

Commitment to Quality Health Reform:

A Consensus Statement from the Nursing Community



Solutions for Improving Access, Cost, and Quality

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The nursing profession is committed to the patient, the family, and the community. The principles and recommendations listed below were crafted to illustrate the fundamental components of healthcare reform that Congress should incorporate to ensure all patients have access to the exceptional, quality care provided by America's nurses.

The undersigned nursing organizations are dedicated stakeholders in the reform of our nation's health system and are valuable participants that should be involved with every discussion regarding impending change. The Nursing Community, (a collaboration of nursing organizations, representing nursing students, registered nurses (RNs), advanced practice registered nurses (APRNs), nurse executives, nursing educators, and researchers), understands the need to invest in a healthcare system that is patient-centered, comprehensive, affordable, accessible, and delivers the quality of care all people in America deserve. Building this environment requires drawing on the full complement of expertise gained from broad-based, inter-professional partnerships. Nurses fundamentally believe that Congress and the Administration must act to expand patients' access to affordable, high-quality healthcare coverage. To effectively meet the nation's 21st century health demands, the Nursing Community urges the Administration and Congress to incorporate the following principles in crafting and implementing any reform measures:

- 1. There is a continuing shortage of professional Registered Nurses who are the single largest group of healthcare professionals in the country and are critical to the delivery of high quality, life-saving, preventive, and palliative health care across all care settings, geographic areas, socio-economic factors, and cultures.**

Recommendation: Over a seven year period, strategically invest \$2 billion in the Title VIII Nursing Workforce Development Programs to support 400,000 of the one million new and replacement nurses needed by 2016.

Recommendation: Reauthorize the Title VIII Nursing Workforce Development Programs, which are authorized under the Public Health Service Act, (42 U.S.C. 296 et seq.) with focused attention to the priorities outlined by over 30 nursing organizations in the *2008 Nursing Community Consensus Document for Title VIII Reauthorization*. These priorities include: addressing the nurse faculty shortage, strengthening support for APRNs and advanced educated nurses, expanding the diversity of the nursing workforce to be representative of the patient population, promoting efforts to retain and recruit nurses, and enhancing the efforts of the Health Resources and Services Administration (HRSA) to collect and report timely data on the nursing workforce.

- Overarching Principle: Increase Funding for Title VIII
- Guiding Principle: Increase Support for Nurse Faculty Education
- Guiding Principle: Strengthen Specific Resources for Education of Advanced Practice Nurses and Advanced Education Nursing
- Guiding Principle: Increase Efforts to Develop and Retain a Diverse and Professional Nursing Workforce for Transforming Healthcare Delivery System
- Guiding Principle: Increase the Efforts of HRSA and the Division of Nursing to Release Timely and More Comprehensive Data on the Nursing Workforce

Recommendation: Adequately fund the Capacity for Nursing Students and Faculty Program, the Loan Forgiveness in Areas of National Need, and the Graduate Assistance in Areas of National Need programs, which were included in the Higher Education Opportunity Act of 2008 (P.L. 110-315).

Recommendation: Address retention of nurses in acute care settings by ensuring that hospitals establish valid, reliable, and adjustable unit-by-unit nurse staffing plans, that tie staffing to quality outcomes, with direct input of nursing staff and based on each area's unique characteristics and needs.

Recommendation: Develop and increase recruitment, retention and incentive programs to address the shortage of nurses and APRNs in the armed services and Veterans Affairs health system. Additionally, develop creative partnerships between the Departments of Defense and Veterans Affairs and the civilian nursing educational system.

Recommendation: Continue to request and obtain timely and comprehensive data from agencies such as the Bureau of Labor Statistics, the Center for Medicare and Medicaid Services (CMS), HRSA, the Institute of Medicine (IOM) and the National Science Foundation that accurately depict the demographics of the nursing population, current shortages, and high-growth practice areas.

Recommendation: Amend the America COMPETES Act (P.L. 110-69) to include nursing as a Science, Technology, Engineering, and Mathematics (STEM) workforce area of national need. Ensure STEM programs at the Department of Education are expanded to support graduate, doctoral, and post-doctoral nursing programs in addition to providing K-12 STEM education programs to adequately prepare future nursing students in the math and science fields.

Recommendation: Include language that prohibits plans from discriminating against qualified licensed healthcare providers and encourages the utilization of providers to their full scope of practice under state law.

Recommendation: Encourage the implementation of safe patient handling and movement programs and equipment to increase patient safety and bolster nurse retention by protecting nurses from debilitating injuries.

2. When Advanced Practice Registered Nurses are able to provide services to their full scope of practice, they increase access to cost-effective, comprehensive, and high quality care in a patient and community-centered environment.

Recommendation: Use the IOM's definition of primary care in legislation and regulation. The IOM definition states: "Primary care is the provision of integrated, accessible healthcare services by clinicians who are accountable for addressing a large majority of personal healthcare needs, developing a sustained partnership with patients, and practicing in the context of family and community."

Recommendation: Include language that prohibits plans from discriminating against qualified licensed healthcare providers and encourages the utilization of providers to their full scope of practice under state law.

Recommendation: Within legislation and regulation, recognize and reimburse Nurse Practitioners (NPs) and Certified Nurse-Midwives (CNMs) as primary healthcare providers to ensure access to primary healthcare services for all.

Recommendation: Since APRNs bill Medicare Part B directly, any cuts or changes to the Physician Fee Schedule (PFS) affect APRNs in the same way as physicians. Reform the current PFS to prevent the yearly accumulation of payment cuts to Part B providers, which include APRNs. In the short term, avert the 20% cuts looming on January 1, 2010 so that APRNs billing Medicare Part B directly will continue to be reimbursed for services provided to Medicare patients.

Recommendation: Amend and extend Section 1101 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 to ensure reimbursement to APRNs for services provided to undocumented immigrants. (This provision, which expired in 2008, only reimbursed physicians for such care.)

Recommendation: Ensure that (1) states recognize NPs and CNMs as Medicaid primary care case managers to manage the care of their patient populations, (2) NPs, CNMs, Certified Registered Nurse Anesthetists (CRNA), and Clinical Nurse Specialists (CNSs) are placed appropriately on Medicaid managed care panels, and (3) Medicaid fee for service coverage includes direct reimbursement for all NPs and CNSs.

Recommendation: Ensure a fair rulemaking in Section 139 of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) for Medicare anesthesia payment teaching rules in order to protect patients' access to high-quality, cost-effective anesthesia care provided by CRNAs.

Recommendation: Ensure that insurance plans permit CRNAs to deliver pain management services where they are allowed by state law and facility policy to furnish such services, and ensure CRNAs are reimbursed for providing this care to patients in need.

Recommendation: Ensure that APRNs are reimbursed adequately for all healthcare services they provide for uninsured and underinsured children. Uninsured and underinsured children covered under CHIP also should have access to vision, mental, and dental health services.

Recommendation: Remove barriers to practice for APRNs within Medicare by:

- Allowing NPs and CNSs to certify hospice and homebound status and sign plans of care for Medicare patients receiving hospice and home healthcare services.
- Providing equitable reimbursement for midwifery services provided to disabled women and seniors who are beneficiaries of the Medicare program.
- Allowing hospitals to be reimbursed by Medicare when an APRN supervises medical students, residents, or student APRNs in the same manner it reimburses for physician supervision.

3. Patient-centered, community-based care coordination models that include a variety of primary and specialty healthcare provider options are proven to be cost-effective and efficient in improving quality health outcomes.

Recommendation: Ensure that NPs are fully recognized and utilized as healthcare providers in leading coordinated care models such as Medical/Health Homes.

Recommendation: Include NPs and NP-led practices in legislation authorizing demonstration or pilot programs, reimbursement authorization, and incentives for participation in comprehensive coordinated care models including Medical/Health Home models.

Recommendation: Ensure nurse-managed health centers are eligible to be designated and reimbursed as Federally-Qualified Health Centers.

Recommendation: Recognize the role of nurse-managed health centers in providing access to care, including chronic disease management, for vulnerable and underserved populations by investing in their sustainability and future.

4. Increased research and clinical focus on wellness and health promotion strategies will yield significant improvements in healthcare outcomes nationwide, and produce long-term cost savings that can be reinvested into achieving a healthier population.

Recommendation: Invest in nursing science by increasing funding for the National Institute of Nursing Research, the Agency for Healthcare Quality and Research, the Centers for Disease Control, and the Tri-Service Nursing Research Program funded through the Department of Defense and other related agencies.

Recommendation: Provide states with a new option to offer evidence-based nurse home visitation services, such as the Nurse Family Partnership, under Medicaid (proposed in S. 1052/H.R. 3024, 110th Congress). Expanding Medicaid reimbursement for these evidence-based programs and removing technical barriers faced by states seeking to offer them will promote the implementation of programs that have a proven return on investment and positive impact on community health and wellness.

Recommendation: Reauthorize and increase the investment in the National Health Service Corps with a focus on bolstering the primary care workforce through offering more scholarship and loan repayment funding.

5. Transparent reporting of clinical measures and health outcomes by all providers gives the public important information upon which to evaluate the quality and cost of healthcare services, and helps build an evidence base to inform processes of care and identify opportunities for improvement.

Recommendation: Implement standard, public reporting of nurse staffing levels, staffing mix, and nursing sensitive indicators through a mechanism such as CMS's Hospital Compare as recommended by the National Quality Forum (NQF) in its 2004 publication *National Voluntary Consensus Standards for Nursing-Sensitive Care: An Initial Performance Measure Set*.

Recommendation: Mandate that federally-funded demonstration projects, particularly those operated by CMS, include a comprehensive evaluation component that considers all of the providers including RNs and APRNs involved in patient care. (Federally-funded research and demonstration projects too frequently overlook the involvement and contributions of registered nurses and APRNs.)

Recommendation: Incorporate inpatient nursing performance measures into the emerging value-based purchasing effort in the coming fiscal years and develop payment incentives for hospitals that can demonstrate excellent nursing care that leads to better outcomes, higher quality and patient safety, and optimum value.

6. The use of a nationwide interoperable Health Information Technology (HIT) system that protects the privacy rights of individuals will improve safety and reliability, ensuring cost-effective and coordinated care.

Recommendation: Through federal guidance and investment in HIT, support effective collection of standardized, evidence-based performance information that will accurately measure quality and enable transition to a value-based payment system.

Recommendation: Require the inclusion of APRNs and RNs, as integral leaders and participants in the design, development, implementation, and evaluation of HIT systems.

Recommendation: Ensure that equitable resources, such as incentive payments for implementation, are available and extended to all healthcare professionals, including APRNs and RNs, seeking to utilize advanced HIT in their practice. The full intent of HIT can only be realized through widespread usage across the healthcare system.

Signatures

Academy of Medical-Surgical Nurses
American Academy of Ambulatory Care Nursing
American Academy of Nurse Practitioners
American Academy of Nursing
American Association of Colleges of Nursing
American Association of Critical-Care Nurses
American Association of Nurse Anesthetists
American Association of Occupational Health Nurses
American College of Nurse Practitioners
American College of Nurse-Midwives
American Nephrology Nurses Association
American Nurses Association
American Organization of Nurse Executives
American Public Health Association, Public Health Nursing Section
American Society of PeriAnesthesia Nurses
Association of Community Health Nursing Educators
Association of Nurses in AIDS Care
Association of periOperative Registered Nurses
Association of Rehabilitation Nurses
Association of State and Territorial Directors of Nursing
Association of Women's Health, Obstetric and Neonatal Nurses
Dermatology Nurses' Association
Hospice and Palliative Nurses Association
Infusion Nurses Society
National Alaska Native American Indian Nurses Association
National American Arab Nurses Association
National Association of Clinical Nurse Specialists
National Association of Neonatal Nurse Practitioners

National Association of Neonatal Nurses
National Association of Nurse Practitioners in Women's Health
National Association of Pediatric Nurse Practitioners
National Nursing Centers Consortium
National Organization of Nurse Practitioner Faculties
National Student Nurses' Association
Nurses Organization of Veterans Affairs
Oncology Nursing Society
Preventive Cardiovascular Nurses Association
Quad Council of Public Health Nursing Organizations
Society of Urologic Nurses and Associates
Visiting Nurse Associations of America
Wound, Ostomy and Continence Nurses Society

Taskforce Reference List

The list below highlights taskforce organizations that developed and strongly support the principles and recommendations in this document. Contact information for each organization has been provided to identify experts in nursing and healthcare policy who can speak to the document's content.

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