



Nursing Related Provisions in Proposed Health Care Reform Legislation

	HELP Affordable Health Choices Act	HR 3200 (Tri-Committee Bill)	Additional Proposed Legislation	
			HR 3185	S 1569
Included	<ul style="list-style-type: none"> • General Amounts for <u>Federally Qualified Health Centers</u>: \$30 billion • Funding for <u>National Health Service Corps</u>: \$4 billion • Grants for <u>Nurse-Managed Health Clinics</u>: no funding stated. • Includes a proposal for a <u>health workforce commission</u> to develop recommendations for future health care workforce needs. • New provision would authorize funding for training of <u>primary care "extension" workers</u>. This provision uses the IOM definition of primary care that is inclusive of nursing. • Authorization of funds for the development of additional <u>nurse-managed clinics</u>: \$50 million. 	<ul style="list-style-type: none"> • Additional funding for <u>Community Health Centers</u> in Division C, the Primary Health Trust Fund: \$40 billion. • Through the Primary Health Investment fund, includes funding for <u>National Health Service Corps</u> (mostly physicians but includes approximately 10 percent funding for advance practice registered nurses) for scholarship and loan repayments: \$800 million • Additional funding to <u>expand the National Health Service Corps</u> in the Public Health Investment Fund for scholarship and loan repayments: \$3 billion • Funding for <u>nursing workforce and nursing faculty development, and increase of advanced practice registered nurses</u> in Public Health Trust Fund: \$1.5 billion • Funding for the <u>Public Health Workforce Corps</u> (could be placed in state, local, tribal health departments or federally qualified health centers with preference given to under-served areas). Includes schools of nursing as potential grant recipients: \$640 million 	<p>Seeks to modernize Medicare payments for nursing education as a part of overall health care reform.</p> <p>Payments would be made to hospitals for the costs of preparing 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 population. This graduate nursing education would be provided through affiliations with accredited schools of nursing and in partnership with two or more non-hospital community-based care settings in which portions or all of the clinical training is carried out. Hospitals would reimburse nursing schools and community-based care settings for their portion of the training costs.</p> <p>Introduced to House Energy and Commerce Committee on July 13, 2009.</p>	<p>Seeks to modernize Medicare payments for nursing education as a part of overall health care reform.</p> <p>Payments would be made to hospitals for the costs of preparing 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 population. This graduate nursing education would be provided through affiliations with accredited schools of nursing and in partnership with two or more non-hospital community-based care settings in which portions or all of the clinical training is carried out. Hospitals would reimburse nursing schools and community-based care settings for their portion of the training costs.</p> <p>Introduced to Senate Finance Committee on August 3, 2009.</p>



	HELP Affordable Health Choices Act	HR 3200 (Tri-Committee Bill)	Additional Proposed Legislation	
			HR 3185	S 1569
Analysis	<p>Although nursing workforce development is appropriately included in the HELP bill, it may not go far enough in increasing nursing workforce capacity. Because there is no dedicated stream of funding for this purpose, we may be left with an inadequate supply of highly skilled nurses to meet the health care needs of an aging population in the 21st century. The bill does contain one new pot of mandatory money for non-coverage priorities -- \$10 billion for a Prevention and Public Health Investment Fund, but there is nothing similar for workforce.</p>	<ul style="list-style-type: none"> • Continues increased appropriations for a <u>loan repayment program</u> based on service as a faculty member at an accredited school of nursing and additional faculty loan repayment programs. These increased appropriations should be used in part to increase nursing faculty salaries and H. R. 2043, the Nursing Education Expansion and Development Act, could serve as a mechanism for distributing this mandatory funding aimed at capacity expansion. • <u>Career Ladder Programs</u>: There are two opportunities to strengthen this program: one is to specify support for a program to increase the numbers of underrepresented nurses to obtain bachelor's or graduate degrees. The second is to ensure for the funding of these career advancement and life-long learning opportunities to promote a diverse workforce which reflects the nation's population. • <u>Primary Care Physicians</u>: Estimates indicate that the \$1.5 billion targeted for increasing the number of primary care physicians would produce about 7000 providers over 10 years. A proposal (see additional legislation) to increase the number of advanced practice registered nurses through Medicare funding would yield 19,000 nurses (13,000 of which are estimated to provide primary care) during the same time frame and for less cost (under \$1 billion) has not been included. • <u>Overall</u>: The House bill is more robust in terms of health care workforce provisions. However, for Medicare funding of primary care, it supports only funding to produce more physicians rather than physicians <i>and</i> nurse practitioners. 	<p>Through support of graduate nursing education, the proposed legislation has the potential to increase production of advanced practice registered nurses by 25% annually, in order to better meet the health care needs of Medicare recipients.</p>	<p>Through support of graduate nursing education, the proposed legislation has the potential to increase production of advanced practice registered nurses by 25% annually, in order to better meet the health care needs of Medicare recipients.</p>