Nursing Provisions P.L. 111-148, the Patient Protection and Affordability Care Act (PPACA)[i]

Education and Incentives to Produce More Nurses	Effective Date	Amount and Type of Funding	Administrative Division
• Establishes a four year demonstration to test a Medicare Graduate Nursing Education program. o Payments go to hospitals for the clinical training 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 at least half of all of the clinical training is carried out. Hospitals would reimburse nursing schools and community-based care settings for their portion of the clinical training costs.	January 1, 2012 through 2015	• $200 Million • Mandatory for the duration of the demonstration program • Secretary does not have authority to make it permanent. Congress will need to return to this to make this a permanent program.	• Centers for Medicare & Medicaid Services (CMS)

Education and Incentives to Produce More Nurses	Effective Date	Amount and Type of Funding	Administrative Division
• Re-authorizes and modernizes Title VIII of the Public Health Service Act funding: o *Advanced nursing education grants:* Provides grants to nursing schools, academic health centers, and other entities to enhance education and practice for nurses in master's and post-master's programs. These programs prepare nurse practitioners, clinical nurse specialists, nurse midwives, nurse anesthetists, nurse educators, nurse administrators, and public health nurses. ▪ PPACA modernizes the AEN by: - Eliminating the 10% cap on doctoral programs for AEN grants. - Allowing funds to go directly to students, not only to schools. o *Loan repayment and scholarship program:* Pays up to 85% of a nursing student's loans in return for at least three years of service in specific location. ▪ PPACA modernizes the NSLP by: - Including nursing faculty as eligible participants. Nurses and nursing students qualify for the repayment and scholarship program, respectively if they serve as faculty at an accredited nursing school for two years. o *Nurse education, practice, and retention grants:* Supports schools and nurses at the baccalaureate and associate degree levels, and diploma programs. ▪ PPACA modernizes the NEPR by: - Removing Nurse Retention and creating its own section thereby rendering it the Nurse Education and Practice grant program. - Expanding the career ladder program and funding for nursing internships and residency programs in collaboration with accredited schools of nursing.	FY 2010-2014	• $338 million in 2010 and funds as necessary will be annually appropriated o (Note: $243.8 million was actually appropriated in FY 2010) • All of Title VIII is not Mandatory – it all needs to be annually appropriated	• DHHS Division of Health Resources and Research Administration (HRSA)

Education and Incentives to Produce More Nurses	Effective Date	Amount and Type of Funding	Administrative Division
• Re-authorizes and modernizes Title VIII of the Public Health Service Act funding (cont'd): o *Nurse faculty loan program:* Supports loan programs within schools of nursing to help master's and doctoral students in exchange for teaching at a school of nursing for cancellation of up to 85% of their educational loans, plus interest over 4 years. ▪ PPACA modernizes the NFLP by: - Expanding the current program by creating a "School of Nursing Student Loan Fund" that will function as the current NFLP. - Expanding the educational loan repayment amount from $30,000 to $35,500. - Creating an "Eligible Individual Student Loan Repayment" program that will support graduate students or recently graduated master's or doctoral students who agree to serve as a full-time faculty at an accredited school of nursing for at least four years. - Increasing the loan repayment amounts 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 to help produce more highly educated nurses which in turn increases education capacity.	FY 2010-2014		• HRSA
o *Nursing student loan program:* Provides loans to qualified nursing students attending baccalaureate and associate degree levels, and diploma programs. ▪ PPACA modernizes the NSLP by: - Including nursing faculty as eligible participants. - Increasing aggregate amount of student loans/student increases from $13,000 to $17,000. - Increasing student loan amounts from $2,500 to $3,500. - Increasing student loan amounts for the student's final two years from $4,000 to $5,200.	FY 2011-2014	• NSLP loan amounts will be adjusted to provide for an increase for the individual loan rate and the aggregate of the loans	

Education and Incentives to Produce More Nurses	Effective Date	Amount and Type of Funding	Administrative Division
• Re-authorizes and modernizes Title VIII of the Public Health Service Act funding (cont'd): o *Comprehensive Geriatric Education:* Provides grants to nursing schools or other programs in partnership with nursing schools such as health care facilities, to develop and implement training programs for nurses to work with the geriatric population. ▪ PPACA modernizes the CGE by: - Creating a new line for a CGE Traineeship that provides funding to students for tuition, books, and stipends. o *Workforce Diversity Grants:* 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 diversity of nursing workforce in terms of under-represented minority populations, strengthening capacity for basic nurse education. ▪ PPACA modernizes the WDG by: - Supporting the concept of increasing education capacity and producing more nurses with higher degrees by providing 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.		• No funding was appropriated for the new CGE Traineeships	• HRSA

Education and Incentives to Produce More Nurses	Effective Date	Amount and Type of Funding	Administrative Division
• <u>Title VIII Addition:</u> o Two other types of programs are now eligible for Title VIII funding: - "Accelerated" Bachelors of Science in Nursing (BSN) or Masters of Science (MSN) in Nursing: for individuals with undergraduate degrees in other fields who enter a BSN or MSN program - "Bridge" BSN or MSN programs: for Registered Nurses returning to school for their BSN or MSN or a BSN-level nurse entering a doctoral program in nursing o Both of these programs can potentially increase education capacity because they potentially increase the numbers of nurses with advanced degrees who can serve as faculty o Both programs also potentially increase the numbers of advanced degree registered nurses who can provide the primary care, chronic care management, women's health care, and pain management that will now be in greater demand in the reformed health care system	FY 2010	Not applicable, part of authorized funding of $338 million noted above in "Re-authorizes Title VIII…" section	• HRSA

Education and Incentives to Produce More Nurses	Effective Date	Amount and Type of Funding	Administrative Division
• <u>National Health Service Corps (NHSC) funding specifically from the Community Health Centers Fund:</u> o NHSC has a ***scholarship*** program for students in accredited health professions education program in exchange for 2-4 years of service in a health professional shortage area. ▪ Qualified students receive scholarships that they can use for tuition, fees and education-related expenses, and stipends. ▪ Types of students supported by this scholarship program are physicians, family nurse practitioners, certified nurse midwives, physician assistants, and dentists. ▪ Scholarship recipients must begin their NHSC appointment within 9 months of completion of their educational program. o The NHSC also has a ***loan repayment*** program for qualified health care clinicians who commit to providing care for 2 years of service in a health professional shortage area. ▪ Providers supported by the loan repayment program are physicians, family nurse practitioners, certified nurse midwives, physician assistants, dentists, and dental hygienists. ▪ In exchange, providers receive $50,000, or the balance of their student loans if less than $50,000, tax free. o 10 percent of NHSC funding is directed toward loan repayment programs for family nurse practitioners and certified nurse midwives serving in health professional shortage areas for two years.	Fiscal Years 2011 through 2015 2011 2012 2013 2014 2015	• $1.5 billion total for the NHSC in Community Health Centers • $150 million of it will go toward the nursing provisions • $290 million • $295 million • $300 million • $305 million • $310 million • Mandatory	• HRSA

Education and Incentives to Produce More Nurses	Effective Date	Amount and Type of Funding	Administrative Division
• Reauthorization of the National Health Service Corps: o 10% of NHSC funding is directed toward loan repayment programs for nurses	FY: 2010 2011 2012 2013 2014 2015	• Approximate total $4 billion, $400 million for nursing • $320M • $414M • $535M • $691M • $893M • $1.15B • Not mandatory, needs to be annually appropriated	• HRSA
• Authorizes funding for a new program to train primary care "extension" program: o To help implement quality improvement, or to implement system redesign, or to incorporate the principles of the medical home, this program will educate providers in primary care, prevention, chronic care management, mental and behavioral health, and evidence-based practice. This provision uses the IOM definition of primary care that is inclusive of nursing.	FY 2011 and 2012	• $240 million total • Not mandatory: authorized for five years and needs to be annually appropriated	• Agency for Healthcare Research and Quality (AHRQ)

Education and Incentives to Produce More Nurses	Effective Date	Amount and Type of Funding	Administrative Division
• <u>Demonstration grants for Family Nurse Practitioner Residency Training Program</u>: o One year residency program for nurse practitioners in federally qualified health centers and in nurse managed health clinics. o Funding goes toward salary and benefits consistent with other full-time employees of health center. o Each awarded health center needs to have at least three NP residents in the training program. o Preference to bi-lingual NPs.	FY 2011-2015	• Not mandatory; "funds as necessary to be appropriated each year." However, grants are limited to no more than $600K/year for each awarded health center • Secretary does not have authority to make it permanent. Congress will need to return to this to make this a permanent program	• HRSA

Education and Incentives to Produce More Nurses	Effective Date	Amount and Type of Funding	Administrative Division
• <u>The U.S. Public Health Service Track:</u> o "At sites to be selected by the Secretary, with authority to grant appropriate advanced degrees in a manner that uniquely emphasizes team-based service, public health, epidemiology, and emergency preparedness and response." o Organized to annually graduate at least: ▪ 150 medical students, 10 of whom shall be awarded studentships to the Uniformed Services University of Health Sciences ▪ 100 dental students ▪ 250 nursing students ▪ 100 public health students ▪ 100 behavioral and mental health professional students ▪ 100 physician assistant or nurse practitioner students ▪ 50 pharmacy students o Students receive tuition and a stipend each year for no more than four years. o Upon completion of degree, awardee students serve two years for each year they were supported. ▪ This time could be reduced if they provided their services in health shortage areas or in a high-needs specialty residency. o The Surgeon General shall develop faculty development programs and curricula in decentralized venues of health care, to balance urban, tertiary, and inpatient venues.	Beginning FY 2010	• The Secretary shall transfer funds such funds deemed as necessary from the Public Health and Social Services Fund • Not mandatory, needs to be annually appropriated	• Surgeon General

Education and Incentives to Produce More Nurses	Effective Date	Amount and Type of Funding	Administrative Division
• <u>Pediatric Health Care Workforce:</u> o A loan repayment program to incentivize clinicians to provide pediatric health care in underserved areas for two years. o Providers include psychiatric nurses for the Child and Adolescent Behavioral Health provision. o Up to $35,000 in loans/year will be repaid for not more than three years total. o The Public Health Care Workforce also includes a program for pediatric medical and surgical care in underserved areas.	FY 2010-2014	• $20 million for each FY for the Child & Adolescent Behavioral Health • $30 million for the Medical and Surgical Care program • Not mandatory, needs to be annually appropriated	• HRSA
• <u>Demonstration for Education and Training for Low Income Workers to Enter Health Care:</u> o A grant program to provide low income people opportunities to be educated or trained in health care fields that pay well and are expected to be in high demand. o People receiving support from Temporary Assistance for Needy Families (TANF) and assurance of opportunities for Indian populations are specified.	FY 2010-2014	• $85 million for each FY • Not mandatory, needs to be annually appropriated	• Department of Labor

Increased Demand for Highly-Skilled Nurses	Effective Date	Amount and Type of Funding	Administrative Division
Due to the Medicaid expansion, CHIP requirements, the individual mandate, and employer requirements, CBO estimates that at least 32 million more people will have health insurance coverage-and that 16 million of them will be insured by Medicaid and CHIP. It is assumed that with tens of millions more with health insurance, demand for all levels of health care will significantly increase. Nurses of all levels of skill will be in high demand, especially those with advanced practice preparation who can provide primary care and chronic care management. Below are broad descriptions of Medicaid, SCHIP, the Individual mandate, and the employer requirements. Each of these areas deserves in-depth analyses but for the purpose of this document, a broad description will suffice.			
• <u>Medicaid Expansion and State Children's Health Insurance Program (CHIP):</u> o Medicaid: All childless adults with incomes up to 133% of the federal poverty level will now qualify, with Medicaid funding, for essential health coverage that will be available through the state-based Exchanges. ▪ For new enrollees who in the past were covered by state-funded only programs or who were not enrolled but eligible, CMS will provide the following funding for them: o CHIP: Require states to retain coverage of CHIP until 2015 and maintain current income eligibility through 2019. ▪ CMS will provide states a 23% increase in the CHIP match rate or up to 100% of coverage, whichever is lowest.	Beginning January 1, 2014	• Mandatory	• CMS

Increased Demand for Highly-Skilled Nurses	Effective Date	Amount and Type of Funding	Administrative Division
• <u>Individual mandate and the employer requirements to offer coverage:</u> o A requirement of all U.S. citizens and legal immigrants who are not otherwise covered by an employer's health insurance program, Medicare, or Medicaid to pay a tax penalty to help cover the costs of their coverage available through their state-based Exchange. o Employers with more than 50 employees and at least one full-time employee with a premium tax credit of $2,000, and who currently do not cover their employees, will be required to pay into a fund to cover their employees in their state-based Exchange.	January 1, 2014	• Not applicable	• Internal Revenue Service (IRS)
• Community-Based Health Centers(CBHCs) Fund: o To provide funding for new and existing community health centers that serve patients in health provider shortage areas. o Although this increases demand, there is education funding specifically established for this and is explained above in the "NHSC for CBHC's" cell.	Fiscal Years 2011 through 2015 2011 2012 2013 2014 2015	• $1.5 billion for the construction of new or the renovation of existing CBHCs and $7 billion for programs • $700 million • $800 million • $1 billion • $1.6 billion • $2.9 billion • Mandatory	• HRSA

Increased Demand for Highly-Skilled Nurses	Effective Date	Amount and Type of Funding	Administrative Division
• Nurse-managed health centers: o 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.	FY 2010-2014	• $50 Million for FY 2010 and sums as necessary FY 2011 through FY 2014 • Not mandatory, needs to be annually appropriated	• HRSA
• Patient-centered medical homes – Medicare: o Provides grants test models to increase access to primary care (including women's health care, disease prevention, transitional care, geriatric care, etc.) and to move away from fee-for-service reimbursements to salary-based payments. o Provides capitated payments to teams of providers. o Team needs to be interdisciplinary but does not specifically note nurse practitioners as possible leaders for medical homes but doesn't exclude them per se (does specify physicians).	FY 2010 FY 2011-2019	• $5 million for the design, implementation and evaluation of the models • $10 billion for the initiated activities • Mandatory	• CMS

Increased Demand for Highly-Skilled Nurses	Effective Date	Amount and Type of Funding	Administrative Division
• Health Home – Medicaid: a state option to provide coordinated care through a health home for people with chronic conditions. o "Health home" equates with the term "medical home." o A health home could be a single provider or a team of providers. ▪ Team of providers may include a nurse care coordinator. o A state planning grant program for states to increase quality and efficiency of care with the use of health home that would provide comprehensive care management, health promotion, transitional care, family support, and referrals. o States could receive 90% of the federal medical assistance percentage (FMAP) or "federal match" for each Medicaid beneficiary enrolled in designated health home.	January 1, 2012-December 31, 2016	• $25 million for the planning grants	• CMS

Increased Demand for Highly-Skilled Nurses	Effective Date	Amount and Type of Funding	Administrative Division
• <u>Community-Based Care Transitions – Medicare:</u> o A pilot program for hospitals with high readmission rates and/or serving underserved populations in partnership with community-based organizations, to provide transition services to certain high risk beneficiaries that include at least one of five care transition interventions: ▪ Initiating care transition services for a high risk Medicare beneficiary not later than 24 hours prior to the discharge of the beneficiary from the eligible entity. ▪ Arranging timely post-discharge follow-up services to the high-risk Medicare beneficiary to provide the beneficiary (and, as appropriate, the primary caregiver of the beneficiary) with information regarding responding to symptoms that may indicate additional health problems or a deteriorating condition. ▪ Providing the high-risk Medicare beneficiary (and, as appropriate, the primary caregiver of the beneficiary) with assistance to ensure productive and timely interactions between patients and post-acute and outpatient providers. ▪ Assessing and actively engaging with a high risk Medicare beneficiary (and, as appropriate, the primary caregiver of the beneficiary) through the provision of self-management support and relevant information that is specific to the beneficiary's condition. ▪ Conducting comprehensive medication review and management (including, if appropriate, counseling and self-management support).	January 1, 2011	• $500 million • Mandatory • DHHS Secretary has the authority to remove the "pilot" status of this program if it proves to save money	• CMS

Increased Demand for Highly-Skilled Nurses	Effective Date	Amount and Type of Funding	Administrative Division
• Maternal, Infant, and Early Childhood Home Visiting Programs: To improve activities under the entire bill, strengthen coordination of services for at risk populations, and provide comprehensive services for at risk families. o Requires all states to asses statewide needs and identify at risk communities. o Creates strong expansion opportunity for Nurse-Family Partnership.	FY: 2010 2011 2012 2013 2014	• $1.5 billion Total o $100 million o $250 million o $350 million o $400 million o $400 million • Mandatory	• DHHS' Maternal Child Health Bureau and the Administration for Children and Families
• Independence at Home demonstration program – Medicare: o 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.	FY: 2010 2011 2012 2013 2014 2015	• $30 million total o $5 million o $5 million o $5 million o $5 million o $5 million o $5 million • Mandatory	• CMS
• Grant program for School-Based Health Centers (SBHCs): o Nurse Practitioners can direct SBHCs o Comprehensive primary health services o Mental health o For medically underserved children and adolescents o Available for both building capacity in existing SBHCs and to create new ones	FY 2010-2014	• $200 million • Mandatory	• HHS Secretary

Increased Demand for Highly-Skilled Nurses	Effective Date	Amount and Type of Funding	Administrative Division
• Prevention and Public Health Fund: o 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. o To fund Public Health Service Act programs related to prevention, wellness, and public health including: ▪ Prevention research ▪ Health screenings ▪ Education and outreach campaign for preventive benefits ▪ Immunization programs ▪ Community-based prevention programs and services	FY: 2010 2011 2012 2013 2014 2015	• If funds are available o $500 million o $750 million o $1 billion o $1.25 billion o $1.50 billion o $2 billion And as available $2 billion annually • Mandatory	• HHS Secretary
• Public Health Services Commissioned Corps and the Ready Reserve Corps: o "The U.S. Public Health Service (PHS) Commissioned Corps is an elite team of more than 6,000 full-time, well-trained, highly qualified public health professionals dedicated to delivering the Nation's public health promotion and disease prevention programs and advancing public health science." www.usphs.gov o Creates a new corps within the PHS Commissioned Corps for a Ready Reserve Corps of personnel who will be available on short notice to assist regular PHS Commissioned Corps personnel to meet both routine public health and emergency response missions.	FY 2010-2014	• $5 million for the PHS Commission corps for each FY • $12.5 million for the Ready Reserve Corps for each FY • Not mandatory, needs to be annually appropriated	• DHHS Public Health Services

Quality Incentives that Include or are Relevant to Nursing	Effective Date	Amount and Type of Funding	Administrative Division

• <u>Shared Savings Program through Accountable Care Organizations – Medicare:</u>
  • A pilot program to test various methods of bundled payment systems related to an episode of care.
  • Tests ways that Medicare can reward higher quality of care and effectiveness of care coordination. One of eight criteria needed to be met for this program, including but not limited to: people with chronic health conditions, had surgery, or if beneficiary's health conditions are associated with high readmission rates.
  • An entity with a combination of services and suppliers, including a hospital, a physician group, a skilled nursing facility, and a home health agency can apply for a grant to test their model.
  • Episode of care is defined as three days prior to hospital admission, duration of hospitalization, and 30 days post discharge.
  • The payment methodology would cover care coordination, medication reconciliation, discharge planning, transitional care, and other patient-centered services identified by the Secretary.
  • Quality measures to test the bundled payment system include: functional status, reduced avoidable hospitalization re-admissions, rates of emergency room visits post hospitalization, incidence of health care acquired infections, efficiency measures, satisfaction, and other measures identified by the Secretary.
  • Nurses would be instrumental team members.
  • Five year duration.
 	
• Other Medicare patient care models with programs that include nursing are described above in the Increased Demand for Highly-Skilled Nurses section: Independence At Home Demonstration program and Community-Based Care Transitions program.
	To begin no later than January 1, 2013
	
	No amount specified
		• Amount not stipulated: mandatory (funding is guaranteed during the duration of the program)
		
		• The Secretary has the authority to expand the program if it was determined that quality of care improved and costs were reduced
		
		• The Secretary also has the authority to extend the five year limit for any pilot program in this provision
			• CMS

Quality Incentives that Include or are Relevant to Nursing	Effective Date	Amount and Type of Funding	Administrative Division
• <u>Center for Quality Improvement and Patient Safety and Implementation Technical Assistance:</u> o "The Center shall support, such as through a contract or other mechanism, research on health care delivery system improvement and the development of tools to facilitate adoption of best practices that improve the quality, safety, and efficiency of health care delivery services. Such support may include establishing a Quality Improvement Network Research Program for the purpose of testing, scaling, and disseminating of interventions to improve quality and efficiency in health care. Recipients of funding under the program may include national, state, multi-state, or multi-site quality improvement networks." o Opportunities for nursing researchers, technical assistant providers, and nursing leaders.	• FY 2010-2014	• $20 million total • Not mandatory, funds must be appropriated • Funding for the technical assistance not specified except that matching funds of $1 for every $5 federal must be met for an entity to receive technical assistance	• AHRQ
• <u>Pediatric Accountable Care Organization Demonstration Program – Medicaid</u>: o For children in Medicaid and the State Children's Health Insurance Program (CHIP). o Provider must enter into an agreement to provide such services for a minimum of three years. o Nurses would be instrumental team members.	January 1, 2012-December 31, 2016	• Amount not stipulated: mandatory (funding is guaranteed during the duration of the program)	• CMS

Quality Incentives that Include or are Relevant to Nursing	Effective Date	Amount and Type of Funding	Administrative Division
• Demonstration project to evaluate integrated care around a hospitalization: o To test a bundled payment system for hospitalizations that would increase care and decrease cost. o Limited to eight states. o Can be targeted toward types of beneficiaries, beneficiaries with categories of diagnoses, or a geographic area of the state but with the assurance, to the greatest possible extent, that these beneficiaries represent the state's Medicaid demographic and geographic population.	January 1, 2012-December 31, 2016	• Amount not stipulated: mandatory (funding is guaranteed during the duration of the program)	• CMS
• Medicaid Global Payment System Demonstration Project: o A demonstration project to test an overall global payment system to a large safety-net hospital system or network. o Test quality outcomes and cost savings. o Limited to five states. o Nurses are instrumental team members in safety net hospital systems.	FY 2010-2012	• Amount not stipulated: mandatory (funding is guaranteed during the duration of the program)	• CMS
• Medicaid emergency psychiatric demonstration project: o Tests payments to private psychiatric institutions to provide 3-day psychiatric stabilization interventions. o Nurses are instrumental team members in psychiatric hospitals	FY 2011 through December 31, 2015	• $75 million • Not mandatory, needs to be annually appropriated	• CMS

Quality Incentives that Include or are Relevant to Nursing	Effective Date	Amount and Type of Funding	Administrative Division
• <u>Comparative Clinical Outcome Research:</u> o Creates a Patient-Centered Outcome Research Trust Fund to fund a Patient-Centered Outcomes Institute. o Purpose of the Institute to inform all health care stakeholders: consumers, clinicians, coverage providers, payers, and policy makers in "making informed health decisions by advancing the quality and relevance of evidence concerning the manner in which diseases, disorders, and other health conditions can effectively and appropriately be prevented, diagnosed, treated, monitored, and managed through research findings with respect to the relative health outcomes, clinical effectiveness, and appropriateness of medical treatments and services…" o Opportunities exist for research-based nurses and nursing leaders (there will be a board that will oversee the Institute and at there is a specified position for a nurse). o Sources for the Fund are the Federal Hospital Insurance Trust Fund and the Federal Supplementary Medical Insurance Trust Fund.	FY 2010 2011 2012 2013-2019	 • $10 million • $50 million • $150 million • $150 million plus a proportion of fees collected by health insurance and self-insured plans • Mandatory	• AHRQ
• <u>Nursing Home Transparency Provisions:</u> o Inspector General's efforts to improve care and reduce abuse in nursing homes. o More Owner Disclosure information available, Accountability, Improvements to Medicare's Nursing Home Compare website, Expenditure Reporting, Standardized Complaint Form, Whistleblower Protection, Staffing Accountability, & Government Accountability Office's Study and Report on 5-star Quality Rating. o Nurses will have relevant roles in ensuring these improvements are carried out.	Dates for each provision vary depending on passage of bill, promul-gation of regulations, Secretarial decision	• No funding stipulated	• HHS Inspector General and CMS-predominantly the latter

Other Incentives, Practice Opportunities, and Implications for Nurses and Consumers	Effective Date	Amount and Type of Funding	Administrative Division
• Improved payments to certified nurse-midwife services	January 1, 2011	• Increases Medicare B payment for CNM from 65% to 100% • Mandatory	• CMS
• Increased Medicare payments by 10% for primary care services and for services in health professional shortage areas: o Includes Nurse Practitioners, Clinical Nurse Specialists, and Physician Assistants	January 1, 2011	• Mandatory	• CMS
• Face-to-Face Encounter with Patient: o Required before physicians may certify eligibility for home health services or durable medical equipment. o To reduce fraud in Medicare and Medicaid. o A physician, nurse practitioner, clinical nurse specialist, or a physician assistant may conduct the face to face encounter. o Only a physician may document that this encounter occurred (this reduces access to care for consumers).	January 1, 2010	• Not applicable	• CMS

Other Incentives, Practice Opportunities, and Implications for Nurses and Consumers	Effective Date	Amount and Type of Funding	Administrative Division
• <u>State Health Care Workforce Development Grants:</u> o A grant program for to enable state partnerships to complete comprehensive planning and to carry out such planned activities that lead to coherent and comprehensive health care workforce development strategies at the state and local level. o Planning grants to last not more than 1 year and the largest grant award will be no more than $150,000. o Eligible partnerships "shall be a State workforce investment board, if it includes or modifies the members to include at least one representative from each of the following health care employer, labor organization, a public 2-year institution of higher education, a 4-year public institute of higher education, the recognized State federation of labor, the State secondary education agency, the State P-16 or P-20 Council if such a council exists, and a philanthropic organization that is actively engaged in providing learning, mentoring, and work opportunities to recruit, educate, and train individuals for, and retain individuals in, careers in health care and related industries."	Fiscal Year 2010	• $8 million for the planning grant portion • $150 million and "such sums necessary" for implementation grants • Not mandatory, needs to be annually appropriated	• HRSA

Boards, Commissions, Councils, and Panels Created by PPACA: Opportunities for Nursing and Nursing Advocates	Effective Date	Amount and Type of Funding	Administrative Division
• Advisory Board on Establishment and Operation of Non-Profit, Member-Run Health Insurance Issuers (Co-Ops): o 15 members. o No salaries but travel is reimbursed.	June 23, 2010-December 31, 2015	• Funding not stipulated	• Comptroller General, GAO
• State Advisory Councils on Establishment and Operation of Non-Profit, Member-Run Health Insurance Issuers (Co-Ops): o No set numbers or timelines. o But must be established in states creating Co-Ops. o Members are to include "health care providers." o The state sends recommendations to the DHHS Secretary.	Timeline not stated	• Funding not stipulated	• The state (does not specify whom) and the DHHS Secretary
• Home Visiting Programs Technical Assistance Advisory Panel: o Members to be appointed by the secretary. o To develop recommendations for technical assistance guidelines. o No timing, numbers of members, or qualification of members stated.	Timeline not stated	• Funding not stipulated	• HHS Secretary
• Independent Medicare Advisory Board (IMAB): o 15 Members. o Qualifications include those with "expertise in health finance and economics, actuarial science, health facility management, health plans and integrated delivery systems…. Other providers of health services, mix of professions, balance of urban and rural…" o Non-providers must make up majority. o No salary but travel reimbursed.	FY 2012	• $15 million • $15 million plus Consumer Price Index increase • Not mandatory, must be appropriated	• POTUS and U.S. Senate and Speaker and the House of Representa-tives
Consumer Advisory Council to IMAB: o 10 consumer representatives.	FY 2012	• Included in the above	• Comptroller General, GAO

Boards, Commissions, Councils, and Panels Created by PPACA: Opportunities for Nursing and Nursing Advocates	Effective Date	Amount and Type of Funding	Administrative Division
• National Health Care Workforce Commission: o 15 Members. o Majority of members have to be non-providers "involved health care professional education or practice."	Initial appointments made no later than 09/30/2010	• Funding amount not specified • Not mandatory, needs to be annually appropriated	• Comptroller General, GAO
• Patient Centered Outcomes Research Institute: o There are several advisory panels and a Board of Governors for which 17 members would be appointed. o Pertains to Comparative Effective Research initiative. o Compensation provided, specifics not stipulated.	No later than 09/23/2010	• Funding amount not specified • Not mandatory, needs to be annually appropriated	• Comptroller General, GAO
• Advisory Board on Elder Abuse, Neglect and Exploitation: o 27 members. o Have to be expert in the field.	Timeline not stated	• Funding amount not specified • Not mandatory, needs to be annually appropriated	• HHS Secretary
• CLASS Independence Fund Board of Trustees: o Two public members.	Begins FY 2011	• Funding amount not specified • Not mandatory, needs to be annually appropriated	• POTUS and U.S. Senate

Boards, Commissions, Councils, and Panels Created by PPACA: Opportunities for Nursing and Nursing Advocates	Effective Date	Amount and Type of Funding	Administrative Division
• <u>CLASS Independence Advisory Council:</u> o Up to 15 members. o Duty is to advise on operation of the CLASS program.	Begins FY 2011	• Funding amount not specified • Not mandatory, needs to be annually appropriated	• POTUS
• <u>Personal Care Attendants Workforce Advisory Panel:</u> o Includes: Individuals of all ages with disabilities, older adults, senior individuals, representatives of individuals with disabilities, representatives of senior individuals, representatives of workforce and labor organizations, representatives of home and community-based service providers, and representatives of assisted living providers.	June 23, 2010	• Funding amount not specified • Not mandatory, needs to be annually appropriated	• HHS Secretary
• <u>State Demonstration Grants on Medical Tort Issues Review Panel:</u> o 9 to 13 members. o Includes unspecified health professionals.	Timeline not stated	• Funding amount not specified • Not mandatory, needs to be annually appropriated	• Comptroller General, GAO

[i] AARP would like to acknowledge the American Nurses Association, the American Association of Colleges of Nursing, and the Kaiser Family Foundation for their analyses of the PPACA. This AARP analysis was fact-checked against these three organizations' work.