



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

April 4, 2012

Marilyn Tavenner
Acting Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Strengthening the Graduate Nurse Education Demonstration for primary care

Dear Ms. Tavenner:

On behalf of the American Academy of Family Physicians (AAFP), which represents more than 100,300 family physicians and medical students nationwide, I write in response to the Graduate Nurse Education Demonstration [announced](#) by CMS on March 21, 2012.

The AAFP wishes to express serious concerns to CMS now so that the agency only selects demonstration participants that exclusively produce APRNs that deliver primary care services. According to demonstration materials, this effort is intended to “increase the base of primary care providers” and “provide APRNs with the clinical skills necessary to provide primary care, preventive care, transitional care, chronic care management, and other services appropriate for Medicare beneficiaries.” CMS thus appears to assume that increasing the number of APRNs will result in more primary care providers. The AAFP is concerned with this assumption, since [research](#)¹ from the Agency for Healthcare Research & Quality found that only 52 percent (approximately 56,000) of nurse practitioners actually practiced primary care in 2010.

If CMS truly intends to structure the Graduate Nurse Education demonstration program so that it meaningfully addresses the current shortage of primary care providers, the AAFP urges CMS to:

- Specify that demonstration participants train APRNs as part of a healthcare team inclusive of physicians and in the context of a patient-centered medical home.
- State that demonstration funds are exclusively allocated to train APRNs dedicated to providing primary care services upon graduation and at least for the following five years.
- Require the five chosen demonstration participants focus on a true primary care curriculum.
- Exclude Certified Registered Nurse Anesthetists, Clinical Nurse Specialists, and Nurse Midwives, since the training they receive and the services they provide are unrelated to the delivery of comprehensive primary care services.

¹ Primary Care Workforce Facts and Stats No. 2: The Number of Nurse Practitioners and Physician Assistants Practicing Primary Care in the United States. AHRQ Publication No. 12-P001-3-EF, October 2011. Agency for Health Care Policy and Research, Rockville, MD.

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The AAFP recognizes both the valuable contributions of the nursing profession and that the expansion of health insurance under the *Affordable Care Act* will significantly increase the demand for primary care services. As called for in Section 5509 of the *Affordable Care Act* in prescriptive statutory language, this demonstration allocates \$200 million over four years to five eligible hospitals that participate with schools that are training advanced practice registered nurses (APRNs). The demonstration requires that half of clinical training occur in non-hospital settings in the community.

To help address the current shortage of primary care physicians, the AAFP is actively working with Congress to ensure steady funding for Health Professions Grants and the National Health Service Corps. We are simultaneously working with Congress to pass the [Primary Care Workforce Access Improvement Act](#) (HR 3667), which creates a pilot program to demonstrate direct graduate medical education (GME) funding for non-hospital medical training sites. As such, we believe that the Graduate Nurse Education demonstration for primary care nursing should require that most of the clinical training occur in non-hospital settings.

The AAFP continues to express the highest regard and professional respect for educated, dedicated and caring APRNs. We offer these comments to CMS as a way to strengthen and orient the Graduate Nurse Education Demonstration towards primary care providers. We appreciate the opportunity to offer these comments and make ourselves available for any questions you might have or clarifications you might need. Please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or rbennett@aafp.org.

Sincerely,



Roland A. Goertz, MD, MBA, FAAFP
Board Chair

CC: Alexandre Laberge