



July 15, 2020

The Honorable Seema Verma
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Administrator Verma:

On behalf of the 45 undersigned members of the Nursing Community Coalition, we write to express our strong support for the Centers for Medicare and Medicaid Services' (CMS) swift and impactful actions to provide regulatory relief for healthcare providers during the current public health emergency. Given the President's recent Executive Order on *Regulatory Relief to Support Economic Recovery*, and as CMS reviews the regulatory response, **we urge CMS to continue to remove barriers to practice, encourage innovation, and ensure that our patients have access to the highest quality nursing care by extending, and making permanent, waivers beyond this Public Health Emergency (PHE).**

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),¹ to deliver high-quality, lifesaving, preventive, and palliative health care across all care settings, geographic areas, and social determinants of health. 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.² This could not be more evident as our nation combats COVID-19 and as nurses are caring for patients on the frontlines during this pandemic.

To that end, the Nursing Community Coalition fully supports, and strongly encourages, the continuation of the PHE declaration, and requests CMS extend and make permanent the following

¹ APRNs include certified nurse-midwives (CNMs), certified registered nurse anesthetists (CRNAs), clinical nurse specialists (CNSs) and nurse practitioners (NPs).

² 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>.

blanket waivers, including, but not limited to:

- **Physician Services. 42 CFR §482.12(c)(1)–(2) and §482.12(c)(4):** Waiving requirements that Medicare patients be under the care of a physician, allowing nurses and APRNs to practice to the top of their licensure, while authorizing hospitals to optimize their workforce strategies.
- **Physician Visits. 42 CFR 483.30(c)(3):** Allowing nurse practitioners (NPs) and clinical nurse specialists to perform all mandatory visits in a 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 APRNs 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.
- **Flexibility for Telehealth:** Increased flexibility to provide telehealth to patients has been an essential component of providing care during COVID-19 and will continue to be integral to clinicians after the PHE. Specific telehealth provisions that we support making permanent include removing the geographic limitations, removing originating site restrictions so that patients can receive telehealth in their homes, removing the limitation on the number of telehealth services by Medicare providers, and increased coverage and reimbursement for audio-only telehealth services. We also support the expansion of telehealth to previously uncovered services and visits when the clinician determines that it is clinically appropriate.

These waivers, among others, remove barriers to care by allowing nurses and APRNs to practice to the full extent of their education and clinical training, while providing much needed regulatory flexibility during this PHE. The models of care implemented during these unprecedented times helps inform and improve healthcare throughout the nation. We urge you to extend, and make permanent these 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.

We look forward to our continued work with CMS and if our organizations can be of any assistance, or if you have any questions, please contact the Nursing Community Coalition's Executive Director, Rachel Stevenson, at rstevenson@thenursingcommunity.org or at 202-463-6930, ext. 271.

Sincerely,

Academy of Medical-Surgical Nurses
Academy of Neonatal Nursing
American Association of Colleges of Nursing
American Association of Critical-Care Nurses
American Association of Heart Failure Nurses
American Association of Nurse Anesthetists
American Association of Nurse Practitioners
American Association of Post-Acute Care Nursing
American College of Nurse-Midwives
American Nephrology Nurses Association
American Nurses Association
American Nursing Informatics Association
American Organization for Nursing Leadership
American Public Health Association, Public Health Nursing Section
American Psychiatric Nurses Association
American Society for Pain Management Nursing
Association of Community Health Nursing Educators
Association of Pediatric Hematology/Oncology Nurses
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
International Society of Psychiatric-Mental Health Nurses
National Association of Clinical Nurse Specialists
National Association of Nurse Practitioners in Women's Health
National Association of Pediatric Nurse Practitioners
National Association of School Nurses
National Black Nurses Association
National Council of State Boards of Nursing
National League for Nursing
National Nurse-Led Care Consortium
National Organization of Nurse Practitioner Faculties
Nurses Organization of Veterans Affairs
Oncology Nursing Society
Preventive Cardiovascular Nurses Association

Society of Pediatric Nurses
Society of Urologic Nurses and Associates