



Patient Protection and Affordable Care Act & Health Care and Education Reconciliation Act

The following compilation highlights those sections of the NLN's *Public Policy Agenda 2009-2010* that have been included in provisions of the 2010 health care reform public laws – the *Patient Protection and Affordable Care Act* (P.L. 111-148) and the *Health Care and Education Reconciliation Act of 2010* (P.L. 111-152). Sections of the NLN agenda are in black text, and provisions of the laws are **bold** and in **blue** text.

PUBLIC POLICY AGENDA 2009 – 2010

Quality Health Care for All

1. Support maximizing education funding for health care professionals who commit to practice in underserved areas.
 - **Provides scholarships for disadvantaged students who commit to work in medically underserved areas as primary care providers, and expands loan repayment for individuals who will serve as faculty in eligible institutions. Funds authorized for appropriation beginning in FY 2010 – 2014.**
 - **Provides state grants to providers in medically underserved areas; trains and recruits providers to serve in rural areas; establishes a public health workforce loan repayment program; provides medical residents with training in preventive medicine and public health. Funds appropriated for six years beginning in FY 2010.**
 - **Increases and extends the authorization of appropriations for the National Health Service Corps scholarship and loan repayment program, adjusted by a certain percentage based on the costs of education and the number of individuals residing in health professions shortage areas. Authorizes a total of \$2.7 billion for 2010 – 2015.**
 - **Increases flexibility in laws and regulations that govern Graduate Medical Education (GME) funding to promote training in outpatient settings and to ensure the availability of residency programs in rural and underserved areas. Effective July 1, 2010.**
2. Advocate for funding for health care worker education that meets the challenges of our diverse, ever-changing health care environment, e.g., geriatric and culturally competent care.
 - **Emphasizes that priority in awarding grants shall be made for applicants that provide training in the care of vulnerable populations, such as children, older**

adults, homeless individuals, victims of abuse or trauma, individuals with mental health or substance related disorder, individuals with HIV/AIDS, and individuals with disabilities; have a record of training individuals who are from a rural or disadvantaged background, or from unrepresented minorities; provide training in cultural competency and health literacy; or applicants that have a high rate for placing graduates in practice settings that serve underserved areas or health disparity populations, or who achieve a significant increase in the rate of placing graduates in such settings. Funds are authorized for fiscal years 2010 – 2014 and as necessary for each subsequent fiscal year.

- Promotes cultural competence training of health care professionals. Funds appropriated for six years beginning in FY 2010.
3. Promote national access to primary care through the enhancement of services by local community health centers and neighborhood clinics.
- Improves access to care by increasing funding by \$11 billion for community health centers over five years. Effective FY 2011.
 - Establishes new programs to support school-based health centers and nurse-managed health clinics. Effective FY 2010.
 - Establishes Teaching Health Centers, defined as community based, ambulatory patient care centers, including federally qualified health centers and other federally funded health centers that are eligible for Medicare payments for the expenses associated with operating primary care residency programs. Initial appropriation in FY 2010.
4. Advocate for increased funding for the continuum of preventive health care education – “womb to tomb.”
- Establishes the National Prevention, Health Promotion and Public Health Council to coordinate federal prevention, wellness, and public health activities. Council is to develop a national strategy to improve the nation’s health within one year following enactment.
 - Creates a Prevention and Public Health Fund to expand and sustain funding for prevention and public health programs. Initial appropriation in FY 2010.
 - Creates task forces on Preventive Services and Community Preventive Services to develop, update, and disseminate evidenced-based recommendations on the use of clinical and community prevention services. Effective upon enactment.
 - Establishes a grant program to support the delivery of evidence-based and community based prevention and wellness services aimed at strengthening prevention activities, reducing chronic disease rates, and addressing health

disparities, especially in rural and frontier areas. Funds appropriated for five years beginning in FY 2010.

- Improves prevention by covering only proven preventive services and eliminating cost sharing for preventive services in Medicare and Medicaid. Effective January 1, 2011.
 - Provides Medicare beneficiaries access to a comprehensive health risk assessment and creation of a personalized prevention plan. Health risk assessment model developed within 18 months following enactment.
 - Provides incentives to Medicare and Medicaid beneficiaries to complete behavior modification programs. Effective January 1, 2011 or when program criteria are developed, whichever is first.
 - Requires Medicaid coverage for tobacco cessation services for pregnant women. Effective October 1, 2010.
 - Requires qualified health plans to provide at a minimum coverage without cost sharing for preventive services rated A or B by the U.S. Preventive Services Task Force, recommended immunizations, preventive care for infants, children, and adolescents, and additional preventive care and screenings for women. Effective six months following enactment.
5. Support public initiatives providing affordable health insurance for the uninsured and underinsured as well as CHIP for children.
- Provides refundable and advanceable premium credits to eligible individuals and families with incomes between 133% and 400% FPL (federal poverty level) to purchase insurance through the American Health Benefit Exchanges (Exchanges).
 - Requires states to maintain current income eligibility levels for children in Medicaid and the Children's Health Insurance Program (CHIP) until 2019 and extends funding for CHIP through 2015. CHIP benefit package and cost sharing rules will continue as under current law. Beginning in 2015, states will receive a 23 percentage point increase in the CHIP match rate up to a cap of 100%. CHIP-eligible children who are unable to enroll in the program due to enrollment caps will be eligible for tax credits in the new state insurance exchanges.
 - Establishes a grant program for eligible entities to support the operation of "school-based health centers," as defined in CHIP Act of 2009. Preference will be given to school-based health centers that serve a large population of medically underserved children. Funding is appropriated for fiscal years 2010 through 2014.

Ethnic/Cultural/Gender Diversity

1. Support government efforts, such as Title VII - Health Professions, to promote greater ethnic, cultural, and gender diversity and minority representation among nurses and nurse educators.
 - Expands the allowable uses of nursing diversity grants to include completion of associate degrees by entering into bridge or degree completion programs, or advanced degrees in nursing programs, as well as pre-entry preparation, advanced educational preparation, and retention activities.
 - Increases the capacity of the Centers of Excellence program, which develops a minority application pool to enhance recruitment, training, academic performance and other supports for minorities interested in careers in health, by reauthorizing the program at 150 percent of 2005 appropriations, beginning in 2010 – 2015, and such sums as are necessary for subsequent fiscal years.
 - Invests in Historically Black Colleges and Universities and minority-serving institutions through 2019 by extending funding for these institutions' programs covered in the *Higher Education Act* and created under the *College Cost Reduction and Access Act of 2007*.
2. Call on Congress to expand investment in resources that enrich cultural competency education and services.
 - Alters Title VII – Section 741 of the Public Health Service Act by inserting the goals of dissemination of research, demonstration projects, and model curricula for cultural competency, prevention, public health proficiency, reducing health disparities, and aptitude for working with individuals with disabilities training. The bill creates grants for programs that aim to meet the goals mentioned above.
 - Enhances understanding of health disparities by collecting, analyzing, and reporting on any federally conducted or supported health care program, activity, or survey: data on race, ethnicity, sex, primary language, and disability status; data on the smallest geographic level if it can be aggregated; and, sufficient data to generate estimates by the metrics listed above. Funds also will be appropriated from 2010 – 2014 to evaluate the data collection to ensure it allows for the ongoing, accurate, and timely collection and evaluation of data on disparities in health care services and performance.
3. Support policy initiatives on nurse workforce data collection and analysis.
 - Establishes a National Health Care Workforce Commission tasked with reviewing health care workforce and projected workforce needs. The Commission will develop and commission evaluations of education and training activities to determine whether the demand for health care workers is being met; identify barriers to improved coordination at the federal, state, and local levels

and recommend ways to address such barriers; and encourage innovations to address population needs, constant changes in technology, and other environmental factors. “Nursing workforce capacity at all levels” is listed in the statute as a high priority area for data collection and analysis. The Commission shall be appointed no later than September 30, 2010.

- Establishes the National Center for Health Workforce Analysis, which will collaborate with the Commission while it provides for the development of information describing and analyzing the health care workforce and workforce related issues; develop and publish performance measures and benchmarks for programs under this title; and maintain a national database for longitudinal evaluations. The Center may enter into contracts with relevant professional and educational organizations or societies to fulfill its charges.

Nurse Workforce Development

1. Endorse evidence-based policy strategies for health care capacity building, such as the Title VIII programs for recruiting and retaining students in the nursing profession.

and
2. Advocate for increased funding for Title VIII – Nursing Workforce Development Programs to strengthen cost-effective initiatives that address health care workforce development challenges, including support for academic and professional progression for all nurses regardless of their points of entry.
 - Addresses the projected shortage of nurses and the retention of nurses via Title VIII by increasing the capacity for education, supporting training programs, providing loan repayment and retention grants, and creating a career ladder to nursing. Initial appropriation in FY 2010.
3. Support policy initiatives that advance best practices to establish an infrastructure of appropriately prepared nurses who can respond to the nation’s evolving health care demands.
 - Provides grants for up to three years to employ and provide training to family nurse practitioners who provide primary care in federally qualified health centers and nurse-managed health clinics. Funds appropriated for five years beginning in FY 2011.
 - Creates a 3-year (2012-2015) demonstration project for a graduate nurse education (GNE) program. Since few nurses receive their primary training in hospital-based programs today, Medicare will instead support the education and training of nurses who care for Medicare beneficiaries, whether in the hospital or in other venues, as well as the training for nurses in administrative and leadership positions to implement delivery system reforms. Payments could continue to be made to hospitals but will also be available for the costs

of graduate nursing education in other settings through contractual agreements. This education could be provided – and the funding flow directly – through organizations that have affiliations with accredited schools of nursing, which in turn partner with nonhospital, community-based settings.

The provision for five graduate school nurse education demonstration projects directs the Department of Health and Human Services Secretary to establish the program under Medicare and it authorizes a \$50 million appropriation from the Medicare Hospital Insurance Trust Fund for FY 2012 – 2015. through 2015.

- Establishes a program to facilitate collaboration processes between patients and caregivers that engage the patient in decision-making by providing the patient with information about trade-offs among treatment options, and facilitates the incorporation of patient preferences and values into the medical plan. Establishes a program to award grants to develop, update and produce patient decision aids to assist the provider in educating the patient concerning the relative safety, effectiveness, and cost of treatment or, where appropriate, palliative care options.
- Advances evidence-based quality measure development by awarding grants to that allow the assessment of: health outcomes and functional status of patients; the management and coordination of care; the use of shared decision-making tools; the meaningful use of health information technology; the safety, effectiveness, patient-centeredness, appropriateness, and timeliness of care; the efficiency of care; the equity of health services and health disparities; patient experience and satisfaction; and strategies and methodologies.

The Nurse Faculty Shortage

1. Support policy incentives that will provide nursing education programs with the necessary faculty to educate the next generation of nurses.
 - Expands the Title VIII Loan Repayment and Scholarship program to include nurse faculty.
 - Expands eligibility for the Nurse Faculty Loan Program to include individual graduate students by adopting the *Nurses' Higher Education and Loan Repayment Act*.
 - Removes the 10% cap on doctoral student education under the Title VIII Advanced Education Nursing program.