



The Improving Care and Access to Nurses (I CAN) Act



**Bipartisan, Bicameral Legislation led by
Senators Jeff Merkley (D-OR) and Cynthia Lummis (R-WY)
and Representatives Joyce (R-OH-14), Bonamici (D-OR-1),
Kiggans (R-VA-2), and Underwood (D-IL-14)**

Background

Advanced practice registered nurses (APRNs) are prepared at the masters or doctoral level to provide primary, acute, chronic, and specialty care to patients of all ages and backgrounds, and in all settings. APRNs include nurse practitioners, nurse anesthetists, nurse midwives, and clinical nurse specialists, and all play a pivotal role in the future of health care. APRNs treat and diagnose illnesses, advise the public on health issues, manage chronic disease, order and interpret diagnostic tests, prescribe medication and non-pharmacologic treatments, and engage in continuous education to remain ahead of any developments in the field.

In 2010 the Institute of Medicine (IOM) issued [*The Future of Nursing: Leading Change, Advancing Health*](#), which called for the removal of laws, regulations, and policies that prevent APRNs from providing the full scope of health care services they are educated and trained to provide. In 2021, this position was reaffirmed by the National Academy of Medicine (NAM) (previously the IOM) in their report [*The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*](#).

The Challenge: Federal Barriers to APRN Practice

There remain federal statutes and regulations and institutional rules that require physician oversight or otherwise limit APRN practice. These laws and regulations reduce access to services, particularly in underserved areas, disrupt continuity of care, increase costs in our health system, and undermine efforts to improve the quality of health care.

The Solution: The I CAN Act

The purpose of this bill is to increase access, improve quality of care, and lower costs in the Medicare and Medicaid programs by removing barriers to practice for APRNs, consistent with NAM recommendations.

Specifically the *I CAN Act* would remove federal barriers, including by:

- **Authorizing Nurse Practitioners (NPs) to:**
 - Order and supervise cardiac and pulmonary rehabilitation and home infusion under Medicare;
 - Certify and recertify eligibility for hospice care programs for Medicare beneficiaries; and
 - Have Medicare and Medicaid patients admitted to a hospital under their care.
- **Authorizing Nurse Anesthetists (CRNAs) to:**
 - Order, certify, and refer medically necessary Medicare services when legally authorized by the state in which services are furnished; and
 - Practice without physician supervision under Medicare by removing physician supervision under the Medicare Part A Conditions for Participation.
- **Authorizing Certified Nurse-Midwives (CNMs) to:**
 - Certify Medicare beneficiaries for home health services; and
 - Issue a prescription for durable medical equipment, prosthetics, orthotics, and supplies to Medicare beneficiaries.
- **Improving Medicare coverage of local health services and streamlining *locum tenens* for APRNs.**

Importantly, the bill does not expand scope of practice, instead it would enable APRNs to practice to the extent of their existing state scope of practice.

Endorsements

This legislation is endorsed by the American Nurses Association (ANA), American Association of Nurse Anesthesiology (AANA), American Association of Nurse Practitioners (AANP), and the American College of Nurse-Midwives (AANM).