

# 2025 Regulatory and Policy Priorities

The American Nurses Association (the association) looks forward to opportunities in 2025 to advance the nursing profession and well-being of nurses through its regulatory advocacy.

## 2025 Policy Priorities:

- Ensuring and protecting a robust nursing workforce.
- Championing health care access and outcomes.
- Removing practice barriers for advanced practice registered nurses (APRNs).
- Shaping payment strategies to account for the direct impacts of nursing care on patient outcomes.

## Ensuring and Protecting a Robust Nursing Workforce

The association knows how critical it is that federal policymakers take meaningful action both to address current health care workforce challenges and to ensure a workforce ready and able to meet future challenges.

We remain focused on our advocacy with the U.S. Department of Health and Human Services (HHS), and its subagencies, urging them to engage with nurses and stakeholders across the health care delivery system to identify and implement approaches that will

promote and protect a robust nursing workforce. This is even more critical as we welcome new leadership under the new Administration.

The association continues to encourage the Centers for Medicare & Medicaid Services (CMS) to use its oversight authority to ensure safe staffing in all care settings. CMS must leverage existing regulatory mechanisms to hold health care facilities accountable for safe work environments that allow nurses to provide the level and extent of care needed for their individual patients. The association stands ready to work closely with the agency to identify and implement appropriate approaches to nurse staffing standards across all care settings.

At the same time, we continue to call on the Department of Labor (DOL) to issue long overdue regulations that enforce situation-specific violence prevention programs in organizations of all sizes and settings. A federal standard is necessary so every nurse across the country is safeguarded by the strongest protections against threats and violence. If these issues remain unaddressed there cannot be a robust nursing workforce.

*The Occupational Safety and Health Administration (OSHA) Must Release a Standard for Workplace Violence Prevention in Health Care and Social Assistance.*

Workplace violence is a growing and life-threatening crisis for nurses and all health care professionals.

While data is scarce due to the under reporting of incidents:

- A 2019 association survey found **1 in 4** nurses are assaulted at work.
- According to OSHA's own data, health care workers now face up to **six times the risk of violence** at work than other industries.

OSHA is the federal agency charged with protecting health care professionals from workplace violence. The agency completed its Small Business Advocacy Review of a proposed standard and subsequently issued a report of findings from that review. The association submitted comments on this process underscoring the need for this standard and for it to be flexible enough to allow different sized entities and settings of care to build effective tailored prevention programs.

Unfortunately, we continue to see a lack of movement toward issuing a final standard. It is vital that OSHA continue their rulemaking process and release a proposed rule for public comment as soon as possible. OSHA must continue to use its current enforcement authority under the General Duty Clause to hold employers accountable when the lack of prevention programs allows for violence against nurses in the workplace.

*CMS Must Use Its Enforcement Authority to Ensure Hospitals within Their Purview Are Complying with Safety Requirements.*

In November 2022, CMS released enforcement guidance to State Survey Directors, announcing that:

*“CMS believes that healthcare workers have a right to provide care in a safe setting.”*

The memo states that Medicare Conditions of Participation require Medicare certified hospitals to provide care in a safe setting and establish emergency preparedness protocols.

The interpretation in this guidance requires that nurses and all staff enjoy a safe environment which includes safety from violence. Citations have previously been, and should continue to be, levied when safety requirements are not met to prevent violence and harm to healthcare professionals in these hospitals.

ANA urges CMS to release a long overdue report on the progress of utilizing this Condition of Participation to protect nurses and all health care workers.

## **Championing Health Access and Outcomes**

The association stands ready to work with the new Administration to ensure that all Americans receive the high-quality health care that they deserve. The association supports the identification of evidence-based policy interventions to ensure the provision of high-quality and appropriate care to all patients.

Specifically, **CMS should work within HHS to document and support the nurse's role in designing and delivering that care.** This focus is imperative as a key strategy for health care policymakers and providers to meet patient needs, respond to changing patient demographics, and move the needle on addressing health challenges faced by patients. By the very nature of their role, nurses see firsthand the challenges that some patients face and stand ready to find sustainable solutions that address health-related social drivers across the nation.

As such, we encourage CMS to:

- collaborate closely with nurses to identify approaches to addressing health-related social drivers by leveraging the key role of the nurse in the health care delivery system.
- convene nurses and other key stakeholders, along with other federal agencies, to work together to identify research areas and other evidence-based approaches that examine the impact of nursing services on patients' health and nurses' well-being.

CMS should look to this work as the agency continues its focus on identifying and implementing approaches that overcome access and outcome barriers faced by patients.

### Key Nursing Acronyms:

- Registered nurses (RNs)
- Advance practice registered nurses (APRNs)
  - Certified nurse midwives (CNMs)
  - Certified registered nurse anesthetists (CRNAs)
  - Clinical nurse specialists (CNSs)
  - Nurse practitioners (NPs)

Some of the most persistent barriers to access and outcomes can only be addressed with the engagement and participation of our nation's nurses. As we detail below, key issues such as maternal health and rural access have a natural role for nurses, and we stand ready to work with federal policymakers to find real and lasting solutions.

### *Nurses Must Be Central to Addressing Persistent Maternal Health Challenges.*

The association calls on the new Administration to continue work and focus on addressing the maternal health challenges facing the nation. RNs, CNMs, and NPs all play a key role in maternity care.

However, CNMs' and NPs' practice continues to be unnecessarily restricted in many states due to outdated state licensing rules. These rules present a barrier to patients and their choice of provider. The association believes that federal action is warranted to encourage state action on nurse licensing approaches that would expand scope of practice for APRNs. In addition, the association seeks opportunities to develop payment models that account for and appropriately reimburse RNs, NPs, and CNMs for their high-value care and resulting high-quality birth outcomes.

### *APRNs are Critical to Bolster Access to Care by Patients in Rural Areas.*

Access is a key issue that affects rural areas immensely. While there are health professional shortage areas in urban areas, one does not have to travel the extreme distances that some rural residents must travel to see medical professionals. APRNs are willing and able to help alleviate some of these shortages, and the association calls on the Administration to encourage and allow APRNs to practice to the full scope of practice and license in these rural areas to ensure that all patients receive the highest level of quality care.

NPs provide over 25% of primary care in rural areas, and that percentage has been growing steadily over the past twenty years. The

percentage of primary care provided by APRNs is even higher in rural areas in states that have full practice authority.

*The Administration Must Leverage Technology to Increase Patient Access to Needed Care.*

The association strongly supported the telehealth flexibilities that were put in place during the COVID-19 public health emergency and urges the Administration to finally make them permanent. These flexibilities enable many Medicare beneficiaries to receive care and treatment that they otherwise would not receive.

Telehealth is especially important in ensuring access to behavioral health services. There are times when patients are not able to see their practitioner in person—making it imperative that they have virtual access to their practitioner and, if necessary, be able to have the practitioner prescribe medications.

This is why full practice authority for APRNs is so critical. Requiring a physician to sign off on the prescriptions adds both extra layers of bureaucracy and time to the encounter, causing delays that are extremely harmful to patients.

Telehealth is vital to rural populations. While APRNs are covering more rural patients, there are still many areas where there is a shortage of practitioners. Telehealth is one way to help ensure these patients have access to care.

The association understands that many of these telehealth provisions require acts of Congress to make them permanent but would implore CMS to continue to look for ways within their authority to expand the use

of telehealth. At this point, many patients are reliant on the use of telehealth to access vital health care services, and removing this option would be detrimental to their overall health by disrupting the continuation of needed care.

## **Removing Practice Barriers for Advanced Practice Registered Nurses**

*CMS Must Remove Regulatory Barriers to APRN Practice.*

In various ways, Medicare payment rules restrict APRN practice above and beyond their state scope-of-practice rules. Examples include unnecessary supervision requirements and payment restrictions for Medicare services provided by APRNs. Such restrictions limit access to care and beneficiaries' choice of qualified provider.

The association calls on CMS to do more to address restrictions on access to APRN care, through regulatory action and leadership as the largest purchaser of health care in the United States. First, CMS must promulgate strong regulations implementing the federal provider nondiscrimination law, enacted by the Affordable Care Act of 2010, commonly known as section 2706.

The association urges CMS to act expeditiously with partner agencies to finalize an enforceable rule that allows APRNs to practice at the top of their license. Regulations should explicitly bar all forms of discrimination, including contracting, payment, value-based incentives, and unnecessary requirements such as physician supervision and prior authorization.

CMS should:

- use its full administrative authority to remove regulatory barriers to APRN practice in Medicare,
- work with Congress to ensure that legislative barriers are also rescinded, and
- leverage its Medicaid waiver authorities to provide incentives to state Medicaid and CHIP programs to cover and encourage APRN care to the full extent of state licensing provisions.

Currently, 27 states allow NPs and 28 states allow CNSs to practice independently. We urge CMS to use its waiver authority to provide incentives to states so that more states allow full practice authority.

## Shaping Payment Strategies to Account for the Value of Nursing Care

*HHS Must Support CMS to Take Regulatory and Administrative Steps to Account for Nursing Care in Payment Methods.*

APRNs and RNs in virtually every setting are indispensable to providing the care that patients need now and in the future. For instance, APRNs represent an increasing share of the primary care workforce, even more so in rural and other underserved areas. RNs are responsible for a wide array of direct care and care coordination services in community settings as well as hospitals and long-term care facilities.

These health care services are key to ensuring patient access to high quality, needed care. However, current federal reimbursement and quality reward systems

do not incentivize care delivery that values nurses and their well-being on the job.

**Innovative payment approaches are needed to align provider incentives with the extent and quality of the care nurses provide to achieve the best outcomes for patients.**

Recognition through appropriate payment for nursing services is critical in ensuring a resilient nursing workforce ready and able to meet future needs. Nurses provide vital services to patients across the care continuum, supporting adequate patient care and leading to high quality outcomes. It is long overdue for Medicare to value nursing services as clinical care, rather than a component of hospital “room and board” or provider labor cost. The association urges HHS to work with CMS on payment innovation that aims to align reimbursement and quality rewards with the provision of high-value nursing care.

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*The American Nurses Association is the only association that represents and serves as the professional home for all registered nurses in every specialty and practice setting. We believe nurses are the heartbeat of healthcare. It is our calling to champion nurses and the causes they care about by working for improved work environments, top-notch education, smarter policies, and stronger partnerships. We advocate to amplify nurses' roles, their voices, and their value across healthcare and in society.*