



January 6, 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:

The 43 undersigned nursing organizations commend the work of the House and Senate to reform America's healthcare system. This legislative effort represents a movement towards comprehensive and meaningful change that will improve access to quality care. On pages 1-6 of this letter, we have outlined specific provisions contained in either the House or Senate bills that are critical to the nursing profession and respectfully request that they be included in the final healthcare reform bill. Additionally, on pages 6 and 7, we have highlighted provisions that were incorporated in both bills, and we seek your continued support of these important issues. Finally, we would like to raise your attention to page 7 where we address provisions contained in either the House or Senate bills that require vital modifications. As you negotiate the differences between the House's *Affordable Health Care for America Act of 2009* (H.R. 3962) and the Senate's *Patient Protection and Affordable Care Act* (H.R. 3590), please consider our nursing requests cited below.

Provisions to Expand the Nursing Workforce

The Nursing Community appreciates your recognition of the need to expand the nursing workforce and thanks you for your commitment to reauthorize the Title VIII Nursing Workforce Development Programs under the Public Health Service Act. Both bills provide essential amendments to the Title VIII programs; however, these versions vary. Therefore, as you begin the process of conferencing the House and Senate bills, we respectfully request that you adopt the language from the Senate bill regarding the Title VIII programs and two provisions from the House bill. The specific provisions are outlined below.

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 the Title VIII 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.

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), are key to providing vital healthcare services. The Nursing Community believes APRNs are ideally suited to help implement delivery system reforms such as increasing primary, transitional, and preventive care; enhancing access for rural and medically underserved populations; improving care coordination and chronic care management; and reducing costly medical errors. However, a stronger investment to develop this workforce is needed. Therefore, we support the Medicare Graduate Nurse Education (GNE) demonstration program included in the Senate bill that is uniquely structured to address the need for expanded clinical education, a barrier to increasing APRN enrollments. **While we support this provision, there are specific and critical modifications that must be made to ensure the success of this program. These modifications are outlined on page 7 of this document.**

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

- Sec. 5509. Graduate nurse education demonstration.

Finally, the Nursing Community 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.

Provision to Expand Nurse-Managed Health Clinics

Nurse-Managed Health Clinics (NMHCs) are a much needed safety-net in today's failing healthcare system, serving those who would not otherwise have access to care. NMHCs provide services at a lower cost than other safety-net 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 thousands of the underserved, but also provide a clinical setting critical to nursing education. 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 for nurses, particularly APRNs. Therefore, we support 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.

Provisions to Expand Primary Care, Prevention, Health Promotion, and Emergency Health Services

Primary care, prevention, and health promotion have been placed at the forefront of the newly reformed healthcare system. Presently, more than 1.7 million Americans die each year from chronic diseases. Registered Nurses (RNs) and APRNs focus on wellness strategies to prevent these chronic diseases. Therefore, the Nursing Community strongly supports initiatives to change the focus of healthcare from disease management to disease prevention. Below are specific provisions that will help achieve this goal.

We commend the efforts of the Senate to bolster the National Health Service Corps (NHSC) and the U.S. Public Health Service Corps (PHSC), which ensure that providers are accessible in rural and urban areas where health care is most scarce. These essential workforce commissions provide vital primary, preventive, and emergency services. RNs and APRNs are instrumental providers in the NHSC and PHSC. Given the great demand for primary care and access to care in rural and underserved areas, the Nursing Community requests the following provisions in the Senate healthcare reform package be 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.

The Nursing Community fully supports the healthcare reform provisions in the House bill that establish a Public Health Workforce Corps. This corps will be critical as the country moves towards a healthcare system focused on prevention. The Nursing Community supports the following provisions:

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.

The Nursing Community 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 after. The federal government would pay 100% of the incremental costs attributable to this requirement through 2014, then 90% in 2015 and beyond. In

supporting this provision, we also recognize that other RNs and APRNs provide much needed care to Medicaid patients and rely on critical Medicaid payments.

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

- Sec. 1721. Payments to primary care practitioners.

The Nursing Community supports the provider nondiscrimination provisions in both the House and the Senate bills since they provide much needed protection for providers and patients alike. Since they are complementary provisions, we feel both the version in the House and the version in the Senate should be included in the final bill. In today's delivery system, health plans routinely discriminate against whole classes of healthcare providers based solely on their licensure or certification. Such discrimination is not only wrong in principle, but is anti-competitive in nature, limits or even denies patient choice and access to a range of beneficial providers, and in general results in a less than optimal delivery system. The House language protects provider nondiscrimination provisions that are already implemented in states. The Senate provision explicitly prohibits a health plan or insurer from discriminating against healthcare providers with respect to participation and coverage.

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.

Provision to Reduce Re-hospitalization, Improve Patient Outcomes, and Decrease Healthcare Costs

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. The program's payment methodology would also take into account the provision of services such as care coordination, medication reconciliation, discharge planning and transitional care services, and other patient-centered activities. The Nursing Community 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.

Provision to Increase Care Coordination

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. The Nursing Community strongly supports the House Tri-Committee's version of the medical home model as it specifically outlines nurse practitioners as leaders within this model. We believe that the medical home is a necessary part of primary care reform and that nurse practitioners, in particular, are uniquely equipped to handle the demands of a care coordination

model that focuses on the patient first. Therefore, the Nursing Community supports the House version of the medical home model.

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

- Sec. 1302. Medical Home Pilot Program.

Provision to Increase Home Visitation by Nurses

Needy children and their families require access to quality, life sustaining health care. The Nurse Home Visitation provisions in the House and Senate bills are critical to improving the care for and well-being of low-income and at-risk families. This provision would establish a grant program that allows an optional coverage of nurse home visitation services. The Nursing Community 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.

Provision to Increase School-Based Health Services

By supporting school-based health clinics through state Medicaid programs, the government would make a significant investment in the health of our nation's youth. As a community, we support the House provision for school-based clinics making them Federally Qualified Health Centers.

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

- Sec. 4101. School-based health centers.

The Nursing Community supports the demonstration program to improve access to basic health services for students in public elementary and secondary schools.

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

- Sec. 2536. Reducing student-to-school nurse ratios.

Provision to Improve Best Practices in Healthcare Delivery

The Nursing Community 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. While the Nursing Community supports this provision, we 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.

Provisions to Address Pain Management

The Nursing Community supports components in both the House and Senate legislation regarding pain management. RNs and APRNs are key health providers in the assessment and management of pain. Additionally, nurse scientists conduct groundbreaking research to determine best practices in pain management. In supporting the following provisions, we would like to ensure that nurses and APRNs can fully participate in this program and that schools of nursing as defined in section 801 of the Public Health Service Act be eligible to apply for grants under this program.

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

- Sec. 2561. Institute of Medicine Conference on Pain.
- Sec. 2562. Pain research at National Institutes of Health.
- Sec. 2563. Public awareness campaign on pain management.

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

Sec. 4305. Advancing research and treatment for pain care management.

Provision to Increase Nursing Home Transparency

Increasing the quality of care that is delivered in all healthcare settings is essential. Nursing homes are a healthcare setting where more transparency is needed to ensure that older Americans and those with special healthcare needs are provided top-quality care. Therefore, the Nursing Community supports the House bill's Nursing Home Transparency language.

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

Subtitle B—Nursing Home Transparency

Sec. 1413. Nursing home compare Medicare website.

Sec. 1415. Standardized complaint form.

Sec. 1416. Ensuring staffing accountability.

Critical Provisions Included in the House and Senate Legislation

The following provisions are included in the House and Senate healthcare reform legislation, and as a community we appreciate both chambers recognizing the importance of these critical changes.

Certified Nurse-Midwives provide a range of healthcare services. Ninety percent of visits to CNMs are for primary and preventive care. Studies have shown nurse-midwifery care to have higher patient satisfaction and equivalent or better outcomes than their physician colleagues. The Nursing Community supports the House and Senate 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.

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

- Sec. 3114. Improved access for certified nurse-midwife services.

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

- Sec. 1304. Increased reimbursement rate for certified nurse-midwives.

The Independence at Home demonstration program, included in both the House and Senate 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.” The Nursing Community supports this provider inclusive language.

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

- Sec. 3024. Independence at home demonstration program.

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

- Sec. 1312. Independence at home demonstration program.

Healthcare Provisions Needing Modifications

As stated earlier, the Nursing Community supports the Medicare Graduate Nurse Education demonstration program, Section 5509 of the Senate bill. **While the Nursing Community 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 (SSA) 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.

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. The Nursing Community requests that this Senate provision include CNMs and CRNAs. In addition, the Nursing Community could support the House provision only if it clarifies that APRNs are full participants.

Additionally, we support the development of a National Health Care Workforce Commission under section 5101 of the Senate’s bill. Quality data on the national healthcare workforce is critical to ensure that care is comprehensive and coordinated and all providers are used to their full scope of practice. This can only occur with the collaboration from all healthcare providers in the planning and development of national standards for data collection and analysis.

Therefore, we recommend that the membership of this commission has an equal representation among health professionals.

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 the Nursing Community 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.**

Both the House and the Senate versions of the bill offer numerous programs that would augment the nursing workforce for the benefit of the nation’s health. We would like to reiterate

our appreciation to both the House and Senate committees for the significant efforts to meet the nursing needs of not only our underserved populations, but the entire nation. The Nursing Community appreciates the consideration of our above requests.

Sincerely,

AANAC

Academy of Medical-Surgical Nurses
American Academy of Nurse Practitioners
American Academy of Nursing
American Association of Colleges of Nursing
American Association of Nurse Anesthetists
American College of Nurse Practitioners
American College of Nurse-Midwives
American Nephrology Nurses' Association
American Nurses Association
American Psychiatric Nurses Association
American Society for Pain Management Nursing
Asian American/Pacific Islander Nurses Association, Inc.
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
Commissioned Officers Association of the U.S. Public Health Service
Gerontological Advanced Practice Nurses Association
Hospice and Palliative Nurses Association
Infusion Nurses Society
International Association of Forensic Nurses
National American Arab Nurses Association
National Association of Clinical Nurse Specialists
National Association of Neonatal Nurses
National Association of Nurse Practitioners in Women's Health
National Association of Pediatric Nurse Practitioners
National Association of School Nurses
National Black Nurses Association
National Coalition of Ethnic Minority Nurse Associations
National Nursing Centers Consortium
National Organization of Nurse Practitioner Faculties
National Student Nurses' Association, Inc.
Nurses Organization of Veterans Affairs
Oncology Nursing Society
Philippine Nurses Association of America
Preventive Cardiovascular Nurses Association
Public Health Nursing Section, American Public Health Association
Quad Council of Public Health Nursing Organizations
Society of Urologic Nurses and Associates
Wound, Ostomy and Continence Nurses Society