



Remove Federal Barriers to Patients' Access to Advanced Nursing Care

The physical, emotional, and mental stresses that the coronavirus pandemic created among health care providers contributed significantly to staffing shortages, resignations, and retirements. For many pediatric-focused advanced practice registered nurses (APRNs), those pressures were compounded by the frustration of having to deal with outdated, unnecessary statutory and regulatory barriers that restricted their ability to provide the care their patients needed. While federal and state waivers temporarily removed some of those obstacles, many returned with the end of the COVID-19 public health emergency. **The National Association of Pediatric Nurse Practitioners (NAPNAP) urges Congress to ensure that patients are able to get the care they need by enacting the "Improving Care and Access to Nurses (ICAN) Act" (H.R. 2713/S. 2418).**

APRNs include nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs), and certified registered nurse anesthetists (CNRAs). They provide high-quality health care throughout our nation and to a continually growing number of Medicare and Medicaid beneficiaries. According to data released by the Centers for Medicare and Medicaid Services (CMS), as of 2021, more than 235,000 APRNs provided care to Medicare patients and more than 40 percent of Medicare beneficiaries received care from an APRN. While APRNs provide health care to patients in all practice settings and all parts of the country, patients residing in rural and medically underserved communities are more likely to rely on APRNs for their health care. According to the Medicare Payment Advisory Commission (MedPAC), APRNs and physician assistants (PAs) accounted for up to 50 percent of all primary care clinicians treating Medicare beneficiaries in rural areas in 2018, and that number is likely to have increased in the last four years.

Recognizing the increasing importance of APRNs to the nation's health care workforce and to patient's timely access to health care, the Institute of Medicine (IOM) issued a landmark 2010 report, *"The Future of Nursing: Leading Change, Advancing Health,"* which called for the removal of laws, regulations, and policies that prevent APRNs from providing the full scope of health care services they are educated and clinically prepared to provide. This recommendation was reinforced in 2021 by the National Academy of Medicine (previously named the IOM) in its subsequent report, *"The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity."*

The "Improving Care and Access to Nurses (ICAN) Act"

Despite these recommendations from experts, there are still Medicare and Medicaid policies that have not been modernized to reflect the current and growing essential role of APRNs in patient care. Various federal statutes and regulations remain that keep pediatric NPs and APRNs from practicing to the full extent of their education and clinical training. These policies reduce access to care, disrupt continuity of care, increase the cost of health care to patients and the federal government, and undermine quality improvement efforts.

The purpose of the "Improving Care and Access to Nursing (ICAN) Act" is to increase patient access, improve the quality of patient care, and lower costs in the Medicare and Medicaid programs by removing federal barriers to practice for APRNs consistent with their state law. The bill addresses 19 specific barriers including:

- Enabling NPs to order and supervise cardiac and pulmonary rehabilitation programs, certify therapeutic shoes for diabetic patients, establish and review home infusion therapy plans of care
- Authorize Medicare and Medicaid patients to be admitted to hospitals under the care of an NP
- Allow Medicaid patients to receive outpatient clinic care under the direction of an NP

NAPNAP strongly urges Congress to pass this important legislation, which will improve the provision of high-quality health care, reduce costs, and enhance patients' access to the care they need. **Please cosponsor H.R. 2713 or S. 2418 and urge leadership to include its provisions in any comprehensive health legislation.**

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