



American Nephrology Nurses Association 2019 HEALTH POLICY STATEMENT

PREAMBLE

The American Nephrology Nurses Association (ANNA) is a national organization of registered nurses practicing in nephrology, which includes but is not limited to chronic kidney disease (CKD), hemodialysis, peritoneal dialysis, transplantation, and continuous renal replacement therapies. ANNA members are involved in the supervision and delivery of care to children and adults who have or are at risk of kidney disease. ANNA supports the interdisciplinary approach to health care and believes that registered nurses must be major participants in the planning, delivery, and evaluation of that care.

As a professional organization, ANNA has the obligation to set and update standards of patient care, educate practitioners, stimulate research and disseminate findings, promote interdisciplinary communication and cooperation, and address issues that may impact nephrology nursing practice.

This Health Policy Statement represents the ANNA viewpoint on major health policy issues relevant to the treatment of people with kidney disease and the practice of professional nephrology nursing. This document serves to give ANNA direction as legislative and regulatory issues arise at the local, state, and national levels. This document has been developed based on a comprehensive review of current health policy issues and with input from ANNA members and leaders.

NURSING

1. ANNA is committed to assuring and protecting access to professional nursing care delivered by highly educated, well-trained, and experienced registered nurses for people with kidney disease.
2. ANNA supports the promotion of the registered nurse's role in health policy advocacy through educational efforts, grassroots outreach, and other activities that seek to promote the health and well-being of individuals, families, and communities affected by real or potential kidney disease.
3. ANNA supports the inclusion of registered nurses in policy development at all levels of government and on all boards, commissions, expert panels, task forces, and other groups setting policies and standards that affect nursing practice, the Medicare End-Stage Renal Disease (ESRD) program, and its beneficiaries.
4. ANNA supports efforts to resolve the nursing shortage, including measures to assure appropriate funding to address the shortage of nursing faculty and the availability of nursing mentors for new graduates and nurses with limited practice experience.
5. Congruent with the Centers for Medicare and Medicaid Services (CMS) Conditions for Coverage, ANNA believes that registered nurses experienced in dialytic therapy must be present to provide assessment and direct supervision of patient care activities and unlicensed personnel during dialysis treatments.

6. ANNA believes that a registered nurse must be actively involved in determining staffing requirements in facilities providing care to people with kidney disease, and that these requirements should include consideration of patient condition and specific medical and/or psychosocial needs.
7. ANNA believes that the care of people with kidney disease is provided effectively and responsibly by registered nurses and unlicensed assistive personnel in ratios that are based on patient needs and acuity. Further, the use of advanced practice registered nurses (APRNs) in the management of people with kidney disease can result in cost-efficient high-quality care, benefiting the health care delivery system in general, and the Medicare ESRD program in particular. ANNA supports the recognition of compensation for APRNs by both public and private payers.
8. ANNA believes that a sound education program is necessary to develop, maintain, and augment clinical and technical competence. ANNA believes that all licensed patient care personnel must complete a standardized nephrology education program reflecting the *ANNA Nephrology Nursing Scope and Standards of Practice*.
9. ANNA endorses the certification of qualified nephrology nurses as defined by the Nephrology Nursing Certification Commission and continuing certification to refine the knowledge of nurses providing care to individuals in all stages and types of kidney disease across the life span.
10. ANNA supports a nurse's right to refuse to perform an act or take an assignment that in the nurse's judgment is not safe or is not within that nurse's skill, experience, qualifications, or capability.
11. In accordance with our commitment to compassionate end-of-life care, ANNA believes that nurses should not participate in assisted suicide or active euthanasia and that such acts are in direct violation of the American Nurses Association (ANA) *Code of Ethics for Nurses with Interpretive Statements* and the ethical traditions of the profession (ANA, 2015). ANNA supports the ANA statement which asserts that, "The importance of carefully considered decisions regarding resuscitation status, withholding and withdrawing life-sustaining therapies, foregoing nutrition and hydration, palliative care, and advance directives is widely recognized. Nurses assist patients as necessary with these decisions. Nurses should promote advance care planning conversations and must be knowledgeable about the benefits and limitations of various advance directive documents. The nurse should provide interventions to relieve pain and other symptoms in the dying patient consistent with palliative care practice standards and may not act with the sole intent to end life" (ANA, 2015, p. 3).
12. ANNA believes that nephrology nurses should continue to advocate for policies and programs that promote and ensure health care environments that provide humane and dignified patient-centered care. ANNA supports continued dialogue, education, and research on end-of-life issues and appropriate decision-making related to discontinuation of or withdrawal from dialysis treatment. ANNA has commended the *Clinical Practice Guideline on Shared Decision-Making in the Appropriate Initiation and Withdrawal from Dialysis* (2010), published by the Renal Physicians Association and the American Society of Nephrology.

13. ANNA believes health care personnel must be protected from occupational and environmental health hazards related to dialytic therapy and that standards for safety and protective measures should be developed, identified, and implemented.
14. ANNA believes that any efforts to detect or test for substance abuse or communicable diseases must be consistent with good medical practice and shall not violate the individual's civil rights.
15. ANNA supports the efforts of the National Council of State Boards of Nursing to implement multistate licensure for health professionals through expansion of the interstate compact.
16. ANNA supports improved provision of and access to telehealth services, both distance learning for professionals and patients as well as treatment and home monitoring of patients with chronic diseases for Medicare and Medicaid beneficiaries. ANNA supports not only the concept of telehealth but also the development of methods to reimburse providers in rural or underserved areas for these services.
17. ANNA endorses the Nursing Organizations Alliance (NOA) *Principles and Elements of a Healthful Practice/Work Environment* (2005), the American Association of Critical Care Nurses (AACN) *Standards for Establishing and Sustaining Healthy Work Environments: A Journey to Excellence* (2016) and ANA *Safe Patient Handling and Mobility: Interprofessional National Standards across the Care Continuum* (2013).
18. ANNA concurs with the recommendations articulated in the report published by the Institute of Medicine titled, *The Future of Nursing: Leading Change, Advancing Health* (2011). Specifically, ANNA agrees that:
 - a. Nurses should practice to the full extent of their education and training.
 - b. Nurses should achieve higher levels of education and training through an improved educational system that promotes seamless academic progression.
 - c. Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.
 - d. Effective workforce planning and policymaking require better data collection and an improved information infrastructure.

ELEMENTS OF CARE

1. ANNA believes the practice of nephrology nursing is directed toward assessing and treating the health needs of individuals and their families who are experiencing the real or threatened impact of compromised kidney function, and/or acute or CKD. This practice includes a commitment to help each individual and his/her significant others achieve an optimal level of functioning. Toward this end, nephrology nurses must establish high standards of patient care that are routinely updated.
2. ANNA believes that appropriate, quality treatment must be available to all individuals with kidney disease and other disease processes that require replacement therapies. ANNA supports providing these individuals with complete and accurate information about all alternative forms of therapy, including the associated risks and benefits, without regard for their cost. ANNA believes that these individuals and their significant others must be encouraged and allowed to be active participants in this decision-making process.

3. ANNA supports legislative, regulatory, and programmatic efforts that promote prevention and management of CKD, including early diagnosis, education, and proactive creation of native fistulae for dialysis. ANNA is fully committed to working with the U.S. Congress, CMS, and the kidney community on these issues. ANNA supports nephrology nursing participation in state and federal level initiatives to increase the use of arteriovenous fistula as vascular access for hemodialysis.
4. In order to achieve the goal of optimal rehabilitation, ANNA believes individuals must assume as much responsibility for their overall care as their physical and mental status allows. ANNA supports all home and self-dialysis modalities, with training and supervision of persons choosing these modalities being under the direction of a qualified registered nephrology nurse. Additionally, ANNA supports research into barriers to home dialysis and access to balanced education for people with kidney disease that includes home therapy as a treatment option.
5. ANNA supports the Medicare ESRD Prospective Payment System (PPS) and Quality Incentive Program (QIP) and continues to play an active role in commenting on revisions and changes to the PPS and QIP. ANNA supports flexibility in the provision of daily or more frequent dialysis, and any other safe and effective emerging treatment modalities for CKD, including incentives for patient self-management.
6. ANNA believes that all individuals, including health care providers, must be protected from the possible threat of communicable diseases related to dialysis, transplantation, and other extracorporeal therapies and that access to testing for such diseases should be available to all patients and health care providers. ANNA endorses the vaccination of all patients against hepatitis B, pneumonia, and influenza and the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) vaccination recommendations for nephrology staff.
7. ANNA supports legislative, regulatory, and programmatic efforts that promote disaster preparedness and early identification, triage, and evacuation if necessary, of patients requiring kidney replacement therapy during disaster situations.
8. As the health professional responsible for providing the majority of hands-on care for individuals with ESRD, ANNA believes that a successful and comprehensive Medicare QIP must recognize the value of the nurse/patient relationship. As stated in ANNA's August 28, 2017, and September 10, 2018 letters to CMS regarding the Medicare ESRD QIP, ANNA encourages CMS to limit new measures to those that are evidence-based and promote the delivery of high-quality care and improved patient outcomes.

TRANSPLANTATION

1. ANNA supports public and private sector efforts to promote organ donation and increase transplantation. ANNA believes this can be accomplished by:
 - a. Continued support for educational programs for the public and for health professionals addressing the shortage of donor organs and the appropriate identification of potential donors;
 - b. Continued support for the federally funded Organ Procurement and Transplantation Network (OPTN) and the Scientific Registry of Transplant Recipients (SRTR);
 - c. Implementation of uniform state laws regarding organ donation, procurement, and transplantation:

- i. Amend the *Anatomical Gift Act* to support that a desire to donate or not to donate expressed in any form (a donor card, driver's license check-off, placement of name on a registry, or verbal statement) cannot be revoked by the next of kin. (Indication of a desire to not donate would prohibit approaching families when there is clear evidence that the individual did not want to donate);
 - ii. Amend the *Anatomical Gift Act* to facilitate Medical Examiner/Coroner consent for "John Doe" donations following a diligent search for identification and legal next of kin;
 - iii. Include organ/tissue donation language in all legislative and regulatory proposals related to advance directives, living wills, and durable powers of attorney; and
 - iv. Support of state registries for persons wishing to donate organs at the time of their death and federal funding for these registries.
 - d. Continued federal support of transplant activities, including medical research and coverage of immunosuppressive drug therapy and legislative initiatives to extend immunosuppressive drug coverage for the life of the transplanted organ(s);
 - e. Education of insurers and other payers regarding the success and cost effectiveness of organ transplantation for their members and encourage activities that decrease actual or perceived barriers to transplantation;
 - f. Removal of financial disincentives to live organ donation, including funding for transportation and lost income;
 - g. Studies to review the ethical implications of proposals to increase living non-related donation that may disproportionately affect certain populations; and
 - h. Support for research into the use of financial incentives for deceased donors as a potential mechanism to increase organ donation.
2. ANNA opposes coercive behavior in the solicitation of organs for transplantation and live donation when the donor's decision is based primarily on financial gain.
3. As stated in ANNA's letter to the United Network for Organ Sharing (UNOS) dated December 12, 2012, ANNA endorsed changes to the national kidney allocation system to enhance graft survival, increase utilization of donated kidneys, and improve access to kidneys for biologically disadvantaged candidates.

MEDICARE ESRD PROGRAM MANAGEMENT

1. ANNA supports ESRD payment policies that support delivery of care and are consistent with both the standards of professional nephrology nursing established by ANNA and current professionally accepted clinical practice guidelines and standards established by the renal professional community.
2. ANNA believes that patients with CKD should have access to education, support services, and clinical care that may improve their kidney function, delay the progression of their disease, or improve their health status and readiness for the initiation of ESRD therapies.
3. ANNA supports amending Title XIX of the *Social Security Act of 1965* (P.L. 89-97) to include dialysis as a mandatory service in state Medicaid programs.
4. ANNA believes that oversight of ESRD facilities should be an ongoing, collaborative effort between CMS and its contractors, including state agencies and ESRD Network organizations. Members of the on-site survey teams should be knowledgeable about the various aspects of the delivery of care to individuals with kidney disease.

5. ANNA supports the timely inspection and approval of ESRD facilities that will increase patient's access to care.

MANAGED CARE AND COMMERCIAL HEALTH PLANS AND THE ESRD POPULATION

ANNA believes that all health plans must:

1. Develop a process to ensure access to relevant specialists of members diagnosed with CKD or ESRD.
2. Develop a protocol or incentives for encouraging screening members for kidney disease and early referral of those members to nephrologists for evaluation and interventions.
3. Have a mechanism for providing access for members with ESRD to dialysis and transplant providers that are geographically accessible, whose outcomes and waiting times are known to meet acceptable national standards and averages, and that are able to provide all forms of dialytic therapy currently available, including peritoneal dialysis, home dialysis, and a dialysis schedule that conforms with the members' employment or other rehabilitation needs.
4. Involve nephrology professionals and/or utilize available clinical practice guidelines in the development of care delivery models for members with CKD.
5. Provide case management services that collaborate with nephrology providers for a comprehensive, patient-centered plan of care that provides optimal kidney replacement therapy and palliative care when necessary.
6. Develop mechanisms to ensure the inclusion of members with ESRD in the ESRD Network programs and the United States Renal Data System (USRDS) database.
7. Conduct periodic evaluations of all contractors (e.g., dialysis facilities and transplant programs) providing care to members with ESRD.
8. Provide coverage for dialysis services for members who travel outside the health plan's normal coverage area.
9. Provide coverage for immunosuppressive agents for all transplant recipients for the life of the transplanted organ(s).
10. Provide coverage for hospice care.
11. Not discriminate against any policy holder in any way on the basis of a diagnosis of ESRD or condition that leads to CKD.

References

- American Association of Critical Care Nurses. (2016). *Standards for establishing and sustaining healthy work environments: A journey to excellence* (2nd ed.). Aliso Viejo, CA: Author.
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