American Association of Colleges of Nursing

Patient Protection and Affordable Care Act
Public Law No: 111-148

Nursing Education and Practice Provisions

On Tuesday, March 23, 2010, President Obama signed into law the *Patient Protection and Affordable Care Act*. AACN did not take an official stance on healthcare reform legislation. The information below provides an overview of sections included in the law that will impact AACN member schools, their students, and practicing nurses. Specifically, these provisions address nursing workforce development, primary care, prevention, and health promotion expansion, care coordination and improved patient outcomes as well as patient and provider rights. This chart is a tool for AACN members and interested stakeholders to understand the content of the bill and future implications for the profession. It is not a comprehensive review of the law, nor does it connote AACN's position on the provisions. For information on AACN-supported provisions and sections AACN believes need further attention, see the accompanying document.

To read the text of Public Law No: 111-148 see: http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h3590enr.txt.pdf

Provision Title	Section Number	Original Provision	Expansions Under the New Law
Title VIII Nursing Workforce Development Reauthorization (42 U.S.C. 296 et seq.)			
Definitions	Sec. 5000 Pages 473-474	**Definitions** (Sec. 801of the Public Health Service Act [PHSA]) identifies an accredited school of nursing as: "a collegiate, associate degree, or diploma school of nursing in a State."	Expands the current language to clearly articulate that the Title VIII programs are for graduates of nursing programs in which the students sit for the NCLEX-RN. Includes a definition of accelerated degree programs and bridge or degree-completion programs so that these programs and students are eligible for funding under Title VIII.
Nursing Student Loan Program	Sec. 5202 Page 489	**Nursing Student Loan (NSL) Program** (Sec. 835 of the PHSA) was established in 1964 to address nursing workforce shortages. The revolving fund provides each accepted nursing student, undergraduate or graduate, a maximum of $13,000 at 5% interest with a preference for those in financial need. The repayment period is 10 years. The NSL program may provide $2,500 in non-taxable loans to nursing students during each of their first two years of study and $4,000 for their last two years. Funds are loaned out to new students as existing loans are repaid.	Updates current educational loan amounts under the NSL program from $2,500 to $3,300 and increases the loan amounts for the last two academic years from $4,000 to $5,200. The updated aggregate loan levels for all academic years will increase from $13,000 to $17,000. These loan amounts will be enacted during fiscal year (FY) 2010-2011. After FY 2011, such loan amounts shall be adjusted to provide for a cost-of-attendance increase for the yearly loan rate and the aggregate of the loans.

Geriatric Education and Training; Career Awards; Comprehensive Geriatric Education	Sec. 5305 Pages 504-507	**Education and Training Relating to Geriatrics** (Sec. 753 of the PHSA) awards grants to schools of medicine or dentistry to improve training of health professionals in geriatrics, disseminate curricula, support continuing education in geriatric care, among others. **Comprehensive Geriatric Education** (Sec. 885 of the PHSA) grants are awarded to schools of nursing or healthcare facilities to better provide nursing services for the elderly. These grants are used to educate nurses who will provide direct care to older Americans, develop and disseminate geriatric curriculum, and prepare faculty members.	Expands Sec. 753 to include a fellowship program for "short-term intensive courses that focus on geriatrics, chronic care management, and long-term care that provide supplemental training for faculty members in medical schools and other health professions schools with programs in psychology, pharmacy, nursing, social work, dentistry, public health, allied health, or other health disciplines, as approved by the Secretary." The fellowship program is authorized at $10.8 million for FY 2011-2014. Expands Sec. 753 to include Geriatric Career Incentive Awards that will be given to Advanced Practice Registered Nurses (APRNs) and other healthcare professional that agree to teach or practice in the field of geriatrics, long-term care, or chronic care management for a minimum of 5 years. The Geriatric Career Incentive Awards is authorized at $10 million for FY 2011-2014. Expands the Geriatric Faculty Fellowship program under Sec. 753(c) to include nurse faculty. ***Note Public Law 111-148 provides authorizing authority only for this program and cannot be considered a mandatory spending threshold. As is the case with all discretionary spending, funding must ultimately be appropriated each fiscal year by the House and Senate Appropriations Committee, passed by both bodies of Congress and signed by the President, before it represents its true denomination.* "Establishes 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."
Advanced Education Nursing Grants	Sec. 5308 Page 511	**Advanced Education Nursing (AEN) Grants** (Sec. 811 of the PHSA) support projects that enhance master's and doctoral nursing education programs. The AEN grants help to prepare our nation's nurse practitioners, clinical nurse specialists, nurse midwives, nurse anesthetists, nurse educators, nurse administrators, public health nurses, and other nurse specialists requiring advanced education.	Extends participation in the Advanced Education Nursing Grant program to those nurse-midwifery programs that are accredited by the American College of Nurse-Midwives Accreditation Commission for Midwifery Education. **Removes the 10% cap on doctoral student education under the AEN program.**

Nurse Education, Practice, and Retention Grants	Sec. 5309 Pages 511-513	**Nurse Education, Practice, and Retention Grants** (Sec. 831 of the PHSA) help schools of nursing, academic health centers, nurse-managed health centers, state and local governments, and healthcare facilities strengthen programs that provide nursing education.	Revises the Nurse Education, Practice, and Retention Grants to focus on Nurse Education, Practice, and Quality priorities. Creates a Sec. 831A that solely focuses on Nurse Retention programs and expands on the priorities that currently exist under the law including: -A career ladder program, and -Funding for nurse internships and residency programs in collaboration with an accredited school of nursing.
Loan Repayment and Scholarship Program	Sec. 5310 Page 513	**Nurse Loan Repayment and Scholarship Programs** (Sec. 846 of the PHSA) The Loan Repayment program repays up to 85 percent of nursing student loans in return for at least two years of practice in a designated healthcare facility. The Scholarship program offers individuals who are enrolled or accepted for enrollment as full-time nursing students the opportunity to apply for scholarship funds. Upon graduation, recipients are required to work in a healthcare facility with a critical shortage of nurses for at least two years.	Expands the Loan Repayment and Scholarship program to allow nurses (Loan Repayment) and nursing students (Scholarship) educational loan funding if they agree to serve as nurse faculty for at least two years at an accredited school of nursing.
Nurse Faculty Loan Program	Sec. 5311 Pages 513-515	**Nurse Faculty Loan Program (NFLP)** (Sec. 846A of the PHSA) increases the number of qualified nurse faculty by creating a student loan fund within individual schools of nursing. Students must agree to teach at a school of nursing in exchange for cancellation of up to 85 percent of their educational loans, plus interest, over a four-year period.	Expands the current program by creating a "School of Nursing Student Loan Fund," which will function as the current NFLP. Additionally, the provision expands the educational loan repayment amount from $30,000 to $35,500. Creates an "Eligible Individual Student Loan Repayment" program. This program will support current graduate students or recently graduated master's/doctoral students who agree to serve as a faculty full-time member at an accredited school of nursing, for a total period f at least 4 years. The loan repayment amounts include up to $40,000 for master's students and $80,000 for doctoral students. **Funding priority will be awarded under both programs to doctoral nursing students.**

Authorization of Appropriations for Parts B through D of Title VIII	Sec. 5312 Page 515	Funding provided for all Title VIII programs in FY 2010 was $243.872 million.	Authorized funding for all Title VIII Programs: $338 million in FY 2010, and such sums as may be necessary for each of the FY 2011 through 2016. ***Note Public Law 111-148 provides authorizing authority only for these programs and cannot be considered a mandatory spending threshold. As is the case with all discretionary spending, funding must ultimately be appropriated each fiscal year by the House and Senate Appropriations Committee, passed by both bodies of Congress and signed by the President, before it represents its true denomination.*
Workforce Diversity Grants	Sec. 5404 Page 531	**Workforce Diversity Grants** (Sec. 821 of the PHSA) prepare disadvantaged students to become nurses. This program awards grants and contract opportunities to schools of nursing, nurse managed health centers, academic health centers, state or local governments, and nonprofit entities looking to increase access to nursing education for disadvantaged students, including racial and ethnic minorities under-represented among RNs.	Expands the Workforce Diversity Grants to include: -Stipends for diploma or associate degree nurses to enter bridge or degree completion programs, -Scholarship or stipends for accelerated degree programs, -Pre-entry preparation, -Advanced education preparation, and -Retention activities. Includes the National Coalition of Ethnic Minority Nurse Associations as one of the organizations the Secretary shall consult with on recommendations regarding nursing diversity.
Support for Advanced Practice Registered Nurse Education			
Demonstration Grants for Family Nurse Practitioner Training Programs	Sec. 5316 Pages 877-878	*No current existing program.*	Creates a "training demonstration program for family nurse practitioners to employ and provide one-year of training for nurse practitioners who have graduated from a nurse practitioner program for careers as primary care providers in Federally qualified health centers (FQHCs) and nurse-managed health clinics (NMHCs)." Grants will be awarded for three years to eligible entities, such as FQHCs and NMHCs. Family nurse practitioners who participate will receive "12 full months of full-time, paid employment and benefits consistent with the benefits offered to other full-time employees of such entity. Funding for each grant will not exceed $600,000. Overall funding for the program is such sums as necessary for FY 2011 through 2014. ***Note Public Law 111-148 provides authorizing authority only for these programs and cannot be considered a mandatory spending threshold.*

Graduate Nurse Education Demonstration	Sec. 5509 Pages 556-558	*No current existing program.*	Amends Title XVIII of the Social Security Act to provide payment to **five** hospitals for the costs of expanded APRN training programs. Total awards will include $50 million over four fiscal years (FY 2012-2015) for a total of $200 million. The amount reimbursed will be based on growth within APRN programs when compared to the average growth in APRN programs from 2006-2010. The five hospitals that receive this funding must have written agreements with one or more accredited school of nursing that describe: 1) Qualified training and 2) How the hospital will reimburse the school(s) for the costs associated with qualified training. The agreement will also include two or more applicable non-hospital community-based care settings where APRN education occurs. A waiver is established for hospitals in rural and medically underserved communities where 50% of the education would not occur in community-based care settings. Federally qualified health centers, rural health clinics, and other non-hospital settings as determined appropriate by the Secretary are considered community-based care settings. "Qualified training means training that provides an advanced practice registered nurse with the clinical skills necessary to provide primary care, preventive care, transitional care, chronic care management, and other services appropriate for individuals entitled to, or enrolled for, benefits under part A of Title XVIII of the Social Security Act, or enrolled under part B of such title." An evaluation of the demonstration program will be conducted and reported to Congress no later than October 17, 2017. The report must include the "growth in the number of advanced practice registered nurses with respect to a specific base year as a result of the demonstration." ***Funding for this program is not subject to the regular appropriations process as programs under the Social Security Act provide mandatory funding. Therefore, starting in FY 2012, $50 million will be allocated. No hospitals have been selected to date.*

National and State Workforce Support			
National Health Workforce Commission	Sec. 5101 Pages 474-481	*No current existing program.*	Creates a National Health Workforce Commission that will serve as a resource to Congress, consult with agencies of jurisdiction, among other duties. The Commission will include 15 members who have experience in healthcare workforce analysis, healthcare economics, healthcare education, as well as public stakeholders. The charge of the commission will be: -Dissemination and communication of health workforce findings, -Review of health workforce annual reports, and -Make recommendations to Congress. Topics to review include, but are not limited to: -Supply and distribution of the workforce, -Health professions education and training programs such as Title VII and Title VIII (of the PHSA), and -Graduate Medical Education. One of the high priority review areas is nursing workforce capacity at all levels.
State Healthcare Workforce Development Grants	Sec. 5102 Pages 481-485	*No current existing program.*	Creates a competitive grant program for state partnerships to plan and implement strategies to address healthcare workforce development. The planning grants will offer a maximum of $150,000 for one year and the partnerships must include a representative from each of the following: -Healthcare employer, -Labor organization, -A public 2-year institution of higher education, -A public 4-year institution of higher education, -The recognized state federation of labor, and -The state public secondary education agency, among others. Required activities include: -Analyzing state labor markets, -Identifying current and projected demands in health professions, -Describing state secondary and postsecondary education and training policies, models, or practices for the healthcare sector, among others.

Health Care Workforce Assessment	Sec. 5103 Pages 485-488	**Health Professions Workforce Information and Analysis** (Sec. 761 of the PHSA) "provides for the development of information describing the health professions workforce and the analysis of workforce related issues; and provides necessary information for decision-making regarding future directions in health professions and nursing programs in response to societal and professional needs."	Creates a National Center for Healthcare Workforce Analysis. The center will be responsible for describing and analyzing the healthcare workforce, including annually evaluating programs under Title VII of the Public Health Service Act; developing and publishing performance measures; and creating, maintaining, and publicizing an online registry of Title VII grants. The national center will be awarded $7.5 million each year from FY 2010 through 2014. The Secretary will also award grants to State and Regional Centers for Workforce Analysis providing $4.5 million for each year, FY 2010 through 2014. Grants will also be provided for longitudinal workforce analysis and will be appropriated such sums as necessary for year, FY 2010 through 2014. ***Note Public Law 111-148 provides authorizing authority only for this program and can not be considered a mandatory spending threshold.*
Nurse Managed Health Clinics			
Nurse-Managed Health Clinics	Sec. 5208 Pages 494-495	**Health Centers** (Sec. 330 of the PHSA). This section defines health centers, outlines the required primary health services, and awards grants for health centers.	Expands the Health Centers program to include grants for NMHCs. The term "'nurse managed health clinic' means a nurse-practice arrangement, managed by advanced practice nurses, that provides primary care or wellness services to underserved or vulnerable populations and that is associated with a school, college, university or department of nursing, federally qualified health center, or independent nonprofit health or social services agency (pg. 495)." The grants will be awarded for the operating costs of NMHCs. In awarding the grants, the Secretary must assure that: -"Nurses are the major providers of the services and that at least one APRN holds an executive management position, -The NMHC will continue providing comprehensive primary health care services or wellness services without regard to income or insurance status of the patient for the duration of the grant period, -No later than 90 days of receiving a grant under this section, the NMHC will establish a community advisory committee." The authorized funding level for this program is $50 million in FY 2010 and such sums as necessary for FY 2011-2014. ***Note Public Law 111-148 provides authorizing authority only for this program and cannot be considered a mandatory spending threshold.*

Primary Care, Prevention, and Health Promotion Expansion			
National Prevention, Health Promotion and Public Health Council	Sec. 4001 Pages 420-423	*No current existing council.*	Creates a National Prevention, Health Promotion and Public Health Council to provide corrordination at the federal level with respect to prevention, health promotion, wellness, the U.S. public health system, and integrated health care. The Council will consist of Secretaries from major federal agenicies of jursidiction such as the Department of Health and Human Services, Department of Labor, and Department of Education. Sec. 4001 also creates a public Advisory Group on Prevention, Health Promotion, and Integrative and Public Health. The Advisory Group will consist of 25 members who are licensed health professionals and have expertise in worksite health promotion, community health centers, public health education, and geriatrics, among others. Starting on July 1, 2010 and continuing through January 1, 2015, the Council will report to Congress recommendations on such issues as a national strategy for health promotion and prevention, lifestyle behavior modifications, and disease risk reduction.
Prevention and Public Health Fund	Sec. 4002 Page 423	*No current existing fund.*	Establishes a Prevention and Public Health Fund that will be administred through the Department of Health and Human Services. The fund seeks "to provide for expanded and sustained national investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public sector health care costs." The funds shall be transferred from accounts within the Department of Health and Human Services for programs authorized by the PHSA that focus on prevention, wellness, and public health activities such as the Community Transformation grant program, the Education and Outreach Campaign for Preventive Benefits, and immunization programs. FY 2010=$500,000,000 FY 2011= $750,000,000 FY 2012= $1,000,000,000 FY 2013= $1,250,000,000 FY 2014= $1,500,000,000 FY 2015 and each fiscal year thereafter= $2,000,000,000

Clinical and Community Preventive Services	Sec. 4003 Pages 423-426	Sec. 915 of the Public Health Service Act (42 U.S.C. 299b–4)	Creates a Preventive Services Task Force that will "review the scientific evidence related to the effectiveness, appropriateness, and cost-effectiveness of clinical preventive services for the purpose of developing recommendations for the health care community, and updating previous clinical preventive recommendations, to be published in the Guide to Clinical Preventive Services." The task force will be composed of individuals with appropriate expertise. Section 4003 also creates a Community Preventive Services Task Force to collaborate with the Prevention Services Task Force. The task force "shall review the scientific evidence related to the effectiveness, appropriateness, and cost-effectiveness of community preventive interventions for the purpose of developing recommendations, to be published in the Guide to Community Preventive Services."
Establishing a Ready Reserve Corps	Sec. 5210 Pages 496-497	**Commissioned corps; composition; appointment of Regular and Reserve officers; appointment and status of warrant officers** (Sec. 203 of the PHSA)	Amends Sec. 203 of the PHSA to create a Ready Reserve Corps. "The purpose of the Ready Reserve Corps is to fulfill the need to have additional Commissioned Corps personnel available on short notice (similar to the uniformed services' reserve program) to assist regular Commissioned Corps personnel to meet both routine public health and emergency response missions." Funding for this program includes $5 million for each year, FY 2010 through 2014. Recruitment and training initiatives for the Ready Reserve Corps will receive $12.5 million for each year, FY 2010 through 2014. ***Note Public Law 111-148 provides authorizing authority only for this program and cannot be considered a mandatory spending threshold.*
United States Public Health Sciences Track	Sec. 5315 Page 518-524	Title II of the PHSA (42 U.S.C. 202 et seq.)	Amends Title II of the PHSA to create a "United Stated Public Health Services Track." This program will provide grants to accredited schools that grant advanced degrees "that uniquely emphasizes team-based service, public health, epidemiology, and emergency preparedness and response." Students in the disciplines of medicine, dentistry, physician assistant, pharmacy, behavioral and mental health, public health, and nursing are eligible. Through this grant program, 250 nurses as well as 100 physician assistant or nurse practitioner students must graduate annually.

			Students will be provided tuition and a stipend during their education. Requirements include maintaining an acceptable academic standing among others. Students will be obligated to serve in the National Health Care Workforce Commission equal to the length of time spent in their education program or at least two years. "Beginning with fiscal year 2010, the Secretary shall transfer from the Public Health and Social Services Emergency Fund such sums as may be necessary to carry out this part."
Expanding Access to Primary Care Services and General Surgery Services	Sec. 5501 Pages 534-536	*No current existing program.*	Expands Sec. 1833 of the Social Security Act (42 U.S.C. 1395l) to include incentive payments for primary care services. "In the case of primary care services furnished on or after January 1, 2011, and before January 1, 2016, by a primary care practitioner, in addition to the amount of payment that would otherwise be made for such services, there also shall be paid (on a monthly or quarterly basis) an amount equal to 10 percent of the payment amount for the service." A primary care provider under this new incentive program includes nurse practitioners and clinical nurse specialists as defined by Sec. 1861(aa)(5)) of the Social Security Act.
Care Coordination, Improved Patient Outcomes, and Decreased Cost			
Maternal, infant, and early childhood home visiting programs	Sec. 2951 Pages 216-226	*No current existing program.*	Amends Title V of the Social Security Act (42 U.S.C. 701 et seq.) to offer a new optional coverage of home visitation services to new mothers to improve the care for and well-being of low-income and at-risk families. Specific participant outcomes include improvements in prenatal, maternal, and newborn health, including improved pregnancy outcomes among others. Funding for this program includes: FY 2010= $100,000,000 FY 2011= $250,000,000 FY 2012= $350,000,000 FY 2013= $400,000,000 FY 2014= $400,000,000 ** *This program is also funded by transferring monies out of the Treasury.*

Independence at Home Medical Practice Demonstration Program	Sec. 3024 Page 286-290	*No current existing program.*	Amends Title XVIII of the Social Security Act to create a new demonstration project that tests a "payment incentive and service delivery model that utilizes physician and nurse practitioner directed home-based primary care teams designed to reduce expenditures and improve health outcomes." The model will focus on "comprehensive, coordinated, continuous, and accessible care" that results in: -"Reducing preventable hospitalizations, -Preventing hospital readmissions, -Reducing emergency room visits, -Improving health outcomes commensurate with the beneficiaries' stage of chronic illness -Improving the efficiency of care, such as by reducing duplicative diagnostic and laboratory tests, -Reducing the cost of health care services covered under this program, and -Achieving beneficiary and family caregiver satisfaction." "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 practitioners and physician assistants must act consistent with state laws. The number of practices that are eligible for the demonstration program cannot exceed 10,000. A report will be created for Congress to evaluate the demonstration program if it achieved "coordination of care, applicable beneficiary access to services, and the quality of health care services provided to applicable beneficiaries." Funds for this program will be "transferred to the Secretary for the Center for Medicare & Medicaid Services Program Management Account from the Federal Hospital Insurance Trust Fund and the Federal Supplementary Medical Insurance Trust Fund (in proportions determined appropriate by the Secretary) $5,000,000 for each FY 2010 through 2015." ***Funding for this program is not subject to the regular appropriations process as it is authorized under the Social Security Act and funded by transferring monies.*

Community-Based Care Transitions Program	Sec. 3026 Pages 295-297	*No current existing program.*	Creates a program for which the Secretary provides funding to eligible entities that deliver "improved care transition services to high-risk Medicare beneficiaries." Grants will be awarded to hospitals, community-based organizations that provide transitional care services, or a partnership of a hospital and a community-based organization. Grants must outline the intervention program that provides transitional care. This may include: -Offering transitional care services to patients 24-hours after discharge, -Providing timely post-discharge information, and -Providing medication review and management. "This program will be funded by transferring monies from the Federal Hospital Insurance Trust Fund under section 1817 of the Social Security Act (42 U.S.C. 1395i) and the Federal Supplementary Medical Insurance Trust Fund under section 1841 of such Act (42 U.S.C. 1395t), in such proportion as the Secretary determines appropriate, of $500,000,000, to the Centers for Medicare & Medicaid Services Program Management Account for the period of fiscal years 2011 through 2015." ***Funding for this program is not subject to the regular appropriations process as it is authorized under the Social Security Act and funded by transferred monies.*
Patient Centered Outcomes Research	Sec. 6301 Pages 609-620	*No current existing program.*	Amends Title XI of the Social Security Act (42 U.S.C. 1301 et seq.) to establishes a new section under the Social Security Act for Patient Centered Outcomes Research. Comparative clinical effectiveness research is defined as "evaluating and comparing health outcomes and the clinical effectiveness, risks, and benefits of two or more medical treatments, services." The new section creates a Patient Centered Outcomes Research Institute, which will establish a research project agenda and priority areas. To carry out and fund the agenda, the Institute will enter into contracts with federal agencies, academic research, private sector research, or study-conducting entities. Preference will be given to the Agency for Healthcare Research and Quality and NIH. In collecting and analyzing the data for the research project agenda, expert advisory panels will be created. Also, a Board of Governors will be created for the Institute, and at least one nurse must serve.

Providers and Patients Rights			
Non-Discrimination in Health Care	Sec. 2706 Page 42	*No current existing language.*	Prohibits a health plan or insurer from discriminating against healthcare providers with respect to participation and coverage if they are "acting within the scope of that provider's license or certification under applicable State law."
Improved Access for Certified Nurse-Midwives Services	Sec. 3114 Page 305	Section 1833(a)(1)(K) of the Social Security Act (42 U.S.C. 1395l(a)(1)(K))	Increases the payment rate for nurse-midwives for covered services from 65% of the rate that would be paid were a physician performing a service to the full rate. This is effective January 1, 2011.
Medicare Shared Savings Program	Sec. 3022 Pages 277-281	Title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) is amended by adding this new section.	Establishes "a shared savings program that promotes accountability for a patient population and coordinates items and services and encourages investment in infrastructure and redesigned care processes for high quality and efficient service delivery." "Groups of providers and suppliers meeting criteria specified by the Secretary may work together to manage and coordinate care for Medicare fee for-service beneficiaries through an accountable care organization."
Face to Face Encounter with Patient Required Before Physicians May Certify Eligibility for Home Health Services or Durable Medical Equipment under Medicare.	Sec. 6407 Pages 651-652	Section 1834(a)(11)(B) of the Social Security Act (42 U.S.C.1395m(a)(11)(B))	Requires, as a condition of payment for durable medical equipment, that "an order be written pursuant to the physician documenting that a physician, a physician assistant, a nurse practitioner, or a clinical nurse specialist has had a face-to-face encounter with the individual involved during the 6-month period preceding such written order, or other reasonable timeframe as determined by the Secretary."
Certain other Providers Permitted to Conduct Face to Face Encounter for Home Health Services	Sec. 10605 Page 888	Section 1814(a)(2)(C) of the Social Security Act (42 U.S.C. 1395f(a)(2)(C))	Includes nurse practitioners, clinical nurse specialist, certified nurse-midwives, and physicians assistants to conduct the home health visit under the supervision of the physician.

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AACN's Overview of Supported Provisions and Sections Requiring Attention

While the American Association of Colleges of Nursing (AACN) did not take an official stance on the recently enacted healthcare reform legislation, *Patient Protection and Affordable Care Act*, the organization did support many provisions that improved nursing education, research, and practice. Below is an overview of these provisions.

Title VIII Nursing Workforce Development Programs: Expanding and Strengthening the Nursing Workforce (Secs. 5000, 5202, 5305, 5309, 5310, 5311, 5312, 5404)

One of the most significant reform efforts this law includes for nursing education is the reauthorization of the Title VIII Nursing Workforce Development Programs (42 U.S.C. 296 et seq.). The Title VIII programs are the largest source of federal funding for nursing education and have not been reauthorized since 2002. AACN has worked with our colleagues in the nursing community for nearly a decade to see critical revisions made to these programs, particularly those that limited support for doctoral students. The new law:

- Removes the 10% cap previously imposed on support for doctoral students under the Advanced Education Nursing Grants. The elimination of this cap will address the need for more doctorally prepared faculty and Advanced Practice Registered Nurses (APRNs).
- Updates the educational loan amounts for nurses and nursing students who receive funding under the Nursing Student Loan Program, Loan Repayment and Scholarship Program, and the Nurse Faculty Loan Program. This revision is critical to ensure recipients are awarded funding consistent with current educational costs.
- Expands the Comprehensive Geriatric Grant program to provide traineeships for nursing students pursuing a career in geriatrics. Traineeships for students with a background in gerontological nursing are essential as the aging population grows. According to the U.S. Census Bureau, 36.3 million Americans are over the age of 65, which represents 12% of the total population. It has been projected that by 2050, 86.5 million Americans will be over the age of 65. This represents a 147% increase between the years 2000 and 2050.
- Creates an individual nurse faculty loan fund in addition to the Nurse Faculty Loan Program awarded to schools of nursing. Both programs will place a priority on funding doctoral students. According to a *Special Survey on Vacant Faculty Positions* released by AACN in August 2009, a total of 803 faculty vacancies were identified in a survey of 554 nursing schools with baccalaureate and/or graduate programs across the country. Most of the vacancies (90.6%) were faculty positions requiring or preferring a doctoral degree.
- Expands the Nurse Education, Practice and Retention Grant program to include a "quality priority." With the need for continual assessment and improvement of quality standards in the healthcare delivery system, nurses will need a strong background in this area.
- Expands the Nursing Workforce Diversity Program to include stipends, traineeships, and retention activities to improve nursing's workforce diversity. The initial findings from the 2008 *National Sample Survey of Registered Nurses* show that while graduates entering the nursing profession represent greater cultural diversity, when compared to the U.S. population, the profession still does not represent the current demographics of this country. Nurses from racial and ethnic minorities underrepresented in nursing contribute significantly to the provision of healthcare services and are leaders in the development of models of care that address the unique needs of our nation's populations.

Graduate Nurse Education Demonstration: Expanding APRN Education (Sec. 5509)

AACN has a long-standing position that APRNs are ideal primary, transitional, and preventive care providers and their education requires a significant investment from the federal government. During the healthcare reform process, AACN worked collaboratively with our colleagues in the advanced practice community and AARP to develop a Graduate Nursing Education program. This program provides Medicare dollars to support the clinical education of APRNs. While AACN strongly supports this provision, we will work to see that during the regulatory process the language regarding costs covered accounts for all types of clinical training appropriate to the APRN education. Additionally, this program is limited to five hospitals, and we will advocate for expanding the program's reach.

AACN is pleased to have helped our colleagues in the community advance provisions critical to their specific discipline or expertise within nursing. Below are a number of provisions that will positively impact the profession.

Demonstration Grants for Family Nurse Practitioners (FNP): Increasing Access to Quality Primary Care (Sec. 5316)
This demonstration program provides federally qualified health centers or nurse managed health centers three-year grants to fund recent FNP graduates. Through this funding, the FNPs will receive a one-year imersion program with full-time, paid employment and benefits. This program will help increase access to quality primary care.

Nurse Managed Health Clinics: Expanding Access to Care and Nursing Education (Sec. 5208)
The new law creates a funding stream for Nurse Managed Health Clinics (NMHCs). NMHCs provide services at a lower cost than other safety-net clinics, and the preventative care they provide saves millions of dollars each year. Last year, NMHCs recorded over 2.5 million client visits and provided primary care services to over a quarter of a million patients nationwide. NMHCs not only deliver primary care to the underserved, but also provide a clinical setting critical to nursing education.

Primary Care, Prevention, and Health Promotion Expansion (Sec. 5207, 5209, 5210, 5315, 5501, 4002)
A number of the provisions included in the new law promote primary care, disease prevention, and wellness by strengthening our nation's public health workforce infrastructure. A mandatory Prevention and Public Health Fund is established for programs under the Public Health Service Act that focus on prevention and public health; funding for the National Health Service Corps is significantly increased; a Ready Reserve Corps is created through the U.S. Public Health Service Commission Corps; and a public health service science track is created under the new law. The law also provides incentive payments for primary care services given by health professionals including nurse practitioners and clinical nurse specialists.

Community-Based Care Transitions Program: Improving Care Coordination and Decreasing Costs (Sec. 3026)
Medicare claims data shows that more than one-third of beneficiaries discharged from the hospital are re-hospitalized within 90 days — a great expense to the health of these patients as well as Medicare. The Community-Based Transitions Program will reduce costly re-hospitalizations by ensuring patients and caregivers are informed by, and have the assistance of, healthcare professionals to navigate the complex treatment needs of those most at risk for re-hospitalization.

Independence at Home Medical Practice Demonstration Program: Recognizing NPs Role (Sec. 3024)
The program creates an incentive payment and delivery model that uses Nurse Practitioners (NPs) and physicians to direct home-based primary care teams to reduce cost and improve health outcomes. AACN applauds this demonstration programs as it states that nothing shall prevent an NP from participating in, or leading a home-based primary care team.

Certified Nurse-Midwives Obtain Full Reimbursement (Sec. 3114)
Under the new law, the payment rate for covered services under Medicare provided by Certified Nurse-Midwives (CNMs) will increase from 65% of the rate that would be paid were a physician performing a service to the full rate. CNMs provide a range of healthcare services and 90% of visits to CNMs are for primary and preventive care.

New Federal Commissions and Task Forces
The new healthcare reform law creates a number of federal commissions and task forces, with many requiring the service of at least one nurse. AACN will be working with the Nursing Community to ensure that nurses with appropriate expertise will be nominated for these important commissions including:

- The National Health Workforce Commission (Sec. 5316)
- Prevention, Health Promotion, and Integrative and Public Health Advisory Group (Sec. 5501)
- Preventive Services Task Force and Community Preventive Service Task Force (Sec. 4003)
- Board of Governors for the Patient Centered Outcomes Research Institute (Sec. 6301)

Finally, AACN believes a few provisions require further attention.

Sec. 3022 creates a Medicare Shared Saving Program that will "promote accountability for a patient population and coordinate items and services and encourage investment in infrastructure and redesigned care processes for high quality and efficient service delivery." The language in the law includes nurse practitioners and clinical nurse specialists. During the regulatory process AACN will work to ensure all APRNs are included in the provider group as appropriate.

Sec. 6407 requires as a condition of payment for durable medical equipment that a physician sign-off on the face-to-face encounter conducted by a nurse practitioner or clinical nurse specialist. AACN will work with our colleagues in the NP and Clinical Nurse Specialist (CNS) community to ensure that these APRNs can order durable medical equipment.

Sec. 10605 allows NPs, CNSs, and CNMs to conduct a home health visit, but it must be under the supervision of a physician. AACN will work with the APRN community to ensure that NPs, CNSs, and CNMs can order home health.