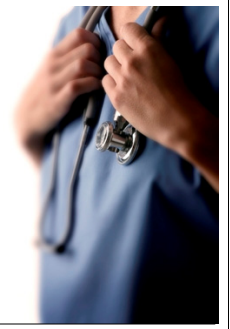


Support Medicare Graduate Nursing Education

Increase Access to Quality Health Care



A robust workforce is an essential component to the success of healthcare reform. Without an adequate number of healthcare providers, patients will be unable to access quality, cost-effective care. Moreover, healthcare reform will include expansions to primary, transitional, and preventive care — increasing the need for health professionals. Advanced Practice Registered Nurses (APRNs) are educated to provide these vital healthcare services, but many more will be needed to meet the demands of a newly reformed system. Due to capacity barriers and financial constraints in schools of nursing, the ability to educate the next generation of APRNs is significantly hindered.

Program Structure

The Medicare Graduate Nursing Education (GNE) program would amend Title XVIII of the Social Security Act and provide payments to hospitals, affiliated with accredited schools of nursing, for the direct and indirect costs of expanding APRN programs. This funding would also be allocated to pay for a portion of the costs associated with clinical educational activities incurred by nursing schools and community-based healthcare settings.

Program Need

Unlike graduate students in other health professions, the clinical education of APRNs is not well funded. Of the \$9 billion dedicated to expanding the healthcare workforce through federal programs, approximately 1% is provided to APRN education. Almost all clinical sites are not reimbursed for the considerable time, space, and supplies involved in providing educational experiences for APRN students. Moreover, in 2008, U.S. nursing schools turned away 6,904 qualified applicants from graduate nursing programs due to insufficient numbers of faculty, clinical sites, classroom space, clinical preceptors, and budget constraints. The GNE program is uniquely structured to address the need for expanded clinical education, a significant barrier to increasing APRN enrollments.

The Four APRN Roles

Nurse Practitioners

(NP) form the foundation of primary care, providing services across settings, often in rural and urban underserved areas. Recent studies report that NP care is rated equivalent to or in some cases of a higher quality than their primary care physician colleagues.



Certified Nurse-Midwives

(CNM) provide a range of healthcare services. Ninety percent of visits to CNMs are for primary and preventive care. Several studies have shown nurse-midwifery care to have higher patient satisfaction and equivalent or better infant outcomes than their physician colleagues.



Certified Registered Nurse Anesthetists

(CRNA) provide 30 million anesthetics in the U.S. annually. CRNAs are the sole anesthesia providers in nearly all rural hospitals, affording patients access to trauma stabilization, pain care, and surgical services.



Clinical Nurse Specialists

(CNS) are expert clinicians that specialize in an area of nursing practice that is often defined by a population, setting, or disease type. CNSs can demonstrate that their practice reduces hospital costs among other quality factors.



AACN's Request: Support the inclusion of Medicare GNE in the final healthcare reform legislation.

An Overview of APRN Nursing Education: 2008-2009

	Number of Programs	Number of Students	Number of Graduates
Nurse Practitioners	323	29,323	7,613
Certified Nurse Midwives	37	951	251
Certified Registered Nurse Anesthetists	58	3,247	989
Clinical Nurse Specialists	202	3,768	965

**Based on AACN's 2008-2009 *Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*. This data does not include the CRNAs educated in non-nursing programs.

Program Benefit

If GNE is enacted, Medicare patients as well as those in rural and underserved communities would benefit from the direct patient care provided by APRN students. Each APRN student receives between 500 and 1,000 supervised clinical hours, and some CRNA students receive nearly 3,000 hours. During clinical hours APRN students are providing essential healthcare services. Additionally, this program would help to strengthen the healthcare workforce pipeline by supporting the education and eventual graduation of APRNs.

AACN believes this legislation is critical to the discussions around healthcare reform. APRNs are ideally suited to help implement delivery system reforms such as increasing primary, transitional, and preventive care; enhancing access for rural and medically underserved populations; improving care coordination and chronic care management; and reducing costly medical errors.

Medicare GNE is supported by the following organizations:

AARP
American Academy of Nurse Practitioners
American Association of Colleges of Nursing
American Association of Nurse Anesthetists
American College of Nurse Practitioners
American College of Nurse-Midwives
American Nurses Association
National Association of Pediatric Nurse Practitioners
National Organization of Nurse Practitioner Faculties

Legislative History

Rep. Lois Capps (D-CA) introduced the Medicare Graduate Nursing Education (H.R. 3185) program on July 13, 2009, and it is cosponsored by Rep. Jim Marshall (D-GA). The Senate companion legislation was introduced on August 3, 2009 by Sen. Debbie Stabenow (D-MI), and it is cosponsored by Mark Begich (D-AK), Daniel Inouye (D-HI), and Kristen Gillibrand (D-NY).

Since then, the Medicare GNE proposal was included as a demonstration project in the Senate Finance Committee bill, *America's Healthy Future Act*. This demonstration project would provide \$200 million over four years. A Lewin Report, commissioned by AARP and upon which the proposal is based, projected that 19,243 APRN students could be supported over 10 years at the cost of \$1 billion. Adjusting this report's findings for the factors of the demonstration project, this program could support approximately 3,800 APRN students.

Please consider cosponsoring S. 1569 or H.R. 3185 in an effort to support this proposal in the final healthcare reform legislation.

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