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December 10, 2024

The Honorable Mike Johnson
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Charles Schumer
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Hakeem Jeffries
Democratic Leader
U.S. House of Representatives
Washington, DC 20515

The Honorable Mitch McConnell
Republican Leader
U.S. Senate
Washington DC 20510

Dear Speaker Johnson, Leader Schumer, Leader Jeffries, and Leader McConnell:

On behalf of the American Nurses Association (ANA), I am writing to highlight legislative priorities for consideration as Congress negotiates year-end legislation addressing our nation's health care needs. These priorities aim to tackle some of the most pressing issues facing nurses, including nurse education and clinical training, the overhaul of prior authorization processes in Medicare Advantage, and safe staffing in Long-Term Care (LTC) facilities.

Long-Term Care Minimum Staffing Standards for Long-Term Care Facilities Final Rule (CMS-3442-F)

ANA strongly opposes any effort to overturn the Centers for Medicare and Medicaid Services' (CMS) Long-Term Care Minimum Staffing Standards for Long-Term Care Facilities Final Rule (CMS-3442-F). One particularly important aspect of this LTC Final Rule is the requirement that LTC facilities have an RN in a facility 24 hours a day, seven days a week. Requiring the presence of an RN in-person and onsite 24/7 is a common sense and vital approach for LTC facilities to ensure that the contributions and clinical expertise of RNs are available to address emergent medical situations and provide quality, skilled nursing care to patients. Patients within skilled nursing facilities expect consistent access to skilled nursing care provided and led by RNs, and a 24-hour presence should be a minimum standard to meet patient care expectations and needs. ANA remains concerned that wholesale repeal of the LTC Final Rule would yield an unacceptable status quo in LTC facilities for both nurses and the patients they serve.

Nurse Faculty Shortage Reduction Act (H.R. 7002/S. 2815)

Many nursing schools have been forced to turn away qualified applications from baccalaureate and graduate nursing programs. We know that one of the main reasons why many nursing schools have faculty shortages is the differential in pay between what master's degree educated nurses can earn in schools of nursing versus acute care settings. The bipartisan *Nurse Faculty Shortage Reduction Act* would establish a five-year pilot program with the goal of increasing faculty at schools of nursing. This legislation will allow schools of nursing to apply for grants from the Health Resources and Services Administration to supplement – not supplant – the differential between what schools of nursing pay versus what acute care facilities pay in the same local market. The schools of nursing

applying would also have to show that they will be able to continue to pay these nurses at the additional level of salary past the expiration of the grant so that they continue to employ these new nurse faculty members. By passing the *Nurse Faculty Shortage Reduction Act*, Congress can take a momentous step towards addressing our nation's nursing workforce needs.

Improving Seniors' Timely Access to Care Act of 2024 (H.R. 8702/S. 4532)

ANA is a longtime supporter of the bipartisan *Improving Seniors' Timely Access to Care Act*, which would help protect patients from unnecessary delays in care by streamlining and standardizing prior authorization under the Medicare Advantage program. Prior Authorization is a burdensome process that requires nurses and other health care providers to obtain pre-approval for medical treatments or tests before rendering care to their patients. The process for obtaining approval is lengthy and typically requires the health care provider to spend the equivalent of two or more days each week negotiating with insurance companies. Prior authorization requirements are often imposed on services that are very unlikely to be over-utilized and are eventually approved 90-100% of the time. In these instances, prior authorization is delaying care that seniors deserve in a timely manner while contributing to nurse burnout.

Medicare Reimbursement Cuts

Bound by budget neutrality requirements, CMS finalized a 2.8% cut to the conversion factor for calendar year (CY) 2025. Additionally, since CY 2000, the conversion factor has been reduced by around \$4.26 in real dollars, though the cut would be \$7.80 per Relative Value Unit (RVU) when accounting for inflation. This reduction is particularly challenging for the APRN roles receiving 15% lower reimbursement than physicians in Medicare for doing the same work. For example, NPs make up a significant percentage of the primary care workforce and are a lynchpin of access to care in many areas, but the lower conversion factor makes it economically very difficult for NPs to go into primary care and exacerbates the current shortage of primary care providers. ANA urges Congress to mitigate this impending reimbursement cut to the conversion factor facing nurse providers and other Medicare-participating clinicians.

Telehealth Waiver Extension

ANA is a strong, long-time supporter of using technology to bring providers and patients together. Nurses know firsthand – especially in rural and underserved areas – that many patients choose between buying gas and buying groceries. As such, ANA supports permanent extension of these flexibilities and urges Congress to extend the telehealth waivers established as part of the response to the COVID-19 public health emergency. These flexibilities have resulted in positive gains in access to care for patients which otherwise may have resulted in delays in diagnosis, treatment, and worse outcomes. Congress should not allow these flexibilities to expire and help ensure continued access to the convenient, high-quality care patients have come to expect via telehealth services.


About ANA

ANA is the premier organization representing the interests of the nation's 5 million registered nurses (RNs), through its constituent and state nurses' 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, clinical nurse specialists, certified nurse-midwives, and certified registered nurse anesthetists. ANA is dedicated to partnering with health care consumers to improve practices, policies, delivery models, outcomes, and access across the health care continuum.

Thank you for your consideration of these priorities, and ANA looks forward to continuing to collaborate and serving as a resource. Please contact Tim Nanof, Vice President of Policy and Government Affairs at (301) 628-5081 or Tim.Nanof@ana.org with any questions.

Sincerely,


Debbie Hatmaker, PhD, RN, FAAN
Chief Nursing Officer / EVP

cc: Speaker Mike Johnson

House Democratic Leader Hakeem Jeffries

Senate Majority Leader Chuck Schumer

Senate Minority Leader Mitch McConnell

Senate Appropriations Committee LHHS Subcommittee

House Appropriations Committee LHHS Subcommittee

Senate Finance Committee

Senate HELP Committee

House Ways & Means Committee

House Energy & Commerce Committee

House Education & Workforce Committee

Jennifer Mensik Kennedy, PhD, MBA, RN, NEA-BC, FAAN, ANA President

Angela Beddoe, ANA Chief Executive Officer