

February 16, 2024

The Honorable Mike Johnson
Speaker, U.S. House of Representatives
Washington, DC 20515

The Honorable Charles Schumer
Democratic Leader, U.S. Senate
Washington, DC 20510

The Honorable Hakeem Jeffries
Democratic Leader, U.S. House of Representatives
Washington, DC 20515

The Honorable Mitch McConnell
Republican Leader, U.S. Senate
Washington, DC 20510

Subject: 2024 Congressional Priorities of the American Nurses Association

Dear Speaker Johnson, Leader Schumer, Leader Jeffries, and Leader McConnell:

On behalf of the American Nurses Association (ANA), I would like to highlight ANA's federal legislative priorities for 2024. These priorities aim to tackle some of the most pressing issues facing nurses, including ensuring an adequate and diverse nursing workforce, promoting the health and well-being of nurses, expanding patients' timely access to qualified healthcare professionals no matter where they live, and improving maternal health equity. Addressing these priorities represents an important step in supporting nurses –the backbone of our country's healthcare workforce - and strengthening the capacity of our healthcare system to meet ever-increasing demand.

ANA is the premier organization representing the interests of the nation's 5 million registered nurses (RNs), through its constituent and state nurses associations, organizational affiliates, and individual members. RNs serve in multiple direct care, care coordination, and administrative leadership roles, across the full spectrum of healthcare settings. RNs provide and coordinate patient care, educate patients and the public about various health conditions, and provide advice and emotional support to patients and their family members. ANA members also include those practicing in the four advanced registered nurse (APRN) roles: nurse practitioners, clinical nurse specialists, certified nurse-midwives, and certified registered nurse anesthetists. ANA is dedicated to partnering with healthcare consumers to improve practices, policies, delivery models, outcomes, and access across the healthcare continuum.

Expanding the Nursing Workforce Pipeline

According to a report published by the U.S. Bureau of Labor Statistics, there will be approximately 193,100 openings for RNs annually through 2032 due to nurse retirements and workforce exits¹. A diverse, well-prepared, and fully supported nursing workforce is critical to ensure that all patients have access to needed services. The nursing shortage harms not only nurses, but patients as well,

¹ [Registered Nurses : Occupational Outlook Handbook: : U.S. Bureau of Labor Statistics \(bls.gov\)](https://www.bls.gov/occupational-outlook-handbook/)

particularly as studies repeatedly show quality care decreases when nurses are stretched too thin. Further complicating this crisis is the ongoing shortages of nurse faculty in nursing schools and nurse preceptors in clinical settings. In fact, a 2022 survey² conducted by the American Association of Colleges of Nursing found that nursing schools turned away almost 92,000 qualified applications in 2021, largely due to a nurse faculty shortage that has grown to over 2,100 full-time faculty vacancies. Congress can help rebuild our nation's nursing workforce by investing in nursing education and training programs and finding ways to attract nurse faculty and nurse preceptors. The following are several legislative proposals that Congress can enact to do just that.

- The *Nurse Faculty Shortage Reduction Act* ([H.R. 7002 /S. 2815](#)) aims to attract more nursing school faculty by narrowing the pay disparity between nurse faculty and nurses who work in clinical settings.
- Modeled after a successful pilot program, the *Educating Future Nurses Act* ([H.R. 3623 / S. 1586](#)) would establish a funding stream in Medicare for hospitals to partner with schools of nursing, community-based care settings, and other hospitals to increase clinical education for APRN students. This impactful policy proposal is also reflected in the *Site-based Invoicing and Transparency Enhancement (SITE) Act* ([S. 1869](#)).
- The *Future Advancement of Academic Nursing (FAAN) Act* ([H.R. 7266/S. 3770](#)) would make a \$1 billion investment in schools of nursing with immediate infrastructure support and providing a proactive approach to meeting future workforce demands.
- The *Providing Real-World Education and Clinical Experience by Precepting Tomorrow's (PRECEPT) Nurses Act* ([S. 1627](#)). This legislation would address the national nursing shortage by providing a \$2,000 tax credit for nurses to serve as clinical preceptors to nursing students and new hires.
- The *Title VIII Nursing Workforce Development Programs* are authorized by Congress under Title VIII of the *Public Health Service Act* and administered by the Health Resources and Services Administration. These programs represent the only dedicated federal programs aimed at bolstering nursing education from entry-level preparation through graduate study. These programs address multiple facets of nursing workforce demand, including education, practice, recruitment, and retention. They also aim to recruit nursing students from diverse backgrounds and attract nurses to rural and medically underserved communities. ANA urges Congress to appropriate at least \$302.472 million for Title VIII Programs in Fiscal Year 2024, in accordance with the Senate Appropriations Committee-approved FY 2024 Departments of Labor, Health and Human Services, Education, and Related Agencies Act (S.2624). We also urge Congress to continue to invest in these vital Title VIII Programs when you pivot to FY 2025 funding.

² [AACN Nursing Faculty Shortage Fact Sheet](#)

Expanding Patients' Timely Access to Quality Care

APRNs provide high-quality, affordable healthcare across the healthcare system. APRNs, who have advanced degrees and extensive clinical training, are frequently a source of primary and maternal healthcare in areas where access to physicians is limited, particularly in medically underserved urban and rural areas. Unfortunately, outdated Medicare law contains legislative hurdles that make it difficult for APRNs to treat their patients, which consequently results in patients receiving delayed or no care. Today, more than 40 percent of Medicare patients have care delivered by an APRN. Yet, barriers to care that were predominantly created before APRNs were able to participate in the Medicare program still exist and inhibit access to quality care from patients' provider of choice.

Congress must pass the bipartisan *Improving Care and Access to Nurses* (ICAN Act; [H.R. 2713](#) / [S. 2418](#)) to permanently remove barriers to care and increase access to high-quality services provided by APRNs under the Medicare and Medicaid programs. Importantly, the bill does not change the scope of practice for any provider and does not supersede state law. Medicare patients residing in states with full practice authority face more hurdles to receiving care from APRNs than their fellow state constituents with other forms of health coverage. This bill would remove these outdated barriers and meaningfully increase access to care for Medicare beneficiaries across the country.

Retaining America's Nursing Workforce

America's nursing workforce crisis has been decades in the making because of a myriad of factors, including workplace violence, mandatory overtime, inadequate staffing levels, and insufficient investment in the health and wellness of nurses. These factors have resulted in symptoms among healthcare workers commonly referred to as *burnout*. The nursing community is at the forefront of the burnout phenomenon, which has resulted in a sharp uptick of nurses changing their workplace setting or leaving the profession altogether through early retirement or career change. In fact, survey data from the National Council of State Boards of Nursing's 2022 National Nursing Workforce Survey indicates that 28% of all nurse respondents plan to retire in the next 5 years, an increase from the 21% who responded positively in 2020.³

This troubling trend will have an increasingly detrimental impact on patients' access to quality healthcare services. With this reality in mind, ANA encourages Congress to take meaningful action to address the underlying factors leading to "burnout" and the growing nursing workforce shortage.

Tackling Workplace Violence Against Nurses

The issues that lead to burnout are persistent, and a major factor is increasing incidences of workplace violence. Seventy-five percent of the nearly 25,000 workplace assaults reported annually occurred in

³ [https://www.journalofnursingregulation.com/article/S2155-8256\(23\)00047-9/pdf](https://www.journalofnursingregulation.com/article/S2155-8256(23)00047-9/pdf)

healthcare and social services settings⁴. This is a problem that affects all settings of care across the country, directly impacting nurses and healthcare workers, and threatening critical access to care for patients. Beyond the impact on nurses, workplace violence costs the United States \$151 billion per year, with an average of \$250,000 per incident. These figures do not capture hidden costs of workplace violence-related incidents, such as emotional pain, depression, isolation, and anxiety.⁵

Congress must protect nurses and acknowledge the key role that employers play in minimizing the risk of preventable violence on-site. The *Workplace Violence Prevention for Health Care and Social Service Workers Act* ([H.R. 2663/S. 1176](#)) would require the Occupational Safety and Health Administration (OSHA) to develop and enforce specific standards for healthcare and social service employers that will protect employees from workplace violence. This issue has been a long-standing concern prior to the pandemic, and acute increases in workplace violence have illustrated why passage of this legislation is so critical. This legislation passed in the House during the 116th and 117th Congresses with significant bipartisan support. ANA urges Congress to promptly enact this bill.

Limiting Mandatory Overtime for Nurses

For almost a century, the aviation, trucking, and marine industries have been subject to limitations on work hours for their employees to ensure safety, performance, job satisfaction, and quality of life. Unfortunately, the healthcare sector has been slow to adopt work hour regulations that limit mandatory overtime. In fact, it was just a few years ago that physician residents were finally subjected to an 80-hour work week requirement. No such limitations exist for nurses who are often required to work beyond their scheduled shift and return to work without sufficient time to rest between shifts. Nurses, who are subjected to these unsafe working conditions, often experience sleep deprivation, fatigue, and impaired vigilance, which can result in medical errors and poor patient safety. While 18 states have passed legislation or promulgated regulations to limit mandatory overtime for nurses, inadequate enforcement has stymied progress toward safe nurse staffing conditions.

It is imperative that Congress act to protect nurses and their patients through the reintroduction and enactment of the *Nurse Overtime and Patient Safety Act* ([S. 5157](#) in the 117th Congress). This bill would limit mandatory overtime for nurses with certain exceptions, adopt whistleblower protections, clarify when and how mandatory overtime can be utilized and the rights of nurses, and authorize reports on safe working hours standards. Notably, it will not limit the ability of nurses to work voluntary overtime. By passing this bill, lawmakers will ensure that nurses are well-rested and able to provide the highest quality care that their patients deserve. Members of Congress are planning a bipartisan re-introduction of the bill in both chambers in the coming weeks, and we urge swift advancement and enactment this year.

Improving Nurse Staffing Levels for Patient Safety and Nurse Retention

Nurse staffing levels directly impact health outcomes, patient experience, and nurses' ability to carry

⁴ <https://www.osha.gov/sites/default/files/publications/osha3148.pdf>

⁵ <https://www.securityindustry.org/2017/11/21/mitigating-risk-workplace-violence-health-care-settings>

out their responsibilities for patient care. ANA supports safe staffing nurse-to-patient ratios as one potential path forward, including as provided by the *Nurse Staffing Standards for Hospital Patient Safety and Quality Care Act* ([H.R. 2530](#) / [S. 1113](#)) which has been introduced in both the House and Senate. ANA is committed to working with policymakers and stakeholders to advance promising policy initiatives to improve nurse staffing levels across care settings and urges Congress to take action on this critical issue. Congress can meaningfully address safe nurse staffing that complements existing state-level efforts. For example, Oregon and Washington enacted legislation in 2023 that, such as in California, establishes minimum nurse-to-patient ratios in acute care hospitals. Seventeen other states introduced staffing legislation that ranged from ratios to a hospital-based nurse staffing committee. These states have taken action in recognition of the importance of this issue. However, they alone cannot overcome the challenges. The staffing crisis has national implications, warranting a national response. Congress must make safe nurse staffing a priority issue for the health and wellbeing of nurses and the patients they serve.

Managing Nurse Burnout Through Mental Health Services

A **2023 survey** by the American Nurses Foundation (ANF) found that 56% of nurses report feeling symptoms of burnout with 64% of nurses indicating that they feel *a great deal of stress* because of their jobs. Despite high levels of burnout, about two-thirds of nurses surveyed were not receiving any type of mental healthcare support.⁶ To address this crisis, Congress enacted the *Dr. Lorna Breen Health Care Provider Protection Act* (H.R. 1667; [Public Law No: 117-105](#)) in 2022 to train current and future health professionals on how to prevent suicide, burnout, and substance use disorders. To date, the law has provided \$100 million in mental healthcare funding for healthcare professionals across the country. However, this effort remains a work in progress as federal funding for the programs authorized by this legislation expires at the end of this year. To ensure that our nurses and other healthcare professionals retain access to critical mental health services, Congress must pass the *Dr. Lorna Breen Health Care Provider Protection Reauthorization Act* ([H.R. 7153](#) / [S. 3679](#)).

Improving Maternal Health Equity

The United States has one of the highest maternal mortality rates in the world. In fact, the rate of maternal mortality is rising in the U.S. with rates for Black and Native Americans being 2 to 4 times higher than their Caucasian counterparts. Hispanic and Asian-American Pacific Islanders (AAPI) people also experience higher levels of maternal morbidity. Yet, data from the Centers for Disease Control and Prevention (CDC) show that more than 80% of pregnancy-related deaths in the U.S. are preventable.

The Black Maternal Health Momnibus Act (“Momnibus”; [H.R. 3305/S. 1606](#)) is a portfolio of bills that would collectively address the maternal health crisis facing our nation. Bills included in this legislative package make critical investments in social determinants of health that impact maternal health outcomes, increase funding to improve maternal healthcare for veterans, support moms with maternal mental health conditions and substance use disorders, invest in digital tools to improve

⁶ [Mental Health & Wellness Survey 4 American Nurses Foundation \(nursingworld.org\)](#)

maternal health outcomes in underserved rural and urban communities, among other things. Congress can turn the tide on our nation's unacceptable maternal mortality rate by enacting the Momnibus.

In closing, I would like to thank you for your consideration of these priorities and encourage both chambers of Congress to come together to pass bipartisan, comprehensive legislation that provides robust protections and resources for our nation's nurses. ANA looks forward to continued collaboration with your offices and we stand ready to serve as a resource. Please contact Tim Nanof, Vice President of Policy and Government Affairs at (301) 628-5081 or Tim.Nanof@ana.org with any questions.

Sincerely,



Debbie Hatmaker, PhD, RN, FAAN
Acting CEO / Chief Nursing Officer / EVP

cc: Senate Finance Committee Chairman & Ranking Member
Senate HELP Committee Chairman & Ranking Member
Senate Appropriations Committee Chairman & Ranking Member
House Ways & Means Committee Chairman & Ranking Member
House Energy & Commerce Committee Chairwoman & Ranking Member
House Appropriations Committee Chairman and Ranking Member
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