



March 20, 2023

The Honorable Bernie Sanders  
Chairman  
Health, Education, Labor & Pensions Committee  
US Senate  
Washington, DC 20510

The Honorable Bill Cassidy  
Ranking Member  
Health, Education, Labor & Pensions Committee  
US Senate  
Washington, DC 20510

Dear Chairman Sanders and Ranking Member Cassidy:

The American Academy of Nursing (Academy) appreciates the opportunity to offer comments regarding the request for information related to your February 16 hearing, "Examining Health Care Workforce Shortages: Where Do We Go From Here?". The Academy applauds the Committee's commitment to understanding the root causes and potential solutions for current health care workforce shortages. For 50 years, the Academy has been advancing health policy and practice through the generation, synthesis, and dissemination of nursing knowledge. With more than 2,900 Fellows, the Academy represents nursing's most accomplished leaders in policy, research, administration, practice, and academia. The vision of the Academy is *Healthy Lives for All People*. To actualize this vision, the Academy's mission is to improve health and achieve health equity by influencing policy through nursing leadership, innovation, and science.

The Academy has consistently advanced policy solutions to address current and future health care workforce shortages, including barriers preventing nurses and Advanced Practice Registered Nurses<sup>1</sup> (APRNs) from practicing to the top of their licensure,<sup>2</sup> insufficient investment in the public health infrastructure,<sup>3</sup> and a need for mental health resources as well as healthy work environments for nurses.<sup>4</sup> The Academy urges Congress to enact policies that help support and strengthen the health care workforce, increase access to care, and improve health equity. Our comments to the Committee focus on removing barriers to the APRN workforce and supporting the current and future nursing workforce.

### **Remove Barriers to the APRN Workforce**

As of 2020, over 233,000 APRNs treated Medicare patients and approximately 40% of Medicare beneficiaries received care from an APRN.<sup>5</sup> The *Improving Care and Access to Nursing (I CAN) Act* removes administrative and practice barriers APRNs face within the Medicare and Medicaid system that prevents access to quality care. **The Academy urges Congress to consider and pass the bipartisan I CAN Act when it is reintroduced in the 118<sup>th</sup> Congress.** Furthermore, actions taken to allow APRNs to

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<sup>1</sup> APRNs include certified nurse-midwives (CNMs), certified registered nurse anesthetists (CRNAs), clinical nurse specialists (CNSs) and nurse practitioners (NPs).

<sup>2</sup> American Academy of Nursing. (2020, January 17). *Request for Feedback on Scope of Practice, CMS*.

[https://higherlogicdownload.s3.amazonaws.com/AANNET/c8a8da9e-918c-4dae-b0c66d630c46007f/UploadedImages/2020\\_01\\_17\\_FINAL\\_AAN\\_CMS\\_Comments\\_RE\\_Request\\_for\\_Feedback\\_on\\_Scope\\_of\\_Practice.pdf](https://higherlogicdownload.s3.amazonaws.com/AANNET/c8a8da9e-918c-4dae-b0c66d630c46007f/UploadedImages/2020_01_17_FINAL_AAN_CMS_Comments_RE_Request_for_Feedback_on_Scope_of_Practice.pdf)

<sup>3</sup> American Academy of Nursing. (2020, June 26). *AAN HELP Committee Pandemic Response..*

[https://higherlogicdownload.s3.amazonaws.com/AANNET/c8a8da9e-918c-4dae-b0c6-6d630c46007f/UploadedImages/FINAL\\_AAN\\_HELP\\_Committee\\_Pandemic\\_Response.pdf](https://higherlogicdownload.s3.amazonaws.com/AANNET/c8a8da9e-918c-4dae-b0c6-6d630c46007f/UploadedImages/FINAL_AAN_HELP_Committee_Pandemic_Response.pdf)

<sup>4</sup> Naegle, M. A., Kelly, L. A., Embree, J. L., Valentine, N., Sharp, D., Grinspun, D., Hines-Martin, V. P., Crawford, C. L., & Rosa, W. E. (2023). American academy of nursing consensus recommendations to advance system level change for nurse well-being. *Nursing Outlook*, 71(2), 101917. <https://doi.org/10.1016/j.outlook.2023.101917>

<sup>5</sup> Centers for Medicare & Medicaid Services (2022). CMS Program Statistics-Medicare Providers. <https://data.cms.gov/summary-statistics-on-provider-enrollment/medicare-provider-typereports/cms-program-statistics-medicare-providers>.

practice to the top of their license will strengthen the health care workforce, reduce disruptions to care, increase access, and ensure the timely delivery of care, while improving health equity.<sup>6</sup>

The COVID-19 Public Health Emergency (PHE) expires on May 11, 2023, along with the waivers and regulatory actions taken to allow nurses and other health care clinicians to provide lifesaving care. Throughout the PHE, removing barriers imposed on providers not only improved health care and health equity during the pandemic but enhanced workforce flexibility in rural and underserved communities where provider shortages were exacerbated, expanding telehealth coverage in particular.<sup>7</sup> **The Academy urges Congress to make these waivers permanent so APRNs can continue to provide high-quality health care to patients in all communities, including in rural and underserved areas, now and into the future.**

**These expiring waivers<sup>7</sup> include:**

- *Physician Services. 42 CFR §482.12(c)(1)–(2) and §482.12(c)(4):* Waiving requirements that Medicare patients admitted to a hospital be under the care of a physician, allowing other practitioners to practice to the top of their licensure while authorizing hospitals to optimize their workforce strategies. For example, a recent report outlined that Certified Registered Nurse Anesthetists (CRNAs) in states that experienced a major impact due to executive orders (including the removal of both state and federal requirements), were significantly more likely to experience expanded clinical practice.<sup>8</sup>
- *Physician Visits. 42 CFR 483.30(c)(3):* Allowing nurse practitioners (NPs) and clinical nurse specialists (CNS) to perform all mandatory visits in a skilled nursing facility (SNF) has enabled practices and SNFs to maximize their workforce. This waiver improves continuity of care and infection control by reducing unnecessary contact between patients and multiple providers.
- *Physician Delegation of Tasks in SNFs. 42 CFR 483.30(e)(4):* Allowing APRNs to practice to the top of their licensure ensures that patients continue to receive immediate access to high-quality health care.
- *Responsibilities of Physicians in Critical Access Hospitals (CAHs). 42 CFR § 485.631(b)(2):* Making the physician physical presence waiver permanent allows certain APRNs in CAHs to practice to the top of their licensure and enables the entire health care team to practice to its fullest capacity in provider shortage areas.
- *Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs): Physician Supervision of NPs in RHCs and FQHCs. 42 CFR 491.8(b)(1):* Waiving the physician supervision of NPs in RHCs and FQHCs requirement has provided much-needed workforce flexibility in rural and underserved communities where provider shortages were exacerbated by COVID-19.
- *Anesthesia Services. 42 CFR §482.52(a)(5), §485.639(c) (2), and §416.42 (b)(2):* Allowing CRNAs to practice to the full extent of their license by permanently extending the CMS waiver removing physician supervision as a Condition of Participation.

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<sup>6</sup> APRN Workgroup. (2022, August 24). *APRN letter on CMS REH CoP Proposed Rule*. [https://higherlogicdownload.s3.amazonaws.com/AANNET/c8a8da9e-918c-4dae-b0c6-6d630c46007f/UploadedImages/20220824\\_APRN\\_letter\\_on\\_CMS\\_REH\\_CoP\\_Proposed\\_Rule\\_-FINAL.pdf](https://higherlogicdownload.s3.amazonaws.com/AANNET/c8a8da9e-918c-4dae-b0c6-6d630c46007f/UploadedImages/20220824_APRN_letter_on_CMS_REH_CoP_Proposed_Rule_-FINAL.pdf)

<sup>7</sup> National Community Coalition. (2022, April 25). *NCC Waiver Request Letter*. [https://higherlogicdownload.s3.amazonaws.com/AANNET/c8a8da9e-918c-4dae-b0c6-6d630c46007f/UploadedImages/NCC\\_Waiver\\_Request\\_Letter\\_Final\\_4\\_25\\_22.pdf](https://higherlogicdownload.s3.amazonaws.com/AANNET/c8a8da9e-918c-4dae-b0c6-6d630c46007f/UploadedImages/NCC_Waiver_Request_Letter_Final_4_25_22.pdf)

<sup>8</sup> Callan et al. (August 2021). *Impact of COVID-19 Pandemic on Certified Registered Nurse Anesthetist Practice*. AANA Journal. Vol 89. No.4

## Support the Current and Future Nursing Workforce

Before the COVID-19 pandemic, the nursing workforce was already facing significant challenges and barriers that made it almost impossible to sustain, build, and retain the health care workforce. Nurses represent the largest segment of the U.S. health care workforce,<sup>9</sup> and during the pandemic, there was a critical shortage of nurses to meet the care needs within communities. The increased demand for nurses has further impacted those currently in the workforce experiencing moral distress and burnout. Between 35% and 54% of U.S. nurses and physicians had symptoms of burnout, which is characterized as high emotional exhaustion, cynicism, and a low sense of personal accomplishment from work.<sup>10</sup>

The Bureau of Labor Statistics (BLS) *Occupational Outlook Handbook* projected that by 2031 demand for nurses would increase 6% or an employment change of 195,400 nurses above the 3.1 million nurses employed in 2021.<sup>11</sup> The demand for APRNs is also expected to grow by 40%.<sup>12</sup> The BLS report estimates approximately 30,200 new APRNs will be needed each year until 2031 to meet the rising demand for care. A nursing workforce analysis published in 2022 found that the total supply of nurses decreased by more than 100,000 from 2020 to 2021<sup>13</sup> which is the largest decrease in the nursing supply over the last forty years. The analysis also found that a significant number of nurses leaving the workforce were under the age of 35 and most were employed in hospitals. This is concerning as one of the leading factors in the nursing shortage is that a large segment of the workforce is nearing retirement age.<sup>14</sup>

### *Invest in Workforce Development*

We appreciate Congress' significant investments to support the nursing workforce. The ongoing nursing shortage combined with the COVID-19 pandemic has demonstrated the critical need for these investments. With an aging workforce, a diverse and aging population, and the need to support our frontline providers, programs to address the current needs of the nursing profession and prepare nurses for future health care demands are essential. **The Academy recommends Congress consider and pass the *Future Advancement of Academic Nursing (FAAN) Act*.** The *FAAN Act* will provide resources to support nursing students, help retain and hire diverse faculty, modernize nursing education infrastructure, and create and expand clinical education opportunities.

### *Increase Data Collection for Enhanced Solutions*

As the country prepares to transition from the PHE in the wake of the COVID-19 pandemic, efforts must be amplified to thoroughly analyze the demand for nurses, identify areas of the country and types of care facilities with the highest shortage of nurses, and investigate pain points in the system that delay care. Better data yields high-quality and innovative solutions. **The Academy urges Congress to consider and approve the *National Nursing Workforce Center Act* when it is reintroduced in the 118<sup>th</sup> Congress.** This important piece of legislation would support state agencies, state boards of nursing, and nursing

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<sup>9</sup> Laughlin, et al. (April 5, 2021). *22 Million Employed in Health Care Fight Against COVID-19*. US Census Bureau. <https://www.census.gov/library/stories/2021/04/who-are-our-health-care-workers.html>

<sup>10</sup> Contributor(s): National Academy of Medicine; Action Collaborative on Clinician Well-Being and Resilience; Victor J. Dzau. (2022, October 3). *National Plan for Health Workforce well-being*. The National Academies Press. <https://nap.nationalacademies.org/catalog/26744/national-plan-for-health-workforce-well-being>

<sup>11</sup> *Registered Nurses : Occupational Outlook Handbook: U.S. Bureau of Labor Statistics*. (2022, September 8). <https://www.bls.gov/ooh/healthcare/registered-nurses.htm>

<sup>12</sup> *Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners: Occupational Outlook Handbook: U.S. Bureau of Labor Statistics*. (2022, September 8). <https://www.bls.gov/ooh/healthcare/nurse-anesthetists-nurse-midwives-and-nurse-practitioners.htm>

<sup>13</sup> A Worrisome Drop In The Number Of Young Nurses. (2022). *Forefront Group*. <https://doi.org/10.1377/forefront.20220412.311784>

<sup>14</sup> The 2020 National Nursing Workforce Survey. (2021). *Journal of Nursing Regulation*, 12(Supplement), 4–6. <https://www.journalofnursingregulation.com>

schools to establish or expand nursing workforce centers. Nursing workforce centers are vital in the effort to drill down into local, regional, and state-based data to conduct the necessary research, planning, and programs that seek to address workforce shortages.

#### *Advance Legislation to Address Workplace Violence*

Further increasing the strain on health care providers is workplace violence. According to the BLS, professionals in the health care and social services industry are five times more likely to experience injuries from workplace violence than other health care providers.<sup>15</sup> **The Academy urges Congress to pass the *Workplace Violence Prevention for Health Care and Social Workers Act* upon reintroduction in the 118<sup>th</sup> Congress.** This legislation would require Occupational Safety and Health Administration (OSHA) to develop and enforce specific standards for health care and social service employers, holding them accountable for protecting employees from workplace violence. This legislation passed the House of Representatives during the 117th Congress with significant bipartisan support.

The Academy appreciates the opportunity to provide comments to address the health care workforce shortages. If we can be of further assistance please do not hesitate to contact the Academy's Senior Director of Policy, Christine Murphy, at [cmurphy@aannet.org](mailto:cmurphy@aannet.org) or 202-777-1174.

Sincerely,



Kenneth R. White, PhD, AGACNP, ACHPN, FACHE, FAAN  
President

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<sup>15</sup> U.S. Bureau of Labor Statistics (April 2022). Fact Sheet | Workplace Violence in Healthcare, 2018: April 2020. <https://www.bls.gov/iif/factsheets/workplace-violence-healthcare-2018.htm>.