FY 2013 Appropriations Update

On June 14, 2012, the Senate Appropriations Committee approved the Fiscal Year (FY) 2013 Labor, Health and Human Services, Education and Related Agencies (LHHS-ED) Appropriations spending bill by a vote of 16-14, supporting the LHHS-ED Appropriations Subcommittee’s recommendations. The funding package included a total of $158.8 billion (an increase of $2 billion over FY 2012) in discretionary dollars for FY 2013. This overall spending limit is consistent with the levels set by the Budget Control Act (BCA) of 2011. The BCA was enacted to decrease the national deficit and set spending parameters for discretionary programs through 2021.

The Nursing Workforce Development programs (Title VIII of the Public Health Service Act) received a total of $231.099 million, which is the same level as FY 2012. No funding changes were proposed for any of the six Title VIII programs. While AACN had requested $251 million, consistent with the President’s FY 2013 recommendation, the association recognizes the Senate Appropriators’ continued commitment to nursing education by maintaining level funding in this tough fiscal climate as so many programs received cuts. For example, the Health Professions programs (Title VII of the Public Health Service Act) received $256.592 million (3% decrease from FY 2012).

Of particular interest to AACN members concerned with funding for Nurse-Managed Health Clinics (NMHCs), the Senate Committee Report for the Departments of LHHS-ED (112-176) included language stating that the NMHCs are to be awarded no less than $5 million from funds available through Title VIII’s Nursing Education, Practice, Quality, and Retention program. AACN and the Nursing Community, particularly the National Nursing Centers Consortium, requested $20 million for the Nurse-Managed Health Clinic program (Title III, Public Health Service Act) that was created through the Affordable Care Act (ACA). While this directive language is less than nursing’s request and does not fund the newly established program, nursing can claim come success given the current fiscal reality and that the controversy over funding ACA programs will continue to be a barrier to many programs of interest. However, it is clear that the Senate Appropriators understand the role NMHCs play in providing quality care to underserved populations and saw it necessary to direct funds in this fashion.

The National Institutes of Health (NIH) received an overall funding level of $30.723 billion, $100 million more than FY 2012. This slight funding increase is reflected in the National Institute of Nursing Research by providing $144.590 million (0.01% increase over FY 2012). While the funding level falls short of AACN’s requested $150 million, we are pleased that Senate Appropriators recognize the need to continue to invest in NIH programs.

Additionally, the spending package provided $3 million for the National Health Care Workforce Commission, which was established through Section 5101 of the ACA. In September 2010, the Government Accountability Office announced the members of the Commission with Peter Buerhaus, PhD, RN, appointed as Chair. However, the Commission has not been able to function as no funding has been provided by Congress to date. While the Senate LHHS-ED Appropriations bill includes funding for the Commission’s work, because it is an ACA program, the House is not likely to support funding in FY 2013.
To view AACN’s FY 2013 Appropriations Funding Chart detailing programs of interest, see: http://www.aacn.nche.edu/government-affairs/FY13FundingChart.pdf

To view the Senate Committee’s FY 2013 LHHS-ED report, see: http://www.gpo.gov/fdsys/pkg/CRPT-112srpt176/pdf/CRPT-112srpt176.pdf

AACN members directly contributed to protecting nursing funding in FY 2013 by reaching out to Subcommittee members through a targeted Action Alert. Collectively, 65 AACN members made contact with 16 of the 18 Senators on the LHHS-ED Subcommittee by sending a total of 87 messages.

To read AACN’s letter to the Senate LHHS-ED Appropriations Subcommittee in support of nursing funding, see: http://www.aacn.nche.edu/government-affairs/FY13-Senate_LHHS_Subcommittee_Letter.pdf

To read the Nursing Community’s letter to the Subcommittee, see: http://www.aacn.nche.edu/government-affairs/FY13-NC-Senate_LHHS_Subcommittee_Letter.pdf

It is unclear when the House LHHS-ED Appropriations Subcommittee will consider their spending package. While reports suggested that this would occur before the July 4th Congressional recess, no confirmation has come from the Subcommittee. Support from AACN’s grassroots network during the House LHHS-ED Subcommittee mark-up will be critical as the House has proposed steep cuts, beyond what is outlined in the BCA. Additionally, last year’s House draft proposal for FY 2012 cut Title VIII by over 50%. AACN will continue to update our members as the appropriations process unfolds.

HHS Requested to Detail Impact of Impending Spending Cuts

On June 7, 2012, Representative Ed Markey (D-MA) requested the Secretary of Health and Human Services (HHS) Kathleen Sebelius to provide a report detailing how HHS will handle across-the-board cuts to the federal agencies should the impending sequester mandated through the Budget Control Act (BCA) of 2011 take effect. BCA calls for a series of sweeping cuts in discretionary government spending to occur starting January 1, 2013 to reduce the deficit by approximately $900 billion over the next ten years. Unless repealed or amended, the sequester will make an indiscriminant cut of 7.8% (alternate sources report cuts as high as 8-10%) from all discretionary spending. Mandatory spending for entitlement programs such as food stamps, Medicaid, and Social Security are protected from the sequester’s potentially devastating impact with the exception of Medicare, which would be capped at a 2% cut per year through 2021.

The budget for federal programs dedicated to research, health, and community development, including the Title VIII Nursing Workforce Development programs, would be faced with the challenges of severely reduced funding. Secretary Sebelius’s report, which Rep. Markey asks be completed by June 30, 2012, is to include special emphasis on how healthcare research and development would be adversely affected. In his letter to the Secretary, Rep. Markey notes that the sequester would result in a $3.6 billion loss for medical research in 2013 alone. Rep. Markey stresses that this decrease in funding “could stop vital, life-saving research in its tracks.”


White House’s “Discussion on Improving Care Quality and Patient Health” Convenes Nursing Leadership

On June 13, 2012, the White House Domestic Policy Council held a forum uniting nurse leaders and the Administration to discuss the profession’s role in innovative healthcare models and technologies. The goal of the dialogue was to solicit feedback regarding nursing leadership’s perspective on relevant provisions of the Affordable Care Act (ACA). Invited attendees included nursing representation from the Health Resources and Services Administration, the Center for Medicare and Medicaid Innovation, national professional nursing and healthcare organizations, and the practice community. Attending on behalf of AACN was President Jane Kirschling. Dr. Janet Allan from the University of Maryland, and Dr. Patricia Butterfield from Washington State University Spokane were also in attendance. Carole Johnson, Senior Policy Advisor of the White House Domestic Policy Council, moderated a diverse panel of nursing and healthcare experts, including:

- Mandy Cohen, MD, MPH, Director, Stakeholder Engagement Group for the Center for Medicare and Medicaid Innovation,
- Margaret Flinter, APRN FNP-c, PhD, FAANP, Senior Vice President & Clinical Director, Community Health Center, Inc., and Director of the Community Health Center’s Weitzman Center for Innovation in Community Health and Primary Care,
- Kristi Henderson, DNP, NP-BC, FAEN, Chief Advanced Practice Officer, Director of Telehealth, and Associate Professor in the School of Nursing, University of Mississippi,
- Mary D. Naylor, PhD, RN, FAAN, Marian S. Ware Professor in Gerontology, and Director of the NewCourtland Center for Transitions and Health University of Pennsylvania School of Nursing,
- Ellen-Marie Whelan, PhD, NP, RN, FAAN, Senior Advisor, Center for Medicare and Medicaid Innovation

The panel presented innovative care delivery and payment models where nursing plays a pivotal role in increasing access to care, reducing healthcare-associated costs, and improving patient outcomes. Utilizing registered nurses and Advanced Practice Registered Nurses (APRNs) as central participants in interdisciplinary practice conveyed strong evidence for nurses as the lead coordinators of the healthcare team. This was exemplified in Dr. Henderson’s work to incorporate Telehealth technologies for APRN use in remote areas and Dr. Naylor’s esteemed Transitional Care Model for elderly patients as they progress from the hospital system to outpatient and homecare settings.

Attendees had the opportunity to present stimulating questions to the panel and White House staff concerning nursing’s role in the midst of a changing healthcare climate and the challenges of extending nursing care to vulnerable patients in underserved communities. White House staff documented the comments and recommendations nursing leadership provided. An over-arching message from the participants was the need for removal of scope of practice barriers and supporting nurses to the full extent of their practice and training.

AACN Joins APRN Advocates to Respond to the Proposed Rule on Medicaid Primary Care Payments

On Monday, June 11, 2012, AACN joined with the American Association of Nurse Anesthetists, the American College of Nurse-Midwives, and the American Nurses Association to respond to the proposed rule released by the Centers for Medicare and Medicaid Services (CMS) regarding Medicaid payments for primary care services. The
letter outlined our organizations’ disappointment that “the proposed rule does not equitably treat all health professionals who are licensed to provide primary care services to Medicaid beneficiaries as authorized by state law and the Social Security Act.” The comments call on the agency to find mechanisms that would allow APRNs who provide primary care services to Medicaid beneficiaries increased reimbursement under the proposed rule. Rationale for this request comes from the Institute of Medicine’s Future of Nursing report as well as provisions within the Affordable Care Act that incorporate increased utilization of APRNs in primary care. The Affordable Care Act did not specifically mention APRNs related to primary care payment under Medicaid for calendar years 2013 and 2014. However, CMS did state in the proposed rule that physician practices will be allowed to bill for services provided by APRNs and count them as eligible for the payment increase when under the supervision of a physician. The co-signing organizations are concerned that this excludes the independently practicing APRNs.

To read a copy of the comments, see: http://www.aacn.nche.edu/government-affairs/APRN_Comment_Letter_on_Medicaid_Primary_Care_Rule.pdf

CMS Releases Final Rule on Medicare and Medicaid Hospital Conditions of Participation

On December 22 and 23, 2011, AACN joined with the Nursing Community and APRN community (respectively) to submit comments concerning the proposed rule, Medicare and Medicaid Programs; Reform of Hospital and Critical Access Hospital Conditions of Participation (76 Fed. Reg. 65891, October 24, 2011). Both sets of comments focused on federal policy barriers that continue to impede APRN practice and patient choice as well as the advanced role of RNs in quality and safety control. The final rule was issued on May 16, 2012 and will take effect on July 16, 2012. Of significant concern in both nursing comments was the request to enhance the medical staff membership to APRNs. The final rule indicated that:

“We have broadened the concept of “medical staff” and have allowed hospitals the flexibility to include other practitioners as eligible candidates for the medical staff with hospital privileges to practice in the hospital in accordance with State law. All practitioners will function under the rules of the medical staff. This change will clearly permit hospitals to allow other practitioners (e.g. APRNs, PAs, pharmacists) to perform all functions within their scope of practice. We have required that the medical staff must examine the credentials of all eligible candidates (as defined by the governing body) and then make recommendations for privileges and medical staff membership to the governing body.”

Additionally, both sets of comments noted that APRNs should be among the practitioners who can order drugs, biologicals, as well as document and sign for them. The final rule states:

“We have allowed for drugs and biologicals to be prepared and administered on the orders of practitioners (other than a doctor), in accordance with hospital policy and State law, and have also allowed orders for drugs and biologicals to be documented and signed by practitioners (other than a doctor), in accordance with hospital policy and State law.”

To read a copy of the final rule, see: http://www.gpo.gov/fdsys/pkg/FR-2012-05-16/pdf/2012-11548.pdf

Rank of Military CNOs Preserved

On May 21, 2012, AACN, in conjunction with the American Dental Association, the American Dental Education Association, the American Nurses Association, and the American Organization of Nurse Executives, submitted a letter to the Senate Armed Services Subcommittee on Personnel expressing opposition to Section 502 of S.2467, the National Defense Authorization Act for Fiscal Year 2013, a provision which would lower the rank of the Chief Nurse
Officers (CNOs) of the Army, Navy and Air Force Nurse Corps and the Chief Dental Officers (CDOs) of the Army and Air Force Dental Corps. The proposal came about in an effort to capitalize on defense savings in this challenging fiscal climate; however, the projected amount saved in reducing the rank of these Chief Officers from Major General to Brigadier General is miniscule in comparison to total defense spending.

Moreover, a reduction in rank would undermine the leadership of these Chief Officers and would create an adverse effect on the promotion, recruitment, and retention of nurses and dentists committed to serving in the Corps. AACN firmly supports the equal recognition of the CNO position alongside their counterparts serving as the Chief Officers of other health professions in the military corps.

AACN is pleased to report the Subcommittee’s decision to not include this detrimental provision in the defense authorization bill. It is imperative for Congress and the public to understand the pivotal role our Chief Nurse Officers of the Army, Navy, and Air Force Corps serve in leading our nation’s first responders who provide nursing care for our country’s servicemen, veterans, and their families.


### HRSA’s Division of Nursing to Hold Diversity Summit

This August, the Health Resources and Services Administration's Bureau of Health Professions, Division of Nursing, will host “Nursing in 3-D,” a summit focusing on the social, economic, political, environmental, and healthcare system factors that influence diversity within the nursing workforce. The summit will gather workforce experts, nursing leaders, and diversity stakeholders to focus on diversity’s impact on patient outcomes and health disparities. The summit is open to the public on a first-come, first-serve basis, and will be held from 7:30am to 5:00pm on August 16, 2012, and from 8:00am to 1:00pm on August 17, 2012 in Bethesda, MD.

To view more information in the Federal Register’s notice, see: [https://www.federalregister.gov/articles/2012/06/19/2012-14823/nursing-workforce-diversity-invitational-summit-nursing-in-3d-workforce-diversity-health-disparities](https://www.federalregister.gov/articles/2012/06/19/2012-14823/nursing-workforce-diversity-invitational-summit-nursing-in-3d-workforce-diversity-health-disparities)

### Record Number of Healthcare Providers Utilizing CMS Electronic Health Record Incentive Programs

The Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) report that as of June 19, 2012, over 100,000 healthcare providers in over 40 states have benefitted from the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. These programs offer payments to physicians, nurse practitioners, certified nurse midwives, and hospitals to overcome the barriers of implementing EHR technology. This milestone is an important step in the national effort to convert patient records to electronic format. EHR technology contributes to more efficient, higher quality care and allows more collaboration between providers and patients. These programs are ongoing, and CMS expects every state to be participating by the end of 2012.
In March, CMS Acting Administrator Marilyn Tavenner and the National Coordinator for Health Information Technology Dr. Farzad Mostashari announced the goal of 100,000 healthcare providers participating in the Medicare and Medicaid EHR Incentive Programs by the end of 2012. According to Acting Administrator Tavenner, “meeting this goal so early in the year is a testament to the commitment of everyone who has worked hard to meet the challenges of integrating EHRs and health information technology into clinical practice.”

For more information on the Medicare and Medicaid EHR Incentive Programs, see: http://www.cms.gov/ehrincentiveprograms/

PCORI Welcomes Public Comment on Methodology Report

The Patient-Centered Outcomes Research Institute (PCORI) Board of Governors approved the first draft of the PCORI Methodology Report on May 21, 2012. The report, titled “Our Questions, Our Decision: Standards for Patient-Centered Outcomes Research,” presents 60 new guidelines to direct this innovative research. The recommendations provide methodological direction for components of the research process identified by the PCORI Methodology Committee, which included a wide range of topics from choosing a research question to implementing the results into practice. PCORI welcomes public input, and the report will be open for comment until July 31, 2012.

PCORI is an independent organization established through the Affordable Care Act and is tasked with improving healthcare decision-making on behalf of patients and providers through patient-focused research. For more information on PCORI, visit: http://www.pcori.org/

For more information on the Methodology Report or to submit a comment, see: http://www.pcori.org/what-we-do/methodology/

Funding Opportunity for Interprofessional Practice

The U.S. Health Resources and Services Administration (HRSA) has announced a cooperative agreement grant opportunity directed at enhancing interprofessional practice and dissolving barriers between practitioner services in the healthcare system. The Coordinating Center for Interprofessional Education and Collaborative Practice (CC-IPECP) will provide “an infrastructure for leadership, expertise, and support to enhance the coordination and capacity building of IPECP among health professions across the U.S. and particularly in medically underserved areas.”

HRSA will partner with federal agencies, public and private organizations, and foundations to encourage individualized, patient-centered care.

To view eligibility requirements, visit: http://www.grants.gov/search/search.do;jsessionid=h15tPJ3WbVRSr7wKc4GWyp7l9p8pQLxj3VVT226gK62hQtfjDSD6!-253887325?oppId=173954&mode=VIEW

To apply, visit: http://apply07.grants.gov/apply/UpdateOffer?id=124750

For more information, visit: http://www.hrsa.gov/grants/apply/assistance/interprofessional/
Establishing Educational Excellence for Military Servicemen, Veterans

In an effort to improve the transparency of educational programs for military veterans and their families, President Obama has issued Executive Order 13607 - Establishing Principles of Excellence for Educational Institutions Serving Service Members, Veterans, Spouses, and Other Family Members.

The order was instituted in response to reported cases of military students receiving misinformation leading to unintended debt and barriers to graduation. The order sanctions higher learning institutions to provide service members, veterans, spouses, and family members adequate and accurate information regarding educational programs, including financial aid eligibility and graduation requirements.

The U.S. Department of Education, the Department of Veterans Affairs, and the Department of Defense will collaborate in establishing “Principles of Excellence” to guide educational institutions receiving funding from federal military and veteran educational benefits programs in promoting and adhering to this endeavor. The Principles shall call upon these institutions to provide meaningful information to service members, veterans, and their families regarding federal tuition assistance participation, educational programs, the prevention of fraud and abuse of individuals receiving federal military benefits, and how institutions plan to support the needs of active-duty service members and reservists.


BPC Holds Webinar on Future of the Healthcare Workforce

On June 15, 2012, the Bipartisan Policy Center (BPC) and the Deloitte Center for Health Solutions (DCHS) hosted a webinar addressing healthcare workforce issues. Titled, “It’s 2020: Where to Get Care?: The Case For a Comprehensive National Workforce Strategy,” the webinar discussion focused on three key issues:

- the lack of comprehensive national data on the supply and demand for healthcare workers,
- the critical need for nurses and primary care physicians, and
- the challenge to keep hospitals viable as the healthcare industry considers accountable care models of delivery.

Kavita Patel, MD, MSHS, co-chair of BPC’s Health Professional Workforce Initiative, served as the webinar’s moderator. Panel speakers represented a diverse array of healthcare workforce experts, including Sheryl Coughlin, PhD, MHA, head of research at DCHS; Peter Buerhaus, PhD, RN, FAAN, Chair of the National Health Care Workforce Commission; Donald Girard, MD, Associate Dean for Graduate and Continuing Medical Education at Oregon Health and Science University; and Lisa Bielamowicz, MD, managing director of The Advisory Board Company. The panel emphasized that while the Affordable Care Act (ACA) has helped to shape current changes in the healthcare system, the need for improved healthcare practices and delivery will drive change and innovation regardless of the Supreme Court’s impending ruling on ACA.

Dr. Coughlin described the need for more comprehensive data collection at the national level concerning the supply of professionals in the healthcare workforce. DCHS’s upcoming reports will propose new methodologies for analyzing future workforce trends. Dr. Buerhaus focused on the long-term demand for nurses as the older generations of nurses begin to retire. To ensure that workforce supply can meet the public’s demand for healthcare services, federal funding will need to meet workforce needs. As physicians are only one part of the healthcare team, Dr. Girard argues that this should include expanding federal funding opportunities to other healthcare professionals.
The discussion concluded with Dr. Bielamowicz’s analysis of how utilizing accountable care based models would affect hospital sustainability. According to her projections, reformation to care delivery coupled with an aging Baby Boomer population will raise the question of how hospitals will continue to handle an increasing patient load.

Accepting Nominations for the 2012 AACN Policy Luminary Award

Granted annually to an exceptional nursing leader in the realm of public policy, the AACN Policy Luminary Award highlights the achievements and contributions made by this individual to the advancement of the nursing profession. Initiated in 2009, the Policy Luminary Award has been received by Dr. Mary Wakefield, Administrator of the U.S. Health Resources and Services Administration, Dr. Mary Naylor, Marian S. Ware Professor in Gerontology at the University of Pennsylvania and Director of New Courtland Center for Transitions and Health, and most recently, Dr. Ellen-Marie Whelan, Senior Advisor at the Center for Medicare & Medicaid Innovation.

AACN’s Government Affairs Committee is seeking nominations for this year’s award. Each nomination package should include two letters of recommendation from peers, the nominee’s CV, and a one page bio-sketch. Nominations are due Monday, September 17, 2012, by 5pm E.T. If you wish to submit a nomination or have questions regarding eligibility, please contact AACN Government Affairs Manager, Lauren Inouye at linouye@aacn.nche.edu.

For more information on the Policy Luminary Award, see: http://www.aacn.nche.edu/membership/awards/CallforNomPolicy.pdf

Sponsor the 2013 AACN Student Policy Summit!

The fourth annual Student Policy Summit will be held March 17-19, 2013 in Washington, DC. The Summit is open to baccalaureate and graduate students of AACN member schools who have a keen interest in learning about the legislative process and nursing’s role in healthcare policy. Summit sponsorship ensures that the cost of attending the Summit is affordable for all students, and that the Summit is a highly rewarding experience.

Based on level of sponsorship, institutions that choose to sponsor have the opportunity to have their name and logo featured on Summit materials. Higher levels of sponsorship cover the cost of registration for a limited number of students awarded on a merit-basis.

This year’s Summit, which convened March 25-27 in Washington, DC, was a great success due largely in part to the generous support of its sponsors. In attendance were over 100 students who represented 41 schools across 23 states. AACN would once again like to thank the 2012 SPS sponsors: Jonas Center for Nursing Excellence, Johnson & Johnson Campaign for Nursing’s Future, Pharmaceuticals Research and Manufacturers of America, University of Kentucky School of Nursing, and Loyola University New Orleans School of Nursing.

Sponsorship opportunities are limited and are granted on a first-come, first-serve basis. To view sponsorship packages for the 2013 Summit, see: http://www.aacn.nche.edu/government-affairs/SPSSponsorPackages.pdf

For more information on the 2013 Student Policy Summit, including registration, visit: http://www.aacn.nche.edu/events/2013/03/17/student-policy-summit