

November 5, 2021

The Honorable Xavier Becerra  
Secretary  
Department of Health and Human Services  
Hubert H. Humphrey Building, Room 509F  
200 Independence Avenue SW  
Washington, DC 20201

Submitted electronically to [HHSPlan@hhs.gov](mailto:HHSPlan@hhs.gov)

Dear Secretary Becerra:

On behalf of the American Nurses Association (ANA), I am pleased to respond to the Department of Health and Human Services (HHS)'s draft Strategic Plan FY 2022-2026 (Plan). Overall, ANA supports the broad goals set out in the Plan. We applaud HHS for the Plan's stated commitment in Objective 1.5 to "address long-standing barriers to strengthening the health workforce." As we note in our specific comments below, persistent shortages of nurses are global in nature and have reached crisis proportions during the lengthy COVID-19 public health emergency (PHE). Several Plan objectives hold promise for elevating the nursing profession and recognizing the key role that nurses play in public health and delivery of high-quality, high-value equitable care across the system. We believe these are key elements in HHS strategic goals, and recommend appropriate action steps to support the nursing profession in advancing the plan.

In summary, ANA's comments below address Goal 1, Protect and Strengthen Equitable Access to High Quality and Affordable Healthcare, focusing on:

- **Objective 1.1 Increase choice, affordability, and enrollment in high-quality healthcare coverage;**
- **Objective 1.2 Reduce costs, improve quality of healthcare services, and ensure access to safe medical devices and drugs;**
- **Objective 1.3 Expand equitable access to comprehensive, community-based, innovative, and culturally-competent healthcare services while addressing social determinants of health; and**
- **Objective 1.5: Bolster the health workforce to ensure delivery of quality services and care**

#### **Objective 1.1 Increase choice, affordability, and enrollment in high-quality healthcare coverage**

**Universal Health Coverage.** ANA supports achieving universal health coverage that recognizes the value of nursing, and urges HHS to identify and support nurses as a critical component of that goal. The vital role nurses play in changing and improving the nation's health care delivery system cannot be understated. Nurses are key to the provision of high-quality care to patients—regardless of the patient's health care coverage. What is critical as HHS continues to build on the successes of the Affordable Care Act to achieve universal health coverage is the recognition of the nurse role through equitable payment for the services they provide to patients. Additionally, as the agency continues to drive innovation and reform into the delivery system, nurses must be allowed to practice at the top of their license to fully contribute to the success of any system changes, as explained in more detail below.

As HHS continues to focus on innovation and delivery system reform the role of the nurse must be forefront in these conversations and—most importantly—in any resulting regulations, guidance, and other agency approaches. As HHS looks to the future, it is imperative that the value of nursing is fully recognized in our health care delivery system.

### **Objective 1.2 Reduce costs, improve quality of healthcare services, and ensure access to safe medical devices and drugs**

**Care and Payment Models.** As HHS leaders build out and execute the objective to improve quality and reduce costs, the nursing profession will inevitably play a key role, and nurses are essential to the Plan’s success. The National Academy of Medicine’s expert Committee on the Future of Nursing 2020-2030 recently released a report, *Charting a Path to Achieve Health Equity*.<sup>1</sup> The report serves as a detailed blueprint for engaging nurses “in the complex work of aligning public health, health care, social services, and public policies to eliminate health disparities and achieve health equity.”<sup>2</sup>

Nurses, in addition to providing quality care to patients, often serve as advocates for their patients, and are best positioned to identify factors that could result in inequitable health outcomes. Nurses also reflect the people and communities they serve—allowing them to recognize the challenges faced by their patients and ensure that their patients receive culturally competent, equitable health care services. Nurses are leaders in implementing processes that further quality patient care and highlight existing gaps in care delivery, leading to measurable improvements.

ANA urges HHS to develop innovative payment models that center on, and adequately compensate, team-based care that fully leverages the scope of care provided by nurses, including advanced practice registered nurses (APRNs). The American Academy of Nursing (AAN), through its Edge Runners initiative, supports and recognizes nurse-led innovation in health care delivery.<sup>3</sup> The Edge Runner project profiles are an excellent evidence base of models and tools for improving care and costs through nursing skill and capacity. We recommend that HHS consider adopting Edge Runner approaches in Medicare, Medicaid, and other federally funded health care programs.

**Culture of Quality and Safety.** HHS must not ignore the impact of violence and incivility in health care, which have negative impacts on patients as well as healthcare personnel. The Government Accountability Office (GAO) has reported that rates of workplace violence<sup>4</sup> in health care settings are 5 to 12 times higher than the estimated rates for workers overall.<sup>5</sup> Moreover, the National Quality Forum has noted that “when the safety of the worker is at stake...the quality of care for the patient may be

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<sup>1</sup> National Academies of Sciences, Engineering, and Medicine (NASEM). *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*. 2021. Accessible online at <https://nam.edu/publications/the-future-of-nursing-2020-2030/>.

<sup>2</sup> Ibid.

<sup>3</sup> AAN. Edge Runners. Accessible online at <https://www.aannet.org/initiatives/edge-runners/profiles>.

<sup>4</sup> Workplace violence is defined as “violent acts, including physical assaults and threats of assault, directed toward persons at work or on duty.” See Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health. <https://www.cdc.gov/niosh/topics/violence/default.html>

<sup>5</sup> Government Accountability Office. *Workplace Safety and Health: Additional Efforts Needed to Help Protect Health Care Workers from Workplace Violence*. March 2016. Accessible online at <https://www.gao.gov/products/GAO-16-11>

diminished.”<sup>6</sup> The Joint Commission recently added an accreditation standard on workplace violence prevention, effective January 1, 2022, for hospitals and critical access hospitals.<sup>7</sup>

While ANA supports the JC’s attention to violence in hospitals, we believe that federal policy must also play a leadership role to reduce incidents and threats of violence in all settings where care is delivered. HHS should adopt a zero-tolerance approach to violence as a necessary part of high-quality, high-value health care. As a first step, providers reimbursed by Medicare should be held accountable for having violence prevention programs. As a healthcare purchaser, HHS should also consider how agencies such as the Health Resources and Services Administration and the Substance Abuse and Mental Health Services Administration can contribute to progress on this issue, which has a profound impact on everyone involved in healthcare delivery.

**Maternal and Child Health.** ANA continues to encourage the agency to improve maternal and infant health—especially in rural communities—by strengthening the roles of nurses in Medicaid initiatives and building on innovative programs, including nurse-led care coordination delivery models that coordinate care. HHS must provide incentives to states to expand practice authority for Nurse Practitioners (NPs) and Certified Nurse Midwives (CNMs). States also must be encouraged and supported to expand access to postpartum care for 12 months after birth. Further, it is vital that states pay adequately for postpartum care, including the care provided by NPs and CNMs.

**Opioid Epidemic and Substance Use Disorders.** Prior to the onset of the COVID-19 pandemic, the nation was focused on combatting the opioid epidemic. The opioid epidemic was declared a public health emergency in 2017, and the most recent renewal was issued in early January of this year.<sup>8</sup> As the nation continues to respond to the challenges of opioid addiction faced by our health system, nurses also play a vital role in efforts to address the epidemic. ANA and its members are also concerned that the opioid epidemic has been further exacerbated due to the mental health challenges resulting from COVID-19 mitigation efforts, as noted above.

ANA encourages renewed focus on the opioid epidemic, utilizing nurse expertise in finding innovative ways to address the crisis. We believe several barriers to effective treatment remain, including complementary and alternative medicine. Further, it is critical that access to care must be supported and preserved. Those facing opioid and substance use disorders must be connected to needed care. We urge the agency to continue to focus on that access, which includes nurses with prescribing authority being allowed to practice to the full extent of their education and practice authority.<sup>9</sup>

**Objective 1.3 Expand equitable access to comprehensive, community-based, innovative, and culturally-competent healthcare services while addressing social determinants of health**

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<sup>6</sup> National Quality Forum. National Quality Partners Action Team to Prevent Healthcare Workplace Violence. Issue Brief. June 2020. Accessible online at [www.qualityforum.org/ProjectMaterials.aspx?projectID=90818](http://www.qualityforum.org/ProjectMaterials.aspx?projectID=90818)

<sup>7</sup> See Joint Commission. New and Revised Workplace Violence Prevention Requirements. 2021. Accessible online at <https://www.jointcommission.org/standards/prepublication-standards/new-and-revised-workplace-violence-prevention-requirements/>

<sup>8</sup> Department of Health and Human Services (HHS). Public Health Emergency Declarations. February 18, 2021. <https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx>. Accessed March 2021.

<sup>9</sup> American Nurses Association (ANA). The Opioid Epidemic: The Evolving Role of Nursing, Issue Brief. August 2018. <https://www.nursingworld.org/~4a4da5/globalassets/practiceandpolicy/work-environment/health--safety/opioid-epidemic/2018-ana-opioid-issue-brief-vfinal-pdf-2018-08-29.pdf>. Accessed March 2021.

**Nurse Leadership in Achieving Health Equity.** As already discussed, (see comments above under Objective 1.2), nurses play multiple lead roles to drive equity in access and outcomes. Nurses serve as patient advocates, while also implementing processes that improve equity in care delivery. In building out the Plan, HHS should refer to the comprehensive recommendations set out in the Future of Nursing report, *Charting a Path to Achieve Health Equity*.<sup>10</sup> The report serves as a detailed blueprint for engaging nurses “in the complex work of aligning public health, health care, social services, and public policies to eliminate health disparities and achieve health equity.”<sup>11</sup> Meaningful approaches to addressing health care disparities should align payment incentives according to how care is delivered and by whom.

**Equity and Social Determinants of Health.** ANA generally supports the actions steps set out in the Plan to address disparities in quality, treatment, and outcomes. We believe all health care stakeholders must firmly commit to eliminating all racial disparities in our nation’s health and access to care. Addressing disparate disease prevalence in subgroups, for instance diabetes and hypertension among African-American people, is an absolute priority and a key lesson learned from the disparate impacts of COVID-19.

**Telehealth.** HHS telehealth strategies should facilitate access to a range of providers, including roles for nurses in providing and coordinating care via telehealth and digital technologies. From the outset of the COVID-19 pandemic, telehealth technologies have been a key component of access and choice. Telehealth expansion during the PHE created needed capacity for nurses, including APRNs, to provide high-quality care to and care coordination for patients, in the face of COVID-19 surges and worsening provider shortages in rural and other underserved areas.

During the PHE and post-pandemic, widespread telehealth options will be critical to ensuring equitable access. ANA continues to stress the importance of access to providers in both rural and urban communities, especially for mental health and behavioral health care services. HHS should prioritize continuity of coverage and payment parity for those telehealth services that improve access to equitable and quality care.

Telehealth expansion should allow for individual patient access to telehealth tools as an option, while ensuring in-person care if the patient prefers. Further, payment models should recognize the value of all clinicians who provide or support telehealth care. More broadly, policymakers should assess ways to leverage telehealth to reduce disparities, while monitoring and responding to signals that expanded telehealth is exacerbating existing inequities. We encourage HHS to work closely with federal partners with the goal of achieving universal access to a range of telehealth technologies.

At the same time, the introduction of the electronic health record (EHR) has added a layer of administrative burden on the patient care process. While, moving away from paper documentation has significant advantages, there is concern about burnout due to heavy administrative burden that detracts from direct patient caregiving. ANA suggests that HHS, as part of expanding access to telehealth technologies, identify challenges with increased EHR use, and propose mitigation strategies.

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<sup>10</sup> NASEM 2021.

<sup>11</sup> Ibid.

### **Objective 1.5: Bolster the health workforce to ensure delivery of quality services and care**

ANA applauds HHS elevating the healthcare workforce as a driver of quality care by incorporating this objective in the Plan. As noted above, the COVID-19 PHE has exacerbated nursing shortages that have been persistent over time. The crisis is a global one, and both short- and long-term solutions must be prioritized and executed.

ANA continues to believe that the HHS should lead a multi-lateral effort that is national in scope and committed to exploring the following action items at a minimum:

- Address the current fatigue and mental wellbeing of nurses and lead meaningful efforts to retain the current nursing workforce;
- Leverage federal authorities and funding programs to remove barriers to all clinicians practicing to the full extent of their training and education;
- Realign federal healthcare financing to recognize the value that nurses bring to patient care and high-performing systems;
- Address the persistent barriers that limit the number of qualified nursing students that can be educated each year;
- Ensure a resilient workforce to meet our country's current and future health care needs.

**Workforce Diversity.** More specific to the HHS Plan, expanding the number of Black/African-American and Hispanic/Latinx nurses would be one of the most meaningful steps to meet the twin aim of bolstering the workforce and reducing health disparities. We know that positive patient experience and trust in health care providers can be powerful drivers of health outcomes. The National Sample Survey of Registered Nurses reported a modest increase in the minority nursing workforce between 2008-2018. While this is encouraging, there is still a long way to go. Increased funding in minority nursing education would make significant strides in ensuring the workforce is more reflective of the patient population.

**Access to More Provider Types.** As a short-term action item, HHS should make permanent the regulatory flexibilities that support APRNs practicing to the top of their license.<sup>12</sup> Throughout the PHE, these waivers have allowed APRNs and students to provide care on the frontlines and ensure access to non-COVID-19 care. 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 PHE will help increase access to care. As rural and underserved areas increasingly rely on APRNs, removing federal practice barriers is critical to improving access and reducing inequities. 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>13</sup>

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<sup>12</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>.

<sup>13</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.

Promulgating a strong provider nondiscrimination regulation would also increase choice and affordability in healthcare coverage, including choice for enrollees in Medicare and Medicaid, as well as those in Marketplace and other private plans. Plans should face regulatory consequences for discriminating based solely on licensure, whether through coverage rules, reimbursement rates or network design. 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 urge HHS to propose and finalize the strongest possible protections, and ensure robust enforcement.

ANA is the premier organization representing the interests of the nation's 4.3 million registered nurses (RNs) through its state and constituent member associations, organizational affiliates, and the 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 on healthcare issues that affect nurses and the public. RNs serve in multiple direct care, care coordination, and administration 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 including essential self-care, and provide advice and emotional support to patients and their family members. ANA members also include the four APRN roles: nurse practitioner, certified nurse midwife, clinical nurse specialist, and certified registered nurse anesthetist.<sup>14</sup> ANA is dedicated to partnering with health care consumers to improve practice, policies, delivery models, outcomes, and access across the health care continuum.

If you have any questions, please contact Ingrida Lusi, Vice President for Policy and Government Affairs, at [Ingrid.Lusi@ana.org](mailto:Ingrid.Lusi@ana.org) or (301) 628-5081.

Sincerely,



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cc: Ernest Grant, PhD, RN, FAAN, ANA President  
Loessa Cole, DNP, MBA, RN, NEA-BC, FACHE, FAAN, ANA Chief Executive Officer

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<sup>14</sup> The Consensus Model for APRN Regulation defines four APRN roles: certified nurse practitioner, clinical nurse specialist, certified nurse-midwife and certified registered nurse anesthetist. In addition to defining the four roles, the Consensus Model describes the APRN regulatory model, identifies the titles to be used, defines specialty, describes the emergence of new roles and population foci, and presents strategies for implementation.