

# NACNEP

## National Advisory Council on Nurse Education and Practice

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*Interim Chair and Designated  
Federal Official*

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May 17, 2023

The Honorable Xavier Becerra  
Secretary of Health and Human Services  
200 Independence Ave S.W.  
Washington, DC 20201

The Honorable Bernie Sanders  
Chair, Committee on Health, Education,  
Labor and Pensions  
United States Senate  
Washington, DC 20510

The Honorable Bill Cassidy  
Ranking Member, Committee on Health,  
Education, Labor and Pensions  
United States Senate  
Washington, DC 20510

The Honorable Cathy McMorris Rodgers  
Chair, Committee on Energy and Commerce  
House of Representatives  
Washington, DC 20515

The Honorable Frank Pallone  
Ranking Member, Committee on Energy  
and Commerce  
House of Representatives  
Washington, DC 20515

Dear Secretary Becerra, Chair Sanders, Ranking Member Cassidy, Chair McMorris Rodgers, and Ranking Member Pallone:

As the interim chair of the National Advisory Council on Nurse Education and Practice (NACNEP, or the Council), I am writing to express the Council's support for passage of the Improving Care and Access to Nurses (I CAN) Act ([S.5212/H.R.8812](#)). This bill would allow other health care providers besides physicians, including advanced practice registered nurses (APRNs) and physician assistants, to provide certain services, and to be reimbursed under the provisions of Medicare and Medicaid. NACNEP has long supported efforts to allow APRNs to work to the full scope of their training and practice, and to independently bill for their services.

NACNEP is the federal advisory council charged with advising and providing recommendations to the HHS Secretary and Congress on policy, program, and general regulation development with respect to the administration of Title VIII of the Public Health Service Act. This includes the range of issues relating to nurse workforce, nurse supply, education, and practice improvement. Providing advice on the I CAN Act falls within the Council's advisory purview.

As stated in NACNEP's 18<sup>th</sup> Report (2023), [Preparing the Nursing Workforce for Future Public Health Emergencies](#), many APRNs reacted to the emergent needs brought by the COVID-19 pandemic by adapting their practice to provide life-saving care in hospitals, clinics, and community health settings across the country. At the height of the crisis, some state and federal regulatory changes provided an expansion of the authority for APRNs to practice more independently, participate in telehealth consults, and contribute to health care access. Thus, the pandemic exposed the need for structural changes within the United States health care system to allow APRNs to practice to the full scope of their license, as well as to shape and control their practice environment.

In its July 20, 2021, [letter](#) to Secretary Becerra, providing the Council’s input into the development of the [2021 HHS Health Workforce Strategic Plan](#), NACNEP highlighted “the importance of addressing scope of practice issues that significantly effect access to care and health outcomes.” This input was reflected in the Plan’s Objective 3.2, encouraging “efforts to strengthen access to high-quality health care services by optimizing interprofessional, team-based care and the ability of providers to work at the full scope of their education, training, and license for their professions.”

Other provisions of the bill remove some barriers to practice by allowing APRNs such as nurse practitioners and clinical nurse specialists, as well as physician assistants, to fulfill documentation requirements for Medicare coverage of some diabetic services; supervise cardiac and pulmonary rehabilitation programs; certify the need for inpatient hospital services under Medicare and Medicaid; and provide hospice services. In addition, this bill would allow APRNs to participate in the Medicare Shared Savings Plan program, which seeks to incentivize delivery of high-quality, cost-effective healthcare services and reduce cost burdens associated with Medicare for the American taxpayer. Lastly, the bill would remove some supervision requirements and barriers to reimbursement to certified registered nurse anesthetists (CRNAs) and certified nurse midwives (CMNs), further advancing interprofessional, team-based care.

In summary, the I CAN Act addresses many of the recommendations made by NACNEP to the Secretary and Congress on efforts to support the practice of APRNs and recognize their important role in providing primary and acute care services to many underserved populations, including rural populations, especially on the heels of the COVID-19 pandemic. This bill is currently under consideration by the Senate Health, Education, Labor, and Pensions (HELP) Committee and the House Subcommittee on Health. NACNEP urges Congress to act swiftly to pass this bill, to strengthen the ability of APRNs to practice and to improve the ability of the health care system to handle current, new, and emergent public health challenges. The members of NACNEP stand ready to provide more information as needed.

Sincerely,

/s/

Justin Bala-Hampton, DNP, MPH, MHA, RN, AGACNP-BC, AOCNP  
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