

November 4, 2021

Submitted electronically via HHSPPlan@hhs.gov

The Honorable Xavier Becerra
Secretary
Office of the Secretary
The U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W., Washington, DC 20201

RE: HHS Draft Strategic Plan For FY-2022-2026-4150-05-P

Dear Secretary Becerra:

On behalf of the undersigned organizations representing Advanced Practice Registered Nurses (APRNs), we appreciate the opportunity to comment on the U.S. Department of Health and Human Services' (HHS) Draft Strategic Plan for FY 2022-2026. As HHS works to protect and strengthen equitable access to high quality and affordable healthcare, we recommend 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, as well as promulgating the provider nondiscrimination provision in the bipartisan enacted Consolidated Appropriations Act of 2021.

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 HHS add as a strategy under Strategic Goal 1 making permanent the regulatory waivers that help APRNs practice to the full extent of their education and clinical training.¹ In addition to helping with Strategic Objective 1.1, this strategy also aligns with Objective 1.5 to bolster the health workforce to ensure delivery of quality serves and care and the

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 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>.

action to facilitate coordinated efforts to address long-standing barriers to strengthening the healthcare workforce. 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*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 also recommend adding promulgation of the provider nondiscrimination provision in the bipartisan enacted Consolidated Appropriations Act of 2021 to the strategic plan as part of Objective 1.1, increasing choice, affordability, and enrollment in high-quality healthcare coverage. APRNs continue to experience discrimination, based solely on licensure, by private insurers with respect to participation in health plans, reimbursement, coverage of procedures and services that are within their state scope of practice, and health plans not considering their training and experience to be on par with that of a physician’s level of training and experience. Such discrimination not only violates the federal provider non-discrimination provision, it impairs access to needed healthcare services, increases patient cost-sharing, limits patient choice and healthcare market competition, and inhibits efforts to control healthcare cost growth.

We appreciate the opportunity to comment on this draft strategic plan and stand ready to work with you on carrying out these strategies. Should you have any questions, 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 Academy of Nursing, Academy
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

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.

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