



January 12, 2010

The Honorable Nancy Pelosi
H-232, US Capitol
Washington, DC 20515

The Honorable Harry Reid
522 Hart Senate Office Bldg
Washington, DC 20510

Dear Speaker Pelosi and Majority Leader Reid:

On behalf of the American Association of Colleges of Nursing (AACN), representing nursing schools, students, faculty, researchers, and future healthcare leaders, we appreciate the work of the House and Senate to reform America's healthcare system. Through this legislative effort, more Americans will have access to comprehensive quality care. While AACN cannot endorse the entire healthcare reform package, we support reform and would like to share our nursing requests as you conference the legislation. Of particular importance, we would like to raise your attention to pages 5-6 where we address provisions requiring modifications.

Strengthening the Nursing Workforce

As one of AACN's top legislative priorities, we commend your efforts to reauthorize the Title VIII Nursing Workforce Development Programs under the Public Health Service Act (PHSA), which will increase access to these programs and strengthen their mission. We respectfully request that you adopt the language, outlined below, from the Senate bill regarding the Title VIII programs and two provisions from the House bill.

Senate's Patient Protection and Affordable Care Act (H.R. 3590)

- Sec. 5202. Nursing student loan program.
- Sec. 5308. Advanced nursing education grants.
- Sec. 5309. Nurse education, practice, and retention grants.
- Sec. 5310. Loan repayment and scholarship program.
- Sec. 5311. Nurse faculty loan program.
- Sec. 5312. Authorization of appropriations for parts B through D of Title VIII.
- Sec. 5404. Workforce diversity grants.

House's Affordable Health Care for America Act (H.R. 3962)

- Sec. 2221. Amendments to Public Health Service Act.
- Sec. 2242. Nursing workforce diversity grants.

Additionally, we support the inclusion of the Public Health Investment Fund that was established to help support Title VIII and other critical PHSA programs in the House bill. However, we would like to see the Senate's authorization for Title VIII, a sum of \$338 million, adopted in the final legislation.

ADVANCING HIGHER EDUCATION IN NURSING

House's *Affordable Health Care for America Act* (H.R. 3962)

- Sec. 2002. Public Health Investment Fund.

Advanced Practice Registered Nurses (APRNs), including Nurse Practitioners (NPs), Certified Nurse-Midwives (CNMs), Certified Registered Nurse Anesthetists (CRNAs), and Clinical Nurse Specialists (CNSs), will help address the nation's care needs after healthcare reform is passed. AACN has a long-standing position that APRNs are ideal primary, transitional, and preventive care providers and their education requires a significant investment from the federal government. Therefore, we strongly support the Medicare Graduate Nurse Education (GNE) demonstration program included in the Senate bill as it is uniquely structured to address the need for expanded clinical education, a barrier to increasing APRN enrollments.

Senate's *Patient Protection and Affordable Care Act* (H.R. 3590)

- Sec. 5509. Graduate nurse education demonstration.

While AACN supports this provision, the current legislative language dramatically limits the scope to only five hospitals, and we request that this arbitrary limitation be removed.

Additionally, we also have serious concerns about Section 5509 (a)(2)(A) relying on 1861 (v) of the Social Security Act and its related interpretation in the Code of Federal Regulations for the determination of reasonable costs of the demonstration. This could tie reasonable costs to those of the existing Nursing and Allied Health pass-through funding, which would run directly counter to the intent of this GNE demonstration.

Finally, AACN supports the House bill's efforts to build a more diverse workforce through aid to students of disadvantaged backgrounds, the establishment of a career ladder program within nursing, and programs to expand the population of providers in rural and underserved areas. These specific provisions include:

House's *Affordable Health Care for America Act* (H.R. 3962)

- Sec. 115. Quentin N. Burdick American Indians Into Nursing Program.
- Sec. 120. Nursing Residency Program.
- Sec. 2241. Scholarships for disadvantaged students, loan repayments and fellowships regarding faculty positions, and educational assistance in the health professions regarding individuals from disadvantaged backgrounds.
- Sec. 2521. Comprehensive programs to provide education to nurses and create a pipeline to nursing.

Expanding Coverage and Increasing Student Capacity

By providing services at a lower cost than other safety-net clinics, Nurse-Managed Health Clinics (NMHCs) serve those who would not otherwise have access to care. Last year, NMHCs recorded over 2.5 million client visits and provided primary care services to over a quarter of a million patients, nationwide saving millions of dollars each year. NMHCs also provide a clinical setting critical to nursing education. According to AACN, nursing schools turned away nearly 50,000 qualified applications from baccalaureate and graduate programs in 2008, due in part to a lack of clinical sites. NMHCs are crucial to the clinical education of nurses, particularly APRNs. Therefore, AACN supports the Senate version of the NMHC as it provides broader funding support.

Senate's *Patient Protection and Affordable Care Act* (H.R. 3590)

- Sec. 5208. Nurse-managed health clinics.

Expanding Primary Care, Prevention, and Health Promotion

Given that more than 1.7 million Americans die each year from chronic diseases, AACN strongly supports initiatives to change the focus of healthcare from disease management to disease prevention. Registered Nurses (RNs) and APRNs focus on wellness strategies to prevent these chronic diseases. Given the great demand for primary care and access to care in rural and underserved areas, AACN requests the following provisions in the Senate and House healthcare reform packages are included in the final bill:

Senate's *Patient Protection and Affordable Care Act* (H.R. 3590)

- Sec. 5207. Funding for National Health Service Corps.
- Sec. 5209. Elimination of cap on commissioned corps.
- Sec. 5210. Establishing a Ready Reserve Corps.
- Sec. 5315. United States Public Health Sciences Track.

House's *Affordable Health Care for America Act* (H.R. 3962)

- Sec. 340L. Public Health Workforce Corps.
- Sec. 340M. Public Health Workforce Scholarship Program.
- Sec. 340N. Public Health Workforce Loan Repayment Program.

Additionally, AACN supports a provision in the House bill that requires state Medicaid programs to reimburse for primary care services furnished by physicians and other practitioners at no less than 80% of Medicare rates in 2010, 90% in 2011, and 100% in 2012 and thereafter. The federal government would pay 100% of the incremental costs attributable to this requirement through 2014, then 90% in 2015 and beyond.

House's *Affordable Health Care for America Act* (H.R. 3962)

- Sec. 1721. Payments to primary care practitioners.

Increasing Care Coordination, Improving Patient Outcomes, and Decreasing Cost

APRN expertise and education, which emphasizes patient and family-centered care, makes these nurses ideal providers to head medical homes as described in the Medical Home Pilot Program. AACN strongly supports the House version of the medical home model, as it specifically outlines nurse practitioners as leaders within this model.

House's *Affordable Health Care for America Act* (H.R. 3962)

- Sec. 1302. Medical Home Pilot 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. AACN supports this provision, modeled after seminal nursing research, and requests its inclusion in the final healthcare reform bill.

Senate's *Patient Protection and Affordable Care Act* (H.R. 3590)

- Sec. 3026. Community-Based Care Transitions Program.

The Nurse Home Visitation provisions in the House and Senate bills, which offers an optional coverage of nurse home visitation services to new mothers, are critical to improving the care for and well-being of low-income and at-risk families. AACN supports the grant program in the Senate bill and requests that the House provision, which allows state Medicaid programs to cover home visits by trained nurses, be included in the final bill.

Senate's *Patient Protection and Affordable Care Act* (H.R. 3590)

- Sec. 2951. Maternal, infant, and early childhood home visiting programs.

House's *Affordable Health Care for America Act* (H.R. 3962)

- Section 1713. Optional coverage of nurse home visitation services.

Protecting Providers and Patients

AACN also supports the provider nondiscrimination provisions in both the House and the Senate bills since they offer much needed protection for providers and patients alike. The House language protects provider nondiscrimination provisions that are already implemented in states, and the Senate provision explicitly prohibits a health plan or insurer from discriminating against healthcare providers with respect to participation and coverage. Since they are complementary provisions and will impact access to quality care by all types of providers, we feel both the House and Senate versions should be included in the final bill.

House's *Affordable Health Care for America Act* (H.R. 3962)

- Sec. 238. State prohibitions on discrimination against health care providers.

Senate's *Patient Protection and Affordable Care Act* (H.R. 3590)

- Sec. 2706 Non-discrimination in health care.

Improving Best Practices in Healthcare Delivery

AACN supports the inclusion of the House provision that creates a Center for Quality Improvement to identify, develop, evaluate, and help implement best practices. This language specifically identifies nurses as health professionals critical to this initiative. We further recommend report language that clearly identifies nurses as health providers who are qualified to lead best practices' grants from the Center for Quality Improvement.

House's *Affordable Health Care for America Act* (H.R. 3962)

- Sec. 2401. Implementation of best practices in the delivery of health care.

Critical Provisions Included in the House and Senate Legislation

The following provisions are included in the House and Senate healthcare reform legislation, and AACN requests continued support for these provisions.

Certified Nurse-Midwives provide a range of healthcare services. Ninety percent of visits to CNMs are for primary and preventive care. AACN supports the House (Sec. 1304) and Senate (Sec. 3114) provision that 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.

The Independence at Home demonstration program, included in both the House (Sec. 1312) and Senate (Sec. 3024) bills, specifically establishes a demonstration program to test a payment incentive and service delivery model that utilizes “physician and nurse practitioner directed home-based primary care teams designed to reduce expenditures and improve health outcomes.” AACN supports this provider inclusive language.

Healthcare Provisions Needing Modifications


The Accountable Care Organization (ACOs) Pilot Program, which is included in the House bill (Sec. 1301) and Senate bill (Sec. 2706), will provide improved incentives for performance-based care. The Senate bill includes NPs and CNSs as participants, but not CNMs and CRNAs. AACN requests that this Senate provision include CNMs and CRNAs. In addition, AACN could support the House provision only if it clarifies that APRNs are full participants.

Comparative effectiveness research based on the collection of standardized, evidence-based, performance information that will accurately measure quality and enable transition to a value-based payment system is a critical area of inquiry at a time when healthcare consumers and reformers are seeking quality care focused on prevention that is affordable and accessible by all. **While AACN supports these provisions, we recommend report language that specifically identifies that nurse-sensitive quality and performance measures are a critical data component of the research.**

Finally, we appreciate the provisions in Sec. 2251 of the House bill and Sec. 5307 of the Senate bill that authorize grants through Title VII for curricular developments in certain areas for health professionals, including nurses. However, **we are concerned that the Senate bill directs the Secretary of Health and Human Services to “evaluate the adoption and the implementation” of curricula.** Accrediting bodies such as the Commission on Collegiate Nursing Education are best qualified to evaluate curricula, and AACN has strong reservations about ceding this responsibility to policy makers who may not have the same level of expertise in curriculum development, as proposed in the Senate bill. **We urge conferees to strike the Senate bill’s directives to “evaluate” curricula.**

We would like to reiterate our appreciation to both the House and Senate committees for their significant efforts to support and improve nursing education and practice. These efforts will facilitate access to quality care for the entire population. AACN appreciates your consideration of our above requests.

Sincerely,

A handwritten signature in black ink that reads "Polly Bednash". The signature is written in a cursive, flowing style.

Geraldine “Polly” Bednash, PhD, RN, FAAN
CEO and Executive Director