

December 20, 2021

The Honorable Nancy Pelosi Speaker of the House United States House of Representatives Washington, DC 20515

The Honorable Kevin McCarthy House Minority Leader United States House of Representatives Washington, DC 20515 The Honorable Charles E. Schumer Senate Majority Leader United States Senate Washington, DC 20510

The Honorable Mitch McConnell Senate Minority Leader United States Senate Washington, DC 20510

Dear Speaker Pelosi, Leader Schumer, Leader McConnell, and Leader McCarthy,

On behalf of the 44 undersigned organizations representing the Nursing Community Coalition (NCC), we write to express our support for the impactful actions to provide relief for healthcare providers during the current public health emergency through various waivers and regulatory efforts. As a cross section of education, practice, research, and regulation within the nursing profession, the Nursing Community Coalition recognizes the critical contributions made by nurses, including Advanced Practice Registered Nurses (APRNs),<sup>1</sup> to deliver high-quality, lifesaving, preventive, and palliative health care across all care settings, geographic areas, and social determinants of health. Collectively, we have advocated for the removal of barriers to practice and encouraged innovation, especially as our nation's frontline providers respond to COVID-19. Ensuring that our patients have access to the highest quality nursing care, we urge Congress to take legislative action to make the following waivers permanent, beyond this Public Health Emergency (PHE):

- 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. <sup>2</sup>
- Physician Visits. 42 CFR 483.30(c)(3): Allowing nurse practitioners (NPs) and clinical nurse specialists (CNS) to perform all mandatory visits in a skilled nursing facility (SNF) has enabled practices and SNFs to maximize their workforce. This waiver improves

<sup>&</sup>lt;sup>1</sup> APRNs include certified nurse-midwives (CNMs), certified registered nurse anesthetists (CRNAs), clinical nurse specialists (CNSs) and nurse practitioners (NPs).

<sup>&</sup>lt;sup>2</sup> Callan, Vicki, et al. *Impact of COVID-19 Pandemic on Certified Registered Nurse Anesthetist Practice*, (August 2021). Retrieved from: <a href="https://www.aana.com/docs/default-source/aana-journal-web-documents-1/callan-r.pdf?sfvrsn=c3a59f71">https://www.aana.com/docs/default-source/aana-journal-web-documents-1/callan-r.pdf?sfvrsn=c3a59f71</a> 4.

- continuity of care and infection control by reducing unnecessary contacts between patients and multiple providers.
- Physician Delegation of Tasks in SNFs. 42 CFR 483.30(e)(4): Allowing APRNs to practice to the top of their licensure ensures, especially during this PHE, that patients continue to receive immediate access to high quality healthcare.
- 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.
- 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.
- 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 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.
- Flexibility for Telehealth: Increased flexibility to provide telehealth to patients has been
  an essential component of providing care during COVID-19 and will continue to be
  integral to clinicians after the PHE. Specific telehealth provisions that we support making
  permanent include, removing the geographic limitations, removing originating site
  restrictions so that patients can receive telehealth in their homes, removing the
  limitation on the number of telehealth services by Medicare providers, and increased
  coverage and reimbursement for audio-only telehealth services. We also support the
  expansion of telehealth to previously uncovered services and visits when the clinician
  determines that it is clinically appropriate.

With over four million licensed Registered Nurses (RNs), APRNs, and nursing students, the profession embodies the drive and passion to ensure the health of patients, families, and our country continues to improve.<sup>3</sup> The models of care implemented during these unprecedented times helps inform and improve healthcare throughout the nation. Therefore, we urge Congress to take legislative action to make permanent the above waivers so nurses and APRNs can continue to provide high quality health care to patients in all communities, including in rural and underserved areas, now and into the future. As these conversations continue, and if our organizations can be of any assistance or if you have any questions, please do not hesitate to contact the coalition's Executive Director, Rachel Stevenson, at <a href="mailto:rstevenson@thenursingcommunity.org">rstevenson@thenursingcommunity.org</a> or at 202-463-6930, ext. 271.

Sincerely,
Academy of Medical-Surgical Nurses
Academy of Neonatal Nursing
American Academy of Ambulatory Care Nursing
American Association of Colleges of Nursing
American Association of Critical-Care Nurses

<sup>&</sup>lt;sup>3</sup> National Council of State Boards of Nursing. (2020). Active RN Licenses: A profile of nursing licensure in the U.S. as of January 13, 2020. Retrieved from: <a href="https://www.ncsbn.org/6161.htm">https://www.ncsbn.org/6161.htm</a>.

American Association of Nurse Anesthesiology

American Association of Nurse Practitioners

American Nephrology Nurses Association

American Nurses Association

**American Nursing Informatics Association** 

American Organization for Nursing Leadership

American Pediatric Surgical Nurses Association, Inc.

American Public Health Association, Public Health Nursing Section

American Psychiatric Nurses Association

American Society of PeriAnesthesia Nurses

Association for Radiologic and Imaging Nursing

Association of Community Health Nursing Educators

Association of periOperative Registered Nurses

Association of Public Health Nurses

Association of Rehabilitation Nurses

Association of Veterans Affairs Nurse Anesthetists

Commissioned Officers Association of the U.S. Public Health Service

**Dermatology Nurses' Association** 

Friends of the National Institute of Nursing Research

Gerontological Advanced Practice Nurses Association

**Hospice and Palliative Nurses Association** 

Infusion Nurses Society

International Association of Forensic Nurses

National Association of Clinical Nurse Specialists

National Association of Hispanic Nurses

National Association of Neonatal Nurse Practitioners

National Association of Neonatal Nurses

National Association of Nurse Practitioners in Women's Health

National Association of Pediatric Nurse Practitioners

**National Association of School Nurses** 

National Hartford Center of Gerontological Nursing Excellence

National League for Nursing

National Nurse-Led Care Consortium

National Organization of Nurse Practitioner Faculties

**Oncology Nursing Society** 

Organization for Associate Degree Nursing

Society of Pediatric Nurses

Society of Urologic Nurses and Associates

Wound, Ostomy, and Continence Nurses Society

## CC:

House Majority Leader Steny Hoyer

House Majority Whip Jim Clyburn

House Minority Whip Steve Scalise

Senate Majority Whip Richard Durbin

Senate Minority Whip John Thune

Chairman Ron Wyden, Senate Finance Committee

Ranking Member Mike Crapo, Senate Finance Committee

Chair Patty Murray, Senate HELP Committee

Ranking Member Richard Burr, Senate HELP Committee

Chairman Frank Pallone, House Energy & Commerce Committee
Ranking Member Cathy McMorris Rodgers, House Energy & Commerce Committee
Chairman Richard Neal, House Ways & Means Committee
Ranking Member Kevin Brady, House Ways & Means Committee