

***Patient Protection & Affordable Care Act  
Key Provisions for Nursing  
Public Law 111-148***



**PRESENTATION TO UW SCHOOL OF NURSING ALUMNI  
ASSOCIATION**

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# Rationale for Nursing Involvement



- The Patient Protection and Affordable Care Act (Public Law 111-148) clearly represents a movement toward much-needed, comprehensive and meaningful reform for our nation’s healthcare system.
- 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.*

# Key Provisions



- **Nursing Workforce**
- **Advanced Practice Nurses**
  - **Quality**
  - **Other**

# Nursing 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 are also used to direct RNs into areas with the greatest need – including departments of public health, community health centers, and disproportionate share hospitals.

# Primary Care Nursing Workforce



- **Section 5207 (p. 494) increases funding for the National Health Service Corps 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.**

# Primary Care Nursing Workforce



- **Section 5209 (p. 495) removes the previously enacted cap of 2,800 commissioned officers in the National Health Service Corps regular corps.**

# Primary Care Nursing Workforce



- **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.**

# Primary Care Nursing Workforce



- **Section 5301 (p. 497) establishes a grant program for hospitals, medical schools, academically affiliated physician assistant training programs, and other entities to develop and operate accredited training programs for the provision of primary care.**
- **In particular, entities may use a grant to develop and operate a physician assistant education program and may use funds to train individuals who will teach in PA education programs**

# Primary Care Nursing Workforce



- In addition, eligible entities may use grant funds to provide financial aid to students and faculty, to enhance professional development among faculty in primary care programs, and to establish and maintain academic departments in primary care.
- The statute requires the grant program to give priority to projects that train students to
  - participate in patient-centered medical homes,
  - train for the care of vulnerable populations, and
  - establish formal relationships with federally qualified health centers or other clinics that serve underserved populations.

# Primary Care Nursing Workforce



- **Section 10501 (p. 875) makes other improvements to the National Health Service Corps program.**
- **Specifically, this provision increases 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.**

# Nursing Workforce Development Programs



- **Nurse Managed Health Centers (NMHCs)**
  - **Section 5208 (p. 494) authorizes \$50 million in grants for the cost of operation of NMHCs that provide comprehensive primary care or wellness services without regard to income or insurance status for patients.**
  - **Such NMHCs must provide care to underserved or vulnerable populations and be associated with an academic department of nursing, qualified health center, or independent nonprofit health or social services agency.**
  - **HHS will award grants subject to the financial need of the NMHC and other factors, as determined appropriate by the Secretary.**

# Healthcare Workforce



- Healthcare Workforce Advisory Committee
  - ✦ Comprised of health professionals, providers and non-professionals. Majority non professionals.
  - ✦ RN has one seat

# Advanced Education in Nursing



- **Section 5308 (p. 511) clarifies the scope of the Advanced Education Nursing grant program to ensure that accredited midwifery education programs are eligible for such grants.**
- **The statute, however, gives priority to recipients who will contribute to increased diversity among advanced education nurses**

# Nursing Education, Practice and Retention



- **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.**

# Nursing Student Loan Program



- **Section 5202 (p. 489) provides updates to the loan amounts for the Nursing Student Loan program and specifies that, after 2012, the Secretary has discretion to adjust this amount based on cost of attendance increases.**

# Nursing Loan Repayment & Scholarship Program



- **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.**

# Nursing Faculty Loan Repayment Program



- **Section 5311 (p. 513) increases the Nurse Faculty Loan Program 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 permit 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.**

# Mandatory Title VIII Funding Stream



- **Section 5312 (p. 515) authorizes \$338 million in appropriations to carry out nursing workforce development programs – including**
  - 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.**

# 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.**

# Nursing Workforce Diversity Grants

- **Section 5404 (p. 531) expands the workforce diversity 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.

# Pediatric Healthcare 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 repayment 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.**

# Training 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.**

# Geriatric Nursing Career Incentives



- **Section 5305 (p. 504) includes a provision that 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.**

# Key Provisions



- **Advanced Practice Nurses**



# Rationale



- In order to meet our nation's healthcare needs, an integrated national healthcare workforce that looks beyond physicians must be put into action.
- Advanced Practice Registered Nurses (APRNs), in particular Nurse Practitioners and Certified Nurse-Midwives, are proven providers of high-quality, cost effective primary care.
- ANA has been advocating for the use of provider neutral language throughout the House and Senate bills.
- ANA also believe that any type of demonstration or pilot project that focuses on primary care should include nurse practitioners and certified nurse midwives and that nothing should preclude them from leading those models of care.

# Advance Care Planning



- **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. *Effective January 1, 2011.***

# Accountable Care Organizations (ACOs)



- **Section 3022 (p. 277) establishes a shared savings program under which a group of providers and suppliers may form a legally structured ACO to manage and coordinate care for Medicare fee-for-service beneficiaries.**

# ACOs



- An ACO that abides by a set of quality performance standards and meets a financial benchmark will be eligible for an incentive payment based on the share of savings they achieve for the Medicare program.
- An ACO must include primary care ACO professionals that are able to serve a minimum of 5,000 fee-for-service beneficiaries.
- The statute defines the term “ACO professional” to include a physician assistant, nurse practitioner and clinical nurse specialist.

# Medical Home - Medicare



- **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, nurse practitioners, 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, and evidence-informed medicine.**

## Medicare – Increase Payment for Primary Care



- **Section 5501 (p. 534) provides a 10 percent (10%) bonus payment under Medicare for fiscal years 2011 through 2016 to primary care practitioners (including nurse practitioners, clinical nurse specialists, and physician assistants) and general surgeons practicing in health professional shortage areas.**

# Certified Nurse Midwives



- **Section 3114 (p. 305) will increase the reimbursement rate for Certified Nurse-Midwives for covered services from 65 percent (65%) of the rate that would be paid were a physician performing a service to the full rate. *Effective January 1, 2011.***

# Independence at Home



- **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.**
- **Independence at home medical practices that spend less than established spending targets are eligible for incentive payments.**
- **HHS will give priority to practices that are located in high-cost areas, that have experience in furnishing home health services, and that health information technology and individualized plans of care.**
- **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...”***

# Nurse Home Visitation Services



- **Section 2951 (p. 216) authorizes states, with federal grant support and after conducting a**
- **mandatory assessment of needs,**
- **to establish evidence-based nurse home visitation programs for maternal, infant, and early childhood purposes.**
- **Programs that support high-risk populations will be given priority under the grant program.**
- **(Unlike the House bill, there was no provision that would allow optional coverage of nurse home visitation services under State Medicaid programs. )**

# Key Provisions



- Quality



# Rationale



- 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.

# Comparative Effectiveness Research



- **Section 6301 (p. 609) establishes a non-profit Patient-Centered Outcomes Research Institute to perform and synthesize research on comparative effectiveness.**
- **The purpose of the Institute will be to assist patients, physicians, purchasers, and policy-makers in making informed health decisions.**
- **In particular, the statute envisions that the Institute will advance the quality and relevance of evidence concerning the manner in which health conditions can effectively be prevented, diagnosed, treated, monitored, and managed through research and evidence synthesis that considers variations in patient sub populations, and through the dissemination of research findings.**
- **Any findings made by the Institute will be construed as a mandate on practice guidelines or coverage decisions.**
- **NURSING NEEDS TO BE AT THIS TABLE**

# Nursing Home Transparency



- **Data Compare**
- **Whistleblower Protection**
- **Staffing Accountability**





- **Other Nursing Provisions**

# Center for Quality Improvement



- **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 will also be 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 statute does not reference the nursing profession. )**

# School Based Health Clinics

- **Section 4101 (p. 428) establishes two new grant programs for school-based health centers.**
  - The first program will authorize grants to provide for construction of, and
  - equipment for, new school-based health centers.
- **The statute appropriates \$50 million in each of fiscal years 2010 through 2013 to carry out this grant program.**
- **School-based health centers that serve a large population of Medicaid eligible children will have priority for grant consideration.**
- **The second grant program provides funding to existing school-based health centers for operation, equipment acquisition, training, and salaries of personnel.**
- **HHS may give priority under this program to communities that have a shortage of primary care for children or a high per capita number of children who are uninsured.**

# Nurse-Managed Health Centers



- **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 authorizes to be appropriated \$50 million for FY 2010 and such sums as may be necessary for FY 2011 through FY 2014.**

# Indian Health



- **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 will primarily serve 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.**

# Source



- **American Nurses Association**
  - [www.nursingworld.org](http://www.nursingworld.org)
    - ✦ Health Care Reform
  
- **Wisconsin Nurses Association**
  - [www.wisconsinnurses.org](http://www.wisconsinnurses.org)
    - ✦ Legislation and Policy

