

February 2, 2021

The Honorable Joseph R. Biden
President of the United States of America
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear President Biden:

On behalf of the undersigned organizations representing Advanced Practice Registered Nurses (APRNs), we wish to congratulate you on your inauguration as the 46th President of the United States. Over the next 100 days and beyond, we look forward to working with you and your Administration to help attain our common goals of increasing access to affordable, quality healthcare, reducing complexity, and immediately addressing the COVID-19 crisis. In that light, we would like to request a meeting to discuss our specific policy recommendations.

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 2018, over 182,000 APRNs were treating Medicare patients, making it essential that the Centers for Medicare & Medicaid Services (CMS) remove barriers to care for APRNs and their patients. In every setting and region, for every population, particularly among the rural and medically underserved, America's growing numbers of highly educated APRNs advance healthcare access and quality improvement in the United States and promote cost-effective healthcare delivery.

COVID-19 has had a significant impact on our members across all settings, as they have implemented new procedures in their practices in order to meet the needs of their patients. These adjustments have been essential to ensuring that patients can be screened, diagnosed and treated for COVID-19, and that patients with other medical needs receive medically necessary care.

Throughout the public health emergency, many facilities and settings have enabled all providers to work to the top of their education and scope of practice. We have seen APRNs and students providing care on the frontlines of the pandemic. We also have seen healthcare become less complex by the temporary removal of barriers to care during this health emergency. APRNs are practicing at the top of their license treating COVID-19 patients, working under stressful conditions in all settings across America and demonstrating their ability to handle complex and difficult cases independently. Removing APRN barriers to care beyond the public health emergency will help increase access to care. As APRNs predominate in rural and underserved areas, removing barriers to our practice will help countless Americans as well as financially distressed rural healthcare facilities. We hope that this will serve as an example of how removing these barriers to practice benefits patients and the larger healthcare system. We request that you make permanent the waivers that remove these barriers¹, which have been

¹ See Appendix A Actions 198/200 — Authorizing NPs and CNSs to perform all mandatory visits in SNFs; Action 194 — Authorizing NPs in rural health clinics (RHCs) and federally-qualified health centers (FQHCs) to practice to the top of their license; Action 193—Authorizing CRNAs in hospitals, critical access hospitals, and ambulatory surgical centers to practice to the

enacted during the public health emergency, and also promulgate the provider nondiscrimination provision in the bipartisan enacted Consolidated Appropriations Act of 2021.

In addition to being an important part of the response to COVID-19, removing barriers to APRN practice aligns with recommendations from the *New England Journal of Medicine*². This also aligns with the National Academy of Medicine's recommendation, "[a]dvanced practice registered nurses should be able to practice to the full extent of their education and training."³

We request a meeting with you and/or your staff to further discuss our views. You can reach out to Ralph Kohl, Senior Director of Federal Government affairs at rkohl@aanadc.com or (202) 484-8400. Thank you for your consideration and we look forward to hearing from you.

Sincerely,

American Association of Colleges of Nursing, AACN
American Association of Nurse Anesthetists, AANA
American Association of Nurse Practitioners, AANP
American College of Nurse-Midwives, ACNM
American Nurses Association, ANA
Gerontological Advanced Practice Nurses Association, GAPNA
National Association of Clinical Nurse Specialists, NACNS
National Association of Nurse Practitioners in Women's Health, NPWH
National Association of Pediatric Nurse Practitioners, NAPNAP
National League for Nursing, NLN
National Organization of Nurse Practitioner Faculties, NONPF

top of their license; Action 192 — Authorizing APRNs in critical access hospitals (CAHs) to practice to the top of their license; Action 191 — Authorizing Medicare hospital patients to be under the care of an APRN, available at: <https://www.govinfo.gov/content/pkg/FR-2020-11-25/pdf/2020-25812.pdf>.

² Frogner, Fraher, Spetz, Pittman, Moore, Beck, Armstrong and Buerhaus. (2020) Modernizing scope-of-Practice regulations – Time to Prioritize Patients. *New England Journal of Medicine*.382;7.p591-593

³ National Academy of Medicine. *The future of nursing: leading change, advancing health*. Washington, DC: The National Academies Press, p. 3-13 (pdf p. 108) 2011.