



September 11, 2023

Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare and Medicaid Services  
U.S. Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Re: Medicare Program; CY 2024 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicare Advantage; Medicare and Medicaid Provider and Supplier enrollment Policies; and Basic Health Program [CMS-1784-P]

Dear Administrator Brooks-LaSure,

On behalf of the American Association of Colleges of Nursing (AACN), the national voice for academic nursing, thank you for the opportunity to provide comments on the CY 2024 Physician Fee Schedule Proposed Rule. AACN is committed to working to establish quality standards for nursing education, assist schools in implementing those standards, influence the nursing profession to improve health care, and promote public support for professional nursing education, research, and practice. The Association represents more than 865 schools of nursing offering a mix of baccalaureate, graduate, and post-graduate programs at public and private universities nationwide<sup>1</sup>.

AACN has a vested interest in improving our nation's health and health care. For over five decades, the association has championed professional nursing education to ensure that Registered Nurses (RNs) and Advanced Practice Registered Nurses (APRNs), including Nurse Practitioners (NPs), Certified Nurse-Midwives (CNMs), Certified Registered Nurse Anesthetists (CRNAs), and Clinical Nurse Specialists (CNSs), are prepared to provide evidence-based, cost-effective, and high-quality care. Within AACN member schools, nearly 115,000 students are currently enrolled in APRN programs and will serve as our nation's next generation of expert providers<sup>2</sup>.

AACN commends the Centers for Medicare and Medicaid Services (CMS) for its continued efforts to reduce restrictive and unnecessary regulatory burdens and supporting full practice authority for all nurses. We appreciate the opportunity to provide comments on the proposed rules that eliminate regulations impeding clinicians' scopes of practice.

AACN offers the following comments for CMS' consideration in the CY 2024 Medicare Physician Fee Schedule Proposed Rule:

- Support removal of specific certifying boards and revision of the definition of Nurse Practitioner.
- Continue to remove all regulatory barriers to ensure full practice authority.
- Expand nursing presence and leadership in healthcare policy initiatives.

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<sup>1</sup> [About AACN \(aacnnursing.org\)](https://www.aacnnursing.org)

<sup>2</sup> 2022-2023 Enrollments and Graduations in Baccalaureate and Graduate Programs in Nursing. Washington, DC: American Association of Colleges of Nursing.

Each of these recommendations will be discussed in turn.

**Recommendation: Support removal of specific certifying boards and revision of the definition of Nurse Practitioner.**

AACN appreciated CMS's recognition of the importance of APRNs in the provision of health care in the U.S. AACN fully supports revising the definition of Nurse Practitioner at §491.2 to mean "a person who meets applicable state requirements governing the qualifications for nurse practitioner and who meets the conditions of certification as a primary care nurse practitioner by a recognized national certifying body that has established standards for nurse practitioners and possesses a master's degree in nursing or a Doctor of Nursing Practice degree." AACN supports removing specific certifying boards from §491.2(1) as state requirements will reflect currently available certifications.

CMS also requested feedback on whether the definition of nurse practitioner should include certification in an area of primary care, or whether this distinction should be removed. As outlined in the APRN Consensus Model<sup>3</sup>, nurse practitioners provide initial, ongoing, and comprehensive care to manage acute and chronic illnesses and diseases regardless of setting. Care is based on acuity of the patient's needs, rather than the setting. Clinical and didactic education prepares nurse practitioners to provide the full scope of care across the continuum of health care, therefore we support removing the specification requiring NPs to be certified in primary care in the definition of § 491.2.

**Recommendation: Continue to remove barriers to practice allowing for full practice authority.**

AANC thanks the Center for Medicare and Medicaid Services for their continued support for APRNs in the delivery of quality health care in our nation. The demand for all nursing roles continues to grow faster than average for most occupations, with the Bureau of Labor Statistics projecting the need for RNs and APRNs to increase 6% and 40% respectively by 2031, representing the need for an additional 195,400 RNs and 118,600 APRNs<sup>4,5</sup> The National Academy of Medicine, in its report on *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*, states:

Eliminating restrictions on the scope of practice of advanced practice registered nurses and registered nurses so they can practice to the full extent of their education and training will increase the types and amount of high-quality health care services that can be provided to those with complex health and social needs and improve both access to care and health equity<sup>6</sup>.

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<sup>3</sup> Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education. (2008).

[https://www.nursingworld.org/~4aa7d9/globalassets/certification/aprn\\_consensus\\_model\\_report\\_7-7-08.pdf](https://www.nursingworld.org/~4aa7d9/globalassets/certification/aprn_consensus_model_report_7-7-08.pdf)

<sup>4</sup> U.S. Bureau of Labor Statistics. (2022). Occupational Outlook Handbook- Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners. Retrieved from: [Registered Nurses: Occupational Outlook Handbook: U.S. Bureau of Labor Statistics \(bls.gov\)](https://www.bls.gov/occupational-outlook-handbook/nurse-anesthetists-nurse-midwives-and-nurse-practitioners)

<sup>5</sup> U.S. Bureau of Labor Statistics. (2022). Occupational Outlook Handbook- Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners. Retrieved from: [Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners : Occupational Outlook Handbook: : U.S. Bureau of Labor Statistics \(bls.gov\)](https://www.bls.gov/occupational-outlook-handbook/nurse-anesthetists-nurse-midwives-and-nurse-practitioners)

<sup>6</sup> National Academies of Sciences, Engineering, and Medicine (2021). *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25982>.

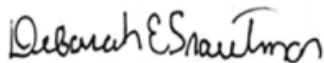
AACN fully supports allowing all clinicians to practice to the full extent of their education and training. According to the American Association of Nurse Practitioners, states that restrict an NP's ability to practice are typically associated with healthcare disparities, higher chronic diseases burdens, healthcare deserts, and higher costs of care<sup>7</sup>. APRNs who obtain full practice authority are more likely to practice in rural and underserved areas. As such, AACN encourages CMS to continue to work to remove barriers to full practice authority for RNs and APRNs.

**Recommendation: Expand nursing's presence and leadership in healthcare policy initiatives.**

The National Academy of Medicine report on *The Future of Nursing 2020-2030* highlights how nurses bring integral insight and value to health care and the health systems they support. Nurses bring a unique body of knowledge and experience in the delivery of care, health promotion, and patient education. It is imperative that nurses are appointed to CMS advisory committees and boards to contribute to the design and delivery of quality health care in the United States.

Thank you for your consideration of AACN's comments on the CY 2024 Physician Fee Schedule Proposed Rule. The reduction of burdens for clinicians, providers, patients, and their families are timely, essential, and critical to improving our healthcare system's efficiency, safety, and innovation. Please consider AACN to be your ally in this endeavor. If our organization can be of any assistance, please contact AACN's Director of Policy, Dr. Brenda Baker, at [bbaker@aacnnursing.org](mailto:bbaker@aacnnursing.org)

Sincerely,



Deborah E. Trautman, PhD, RN, FAAN  
President and Chief Executive Officer

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<sup>7</sup> AANP, Full Practice Authority (April 2022). <https://www.aanp.org/advocacy/advocacy-resource/policy-briefs/issues-full-practice-brief>