developing and carrying out an individual's treatment plan and in many cases, caregiver training services are needed to ensure the best outcomes for the individual. With at least 53 million people serving in a family caregiving role in the US,² this is a key area for Medicare to address and we applaud the proposal to authorize payments for health care professionals to train family caregivers both in individual and group trainings. Many people, currently serving in a caregiving role, have no formal training in the tasks that they must complete for their loved ones, and they must navigate insurance, medication management, complex equipment, and other hurdles often alone. Being a caregiver costs families mentally, emotionally, and financially.⁶ Caregiver training services offered through Medicare would ease some of these pressures on caregivers and help improve care and outcomes.

Overall, we support the proposed definition of "caregiver" as a "family member, friend, or neighbor who provides unpaid assistance to a person with chronic illness or disabling condition"⁵ and support keeping the definition of caregiver as broad as possible. We further support the proposed rule's allowance for training of multiple caregivers for a single individual, as often an individual receives care from more than one caregiver. This is especially important for Medicare beneficiaries with multiple caregivers with responsibilities external to a beneficiary's care plan. Additionally, the Academy recommends that training allow for potentially more than one session as the content may need to be reinforced or altered as the patient's condition changes. Moreover, as the Academy's policy priorities outline⁷, we encourage the training to promote patient-centered as well as culturally safe and supportive care to help reduce health inequities and disparities.

The Academy affirms the importance of nurses in the care of persons across a wide variety of settings and have long called for advanced practice registered nurses (APRNs)⁸ to practice to the top of their licensure. We appreciate that clinical nurse specialists and nurse practitioners are specifically noted in the proposed rule as able to set an individual's treatment plan. Additionally, the Academy supports the proposal to establish CPT codes for caregiver behavior management/modification training services and for caregiver training services under a therapy plan of care. These codes will create a reimbursement mechanism for APRNs and other clinicians providing training to caregivers that is also consistent with the beneficiary's care plan. Caregiver knowledge and involvement in the care plan ultimately advance the overall health and well-being of the beneficiary.

⁴ Kuehnert, P., Fawcett, J., DePriest, K., Chinn, P., Cousin, L., Ervin, N., Flanagan, J., Fry-Bowers, E., Killion, C., Maliski, S., Maughan, E. D., Meade, C., Murray, T., Schenk, B., & Waite, R. (2022). Defining the social determinants of health for nursing action to achieve health equity: A consensus paper from the American Academy of Nursing. *Nursing Outlook*, 70(1), 10–27. <https://doi.org/10.1016/j.outlook.2021.08.003>

⁵ Medicare and Medicaid Programs; CY 2024 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Medicare Advantage; Medicare and Medicaid Provider and Supplier Enrollment Policies; and Basic Health Program (RIN 0938-AV07). 88 FR 52262 (2023, August 7).

⁶ *Advancing Policies to Support Family Caregivers: Meeting's Proceedings*. (2022). American Academy of Nursing. https://higherlogicdownload.s3.amazonaws.com/AANNET/c8a8da9e-918c-4dae-b0c6-6d630c46007f/UploadedImages/Advancing_Policies_to_Support_Family_Caregivers_Meeting_Proceedings.pdf

⁷ *2023-2024 Policy Priorities to Advance Health Equity*. (2023). American Academy of Nursing. <https://www.aannet.org/policy-advocacy/policy-priorities>.

⁸ APRNs include certified nurse-midwives (CNMs), certified registered nurse anesthetists (CRNAs), clinical nurse specialists (CNSs) and nurse practitioners (NPs).

Social Determinants of Health Risk Assessment

We are pleased to see that CMS proposes to create a code for the specific purpose of assessing individuals on the social determinants of health as part of their evaluation and management or annual wellness visit. Addressing SDoH and providing holistic care is a core component to APRN practice, and we support the creation of this code as it will positively impact individuals' treatment plans as well as their outcomes. As noted in the proposed rule, appropriate follow-up on the individual's evaluation and their identified needs is critical as an assessment without follow-up would not serve the intended purpose. We support this proposal, which will help support clinicians to address SDoH in their patients' plans of care. The Academy recommends CMS recognize all four types of APRNs as billing practitioners in this role.

Telehealth Services

The Academy supports CMS' proposal to implement the telehealth provisions contained in the Consolidated Appropriations Act of 2023 (Pub. L. 117–328). CMS is proposing to delay the in-person visit requirement with a provider that must occur within six months of the initial mental health service as well as the subsequent intervals provided via telehealth services. Behavioral health access is critical to achieving healthy lives for all people and we support the agency's proposal to delay the in-person requirement for telehealth services for the mental health diagnosis, evaluation, or treatment.

Additionally, we commend CMS' proposed plan to conform to statutory requirements while also protecting access to telehealth care. The Academy agrees on the importance of ensuring patients' access to telehealth care without jeopardizing program integrity. If a provider, within their clinical judgement, believes a patient requires an in-person visit, an APRN or other provider may schedule that in-person service, regardless of the minimum requirements established by the rule. APRNs have the education and clinical training required to treat patients as they deem necessary. We believe the regulatory requirements should allow providers to assess a patient's needs and use their clinical judgement to determine the appropriate treatment for a patient. This will ensure that patients have the access to care they need while balancing the requirements of the statute and program integrity.

The Academy thanks CMS for the opportunity to provide comments on the proposed rule on the physician fee schedule (PFS) and other changes to the Medicare and Medicaid programs. If we can be of any assistance to you or your staff, please do not hesitate to contact the Academy's Chief Policy Officer, Christine Murphy, at cmurphy@aannet.org or 202-777-1174.

Sincerely,



Kenneth R. White, PhD, AGACNP, ACHPN, FACHE, FAAN
President