



## **ANNA's Federal Legislative Agenda 119<sup>th</sup> Congress, 1<sup>st</sup> Session (2025)**

### **Fiscal Year (FY) 2026 Appropriations Requests**

**The Nursing Workforce Development Programs**, administered by the Health Resources and Services Administration (HRSA), are instrumental in bolstering and sustaining the nation's diverse nursing pipeline by addressing all aspects of nursing workforce demand. The Bureau of Labor Statistics projects the demand for Registered Nurses (RNs) will increase 6% by 2033, and the demand for Advanced Practice Nurses (APRNs) is expected to grow by 40%. **ANNA supports the Nursing Community's request of \$530 million in FY 2026 funding for HRSA's Nursing Workforce Development Programs.**

**The National Institute of Diabetes and Digestive and Kidney Diseases' (NIDDK)** mission is to conduct and support medical research, research training, and disseminate science-based information on diabetes, endocrine and metabolic diseases, digestive diseases, nutritional disorders, obesity, and kidney, urologic, and hematologic diseases, along with population health research to improve people's health and quality of life. **ANNA supports the highest funding level possible for funding for NIDDK in FY 2026.**

**The National Institute of Nursing Research (NINR)** focuses its research on reducing burdensome chronic illness, improving end of life care, and promoting patient-centered care across the lifespan. Nurse researchers and scientists are essential to developing new evidence-based care practices for all patients. Through increased investments in NINR, the institute can continue its vital work at the forefront of disease prevention, patient care, and recovery. **ANNA supports the Nursing Community Coalition's request of \$210 million for NINR in FY 2026.**

**The Agency for Healthcare Research and Quality (AHRQ)** funds critical research that generates data to monitor the health care landscape. AHRQ's research helps ensure that the pipeline of new medical findings reach health care providers and provides them with necessary tools and training to care for patients. **ANNA supports the Friends of AHRQ's request of \$500 million for AHRQ in FY 2026.**

**KidneyX** is a public-private partnership between the U.S. Department of Health and Human Services (HHS) and the American Society of Nephrology (ASN) tasked with accelerating innovation in preventing, diagnosing, and treating kidney diseases. KidneyX has provided 75 awards across six prize competitions for innovations including the artificial kidney and xenotransplant. **ANNA supports \$25 million in FY 2026 funding for KidneyX.**

## Federal Legislation Supported by ANNA

**Improving Care and Access to Nurses (I CAN) Act (H.R. 1317 and S. 575)** eliminates practice barriers that adversely affect APRNs in states with full practice authority. The bill permits APRNs to provide more comprehensive health care services under Medicare and Medicaid including, but not limited to, ordering, and supervising cardiac and pulmonary rehabilitation, certifying therapeutic shoes for patients with diabetes, referring patients for medical nutrition therapy, certifying terminal illness for hospice eligibility, and performing mandatory assessments in skilled nursing facilities.

**Organ Donation Referral Improvement Act (H.R. 330)** requires the Office of the Assistant Secretary for Planning and Evaluation (ASPE) in the Department of Health and Human Services to conduct a study on hospitals' use of electronic automated referrals for organ donations. The legislation defines electronic automated referral as an electronic system that uses electronic health records to identify patients who are potential organ donors and automatically refers those patients to organ procurement organizations. In addition, under the bill the ASPE must include specified components in the study, including identifying benefits, reviewing best practices, and developing recommendations for the use of electronic automated referrals for organ donations.

**Providing Real-World Education and Clinical Experience by Precepting Tomorrow's (PRECEPT) Nurses Act (H.R. 392 and S. 131)** provides a \$2000 tax credit to nurses who serve at least 200 hours as a clinical preceptor, with specific emphasis on those in a Health Professional Shortage Area. This bipartisan and bicameral bill underscores the importance of nurse preceptors as we address nursing shortages and increase the number of RNs and APRNs in our communities, especially in rural and underserved areas.

**The Workplace Violence Prevention for Health Care and Social Service Workers Act (H.R. 2531 and S. 1232)** directs the Occupational Safety and Health Administration (OSHA) to issue a standard requiring health care and social service employers to write and implement a workplace violence prevention plan to prevent and protect employees from violent incidents.

**Restore Protections for Dialysis Patients Act (H.R. 2199 and S. 1173)** restores Medicare Secondary Payer Law protections by clarifying that a health plan cannot discriminate against dialysis patients by providing fewer dialysis services compared to other covered services for chronic diseases. In addition, the bill ensures people living with End Stage Kidney Disease can remain on their employer-sponsored health plans for 30 months before transitioning to Medicare as their primary insurer.

**The Honor Our Living Donors (HOLD) Act (S. 957 and H.R. 628)** eliminates income-based eligibility requirements for organ recipients and allows additional low- and middle-income donors and recipients to receive up to \$6,000 in federal assistance for donation-related expenses.

**The Living Donor Protection Act (S. 1552 and H.R. 4583) and the Living Donor FMLA Protection Act (H.R. 4582)** prohibits certain discrimination in insurance and codifies protection for living donors under the Family and Medical Leave Act (FMLA). The legislation also prohibits discrimination in the issuance, price, or benefit levels for life, disability, and long-term care insurance due solely to the individual's status as a living donor. The Senate takes a unified approach in providing comprehensive protections against insurance discrimination and FMLA job protection while the House approaches the goals in two bills.

**The Title VIII Nursing Workforce Reauthorization Act of 2025 (S. 1874 and H.R. 3593)** reauthorizes key funding for essential programs related to nursing education in the U.S. The programs bolster nursing education across all levels and help recruit and retain the nursing workforce.

**The Kidney Care Access Protection Act (S. 2730 and H.R. 6214)** establishes a long-term Medicare pathway for innovative drugs, devices, and technologies and implements a forecast error adjustment in the End-Stage Renal Disease (ESRD) payment system.

**The Integrating Social Workers Across Health Care Settings Act (H.R. 4185)** expands the Medicare coverage for services performed by Clinical Social Workers (CSWs).

**The Improving Access to Workers' Compensation for Injured Federal Workers Act (H.R. 3170)** amends current language in the Federal Employees' Compensation Act (FECA) to allow federal employees to receive treatment for work-related injuries from state-licensed physician assistants (PAs) and nurse practitioners (NPs).

**The Nurse Corps Tax Parity Act of 2025 (H.R. 3145 and S. 1548)** excludes Nurse Corps funding from being subject to federal taxes, promoting parity among federal health care programs.

**The Living Organ Donor Tax Credit Act (H.R. 3698)** provides a one-time \$5,000 refundable tax credit to living organ donors who were not reimbursed for the costs of organ donation by the National Living Organ Donor Assistance Center (NLDAC), or any other entity.

**The Dr. Lorna Breen Health Care Provider Protection Reauthorization Act (H.R. 929 and S. 266)** reauthorizes the 2022 program for five additional years. The program allocates funding to mental health programs for health care professionals.

**The Ensuring Veterans Timely Access to Anesthesia Care Act of 2025 (H.R. 2234)** aligns the Veterans Health Administration (VHA) with Defense Health Agency policy that permits Certified Registered Nurse Anesthetists (CRNAs) and physician anesthesiologists to be autonomous providers of anesthesia – increasing access to care, decreasing wait times, lowering costs, and maintaining the highest level of care for veterans.