AMERICAN NURSES ASSOCIATION

HEALTH CARE REFORM

Updated June 18, 2014

Health Care Transformation: the Affordable Care Act and More

Health care costs have been rising, quality of care issues must be addressed, and equity of healthcare access needs to be improved. For these reasons, though there is disagreement about some aspects of reform, most Americans agree that healthcare delivery systems in the United States require significant restructuring and improvement. ANA has long been a strong advocate of health care reform, and many of the provisions of the Affordable Care Act (ACA) align with ANA's *Health System Reform Agenda*

This chart offers information about recent and proposed health system changes with implications for nurses and nursing. Currently, most of the changes presented here reflect provisions of the *Patient Protection and Affordable Care Act* (Public Law 111-148) (ACA). ANA invites you to continue to follow updates to this chart that reflect nursing's progress in influencing regulations and other activity to implement health reform and specific provisions of the ACA in the wake of the Supreme Court decision upholding most of the law. This chart also spotlights opportunities for RNs and APRNs to take advantage of new programs and pilot for healthcare innovations, and funding and grants for education and nursing workforce development.

On June 28, 2012, the U.S. Supreme Court upheld almost all provisions of the ACA, including the "shared responsibility" to purchase health insurance (so- called "individual mandate"). By upholding this cornerstone of the law, a multitude of other provisions survived challenge, including scores of important advances for the nursing profession and individual nurses, detailed in this chart. The Court struck down a single part of the ACA that would have required states by 2014 to expand Medicaid eligibility to everyone earning below 133% of the federal poverty level, or lose all federal Medicaid matching funds.
The law offers states a 100% subsidy to cover this additional population, decreasing slowly to a 90% subsidy by FY2020. Based on the Court's decision, states instead have an opportunity to opt-out of the Medicaid expansion and this extra funding without endangering their current funding levels.

As the largest single group of clinical health care professionals within the health system, registered nurses are educated and practice within a holistic framework that views the individual, family and community as an interconnected system that can keep us well and help us heal. Registered nurses are fundamental to the critical shift needed in health services delivery, with the goal of transforming the current "sick care" system into a *true* "health care" system. The ANA is actively engaging with federal policymakers and regulators to advocate for system transformation that includes the valuable contributions of nursing and nurses.

AMERICAN NURSES ASSOCIATION

HEALTH CARE REFORM

KEYWORD INDEX:

Accountable Care Organizations
Advance Care Planning
Advanced Nursing Education
Advanced Practice Registered Nurses
Allied Health Professions
Center for Quality Improvement
Comparative Effectiveness Research
Essential Health Benefit Packages
Graduate Nurse Education (GNE)
Health Homes Increase in Medicaid Payments
Independence at Home Indian Health
Long-term Care
Medicare Parity for Certified Nurse Midwives
Nurse Education Loan Repayment Program
Nurse Education Practice &Quality Grants
Nursing Homes
Nursing Student Loan Program
Nursing Workforce Diversity Grants
Patient Centered Outcomes Research Institute (PCORI)
Patient-Centered Medical Homes
Pediatric Healthcare Providers
Public Health Workforce
Primary Care Medicare Increases (NP, CNS, PA)
School Based Health Centers
State Health Insurance Exchanges
Title VIII Workforce Development Funding
Whistle Blower Protection

ABBREVIATIONS:

AACN	American Association of Colleges of Nursing
ACO	Accountable Care Organization
APRN	Advanced Practice Registered Nurse
CER	Comparative Effectiveness Research
CM	Certified Midwife
CMS	Center for Medicare and Medicaid Services
CNA	Certified Nurse Anesthetist
CNM	Certified Nurse Midwife
CNS	Clinical Nurse Specialist
FQHC	Federally Qualified Health Centers
GNE	Graduate Nurse Education
HHS	Department of Health and Human Service
HPSU	Health Provider Shortage Areas
HRSA	Health Resources and Services Administration
IHS	Indian Health Services
MUA	Medically Underserved Areas
NHSC	National Health Service Corp
NMHC	Nurse Managed Health Center
NP	Nurse Practitioner
NPRM	Notice of Proposed Rule Making
PA	Physician Assistant
PCMH	Patient-centered Medical Home
PCORI	Patient Centered Outcomes Research Institute
SBHC	School-based Health Center

Nursing Education & Workforce

Federal support for the Nursing Workforce Development Programs contained in Title VIII of the Public Health Service Act (PHSA) is essential. These programs recruit new nurses into the profession, promote career advancement within nursing, and improve patient care delivery. These programs direct RNs into areas of greatest need – including public health departments, community health centers, and disproportionate share hospitals.

Provision	Intent	ANA & Partners Advocacy	Opportunities for Nurses
Primary Care Workforce	Health care professionals have been awarded scholarships and loan repayments through the Affordable Care Act, the American Recovery and Reinvestment Act and annual appropriations. Nearly $900 million was awarded to primary health care workers to improve access to health care for the underserved throughout the country. **Section 5207** (p. 494) increases funding for the National Health Service Corps (NHSC) and extends the authorization of appropriations for the Corps each year through 2015. For fiscal years 2016 and years thereafter, the statute establishes a formula for funding that is tied to increased costs in health care and the number of individuals residing in health professions shortage areas. As of September 2013, there are 1591 NHSC advanced practices nurses (1,409 nurse practitioners, 153 certified nurse midwives, and 29 psychiatric nurse specialists). Implemented: FY2010 **Section 5209** (p. 495) removes the previously enacted cap of 2,800 commissioned officers in the NHSC regular corps. **Section 5210** (p. 496) reconstitutes the Public Health Service Corps into two divisions: the commissioned Regular Corps and a Ready Reserve Corps for service in time of national emergencies. Ready Reserve Corps members will participate in routine training, be available for involuntary calls to active duty during national emergencies, and be available for service assignment in underserved communities. **Healthcare.gov** offers a Fact Sheet about Creating Jobs and Increasing the Number of Primary Care Providers **Section 10501** (p. 875) makes other improvements to the NHSC program. Specifically, this provision increase the loan repayment amount, allows for half-time service, and permits teaching to count for as much as 20 percent of the service commitment for the Corps.	**January 17, 2014** FY 2014 Omnibus Spending Bill passed into law. **FY 2014 –** The Consolidated Appropriations Act of 2014 grants $223.41 million in funding for Nursing Workforce Development programs. **September 20, 2013 –** Among the NHSC practicing nurses, 94% are supported by the ACA. **October 13, 2011** HHS announced adding more than 10,000 nurses & other health care professionals to the NHSC The ANA works with the American Academy of Colleges of Nursing (AACN) and the Nursing Community to significantly increase funding for the Nursing Workforce Development programs.	For information on job opportunities NHSC Job Opportunities List NHSC Scholarship applications Information on loan repayments and the application process

AMERICAN NURSES ASSOCIATION

HEALTH CARE REFORM

Updated June 18, 2014

Title VIII of the Public Health Services Act, enacted in 1964 to improve the supply and distribution of health professions.

ANA supports federal funding for nursing workforce development programs through Title VIII.

Below are the amendments to Title VIII created by the Affordable Care Act.

Provision	Intent	ANA & Partners Advocacy	Opportunities for Nurses
Funding Stream for Title VIII Programs	**Section 5312** (p. 515) authorizes $338 million in appropriations to carry out nursing workforce development programs – including the advanced education nursing grants, workforce diversity grants, and nurse education, practice, quality and retention grants – in fiscal year 2010. For fiscal years 2011 through 2016, HHS may use "such sums as may be necessary" to carry out such programs. From the final funding report for loan repayment amounts under Title VIII: Loan Repayment & Scholarship: FY 2011 $242.4 million FY 2012 $231.9million	The ANA works with the AACN and other coalition members keep the focus on funding for Title VIII programs. Funding has remained level since 2010. Click here for information for from AACN about the specific Title VIII provisions. **April 2, 2014 –** The Nursing Community sent a letter to Congress requesting $251 million for funding of Title VIII of the Public Health Service Act for FY 2015.	HRSA Division of Nursing Update information for Title VIII: Nursing Workforce Development Programs Take Action – Write a letter to a member of Congress. Templates available on ANA website.

Provision	Intent	ANA & Partners Advocacy	Opportunities for Nurses
Title VIII Advanced Nursing Education (ANE)	The purpose of the Advanced Nursing Education (ANE) Program is to provide Federal funding for projects that support the enhancement of advanced nursing education and practice. **Section 5308** (p. 511) clarifies the scope of the ANE grant program to ensure that accredited midwifery education programs are eligible for such grants. The statute, however, give priority to recipients who will contribute to increased diversity among advanced education nurses.	**January 13, 2014 –** Consolidated Appropriations Act of 2014 grants $61,581 million in funding for ANE program. During the **2012-2013 academic year,** the ANE program trained 10,600 nursing students and produced 1,865 graduates, and the ANE Expansion Program provided financial support to 381 primary care NP students and produced 148 graduates. **FY 2010 –** The ANE grants supported the education of 7,863 students.	**Health Resources and Service Administration (HRSA) grant for nurses-** ANE grants support programs for registered nurses who are preparing to become nurse practitioners, clinical nurse specialists, nurse midwives, nurse anesthetists, nurse administrators, nurse educators, public health nurses, and other specialties requiring advanced education. Advanced Nursing Education Grant

Provision	Intent	ANA & Partners Advocacy	Opportunities for Nurses
Title VIII **Nurse Education, Practice, Quality, and Retention (NEPQR)** **The NEPQR's Veteran's Bachelor of Science Degree in Nursing**	**Section 5309** (p. 511) amends language related to Nurse Education, Practice, and Retention Grants by renaming the relevant statutory provision "Nurse Education, Practice and Quality Grants". **Section 5309** also adds two new grant programs specifically for nurse retention, the first of which authorizes HHS to award grants to accredited nursing schools or health facilities (or a partnership of both) to promote career advancement among nurses. The second new grant program will permit HHS to make awards to nursing schools or health facilities that can demonstrate enhanced collaboration and communication among nurses and other health care professionals, with priority going to applicants that have not previously received an award. The NEPQR's Veteran's Bachelor of Science Degree in Nursing program helps military veterans with health care experience or training pursue nursing careers. HRSA's partnership with the military services helps veterans transition military services to nursing school.	**FY 2014** – Consolidated Appropriations Act of 2014 grants $38,008 million in funding for NEPQR. In **2013,** the NEPQR's Veteran BSN program funded nine cooperative agreements in 2013 for three-year projects that will increase veterans' enrollment in and completion of baccalaureate nursing programs. **FY 2010 –** This program supported 4,860 undergrad nursing students.	Currently funded schools and institutions **HRSA grant for nurses**- The NEPQR program provides support for academic, service and continuing education projects designed to enhance nursing education, improve quality of patient care, increase nurse retention and strengthen the nursing workforce. Nurse Education, Practice, Quality and Retention (NEPQR)
Title VIII **Nurse Loan Repayment and Scholarship Programs (NLRP)**	The Nursing Education Loan Repayment Program (NELRP) is a selective program of the U.S. Government that helps alleviate the critical shortage of nurses by offering loan repayment of up to 85% of outstanding loans to registered nurses and advanced practice registered nurses. HRSA Facts about NELRP **Section 5310** (p. 513) expands the Nurse Loan Repayment and Scholarship Programs (NLRP) to provide loan repayment for students who serve for at least two years as a faculty member at an accredited school of nursing	**FY 2014 –** Consolidated Appropriations Act of 2014 grants $79,986 million in funding for NLRP. **FY 2010 –** NLRP supported 1,304 nursing students.	Information about applying for Nurse Education Loan Repayment

HEALTH CARE REFORM

AMERICAN NURSES ASSOCIATION

Updated June 18, 2014

Provision	Intent	ANA & Partners Advocacy	Opportunities for Nurses
Title VIII **National Institute of Nursing Research (NINR)**	The purpose of the National Institute of Nursing Research (NINR) is to promote and improve the health of individuals, families, and populations. NINR conducts clinical and basic research and research training on health and illness across the lifespan, building the scientific foundation for clinical practice.	**2014 –** Consolidated Appropriations Act of 2014 grants $140,517 million in funding for NINR. **April 2, 2014 –** The Nursing Community sent a letter to Congress requesting $150 million for NINR for funding of Title VIII of the Public Health Service Act for FY 2015.	**Take Action** – Write a letter to a member of Congress. Templates available on ANA website.
Title VIII **Nurse Faculty Loan Program (NFLP)**	The purpose of Nurse Faculty Loan Program (NFLP) is to increase the number of qualified nursing faculty to facilitate education of the nurses needed to address the nursing workforce shortage. Participating schools of nursing make loans from the fund to assist registered nurses in completing their graduate education to become qualified nurse faculty. **Section 5311** (p. 513) increases the NFLP amounts from $30,000 to $35,000 in fiscal years 2010 and 2011 and declares that the amount of these loans will thereafter be adjusted to provide for cost-of-attendance increase for yearly loan rate and the aggregate loan. The statute also creates new authority to permits HHS to enter into an agreement with individuals who hold unencumbered RNs and who have already completed, or are currently enrolled in, a master's or doctorate training program for nursing. Under such an agreement, HHS will provide up to $10,000 per year to master's recipients and $20,000 per year to those who earn a doctorate if such individuals spend at least 4 years out of 6 year period as a full-time faculty member at an accredited school of nursing. The provision provides funding priority to doctoral nursing students.	**FY 2014 –** Consolidated Appropriations Act of 2014 grants $24,562 million in funding for NLFP. During the **2012-2013 academic school year,** more than 2,250 enrollees received support and 336 students graduated prepared to assume roles as nurse educators. **FY 2010 –** This grant supported the education of 1,551 future nurse educators.	Apply for the NFLP **HRSA grant for nurses** - The program offers partial loan forgiveness for borrowers that graduate and serve as full-time nursing faculty for the prescribed period of time Nurse Faculty Loan Program (NFLP)

Provision	Intent	ANA & Partners Advocacy	Opportunities for Nurses
Title VIII **Nursing Workforce Diversity Grants (NWD)**	The purpose of Nursing Workforce Diversity Grants (NWD) is to increase nursing education opportunities for individuals who are from disadvantaged backgrounds, including racial and ethnic minorities that are underrepresented among registered nurses. **Section 5404** (p. 531) expands the NWD grant program by permitting such grants to be used for diploma and associate degree nurses to enter bridge or degree completion programs or for student scholarships and stipend programs for accelerated nursing degree programs. In carrying out this revised program, the statute instructs HHS to consider recommendations from the National Advisory Council on Nurse Education and Practice and to consult with nursing associations, including the National Coalition of Ethnic Minority Nurse Associations. **Section 10501** (p. 875) permits faculty at public health schools that offer physician assistant education programs to obtain faculty loan repayment under the workforce diversity program. This provision effectively increases the categories of health professionals eligible for faculty loan repayment	**FY 2014 –** Consolidated Appropriations Act of 2014 grants $15,343 million in funding for NWD program. During the **2012-2013 academic year,** the NWD program trained more than 5,000 nursing students and produced 1,234 graduates. **FY 2010 –** This program supported 10,361 students.	Current list of nursing schools with NWD grant funding Eligibility requirements for NWD grants **HRSA grant for nurses** - The program supports projects that provide student stipends or scholarships, stipends for diploma or associate degree nurses to enter a bridge or degree completion program, student scholarships or stipends for accelerated nursing degree programs, pre-entry preparation, advanced education preparation, and retention activities. Nursing Workforce Diversity (NWD)

Provision	Intent	ANA & Partners Advocacy	Opportunities for Nurses
Title VIII Training for Direct Care Workers	**Section 5302** (p. 499) establishes a three-year grant program under which an institution of higher education can subsidize training of individuals at that institution who are willing to serve as direct care workers in a long-term or chronic care setting for at least two years after completion of their training. To be eligible for such a grant, the institution must partner with a nursing home, skilled nursing facility, or other long-term care provider	**FY 2011 through FY 2013** – The ACA authorizes the appropriation of $10 million in funding.	Funded schools participating in partnerships with long-term care facilities
Geriatric Nursing Career Incentive **Comprehensive Geriatric Education Grant**	**Section 5305** (p. 504) authorizes HHS to award grants to advanced practice nurses who are pursuing a doctorate or other advanced degree in geriatrics and who, as a condition of accepting a grant, will agree to teach or practice in the field of geriatrics, long-term care, or chronic care management for a minimum of 5 years. **Comprehensive Geriatric Education Grant** The purpose of the Comprehensive Geriatric Education Grant is to provide training and continuing education to clinicians and faculty who care for geriatric population, integrate curricula relating to the treatment of health problems of older adults, and establish traineeships for individuals who are preparing for advanced education nursing degrees in geriatric nursing, long-term care, gero-psychiatric nursing or other nursing areas that specialize in the care of the elderly population.	**FY 2014 –** Consolidated Appropriations Act of 2014 grants $4.361 million in funding for Comprehensive Geriatric Education Grant.	**HRSA grant** - Eligible applicants are schools of nursing, health care facilities, programs leading to a certification as a certified nurse assistant and partnerships of such programs and health care facilities or health care facilities and schools of nursing. Comprehensive Geriatric Education Program (CGEP)

Provision	Intent	ANA & Partners Advocacy	Opportunities for Nurses
Title VIII Nursing Student Loan Program (NSL)	The Nursing Student Loan (NSL) program was authorized by the Nurse Training Act of 1964 to alleviate the shortage of nurses and to assure that no qualified student was denied the pursuit of a nursing career due to lack of financial resources. **Section 5202** (p. 489) provides updates to the loan amounts for the NSL program and specifies that, after 2012, the Secretary has discretion to adjust this amount based on cost of attendance increases.	The ANA works closely with their partners at AACN. Detailed information about NSL programs **FY 2010 – FY 2011** – Raises the cap on the overall maximum annual loan amount each student may receive from $13,000 to $17,000.	The funding for this program goes directly to the school.
Public Health Workforce	**Section 5204** (p. 491) establishes a Public Health Workforce Loan Repayment Program to assure an adequate supply of public health professionals to eliminate workforce shortages in public health agencies. Under the program, HHS will repay up to one-third of loans incurred by a public health or health professions student in exchange for that student's agreement to accept employment with a public health agency for at least three years. Individuals who serve in priority service areas may be eligible for additional loan repayment incentives at the Department's discretion. The American Public Health Association offers an Issue Brief about this funding		

Provision	Intent	ANA & Partners Advocacy	Opportunities for Nurses
Community Health Centers **Federally Qualified Health Centers (FQHC)** **Maternal, Infant, and Early Childhood Visiting Program (The Home Visiting Program)**	Community Health Centers are patient-directed organizations that serve populations with limited access to health care. Approximately 1,200 health centers operate more than 9,000 service deliveries sites nationwide and serve more than 21 million patients annually. Health centers focus on comprehensive care coordination, the ability to manage patients with complex healthcare needs, the use of quality improvement practices, and health information technology. The health center model uses a team-based approach that uses nurse practitioners, midwives, nurses, and many other healthcare providers. Since the ACA, community health centers have added over 4,500 nursing positions nationwide. **Section 330** of Public Health Service Act establishes the Federally Qualified Health Centers (FQHCs) to support the provision of primary care services in underserved urban and rural communities. A FQHC furnishes services by a nurse practitioner, certified nurse midwife, visiting nurse. The Maternal, Infant, and Early Childhood Visiting Program supports pregnant women and families and helps parents of children from birth to five years develop skills needed to raise children who are physically, socially, and emotionally healthy and ready to learn. The Home Visiting Program helps to prevent child abuse and neglect, encourage positive parenting, and promote child development and school readiness. Maternal, Infant, and Early Childhood Home Visiting In **March 2014**, the Home Visiting Program was extended through March 31, 2015. This built upon the $1.5 billion for the Home Visiting Program provided for **FY 2010 – FY 2014.** As of **September 2013,** states reported serving approximately 80,000 parents and children in 774 at-risk communities in all 50 states, the District of Columbia, five jurisdictions, and 25 Tribes, Tribal organizations, and urban Indian organizations. This program also serves approximately 65% of at-risk communities and currently employs more than 500 nurses across the country.	**FY 2014 –** The FQHC Prospective Payment System is scheduled for implementation and as mandated by the ACA, CMS must collect and analyze the data required to develop and implement the new payment system. **12/13/2013** (announces) HHS awards $58 million in grants to 1,157 health centers nationwide working to enroll uninsured Americans. **11/07/2013** (announces) $150 million in awards to support 236 new health center sites. **October 24, 2011 -** FQHC Advanced Primary Care Practice announced there are 469 participants. **FY 2010 through FY 2016** – ACA authorizes appropriations for FQHC based on a prescribed formula. The ACA established the Community Health Center Fund that provides $11 billion over a 5 year period for the operation, expansion, and construction of health centers throughout the nation.	Total health center employment is more than 148,000 individuals nationwide, and health centers added more than 35,000 jobs over the last 4 years. Health centers employ more than 7,500 nurse practitioners, physician assistants, and certified nurse midwives in a multi-disciplinary clinical workforce. **06/03/2014** (announces) HHS is offering $300 million to help community health centers treat newly insured patients under the ACA.

Provision	Intent	ANA & Partners Advocacy	Opportunities for Nurses
Allied Health Workforce	**Section 5205** (p. 493) authorizes an Allied Health Loan Forgiveness Program to assure there is an adequate supply of allied health professionals to eliminate critical allied health workforce shortages at public health agencies, acute care facilities, ambulatory care facilities, and other underserved health facilities. **Section 5206** (p. 493) authorizes HHS to make grants to accredited educational institutions that support scholarships for mid-career public health and allied health professionals who seek additional training in their respective fields.	**FY 2011 – FY 2015** – The ACA authorizes the appropriations of $60 million for FY 2010 and any sums necessary. Fifty percent of appropriated funds will be allocated to public health professionals and 50% to allied health professionals.	This section applies to Allied Health Professionals; it does not apply to nurses
Pediatric Health Care Workforce	**Section 5203** (p. 489) establishes a loan repayment program for individuals who are willing to practice in a pediatric medical or surgical subspecialty or in child mental and behavioral health care for at least 2 years in an underserved area. Loan repayments recipients, including psychiatric nurses, social workers, and professional and school counselors, are eligible to receive $35,000 per year in loan repayments for participation in an accredited pediatric specialty residency or fellowship. The statute directs HHS to give priority to applicants who are or will be working in a school setting, have a familiarity with evidence-based health care, and can demonstrate financial need.		

Provision	Intent	ANA & Partners Advocacy	Opportunities for Nurses
Graduate Nurse Education (GNE) Demonstration	**Section 5509** (p. 556) would appropriate $50 million per year for FY2012 through FY2015 to establish a Graduate Nurse Education Demonstration program in Medicare. Up to five eligible hospitals would receive Medicare reimbursement for the educational costs, clinical instruction costs, and other direct and indirect costs of an eligible hospital's expenses attributable to the training of advanced practice nurses with the skills necessary to provide primary and preventive care, transitional care, chronic care management, and other nursing services appropriate for the Medicare-eligible population. For this demonstration, the term "advanced practice nurse" shall include a clinical nurse specialist, nurse practitioner, certified registered nurse anesthetist, and certified nurse midwife.	**March 21, 2012** CMS Center for Innovation released the request for proposals for the demonstration project. ANA has been monitoring the progress of the GNE provision. Graduate Nurse Education Demonstration | Center for Medicare & Medicaid Innovation The AACN, the Advanced Practice community, and AARP worked collaboratively to develop a Graduate Nursing Education program	The five hospitals selected include: 1. Hospital of the University of Pennsylvania (Philadelphia, PA) 2. Duke University Hospital (Durham, NC) 3. Scottsdale Healthcare Medical Center (Scottsdale, AZ) 4. Rush University Medical Center (Chicago, IL) 5. Memorial Hermann Texas Medical Center Hospital (Houston, TX)

Provision	Intent	ANA & Partners Advocacy	Opportunities for Nurses
HPSA – Health Professions Shortage Areas	**Section 5602** directs HRSA to establish a committee to review and update the criteria used to define Health Professions Shortage Areas (HPSAs) and medically underserved areas. **Update**: In July, 2010, Health and Human Services Secretary Kathleen Sebelius announced The Negotiated Rulemaking Committee on the Designation of medically underserved areas and HPSAs ("the Committee). One of several issues debated by the Committee was the new formulas for determining the "provider-to-population ratio" or P2P. Areas currently designated HPSA by HRSA	ANA, in collaboration with ACNM and NP groups, strongly advocated ensuring that the formulas for HPSA include NPs and CNMs in the P2P. The final report was a step forward, in that NPs, PAs and CNMs working with primary care physicians or in independent practice of primary care will be counted; they will, however be counted at 0.75 FTE of a primary care physician.	
National Healthcare Workforce Commission	**Section 5101** establishes a 15 member Commission appointed by the Comptroller General to a) Serve as a resource for governments; b) Evaluate education and training activities to determine if demand for healthcare workers being met; c) Identify & make recommendations to address barriers to better coordination at federal, state, and d) Encourage innovations to address population needs.	Peter Buerhaus, PhD, RN, Professor of Nursing and Director, Center for Interdisciplinary Health Workforce Studies, Institute for Medicine and Public Health, Vanderbilt University Medical Center was appointed to serve as Chair of the Commission.	There have been no funds appropriated for this Commission, and it has yet to meet for any official business.

Provision	Intent	ANA & Partners Advocacy	Opportunities for Nurses
National Practitioner Data Bank (NPDB)	**Section 6403** Elimination of the duplication between the Healthcare Integrity and Protection Databank and the National Practitioner Databank The purpose of Section 6403 is to eliminate duplicative data reporting and access requirements between the National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB), and to streamline Data Bank operations. **Update**: The Notice of Proposed Rule Making (NPRM) for implementing Section 6403 closed for public comment on April 16, 2012; the final regulation has not yet been published. ANA responded to the NPRM with a letter supporting the streamlined approach and, at the same time, cautioning against inconsistent application of due process standards for APRNs seeking clinical privileges.	ANA is a member of the NPDB Executive Committee and has worked with NPDB to develop a Fact Sheet that specifically addresses recent changes in the NPDB that affect nurses. NPDB offers assistance and fact sheets	
Patient-Centered Medical Homes (PCMHs)	***Medicare Provisions:* Section 3502** (p. 395) authorizes HHS to establish a grant program for states or state-designated entities to establish community-based interdisciplinary, interprofessional teams to support primary care practices within a certain area. Such "health teams" may include nurses, medical specialists, pharmacists, nutritionists, dietitians, social workers, and providers of alternative medicine. Under the program, a health team must support patient-centered medical homes, which are defined as a mode of care that includes personal physicians, whole person orientation, coordinated and integrated care, an evidence-informed medicine. ***Medicaid Provisions*: Section 2703** (p. 201) creates a state option under Medicaid to provide coordinated care through a "health home" for individuals with chronic conditions. Under this option, states could receive 90 percent FMAP funding to support a Medicaid enrollee who designates a provider or a team of professionals as their health home. Such health homes would provide comprehensive care management, care coordination, and chronic disease management. Providers must also meet certain standards established by HHS to participate in the option.	**ANA advocates for inclusion of full spectrum of** qualified primary care providers, including APRNs to lead PCMHs. See also ANA's position statement on the essential role of RNs in care coordination, research paper on economic issues and quality improvements related to nurses role in care coordination, and annotated bibliography (June 2012).	According the AHRQ, the Definition of Medical Home includes any Primary Care Provider, including APRNs working in their state scope of practice, to coordinate care under the medical home model

Provision	Intent	ANA & Partners Advocacy	Opportunities for Nurses
Nurse-Managed Health Centers (NMHCs)	**Section 5208** (p. 494) establishes a new program to support nurse-managed health centers (centers operated by advanced practice nurses that provide comprehensive primary care and wellness services to underserved or vulnerable populations). It also authorized $50,000,000 for FY 2010 and such sums as may be necessary for FY 2011 through FY 2014. In addition to 20 NMHCs awarded grants by HRSA, 10 NMHCs were funded under the ACA. During the 2012-2013 academic year, NMHCs trained more than 2,200 students. Ninety-eight percent of these NMHCs and associated training sites were located in medically underserved communities, and 66% of these sites served as a primary care setting for their local community.	ANA works collaboratively with National Nursing Centers Consortium. In 2011 Congress allocated $15 million from the prevention fund to NMHC program. No appropriations were made in the FY 2012 budget. **April 2, 2014 –** The Nursing Community sent a letter to Congress requesting $20 million for NMHCs for funding of Title VIII of the Public Health Service Act for FY 2015.	**HRSA grant** - Eligible applicants must be a nurse-managed health clinic (NMHC) that is associated with an accredited school, college, university, or department of nursing, federally qualified health center or independent nonprofit health or social services agency Nurse Managed Health Clinics (NMHC). Take Action – Write a letter to a member of Congress. Templates available on ANA website.
Increase in Medicare Payment for Primary Care Services	**Section 5501** (p. 534) provides a 10 percent bonus payment under Medicare for fiscal years 2011 through 2016 to primary care practitioners (including NPs, CNSs, and PAs) and general surgeons practicing in health professional shortage areas. The legislation would offset fifty percent of the cost of such bonuses through an across-the-board reduction in other services. Unfortunately, this provision does **not** apply to certified nurse-midwives (CNMs).	ANA is working closely with the American College of Nurse- Midwives to increase the understanding of the role CNMs play in providing primary care to women of all ages.	

Provision	Intent	ANA & Partners Advocacy	Opportunities for Nurses
Increase in Medicaid Payment for Primary Care Services	The Medicaid incentive program was not in the Affordable Care Act, but was included in the Health Care and Education Reconciliation Act of 2010. **Section 1202** (page 64) would require State Medicaid programs to reimburse for primary care services furnished by physicians at no less than 100% of Medicare rates for services furnished by physicians in 2013 and 2014. The federal government would pay 100% of the incremental costs attributable to this requirement. This provision is only a 2-year mandate. This provision does ***not*** apply to APRNs.		
Certified Nurse-Midwives	**Section 3114** (p. 305) increased the reimbursement rate for Certified Nurse-Midwives for covered services from 65% of the rate that would be paid were a physician performing a service to the full rate. It makes the increased reimbursement rate for CNMs **effective 1/1/2011**. See Medicare Equity for Midwives	ANA congratulates ACNM on success in this long-fought battle for payment equity.	
Independence at Home program	**Section 3024** (p. 286) creates the Independence at Home Demonstration program for chronically ill Medicare beneficiaries to test a payment incentive and service delivery system that utilizes physician and nurse practitioner directed home-based primary care teams aimed at reducing expenditures and improving health outcomes. Participation of Nurse Practitioners and Physician Assistants (page 287): "Nothing in this section shall be construed to prevent a nurse practitioner or physician assistant from participating in, or leading, a home-based primary care team as part of an independence at home medical practice…" CMS Fact Sheet about Independence at Home Demonstrations	On December 21, 2011 CMS released a call for applications for the Independence at Home Demonstration. The CMS Innovation Center selected a total of 17 individual practices and consortia to participate in the Independence at Home program Start date: Cohort 1 – June 1, 2012 Cohort 2 – September 1, 2012	**Primary care practitioners including APRNs may apply here**

Provision	Intent	ANA & Partners Advocacy	Opportunities for Nurses
School-Based Health Centers	**Section 4101** (p. 428) establishes two programs for school based health centers (SBHCs) The first program authorize grants to provide for construction of, and equipment for, new SBHCs. The ACA appropriated $50 million in each of fiscal years 2010 through 2013 to carry out this grant program. The second grant program provides funding to existing SBHCs for operation, equipment acquisition, training, and salaries of personnel. Preference is given to sites that serve a large population of children eligible for medical assistance under the State Medicaid plan or under waiver authority for this plan. The statute does not require State Medicaid programs to reimburse SBHCs receiving grants under the program on the same basis as they would FQHCs.) More information is available from the National Assembly on School Based Health Care	ANA works collaboratively with the National Assembly on School-Based Health Care to advocate for continued support of SBHCs. **FY 2010-FY 2013** – ACA authorizes appropriations of $200 million to improve delivery and support expansion of services at school-based health centers. HRSA awarded these funds under the School-Based Health Center Capital (SBHCC) Program in FYs 2010-2013 to 470 school-based health center programs.	
Advance Care Planning	The statute does not contain a specific voluntary advance care planning consultation under Medicare; and earlier provision was dropped during the bill's negotiations. However, **Section 8002** (p. 710) creates a Community Living Assistance Services and Support (CLASS) independent benefit plan available for individuals with functional limitations. CLASS insurance will cover (p. 723), among other services, consultation with an advice and assistance counselor relating to the formulation of advance directives and other written instructions. Taxpayer funds will not be expended to pay benefits under the CLASS plan. **October 2011 update**: HHS halted implementation of CLASS due to budgetary reasons.		

Provision	Intent	ANA & Partners Advocacy	Opportunities for Nurses
Indian Health Services	**Section 5507** (p. 545) establishes a demonstration grant program to provide educational and training opportunities for low-income individuals for positions in the health care field that pay well and are expected to be in high demand. The demonstration program primarily serves State Temporary Assistance for Needy Families recipients, but HHS is required to award at least three demonstration grants to eligible entities that are Indian Tribes, Tribal organizations, or Tribal colleges or universities. If you are a member of a federally recognized Tribe, you are eligible for monthly special enrollment periods. The Affordable Care Act includes permanent reauthorization of the Indian Health Care Improvement Act.	As of May 2013, the Natural Indian Health Outreach and Education (NIHOE) project has completed over 330 trainings with tribes, tribal organizations, and urban Indian Health programs.	Indian Health Service scholarships
State Health Insurance Exchanges	**Section 2793** provides for development of State Health Insurance Exchanges. These Exchanges are designed to enhance competition in the health insurance market, improve choice of affordable health insurance to individuals, and give small businesses the same purchasing clout as large businesses. The Exchanges are scheduled to begin the first open enrollments in October 2013, for insurance effective dates beginning January 1, 2014. They will allow individuals and small employers to directly compare qualified available private health insurance options on the basis of price and quality. The intent is to create a level playing field for insurers and consumers that will reduce health care costs and increase quality. HHS agreed that all types of licensed health care professionals should be included to determine an adequate network for each health plan and that any qualified primary care provider, including APRNs may lead care team in Patient Centered Medical Homes HHS is allowing states discretion to determine the expertise required for governance of its Exchange.	ANA participated in the rulemaking process by providing comments to HHS, based on 4 principles: - Inclusion of APRNs as primary care providers - Inclusion of Nurse Managed Health Clinics, School-Based Health Clinics, and Free Standing Birth Centers as Essential Community Providers - Inclusion of APRNs as team leaders in Patient Centered Medical Home - Inclusion of nurses in the governing board of State Health Insurance Exchanges	HHS is providing states significant flexibility in designing their exchanges. Nurses can work with coalitions within their state to influence selection of benchmark plans, determination of governance boards and identification of essential community providers.

Provision	Intent	ANA & Partners Advocacy	Opportunities for Nurses
Essential Health Benefits Packages	**Section 2707** Comprehensive Health Insurance Coverage: The ACA has a goal of covering all Americans with health insurance; the Essential Health Benefits (EHB) provides the definition and measure of what health insurance coverage means. All health insurance plans sold within and outside the exchange must cover the EHB package. The law stipulates that the EHB must be comparable to a typical employer provided plan, and must include at least ten categories of services: 1. Ambulatory patient services 2. Emergency services 3. Hospitalization 4. Maternity and newborn care 5. Mental health and substance use disorder services, including behavioral health treatment 6. Prescription drugs 7. Rehabilitative services and devices 8. Laboratory services 9. Preventive and wellness services and chronic disease management, and 10. Pediatric services, including oral and vision care Each state will choose a benchmark health plan from a specific variety of existing plans operating in their state to set the level of benefits in each category. All states must select a bench mark plan, even if they don't establish their own exchange. If a state does not select a benchmark plan, the default is the largest small group plan in the state. If any of the ten categories are missing from the benchmark plan, the state must add the category.	ANA wrote to CMS in response to the EHB Bulletin of Dec. 16, 2011. ANA's advocacy highlighted the valued that registered and advanced practice nurses bring to patient-centered care. ANA expressed concern that a state- by-state approach may lead some states to focus more on short-term "affordability," rather than the availability of services needed to keep people healthy and productive over the long term. ANA continues to call on HHS and the states to authorize the full range of eligible health care professionals to provide the programs and services made available to patients, as permitted by law.	Nurses and state professional nursing organizations can influence the designers of each state exchange in the selection of benchmark plans that define the EHB package for that state.

Provision	Intent	ANA & Partners Advocacy	Opportunities for Nurses
Accountable Care Organizations (ACO)	**Section 3022** (p. 277) An Accountable Care Organization ACO is a group of providers and suppliers of services (e.g., hospitals, providers, and others involved in patient care working together to coordinate care for their Medicare Beneficiaries (excluding Medicare Advantage Plans). The goal of an ACO is to deliver seamless, high quality care, built upon a patient-centered medical home (primary care delivery) model where the patient and providers are true partners in care decisions. ACO are required to report quality improvement results with the intent of eliminating waste and reducing inefficiencies in care without limiting Medicare beneficiaries' access to necessary services. More detailed description of Medicare ACOs is available The Final rule regarding ACOs incorporates key provisions pertinent to nursing: Medicare beneficiaries may align with an NP for primary care services within an ACO. A nurse may be the *qualified health professional* responsible for the ACO's quality assurance and improvement program The financial and systemic incentive for care coordination measure the RN's integral contribution to quality care improvement	ANA submitted a comment letter to CMS in response to the proposed ACO regulation, supporting the value of nursing to the ACO, patients' freedom of choice of primary care provider, & nursing leadership in the areas of quality and process improvements. CMS's final revised regulation clearly reflected ANA's input on ACO design &implementation. Complete analysis of CMS responses to ANA comments. To learn more about ANA's activities and advocacy regarding the essential role of registered nurses for care coordination, such as that envisioned for ACOs -- see ANA's position statement on care coordination, research paper on economic issues and quality improvements related to nurses role in care coordination, and annotated bibliography (June 2012).	Key areas needing improvement continue to be the common understanding and assessment of care coordination, its value, and the necessity of qualified healthcare professionals – especially RNs.

AMERICAN NURSES ASSOCIATION

HEALTH CARE REFORM

Updated June 18, 2014

Quality

Many recent studies have demonstrated what most health care consumers already know: nursing care and quality patient care are inextricably linked, in all care settings but particularly in acute and long-term care. Because nursing care is fundamental to patient outcomes, we are pleased that both bills place a strong emphasis on reporting, both publicly and to the Secretary, of nurse staffing in long-term care settings. The availability of staffing information on the Nursing Home Compare website would be vital to helping consumers make informed decisions, and the full data provided to the Secretary will ensure staffing accountability and enhance resident safety.

Provision	Intent	ANA & Partners Advocacy	Opportunities for Nurses
Comparative Effectiveness Research	**Section 6301** (p. 609) establishes an independent non-profit Patient-Centered Outcomes Research Institute (PCORI) to perform and synthesize research on comparative effectiveness, offering the best available evidence to assist patients, physicians, purchasers, and policy-makers in making informed health decisions. The Institute will advance the quality and relevance of evidence concerning the effective prevention, diagnosis, treatment, and management of health conditions. Research, evidence synthesis, and dissemination of findings that considers variations in patient sub-populations will be a primary focus of PCORI. Because the central tenants of PCORI are patient-centeredness and outcome oriented research, patients play key roles in PCORI's work by indicating what outcomes they value. By law, PCORI will ensure that its research is not construed as mandates for practice guidelines or coverage recommendations. The Agency Healthcare Research and Quality will be responsible for disseminating the findings made by Institute researchers to build data capacity for comparative effectiveness research (CER) and to train researchers in CER methods.	ANA congratulated PCORI on the selection of nurse-researcher, Debra Barksdale, PhD, RN, of the University of North Carolina at Chapel Hill School of Nursing in Chapel Hill, NC to the Board of Governors and of Robin Newhouse, PhD, RN, of University of Maryland School of Nursing to the Methodology Committee. ANA expressed optimism for expansion of nursing's representation on these and other important decision-making bodies that support PCORI's work. PCORI's National Priorities for Research and Research Agenda adopted by the PCORI board of Governors on May 21, 2012.	ANA supplied many recommendations regarding the research agenda and definitions of patient outcomes including that health-related and patient-defined quality of life measures be considered as an outcome and that a patient's characteristics like culture, health behaviors and literacy also be included. ANA supported funding for provider- or discipline- specific research.

Provision	Intent	ANA & Partners Advocacy	Opportunities for Nurses
Nursing Home Transparency – Nursing Home Compare Medicare Website	**Section 6103** (p. 586) directs the Nursing Home Compare Medicare Website to release information on staffing data for each facility, including resident census data, hours of care provided per resident per day, staffing turnover and tenure. Furthermore, it needs to be in a format that facilitates consumers' ability to compare differences in staffing between facilities and State and national averages for facilities. Moreover, the format must include: differences in types of staff; relationship between staffing levels and quality of care; explanation that appropriate staffing levels vary based on patient mix.	Nursing home data are updated on or around the third Thursday of every month. Last update on April 17, 2014 **March 2013 -** Department of Health and Human Services (HHS) releases information to the public. **June 2012 –** Information reported to HHS. **March 2012 –** HHS publishes final regulations and standard format.	
Nursing Home Transparency – Whistleblower Protection	**Section 6105** (p. 593) directs the Secretary to create a standardized complaint form and requires states to establish complaint resolution processes. It also provides whistleblower protection for employees who complain in good faith about the quality of care or services at a skilled nursing facility.	**October 12, 2010 -** Improving Nursing Home Care: Standardized complaint form established and available on Medicare website.	
Nursing Home Transparency – Staffing Accountability	**Sections 6101 through 6121** (starting on p. 581) would require Medicare skilled nursing facilities and Medicaid nursing facilities to disclose information on their ownership and organizational structure to government authorities and would mandate that such facilities implement a compliance and ethics program within 3 years of the legislation's enactment. Furthermore, these sections would require facilities to report in detail their expenditures on wages and benefits for direct care staff and to develop a program under which facilities can report staffing information in a uniform format based on payroll data, including agency or contract staff. Unlike the House bill, the Senate nursing home transparency provisions require a GAO study and report on the Five-Star Quality Rating System and authorize a national demonstration project to develop best practices related to "culture change" and information technology in nursing facilities.		

Provision	Intent	ANA & Partners Advocacy	Opportunities for Nurses
Center for Quality Improvement and Patient Safety (CQuIPS)	**Section 3501** (p. 389) establishes a Center for Quality Improvement and Patient Safety within the Agency for Healthcare Research and Quality to support the identification of best practices for quality improvement in the delivery of health care services. The Center's activities will include identifying health care providers that employ best practices and finding ways to translate these practices rapidly and effectively into practice elsewhere. The Center is also charged with supporting research on health care delivery system improvement by establishing a Quality Improvement Network Research Program, under which funding recipients will test, scale, and disseminate information about interventions that improve quality and efficiency. Section 3501 also directs the Director of AHRQ to award technical assistance grants to struggling health care providers and organizations so that such entities can understand, adapt, and implement the best practices identified by the Center. Unlike the House bill establishing the Center, the final bill does not reference the nursing profession.		