



*Submitted via [www.regulations.gov](http://www.regulations.gov)*

September 2, 2014

Marilyn Tavenner  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1612-P  
P.O. Box 8013  
Baltimore, MD 21244-8013

Dear Administrator Tavenner:

The American Federation of Teachers represents 1.6 million members, including 112,000 healthcare professionals—84,000 of whom are registered nurses. As a representative of nurses and healthcare professionals, we submit the following comments on the proposed revisions to payment policies under the physician fee schedule for CY2015.

**1. The proposed rule should use provider-inclusive language throughout.**

Many sections of the proposed rule indicate that the term “eligible professionals” refers to advanced practice registered nurses, including nurse practitioners, nurse-midwives and other advanced practitioners. However, some sections of the rule refer only to “physicians.”

The proposed rule uses statutory language to describe the requirement for the Physician Compare website to include certain types of measures, including “processes to ensure the data published on Physician Compare provides a robust and accurate portrayal of a physician’s performance” and “data that reflects the care provided to all patients seen by physicians” (FR 40385). The proposed rule is not to be faulted for the fact that the statute refers to physicians instead of all eligible professionals in the foregoing example. However, the proposed rule should acknowledge the inaccuracy of the statutory language and counteract it with specific inclusion of advanced practice registered nurses and other eligible professionals.

**2. We applaud the transparency of the Open Payments program.**

The Open Payments program created by Section 6002 of the Affordable Care Act requires the disclosure of payments to physicians and other covered recipients by drug and device manufacturers. This type of transparency is an important step toward

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ensuring that the needs of patients and communities are not subordinated to the pursuit of profit. Many physicians, nurses and other health professionals share that goal.

We support the proposal to require the reporting of the marketed name of any drugs, devices or supplies that are associated with a payment or gift to a provider. We also support the reporting of stock and stock options as separate categories of gifts, so the CMS can collect more specific data on manufacturer payments. Finally, we support the proposal to remove Section 403.904(g), which refers to “special rules for payments or other transfers of value related to continuing education programs.” If a manufacturer supports an educational event on the condition that one or more speakers are selected by the manufacturer, then those payments should be transparently reported.

3. We support changes that make it easier for Medicare recipients to get colonoscopies.

The proposed rule would require Medicare to cover anesthesia for preventive screening colonoscopies by redefining “screening colonoscopy” to include separately provided anesthesia. Currently, Medicare recipients have to pay for separately provided anesthesia, even though they do not have to pay out-of-pocket costs for the colonoscopies themselves. We support Medicare coverage for colonoscopies and anesthesia, regardless of the type or affiliation of the provider of either service.

Thank you for the opportunity to comment on these important issues.

Sincerely,



Kelly D. Trautner  
Director, AFT Nurses and Health Professionals