

Congress of the United States

Washington, DC 20515

May 5, 2025

The Honorable Michael E. Chernew, Ph.D.
Chair
Medicare Payment Advisory Commission
425 I Street, NW, Suite 701
Washington, DC 20001

Paul B. Masi, M.P.P.
Executive Director
Medicare Payment Advisory Commission
425 I Street, NW, Suite 701
Washington, DC 20001

Dear Chairman Chernew and Mr. Masi:

We are writing to respectfully request that the Medicare Payment Advisory Commission (MedPAC) undertake focused study and analysis on Medicare payment policies related to advanced practice registered nurses (APRNs), registered nurses (RNs), pharmacists, physician assistants (PAs), and other non-physician providers. These clinicians play an increasingly vital role in the delivery of healthcare services to Medicare beneficiaries, especially in primary care, behavioral health, and in rural and medically underserved areas.

Despite their growing presence and contribution to caring for Medicare beneficiaries, relatively little is known about how the current Medicare payment structure affects the utilization and efficiency of care delivered by non-physician providers. There is also a need to better understand how policies such as incident-to billing, differential payment rates, and supervision requirements impact Medicare spending, provider incentives, and beneficiary access.

As MedPAC continues to advise Congress on strategies to ensure Medicare's sustainability and value, we believe a comprehensive review of the role of non-physician providers in Medicare and program payment policies is both timely and necessary. We note that our support for this is shared by Commissioner Betty Rambur, Ph.D., R.N., F.A.A.N. — the only nurse serving on MedPAC — who on a number of occasions at MedPAC's public meetings has emphasized the need for a better understanding of the non-physician workforce.

At MedPAC's December 2023 public meeting, for example, Commissioner Rambur stated:

I just want to underscore my support for anything that clarifies that we have to really incentivize team-based care. ... [A fellow commissioner] sent me an article about RNs, not nurse practitioners, and pharmacists who had excellent outcomes with complex patients, particularly those with diabetes. Whether you're a nurse practitioner, a PA, or a physician, you're thrown into this blender of episodic fee-for-service care. The payment model shapes that, so anything we can do to promote teams is important. Other studies have found that regardless of whether it's a physician or a nurse practitioner, the outcomes are often better in teams. So I just want to underscore my support for that.¹

And again at MedPAC's October 2024 meeting, Commissioner Rambur noted:

¹ MedPAC December 2023 public meeting transcript, p. 72. <https://www.medpac.gov/wp-content/uploads/2023/03/December-2023-meeting-transcript.pdf>

When we discuss network adequacy, we're really talking about the non-physician workforce. It's the agency, but it's also the registered nurses, physical therapists, occupational therapists, and medical-social services I don't know how we would do this, but we need to consider this workforce and how it integrates into care.²

A detailed and independent MedPAC analysis of the Medicare non-physician workforce could explore a number of elements, including but not limited to:

- The effects of existing payment rules on care delivery and provider behavior, including whether current billing policies create incentives or disincentives for appropriate care delivery;
- Trends in the use of non-physician services, both independently and under physician supervision;
- Reviewing Medicare payment policies with recommendations for aligning them with the scope of services non-physician providers are authorized by states to provide (either independently or through collaborative practice), and how doing so would support beneficiary access to care;
- Identifying where Medicare payment policies result in Medicare beneficiaries having less access to the clinical services of these professionals than other patients in the state.
- Identifying limitations in Medicare payment policy that interfere with team-based care;
- Identify ways Medicare payment policy can better capture the value and contributions of non-physician providers, including registered nurses; and
- Potential policy reforms to promote value, improved outcomes, lower healthcare costs and more equitable patient access.

Given MedPAC's mission for rigorous, data-driven analysis, your review and any subsequent recommendations would provide critical insight to Congress into how Medicare can more effectively integrate and compensate its non-physician workforce while supporting access to high-quality care for beneficiaries.

Thank you for your consideration of this request. We would welcome the opportunity to provide further information or collaborate in any way that may be helpful.

Sincerely,


Diana Harshbarger, Pharm.D.


Jen A. Kiggans


Sheri Biggs, DNP, FNP-BC, PMHNP-BC, NHA

² MedPAC October 2024 public meeting transcript, pp. 323-324. <https://www.medpac.gov/wp-content/uploads/2023/10/October-2024-meeting-transcript-SEC.pdf>