

Improve Medicare and Medicaid by Comprehensively Removing Federal Barriers to Practice on Advanced Practice Registered Nurses

ACTION NEEDED: Cosponsor H.R. 2713/S. 2418, the Improving Care and Access to Nurses (ICAN) Act, which would remove federal barriers to practice on advanced practice registered nurses (APRNs) in the Medicare and Medicaid programs.

Background: The ICAN Act removes barriers to care and increases access to services provided by nurse practitioners (NPs) and other APRNs under the Medicare and Medicaid programs, consistent with state law. According to the Medicare Payment Advisory Commission, APRNs and PAs comprise approximately onethird of the primary care workforce in the U.S., and up to half in rural areas. As of 2021, there were over 193,000 NPs billing for Medicare services, making NPs the largest and fastest growing Medicare designated provider specialty and over 40% of Medicare patients receive billable services from a nurse practitioner.² Removing existing Medicare and Medicaid barriers that prevent APRNs from practicing to the full extent of their education and clinical preparation is essential, as NPs and other APRNs provide a substantial portion of the high-quality, cost-effective care that Medicare and Medicaid patients require.

The ICAN Act is consistent with the National Academy of Medicine *The Future of Nursing 2020-2030*: Charting a Path to Achieve Health Equity report, which recommended that "all relevant state, federal and private organizations enable nurses to practice to the full extent of their education and training by removing practice barriers that prevent them from more fully addressing social needs and social determinants of health and improve health care access, quality, and value." This recommendation has been echoed by multiple other bipartisan stakeholders, such as the American Enterprise Institute, the Brookings Institution and the Bipartisan Policy Center.

The ICAN Act contains the following policies, which would remove barriers between NPs and their patients:

- Authorize NPs to order cardiac and pulmonary rehabilitation for Medicare patients.
- Authorize NPs to certify the need for therapeutic shoes for Medicare patients with diabetes.
- Authorize the claims-based assignment of NP patients to Medicare Shared Savings Program without requiring the patient to receive a primary care service from a physician.
- Authorize NPs to refer Medicare patients for medical nutrition therapy.
- Authorize NPs to establish and review home infusion plans of care for Medicare patients.
- Authorize hospice care programs to accept certification and recertification of eligibility orders from NPs for Medicare beneficiaries, and better align hospice billing policies for NPs and physicians.
- Remove the requirement that skilled nursing facility care be provided under the supervision of a physician and authorize NPs to perform admitting examinations and all required Medicare patient assessments.
- Make permanent the authorization for Medicare and Medicaid patients admitted to a hospital to be under the care of an NP.
- Authorize a Medicaid patient receiving outpatient clinic services to be under the direction of an NP.
- Authorize Medicare payment for NP locum tenens arrangements.

The American Association of Nurse Practitioners® (AANP) urges you to support this legislation, which would remove barriers to treatment and move the health care system forward in an effective and efficient manner that will benefit patients and providers.

Request: AANP calls on Members of Congress to cosponsor H.R. 2713/S. 2418, the *Improving Care and* Access to Nurses (ICAN) Act, which would remove federal barriers to practice APRNs in the Medicare and Medicaid programs.

¹ https://www.medpac.gov/wp-content/uploads/2022/06/Jun22 MedPAC Report to Congress SEC.pdf (see Chapter 2.)

² data.cms.gov MDCR Providers 6 Calendar Years 2017-2021.

³ https://www.nap.edu/resource/25982/FON%20One%20Pagers%20Lifting%20Barriers.pdf