

March 20, 2023

Chairman Sanders
Health, Education, Labor & Pensions
Committee
U.S. Senate
Washington, DC 20510

Ranking Member Cassidy
Health, Education, Labor & Pensions
Committee
U.S. Senate
Washington, DC 20510

Dear Chairman Sanders and Ranking Member Cassidy:

On behalf of the undersigned organizations representing Advanced Practice Registered Nurses (APRNs) and advanced practice nursing education, we appreciate the opportunity to comment on this request for information related to your February 16 hearing, “Examining Health Care Workforce Shortages: Where Do We Go From Here?”. We want to thank you for holding this important hearing, and for inviting Sarah Szanton, PhD, RN, FAAN to be a witness. As you consider the current workforce issues, examine the important lessons from the pandemic and consider how to move forward, it is critical for Congress to hear from nurses about our perspectives and experiences with these challenges.

The APRN Workgroup is comprised of organizations representing Advanced Nursing Education, Certified Nurse-Midwives (CNMs), Clinical Nurse Specialists (CNSs), Certified Registered Nurse Anesthetists (CRNAs), and Nurse Practitioners (NPs). As of 2020, over 233,000 APRNs were treating Medicare patients, making it essential that Congress remove barriers to care for APRNs and the patients they serve in the Medicare and Medicaid programs. America’s growing numbers of highly educated APRNs advance healthcare access, quality improvement and cost-effective healthcare delivery across all settings, regions and populations, particularly among the rural and medically underserved.

There are many factors that have affected the current healthcare workforce shortages, including difficulty recruiting and retaining educators, struggles with finding preceptors, insufficient scholarship and loan repayment opportunities for nursing students, and an insufficient investment in nursing education programs. It is imperative that we make critical investments in these programs and in turn the individuals participating in them in a timely manner, to ensure we expand the pipeline of nurses to meet the needs of tomorrow.

There are also concerns that the impending end of the public health emergency (PHE) may worsen healthcare workforce issues if Congress doesn’t take steps to extend critical flexibilities. In March of 2020, the Centers for Medicare and Medicaid Services (CMS) issued a number of critical healthcare waivers to expand access to lifesaving care during the pandemic. With many of these waivers set to expire on May 11, 2023 without Congressional action, we urge you to make these waivers permanent and to remove all barriers within Medicare and Medicaid that make it more difficult for patients to access quality care from APRNs.

Investing in the Current and Future Workforce

Nurses represent the largest segment of the U.S. healthcare workforce¹, and the future demand for nurses and APRNs is expected to grow substantially, with the Bureau of Labor Statistics (BLS) projecting that the demand for APRNs is anticipated to grow by 40% by 2031². This increased demand combined with increasing strains and burnout on the current nursing workforce, makes the need to expand the current pipeline even more dire. According to a survey from the American Nurses Foundation that looked at the nursing workforce, “19% said they intend to leave their position in the next six months, and 27% are considering leaving.”³ This data is even more concerning when you look at those in nursing who are considering leaving the profession all together, “Of those who intend or are considering leaving their position, 13% said they plan to leave nursing altogether; 30% said they are considering it.”

In light of these statistics, we recommend that Congress take immediate steps to increase the funding for Title VIII Nursing Workforce Development Programs (Title VIII of the Public Health Service Act [42 U.S.C. 296 et seq.]). In FY23, all Title VIII programs received only \$300.472 million in funding, despite being the only funding source solely dedicated to nursing education and workforce. **We urge Congress to increase funding for these programs to \$530 million for FY24 to allow for timely and significant expansion of nursing education programs to meet the growing need.** These investments can help to increase faculty recruitment and retention, help educate the next generation of APRNs, and provide critical incentives for APRNs to practice in rural and underserved areas to increase access to advanced care.

Additionally, we urge Congress to pass the *Future Advancement of Academic Nursing (FAAN) Act upon its reintroduction this session.* The FAAN Act would provide much needed investments and funding in nursing education, including grants for schools of nursing to increase faculty, enrollment, and diversity, to strengthen the healthcare workforce. These investments need to be made now, to ensure we have the nursing workforce we need for tomorrow.

Removing Barriers to the Current APRN Workforce

Throughout the COVID-19 PHE, we have seen how removing unnecessary and outdated barriers to care between APRNs and their patients has increased access to care while maintaining the highest quality outcomes. Many waivers, put in place temporarily during the PHE, have helped to expand access during this critical time. Nurses in particular have stepped up to the challenge, working on the frontlines of the pandemic for over three years, and better able to practice to the top of their education and training with these waivers in place. In light of this, we urge Congress to address unnecessary barriers to care,

¹ Laughlin, et al. (April 5, 2021). *22 Million Employed in Health Care Fight Against COVID-19*. US Census Bureau. Retrieved from: <https://www.census.gov/library/stories/2021/04/who-are-our-health-care-workers.html>

² U.S. Bureau of Labor Statistics. (September 8, 2022). *Occupational Outlook Handbook- Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners*. Retrieved from: <https://www.bls.gov/ooh/healthcare/nurse-anesthetists-nurse-midwives-and-nursepractitioners.htm>

³ American Nurses Foundation. (January 24, 2023). *Three-Year Annual Assessment Survey: Nurses Needed Increased Support from their Employer*. Retrieved from: https://www.nursingworld.org/~48fb88/contentassets/23d4f79cea6b4f67ae24714de11783e9/anfimpact-assessment-third-year_v5.pdf

including making certain waivers permanent to maintain expanded access to care while allowing APRNs to work to the top of their education and training⁴. This recommendation is supported by the National Academy of Medicine's *Future of Nursing 202-2023: Charting a Path to Achieve Health Equity* report, which called for removing these barriers to APRNs, which limit what they can do under their state scope⁵.

We implore Congress to act to make permanent the following critical healthcare waivers related to APRNs, many of which are set to expire on May 11:

1. Physician Services. 42 CFR §482.12(c)(1)–(2) and §482.12(c)(4): Waiving requirements that Medicare patients admitted to a hospital be under the care of a physician, allowing other practitioners to practice to the top of their licensure, while authorizing hospitals to optimize their workforce strategies. For example, a recent report outlined that Certified Registered Nurse Anesthetists (CRNA's) in states that experienced a major impact due to executive orders (including the removal of both state and federal requirements), were significantly more likely to experience expanded clinical practice.⁶
2. SNF Physician Visit and Delegation Waivers 42 CFR 483.30(c)(3) and 42 CFR 483.30(e)(4): Authorizing NPs to perform all mandatory visits in a SNF has enabled practices and SNFs to maximize their workforce. These waivers improve continuity of care and infection control by reducing unnecessary contacts between patients and multiple providers. In May of 2022 these waivers were discontinued, yet research has shown the significant value of NPs providing care in long-term care facilities,⁷ making it critically important to ensure that SNF patients continue to receive prompt access to the high-quality care provided by NPs.
3. Responsibilities of Physicians in Critical Access Hospitals (CAHs). 42 CFR § 485.631(b)(2): Making the physician physical presence waiver permanent allows certain APRNs in CAHs to practice to the full extent of their education and clinical training and enables the entire health care team to practice to its fullest capacity in provider shortage areas.
4. Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs): Physician Supervision of NPs in RHCs and FQHCs. 42 CFR 491.8(b)(1): Waiving the physician supervision of NPs in RHCs and FQHCs requirement has provided much needed workforce flexibility in rural and underserved communities where provider shortages are being exacerbated by COVID-19.
5. Anesthesia Services. 42 CFR §482.52(a)(5), §485.639(c) (2), and §416.42 (b)(2): Allowing certified registered nurse anesthetists (CRNA), in accordance with a state emergency

⁴ Centers for Medicare and Medicaid Services. (October 21, 2022). *COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers*. Retrieved from: <https://www.cms.gov/files/document/covid-19-emergency-declaration-waivers.pdf>

⁵ 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>

⁶ Callan et al. (August 2021). *Impact of COVID-19 Pandemic on Certified Registered Nurse Anesthetist Practice*. AANA Journal. Vol 89. No.4

⁷ National Academies of Sciences Engineering, and Medicine. *The National Imperative to Improve Nursing Home Quality*, at page 236. Retrieved from: <https://nap.nationalacademies.org/catalog/26526/the-national-imperative-to-improve-nursing-home-quality-honoring-our>.

preparedness or pandemic plan, to practice to the full extent of their license by permanently extending the CMS waiver removing physician supervision as a Condition of Participation.

Ensuring that these waivers become permanent is a critically important and time sensitive step towards ensuring that we are best utilizing our current workforce. **In addition to permanently removing these unnecessary restrictions, we urge Congress to pass the *Improving Care and Access to Nurses (ICAN) Act upon its reintroduction.*** This bipartisan legislation would update Medicare and Medicaid policy to ensure that APRNs can provide care as effectively and efficiently as possible. It would modernize long standing issues under Medicare, including expanding access to medical nutrition therapy and diabetic shoes, allowing for proper reimbursement for ordering and referring and evaluation and management services, and increased access to home health services. This bill does not alter the scope for any APRNs and does not supersede any state laws, it simply ensures that Medicare and Medicaid beneficiaries have access to critical healthcare services without undue burden.

To address the ongoing healthcare workforce issues, particularly those faced by our nation's APRNs, Congress must focus on both expanding and enhancing the pipeline of providers, through investments in education, and ensuring the most effective and efficient utilization of the current workforce, by removing unnecessary barriers between patients and APRNs. These efforts will increase and improve the current workforce nationwide and will have a pronounced effect on rural and underserved communities that rely on APRN-led care.

We appreciate the opportunity to provide our recommendations on this request for information and hope to be constructive partners in the critical effort to improve our healthcare workforce. Should you have any questions, you can reach out to Matthew Thackston, Associate Director of Federal Government Affairs at the American Association of Nurse Anesthesiology at mthackston@aana.com or (202) 484-8400. Thank you for your consideration and we look forward to hearing from you.

American Academy of Nursing
American Association of Colleges of Nursing
American Association of Nurse Anesthesiology
American Association of Nurse Practitioners
American College of Nurse-Midwives
American Nurses Association
Gerontological Advanced Practice Nurses Association
National Association of Nurse Practitioners in Women's Health
National Association of Pediatric Nurse Practitioners
National League for Nursing
National Organization of Nurse Practitioner Faculties