



December 14, 2020

Honorable Alex M. Azar II
Secretary
The U.S. Department of Health & Human Services
200 Independence Avenue, S.W
Washington, DC 20201

RE: Regulatory Relief to Support Economic Recovery; Request for Information (RFI)

Dear Secretary Azar,

The American Association of Colleges of Nursing (AACN) welcomes the opportunity to offer the following comments regarding the HHS Regulatory Relief to Support Economic Recovery; Request for Information (RFI). As the national voice for academic nursing, AACN works to establish quality standards for nursing education; assists schools in implementing those standards; influences the nursing profession to improve health care; and promotes public support for professional nursing education, research, and practice. AACN represents more than 840 schools of nursing offering a mix of baccalaureate, graduate, and post-graduate programs at public and private universities nationwide.¹

AACN has a vested interest in improving our nation's health and health care. For over five decades, the association has championed professional nursing education to ensure that Registered Nurses (RN) and Advanced Practice Registered Nurses (APRN) (including nurse practitioners, certified nurse-midwives, certified registered nurse anesthetists, and clinical nurse specialists) are prepared to provide evidence-based, cost-effective, and high-quality care. Within AACN member schools, more than 100,000 nursing students are currently enrolled in APRN programs and will serve as our nation's next generation of expert providers.²

As our nation combats current and future public health challenges, access to nursing care is essential and ensuring a robust nursing pathway is imperative. Below are AACN's comments on the Regulatory Relief to Support Economic Recovery RFI with recommendations on regulations the administration should continue to implement for the betterment of our health care and workforce. We appreciate your leadership to investigate these challenges and the opportunity to work with you and your colleagues in the administration to address them.

Recommendation: Continue reducing barriers and increasing access to telehealth

We strongly support making all telehealth flexibilities afforded during the Public Health Emergency (PHE) permanent. We recognize the pandemic restricted the availability of personal protective equipment (PPE), which significantly impacted nursing students' ability to complete clinical learning requirement. As telehealth technology allows increased flexibility and access for patients, it also can be utilized to satisfy some of the direct nursing

¹ About the American Association of Colleges of Nursing. Retrieved from:
<https://www.aacnnursing.org/About-AACN>

² 2019-2020 Enrollments and Graduations in Baccalaureate and Graduate Programs in Nursing.
Washington, DC: American Association of Colleges of Nursing.

clinical hours required by state boards of nursing, thereby ensuring schools of nursing are able to continue meeting the needs of the healthcare system now and in the future.³ Schools of nursing have been encouraged to develop contingency plans should future restrictions on clinical placements occur due to safety concerns for the students. These plans may include the expanded use of simulation, telehealth, and virtual reality in keeping with best practices and guidelines from state boards of nursing. As such, it is imperative that HHS and the Administration take steps to ensure the continuity of these flexibilities.

Recommendation: Immediate implementation of Section 5 of EO 13890, which should nullify the need for “incident-to” billing for APRNs and non-physician providers

The Administration’s findings from the report, “Reforming America’s Healthcare System Through Choice and Competition” recommended “reforming the scope of practice laws to allow all healthcare providers to practice to the top of their license, utilizing their full skill set.”⁴ AACN also supports allowing all providers to practice to the full extent of their education and training. AACN supports the immediate implementation of section 5 of Executive Order (EO) 13890 on “*Protecting and Improving Medicare for Our Nation’s Seniors*” and encourages CMS to continue to remove Medicare barriers on APRNs and their patients that are more stringent than Federal and State law require. The Secretary should implement the proposed reforms to “ensure that items and services provided by clinicians, including physicians, physician assistants (PAs), and nurse practitioners, are appropriately reimbursed in accordance with the work performed rather than the clinician’s occupation.”⁵ With the implementation of Section 5 of EO 13890, this should nullify the need for “incident-to” billing for APRNs and nonphysician providers.

The Medicare Payment Advisory Commission (MedPAC), in its June 2019 report to Congress, recommends requiring APRNs and PAs to bill directly for services provided, thus eliminating “incident-to” billing. In addition, MedPAC recommends that the Secretary refine specialty designations for APRNs and PAs to give Medicare a greater account of the services provided by these clinicians, giving Congress the ability to target resources toward primary care.

Thank you for your consideration of AACN’s comments on the Regulatory Relief to Support Economic Recovery RFI. This regulatory focus is timely, essential, and critical to improving our health system’s efficiency, safety, and innovation. Please consider AACN an ally in this endeavor. If our organization can be of any assistance, please contact AACN’s Director of Policy, Colleen Leners at cleners@aacnnursing.org, or AACN’s Policy Assistant, Emily Turek at eturek@aacnnursing.org.

Sincerely,

³ “Considerations for COVID-19 Preparedness and Response in U.S. Schools of Nursing. American Association of Colleges of Nursing, www.aacnnursing.org/News-Information/COVID-19/AACN-Recommendations

⁴ 2018, pp. 36, Reforming America’s Healthcare System Through Choice and Competition

⁵ United States, Executive Office of the President [Donald Trump]. Executive order 13890: Protecting and Improving Medicare for Our Nation’s Seniors 3 CRF 13890

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