

June 20, 2011

Tess Kuenning, RN
Director
BiState Primary Care Association
Bow, New Hampshire

Dear Ms. Kuenning:

Thank you for your tireless leadership on the Health Resources and Services Administration (HRSA) Negotiated Rulemaking Committee on Designation of Medically Underserved Populations (MUPs) and Health Professional Shortage Areas (HPSAs), particularly in the area of workforce issues. The three nurse practitioner (NP) organizations that I represent deeply appreciate your awareness and that of the Committee of our concerns about accurately accounting for the services provided by NPs in areas struggling with shortages of physicians and other primary care providers.

We understand that you have asked consultants JSI to consider testing the impact of counting NPs at both 0.75 and 1.0 FTE, and we thank you very much for proposing this approach. At the Committee's May meeting, a representative of the American Nurses Association (ANA) provided an expert perspective on the weaknesses of the productivity data used in the preliminary impact analysis discussed at the meeting and reinforced the need to fully count NPs in the provider population. As you know, there are long-standing practice and billing procedures that mask the true productivity of nurse practitioners, such as the "incident-to" billing of NP services under a physician's provider number.

I won't attempt to comment specifically on the data concerns as clearly as ANA has. As I said at the May meeting, we believe that conducting impact testing at both 0.75 and 1.0 FTE is essential in having the Committee's final decisions – whatever they are – be as widely accepted as possible. Conducting impact testing at only the 0.75 FTE level would give the Committee incomplete information, requiring it to extrapolate the likely impact of counting NPs at 1.0 FTE. It is possible that having a more accurate picture of the impact of fully counting NPs could influence the Committee's perspective on provider-to-population ratios and possibly other issues such as facility designation. Members of the panel may be comfortable with using extrapolation of this sort to make its policy recommendations, but we believe doing so will inevitably raise questions that will be difficult for you and us to respond to.

As essential providers of primary care in medically underserved and health professional shortage areas, nurse practitioners are fully aware of how important these designations are to patients in these regions and populations. We would not support changes in policy that, taken as a whole, would make it more difficult for those areas to receive the assistance they need. However, failing to conduct impact testing at the 1.0 FTE level is very likely to be interpreted by NPs as evidence that the Committee found it easier to discount their services than to make other adjustments to protect populations from losing access to critical primary care services. Without clear evidence demonstrating the impact of fully counting NPs, it will be practically impossible to convince these practitioners that doing so would have a negative impact. The absence of such evidence will allow many NPs to believe that the data would show that they could be fully recognized and counted in the determination – if the data was examined.

We remain fully supportive of this rulemaking process and committed to try to build support for the Committee's proposed policies. However, it will be more difficult for us and for HRSA to do so if nurse practitioners believe that the Committee failed fully explore all policy options and give every consideration to fully recognizing the services they provide to these patient populations. We respectfully urge the Committee to address these concerns by conducting impact testing at both the 1.0 and the 0.75 FTE level.

Thank you for your consideration and all your hard work on these important policies.

Sincerely,

A handwritten signature in black ink that reads "Dave Mason". The signature is written in a cursive, flowing style.

Dave Mason
Mason Consulting, LLC

Representing the American College of Nurse Practitioners, the National Association of Pediatric Nurse Practitioners, and the National Organization of Nurse Practitioner Faculties