While the American Association of Colleges of Nursing (AACN) did not take an official stance on the recently enacted healthcare reform legislation, *Patient Protection and Affordable Care Act*, the organization did support many provisions that improved nursing education, research, and practice. Below is an overview of these provisions.

**Title VIII Nursing Workforce Development Programs: Expanding and Strengthening the Nursing Workforce (Secs. 5000, 5202, 5305, 5309, 5310, 5311, 5312, 5404)**

One of the most significant reform efforts this law includes for nursing education is the reauthorization of the Title VIII Nursing Workforce Development Programs (42 U.S.C. 296 et seq.). The Title VIII programs are the largest source of federal funding for nursing education and have not been reauthorized since 2002. AACN has worked with our colleagues in the nursing community for nearly a decade to see critical revisions made to these programs, particularly those that limited support for doctoral students. The new law:

- Removes the 10% cap previously imposed on support for doctoral students under the Advanced Education Nursing Grants. The elimination of this cap will address the need for more doctorally prepared faculty and Advanced Practice Registered Nurses (APRNs).

- Updates the educational loan amounts for nurses and nursing students who receive funding under the Nursing Student Loan Program, Loan Repayment and Scholarship Program, and the Nurse Faculty Loan Program. This revision is critical to ensure recipients are awarded funding consistent with current educational costs.

- Expands the Comprehensive Geriatric Grant program to provide traineeships for nursing students pursuing a career in geriatrics. Traineeships for students with a background in gerontological nursing are essential as the aging population grows. According to the U.S. Census Bureau, 36.3 million Americans are over the age of 65, which represents 12% of the total population. It has been projected that by 2050, 86.5 million Americans will be over the age of 65. This represents a 147% increase between the years 2000 and 2050.

- Creates an individual nurse faculty loan fund in addition to the Nurse Faculty Loan Program awarded to schools of nursing. Both programs will place a priority on funding doctoral students. According to a *Special Survey on Vacant Faculty Positions* released by AACN in August 2009, a total of 803 faculty vacancies were identified in a survey of 554 nursing schools with baccalaureate and/or graduate programs across the country. Most of the vacancies (90.6%) were faculty positions requiring or preferring a doctoral degree.

- Expands the Nurse Education, Practice and Retention Grant program to include a “quality priority.” With the need for continual assessment and improvement of quality standards in the healthcare delivery system, nurses will need a strong background in this area.

- Expands the Nursing Workforce Diversity Program to include stipends, traineeships, and retention activities to improve nursing’s workforce diversity. The initial findings from the 2008 *National Sample Survey of Registered Nurses* show that while graduates entering the nursing profession represent greater cultural diversity, when compared to the U.S. population, the profession still does not represent the current demographics of this country. Nurses from racial and ethnic minorities underrepresented in nursing contribute significantly to the provision of healthcare services and are leaders in the development of models of care that address the unique needs of our nation’s populations.

**Graduate Nurse Education Demonstration: Expanding APRN Education (Sec. 5509)**

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. During the healthcare reform process, AACN worked collaboratively with our colleagues in the advanced practice community and AARP to develop a Graduate Nursing Education program. This program provides Medicare dollars to support the clinical education of APRNs. While AACN strongly supports this provision, we will work to see that during the regulatory process the language regarding costs covered accounts for all types of clinical training appropriate to the APRN education. Additionally, this program is limited to five hospitals, and we will advocate for expanding the program’s reach.
AACN is pleased to have helped our colleagues in the community advance provisions critical to their specific discipline or expertise within nursing. Below are a number of provisions that will positively impact the profession.

**Demonstration Grants for Family Nurse Practitioners (FNP): Increasing Access to Quality Primary Care (Sec. 5316)**
This demonstration program provides federally qualified health centers or nurse managed health centers three-year grants to fund recent FNP graduates. Through this funding, the FNPs will receive a one-year immersion program with full-time, paid employment and benefits. This program will help increase access to quality primary care.

**Nurse Managed Health Clinics: Expanding Access to Care and Nursing Education (Sec. 5208)**
The new law creates a funding stream for Nurse Managed Health Clinics (NMHCs). NMHCs provide services at a lower cost than other non-profit 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 the underserved, but also provide a clinical setting critical to nursing education.

**Primary Care, Prevention, and Health Promotion Expansion (Sec. 5207, 5209, 5210, 5315, 5501, 4002)**
A number of the provisions included in the new law promote primary care, disease prevention, and wellness by strengthening our nation’s public health workforce infrastructure. A mandatory Prevention and Public Health Fund is established for programs under the Public Health Service Act that focus on prevention and public health; funding for the National Health Service Corps is significantly increased; a Ready Reserve Corps is created through the U.S. Public Health Service Commission Corps; and a public health service science track is created under the new law. The law also provides incentive payments for primary care services given by health professionals including nurse practitioners and clinical nurse specialists.

**Community-Based Care Transitions Program: Improving Care Coordination and Decreasing Costs (Sec. 3026)**
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 will reduce costly re-hospitalizations by ensuring patients and caregivers are informed by, and have the assistance of, healthcare professionals to navigate the complex treatment needs of those most at risk for re-hospitalization.

**Independence at Home Medical Practice Demonstration Program: Recognizing NPs Role (Sec. 3024)**
The program creates an incentive payment and delivery model that uses Nurse Practitioners (NPs) and physicians to direct home-based primary care teams to reduce cost and improve health outcomes. AACN applauds this demonstration programs as it states that nothing shall prevent an NP from participating in, or leading a home-based primary care team.

**Certified Nurse-Midwives Obtain Full Reimbursement (Sec. 3114)**
Under the new law, the payment rate for covered services under Medicare provided by Certified Nurse-Midwives (CNMs) will increase from 65% of the rate that would be paid were a physician performing a service to the full rate. CNMs provide a range of healthcare services and 90% of visits to CNMs are for primary and preventive care.

**New Federal Commissions and Task Forces**
The new healthcare reform law creates a number of federal commissions and task forces, with many requiring the service of at least one nurse. AACN will be working with the Nursing Community to ensure that nurses with appropriate expertise will be nominated for these important commissions including:

- The National Health Workforce Commission (Sec. 5316)
- Prevention, Health Promotion, and Integrative and Public Health Advisory Group (Sec. 5501)
- Preventive Services Task Force and Community Preventive Service Task Force (Sec. 4003)
- Board of Governors for the Patient Centered Outcomes Research Institute (Sec. 6301)

Finally, AACN believes a few provisions require further attention.

Sec. 3022 creates a Medicare Shared Saving Program that will “promote accountability for a patient population and coordinate items and services and encourage investment in infrastructure and redesigned care processes for high quality and efficient service delivery.” The language in the law includes nurse practitioners and clinical nurse specialists. During the regulatory process AACN will work to ensure all APRNs are included in the provider group as appropriate.

Sec. 6407 requires as a condition of payment for durable medical equipment that a physician sign-off on the face-to-face encounter conducted by a nurse practitioner or clinical nurse specialist. AACN will work with our colleagues in the NP and Clinical Nurse Specialist (CNS) community to ensure that these APRNs can order durable medical equipment.

Sec. 10605 allows NPs, CNSs, and CNMs to conduct a home health visit, but it must be under the supervision of a physician. AACN will work with the APRN community to ensure that NPs, CNSs, and CNMs can order home health.

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