American Nurses Association

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January 16, 2026

The Honorable John Joyce, MD
The Honorable Greg Murphy, MD
Co-Chairs, GOP Doctors Caucus
Washington, DC 20515

The Honorable Kim Schrier, MD
Chair, Democratic Doctors Caucus
Washington, DC 20515

Dear Representatives Joyce, Murphy, and Schrier:

The American Nurses Association (ANA) commends the GOP Doctors Caucus and the Democratic Doctors Caucus for soliciting feedback on how Congress can modernize our Medicare payment system to ensure that it better incentivizes the delivery of timely, high-quality patient care. ANA appreciates the opportunity to share this feedback that encompasses the nursing perspective.

ANA is the premier organization representing the interests of the nation's 5 million registered nurses (RNs) through its state and constituent member associations, organizational affiliates, and individual members. 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, and provide advice and emotional support to patients and their family members. ANA members also include those practicing in the four advanced registered nurse (APRN) roles: nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs), and certified registered nurse anesthetists (CRNAs). ANA and its nurses are dedicated to improving practices, policies, delivery models, outcomes, and access across the health care continuum. Our nurses care deeply about their patients because they understand that access to coverage and trusted providers is essential for delivering safe, compassionate, whole-person care.

What legislative reforms are most needed to ensure future Center for Medicare & Medicaid Innovation (CMMI) models deliver real improvements in cost and quality, while also ensuring successful scaling of innovations?

As your caucuses consider which legislative reforms would deliver improvements in cost and quality, ANA urges consideration of approaches that improve nurse reimbursement, promote APRN-led models of care, and remove outdated barriers that make it difficult for patients to receive timely, affordable, and high-quality care from the provider of their choice.

<u>Improve Nurse Reimbursement</u>

Under current Medicare payment policy, APRNs are reimbursed at 85% of the rate of physicians for performing the same work and delivering comparable patient outcomes as their physician colleagues. Furthermore, Medicare reimburses practitioners in a bundled payment that includes both labor and practice expenses. These practice expenses do not change based on your professional degree and license. As a result, APRNs are often reimbursed at rates that are not

commensurate with the cost of delivering care. Congress must reform Medicare to ensure that health care practitioners are reimbursed equitably for the health care services they provide as their physician colleagues.

Separately, current law does not allow RNs to be reimbursed by Medicare directly for the services they provide, despite doing much of the work that is reimbursed to their collaborating physicians. Given their inability to bring in revenue, facilities see RNs as an expense and consequently hire and retain as few nurses on staff as possible. ANA urges Congress to work with ANA to develop and pass legislation allowing RNs to receive direct reimbursement from Medicare.

Remove Outdated Barriers to Care for Medicare Beneficiaries

Over the past several decades, patients have increasingly turned to APRNs to provide them with timely, high-quality care, particularly in rural and medically underserved communities. Today, more than 40% of Medicare beneficiaries receive affordable, high-quality care from APRNs, who have advanced degrees and extensive clinical training and expertise. NPs alone conduct more than one billion patient visits annually and make up roughly 50% of the primary care workforce. [1]

Unfortunately, Medicare policies continue to constrain APRN practice due to outdated statutory and regulatory barriers, such as unnecessary supervision requirements and payment restrictions for services provided to patients. These provisions reduce access to care, disrupt continuity of care, increase health care costs, and undermine quality improvement efforts. Removal of these outdated barriers must serve as a bedrock of Medicare reimbursement reform.

Specifically, ANA urges Congress to pass the bipartisan *Improving Care and Access to Nurses Act* (ICAN Act)[2] to permanently remove these barriers to ensure Medicare and Medicaid beneficiaries' access to timely, cost-effective, and high-quality services provided by APRNs. Importantly, the bill does not change the scope of practice for any provider and does not supersede state law. More than 240 organizations have endorsed this legislation, including the National Rural Health Association, AARP, the American Health Care Association, and Leading Age.

Last, Congress also must urge the Departments of Labor, Health and Human Services, and Treasury to promulgate strong regulations implementing Section 2706(a) of the Public Health Service Act, which bars discrimination based on provider type.[3] This is critical for APRN practices who are often excluded from provider networks or face discriminatory reimbursement. Regulations must implement the law by explicitly barring all forms of discrimination, including with respect to value-based incentives.

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[1] Medicare Payment Advisory Commission. (2022). *Report to the Congress: Medicare and the health care delivery system* (June 2022) [PDF]. Medicare Payment Advisory Commission. https://www.medpac.gov/wp-content/uploads/2022/06/Jun22_MedPAC_Report_to_Congress_SEC.pdf

[2] H.R.1317 - 119th Congress (2025-2026): I CAN Act | Congress.gov | Library of Congress
S.575 - 119th Congress (2025-2026): I CAN Act | Congress.gov | Library of Congress

[3] 42 U.S.C. § 300gg-5 (2018). Retrieved from https://www.govinfo.gov/link/uscode/42/300gg-5

Adopt Nurse-Led Models of Care

ANA strongly encourages the Center for Medicare and Medicaid Innovation (CMMI) to look at nurse-led care models. APRNs are expert clinicians who practice alongside physicians and help lead innovation in care delivery. They receive comprehensive training and can lead and work with all practitioners who comprise their patients' care team. Furthermore, APRNs' close relationship with their patients gives them a unique insight into patient preferences and needs. Consequently, nurses are eminently qualified to lead their patients' care team.

Examples of models that promote nurse-led healthcare delivery include CMMI's Comprehensive Primary Care (CPC/CPC+) and Primary Care First models[4]. They empowered APRNs to serve as primary care clinicians, care coordinators, and practice leaders. These models highlight the role of nurses in driving care transformation, improving access, and managing chronic conditions, particularly in medically underserved communities.

If MIPs were to be reformed or replaced entirely, what would a new physician-led quality program look like? How can we ensure a new program reduces administrative burdens and is applicable to all types of clinicians in all settings, while focusing meaningfully on real outcomes?

As your caucuses consider proposals reforming or replacing the Merit Based Incentive Payment System (MIPS), we urge consideration of APRN-led models of care and removal of outdated barriers that make it difficult for APRNs to participate and apply innovative approaches to delivering care to patients across care settings.

Adopt Nurse-Led Models of Care

MIPS reform must recognize the value and leadership abilities that nurses bring within team-based care models and ensure that quality measurement and incentives reflect contributions across the full clinical care team. APRNs are expert clinicians who practice alongside physicians and help lead innovation in care delivery. They are fully recognized as eligible clinicians in MIPS and can report quality measures and improvement activities that reflect their practice, including patient-centered measures such as advance care planning, chronic disease management, care coordination, and preventive services. They may report individually, as part of group practices, or through MIPS Alternative Payment Models, ensuring that team-based care contributions are captured in performance measurement and incentives. It is critical that Congress reform MIPS to also include nurse-led quality programs to reflect our health care system's increased reliance on interdisciplinary, team-based care.

For these nurse-led programs to succeed, Congress and the CMS must work in tandem to remove outdated practice, payer, and system-level barriers that Medicare places on APRNs that ultimately serve to limit patient choice, access to care, and competition. These barriers disproportionately affect rural and underserved communities, where physicians may be unavailable and APRNs often

[4] Centers for Medicare & Medicaid Services. (n.d.). *Comprehensive Primary Care Plus*. U.S. Department of Health & Human Services. Retrieved January 15, 2026, from https://www.cms.gov/priorities/innovation/innovation-models/comprehensive-primary-care-plus

serve as the primary source of care. Similar challenges persist in high-need areas, such as mental health, HIV care, obstetrics, and primary care, where qualified APRNs are prevented from practicing at the top of their license despite clear evidence of their capacity to meet patient demand.

Rural Health Transformation Program (RHTP)

ANA was pleased to see CMS recognize the importance and value of full practice authority for APRNs through its implementation of the RHTP. The RHTP focuses on transforming the healthcare delivery ecosystem to include improvements in access to care and advancing innovative care models. In its notice of funding opportunities to the states, CMS signaled that states that have conferred full practice authority to nurses and other healthcare practitioners would be eligible for more funding. Consequently, multiple states such as Indiana, Michigan, and Vermont included in their applications plans to confer full practice authority to their rural providers. Similarly, Alaska has set a goal of expanding scope of practice, while Tennessee announced that it will introduce and pass legislation to enable full scope of practice for APRNs in 2026.

In closing, ANA thanks you for your leadership and for your willingness to consider our perspective on this critical issue to ensure that patients have access to qualified, high-quality providers. ANA stands ready to work with Congress to implement policy solutions to comprehensively address the nation's challenges in managing chronic conditions. Thank you for your consideration of these priorities, and ANA looks forward to continuing to collaborate with you and serve as a resource. Please contact Tim Nanof, ANA's Executive Vice President for Policy and Government Affairs, at Tim.Nanof@ana.org with any questions.

Sincerely,

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Chief Nursing Officer

cc:
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