

To: AACN Board of Directors

From: Dr. Jane Kirschling
Chair, AACN Government Affairs Committee

Debbie Campbell
Director, AACN Government Affairs

Date: January 10, 2006

Re: 2006 GAC Priorities for AACN Advocacy Efforts

The Government Affairs Committee (GAC) and AACN staff have identified the issues below as legislative priorities for the second session of the 109th Congress. After discussion, evaluation and support of these legislative and advocacy priorities, the GAC endorsed them. The GAC is now seeking the approval of the AACN Board of Directors for these 2006 Goals. They are in priority order indicating that energy and resources are to be directed in that order. AACN staff will report on these issues in their Government Affairs Reports to the AACN membership, GAC briefings, and in Board Reports. **The designation of “Lead”, “Actively Participate”, and “Monitor” are provided to identify AACN staff, GAC, and membership level of involvement on each issue. They are defined as follows:**

Lead - Take a prominent position for AACN on the Hill and in the Federal Agencies. Efforts may include evaluating legislation, signing on to supportive bills, actively lobbying and leading efforts in coalition, signing on to coalition letters, and developing and implementing a grassroots strategy in support of these issues.

Actively Participate - Take a position on issues, but work within the nursing community allowing another organization to take the leadership role. Efforts may include signing on to legislation, attending coalition meetings, and signing on to coalition letters. Minimal efforts should be spent on evaluating/analyzing legislation and grassroots dissemination strategy.

Monitor - Invest minimal efforts to stay aware of issues. Sign on to coalition letters and minimal attendance at meetings. No grassroots efforts involved.

1. Public Health Service Act Title VII and VIII Budget and Appropriations

Lead in increasing funding levels for Title VIII and VII programs including the Nursing Workforce Development programs, Scholarships for Disadvantaged Students, Area Health Education Centers, and Curriculum Development and Training Grants for Preparedness. Advocate for a significant funding increase for these programs for FY 2007. There has been almost a doubling of the budget for Nursing Workforce Development programs between FY 2001 and FY 2005. In FY 2006, the Nursing Workforce Development programs were given a slight increase of \$530,000 in the Labor Health and Human Services and Education

Appropriations Conference report, that sustained a 1% cut as did all other non-Veterans' Administration programs. This provided nursing education with a total 0.7% cut for a total of \$149.68 million. In contrast Health Professions Education Programs were cut by 51% and five programs were eliminated entirely. With ongoing military activities in the Middle East, needs for increased homeland security, disaster relief for Hurricanes Rita and Katrina, lobbying scandals, and the 2006 mid-term elections, it will be an extremely challenging budget and appropriations cycle. We can only hope that nursing education and research programs do not sustain the significant cuts like so many other federal programs. **AACN will:** Attend meetings and participate in the work of various coalitions in the nursing community and the health community such as the Nursing Network, Tri-Council for Nursing, Coalition for Health Funding, Friends of Health Resources and Services Administration (HRSA), and the Health Professions and Nursing Education Coalition (HPNEC). Increase the membership and visibility of the House Nursing Caucus. Engage in strategic educational efforts with the National Advisory Council on Nursing Education and Practice (NACNEP), Division of Nursing, and other pertinent HRSA divisions. Identify appropriate nursing education initiatives to lobby for as report language in House, Senate, and conference reports. Host Hill staff briefings, independently and with coalitions, addressing federal nursing education programs. Develop grassroots strategy, member advocacy letters, and talking points to address appropriations. Create opportunities for AACN members to honor appropriations advocates. *(This is an annual effort and ongoing AACN priority. AACN consultants, Wheat Government Relations, will focus efforts on the staff briefing and devise report language on the faculty shortage and Nurse Education Loan Repayment and Scholarship Programs for 2006.)*

2. Funding for National Institute of Nursing Research (NINR)

Lead in advocating for a funding increase for NINR and the National Institutes of Health (NIH) in FY 2007. NINR reached its doubling over five years in FY 2003 along with other Institutes and Centers at the NIH. However, in FY 2006 the NIH received the smallest percentage increase of 0.5% or \$253 million since 1970. The 1% across the board cut left NIH with \$28.24 billion, almost \$40 million less than FY 2006. NINR is funded at \$137.34 million for FY 2006, a \$750,000 cut. In 2005, Chairman of the House Energy and Commerce Committee, Joe Barton (R-TX) developed two controversial drafts of an NIH reauthorization plan. Despite the fact that no legislation was introduced in the first session, it remains likely that a bill will be introduced in the second session of the 109th Congress. **AACN will:** Participate in the executive committee of the Ad Hoc Group for Medical Research Funding and other advocacy efforts with Research!America, Coalition for Health Funding, and the House Nursing Caucus. Identify appropriate nursing research initiatives to lobby for as report language in House, Senate, and conference reports. Continue to work with the Friends of NINR and attend National Advisory Council on Nursing Research (NACNR) meetings. *(This is an annual effort and ongoing AACN priority. Wheat GR will focus efforts here and devise report language for federal initiatives.)*

3. Capitation Grants Legislation

Lead in advocating for additional cosponsors for capitation grants authorizing legislation. In 2005, the Nurse Education, Expansion and Development Act (H.R. 3569) was reintroduced

in the House and the Nurse Faculty Education Act (S. 1575) was introduced in the Senate. Since major nursing shortage authorizing legislation in the Nurse Reinvestment Act was passed in 2002, it will be a challenge to pass new legislation in the foreseeable future.

AACN will: Work with lead sponsors in the House and Senate to find cosponsors. Develop grassroots strategy that may include hosting tours at schools of nursing for Hill staff and drafting AACN member support letters and talking points. Work with other nursing and health care organizations to achieve this goal. *(This has been a major priority for AACN member schools.)*

4. AACN Member Education

Lead in maintaining and developing effectiveness of the State Grassroots Liaison (SGL) Program and continue refining services and programs for AACN members that stress the importance of political, legislative, and regulatory advocacy. Build AACN members' knowledge and skills to focus on funding for nursing education in programs operated on the state level such as Medicaid GME, Workforce Investment Act, and efforts with governors. As funds become more scarce on the federal level, many state budgets are improving, providing new opportunities for funding at the state level. AACN members must continue to leverage change at the state level. **AACN will:** Work with consultants, outside organizations such as National Conference of State Legislatures (NCSL) and American Nurses Association (ANA) to obtain information and achieve these goals. *(This is an ongoing priority and member service for AACN. There is need for additional member education on strategy development, lobbying techniques, and nursing education funding.)*

5. Disaster Preparedness *(New Emerging Issue to Priority #5)*

Actively Participate in the national discussion of disaster preparedness on behalf of schools of nursing. Advise AACN membership on issues related to liability and disaster planning on the federal level. Natural disasters such as Hurricanes Katrina and Rita have highlighted emerging issues for schools of nursing. Schools in Texas and the Gulf Coast closed, displacing numerous nursing students and faculty. Other schools of nursing opened 24-hour community shelters, expanded the operations of their Nurse Managed Health Centers, and dispatched teams of faculty and students to respond to the devastation. At this time federal agencies such as FEMA, the Department of Homeland Security, and government supported entities such as the American Red Cross are in disarray. They are noting challenges from past disasters and are developing their directions or roles in disaster preparedness. Additional funding is needed to expedite their work. **AACN will:** Collect data on the nationwide capacity for schools of nursing to assist in disaster management. Focus a federal discussion on the potential for schools to assist in disasters. Address liability for schools of nursing, their faculty, and students. Make recommendations for federal, state, and local disaster care and management resources with which to partner in future untoward events.

6. Patient Safety *(Move from #5 to Priority #6)*

Actively Participate in seeking appropriations funding for the Agency for Healthcare Research and Quality (AHRQ) and opportunities for nursing in authorizing legislation. Patient safety legislation is moving into its eighth year of discussion in Congress. In 2005, the Patient Safety and Quality Improvements Act, passed both chambers and was signed into

law after seven years of consideration. Now Congress is addressing Health Information Technology (HIT) in legislation. **AACN will:** Monitor patient safety legislation and regulation for opportunities for schools of nursing. Participate in the Friends of AHRQ coalition. Lobby for increased FY 2007 funding. (*Many AACN initiatives such as the Clinical Nurse Leader, the Robert Wood Johnson Foundation's Achieving Competence Today-II, and the AACN-UHC Residency Program focus on patient safety.*)

7. Develop Nursing Leaders in Policy, Legislation, Regulation

Actively Participate in promoting nurse leaders in the AACN membership and educating future nurse leaders with insights into policy development. **AACN will:** Sponsor nurse interns; participate in speaking engagements for external audiences such as Robert Wood Johnson Executive Nurse Fellows, University of North Carolina, Winston Fellows, and host student groups from schools of nursing. Work with the developing Nightingale policy Group. Nominate AACN members and nurse leaders to positions on federal advisory boards and committees regarding health and education issues. (*AACN has an ongoing role in developing members and nurses health and education policy interest and expertise.*)

8. Higher Education Act Reauthorization

Actively Participate in the reauthorization of the Higher Education Act (HEA). The higher education community began addressing pertinent issues for reauthorization in 2003. Since then, both chambers have introduced legislation and enacted several extensions to the HEA. AACN has language supporting designation of nursing in the Graduate Assistance in Areas of National Need (GAANN) Program and an amendment providing loan repayment for nurses and nurse faculty in the legislation. It is hopeful that both chambers will pass HEA reauthorization legislation this year. **AACN will:** Work with FASHP and the American Council on Education coalitions to follow developments in the reauthorization process. Lobby to maintain nursing education related provisions within HEA legislation. (*Wheat GR will work to keep GAANN and other HEA provisions in legislation in 2006.*)

9. Medicare Graduate Medical Education (GME) (Move from Actively Participate to Monitor)

Monitor Medicare and Medicaid programs for opportunities to change authorities that designate education requirements of master's preparation to graduate preparation for Advanced Practice Nurses. Evaluate funding opportunities for post-baccalaureate residency programs. Now in its sixth year, the AACN-UHC Residency Program would benefit from obtaining a demonstration project through Section 646 of the Medicare Modernization Act or other mechanisms at the Centers for Medicare and Medicaid Services (CMS). However, Congress is looking for opportunities to cut entitlement programs rather than fund new ones making this a challenge. **AACN will:** Monitor legislation in Ways & Means and Finance Committees that may facilitate a change in education requirement language. Consider obtaining services of a legal consultant to evaluate the extent of changes needed in various areas of the Social Security Act and other laws. Work with interested parties such as JCAHO to evaluate the timing to advance Residency Program initiative in at CMS. Participate in quarterly MedPAC meetings to address emerging issues that may affect nursing education.

(This is an ongoing issue that will evolve with the Doctorate of Nursing Practice and AACN-UHC Residency Program.)

10. Reauthorization of Title VII and VIII Programs

Actively Participate in efforts with Hill staff, the nursing community, health care community, and in the appropriate federal agencies to address modifications and improvements to Title VII and VIII programs that were up for reauthorization in 2002. With the packed congressional agenda on health issues in 2006, it is unlikely that reauthorization will be addressed in this session. **AACN will:** Work with the Federation of Associations of Schools of the Health Professions (FASHP), Tri-Council for Nursing, and other coalitions on an expedited and rational reauthorization process. Meet with representatives of the Government Accountability Office and the Congressional Research Service on reauthorization of programs. Lobby members of Congress for AACN goals in reauthorization. *(AACN concepts such as capitation grants and elimination of the 10% cap on doctoral traineeships may be folded into Title VIII reauthorization legislation.)*

11. Diversity

Monitor coalitions and other collective efforts to promote the need of a diverse nursing workforce any new authorizing legislation. Continue to lobby for funding for diversity programs in Title VII and VIII Public Health Service Act and NIH research. The Sullivan Commission completed its final report in 2004, but became the Sullivan Alliance to address implementation of the recommendations. Despite the fact that proposals were discussed in the Senate, legislation never passed the chamber. In 2005, this issue was displaced by many others on the congressional agenda. In light of the agenda for this session, it remains unlikely that any new authorizing legislation will be addressed in 2006. **AACN will:** Work with the HPNEC, the Black Nurses Association, Hispanic Nurses Association, Friends of Indian Health, and other organizations to address issues related to creating a healthcare workforce that is sufficient to meet the needs of diverse populations. *(Diversity is a thread in all AACN legislative and policy efforts.)*

EVALUATE EMERGING ISSUES

Throughout the year, AACN staff continuously monitor and evaluate legislation and regulations to identify emerging issues that may impact nursing education and research. Once these issues are identified, they are brought to the GAC for evaluation and recommendation for AACN Board or Executive Committee approval. Staff reevaluate priorities based on this final recommendation.