

# 2026 Regulatory and Policy Priorities

The American Nurses Association (ANA) looks forward to opportunities in 2026 to advance the nursing profession and well-being of nurses through its regulatory advocacy.

## Policy priorities:

- Protecting the nursing workforce.
- Championing healthcare access and outcomes.
- Removing practice barriers for advanced practice registered nurses (APRNs).
- Forming payment strategies to account for the direct impacts of nursing care within the healthcare system.
- Positioning nurses and nursing care at the forefront of new technology and artificial intelligence (AI).

## Protecting a Robust Nursing Workforce

ANA recognizes how essential it is for federal policymakers to take meaningful action to address current healthcare workforce shortages, the challenges affecting nursing practice and care delivery, and the need to build a robust workforce prepared for the future.

ANA remains deeply engaged in advocacy across federal agencies—including the Department of Health and Human Services (HHS), the Department of Education (ED), the Department of Labor (DOL), and their subagencies—urging them to work closely

with nurses and stakeholders throughout the healthcare system. Our priorities include advancing strategies to prevent workplace violence, protecting access to student loans, and strengthening staffing, particularly in long-term care settings.

The urgency of this work continues to grow in the Administration's second year, as emerging policies and legislation may significantly affect student loan availability and impact the healthcare workforce.

## A NATIONAL COMMITMENT TO PREVENTING WORKPLACE VIOLENCE IN HEALTHCARE IS URGENTLY NEEDED

While data is scarce due to the under reporting of incidents:

- A 2019 ANA survey found that **1 in 4** nurses are assaulted at work.
- According to the Occupational Safety and Health Administration's (OSHA) data, healthcare workers now face up to **six times the risk of violence** at work than other industries.

OSHA is the federal agency charged with protecting healthcare professionals from workplace violence. The agency completed its Small Business Advocacy Review of a proposed standard and subsequently issued a report of findings from that review. ANA submitted comments and a follow-up letter on this process underscoring the need for this standard and for it to be flexible enough to allow different sized entities and settings

of care to build effective tailored prevention programs.

ANA continues to work with DOL, as well as healthcare and community partners, to address workplace violence and create safer environments for all healthcare workers across every care setting. Safe workplaces are essential to retaining a strong and stable nursing workforce.

In addition to collaborating with DOL, we are also engaging other key stakeholders to educate the public, Congress, and broader policymakers about the urgent need for meaningful change. Addressing workplace violence must be a top national priority, and our efforts extend well beyond the current DOL rulemaking process.

#### **THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) MUST CONTINUE TO USE ITS OVERSIGHT AUTHORITY TO ENSURE SAFE STAFFING ACROSS ALL HEALTHCARE SETTINGS**

CMS recently repealed the 2024 federal long-term care (LTC) facility staffing mandate, to have a 24/7 onsite registered nurse—effective February 2, 2026. ANA continues to advocate for 24/7 RN coverage in LTC facilities to safeguard resident safety and urges CMS to use its oversight authority for consistent clinical oversight. Moreover, CMS must also use that authority to oversee all care settings to ensure safe staffing levels that protect nurses and allow them to provide high quality patient care. ANA stands ready to work closely with the agency to identify and implement appropriate approaches to nurse staffing standards across all care settings.

#### **ED MUST DESIGNATE NURSING AS A “PROFESSIONAL DEGREE”**

ANA has led the charge in federal regulatory advocacy to ensure nurses are included in the ED definitions of "professional" and "graduate" degrees which determine federal graduate loan limits. Omitting nurses from the professional designation will only lead further erosion of the nursing workforce as post-baccalaureate nursing students would be limited in the amount of federal graduate loans needed to access, finance, and complete graduate-level programs. The limits stem from an effort to rein in student loan debt and tuition costs as part of the One Big Beautiful Bill Act, or H.R. 1. However, exclusion of nursing programs means that post-baccalaureate nursing students would only be eligible for half the amount of federal loans as graduate medical students. ANA stands ready to protect the current and future generations of nurses to have equitable access to federal graduate student loan opportunities.

#### **Championing Health Access and Outcomes**

All Americans deserve access to high-quality healthcare. ANA continues to advocate for the use of evidence-based policies to ensure high-quality and appropriate care provision for all patients.

Specifically, we believe that **CMS should work within HHS to document and support the nurse’s role in designing and delivering that care.** This focus is imperative for healthcare policymakers and providers to meet patient needs, respond to changing patient demographics, and move the needle on addressing health challenges faced by patients. Nurses see firsthand the challenges that some patients face and stand ready to find sustainable solutions that address health-related social drivers across the nation.

As CMS continues to focus on identifying and implementing approaches to overcome barriers to healthcare access and outcomes, we encourage CMS to:

- collaborate closely with nurses to identify approaches to addressing health-related social drivers by leveraging the key role of the nurse in the healthcare delivery system,
- convene nurses, key stakeholders, and other federal agencies to work together to identify research areas and evidence-based approaches that examine the impact of nursing services on both patients' health and nurses' well-being.

#### Key Nursing Acronyms:

- Registered nurses (RNs)
- Advance practice registered nurses (APRNs)
  - Certified nurse midwives (CNMs)
  - Certified registered nurse anesthetists (CRNAs)
  - Clinical nurse specialists (CNSs)
  - Nurse practitioners (NPs)

Some of the most persistent barriers to access and outcomes can only be addressed with the engagement and participation of our nation's nurses. As we detail below, key issues such as the impact of health provisions in H.R. 1, changes to financing the state share of the Medicaid program, the development of new quality outcome metrics, maternal health, and rural healthcare access have a natural role for nurses, and we stand ready to work with federal policymakers to find real and lasting solutions.

#### NURSES MUST BE CENTRAL TO ADDRESSING PERSISTENT MATERNAL HEALTH CHALLENGES

ANA calls on the Administration to continue its work and focus on addressing the nation's maternal health challenges. RNs, CNMs, and NPs all play a key role in maternity care.

However, CNMs' and NPs' practice continue to be unnecessarily restricted in many states due to outdated state licensing rules. These rules present a barrier to patients and their choice of provider. ANA believes that federal action is warranted to encourage state action on nurse licensing approaches that would expand scope of practice for APRNs. In addition, ANA seeks opportunities to develop payment models that account for and appropriately reimburse RNs, NPs, and CNMs for their high-value care and high-quality birth outcomes.

#### APRNs ARE CRITICAL TO BOLSTER ACCESS TO CARE FOR PATIENTS IN RURAL AREAS

Access is a key issue that affects rural areas immensely. Although urban areas also face provider shortages, residents there typically do not have to travel the extreme distances that many rural patients must cover to access care. APRNs are willing and able to help alleviate some of these shortages; ANA calls on the Administration to encourage and allow APRNs to practice to the full scope of practice and license in these rural areas to ensure that all patients receive the highest level of quality care. NPs provide over 25% of primary care in rural areas, and that percentage has been growing steadily over the past twenty years. APRNs provide an even higher percentage of rural primary care in states that have full practice authority.

### **ANA CONTINUES TO FOLLOW AND ASSESS THE IMPACTS OF H.R. 1 PROVISIONS AND CHANGES TO THE MEDICAID PROGRAM**

H.R. 1 will impact healthcare access through a variety of provisions that touch on different aspects of the Medicare and Medicaid programs and the Affordable Care Act Marketplace. This includes implementation of work requirements, the tightening of eligibility determinations in the Medicaid program, and the creation of the Rural Health Transformation Program. At the same time, provisions in H.R. 1, along with CMS guidance and rulemaking, have signaled a desire to reevaluate how states fund their share of the Medicaid programs, such as limiting state use of provider taxes. Provider taxes are one way that nearly all states have financed their share of the Medicaid program to draw down more federal matching funds. Limiting how states can fund their Medicaid programs impacts how providers are reimbursed and further exacerbate existing challenges with patient access to care. ANA continues to monitor all guidance and rulemaking issued by CMS on HR-1 adoption and will continue to assess its impact on nurses and their patients.

### **REFLECTING THE VALUE OF NURSING CARE ACROSS ALL CMS QUALITY MEASUREMENT PROGRAMS**

ANA's regulatory advocacy emphasizes the critical role nurses play in driving quality outcomes across care settings. As CMS and other agencies issue new quality measurements, we are strategically positioning nursing as a cornerstone of patient safety, care coordination, and well-being. By advancing quality metrics that reflect nursing contributions, we reinforce the value of the nurse in improving outcomes

and reducing risk. This approach aligns with broader efforts to strengthen quality frameworks and ensure that nursing expertise is recognized as essential to high-performing health systems and population health.

### **Removing Practice Barriers for Advanced Practice Registered Nurses**

#### **CMS MUST REMOVE REGULATORY BARRIERS TO APRN PRACTICE**

In various ways, Medicare payment rules restrict APRN practice above and beyond their state scope-of-practice rules. Examples include unnecessary supervision requirements and payment restrictions for Medicare services provided by APRNs. Such restrictions limit access to care and beneficiaries' choice of qualified providers.

Deregulation a centerpiece of this Administration, and many of the regulatory barriers are vestiges of older times when APRNs did not receive the training that they receive today. ANA looks forward to continuing to work with the Administration on removing these regulations which will allow APRNs to provide high quality care at the top of their license.

ANA calls on CMS to do more to address restrictions on access to APRN care, through regulatory action and leadership as the largest purchaser of healthcare in the United States. First, CMS must promulgate strong regulations implementing the federal provider nondiscrimination law, enacted by the Affordable Care Act of 2010, commonly known as section 2706.

ANA urges CMS to act expeditiously with partner agencies to finalize an enforceable

rule that allows APRNs to practice at the top of their license. Regulations should explicitly bar all forms of discrimination, including contracting, payment, value-based incentives, and unnecessary requirements such as physician supervision and prior authorization.

CMS should:

- use its full administrative authority to remove regulatory barriers to APRN practice in Medicare,
- work with Congress to ensure that legislative barriers are rescinded, and
- leverage its Medicaid waiver authorities to provide incentives to state Medicaid and CHIP programs to cover and encourage APRN care to the full extent of state licensing provisions.

Currently, 27 states allow NPs, and 28 states allow CNSs, to practice independently. We urge CMS to use its waiver authority to provide incentives to states so that more states allow full practice authority.

## **Forming Payment Strategies to Account for the Value of Nursing Care**

### **HHS MUST SUPPORT CMS TAKING REGULATORY AND ADMINISTRATIVE STEPS TO ACCOUNT FOR NURSING CARE IN PAYMENT METHODS**

APRNs and RNs in virtually every setting are indispensable to providing the care that patients need now and in the future. For instance, APRNs represent an increasing share of the primary care workforce, even more so 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.

These healthcare services are key to ensuring patient access to high quality, needed care. However, current federal reimbursement and quality reward systems do not incentivize care delivery that values nurses and their well-being on the job. **Innovative payment approaches are needed to align provider incentives with the extent and quality of the care nurses provide to achieve the best outcomes for patients.**

Recognition through appropriate payment for nursing services is critical in ensuring a resilient nursing workforce ready and able to meet future needs. Nurses provide vital services to patients across the care continuum, supporting adequate patient care and leading to high quality outcomes. 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.

## **Positioning Nurses and Nursing Care at the Forefront of Technology**

### **HHS AND CMS MUST ALLOW NURSES TO USE TECHNOLOGY IN THE WORKPLACE**

AI is advancing rapidly, and nurses must be allowed to use this technology in the workplace. The difficulty is in determining what is the proper use of AI in medicine and the provision of healthcare services to patients. Nurses should be able to use AI in the workplace, but AI should never replace human, clinical judgement. AI does not have the knowledge that nurses gain from their education, training, and years of clinical experience. While AI should be an option for



nurses to use to support clinical care, it must not supplant clinical decision-making.

### **NURSES MUST HAVE THEIR TITLES AND LICENSES PROTECTED**

Non-human technologies are beginning to be introduced as providers of nursing care, frequently without patients realizing they are not interacting with a human nurse. ANA urges the Administration to protect the title of “nurse” and ensure it is reserved exclusively for licensed human professionals. As AI and other technologies are proposed as nurses, the Administration must exercise its regulatory authority to prevent misuse of nursing titles.

### **THE ADMINISTRATION MUST LEVERAGE TECHNOLOGY TO INCREASE PATIENT ACCESS TO NEEDED CARE**

ANA strongly supported the telehealth flexibilities that were put in place during the COVID-19 public health emergency, and we continue to urge the Administration to finally make them permanent. These flexibilities enable many Medicare beneficiaries to receive care and treatment that they otherwise would not receive. Telehealth is especially important in ensuring access to behavioral health services. There are times when patients are unable to see their practitioner in person—making it imperative that they have virtual access to their practitioner and, if necessary, be able to have the practitioner prescribe medications.

This is why full practice authority for APRNs is so critical. Requiring a physician to sign off on prescriptions adds both extra layers of bureaucracy and time to the encounter, causing delays that are extremely harmful to patients.

Telehealth is vital to rural populations. While APRNs are covering more rural patients, there are still many areas where there is a shortage of practitioners. Telehealth is one way to help ensure these patients have access to care. ANA understands that many of these telehealth provisions require acts of Congress to make them permanent, but we implore CMS to continue to look for ways within their authority to expand the use of telehealth. At this point, many patients are reliant on the use of telehealth to access vital healthcare services, and removing this option would be detrimental to their overall health by disrupting the continuation of needed care.

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*The American Nurses Association is the only association that represents and serves as the professional home for all registered nurses in every specialty and practice setting. We believe nurses are the heartbeat of healthcare. It is our calling to champion nurses and the causes they care about by working for improved work environments, topnotch education, smarter policies, and stronger partnerships. We advocate to amplify nurses' roles, their voices, and their value across healthcare and in society.*