

Healthcare Reform

AACN-Supported Provisions: Improving Access to Quality Care



While AACN supports many provisions in the current healthcare reform proposals circulating in Congress, AACN is a nonpartisan organization and does not take an official stance on the entirety of any one bill. The information below provides information on AACN-supported provisions in the House and Senate healthcare reform legislation and is not exhaustive. As Congress continues to discuss healthcare reform, AACN will review the proposed provisions to determine support.

Senate Health, Labor, and Pensions (HELP) Committee's *Affordable Health Choices Act of 2009*

- **Provisions to Expand the Nursing Workforce**

- Sec. 422. Nursing student loan program.
- Sec. 438. Advanced nursing education grants.
- Sec. 439. Nurse education, practice, and retention grants.
- Sec. 440. Loan repayment and scholarship program.
- Sec. 441. Nurse faculty loan program.
- Sec. 442. Authorization of appropriations for parts B through D of title VIII.

The Nursing Workforce Development programs, authorized under Title VIII of the Public Health Service Act (42 U.S.C. 296 et seq.) support the supply and distribution of qualified nurses to meet our nation's healthcare needs. Over the last 45 years, the Title VIII programs have addressed each aspect of nursing shortages – education, practice, retention, and recruitment. However, these programs have not been reauthorized in seven years and need critical updates. AACN supports these provisions as they will increase the workforce to improve access to quality nursing care.

- **Provisions to Expand Prevention, Health Promotion, and Emergency Health Services**

- Sec. 427. Funding for National Health Service Corps.
- Sec. 429. Elimination of cap on Commissioned Corps of the U.S. Public Health Service.
- Sec. 430. Establishing a Ready Reserve Corps.
- Sec. 446. United States Public Health Sciences Track.

The National Health Service Corps (NHSC) and the U.S. Public Health Service Corps (PHSC) bolster the health workforce to ensure that providers are accessible in rural and urban areas where health care is most scarce. These essential workforce commissions provide vital primary, prevention, and emergency services. Registered Nurses (RNs) and Advanced Practice Registered Nurses (APRNs), including Nurse Practitioners (NPs), Certified Nurse-Midwives (CNMs), Certified Registered Nurse Anesthetists (CRNAs), and Clinical Nurse Specialists (CNSs), are instrumental providers in the NHSC and PHSC. Given the great demand for primary care and access to care in rural and underserved areas, AACN supports these provisions.

- **Provision to Expand Primary Care Services and Increase Nursing Student Capacity**

- Sec. 428. Nurse-managed health clinics.

Nurse Managed Health Clinics (NMHCs) are a much needed safety-net in today's failing healthcare system, serving those who would not otherwise have access to care. NMHCs provide services at a lower cost than other safety-net clinics, and the preventative care they provide saves millions of dollars each year. Last year, NMHCs recorded over 2.5 million client visits and provided primary care services to over a quarter of a million patients nationwide. NMHCs not only deliver primary care to thousands of the underserved, but also provide a clinical setting critical to nursing education. Last year, nursing schools turned away nearly 50,000 qualified applications from baccalaureate and graduate programs, in part due to a lack of clinical sites. NMHCs are crucial to the clinical education for nurses, particularly APRNs, and AACN fully supports this provision.

Senate Finance Committee's (SFC) *America's Healthy Future Act of 2009*

- **Provision to Increase the Primary Care Workforce**

- Sec. 3039. Graduate Nurse Education Demonstration Program.

Healthcare reform will expand access to primary, transitional, and preventive care. A robust healthcare workforce is essential

to ensure that the demand for health care is met in a newly reformed system. APRNs are key to providing these vital healthcare services. The Medicare Graduate Nurse Education (GNE) Demonstration Program is uniquely structured to address the need for expanded clinical education, a barrier to increasing APRN enrollments. AACN believes this demonstration program 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.

- **Provision to Reduce Re-hospitalization, Improve Patient Outcomes, and Decrease Healthcare Costs**
Sec. 3026 Community-Based Care Transitions Program.

Medicare claims data shows that more than one-third of beneficiaries discharged from the hospital are re-hospitalized within 90 days — a great expense to the health of these patients as well as Medicare. The Community-Based Transitions Program would reduce costly re-hospitalizations by ensuring patients and caregivers are informed by, and have the assistance of, an APRN or other healthcare professional to navigate the complex treatment needs of those most at risk for re-hospitalization. The program's payment methodology would also take into account the provision of services such as care coordination, medication reconciliation, discharge planning and transitional care services, and other patient-centered activities. AACN support this provision modeled after seminal nursing research.

- **Provision to Increase Primary Care and Obstetrical Services for Women**
Sec. 3115. Improved Access for Certified-Midwife Services.

CNMs provide a range of healthcare services. Ninety percent of visits to CNMs are for primary and preventive care. Studies have shown nurse-midwifery care to have higher patient satisfaction and equivalent or better outcomes than their physician colleagues. AACN supports this provision as it would increase the payment rate for nurse-midwives for covered services from 65% of the rate that would be paid were a physician performing a service to the full rate.

House Tri-Committee's Bill *America's Affordable Health Choices Act of 2009*

- **Provision to Increase Care Coordination**
Sec. 1302 Medical Home Pilot Program.

APRN expertise and education, which emphasizes patient and family-centered care, makes these nurses ideal providers to head the Medical Home Pilot Program. AACN strongly supports the House Tri-Committee's version of the medical home model as it specifically outlines nurse practitioners as leaders within this model. AACN believes that the Medical Home is a necessary part of primary care reform and that nurse practitioners, in particular, are uniquely equipped to handle the demands of a care coordination model that focuses on the patient first.

- **Provision to Increase Primary Care and Obstetrical Services for Women**
Sec. 1305. Increased reimbursement rate for certified nurse-midwives.

Similar to the provision in the Senate Finance Committee bill, AACN supports this provision as it would increase the payment rate for nurse-midwives for covered services from 65% of the rate paid to a physician for performing a service to the full rate.

- **Provisions to Expand the Nursing Workforce**
Sec. 2221. Amendments to Public Health Service Act.
Sec. 2242. Nursing workforce diversity grants.

The Senate HELP Committee bill provides additional Title VIII reauthorization provisions, supported by AACN, that are not included in the House Tri-Committee bill. However, AACN strongly supports the provisions included in the House Tri-Committee bill such as the creation of cultural competency initiatives for the nursing workforce and the Public Health Investment Fund. These two provisions are not included in the Senate HELP Committee bill.

Provision Under Consideration by AACN

The Accountable Care Organization Pilot Program, which is included in the House Tri-Committee bill and Senate Finance Committee bill, will provide improved incentives for performance-based care. AACN could support this provision with inclusion of and clarification that APRNs are full participants.

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