

2024 Regulatory and Policy Priorities

The American Nurses Association (ANA) looks forward to advancing the nursing profession and well-being of nurses through its regulatory advocacy in 2024 by promoting to federal policymakers the value of the nation's over 5 million registered nurses (RNs).

Policy priorities:

- Ensuring and protecting a robust nursing workforce,
- Advancing and addressing health equity,
- Removing practice barriers for advanced practice registered nurses (APRNs), and
- Shaping payment strategies to highlight nursing's direct impact on optimal patient outcomes.

Key Agencies

- Department of Health and Human Services (HHS)
 - Centers for Medicare and Medicaid Services (CMS)
 - Health Resources and Services Administration (HRSA)
- Department of Labor (DOL)
 - Occupational Safety and Health Administration (OSHA)

Robust Nursing Workforce

Nursing shortages persist across the country, leading to dissatisfaction, burnout, and nurses leaving vital bedside roles. Federal policymakers must take meaningful action both to address current challenges and ensure the workforce is ready to meet future challenges.

We continue to call on HHS, and its subagencies, to engage with nurses and stakeholders across the health care delivery system to identify and implement measures that will promote and protect a robust nursing workforce.

Additionally, sufficient staffing levels are critical to reducing workplace violence in health care. We continue to advocate for the DOL to issue regulations requiring situation-specific prevention programs in every setting and size of organization. A federal standard is necessary so every nurse across the nation can receive the strongest protections at work against threat and violence. If these issues remain unaddressed there cannot be a robust nursing workforce.

HHS Must Convene Stakeholders to Identify Short- and Long-Term Solutions to Staffing Challenges.

ANA urges HHS to convene all stakeholders for a robust discussion of staffing challenges and potential solutions. These challenges are not restricted to the nursing profession, especially as health care delivery evolves into a more integrated system. As such, the agency must bring together nurses, hospitals, physicians, other health care personnel, state and federal government officials, and key stakeholders to examine and implement real solutions to the nursing shortage. The discussions will focus on identifying current challenges and both short- and long-term solutions.

CMS Must Finalize Rules for Nurse Staffing in Long-term Care (LTC) Facilities and Ensure Safe Staffing in all Care Settings.

CMS initiated rulemaking in September 2023 to set minimum staffing standards for healthcare personnel in LTC facilities, including a requirement for an onsite RN around the clock. ANA has long advocated for the need of an onsite RN and submitted public comments in November 2023 urging the agency to finalize the proposed rule with some refinements and without delay. Safe nurse staffing is too critical to delay the implementation of minimum standards.

ANA also urges CMS to use its existing oversight authority to ensure safe staffing in all care settings and hold health care facilities accountable for safe work environments that allow nurses to provide the level and extent of care needed for their individual patients. ANA is ready to work closely with the agency to identify and implement appropriate approaches to nurse staffing standards.

OSHA Must Release a Standard for Workplace Violence Prevention in Health Care and Social Assistance.

Workplace violence is a growing, life-threatening crisis for health care professionals. In a 2022 ANA survey of nurses, 29 percent reported experiencing a violent incident at work in the previous year. OSHA, the federal agency charged with protecting health care professionals from workplace violence, issued guidelines for employers in 2016, began its rulemaking process in early 2023 with a Small Business Advocacy Review of a proposed standard.

ANA submitted comments underscoring the need for this standard and for flexibility to allow different sized entities and setting of care to build effective tailored prevention programs.

We urge OSHA to release a proposed rule for public comment without further delay and continue holding employers accountable under the General Duty Clause when their prevention programs fail to protect nurses at work.

Workplace Violence Statistics

- **1 in 4** nurses reported being assaulted at work in 2019
- Health care and social assistance workers face nearly **six times** the risk of workplace violence than other industries

CMS Must use its Enforcement Authority to Ensure Hospitals Within their Purview are Complying with Safety Requirements.

In November 2022, CMS released enforcement guidance to State Survey Directors announcing that:

“CMS believes that healthcare workers have a right to provide care in a safe setting.”

CMS stated that Medicare Conditions of Participation require Medicare certified hospitals to provide care in a safe setting and establish emergency preparedness protocols. The interpretation in this guidance requires that nurses and all staff also enjoy a safe environment which includes safety from violence. Citation have previously, and should continue to be, levied when safety requirements are not met to prevent violence and harm in these hospitals.

Health Equity

By the very nature of their role, nurses see the challenges some patients race firsthand and stand ready to find sustainable solutions that address and reduce health care disparities across the nation. Federal agencies need to work closely with nurses and stakeholders to identify approaches to addressing health

inequities by leveraging their key role in their healthcare delivery system.

CMS Must Identify Solutions to Ensure High-Quality Care for All.

ANA calls on CMS to identify evidence-based policy interventions to ensure the best possible care for all patients. CMS should also work within HHS to document and support the nurse's role in designing and delivering that care. This step is key for health care policymakers and providers to meet patient needs, respond to changing patient demographics, and move the needle on health disparities.

We encourage CMS to collaborate closely with nurses to identify approaches to addressing health equities. Along with other federal agencies, CMS must convene nurses and key stakeholders to identify research areas and develop approaches to like quality and performance measures that examine nursing services' impact on patient health and nurses' role in improving access for patients.

Practice Barriers for Advanced Practice Registered Nurses (APRNs)

Restrictions on APRNs limit access to care and result in fewer choices of qualified providers for beneficiaries. Federal agencies need to allow APRNs to practice at the top of their license.

CMS Must Remove Barriers to APRN Practice.

Medicare payment rules restrict APRN practice above and beyond their state scope-of-practice rules in various ways. Examples include unnecessary supervision requirements as well as payment restrictions for Medicare services provided by APRNs. ANA calls on CMS to address these restrictions through both regulatory action and leadership as the largest purchaser of health care in the United States.

CMS must put forth regulations implementing the federal provider nondiscrimination law, enacted by the Affordable Care Act of 2010, also known as section 2706. Regulations should explicitly bar all forms of discrimination, including contracting, payment, value-based incentives, and unnecessary requirements like physician supervision and prior authorization.

CMS should use its full administrative authority to remove regulatory barriers to APRN practice in Medicare and work diligently with Congress to ensure that legislative barriers are rescinded. ANA urges CMS to leverage its Medicaid waiver authorities to incentivize state Medicaid and CHIP programs to cover and encourage APRN care to the extent of state licensing provisions.

Importance of APRNs

- APRNs are prepared at the **masters** or **doctoral** level to provide primary, acute, chronic, and specialty care
- Roughly **40%** of Medicare beneficiaries received care from an APRN in 2020

Shaping Payment Strategies

Payment for nursing services must recognize the critical role of nurses in the healthcare system to ensure a resilient nursing workforce ready and able to meet future needs. The care that nurses provide is vital to positive patient experience and quality outcomes.

HHS Must Support Strategies to Account for the Value of Nursing Care in Payment Methods.

APRNs and RNs in virtually every setting are indispensable in the care that patients need now and in the future. APRNs represent an increasing share of the primary care workforce, especially in rural and other underserved areas. RNs are responsible for a wide array of direct care and care coordination services in

community settings as well as hospitals and long-term care facilities.

This care is a component of access and critical to addressing health inequity. However, current federal reimbursement and quality reward systems do not incentivize care delivery that recognizes nurses and enhances their well-being on the job. It is long overdue for Medicare to value nursing services as clinical care, rather than a component of hospital “room and board” or provider labor cost. ANA urges HHS to work with CMS on payment innovation that aims to align reimbursement and quality rewards with the provision of high-value nursing care.

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