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January 17, 2020

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re: Supervision Scope of Practice Request for Feedback

Dear Administrator Verma:

The American College of Cardiology (ACC) appreciates the opportunity to provide input on Medicare regulations that require supervision of advanced practice providers (APPs) that is more stringent than state scope or licensure laws in response to part of the President's Executive Order (EO) #13890 on Protecting and Improving Medicare for Our Nation's Seniors. The ACC is a 54,000-member medical society that is the professional home for the entire cardiovascular care team, including over 5,000 cardiovascular team members who are advanced practice nurses, clinical pharmacists, physician assistants, and registered nurses. The mission of the College is to transform cardiovascular care and to improve heart health. The ACC leads in the formation of health policy, standards and guidelines. The College operates national registries to measure and improve care, provides professional medical education, disseminates cardiovascular research and bestows credentials upon cardiovascular specialists who meet stringent qualifications. The ACC also produces the Journal of the American College of Cardiology, ranked number one among cardiovascular journals worldwide for its scientific impact.

The College believes a distinction exists between the ability of APPs to perform tasks autonomously and their ability to practice independently. The former is a well-established practice, while the latter is controversial. This letter focuses on the value of cardiovascular APPs practicing autonomously as part of the cardiovascular care team but not as independent practitioners.

The ACC and its members have long supported and promulgated the use of care teams that include APPs. The College stated in its 2015 Health Policy Statement on Cardiovascular Team-Based Care and the Role of Advanced Practice Providers that APP members of the cardiovascular care team "have the requisite education, training, and experience to allow them greater autonomy, thus extending a team's capabilities." The flexibility of this approach aligns with examples such as APPs leading teams that coordinate transitions of care, organizing chronic anticoagulation clinics, or managing multiple chronic conditions. This health policy statement is attached for your consideration. Consistent with the health policy statement, the College supports highly trained APPs who are part of a care team practicing autonomously within the scope and ability of their licensure. This is generally accomplished with collaborative practice between a physician and APPs on the care team. Furthermore, these concepts are in alignment with the National Academy of Medicine's Core Principles and Values of Effective Team-Based Healthcare.

To further enhance the care of cardiovascular patients, the ACC is in the final stages of developing the core competencies expected of advanced registered nurse practitioners and physician assistants. These competencies will serve as guidance for curricula and lifelong learning educational programming.

Specific examples where the College believes that collaboration could continue with less stringent supervision standards are offered below, though additional areas exist where the capacity of the team could be expanded to better meet the quadruple aim of healthcare.

Cardiovascular Rehabilitation

The ACC supports the Increasing Access to Quality Cardiac Rehabilitation Care Act of 2019, introduced by Representatives John Lewis (D-GA) and Adrian Smith (R-NE), to expand patient access to important cardiovascular rehabilitation services, which have been shown to reduce cardiovascular disease related death and hospital readmissions. This legislation builds upon the success of the Improving Access to Cardiac and Pulmonary Rehabilitation Act of 2018, which enabled APPs to supervise cardiac rehabilitation services under Medicare beginning in 2024. The Increasing Access to Quality Cardiac Rehabilitation Care Act of 2019 ensures that APPs are able to order and refer for these services and moves up the start date for direct supervision of cardiac rehabilitation earlier than under current law.

Under current Federal law, only physicians are authorized to certify the need for or order cardiac or pulmonary rehabilitation for Medicare patients. Qualified nurse practitioners, physician assistants, and clinical nurse specialists are often authorized to perform such services under state law. Expanding access directly benefits patients, as those who take part in cardiac and pulmonary rehabilitation services are at a lower risk of both heart disease-related mortality and readmissions

following cardiac events, such as a heart attack. CMS engagement to support this effort could accelerate passage of this legislation and improve beneficiaries' access to care.

Diagnostic Tests and Patient Management

CMS designates different levels of physician supervision necessary to furnish the technical component of diagnostic tests for Medicare beneficiaries who are not hospital inpatients. With some niche variances, these are typically either general supervision (the procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure), direct supervision (the physician must be present in the office suite, though not the procedure room itself, and immediately available to furnish assistance and direction throughout the performance of the procedure), or personal supervision (the physician must be in attendance in the room during the performance of the procedure).

Similar to the changes already achieved by the Improving Access to Cardiac and Pulmonary Rehabilitation Act of 2018, a number of cardiovascular diagnostic tests that require direct supervision are candidates to be provided under a physician's general supervision when clinical staff are also under the direct supervision of appropriate APPs. These instances would parallel supervision level 4 where a clinical psychologist may personally furnish or generally supervise services. The ACC believes CMS could decide to change supervision levels for these tests, similar to those it has under supervision level 4, allowing APPs under general supervision of a physician to personally furnish or *directly* supervise other clinical staff.

The technical components of cardiovascular stress tests, cardiac device interrogation, and anticoagulation management are all services for which an APP under the general supervision of a physician can reasonably provide direct supervision of other APPs, nurses, or technicians. While many practices would continue to utilize direct physician supervision for these services, others that have highly trained APPs could become more efficient by relying on proficient APPs who have demonstrated necessary core competencies. Such a change would allow flexibility in instances where the practice environment is spread across a geographic area (multiple buildings, clinics or hospitals for a single practice or a rural access facility staffed remotely). Such a requirement can be unnecessary in instances where there are experienced, clinically competent APPs who can provide these services under general physician supervision to expand access to care and enable cardiologists to focus on services only they can offer.

Thank you for your consideration. Cardiovascular team-based care is a paradigm for practice that can transform care, improve heart health, and help meet the demands of the future. Please contact James Vavricek, Director of Regulatory Affairs, at jvavricek@acc.org or 202-375-6421 if you have questions or seek additional

information. The ACC is happy to engage further to discuss these suggestions in greater specificity to ensure they achieve the desired outcomes.

Sincerely,

Richard Kovacs, MD, FACC
President

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