



**Colorado Nurses Association (CNA)** is pleased to submit the following recommendations which were developed by CNA's health care reform committee. **Colorado Nurses for Access to Health Care for All (CNAHCA)** committee hereby submits the following recommendations for selecting a benchmark plan for the Colorado Health Insurance Exchange:

- 1) Influx of new primary care patients: There will be many more insured individuals when all of the provisions of the Affordable Care Act are implemented and the Exchange is active. There is already a shortage of primary care providers in Colorado, especially those who will accept new patients with safety-net insurances, such as Medicaid, and other governmental insurance plans, such as Medicare and TriCare. Therefore, we submit that the following should be considered:
  - a) Insurance empanelment of all licensed providers: It is essential that the all accepted plans, beginning with the benchmark plan, empanel, with full privileges, all Advance Practice Registered Nurses (APRNs), including clinical nurse specialists (CNSs), certified nurse midwives (CNMs), nurse practitioners (NPs), and certified registered nurse anesthetists (CRNAs) , especially those designated as primary care providers, including those who practice independently of physicians, regardless of their location in the state of Colorado (rural vs. urban).
  - b) Avoidance of exclusive plans: It is important that access to all licensed providers be an essential part of the benchmark plan, and therefore, plans that offer only exclusive access to an employed group of providers at specific insurance-owned facilities should not be chosen, as this inherently limits access to all licensed providers. Any limitation of access should be specifically avoided.
  - c) Avoidance of plans excluding independently-practicing APRNs: Insurers who have a policy of specifically excluding APRNs in urban areas should not provide the benchmark plan, since this policy inherently limits access to all licensed providers.
  - d) All licensed providers should be listed as primary care providers by the chosen plan: Insurers who refuse to list APRN's listed in provider directories as primary care providers should not provide the benchmark plan, as this would reduce access to primary care.
  - e) Essential community providers should be included as empaneled providers in the chosen plan: The insurer who provides the benchmark plan should list essential community providers, to include nurse-managed health centers, school-based health centers, and freestanding birth centers, which serve predominately low-income, medically underserved individuals now. These clinics will be even more important to provide primary care for these groups when the Exchange is active and there is a greater demand for services.
  - f) All licensed providers who meet the qualifications should be eligible for status as PCMH Team leaders: The insurer who provides the benchmark plan should acknowledge appropriately qualified APRN's as team leaders, without physician supervision (which adds additional expense), of Patient-Centered Medical Homes.

- g) Every licensed provider should be listed separately to assess quality and cost data accurately:  
The insurer who provides the benchmark plan should separately list all APRNs in their panel so that quality and cost data can be accurately assigned to the provider who rendered the service. This separate listing should occur whether APRNs are employed by physicians or organizations or are practicing independently. It will be impossible to measure the outcomes of the care provided if all coding and billing is done under a physician's or an organization's name.
- 2) Provide more care while reducing costs: The goal of the Exchange is to provide health care to more Colorado individuals and families while reducing overall health care costs. Therefore, we submit:
  - a) Provide more benefits at the primary care level to reduce costs: It is vital that the benchmark plan has a broad range of benefits to assist patients to receive care at the primary care level, to avoid unnecessary emergency room or urgent care visits. Mental health services should also be included as part of the benefit package. Therefore, the plan that has the broadest range of essential covered benefits should be chosen as this will provide cost savings over time. Ill patients will seek care where they must, and tertiary care is always the most expensive way to provide care. Patients who do not have a particular covered benefit are much more likely to arrive for that care at the ER than those who can see their primary care provider for the same illness and have that visit covered by their insurance.
  - b) Provide free preventive care, including dental: Preventive care, such as wellness checks, appropriate screening exams, and immunizations should be offered at no cost to the patient, since they save health care dollars by reducing the burden of future illness. Pediatric dental care should be a covered plan benefit, since dental emergencies, such as infections, lead to expensive emergency room visits, and the maintenance of dental health avoids serious consequent illnesses.
- 3) Provider Network Adequacy
  - a) The potential influx of individuals needing coverage will require additional health care providers in Colorado to provide reasonable access to quality primary and specialty care.
  - b) The network must assure that all services will be available without unreasonable delay.
  - c) In order to provide an adequate network, there must be inclusion of all types of licensed health care professionals, including APNs.
  - d) Coloradans need to have a wide choice of providers in order to ensure success of the Colorado Health Benefit Exchange.