

November 4, 2021

Submitted electronically via [HE.Outreach@cms.hhs.gov](mailto:HE.Outreach@cms.hhs.gov)

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

**RE: Addressing Health Equity Through the Conditions of Participation and Conditions for Coverage**

Dear Administrator Brooks-LaSure:

On behalf of the undersigned organizations representing Advanced Practice Registered Nurses (APRNs), we appreciate the opportunity to comment on ways to address health equity through the Conditions of Participation (CoPs) and Conditions for Coverage (CfCs). As the Centers for Medicare & Medicaid Services (CMS) works on this initiative, we recommend including as part of it permanently waiving regulatory barriers that inhibit access to care, particularly barriers which prevent APRNs from practicing to the full extent of their education and clinical training.

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. 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.

We recommend that CMS make permanent the regulatory waivers that help APRNs practice to the full extent of their education and clinical training.<sup>1</sup> This step will strengthen the healthcare workforce to ensure timely delivery of quality services and care and will address long-standing barriers to strengthening the health workforce, all of which will improve health equity and

---

<sup>1</sup> 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 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>.

increase access to 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. Removing APRN barriers to care beyond the public health emergency will help increase access to care. As rural and underserved areas increasingly rely on APRNs, 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. 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*<sup>2</sup>. 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.”<sup>3</sup>

We appreciate the opportunity to provide our recommendations on addressing health equity through the CoPs and CfCs. Should you have any questions, you can reach out to Ralph Kohl, Senior Director of Federal Government affairs at [rkohl@aanadc.com](mailto:rkohl@aanadc.com) or (202) 484-8400. Thank you for your consideration and we look forward to hearing from you.

Sincerely,

American Academy of Nursing, AAN  
American Association of Colleges of Nursing, AACN  
American Association of Nurse Anesthesiology, 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, NWP  
National Association of Pediatric Nurse Practitioners, NAPNAP  
National League for Nursing, NLN  
National Organization of Nurse Practitioner Faculties, NONPF

---

<sup>2</sup> 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

<sup>3</sup> 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.