



April 25, 2022

The Honorable Nancy Pelosi  
Speaker of the House  
United States House of Representatives  
Washington, DC 20515

The Honorable Charles E. Schumer  
Senate Majority Leader  
United States Senate  
Washington, DC 20510

The Honorable Kevin McCarthy  
House Minority Leader  
United States House of Representatives  
Washington, DC 20515

The Honorable Mitch McConnell  
Senate Minority Leader  
United States Senate  
Washington, DC 20510

Dear Speaker Pelosi, Leader Schumer, Leader McConnell, and Leader McCarthy,

On behalf of the 49 undersigned organizations representing the Nursing Community Coalition (NCC), we write to express our support for the continuation of the impactful actions to patient access to care during the Public Health Emergency (PHE) through various waivers and regulatory efforts, including but not limited to telehealth. As a cross section of education, practice, research, and regulation within the nursing profession, the Nursing Community Coalition recognizes the critical contributions made by nurses, including Advanced Practice Registered Nurses (APRNs),<sup>1</sup> to deliver high-quality, lifesaving, preventive, and palliative health care across all care settings, geographic areas, and social determinants of health. Collectively, we have advocated for the removal of barriers to practice and encouraged innovation, especially as our nation's frontline providers respond to COVID-19.

The NCC appreciates Congress's action in the Fiscal Year (FY) 22 omnibus to ensure that waivers related to telehealth continue after the PHE. This will provide much needed time to make permanent these waivers without a lapse in services. While a strong first step as we continue to provide access to the highest quality nursing care, we urge Congress to take legislative action to guarantee that other critical non-telehealth waivers are also continued.

We must ensure there is no lapse in all services our patients have relied upon these past two years. It's important that Congress not simply limit extensions to telehealth, and we would request the following waivers be extended past the PHE and eventually made permanent:

- **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

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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).

Certified Registered Nurse Anesthetists (CRNA's) 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>2</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 contacts 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, especially during this PHE, that patients continue to receive immediate access to high quality healthcare.
- **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 full extent of their education and clinical training 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 are being exacerbated by COVID-19.
- **Anesthesia Services. 42 CFR §482.52(a)(5), §485.639(c) (2), and §416.42 (b)(2):** Allowing certified registered nurse anesthetists (CRNA), in accordance with a state emergency preparedness or pandemic plan, to practice to the full extent of their license by permanently extending the CMS waiver removing physician supervision as a Condition of Participation.

With over four million licensed Registered Nurses (RNs), APRNs, and nursing students, the profession embodies the drive and passion to ensure the health of patients, families, and our country continues to improve.<sup>3</sup> The models of care implemented during these unprecedented times helps inform and improve healthcare throughout the nation. Therefore, we urge Congress to take legislative action to make permanent the above waivers so nurses and 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. As these conversations continue, and if our organizations can be of any assistance or if you have any questions, please do not hesitate to contact the coalition's Executive Director, Rachel Stevenson, at [rstevenson@thenursingcommunity.org](mailto:rstevenson@thenursingcommunity.org) or at 202-463-6930, ext. 271.

Sincerely,  
Academy of Medical-Surgical Nurses  
Academy of Neonatal Nursing  
American Academy of Ambulatory Care Nursing  
American Academy of Nursing  
American Association of Colleges of Nursing  
American Association of Critical-Care Nurses

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<sup>2</sup> Callan, Vicki, et al. *Impact of COVID-19 Pandemic on Certified Registered Nurse Anesthetist Practice*, (August 2021). Retrieved from: [https://www.aana.com/docs/default-source/aana-journal-web-documents-1/callan-r.pdf?sfvrsn=c3a59f71\\_4](https://www.aana.com/docs/default-source/aana-journal-web-documents-1/callan-r.pdf?sfvrsn=c3a59f71_4).

<sup>3</sup> National Council of State Boards of Nursing. (2020). Active RN Licenses: A profile of nursing licensure in the U.S. as of January 13, 2020. Retrieved from: <https://www.ncsbn.org/6161.htm>.

American Association of Neuroscience Nurses  
American Association of Nurse Anesthesiology  
American Association of Nurse Practitioners  
American College of Nurse-Midwives  
American Nephrology Nurses Association  
American Nurses Association  
American Nursing Informatics Association  
American Organization for Nursing Leadership  
American Pediatric Surgical Nurses Association, Inc.  
American Public Health Association, Public Health Nursing Section  
American Psychiatric Nurses Association  
American Society of PeriAnesthesia Nurses  
Association for Radiologic and Imaging Nursing  
Association of Community Health Nursing Educators  
Association of Nurses in AIDS Care  
Association of periOperative Registered Nurses  
Association of Public Health Nurses  
Association of Rehabilitation Nurses  
Association of Veterans Affairs Nurse Anesthetists  
Association of Women's Health, Obstetric and Neonatal Nurses  
Commissioned Officers Association of the U.S. Public Health Service  
Dermatology Nurses' Association  
Friends of the National Institute of Nursing Research  
Gerontological Advanced Practice Nurses Association  
Hospice and Palliative Nurses Association  
Infusion Nurses Society  
International Association of Forensic Nurses  
National Association of Clinical Nurse Specialists  
National Association of Hispanic Nurses  
National Association of Neonatal Nurse Practitioners  
National Association of Neonatal Nurses  
National Association of Nurse Practitioners in Women's Health  
National Association of Pediatric Nurse Practitioners  
National Association of School Nurses  
National Hartford Center of Gerontological Nursing Excellence  
National League for Nursing  
National Nurse-Led Care Consortium  
National Organization of Nurse Practitioner Faculties  
Oncology Nursing Society  
Organization for Associate Degree Nursing  
Society of Pediatric Nurses  
Society of Urologic Nurses and Associates  
Wound, Ostomy, and Continence Nurses Society

CC:

House Majority Leader Steny Hoyer  
House Majority Whip Jim Clyburn  
House Minority Whip Steve Scalise  
Senate Majority Whip Richard Durbin  
Senate Minority Whip John Thune

Chairman Ron Wyden, Senate Finance Committee  
Ranking Member Mike Crapo, Senate Finance Committee  
Chair Patty Murray, Senate HELP Committee  
Ranking Member Richard Burr, Senate HELP Committee  
Chairman Frank Pallone, House Energy & Commerce Committee  
Ranking Member Cathy McMorris Rodgers, House Energy & Commerce Committee  
Chairman Richard Neal, House Ways & Means Committee  
Ranking Member Kevin Brady, House Ways & Means Committee