January 12, 2015

Ms. Jolie Matthews  
NAIC Senior Health and Life Policy Counsel  
National Association of Insurance Commissioners  
444 North Capitol Street, NW  
Suite 700  
Washington, DC 20001

RE: Revisions to Model #74 – Health Benefit Plan Network Access and Adequacy Model Act

Dear Ms. Matthews:

On behalf of the undersigned organizations representing Advanced Practice Registered Nurses (APRNs), we welcome the opportunity to comment on the proposed changes to the National Association of Insurance Commissioner’s (NAIC) Model #74 – Health Benefit Plan Network Access and Adequacy Model Act.

The issues addressed in our comment are outlined as follows:

I. Section 5 – Network Adequacy

   Request: Require APRNs to be Included in Health Carrier Network Plans

   Recommendation: The Network Adequacy Model Should Include Language that Health Carriers Must Align their Health Care Network Payment Systems with the Federal Non-Discrimination Provision in the Affordable Care Act

Background of Advanced Practice Registered Nurses (APRNs)

The APRN community is comprised of organizations representing Nurse Practitioners (NPs) delivering primary, specialized and community healthcare; Certified Registered Nurse Anesthetists (CRNAs) who provide the full range of anesthesia services as well as chronic pain management; Certified Nurse-Midwives (CNMs) expert in primary care, maternal and women’s health; and Clinical Nurse Specialists (CNSs) offering acute, chronic, specialty and community healthcare services. Totaling more than 200,000 healthcare professionals, including two of the ten largest categories of Medicare Part B provider specialties according to Medicare claims data, our primary interests are patient wellness and improving patient access to safe and cost-effective health care services. In every setting and region, for every population particularly among the rural and medically underserved, America’s growing numbers of highly educated APRNs
advance healthcare access and quality improvement in the United States and promote cost-effective healthcare delivery.

**Request: Require APRNs to be Included in Health Carrier Network Plans**

The APRN community supports the National Association of Insurance Commissioners’ (NAIC) updates to the Health Benefit Plan Network Access and Adequacy Model Act that require health carriers to maintain networks that are sufficient in numbers and types of providers to assure that all services to covered persons will be accessible to them without unreasonable delay. The APRN community notes that nonphysician providers, such as APRNs, are an important type of provider with an integral role in providing safe and high quality care in the health care marketplace. We believe that allowing APRNs to practice at the fullest extent of their education and certification without restrictive supervision is essential to alleviating problems with beneficiaries’ access to health care. Failure to make the best use of APRNs by protecting unnecessary and costly barriers to their services denies patient access to quality care, limits healthcare improvement, and wastes taxpayer and private resources. Therefore, we request that APRNs are required to be included in all health carrier network plans, which will help ensure network adequacy, access and affordability to consumers. Doing so would help establish appropriate minimum standards for ensuring sufficient choice of providers within health carrier networks.

Such a recommendation is consistent with the findings in the Institute of Medicine’s (IOM) report, *The Future of Nursing: Leading Change, Advancing Health*. The report’s first recommendation is for Registered Nurses (RNs) and APRNs to practice to the fullest scope of their education and training, and its third recommendation is to expand opportunities for RNs and APRNs to develop and exercise leadership in redesigning healthcare in the United States. The IOM recommends that policymakers eliminate barriers to the fullest and best use of RNs and APRNs, not only so that they can practice to the fullest extent of their license but also to provide for the growing number of Medicare beneficiaries and other patients’ access to high quality, cost-effective care. Eliminating these barriers is a crucial imperative at every level of healthcare policy from Congress and the Administration, to states, to healthcare facilities and private enterprise, and in every part of our country, particularly rural and medically underserved America that rely heavily on APRN care.

**Recommendation: The Network Adequacy Model Should Include Language that Health Carriers Must Align their Health Care Network Payment Systems with the Federal Non-Discrimination Provision in the Affordable Care Act**

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While discussing health carriers supplying a sufficient number of providers in their networks, we also wanted to highlight the harms of discrimination faced by certain advanced practice registered nurse providers, by health plans that violates the federal provider nondiscrimination provision in the Patient Protection and Affordable Care Act (Sec. 1201, Subpart 1, creating a new Public Health Service Act Sec. 2706(a), “Non-Discrimination in Health Care, 42 USC §300gg-5)2. As the NAIC may be aware, the federal non-discrimination provision indicates that “a group health plan and a health insurance issuer offering group or individual health insurance coverage shall not discriminate with respect to participation under the plan or coverage against any health care provider who is acting within the scope of that provider’s license or certification under applicable State law.”

Section 2706 is an important law because it promotes competition, consumer choice and high quality healthcare by prohibiting discrimination based on provider licensure that keeps patients from getting the care they need. To promote patient access to high quality healthcare, market competition and cost efficiency, qualified health plans participating in health insurance exchanges or marketplaces must all avoid discrimination against qualified, licensed healthcare professionals, such as APRNs, solely on the basis of licensure. Proper implementation of the provider nondiscrimination provision is crucial because health plans have wide latitude to determine the quantity, type, and geographic location of healthcare professionals they include in their networks, based on the needs their enrollees. However, when health plans organize their healthcare delivery in such a way that they discriminate against whole classes of qualified licensed healthcare professionals by licensure, such as APRNs, patient access to care is impaired, consumer choice suffers, and healthcare costs climb for lack of competition.

Ensuring that health plans and health insurers adhere to this nondiscrimination law would promote patient access to a range of beneficial, safe and cost-efficient healthcare professionals, consistent with public interests in quality, access and cost-effectiveness. These priorities correspond with the principles advocated by the APRN community, which are to provide safe, high-quality and cost effective anesthesia care for patients. Therefore, we recommend amending the NAIC Network Adequacy model to include language requiring health carriers to align their payment systems to adhere to federal provider non-discrimination provision in the Affordable Care Act as applicable.

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2 Patient Protection and Affordable Care Act, Sec. 1201, Subpart 1, creating a new Public Health Service Act Sec. 2706(a), Non-Discrimination in Healthcare (42 U.S.C. §300gg-5). The statutory provision reads as follows: “(a) Providers.--A group health plan and a health insurance issuer offering group or individual health insurance coverage shall not discriminate with respect to participation under the plan or coverage against any health care provider who is acting within the scope of that provider's license or certification under applicable State law. This section shall not require that a group health plan or health insurance issuer contract with any healthcare provider willing to abide by the terms and conditions for participation established by the plan or issuer. Nothing in this section shall be construed as preventing a group health plan, a health insurance issuer, or the Secretary from establishing varying reimbursement rates based on quality or performance measures.”
Thank you for your consideration of our views on this subject. If you have any questions, please direct them to Frank Purcell of the American Association of Nurse Anesthetists (202-741-9080, fpurcell@aanadc.com) or directly to any of the undersigned organizations.

Sincerely,

American Association of Colleges of Nursing, AACN
American Association of Nurse Anesthetists, AANA
American Association of Nurse Practitioners, AANP
American College of Nurse-Midwives, ACNM
American Nurses Association, ANA
National Association of Clinical Nurse Specialists, NACNS
National Association of Pediatric Nurse Practitioners, NAPNAP