

October 5, 2023

The Hon. Jason Smith
Chairman
House Committee on Ways and Means
United States House of Representatives
1139 Longworth HOB
Washington, DC 20515

The Hon. Richard E. Neal
Ranking Member
House Committee on Ways and Means
United States Senate
1129 Longworth House Office Building
Washington, DC 20515

Dear Chairman Smith and Ranking Member Neal:

On behalf of the American Nurses Association (ANA), I would like to thank you for this opportunity to offer solutions Congress can implement to improve patients' access to healthcare in rural and underserved communities. We are heartened that the Committee recognizes the significant and increasingly dire challenges that the nation's rural population, workforce, and health care infrastructure are facing. We have seen a disturbing number of facility and department closures in rural areas. Nurses are leaving for better work environments, causing patient access issues that will continue to worsen without meaningful policy changes. We believe that the following recommendations are ones that Congress can implement to help optimize the utilization of nurses and recognize their value and contributions to our nation's health care system, particularly in rural and underserved areas.

ANA is the premier organization representing the interests of the nation's over 5 million registered nurses (RNs), through its constituent and state nurses associations, organizational affiliates, and individual members. RNs serve in multiple direct care, care coordination, and administrative leadership roles, across the full spectrum of health care settings. RNs provide and coordinate patient care, educate patients and the public about various health conditions, and provide advice and emotional support to patients and their family members. ANA members also include those practicing in the four advanced practice registered nurse (APRN) roles: nurse practitioners, clinical nurse specialists, certified nurse-midwives, and certified registered nurse anesthetists. ANA is dedicated to partnering with health care consumers to improve practices, policies, delivery models, outcomes, and access across the health care continuum.

Sustainable Provider and Facility Financing

Investing in Nurses Dedicated to Serving Rural and Medically Underserved Communities

Rural and medically underserved communities have long faced great difficulty attracting nurses and other health care professionals. One way to address this challenge is to invest in nurses who are dedicated to serving these communities. Funded by Congress and administered by the Health Resources and Services Administration (HRSA) under the Title VIII Nursing Workforce Development Programs, the *Nurse Corps Loan Repayment and Scholarship Program* provides scholarships and loan repayment opportunities for nurses who dedicate themselves to serving patients in regions facing a critical shortage of nurses. Congress must continue to invest in nurses by providing more appropriations funding to all the Title VIII programs and swiftly pass legislation to reauthorize them in FY 2025 and beyond.

There are several funding streams for educating physicians in the United States. Medicare makes a significant investment in Graduate Medical Education, and in FY2020 it paid an estimated \$16.2 billion.¹ The entire federal investment in nursing education from the federal government in FY2024 was only \$300 million, which pales in comparison.²

Educating Future Nurses Act (H.R. 3623/S. 1586)

In addition, there is a need to expand clinical education and training opportunities for APRNs. The *Educating Future Nurses Act* (H.R. 3623) would establish federal funding for hospitals to partner with schools of nursing, community-based care settings, and other hospitals to address clinical training costs for graduate nursing students. This legislation builds upon the highly successful Graduate Nurse Education Demonstration Program, which evidence shows is a promising option for increasing primary care providers.³

Permanently establishing a national graduate nurse education program that strengthens partnerships between hospitals and nursing schools, future APRNs will be able to receive additional training and practice options while they provide high-quality care to patients, especially in rural and underserved communities. This is a critical part of a comprehensive strategy to support the nursing workforce.

Mobile Health Clinic Funding

While not under the Committee's jurisdiction, ANA encourages Congress to continue to provide robust funding for mobile health units that provide critical medical services, such as mammograms, dental care, vaccinations, cancer screenings, and telehealth services, in underserved areas. In 2022, the *Maximizing Outcomes Through Better Investments in Lifesaving Equipment for (MOBILE) Health Care Act* was signed into law with almost unanimous bipartisan support in the House to expand the ability of community health centers to establish mobile clinics in rural areas and underserved communities through federal funding. Since then, there has been a 40 percent growth in health center mobile units that provide essential medical services in regions that lack sufficient access to brick-and-mortar healthcare facilities.

Expand Home Visiting Programs

Home visits by RNs can support pregnant families, promote infant and child health, foster child development and school readiness, and help prevent child abuse and neglect. Home visiting programs, such as the Nurse Family Partnership (NFP), are voluntary and offer vital support to parents as they manage the challenges of raising babies and young children.

States are covering these evidence-based services, such as home visits during the perinatal period, to improve continuity of care for pregnant and postpartum people enrolled in the Medicaid Children's Health Insurance Program (CHIP). States leverage other federal, state, local and private funding sources to finance these services and in some cases use existing Medicaid services to cover components of home visiting.

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<https://crsreports.congress.gov/product/pdf/IF/IF10960#:~:text=Medicare%20makes%20a%20significant%20investment,in%20FY2020%2C%20primarily%20to%20hospitals.>

² https://www.thenursingcommunity.org/files/ugd/148923_4994611787d740c9a0d9c47990db0d61.pdf

³ <https://www.healthaffairs.org/doi/epdf/10.1377/hlthaff.2021.01328>

NFP is a national public health intervention that allows nurses to build relationships with new mothers by providing RN care in the home during pre- and postnatal periods. The program has demonstrated multiple positive outcomes, including reduced emergency department visits for children and improved indicators for the health and well-being of mothers.⁴ One example is the Nurse-Family Partnership (NFP) in South Carolina, financed jointly by the state and private funders. The partnership supports lower income first-time mothers, and aims to reduce preterm births, child hospitalizations, and increasing birth spacing.⁵

Home visiting models are adaptable in rural states as well as nonrural areas. In 2019, Kansas served an estimated 23.8 percent of children under age three in families with incomes of less than 150 percent of the Federal Poverty Level in the state's home visiting programs. As of 2021, families in the state have access to five out of a possible seven evidence-based program models that have a demonstrated impact on parenting and are designed for families with young children. In 2021, Maryland launched a maternal and child health care transformation initiative to fund the expansion of current maternal health-focused programs, which includes home visiting services. In Michigan, the statewide Maternal Infant Health Program serves over 20,000 Medicaid-eligible families, with prenatal and postnatal home visiting covered. Michigan is creating more awareness of their Home Visiting Program and other state maternal health programs by developing a mobile pregnancy app to connect users to state maternal health programs. In 2021, New Jersey joined Oregon in enacting Universal Newborn Nurse Home Visiting enabling all new moms, including those that experience a stillbirth and those that adopt, to receive up to three visits by a registered nurse in their home. Additional states with robust home visiting programs include Iowa and Maine.⁶

ANA encourages the Committee to explore and consider ways it can build on the successes of these programs as part of its efforts to increase access to care in rural and underserved areas.

Health Care Workforce

Improving Care and Access to Nurses (ICAN) Act (H.R. 2317/S. 2418)

One of the most significant ways lawmakers can increase access to health care services for patients in rural and underserved areas is to remove legislative and regulatory barriers at the federal and state levels that prevent APRNs from practicing to the top of their education and clinical training. Supported by more than 30 years of evidence of the safe and cost-effective provision of care by APRNs, there is a national call to remove all barriers to full practice authority from organizations such as the National Academies of Medicine, the National Governors Association, the Federal Trade Commission, the Bipartisan Policy Center, the Veteran's Health Administration, the Trump Administration,⁷ and many others. Here are some examples:

"Nurse Practitioners: A Solution to America's Primary Care Crisis," published by the American Enterprise Institute in 2018 stated that, "A large and growing body of research shows that the quality of care

⁴ <https://nap.nationalacademies.org/catalog/25982/the-future-of-nursing-2020-2030-charting-a-path-to>

⁵ Ibid.

⁶ <https://www.nga.org/maternal-infant-health/>

⁷ <https://www.aanp.org/news-feed/nurse-practitioners-commend-trump-administrations-recommendations-on-scope-of-practice-laws>

provided by nurse practitioners is as good and, in some cases, even better than the care provided by primary care physicians. But in many states, nurse practitioners are held back by laws that restrict their scope-of-practice.”⁸

In 2019, Americans for Prosperity published, “The Nurse Practitioner Solution,” stating that, “Providing NPs full practice authority has also helped states reduce health care costs. States that implement these reforms spend 17 percent less per-capita on outpatient care, 11 percent less on prescription drugs, and 15 percent less on pediatric preventive care than states that restrict access to NPs.”⁹

The Brookings Institute published, “Improving efficiency in the health-care system: Removing anticompetitive barriers for advanced practice registered nurses and physician assistants,” in 2018. The report stated that, “...the research literature is consistent in finding no evidence of harm to patients associated with less-burdensome SOP requirements. For example, SOP restrictiveness for NPs appears to have no effects on a variety of outcomes, including chronic disease management, cancer screening, and ambulatory care–sensitive hospital admissions. Moreover, enhanced prescription authority for NPs has no effects on infant mortality rates. In some cases, there are benefits of less-restrictive SOP, as with infant and maternal health: independent SOP for CNMs is associated with lower probabilities of labor induction, fewer Caesarean deliveries (C-sections), and slight improvements in infant health metrics such as birth weight.”¹⁰

There are two major barriers that patients face when trying to access care provided by APRNs: state licensure laws and the Medicare law. Currently, there are 27 states with full practice authority (FPA) for nurse practitioners and 23 states with FPA for CRNAs. To date, not one state that expanded FPA for APRNs has ever reversed course. Time after time, APRNs demonstrate that granting FPA proves safe, cost effective, and increases access for patients – especially those in rural areas. Congress can use incentives and disincentives at its disposal to encourage states to adopt FPA through federal health programs.

ANA highlights and urges Congress to take up and pass a bipartisan, bicameral proposal that would remove federal practice barriers and increase access to care in rural and underserved areas. Led by Reps. Dave Joyce (R-OH) and Suzanne Bonamici (D-OR) in the House, the Improving Care and Access to Nurses (ICAN) Act (H.R. 2713/S. 2418) is currently endorsed by more than 235 organizations, including the National Rural Health Association and AARP. The bill would improve access to care for Medicare beneficiaries by removing numerous administrative and practice barriers for APRNs. If enacted, nurse practitioners, certified registered nurse anesthetists, certified nurse-midwives, and clinical nurse specialists will be able to treat Medicare beneficiaries without arbitrary and outdated hurdles that patients in private or other insurance models do not face.

Shortages in primary care providers affect 1 in 5 Americans. Given the shortage of primary care physicians, allowing advanced practice nursing professionals to practice to the full extent of their education and training gives patients more options and more types of services. Supporting and passing the ICAN Act would ensure that patients in rural and medically underserved communities have enhanced access to care.

⁸ <https://www.aei.org/research-products/report/nurse-practitioners-a-solution-to-americas-primary-care-crisis/>

⁹ <https://americansforprosperity.org/the-nurse-practitioner-solution/>

¹⁰ https://www.brookings.edu/wp-content/uploads/2018/06/AM_PB_0620.pdf

Improving Seniors' Timely Access to Care Act

We thank the Chairman and Ranking Member for including the *Improving Seniors' Timely Access to Care Act* in the *Health Care Transparency Act of 2023* (H.R. 4822). Nurses spend an inordinate amount of time on prior authorization to the point where it has become a subspecialty in nursing practice. This is a waste of time, money, and resources. It is a contributor to burnout for every health care provider that deals with it to get their patients the care they need – especially in commonly understaffed rural clinics and facilities. In the future, we look forward to working with the Committee to further reduce prior authorization burdens in Medicare Advantage programs and elsewhere.

Innovative Models and Technology

CONNECT for Health Act (H.R. 4189/S. 2016)

ANA is a strong, long-time supporter of using technology to bring providers and patients together. Nurses know firsthand – especially in rural and underserved areas – that many patients choose between buying gas and buying groceries. With the advancements made in telehealth, it makes sense for Congress to pass legislation that fosters the use of these technologies to better serve our patient populations. We urge Congress to pass the *CONNECT for Health Act* (H.R. 4189/S. 2016) to achieve these goals.

Over the past few years, many provisions of the CONNECT for Health Act have either been passed into law or put into place by regulations. The updated version of this bill will remove geographic restrictions and expand originating sites; allow health centers and rural health clinics to provide telehealth services; remove unnecessary in-person visit requirements for telemental health services; and require more data to study how telehealth is being used, impacts of quality of care, and how it can be improved to support patients and health care providers. These are all important steps to fully capitalize on the possibilities and capabilities of telemedicine.

In closing, I would like to thank you for your leadership and willingness to consider ANA's input on these critical issues to ensure that we can build a robust nursing workforce that serves patients in rural and underserved communities across America. ANA stands ready to work with the House Ways and Means Committee to implement policy solutions to comprehensively address the nation's health challenges. If you have any questions, please contact Tim Nanof, Vice President of Policy and Government Affairs, at (301) 628-5081 or Tim.Nanof@ana.org.

Sincerely,



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