A Timely Proposal: Medicare Reimbursement for Nurses

by Lee E. Mortenson, D.P.A.

Recently, I was privileged to become an honorary member of oncology's largest and most credible professional society. I'm talking about the Oncology Nursing Society (ONS), which boasts more than 30,000 members.

At this year's ONS Annual Meeting, Rep. Lois Capps (D-Calif.) told the more than 5,000 attendees that she believes deeply in their contributions to patient care and will work to protect their viability in hospitals and offices. Indeed, she suggested that it might be time to see if we can come up with reimbursement for nurses under Medicare.

Rep. Capps told the crowd that the Hill believes it is time to finally do away with the average wholesale price (AWP) margin as a means to pay for a whole variety of unrelated services. Instead, she suggested we advocate for a nurse code covered by the Centers for Medicare and Medicaid Services (CMS), slightly greater practice expense payments, and other modest modifications to assure that payments reflect resources. This admittedly piecemeal approach has a great deal of merit.

Moreover, there are at least four good reasons to support Rep. Capps' proposal. First, nurses have great support on Capitol Hill, and ONS is building an army experienced in mounting a full-scale offensive on key issues. More than 500 nurses visited Capitol Hill the day prior to the ONS Annual meeting. In conjunction with ACCC, ONS is training more nurses on how to engage in policy discussions through such programs as the jointly sponsored ACCC/ONS Policy Institute.

Second, Congress is aware of problems within the nursing profession. The impact of the nursing shortage is all the talk on Capitol Hill these days. Our representatives might be open to a solution that helps nurses and oncology, even though they believe AWP to be inflated.

Third, nurses are not doctors or hospitals. Congress is reluctant to give oncologists much back on the AWP issue, which has dragged on for a long time. Congress does not seem to be interested in returning the $50 million that the General Accounting Office calculates might be justified in current practice expense.

A number of folks on the Hill are sharpening their knives and have that "lean and hungry look" as they stare threateningly at the American Society of Clinical Oncology. But just as many are also justifiably concerned that an AWP reduction will hurt oncology nurses and quality cancer care.

Fourth, a new nursing code would not have to go through the usual channels. It could be legislated separately.

Are there obstacles to this proposal? Sure, plenty. Yet, I doubt that the obstacles are any more difficult than attempting an end-run on the practice expense mechanism set up by the American Medical Association and CMS or getting Congress to accept the Clinical Practice Expense Panel (CPEP) data for oncology, when it didn't for anyone else. Securing a CMS-covered nurse code and slightly greater practice expense payments to assure that payments reflect resources is certainly no more difficult for them than making an exception to the methodology that CMS has proposed for all other medical professionals regarding practice expense.

This idea could be timely, achievable, and vital to continuing quality cancer care.