

## **Medical Home Floor Statements**

HR 6331 Medicare Legislation Passed in Senate on Wednesday July 9, 2008. Attached are the floor statements in behalf of the inclusion of Nurse Practitioners in Medical Home Demonstration Expansion. Thanks to all who helped to bring this to the attention of Senators.

*Lisa Mulcahy* *Susan M. Collins* *Tom Harkin*  
*Jeff Miller*

**Medical Homes Colloquy  
Senators Bingaman, Harkin, Murkowski, and Collins  
Wednesday, July 9<sup>th</sup>, 2008**

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Senator Bingaman: I rise today in support of legislation that will avert a 10.6 percent reduction in payments to providers who care for our nation's Medicare beneficiaries. It is critical that we pass this legislation today in order to ensure that seniors, who rely on Medicare, will continue to have access to high quality health care.

I also wanted to take this opportunity to engage briefly in a colloquy with Senators Harkin, Murkowski, and Collins about a provision in this bill relating to an expansion of the medical home demonstration.

This bill contains a provision that gives the Secretary of Health and Human Services discretion to expand the Medicare medical home demonstration initially enacted as part of the Tax Relief and Health Care Act of 2006. I am troubled that the current demonstration does not permit nurse practitioners and other non-physician providers to lead medical homes demonstrations. I believe Congress must include these providers in the demonstration.

In my home state of New Mexico, nurse practitioners have been able to practice independently and with full prescriptive authority since 1993. This recognition of their ability to function as independent primary care providers has allowed them to provide care for the most needy of our citizens. Mr. President, New Mexico is a very rural state. In some parts of my state, nurse practitioners are the only primary care providers available. They already serve as medical home providers for many of our citizens and without them many families would have no health care at all.

A June 2008 MedPAC report on primary care includes a discussion of the value of medical homes demonstrations stating "Medical practices led by physicians, nurse practitioners, and physician assistants are a logical place to turn for these services, particularly practices with strong nursing and other dedicated staff support..." In that report, MedPAC recommended 7 requirements for a primary care provider wishing to lead a medical home demonstration. The provider must: furnish primary care (including coordinating appropriate preventive, maintenance, and acute health services); conduct care management; use health information technology for active clinical decision support; have a formal quality improvement program; maintain 24-hour patient communication and rapid access; keep up-to-date records of beneficiaries' advance directives; and maintain a written understanding with each beneficiary designating the provider as a medical home.

I firmly believe that nurse practitioners, or other non-physician providers, meeting these standards should be able to lead a medical homes demonstration. Furthermore, nurse practitioners epitomize the delivery of high quality, cost-effective primary care that is crucial to the medical homes model.

At a time when primary care providers are so greatly needed, the exclusion of more than 700 nurse practitioners in New Mexico – and more than 137,000 nurse practitioners across this country runs counter to the need for more qualified primary care providers.

Senator Harkin: I want to thank my distinguished colleague for raising this issue, which is also a great concern of mine. I am also pleased to support the legislation pending before the Senate today, which will ensure that Iowa's seniors continue to have access to their health care professionals. Iowa, like New Mexico, is a rural state where approximately 1,300 nurse practitioners provide critical access to care in Iowa's underserved areas. As you know, rural America has a higher proportion of elderly Americans than non-rural areas. In addition, Medicare providers face several unique challenges in rural America that make ensuring access to health care even more difficult. As part of our expansion of the Secretary's authority, I would encourage the Secretary to allow nurse practitioners to fully participate and lead medical home demonstrations.

Approximately 90% of nurse practitioners in rural areas do primary care. Approximately 1/3 of nurse practitioners have practices where more than 50% of patients would be classified as "vulnerable populations".

This year, Iowa's state legislature passed legislation to use the medical home model to reduce disparities in health care access, delivery and health care outcomes – and ultimately allow each Iowan to have access to health care. This legislation includes nurse practitioners as medical home leaders who are responsible for providing for appropriate patient care, coordinating specialty care and a guaranteeing a quality of care based in evidence, and fully coordinated with patient and family.

Senator Murkowski: I want to thank my colleagues for engaging in this colloquy and raising this issue, which is also of importance to my home state of Alaska. Like New Mexico and Iowa, Alaska is a rural state where approximately 600 nurse practitioners provide critical access to care in Alaska underserved areas. As a matter of fact some areas of Alaska are so rural and isolated they are primarily served by providers who use airplanes as their mode of transportation. Among these providers are nurse practitioners, who often are the most accessible providers in certain areas in Alaska.

Alaska has one of the highest numbers of nurse practitioners per capita of any other state. Nurse practitioners function as partners in the healthcare of their patients, so that, in addition to clinical services, nurse practitioners focus on health promotion, disease prevention and health education and counseling, guiding patients to make smarter health and lifestyle choices.

NPs provide healthcare to people of all ages, all over the State of Alaska, in diverse healthcare settings such as private offices, community clinics, hospitals, long-term care facilities, schools, and health departments – and about 40 percent of nurse practitioners in Alaska practice in rural settings, outside the major cities in Alaska, and an estimated 25 percent practice in medically underserved areas of Alaska.

For these reasons and to allow Alaskans the easiest access to a provider in the medical home demonstration, I would encourage the Secretary to allow nurse practitioners to fully participate and lead medical home demonstrations.

Senator Collins: Thank you Senator Murkowski.

I rise in strong support of the outstanding work of our nation's nurse practitioners – most especially the 850 or so nurse practitioners in Maine who have practiced independently since the mid-1990s. Nurse practitioners in Maine are credentialed as participating providers, and serve as primary care providers in managed care organizations in my state.

Similar to my colleagues from New Mexico, Iowa and Alaska, a large percentage of Mainers live in rural areas. As such, residents are often a considerable distance from health care facilities and may be hindered from getting care because of transportation and other obstacles. Nurse practitioners fill the void for high quality primary health care in our underserved areas.

We need to encourage medical home demonstrations that allow nurse practitioners to fully participate in these models.

Senator Bingaman: I thank my fellow Senators for joining me to discuss this important issue.

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