



American Association of  
NURSE PRACTITIONERS®

① NP funding.  
② cardiac/pulm rehab  
diabetic

\* - SAVE ACT  
BALDWIN BILL

### Federal Legislative Policy Priorities

The American Association of Nurse Practitioners (AANP) is committed to empowering all nurse practitioners (NPs) to advance accessible, person-centered, equitable, high-quality health care for diverse communities through practice, education, advocacy, research and leadership. Decades of research from organizations such as the National Academy of Medicine, American Enterprise Institute and the Brookings Institute have shown that NPs are essential to meeting the nation's health care needs, increasing access to care and reducing health inequalities, and that federal statutory and regulatory barriers should be removed so that NPs are authorized to practice to the full extent of their education and clinical preparation. AANP urges the 118<sup>th</sup> Congress to remove federal barriers that limit patient access to high quality, cost-effective health care and to ensure that no additional barriers are enacted.

- **Provide Federal Employees Timely Access to Health Care for Workplace Injuries**

In most states, NPs are authorized to diagnose and oversee the care of a workplace related injury. However, the Federal Employees' Compensation Act (FECA) requires that only a physician can make the diagnosis, certify the injury and extent of the disability, and oversee the patient's treatment and care. This federal barrier deprives the over two million federal employees from receiving health care from their provider of choice and hinders timely access and continuity of care. H.R. 6087, which passed the House in the 117<sup>th</sup> Congress with overwhelming bipartisan support, would have made these changes to FECA at no cost, according to the Congressional Budget Office. AANP calls on Congress to pass S. 131/H.R. 618 to authorize NPs to certify disabilities and oversee treatment for injured federal employees under FECA, consistent with state law.

- ✓ • **Ensure Medicare Patients with Diabetes Have Timely Access to Therapeutic Shoes**

NPs provide the full range of care to patients with diabetes, but federal law requires that the NP must send a Medicare patient with diabetes to a physician to certify the patient's need for therapeutic shoes. Additionally, the certifying physician must also treat the patient's diabetes going forward. These outdated barriers eliminate the patient's ability to receive care from the provider of their choice and delays treatment, especially in rural and underserved areas. This can jeopardize the health of the patient and increase costs to Medicare by requiring duplicative services by an additional provider. AANP calls on Congress to pass S. 260/H.R. 704 to authorize NPs to certify their patients' needs for therapeutic shoes.

- **Remove Outdated Barriers to Care Under the Medicare and Medicaid Programs** *ICAN.*

As of 2020, there were over 177,000 NPs billing for Medicare services, making NPs the largest and fastest growing Medicare designated provider specialty. Approximately 40% of Medicare patients receive billable services from an NP. However, Medicare and Medicaid continue to place outdated barriers on NPs and their patients, including ordering cardiac and pulmonary rehabilitation, certifying patients with diabetes need for therapeutic shoes, full inclusion in the beneficiary attribution process for the Medicare Shared Savings Program, referring patients for medical nutrition therapy, establishing and reviewing patients' home infusion plans of care, certifying and recertifying patients' terminal illnesses for hospice eligibility, performing all mandatory examinations in skilled nursing facilities, having hospitalized patients be under the care of an NP, and directing outpatient clinic services for Medicaid patients. Removing these barriers is essential, as NPs and other advanced practice registered nurses (APRNs) provide a substantial portion of the high-quality, cost-effective care that Medicare and Medicaid patients require. AANP calls on Congress to pass H.R. 2713/S.2418 to remove these outdated federal barriers to practice on NPs.

- ✓ • **Authorize NPs to Order Cardiac & Pulmonary Rehabilitation (Rehab) Services for Medicare Patients**

In 2018, Congress passed legislation authorizing NPs to supervise cardiac and pulmonary rehab starting in 2024. However, NPs are still not authorized to order cardiac and pulmonary rehab for their Medicare patients. Research shows that these programs reduce costs and improve patient outcomes, yet only a small percentage of eligible Medicare patients access these programs. AANP calls on Congress to pass H.R. 2583/S. 3481 which would authorize NPs to order cardiac and pulmonary rehabilitation for Medicare patients.

ACU  
on back



• **Improve the assignment of NP patients to Medicare Shared Savings Program (MSSP) Accountable Care Organizations (ACOs)**

NPs are recognized in the MSSP as "ACO professionals", yet federal law limits NPs and their patients from being full participants in the program. A CMS regulation created a "voluntary alignment" pathway where patients can choose an NP as their primary care provider in an MSSP ACO and be assigned to the ACO. However, NP patients cannot be assigned to an MSSP ACO based on their claims data unless the patient receives one primary care visit from a primary care physician each year. AANP calls on Congress to pass legislation to improve beneficiary assignment to MSSP ACOs.

*House Cautious - Ways? Means.*

• **Provide Increased and Stable Funding for Nurse Education Programs**

NPs are essential to meeting the increased need for health care in our nation. It is critical for Congress to provide increased and stable funding to nurse education programs to ensure a robust workforce. Funding must enable these programs to sustain current NP education and faculty preparation programs, support education of APRNs, increase diversity in the nursing workforce and fund clinical training programs. AANP calls on Congress to increase funding for nursing education programs.

*maybe be app. for 2025  
WMA => design project for statewide*

• **Maintain Increased Patient Access to Telehealth Services**

Increased flexibility to provide telehealth to patients has been essential to providing care during the COVID-19 Public Health Emergency (PHE) and will continue to be integral to clinicians and patients moving forward. AANP applauds Congress' two-year extension of the Medicare telehealth waivers to remove the geographic limitation and originating site restriction, increase coverage and reimbursement for audio-only telehealth services, and expand telehealth to previously uncovered, clinically appropriate services and visits. These flexibilities have enabled NPs to reach patients who otherwise may have been unable to receive medically necessary health care, particularly in rural and underserved communities. AANP calls on Congress to pass legislation to permanently implement these Medicare telehealth waivers.

• **Health Care Priorities**

As the 118<sup>th</sup> Congress examines health care legislation, AANP urges that legislation be provider neutral and inclusive of NPs. AANP supports legislation and regulatory changes that remove barriers to practice ensuring that NPs are authorized to practice to the full extent of their education and clinical preparation, providing patients with access to much-needed high quality, cost-effective, health care services. AANP requests that legislation considered by Congress ensures patients have access to health care with affordable coverage options regardless of pre-existing conditions, upholds the principles of Essential Health Benefits, protects patient access to health care delivered by the provider of their choice, preserves patient access to Medicaid, improves Medicare's efficiency by removing barriers to practice and eliminating duplication of provider efforts, promotes greater access for all patients to mental health care and substance use disorder treatment, ensures that patients with pain have access to appropriate pharmaceutical and non-pharmaceutical treatments, and maintains the nation's commitment to strengthening its health care workforce. It is essential that any legislation be focused on improving health equity and addressing health care disparities. AANP firmly believes in the principle that providers should be reimbursed equitably when they provide the same services as other providers, there should not be reimbursement differentials based on a provider's licensure and that "incident-to" billing should be retired for services rendered by NPs. Further, as Medicare, Medicaid and private health insurers implement value-based payments, AANP urges that NPs be fully included in these new payment models.

AANP will continue to advocate for policies that ensure access to health care is preserved; providers are protected in the workplace, including having access to mental health care, addressing provider burnout, and decreasing workplace injuries; patients have access to vaccines, therapeutics and testing; and that regulatory waivers enacted during the PHE are made permanent. Advocating for policies, including those noted above, will help to ensure we are prepared for any future disasters or pandemics. NPs are a critical part of the solution to our nation's health care needs. AANP looks forward to continuing to serve as a resource to create legislative and regulatory pathways for providers to deliver the care at the top of their education and clinically preparation, which will in turn ensure patients have greater access to care.





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## Improve Medicare and Medicaid by Comprehensively Removing Federal Barriers to Practice on Advanced Practice Registered Nurses

**ACTION NEEDED:** Cosponsor H.R. 2713/S. 2418, the *Improving Care and Access to Nurses (ICAN) Act*, which would remove federal barriers to practice on advanced practice registered nurses (APRNs) in the Medicare and Medicaid programs.

**Background:** The ICAN Act removes barriers to care and increases access to services provided by nurse practitioners (NPs) and other APRNs under the Medicare and Medicaid programs, consistent with state law. According to the Medicare Payment Advisory Commission, APRNs and PAs comprise approximately one-third of the primary care workforce in the U.S., and up to half in rural areas.<sup>1</sup> As of 2021, there were over 193,000 NPs billing for Medicare services, making NPs the largest and fastest growing Medicare designated provider specialty and over 40% of Medicare patients receive billable services from a nurse practitioner.<sup>2</sup> Removing existing Medicare and Medicaid barriers that prevent APRNs from practicing to the full extent of their education and clinical preparation is essential, as NPs and other APRNs provide a substantial portion of the high-quality, cost-effective care that Medicare and Medicaid patients require.

The ICAN Act is consistent with the National Academy of Medicine *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity* report, which recommended that “all relevant state, federal and private organizations enable nurses to practice to the full extent of their education and training by removing practice barriers that prevent them from more fully addressing social needs and social determinants of health and improve health care access, quality, and value.”<sup>3</sup> This recommendation has been echoed by multiple other bipartisan stakeholders, such as the American Enterprise Institute, the Brookings Institution and the Bipartisan Policy Center.

The ICAN Act contains the following policies, which would remove barriers between NPs and their patients:

- Authorize NPs to order cardiac and pulmonary rehabilitation for Medicare patients.
- Authorize NPs to certify the need for therapeutic shoes for Medicare patients with diabetes.
- Authorize the claims-based assignment of NP patients to Medicare Shared Savings Program without requiring the patient to receive a primary care service from a physician.
- Authorize NPs to refer Medicare patients for medical nutrition therapy.
- Authorize NPs to establish and review home infusion plans of care for Medicare patients.
- Authorize hospice care programs to accept certification and recertification of eligibility orders from NPs for Medicare beneficiaries, and better align hospice billing policies for NPs and physicians.
- Remove the requirement that skilled nursing facility care be provided under the supervision of a physician and authorize NPs to perform admitting examinations and all required Medicare patient assessments.
- Make permanent the authorization for Medicare and Medicaid patients admitted to a hospital to be under the care of an NP.
- Authorize a Medicaid patient receiving outpatient clinic services to be under the direction of an NP.
- Authorize Medicare payment for NP locum tenens arrangements.

The American Association of Nurse Practitioners® (AANP) urges you to support this legislation, which would remove barriers to treatment and move the health care system forward in an effective and efficient manner that will benefit patients and providers.

**Request:** AANP calls on Members of Congress to cosponsor H.R. 2713/S. 2418, the *Improving Care and Access to Nurses (ICAN) Act*, which would remove federal barriers to practice APRNs in the Medicare and Medicaid programs.

<sup>1</sup> [https://www.medpac.gov/wp-content/uploads/2022/06/Jun22\\_MedPAC\\_Report\\_to\\_Congress\\_SEC.pdf](https://www.medpac.gov/wp-content/uploads/2022/06/Jun22_MedPAC_Report_to_Congress_SEC.pdf) (see Chapter 2.)

<sup>2</sup> [data.cms.gov](https://data.cms.gov/MDCR/Providers/6/Calendar+Years+2017-2021) MDCR Providers 6 Calendar Years 2017-2021.

<sup>3</sup> <https://www.nap.edu/resource/25982/FON%20One%20Pagere%20lifting%20Barriers.pdf>

For additional information, please contact the AANP Government Affairs Office at 703-740-2529 or [governmentaffairs@aanp.org](mailto:governmentaffairs@aanp.org).



2024 NURSE PRA

- 40.6% of full-time NPs are seeing Medicare patients and 81.9% are seeing Medicaid patients.
- 45.4% of full-time NPs hold hospital privileges; 10.9% have long-term care privileges.
- 94.2% of NPs prescribe medications and those in full-time practice write an average of 22 prescriptions per day.
- NPs hold prescriptive privileges, including controlled substances, in all 50 states and D.C.
- By 2023, the median base salary for a full-time NP was \$113,000.<sup>1</sup>
- The majority of full-time NPs work in ambulatory care settings, at 71.6%.
- 83% have been in practice for 7 or more years.
- The average age of NPs is 40.





## The Voice of the Nurse Practitioner®

### There are more than 385,000 nurse practitioners (NPs) licensed in the U.S.<sup>1</sup>

- More than 36,000 new NPs completed their academic programs in 2020–2021.<sup>2</sup>
- 88.0% of NPs are certified in an area of primary care, and 70.3% of all NPs deliver primary care.<sup>3</sup>
- 83.2% of full-time NPs are seeing Medicare patients and 81.9% are seeing Medicaid patients.<sup>3</sup>
- 45.6% of full-time NPs hold hospital privileges; 10.9% have long-term care privileges.<sup>3</sup>
- 96.2% of NPs prescribe medications, and those in full-time practice write an average of 21 prescriptions per day.<sup>3</sup>
- NPs hold prescriptive privileges, including controlled substances, in all 50 states and D.C.
- In 2021, the median base salary for full-time NPs was \$113,000.<sup>3</sup>
- The majority of full-time NPs (56.9%) see three or more patients per hour.<sup>3</sup>
- NPs have been in practice an average of 9 years.<sup>3</sup>
- The average age of NPs is 46 years.<sup>3</sup>

### DISTRIBUTION OF NPs BY PRIMARY CERTIFICATION AREA<sup>3</sup>

Certification*	Percent of NPs
Family^	70.3
Adult–Gerontology Primary Care^	8.9
Psychiatric/Mental Health	6.5
Adult–Gerontology Acute Care	6.1
Adult^	5.7
Acute Care	2.9
Pediatrics–Primary Care^	2.4
Women's Health^	2.2
Gerontology^	0.9
Pediatrics–Acute Care	0.6
Neonatal	0.5

\* The sum of all percentages is greater than 100% because some NPs have more than one certification.

^ Indicates a primary care certification.

Updated November 2023

<sup>1</sup> AANP National Nurse Practitioner Database, 2022.

<sup>2</sup> American Association of Colleges of Nursing (AACN). (2022). *2021–2022 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*. Washington, DC: AACN.

<sup>3</sup> 2022 AANP National Nurse Practitioner Workforce Survey — Preliminary Analysis.

JODI BILLER, WV



## Congressional Meeting Schedule – January 30, 2024

Time	Room & Building	Member of Congress	Meeting Participant	Cosponsor in the 118 (current) or 117 (last) Congress?		On a Committee of Jurisdiction?
10:00 a.m.	306 Hart	Sen. Joe Manchin (D)	Jennifer Laux, Legislative Correspondent Audrey Smith, Senior Policy Advisor	Work. Comp: <u>118</u> No ICAN: No Cardiac Rehab: No Diabetic Shoes: No	<u>117</u> * No No No	
12:00 p.m.	127 Russell	Sen. Shelley Moore Capito (R)	Mimi Vance, Legislative Aide Dana Richter, Senior Policy Advisor	Work. Comp: <u>118</u> No ICAN: No Cardiac Rehab: Sponsor Diabetic Shoes: No	<u>117</u> * No Sponsor No	
1:00 p.m.	465 Cannon	Rep. Carol Miller (R)	Emily Henn, Legislative Director	Work. Comp: <u>118</u> No ICAN: No Cardiac Rehab: No Diabetic Shoes: No	Voted No No No No	Ways & Means

- \* indicates that the Senate Workers Comp bill was not introduced in the 117<sup>th</sup> Congress
- NA means that the Member was either not in Congress or didn't vote.
- Please allow **at least 20 minutes** to get through security.
- If during Capitol Hill Day an emergency arises and you cannot attend a scheduled meeting, please immediately contact Jessica Talbert, AANP Director of Federal Advocacy, at [jtalbert@aanp.org](mailto:jtalbert@aanp.org) or (330) 327-3556.**



# Get To Know Your Representatives



## House Of Representatives

1. Go to: [www.house.gov](http://www.house.gov)
2. Search for your Representative by typing your zip code in the top right corner of the page.

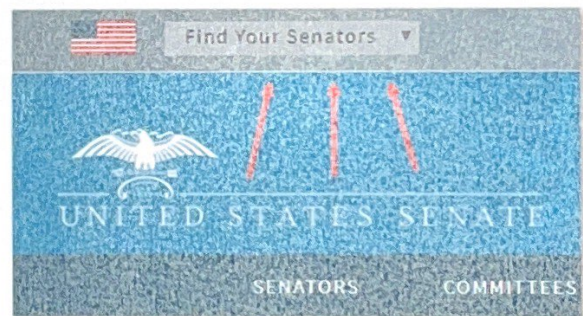


## Senate

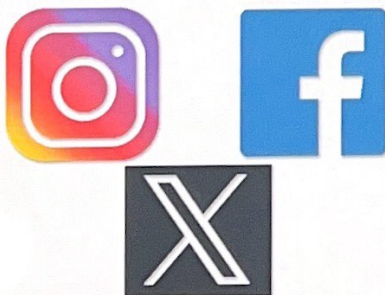
1. Go to: [www.senate.gov](http://www.senate.gov)
2. Search for your Senators by selecting your state from the drop down menu in the top left corner of the page.

## What To Look For

- Biographies
- Press Releases
- Issues
- Social Media



## What To Do



Make a connection with your Members of Congress through the information provided in their biographies, press releases, issues, and social media postings. These connections provide you and your profession with a stronger voice during your Hill Day meetings.