



July XX, 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 XX 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),<sup>1</sup> 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.<sup>2</sup> 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 blanket waivers, including, but not limited to:

- **Physician Services. 42 CFR §482.12(c)(1)–(2) and §482.12(c)(4):** Waiving requirements that

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

<sup>2</sup> 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>.

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 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.
- **Physician Delegation of Tasks in SNFs. 42 CFR 483.30(e)(4):** 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.
- **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):**
  - **Certain Staffing Requirements. 42 CFR 491.8(a)(6):** Allowing for increased flexibility in staffing models during the pandemic, while maintaining that APRNs, and other practitioners, continue to be available to furnish patient care services at all times the clinic or center operates.
  - **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](mailto:rstevenson@thenursingcommunity.org) or at 202-463-6930, ext. 271.

Sincerely,