

March 3, 2025

The Honorable Robert F. Kennedy, Jr.  
Secretary  
Department of Health and Human Services  
Hubert H. Humphrey Building, Room 509F  
200 Independence Avenue SW  
Washington, DC 20201

Dear Secretary Kennedy,

The American Nurses Association (ANA) looks forward to opportunities to work with you to address the nation's most pressing health issues, as you assume your role as the 26<sup>th</sup> Secretary of the Department of Health and Human Services (HHS) and lead the agency to identify and implement approaches aimed at improving our nation's health care delivery system and overall health. Nurses are a vital part of the nation's health care system, ensuring readiness to meet and overcome its current and future demands and challenges. ANA and its members stand ready to serve as a resource to and a partner with HHS and its subagencies, especially to advance policies that focus on elevating nurses and the nursing profession through:

- improving health care outcomes and access,
- ensuring and protecting a robust nursing workforce,
- removing practice barriers for advanced practice registered nurses (APRNs),
- utilizing health care technology appropriately,
- preserving the relationship between nursing and public health, and
- shaping payment strategies to account for the direct impacts of nursing care.

ANA is the premier organization representing the interests of the nation's over 5 million registered nurses (RNs), through its state and constituent member associations, organizational affiliates, and individual members. ANA advances the nursing profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating on health care issues that affect nurses and the public. ANA members also include the four APRN roles: nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs), and certified registered nurse anesthetists (CRNAs). RNs serve in multiple direct care, care coordination, and administrative leadership roles, across the full spectrum of health care settings. RNs provide and coordinate patient care, educate patients and the public about various health conditions including essential self-care, and provide advice and emotional support to patients and their family members.

Nurses are critical to a robust health care system. Nurses meet the unique needs of patients and provide quality care that leads to better health outcomes for all patients. Moreover, nurses are critical to coordinated care approaches for Medicare and Medicaid beneficiaries in all settings, including hospital inpatient and outpatient departments. Patient-centered care coordination is a

core professional standard for all RNs and is central to nurses' longtime practice of providing holistic care to patients.

As you set out to oversee and drive how HHS will address the nation's health needs, ANA appreciates consideration of our shared priorities as detailed below.

### **Improving Health Care Outcomes and Access**

ANA believes that all Americans deserve access to high quality health care. To provide the highest quality of care, nurses play a critical role in care design to meet patient needs and to better serve changes in patient demographics and related care needs. ANA urges HHS to support the role of the nurse in care design and delivery and urges the agency to take the lead by convening nurses and healthcare stakeholders to identify evidence-based approaches that will assess the impact of the role of nurses in the health outcomes of their patients.

All individuals in America deserve access to high quality health care options; this is particularly relevant in both rural areas and in the field of maternal healthcare, where there are large shortages of health care practitioners. For example, HHS should encourage states to address the outdated licensing rules for CNMs and NPs, which would both provide mothers with access to more provider options and help address health professional shortage areas in rural locations.

ANA also recognizes that incidences of chronic disease continue to significantly increase in the nation's patient populations. Given their role in the health care delivery system, nurses see this firsthand and understand the challenges these patients face, especially for the more vulnerable patients. Nurses' role in the health care delivery system also best positions them to partner with physicians and other health professionals to identify and implement approaches that seek to address chronic illness. Nurses are ready to lead these partnerships and work closely with federal, state, and local health officials to make real progress on our nation's overall health.

In addition, older adults and people with disabilities continue to struggle and experience barriers to high-quality long-term care (LTC) services and supports, especially in LTC facilities. ANA was encouraged by the Centers for Medicare and Medicaid Services' (CMS') final rule that established minimum staffing standards in long-term care facilities. In particular, the inclusions of a requirement that LTC facilities have an RN in a facility 24 hours a day, seven days a week, something ANA has long advocated for—recognizing how critical an onsite RN is to ensure that patients have consistent access to skilled nursing care. However, ANA is concerned that this rule is under threat of repeal, which would only result in an unacceptable status quo in LTC facilities for both nurses and the patients they serve. ANA urges HHS to protect this important rule, particularly the 24-hour RN presence standard, to safeguard access to care for patients in LTC facilities. Residents of skilled nursing facilities expect and deserve that a registered nurse is available to meet their health care needs day and night. LTC facilities cannot provide skilled nursing care to patients without RNs who have the requisite expertise and training. You literally cannot provide skilled nursing care without RNs.

A vital part of guaranteeing that all Americans have access to high quality health care is the Medicaid program. Medicaid provides health care coverage to millions of Americans, connecting them to needed services to address the health care needs we detailed above. Since it is such a large program, unfortunately, it is often targeted to achieve federal savings. Cuts to the Medicaid program would be devastating for patients and the providers that they rely on for care. Rather than

allowing arbitrary cuts to Medicaid funding, we urge you to work with Congress to protect the Medicaid program. ANA stands ready to work with the Administration to find sustainable solutions that allow the program to meet current and future needs for the nation's most vulnerable patients. HHS and Congress should use a scalpel and not an axe during the Medicaid reform process.

### **Ensuring and Protecting a Robust Nursing Workforce**

Nursing shortages and workplace safety concerns are directly linked to patient outcomes and must be addressed. ANA urges HHS and CMS to hold healthcare facilities accountable for safe workplaces through their existing regulatory oversight authority. HHS must work closely with your colleagues at the Department of Labor to make workplaces safer for nurses and urge the Occupational Safety and Health Administration to issue a final standard for workplace violence prevention in the fields of healthcare and social assistance. Such a standard should address the unique needs of different facilities but ensure that all settings have a workplace prevention plan that is known to staff and implemented. Additionally, ANA hopes that under your leadership, HHS will continue to engage with nurses and healthcare stakeholders to identify and implement measures that will promote and protect a robust nursing workforce that reflects the country's demographics, support the reauthorization of Title VII and VIII of the Public Health Service Act, and recognize nurses through appropriate, transparent payment for nursing services.

### **Removing Practice Barriers for APRNs**

Removing practice barriers for APRNs will promote quality care, provide proper payment, and build a robust nursing workforce. Medicare payment rules restrict APRN practice through payment restrictions for Medicare services provided by APRNs and by unnecessary supervision requirements. We ask that, under your leadership, HHS address restrictions on patient access to APRN care through both regulatory action and influence. ANA urges CMS to use its administrative authority to remove regulatory barriers to APRN practice in Medicare and to finalize an enforceable rule that allows APRNs to practice at the top of their licenses, similar to actions taken by President Trump during his first term.

ANA further encourages HHS to work alongside Congress to rescind legislative barriers to practice, including only receiving 85 percent of physician reimbursement and full practice authority. HHS must implement the Federal Provider Nondiscrimination Law and finalize an enforceable rule allowing APRNs to practice at the top of their license. This regulation is listed on the Unified Agenda and is long overdue. It is critical that rulemaking finally formally eliminate unnecessary physician supervision, as well as explicitly ban all forms of discrimination, including through payment, contracting, and value-based incentives.

### **Utilizing Health Care Technology Appropriately**

#### *Best Practices for Artificial Intelligence (AI) in Health Care*

ANA urges HHS to investigate how to best use AI in the medical and health spaces. ANA has published a position statement that AI should be used ethically in healthcare and not used to supplant or substitute a licensed practitioner.<sup>1</sup> ANA believes that the ethical use of AI does include diagnostics, but AI should not be the only diagnostic tool that practitioners use. The practitioner is the ultimate diagnostic tool, and any diagnosis must be reviewed by a licensed practitioner before

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<sup>1</sup> [https://www.nursingworld.org/globalassets/practiceandpolicy/nursing-excellence/ana-position-statements/the-ethical-use-of-artificial-intelligence-in-nursing-practice\\_bod-approved-12\\_20\\_22.pdf](https://www.nursingworld.org/globalassets/practiceandpolicy/nursing-excellence/ana-position-statements/the-ethical-use-of-artificial-intelligence-in-nursing-practice_bod-approved-12_20_22.pdf)

a conclusion is reached. AI has additional uses in the medical space as ways to save time in the hospital by providing administrative support. However, this still requires that a human review the work to ensure accuracy and prevent unnecessary errors.

In addition, we call on your leadership to leverage technology, such as telehealth, to increase access to care. The flexibility of telehealth has enabled access to behavioral health services, as well as helping rural communities access care in areas where there are provider shortages. We urge HHS to enact policies that support and resource this important tool for all patients to access needed health care services.

#### *Work with the Drug Enforcement Administration (DEA) to Craft a New Telehealth Special Registration Rule*

The DEA published a long overdue statutorily required proposed rule on special telehealth registration at the end of the last Administration. As currently proposed, ANA is concerned about the effects that this rule will have on APRNs through targeted, overly restrictive provisions or omitting the role of APRNs entirely. We call on agencies to leverage the current regulatory freeze to revisit this rulemaking. We encourage HHS to lead efforts for the DEA to issue new rulemaking that better reflects the needs of APRN practice. Currently, the DEA allows prescribers to operate under a waiver that extends through the end of calendar year 2025. This gives the agencies ample time to ensure rulemaking that guarantees that all practitioners will be able to practice at the top of their license and give the best medical care available to their patients.

#### **Preserving the Relationship between Nursing and Public Health**

Nursing is deeply intertwined with the field of public health. Nurses carry out public health services, such as connecting patients to health resources, providing health education, mitigating disease outbreaks, conducting clinical research, and vaccinating patients, amongst other responsibilities. As front-line practitioners, nurses have the most contact with patients and, at the same time, are most susceptible to any illness that patients might have. Therefore, ANA knows how imperative it is that HHS continue to encourage all Americans to receive vaccinations that protect both nurses and the public.

Viral illnesses continue to pose a threat to both the nursing workforce and the patient population. Vaccinations are scientifically proven to slow the spread of viral infections, and mass vaccination can relieve overwhelmed healthcare systems and the nurses operating within them. While reexamining or reevaluating data to further refine and improve vaccines is understandable, such action must not disrupt current vaccination schedules, unless new scientific data drives subsequent changes. ANA and our nurses know how critical it is for patients, nurses, hospitals, and policymakers to follow current recommendations from public health experts on both testing and vaccination.

ANA also is closely monitoring efforts to increase efficiency within the federal agencies and identifying areas for greater savings. We caution that these efforts do not undermine vital public health research and resources. Nurses serve the field of public health and are a trusted public health resource. Our clinical research nurses serve an important role in scientifically testing new interventions for a variety of diseases and medical conditions, which is largely supported through federal medical research funding. Nurse led research focused on solving pressing health challenges and informing practice and policy achieved through National Institutes of Health (NIH) funding is a key to moving the profession, the practice of nursing, and public health forward.

Recent plans to make indiscriminate cuts to NIH funding methodologies stifles medical innovation and does not result in cost savings, rather a loss of jobs and a regressive divestment of tax-payer dollars. Our nurses also understand the need to stand ready for global infectious disease threats, often through partnerships, such as the World Health Organization and direct international relationships. While reforms are largely driven by valid goals, we urge HHS to work closely with nurses to ensure any actions or directives do not undermine or overly restrict the nation's ability to appropriately respond to public health threats and needs as quickly and effectively as possible.

Federal government datasets are essential to health surveillance systems and the effective delivery of health care services that Americans rely on every day. This includes surveillance of infectious diseases, foodborne illness outbreaks, harm risk reduction protocols, and much more. Nurses use public health data and statistical information to make evidence-based decisions that directly impact the care they provide. Altering, limiting, or removing this vital information, even temporarily, is damaging to our population health and undermines public trust in both public health systems and those on the frontlines of healthcare delivery. The duration and extent of these disruptions to public health data remain uncertain, but ANA urges the intact restoration of all public datasets to ensure the continued collection, sharing, and protection of invaluable health information. These datasets have been a cornerstone of health policy and practice for decades, and it is the federal government's responsibility to safeguard and build upon this wealth of data that informs not only health care providers but also policymakers and the public.

### **Shaping Payment Strategies to Account for the Direct Impacts of Nursing Care on Ensuring High Quality Patient Outcomes**

APRNs and RNs are essential to the provision of patient care. Today, APRNs represent an increasing share of the primary care workforce, while RNs are responsible for a wide array of direct care and care coordination services in hospitals, LTC facilities, and community settings. These valuable providers deserve to be fairly compensated for the extent and quality of care they provide; new and innovative approaches to Medicare and Medicaid payments are necessary to align provider incentives with the amount and quality of care provided.

We urge you to support CMS in taking regulatory and administrative steps to account for nursing care under Medicare and Medicaid. Nursing services are clinical care and should be treated as such, rather than as provider labor cost or as a component of overall hospital costs, often referred to as "room and board." ANA urges you to work with CMS on payment innovation that aims to align reimbursement and quality rewards with the provision of high-value nursing care, so that federal payment policy incentivizes the nursing care and outcomes patients deserve.

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For more details about ANA's priorities, we offer the attached 2025 Regulatory and Policy Priorities document. ANA requests the opportunity to meet with you at your earliest convenience to advance the wellbeing of nurses and their patients and take advantage of the opportunities we have to improve the health of all Americans. We stand ready to provide expertise and resources on these and other public health issues and look forward to meeting with you.

Please contact Tim Nanof, ANA's Executive Vice President for Policy and Government Affairs, at [Tim.Nanof@ana.org](mailto:Tim.Nanof@ana.org) with any questions and to arrange a meeting.

Sincerely,



Angela Beddoe  
ANA Chief Executive Officer

cc: Jennifer Mensik Kennedy PhD, MBA, RN, NEA-BC, FAAN, ANA President  
Tim Nanof, MSW, ANA Executive Vice President, Policy & Government Affairs