



## ANNA's Federal Legislative Agenda 118<sup>th</sup> Congress, 2<sup>nd</sup> Session, 2024

### Fiscal Year (FY) 2025 Appropriations Requests

**The Nursing Workforce Development Programs**, administered by the Health Resources and Services Administration (HRSA), are instrumental in bolstering and sustaining the nation's diverse nursing pipeline by addressing all aspects of nursing workforce demand. The Bureau of Labor Statistics projected that, by 2031, demand for RNs would increase 6%, illustrating an employment change of 195,400 nurses. **ANNA supports the Nursing Community's request of \$530 million in FY 2025 funding for HRSA's Nursing Workforce Development Programs.**

**The National Institute of Diabetes and Digestive and Kidney Diseases' (NIDDK)** mission is to conduct and support medical research, research training, and disseminate science-based information on diabetes, endocrine and metabolic diseases, digestive diseases, nutritional disorders, obesity, and kidney, urologic, and hematologic diseases, along with population health research to improve people's health and quality of life. NIDDK is the fifth largest institute at NIH. **ANNA supports the highest funding level possible for funding for NIDDK in FY 2025.**

**The National Institute of Nursing Research (NINR)** focuses its research on reducing burdensome chronic illness, improving end of life care, and promoting patient-centered care across the lifespan. Nurse researchers and scientists are essential to developing new evidence-based care practices for all patients. Through increased investments in NINR, the institute can continue its vital work at the forefront of disease prevention, patient care, and recovery. **ANNA supports the Nursing Community Coalition's request \$210 million for NINR in FY 2025.**

**The Agency for Healthcare Research and Quality (AHRQ)** funds critical research that generates data to monitor the health care landscape. AHRQ's research helps ensure that the pipeline of new medical findings reach health care providers and provides them with necessary tools and training to care for patients. **ANNA supports the Friends of AHRQ's request of \$500 million for AHRQ in FY 2025.**

**KidneyX** is a public-private partnership between the U.S. Department of Health and Human Services (HHS) and the American Society of Nephrology (ASN) tasked with accelerating innovation in preventing, diagnosing, and treating kidney diseases. KidneyX has provided 75 awards across 6 prize competitions for innovations including the artificial kidney and xenotransplant. **ANNA supports \$25 million in FY 2025 funding for KidneyX.**

### Authorizing Legislation

**The Securing the U.S. Organ Procurement and Transplantation Network Act (Public Law No. 118-14)** was signed into law by President Biden on September 22, 2023. This bill grants the Health Resources and Services Administration (HRSA) the explicit authority to allocate multiple grants, contracts, or cooperative agreements to facilitate the U.S. Organ Procurement and Transplantation Network's individual operations. Importantly, it removes the previously imposed funding cap, providing greater flexibility in financial support for the network. Previously, the grant for operating the network was

Information for this fact sheet comes from the legislation. If you have questions about these issues, please contact ANNA's Health Policy Consultant Jim Twaddell at [jwtwaddell@venable.com](mailto:jwtwaddell@venable.com).

controlled by one single entity. The law ensures that the best contractor is chosen for each explicit function of the network.

**Improving Care and Access to Nurses (I CAN) Act (H.R. 2713)** eliminates practice barriers that adversely affect Advanced Practice Registered Nurses (APRNs) in states with full practice authority. H.R. 2713 permits APRNs to provide more comprehensive health care services under Medicare and Medicaid including, but not limited to, ordering and supervising cardiac and pulmonary rehabilitation, certifying therapeutic shoes for patients with diabetes, referring patients for medical nutrition therapy, certifying terminal illness for hospice eligibility, and performing mandatory assessments in skilled nursing facilities. **ANNA joins with a broad group of national stakeholders in urging Members of Congress to cosponsor the Improving Care and Access to Nurses (I CAN) Act (H.R. 2713).**

**Improving Access to Workers' Compensation for Injured Federal Workers Act (H.R. 618 and S. 131)** would expand access to care for federal employees by allowing those injured on the job to choose Nurse Practitioners (NPs) to diagnose medical conditions, certify injury and extent of disability, and oversee treatment and care. For federal employees living in rural and underserved areas that have limited health care options, H.R. 618 and S. 131 significantly improve access to high-quality, cost-effective care. Moreover, the bill honors patient choice by allowing federal employees to choose NPs as their preferred provider and helps injured federal employees return to work more quickly by increasing the number of providers who can practice. **ANNA urges Members of Congress to cosponsor the Improving Access to Workers' Compensation for Injured Federal Workers Act (H.R. 618 and S. 131).**

**Workplace Violence Prevention for Health Care and Social Workers Act (H.R. 2663 and S. 1176)** would protect health care workers by requiring the U.S. Department of Labor to issue an occupational safety and health standard compelling health care and social services employers to develop a workplace violence prevention plan. The plan would be developed with participation from direct care employees and employee representatives. It would also be tailored and specific to conditions and hazards, including patient-specific risk factors, and risk factors specific to each work area or unit. Furthermore, H.R. 2663 and S. 1176 would mandate that an employer conduct an investigation after a workplace violence incident, risk, or hazard is identified to mitigate the likelihood reoccurrence. **ANNA urges Members of Congress to cosponsor the Workplace Violence Prevention for Health Care and Social Service Workers Act (H.R. 2663 and S. 1176).**

**Living Donor Protection Act (H.R. 2923 and S. 1384)** would protect living organ donors and promote organ donation by prohibiting discrimination in the issuance, price, or benefit levels for life, disability, and long-term care insurance due solely based on an individual's status as a living donor. This bill codifies protection for living donors under the Family and Medical Leave Act (FMLA) and codifies an existing opinion letter issued by the U.S. Department of Labor. **ANNA joins with a broad group of national stakeholders in urging Members of Congress to cosponsor the Living Donor Protection Act (H.R. 2923 and S. 1384).**

**The National Nursing Workforce Center Act (H.R. 2411 and S. 1150)** seeks to stabilize and strengthen the national nursing workforce by funding a two-year pilot program through the Health Resources and Services Administration (HRSA) to support state-based nursing workforce centers. Additionally, H.R. 2411 and S.1150 broaden HRSA's authority to establish dedicated nursing research and technical assistance centers and improve data collections and standardization to help assess critical gaps within the nursing workforce. **ANNA urges Members of Congress to cosponsor the National Nursing Workforce Center Act of 2023 (H.R. 2411 and S. 1150).**

**The Living Organ Donor Tax Credit Act (H.R. 6171)** seeks to expand the number of willing kidney donors by providing a one-time, \$5,000 refundable tax credit to living organ donors who were not reimbursed for the costs of their organ donation by the National Living Organ Donor Assistance Center (NLDAC). H.R. 6171 would eliminate a massive financial hurdle that prevents individuals from donating a kidney and would help patients with ESRD get better access to a kidney transplant by expanding the donor pool. **ANNA urges Members of Congress to cosponsor the Living Organ Donor Tax Credit Act (H.R. 6171).**

**The Honor Our Living Donors Act (H.R. 6020)** aims to support low-income living organ donors by making organ donation cost-neutral. It proposes to remove recipient income from the NLDAC application, focusing solely on donor income. The NLDAC currently requires both donor and recipient income to be below \$51,000 for an individual to qualify for funding. By eliminating this arbitrary threshold, the H.R. 6020 will expand the pool of organ donors by making it more financially viable to donate. **ANNA urges Members of Congress to cosponsor the Honor Our Living Donors Act (H.R. 6020).**

**The Integrating Social Workers Across Health Care Settings Act (H.R. 4638)** would amend the Social Security Act to allow clinical social workers (CSWs) to provide proactive mental health care and be reimbursed for that service under Medicare, thereby eliminating unnecessary “incident to” billing structure for services related to care coordination in health care settings. Currently, CSWs are prohibited from billing Medicare for services they provide outside of direct care, despite their advanced scope of practice. **ANNA urges Members of Congress to cosponsor the Integrating Social Workers Across Health Care Settings Act (H.R. 4638).**

**The Kidney PATIENT Act (H.R. 5074)** delays the move of oral-only phosphate lowering drugs into the Medicare Part B ESRD prospective payment system from Medicare Part D, which is currently set to go into effect in 2025. H.R. 5074 pushes back this deadline to 2033 or until new therapies come to market. This move will ensure that ESRD patients can still receive their oral-only phosphate lowering drugs from their local pharmacy rather than being forced to have their medication dispensed at a provider’s office, which often lack the infrastructure to dispense these prescriptions. Additionally, by keeping oral-only phosphate lowering drugs within the Medicare Part D program, qualifying ESRD patients will maintain access to the low-income subsidy which makes their medication more affordable. **ANNA urges Members of Congress to cosponsor the Kidney PATIENT Act (H.R. 5074).**

**The Restore Protections for Dialysis Patients Act (H.R. 6860 and S. 5018)** overturns an erroneous Supreme Court decision that allows private health plans to prematurely force ESRD patients onto Medicare for kidney care services, creating disruption in coverage for patients and their families, and forcing taxpayers to pick up the tab. The legislation restores the intent of a Medicare Secondary Payer Act created in 1981 that requires private health plans to provide primary coverage for kidney care services for ESRD patients rather than Medicare. **ANNA urges Members of Congress to cosponsor the Restore Protections for Dialysis Patients Act (H.R. 6860 and S. 5018).**

**The U.S. Cadet Nurse Corps Service Recognition Act (H.R. 3428 and S. 1633)** officially recognizes the work of members of the U.S. Cadet Nurse Corps between July 1, 1943, and December 31, 1948, as active-duty service. This active-duty designation entitles qualifying individuals to certain benefits afforded to veterans, such as burial benefits and honorary veteran status. Furthermore, under this legislation, the Department of Defense (DOD) is required to grant an honorable discharge to individuals who served in the corps during the specified period, provided that the duration and nature of their service justify

such a discharge. **ANNA urges Members of Congress to cosponsor the U.S. Cadet Nurse Corps Service Recognition Act (H.R. 3428 and S. 1633).**

**The Black Maternal Health Momnibus Act (H.R. 3305 and S. 1606)** makes comprehensive and critical investments to address key drivers of maternal mortality, morbidity, and disparities. Additionally, H.R. 3305 and S. 1606 extends WIC eligibility for women in the postpartum and breastfeeding periods, funds programs that grow and diversify the perinatal workforce, improves data collection processes and quality measures to better understand the causes of the maternal health crisis in the U.S., and promotes innovative payment models to incentivize high-quality maternity care and non-clinical support during and after pregnancy. **ANNA urges Members of Congress to cosponsor the Black Maternal Health Momnibus Act (H.R. 3305 and S. 1606).**

**The Nurse Corps Tax Parity Act (H.R. 5080 and S. 1446)** amends the Internal Revenue Code to exclude amounts attributable to Nurse Corps scholarships and loan repayment programs from taxpayer gross income. Without a statutory exemption, Nurse Corps scholarships and loan repayments can be considered compensation for services that are taxable under federal law. This legislation ensures the Nurse Corps receives similar tax treatment as its National Health Service Corps counterpart. **ANNA urges Members of Congress to cosponsor the Nurse Corps Tax Parity Act (H.R. 5080 and S. 1446).**

**The Chronic Kidney Disease Improvement in Research and Treatment Act (H.R. 5027 and S. 4469)** supports patient access to innovative chronic kidney disease drugs and treatments by ensuring proper reimbursement through CMS. This legislation would also add chronic kidney disease screenings to Medicare's annual wellness benefit to encourage individuals to get screened and establish accurate and predictable payment updates for dialysis services. Lastly, H.R. 5027 guarantees Medicare beneficiaries with kidney failure access to Medigap policies and facilitates the expansion of the nephrology workforce pipeline by including nephrologists and non-physician practitioners in the National Health Service Corp loan forgiveness program. **ANNA urges Members of Congress to cosponsor the Chronic Kidney Disease Improvement in Research and Treatment Act (H.R. 5027 and S.4469).**

**The Educating Future Nurses Act (H.R. 3623 and S. 1586)** helps expand the nursing workforce pipeline by establishing a permanent National Graduate Nurse Education Program to provide clinical training to advanced practice registered nurses (APRNs). Under this program, hospitals will receive payments from Medicare to provide clinical education to APRNs. In addition, hospitals must partner with nursing schools, regional hospitals, health systems, or non-hospital community providers to instruct APRNs in a range of different clinical experiences, including primary, preventive, transitional, acute, and chronic care. At least half of APRN education must occur in a non-hospital, community-based setting in order for a hospital to be eligible. **ANNA urges Members of Congress to cosponsor the Educating Future Nurses Act (H.R. 3623 and S. 1586).**

**The Treat and Reduce Obesity Act (H.R. 4818 and S. 2407)** allows Medicare's prescription drug benefit to cover medications used to treat obesity and manage weight loss for beneficiaries who are overweight reversing a longstanding prohibition on Medicare coverage for this class of drugs. Furthermore, the legislation permits Medicare coverage of intensive behavioral therapy for obesity that is provided by a non-primary care physician, physician assistant, nurse practitioner, or by an approved counseling program if the care is provided upon a referral and in consultation with a primary care physician. **ANNA urges Members of Congress to cosponsor the Treat and Reduce Obesity Act (H.R. 4818 and S. 2407).**