February 12, 2024

Joint Committee on Financial Services
Paul R. Feeney, Chair  
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24 Beacon St.  
Room 112  
Boston, MA, 02133

James M. Murphy, Chair  
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Room 254  
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Re: An Act to promote transparent and equitable reimbursement for services provided by Advanced Practice Registered Nurses (APRNs)

Dear Chair Feeney, Chair Murphy, and Members of the Joint Committee on Financial Services:

The American Nurses Association Massachusetts, Inc. is submitting this testimony in support of H.4295 An Act to promote transparent and equitable reimbursement for services provided by Advanced Practice Registered Nurses (NPs), which was recently filed by Representative Paul Donato.

For several years, citizens of the Commonwealth have been allowed to choose an NP as their primary care provider (PCP). Patients pay the same insurance premium and co-pays for their health care when they seek the services of the NP who provides excellent (and sometimes) more thorough care. There are multiple studies which have demonstrated that NPs in perform as well as physicians in terms of clinical safety and positive patient outcomes. Nurse practitioners matched or exceeded their physician counterparts in patient education and satisfaction.¹

In many cases, NPs are providing their care in underserved communities or when physicians are overwhelmed with caring for their own patients. The current Medicare reimbursement policy for nurse practitioners (NPs) allows NPs to directly bill Medicare for services that they perform, but they are reimbursed at only 85% of the physician rate.² This is often used as a disincentive for physicians to hire NPs. It also is an incentive for insurance companies to make more money by paying less for services rendered. The 85% rule is particularly detrimental to NPs who own their own practice. The decrease in reimbursement results in financial instability and decreased employment opportunities, in addition to decreased recognition of the value of NP visits and care³ Insurance providers should be prohibited from making a payment distinction between the physician and NP for the services provided, as long
as each provider is acting within the scope of their practice pursuant to their licensure and certification.

NPs should be reimbursed for the necessary services for the same as physician colleagues! Insurance companies should pay all claims submitted for payment using the individual National Provider Identifier (NPI) of the clinician who actually provided the service. This will prevent the fraudulent submission of bills that inaccurately designate the physician as the caregiver of record. The potential benefits of providing NPs with 100% reimbursement, includes incentivizing them to practice in primary care settings where there is a shortage as well as more accurate quality measures, as the actual clinician providing is appropriately identified and removes “incident to” billing and prevents fraud.

It is critical for this legislative body to mandate changes that will allow authorization by NPs working within their scope of practice to be fully reimbursed for their services and remove any law or rule that requires authorization or involvement of a physician as a condition of reimbursement or coverage of health services.

We urge you to favorably report out this legislation in order to rectify inequities in NP reimbursement, which are unfair, potentially constitute restraint on trade for this class of provider and improve patient access to high quality care.

Thank you!

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2 Gill, Justin DNP, ARNP, FNP-BC; Kaplan, Louise PhD, ARNP, FNP-BC, FAAN, FAANP; Summers, Lisa DrPH, FACNM. Same pay for the same service: Advocacy efforts in the Northwest. The Nurse Practitioner 44(6):p 9-11, June 2019. | DOI: 10.1097/01.NPR.0000558161.07091.d2