AACN and the Jonas Center for Nursing Excellence Partner for Webinar Series on Nursing Advocacy

The American Association of Colleges of Nursing (AACN) and the Jonas Center for Nursing Excellence are partnering to produce a series of didactic Webinars for nursing students attending AACN’s 2012 Student Policy Summit next March. Three, one-hour Webinars addressing state and federal nursing advocacy issues will be released during the final three months leading up to the Summit. By participating in this learning opportunity, nursing students from across the country will listen and engage in relevant policy and advocacy issues prior arriving in Washington, DC.

AACN and the Jonas Center would like to extend the availability of these Webinars to the greater nursing community, including nurse faculty, practicing nurses, and other stakeholders. This joint initiative directly aligns with recommendations in the Institute of Medicine’s report Future of Nursing: Leading Change, Advancing Health that state “Nurses, nursing education programs, and nursing associations should prepare the nursing workforce to assume leadership positions across all levels, while public, private, and governmental health care decision makers should ensure that leadership positions are available to and filled by nurses.” AACN and the Jonas Center aim to increase leadership efforts within the profession and prepare the next generation of nurses with the tools necessary for effective advocacy. Invited speakers include nursing policy experts with national nursing organizations and the Robert Wood Johnson Foundation offering a variety of perspectives on nursing policy and advocacy measures. All Webinars will last approximately one hour. The description of the Webinar series is as follows:

Advocacy Actions Now! -Thursday, December 8, 2011, 1:00pm ET
Frank Purcell, Senior Director Federal Government Affairs of the American Association of Nurse Anesthetists and Patrick Cooney, President of the Federal Group, Inc. will lead this session and examine ways nursing students can become involved in advocacy at the local, state, and federal levels. Leveraging of media outlets by professional advocates will also be discussed.
To register for Advocacy Actions Now!:
http://community.aacn.nche.edu/registration/register.cfm?reg=85&evt=PL120811

The Future of Nursing and You –Friday, January 20, 2012, 12:00pm noon ET
Susan Hassmiller, PhD, RN, FAAN, Senior Adviser for Nursing at the Robert Wood Johnson Foundation, will lead this session on the Institute of Medicine’s report Future of Nursing: Leading Change, Advancing Health and review the report’s recommendations as well as the current implementation initiatives at the state and federal levels.
Making Your Message Count – Friday, February 10, 2012, 12:00pm noon ET
Darlene Curley, MS, RN, Executive Director of the Jonas Center for Nursing Excellence and Suzanne Miyamoto, PhD, RN, AACN Director of Government Affairs, will lead this session focusing on the importance of sending a collective message to legislators when advocating for the profession and will review lessons learned from independent and coordinated lobbying. Effective strategies for political advocacy will be shared.
To register for Making Your Message Count:
http://community.aacn.nche.edu/registration/register.cfm?reg=89&evt=PL021012

AACN and the Jonas Center encourage members to utilize these Webinars in efforts to promote policy and advocacy education to students at all levels.

AACN’s 2012 Student Policy Summit’s Registration is Open

Registration for AACN’s 2012 Student Policy Summit is now open to nursing students at AACN member schools. This year marks the third Policy Summit, which is limited to a small dedicated cohort of 130 students so be sure to register early! The Student Policy Summit provides undergraduate and graduate nursing students the opportunity to congregate in Washington, DC for a three-day conference focused on nursing policy, research, and advocacy. In addition to the exciting programmatic sessions, attendees will have the opportunity to visit their members of Congress and Congressional staff with deans from their states who are in town for AACN’s Spring Semiannual meeting. The deans, directors, and students will share with Congressional leaders the importance of nursing education and research as it relates to the health of our nation. Together AACN members and students will bring one common and united advocacy message to the Hill.

AACN also offers scholarships to two exceptional students that cover the student’s airfare, accommodations, and registration fee. Scholarship essays are due Friday, January 20, 2011. For more information see:
http://www.aacn.nche.edu/government-affairs/2012_SPS_Scholarship_Application.pdf

To register online for the 2012 Student Policy Summit, visit:
https://apps.aacn.nche.edu/Registration/registration.asp

For more information regarding the Summit, visit:
http://www.aacn.nche.edu/government-affairs/2012-student-policy-summit

Dr. Ellen-Marie Whelan named AACN’s 2011 Policy Luminary Award Recipient

Senior Advisor at the Center for Medicare & Medicaid Services (CMS) Innovation Center Ellen-Marie Whelan, PhD, RN, FAAN, was selected to receive AACN’s 2011 Policy Luminary Award. Initiated in 2009, this honor is granted to one remarkable nurse each year whose contributions to health policy promote the nursing profession. The award was presented to Dr. Whelan during AACN’s 2011 Fall Semiannual Meeting held in Washington, DC.

Dr. Whelan’s work at the CMS aims to identify new models of care delivery and payment methods for Medicare and

Dr. Ellen-Marie Whelan (right) accepts the Policy Luminary Award from Government Affairs Committee Chair Dr. Teri Murray.
Medicaid beneficiaries. These new care models will bridge patients, payers, and care providers together to carry out the Center’s mission to increase access to care and lower healthcare costs. Dr. Whelan advises the Innovation Center on collaborative efforts with other federal agencies to investigate new payment approaches that will reduce costs, improve sustainability, and promote increased communication among health providers. Her leadership is a true model for nurses across the nation.

Dr. Patrick DeLeon Named an AACN Honorary Associate Member

AACN’s Board of Directors voted to honor Dr. Patrick DeLeon, former long-time Chief of Staff to Senator Daniel Inouye (D-HI), as an AACN Honorary Associate Member. The status of Honorary Associate Member was developed by the association to distinguish leaders who have displayed extraordinary dedication toward advancing nursing practice, education, policy, and research. Dr. DeLeon personally assisted in creating the National Institute of Nursing Research (NINR), which has significantly expanded the nursing research community. Through NINR direction and funding, nurse researchers have led initiatives that have resulted in improved quality outcomes, reduced costs, and increased patient satisfaction. Understanding the crucial role that registered nurses and advanced practice nurses play in primary and preventative care, Dr. DeLeon has been a true champion and advocate for nursing.

During his years of Congressional service, Dr. DeLeon has guided several nurses into positions of national leadership, particularly through his involvement with the Military Nurse Detail Program. He has been a long-standing and dedicated supporter of nursing issues and has shared with his Congressional colleagues the critical role nurses play as the driving force behind innovative, patient-centered models of care. Dr. DeLeon was granted Honorary Associate Membership status during this AACN’s 2011 Fall Meeting.

AACN Advocacy Efforts during the 2011 Fall Semiannual Meeting

At the recent Fall Meeting, AACN members met with members of Congress and their staff to discuss nursing education, research, and practice issues critical to the health of the nation. Three specific items included the importance of continued support for the Title VIII Nursing Workforce Development programs, support for the “Dear Colleague” letter circulating to request increased funding for the National Institutes of Health (NIH) in FY 2012, and co-sponsorship of the Home Health Care Planning Improvement Act of 2011 (H.R. 2267/S. 227), which recognizes certain Advanced Practice Registered Nurses (APRNs) as providers reimbursable for ordering home health services.

According to most recent recorded data, approximately 83 AACN members registered a total of 60 visits (25 to House offices; 35 to Senate offices) to support these requests on Capitol Hill. Additionally, AACN’s second Virtual Advocacy Day was held during the Fall Meeting. AACN constituents were asked to reach out to members of Congress via the Web with requests for support for Title VIII and NIH. A total of 179 AACN constituents sent a
total of 261 messages (159 to the Senate; 102 to the House). To log in Capitol Hill visits made during the 2011 Fall Meeting, please visit: http://capwiz.com/aacn/lrm/feedback.tt

As a follow-up to the status of AACN’s Congressional request, the “Dear Colleague” letter, circulated by Representative Ed Markey (D-MA) and Representative Brian Bilbray (R-CA), included 90 signatures in support of an increase in funding to the NIH, but not at the expense of other research programs.

**Fall 2011 Congressional Reception**

On October 24, 2011, AACN hosted a Congressional Reception coinciding with the 2011 Fall Semiannual Meeting. Members of Congress and their staff had the opportunity to meet with AACN members to discuss relevant national nursing issues and how these issues are impacting their states and local districts. This venue provided AACN members an additional opportunity to educate federal legislators on challenges within the nation’s healthcare delivery system and how nursing care can and currently does provide solutions to many of these access, cost, and quality barriers. AACN was delighted to have Representative Lois Capps, RN (D-CA) and Representative Andrew Harris, MD, (R-MD) offer remarks in support of advancing nursing’s leadership roles. Additionally, AACN members were honored to have Representative Howard Coble (R-NC) meet with constituents. Guests included Major General Kimberly Siniscalchi, Assistant Air Force Surgeon General, Colonel Bruce Schoneboom, and Cathy Rick, Chief Nurse Officer of the Veterans Affairs Department. AACN thanks House Nursing Caucus co-chairs Representative Capps and Representative Steven LaTourette (R-OH), for their support of this event.

Representative Lois Capps (left) addresses reception guests beside AACN’s CEO Polly Bednash

Representative Andrew Harris and Maj. Gen. Kimberly Siniscalchi with AACN President Kathleen Potempa (center) CEO Polly Bednash (right), and AACN President-Elect Jane Kirschling (left).

AACN members engage with members of Congress and their staff in the Rayburn Foyer of Rayburn Building.

AACN President Kathleen Potempa gives opening remarks to reception attendees.

Col. Bruce Schoneboom and AACN member discussing the direction of nursing’s future.
Summary of the Accountable Care Organization Final Rule

On October 20, 2011, the Center for Medicare and Medicaid Services (CMS) released their final rule regarding their shared savings program or Accountable Care Organizations (ACO). AACN submitted comments in June when the proposed rule was released and focused our remarks on allowing Advanced Practice Registered Nurses (APRNs) to assign beneficiaries under the program as the law dictates that primary care services be provided by a physician.

Below is a summary of the final rule from AACN’s legal consultant.

CMS has modified the methodology it will use in assigning beneficiaries to an ACO in response to comments submitted by AACN and other organizations. As originally proposed, beneficiaries would be assigned to an ACO retrospectively at the end of the year. In the final rule, assignment would be prospective with reconciliation at the end of the year. This addresses the concern that an ACO would not know for which patients it is responsible during the shared savings period.

The other change in beneficiary assignment relates directly to the issue raised by AACN in its comments that primary care furnished by nurse practitioners (NPs) would not be counted for purposes of assigning beneficiaries to an ACO. Assignment is important because ACOs must have at least 5,000 beneficiaries to participate. In addition, if an individual is assigned to an ACO that ACO will likely take steps to assume responsibility and control of the patient’s health care. This could result in patients being steered away from existing care providers in favor of ACO providers (although beneficiaries continue to have free choice as to where they get their care).

Under section 3022 of the Affordable Care Act, assignment to an ACO must be based on primary care services received from a primary care physician. This created a statutory impediment to inclusion of services of nurse practitioners in the assignment equation. AACN had suggested that CMS could avoid this obstacle in the statute by attributing NP services to the primary care physician with whom the NP had a collaborative arrangement. CMS did not accept this argument on the grounds that it did not believe the statute afforded such flexibility. However, CMS agreed that it did have discretion to include NP services in the assignment methodology for those beneficiaries that had not received any primary care services from a primary care physician during the relevant time period. Thus, the agency proposed a two-step process, set forth in 42 CFR 425.402 of the final rules.

Under step 1, CMS would identify all beneficiaries who had received at least one physician primary care service from a primary care physician who is part of an ACO. If that condition is met, the beneficiary will be assigned to the ACO for which there are the most allowed charged for primary care services by primary care physicians. Under this step, NP services are not considered.

Step 2 would apply only to beneficiaries who had received a primary care service from an ACO physician who is not a primary care physician (e.g., a cardiologist) during the assignment period but had not received any primary care service from a primary care physician (either inside or outside of an ACO). Included in this might be beneficiaries who routinely obtain their primary care from a specialist such as a cardiologist. These beneficiaries would be assigned to an ACO if allowed charges for primary care services furnished to the beneficiary by all ACO professionals (including NPs) are greater than allowed charge for primary care services furnished by 1) ACO professionals (including NPs) in another ACO and 2) other ACO professionals (including NPs) who are not part of an ACO and who have a Medicare-enrolled Tax Identification Number (TIN.)

This methodology would work in the following way:

- It would reduce the number of situations in which a beneficiary who receives the majority of primary care from an NP is assigned to an ACO in which the NP does not participate but only if that beneficiary was obtaining their primary care from a specialist.

- It would promote assignment of a beneficiary to an ACO which included the NP from whom the beneficiary received the majority of their primary care provided the beneficiary had not obtained a primary care service from a primary care physician in another ACO.
• If a patient receives even a single primary care service from a primary care physician who is part of ACO but otherwise obtains the majority of their care from an NP who is either not in that ACO or in a different ACO, the patient would be still be assigned to the ACO of the primary care physician who saw the patient once.

• If a patient receives most of their primary care from an NP, but also receives some primary care services from a specialist in an ACO, the patient would not be assigned to the specialist’s ACO if the allowed charges for the NP’s services were greater than allowed charges for the specialist. (Only primary care services would be counted.) In that situation, the patient would be assigned to the ACO of the NP, or if the NP did not participate in an ACO, the patient would not be assigned to any ACO.

• In the situation in which a beneficiary received all of their primary care from an NP and no primary care services from a physician, the patient would not be assigned to any ACO (even an ACO in which the NP participated).

One thing to be aware of is that primary care is defined to include all outpatient visits so that any visit code billed by a specialist would count as a primary care service regardless of whether it consisted of primary care or specialty care.

**Update on the FY 2012 Appropriations Process and Deficit Reduction Negotiations**

Currently, the federal government is operating on a Continuing Resolution that will expire on November 18, 2011. In advance of this deadline, House and Senate Appropriators have crafted a minibus that incorporates spending bills considered under regular order, including Department of Agriculture; Commerce, Justice and Science; Transportation; Housing and Urban Development as well as a continuing resolution (CR) that encompasses those appropriations measures not yet considered. The CR will extend funding for those remaining programs until December 16, 2011. The CR will fund the Labor, Health and Human Services, and Education (LHHS-ED) programs, which includes the Title VIII Nursing Workforce Development programs and the National Institute of Nursing Research. The House and Senate are both expected to pass this agreement before the November 18 deadline. The conference report (H Rept 112-284) can be found at [http://www.rules.house.gov/Legislation/legislationDetails.aspx?NewsID=601](http://www.rules.house.gov/Legislation/legislationDetails.aspx?NewsID=601).

In anticipation of continued discussions concerning LHHS-ED FY 2012 funding, AACN has joined with 46 other national nursing organizations as a part of the Nursing Community requesting that House and Senate Appropriations provide at least level funding for the Title VIII programs or $242.387 million. This FY 2011 funding level was passed by the Senate Appropriations Committee earlier this year. Additionally, the letter requested that they consider “the maximum amount of funding possible for the National Institutes of Health while maintaining a balanced commitment to other critical health and research programs as the LHHS-ED Appropriations process continues.” AACN also joined with the Health Professions and Nursing Education Coalition in calling to protect level funding for the Title VII and VIII programs in FY 2012. To view a copy of these letters, see:


Established by the Budget Control Act of 2011 [Public Law 112 – 25], The Joint Select Committee on Deficit Reduction continues to work toward its benchmark of cutting more than a trillion dollars from the federal budget over the next decade. Recommendations from the “Super Committee” are due November 23, 2011. Two plans have recently been circulated by the Republican and Democratic parties, respectively. Senator Pat Toomey (R-PA)
released a plan last week that would provide $700 billion in cuts and $500 billion in revenues, which would include $250 billion in tax code reform for a total of $1.2 trillion. The most recent Democratic plan would include $1 trillion in revenues and $400 billion in entitlement reform. AACN will continue to monitor the continuing negotiations concerning federal spending and keep stakeholders apprised of our advocacy and final outcomes.

HHS Announces Health Care Innovation Challenge

On Monday, November 14, 2011, the Department of Health and Human Services (HHS) announced the Health Care Innovation Challenge. This funding opportunity, provided by the Affordable Care Act, will award up to $1 billion to test projects that develop models that will increase delivery of care while lowering costs. Those encouraged to apply include healthcare providers, payers, local government, multi-payer collaborations, and public-private partnerships. Awarded projects will participate in comprehensive monitoring and evaluation, and will report quality indicators and savings on a regular basis. The Health Care Innovation Challenge asks those interested to describe innovative models for workforce training, deployment, and methods to create a more financially sustainable health system. Proposals submitted should address the following: Workforce Development and Deployment, Speed to Implementation, and Model Sustainability. Awards will be announced March 2012. Those interested should take note of the following important deadlines below:

December 19, 2011- Letter of intent due  
January 27, 2012- Applications due  
March 30, 2012- Anticipated award date

For more information regarding this opportunity, visit:  

Save Student Aid- Act Now!

The Student Aid Alliance (SAA), a coalition comprised of 62 national higher education organizations representing thousands of colleges and universities across the nation, has organized Save Student Aid, a unified campaign in response to federal budget cuts upward of $30 billion to educational loan and benefits programs. Recognizing the projected need for more college graduates in the workforce, the threat of these cuts to student aid poses serious risk on the future of the economy. According to recent data, by 2018, there will be a projected need for 22 million college graduates in the workforce. It is estimated however, that there will be a shortfall of at least 3 million. The U.S. Department of Education projects a 16 percent increase in undergraduate enrollment by 2019, but given increasing costs of tuition and associated costs of higher education, the number of students who will be able to afford a college education is at grave risk.

Among the programs at risk are Pell Grants, the campus-based programs (Supplemental Educational Opportunity Grants, Federal TRIO programs, Leveraging Educational Assistance Partnerships, Federal Student Loans, Federal Work-Study, and Perkins Loans), GEAR UP, and graduate programs. Save Student Aid, which was unveiled in mid-October, garners the support of college and university presidents, faculty, students, and citizens. Recognizing the popularity and effectiveness of internet media and social networking tools, SAA engages students and the public to sign an online statement of support, and provides student with tools to organize outreach on college campuses. SAA believes the overwhelming support continually captured by the website’s signature count is largely due to grassroots efforts of students spreading the word to fellow students and advertising the campaign on social media networks like Facebook and Twitter. SAA has noted that several college and university presidents have been extremely active in encouraging their faculty and student bodies to get behind the campaign. Supporters are also encouraged to contact...
their federal legislators to raise awareness and amplify the campaign’s message. Several letters and phone calls have reached Congressional ears.

For more information on Save Student Aid and the Student Aid Alliance, visit: http://studentaidalliance.org/
To sign the Save Student Aid statement of support, visit: http://action.studentaidalliance.org/5371/save-student-aid-statement-support/