

**Written Statement for the Record  
American Nurses Association  
“Lowering Health Care Costs for All Americans:  
An Examination of the U.S. Provider Landscape”  
U.S. House Energy and Commerce Health Subcommittee**

**March 18, 2026**

The American Nurses Association (ANA) applauds the House Energy and Commerce Health Subcommittee for holding this hearing to examine the role that health care providers and hospitals play in shaping the cost of care for Americans. We are pleased to share the nursing perspective that is vital to policy discussions about ensuring Americans have access to affordable, high-quality care. Nurses are central to care coordination, chronic disease management, prevention, and patient education—services that improve health outcomes while reigning in health care spending. Policies that fully leverage the nursing workforce can expand patients’ access to affordable health care while improving care coordination, efficiency, and quality in our health care system. ANA urges this subcommittee to pursue the following policies with those end goals in mind.

ANA is the premier organization representing the interests of the nation’s over five million registered nurses (RNs) through its constituent and state nurses associations, organizational affiliates, and individual members. ANA advances the nursing profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating for healthcare issues that affect nurses and the public. ANA members also include the four APRN roles: nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs), and certified registered nurse anesthetists (CRNAs). Our nurses serve in multiple direct care, care coordination, and administration leadership roles, across the full spectrum of healthcare settings.

**Remove Outdated Barriers to Care for Medicare Beneficiaries**

Patients increasingly depend on APRNs to provide them with timely, high-quality care, particularly in rural and medically underserved communities. Today, Medicare beneficiaries are increasingly receiving affordable, high-quality care from APRNs who have advanced degrees and extensive clinical training and expertise. NPs alone conduct more than one billion patient visits annually and make up just over 40% of the primary care workforce.<sup>1</sup> Yet, Medicare policies continue to constrain APRN practice due to outdated statutory and regulatory barriers, such as unnecessary supervision requirements and payment restrictions for services provided to patients. These provisions run counter to

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<sup>1</sup> [June 2022 MedPAC Report to Congress](#)

modern health care delivery and reduce access to care, disrupt continuity of care, increase health care costs, and undermine quality improvement efforts.

Not only do APRNs provide critical services in areas experiencing acute and persistent provider shortages, but NPs and CNSs are reimbursed at 85% of the Medicare Physician Fee Schedule rate when performing Part B services, representing a 15% discount when performing the same services as physicians. Removal of these outdated barriers serves as an essential component to improving competition and alleviating our nation's health care affordability crisis. This is why ANA was pleased to see the Centers for Medicare & Medicaid Services (CMS) reward states that confer full practice authority to APRNs through the Rural Health Transformation Program, which aims to support innovative care models that improve access to care and reduce health care costs in rural settings. Several states, including Indiana, Michigan, Vermont, Alaska, and Tennessee, declared their intention to confer full practice authority to APRNs.

Congress can build on this momentum by passing H.R. 1317, the bipartisan *Improving Care and Access to Nurses Act* (ICAN Act), to permanently remove outdated barriers and ensure that Medicare and Medicaid beneficiaries have timely, high-quality, cost-effective access to care without altering any scope-of-practice laws. The legislation is supported by more than 240 organizations, including the National Rural Health Association, AARP, and LeadingAge. As such, ANA urges the House Energy & Commerce Committee to consider and advance this legislation.

### **Remove “Incident To” Billing**

One outdated Medicare policy that undermines transparency and efficiency is the continued use of “incident to” billing. Under this practice, APRNs' and other non-physician providers' (NPP) services are billed under a physician's National Provider Identifier (NPI) and are reimbursed at 100 percent of the physician fee schedule rather than the 85 percent rate typically paid when many NPPs bill directly. This policy does not align with modern, team-based care models in which APRNs frequently lead care coordination and primary care services. It also obscures the contributions of the broader nursing workforce, as services delivered by registered nurses are often captured under physician NPIs, making it difficult to measure the full value of nursing care and understand how care is delivered across the system.

In fact, the Medicare Payment Advisory Commission (MedPAC) has recommended eliminating “incident to” billing and concluded that doing so would not change the quality of care delivered to Medicare beneficiaries.<sup>2</sup> Ending this practice would reduce costs and improve transparency in Medicare claims, ensure services are accurately attributed to the

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<sup>2</sup> [February 2019 MedPAC News](#)

clinicians who provide them, and support broader efforts by CMS to reduce waste, fraud, and unnecessary spending within the Medicare program. At a minimum, ANA recommends that Congress explore transparency measures surrounding incident to billing to inform congressional and agency efforts to better understand which clinicians are actually performing services.

## **Conclusion**

In closing, the American people deserve access to timely, affordable, and high-quality health care. To make this vision a reality, Congress must enact policies that fully utilize nurses and acknowledge their contributions to health care delivery. ANA thanks the subcommittee for its leadership and for its willingness to consider our perspective on this critical issue. We stand ready to work with you to further examine the policy ideas that we posed today. Please contact Tim Nanof, ANA's Executive Vice President for Policy and Government Affairs, at [Tim.Nanof@ana.org](mailto:Tim.Nanof@ana.org) with any questions.