



September 11, 2023

Ms. Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

SUBMITTED ELECTRONICALLY VIA <http://www.regulations.gov>

Re: Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems (CMS-1786-P)

Dear Administrator Brooks-LaSure:

The Association of Rehabilitation Nurses (ARN) – representing approximately 4,500 rehabilitation nurses and more than 14,000 Certified Registered Rehabilitation Nurses (CRRN) that work to enhance the quality of life for those affected by physical disability and/or chronic illness – appreciates the opportunity to provide comments on the Centers for Medicare and Medicaid Services (CMS) Medicare hospital outpatient prospective payment system (OPPS) proposed rule for calendar year 2024 (CMS-1786-P).

Rehabilitation nurses base our practice on rehabilitative and restorative principles by: (1) managing complex medical issues; (2) collaborating with other specialists; (3) providing ongoing patient/caregiver education; (4) setting goals for maximum independence; and (5) establishing plans of care to maintain optimal wellness. ARN members practice in all settings, including freestanding rehabilitation facilities, hospitals, long-term subacute care facilities/skilled nursing facilities (SNFs), long-term acute care facilities, comprehensive outpatient rehabilitation facilities (CORFs), home health agencies (HHAs), and private practices.

Rehabilitation nurses take a holistic approach to meeting patients' nursing and medical, vocational, educational, environmental, social, spiritual, and safety needs. We lead and coordinate rehabilitation, restorative care, and community reintegration for populations across all age groups and ethnicities across the care continuum, from ambulatory care to hospice. Rehabilitation nurses begin to provide care to individuals, their families, and caregivers soon after the onset of a disabling injury or chronic illness and continue to provide specialty care, patient and family education, and care transition planning that empowers these individuals to return home, work, and/or school. Rehabilitation nurses, in collaboration with interdisciplinary teams, provide comprehensive, population-specific care management to access health care services, adaptive technology and equipment, and community resources.

Therefore, ARN was pleased to see CMS' proposal to allow cardiac rehabilitation (CR), intensive cardiac rehabilitation (ICR), and pulmonary rehabilitation (PR) services to be provided under the supervision of a physician assistant (PA), nurse practitioner (NP) or clinical nurse specialist (CNS), consistent with Section

51008(a) and 51008(b) of the Bipartisan Budget Act of 2018. This will undoubtedly enhance patient access to care and improve collaborative care. Many ARN members are nurse practitioners and clinical nurse specialists and allowing them to supervise rehabilitation services can help expand access to care for rehabilitation patients. This is particularly important as we see a growing workforce shortage, especially in rural and underserved areas. This provision will help to reduce wait times and increase patient access to medical necessary rehabilitation services. Moreover, by involving advanced practice nurses in supervising rehabilitation services, the overall healthcare team can function more efficiently, leading to better care coordination and patient outcomes. The continuum of care is enhanced by PA, NPs, and CNSs with knowledge of rehabilitation that can continue the patient's rehabilitation past the inpatient experience. Monitoring complications that could cause a readmission as well as progress toward discharge of care falls well under the expertise of these professionals. **For these reasons, ARN urges CMS to finalize this proposal.**

We recognize that CMS will also continue the flexibilities as implemented during the COVID-19 public health emergency that allows for direct supervisions of CR, ICR and PR services through virtual presence to include audio/visual communications (excluding audio-only). These flexibilities will remain in effect until December 31, 2024. **ARN supports this proposal and urges CMS to extend this flexibility on a permanent basis.** ARN and the rehabilitation nurses we represent have seen the benefit of these flexibilities firsthand, both for rehabilitation patients and providers. Patients with limited mobility and/or access to transportation benefit from being able to access care virtually. When it is difficult to get to care settings, patients will not seek care until far into a complication that could have been halted earlier had the patient been able to connect virtually with a provider for treatment advice. Additionally, there is a distinct advantage to observing patients within their natural environment. This approach enables the healthcare provider to assess interactions within that specific environment, including with equipment, adaptations currently in use, or potential enhancements that will work in their setting.

By better enabling providers to provide care from anywhere they are, patients will be better able to receive care where they are. This will also secure access to services for individuals who do not have access to rehabilitation specialists and services. ARN believes this flexibility is another important tool to expand access to care, particularly in areas where there are significant nursing workforce shortages.

Thank you again for the opportunity to provide these comments. If you have any questions, please contact ARN's Health Policy Associate, Jeremy Scott at jscott@dc-crd.com. We thank you for your consideration.

Sincerely,

Mary Ellen Hatch, MSN RN CRRN FARN

A handwritten signature in cursive script that reads "Mary Ellen Hatch". The signature is written in black ink on a white background and is enclosed within a thin black rectangular border.