1. Reauthorization of Title VIII, Nurse Education and Training Act

NBNA supports continued reauthorization of Nursing Workforce Development Programs contained in the Title VIII of the Public Health Service Act. Specifically, NBNA requests expanding federal appropriations to support professional nursing education and nurse faculty loan repayment programs. It continues to be the largest source of federal funding for nursing education, offering financial support for nursing education programs, individual students and nurses; thus increasing nursing education at all levels, from entry through graduate education. Title VIII also supports institutions that educate nurses for practice in rural and underserved areas.

Brief Background
The Nursing Workforce Development Programs (Title VIII, Public Health Service Act), enacted in 1964, was created in response to a shortage of health care providers.

- Title VIII programs focus on training advanced practice nurses, increasing the number of minority and disadvantaged students enrolling in nursing programs, and improving nurse retention through career development and improved patient care systems.

- Title VIII programs provide the largest source of federal funding specifically for nursing education support all levels of nursing education from entry level through graduate study.

Recommendations to Legislators

- Expand federal appropriations that will support professional nursing education and address the need for a highly educated nursing workforce
- Urge legislators to make funding for nurse workforce programs a priority in the FY 2015 Labor, Health and Human Services, and Education Appropriations process.

2. The Affordable Care Act and Your State

NBNA has been guided by the principle that African American nurses have the understanding, knowledge, interest, and expertise to make a significant difference in the health care status of African American communities across the nation. NBNA supports the central goal of the Affordable Care Act (ACA): to significantly reduce the number of uninsured by providing a continuum of affordable coverage options through Medicaid and new Health Insurance Exchanges. The ACA expands Medicaid coverage for most low-income adults to 138% of the federal poverty level (FPL) ($15,856 for an individual or $26,951 for a family of three in 2013). (Henry J. Kaiser Foundation)

Brief Background
Under provisions of the Affordable Care Act (ACA), a federal law, states have decision-making power over how they will enact many parts of the law that improve access to health care. For people who do not have health insurance from an employer, and must buy it on their own, states will either: 1) set up their own health insurance marketplace; 2) work with the federal government to co-run the state marketplace; or 3) opt to have the federal government run its marketplace. Disparities in the uninsured rate of Latinos and American Indians versus whites will narrow under Obamacare, but blacks won’t experience that effect to the same degree unless more states expand Medicaid, according to a new Urban Institute projection of the law’s impact two years from now. (Winfield Cunningham, 12/16) Go to: http://kff.org/state-health-marketplace-profiles/ to find out YOUR State’s most current position.

Recommendations to Legislators

- States who are participating in Medicaid Expansion
  - NBNA supports Alternate Benefit plans that allow for essential health benefits and provides a continuum of care
  - States that expand Medicaid have and had considerable flexibility in designing their Alternative Benefit Plans, which provides an opportunity for states to meet the health care needs of their expansion populations. Consumer advocates should be aware of their states plans and play an important role in the ongoing monitoring and evaluation to make sure that people in the Medicaid expansion population are getting coverage that meets their health care needs.
States who are not participating in Medicaid Expansion

- NBNA supports Medicaid Expansion to significantly reduce the number of uninsured and begin to close the gap on health disparities.
- States not participating will result in significant numbers of people who will remain uncovered. What is the State going to do for persons who are not in a coverage safety net?

According to Kaiser Family Foundation, while there has been significant progress achieved in covering low-income children, coverage options for low-income adults have remained limited, contributing to higher uninsured rates, particularly among people of color. The Medicaid expansion offers a particularly important opportunity to increase coverage among low-income adults who are people of color given that they are disproportionately likely to lack health insurance and have low incomes. Increasing their health coverage rates would not only help ensure their access to needed care but also begin to make strides in reducing the persistent disparities they face in securing health coverage.

3. Hospital Readmissions
To encourage hospitals to reduce avoidable readmissions, The Hospital Readmissions Reduction Program (HRRP), established by the Affordable Care Act and administered by CMS, was implemented. As of October 2012, the Centers for Medicare and Medicaid Services is reducing Medicare payments to hospitals that perform worse than the national average on risk-adjusted 30-day hospital readmission rates for patients discharged with acute myocardial infarction, heart failure or pneumonia. (PPACA 3025).

Brief Background
CMS defines readmission as an admission to a hospital within 30 days of a discharge from the same hospital. The excess readmission ratio includes adjustment factors that are clinically relevant including patient demographic characteristics, comorbidities and patient frailty. CMS established a policy of using three years of discharge data and a minimum of 25 cases to calculate a hospital’s excess readmission ratio of each applicable condition(www.CMS.gov; www.NationalQualityForum.com). According to an analysis completed by Kaiser Health News, hospitals that serve large numbers of low-income patients are more likely to have the lowest adjustment factor and thus receive maximum penalties. Findings, by The Commonwealth Fund of publicly reported data also revealed that safety-net hospitals are more likely to have worse 30-day readmission rates and under the HRRP, will disproportionately affect these already financially strapped hospitals that provide care to large numbers of low-income and other vulnerable populations.

Recommendations to Legislatures:
- Support and fund delivery system initiatives such as patient-centered medical homes and Community based transition programs and other care delivery models that encourage community collaboration
- Support local policies that enable safety-net hospitals, those that primarily serve underserved populations, to adapt and extend partnerships with community health centers, community agencies, Medicaid payers, and other stakeholders to more effectively address the complexities of the social and economic drivers of hospital utilization such as income and education
- Support and fund quality improvement initiatives that can reduce the rates of admission, such as effective discharge planning, care transitions model, education and home follow-up to include linkage programs needed for post hospital care.

4. Reauthorization of the Maternal, Infant and Early Childhood Visiting Program (MICEHV)
NBNA supports continued support and funding for the Maternal, Infant and Early Childhood Visiting Program (MICEHV). Specifically, NBNA requests the reauthorization of the MICEHV Program at the $15 billion cumulative level from 2015 through FY 2024.

Brief Background
- Under the provisions outlined in the Patient Protection and Affordable Care Act of 2010, the Maternal, Infant and Early Childhood Visiting Program (MICEHV) awards grants to states and tribal entities to fund and deliver evidenced based home visiting services.

Specifically the MIECHV awards:
- Serve pregnant women and families with children from birth to age 5.
- Focus on families at risk because the parents are younger than 21, low income, live in at-risk communities, have a history of child abuse or neglect or have other factors that can put healthy child development in jeopardy.
- Help to prevent child abuse and neglect.
• Are shaped by scientific research to improve the lives of children and families.
• Are administered by states and locally managed.

Families who participate in these programs receive education about childhood development and related services and are referred to health and human serves as needed. States and tribal entities who receive federal funding to implement these programs conduct local assessments to identify communities most in need and then select an evidence based home visiting program or models from a menu of 14 evidence-based home visiting models to implement in their respective communities. Thus, the Home Visiting program is locally designed and operated with the assistance of local agencies who help build infrastructure, train high quality home visiting workforce, establish reporting and accountability systems, facilitate service coordination as well as create referral networks. Home Visitation programs are especially important because of their potential to improve child health and development, increase child readiness for school improved parenting skills, foster family self-sufficiency as well as reduce child abuse and neglect. Congress first authorized the MIECHV program through the Patient Protection and Affordable Care Act. In March 2014, Congress reauthorized the program through March 31, 2015; building on the $1.5 billion previously provided.

Recommendation to Legislators
• Support the reauthorization of the Maternal, Infant and Early Childhood Home Visiting Program at the $15 billion cumulative level from 2015 through FY 2024.
• Support the President’s budget request to establish a long-term authorization through 2024, and at a cumulative level of $15 billion.

References for the Maternal, Infant and Early Childhood Home Visiting Program
Healthy Teen Network’s Public Policy Recommendation: Reauthorize the Maternal, Infant, and early Childhood Home Visiting Program
U.S. Department of Health and Human Services/ The Maternal, Infant, and Early Childhood Home Visiting Program

Other Health Issues to consider highlighting during your visits:

United States’ Role in Shaping Global Health Policy: Implications for Health Care: Given the role of the U.S. in global health, the way in which the U.S. addresses these key issues will have major implications not just for U.S. standing in the world but also for the future trajectory of global health.
http://kff.org/global-health-policy/perspective/shaping-the-u-s-global-health-policy-agenda-key-considerations-for-the-future/

Viral Hepatitis Testing Act: More than 5 million Americans, or about 2 percent of the population, are chronically infected with hepatitis B, hepatitis C or both. Within the African American community, chronic liver disease, which is often hepatitis C-related, is a leading cause of death among people between the ages of 45 and 64. The Viral Hepatitis Testing Act introduced in the 113th Congress, would direct the Department of Health and Human Services to create a national system that promotes hepatitis B and C testing and treatment, as well as education for both the public and health care professionals.

Relevant Information Sources
www.kff.org  Kaiser Family Foundation
www.commonwealthfund.org  Commonwealth Foundation
www.cms.gov  Centers for Medicaid and Medicare
www.aha.org  American Hospital Association
www.aone.org  American Organization of Nurse Executives
www.aamc.org/advocacy/hpnce  Health Professions and Nursing Education Coalition

2/5/15
**VFW 2015 Legislative Priority Goals**

**Budget**

- Ensure proper funding so VA can provide timely health care and benefits delivery.
- Pass full Advance Appropriations for all of VA to ensure future budget battles have no impact on the delivery benefits to veterans.
- End budget sequestration and ensure defense funding supports Quality of Life programs for service members and families, training and readiness, troop end strength and equipment needs.

**VA Health Care**

- Ensure that VA capacity meets the demand for care by properly funding infrastructure maintaining adequate staffing levels.
- All non-VA care must be high quality, and delivered in a well-coordinated, timely manner.
- Fully update antiquated VA scheduling software and fully implement an appointment making policy that focuses veterans’ needs and is not susceptible to data manipulation.
- Provide sufficient funding for updates to VA’s VistA health care treatment record system.
- Continue to expand the use of telehealth services, especially in rural areas.
- Authorize VA to receive reimbursement for care provided to Medicare eligible veterans.
- Address the national crisis of suicide among service members and veterans by ensuring proper funding for DOD and VA suicide prevention programs and mental health treatment.
- Extend VA caregiver benefits to those who care for severely injured veterans of all eras.
- Increase research into women’s health care needs and the diseases and treatments of toxic exposure.
- Ensure VA has appropriate resources to adequately care for and reintegrate our homeless veterans’ population.

**VA Compensation & Benefits**

- Provide oversight and the resources necessary to hire, train, and sustain a workforce and IT system sufficient to provide accurate and timely decision ratings to those claiming benefits or appealing decisions from VA.
- Approve a presumption of service connection for the conditions associated with Traumatic Brain Injury (TBI).
- Provide the survivors of veterans who were in receipt of or entitled to receive VA compensation at the time of death for a service-connected disability rated totally disabling are eligible for Dependency Indemnity Compensation (DIC).
- Appropriate the resources required to meet the burial needs of all veterans who have served their country so honorably and faithfully.
- Pass a Fully Developed Appeals legislation that will allow veterans who wish to appeal but do not.
**Transition Assistance**

- Provide oversight for development and implementation of a comprehensive interoperable electronic medical and service record that is easily accessible for veterans, DoD and VA.
- Ensure the Transition Assistance Program is relevant to meet the needs of service members and all veterans at all phases of the transition process.

**Education & Employment**

- Ensure that military-trained professionals receive the proper licenses, credentials or academic credit to allow them to transition into similar civilian careers after military service.
- Protect the integrity of earned educational benefits like the Post-9/11 GI Bill and military tuition assistance.
- Work to improve federal programs designed to help veterans find and retain quality post-military careers.
- Hold the federal government accountable for its obligation to hire veterans and do business with veteran entrepreneurs.

**Defense/Homeland Security**

- Fully support U.S. troops and their mission to prosecute the war on terrorism, as well as to protect our nation’s citizens and interests around the world.
- Halt the development and/or proliferation of weapons of mass destruction, while continuing to develop and deploy a ballistic missile defense system to protect the U.S. and our allies.
- Secure America’s borders from all threats, foreign and domestic, and identify and deport illegal aliens who commit crimes.

**Military Quality of Life**

- Ensure DoD maintains a quality and comprehensive benefits and retirement package, so the service branches can continue to recruit and retain the highest quality service members.
- Protect Quality of Life programs for active duty and Reserve Component service members and their families.
- Support full concurrent receipt of military retirement pay and VA disability compensation without offset, and regardless of the rating percentage.
- Back efforts to lower the Reserve Component retirement pay age to 55.
- Eliminate the SBP/DIC offset.

**POW/MIA**

- Achieve the fullest possible accounting of U.S. military personnel missing from all wars.
- Ensure the U.S. government keeps the POW/MIA issue elevated as a national priority.
- Monitor the reorganization of the POW/MIA accounting mission.
American Association of Colleges of Nursing
2015 Federal Policy Agenda Priorities

As the national voice for baccalaureate and graduate nursing education, the American Association of Colleges of Nursing (AACN) represents over 750 schools of nursing that educate more than 425,000 students and employ nearly 17,000 faculty members. Together, these institutions produce about half of our nation’s registered nurses (RNs) and all of our nation’s advanced practice registered nurses (APRNs), nurse faculty, and nurse researchers.

For 2015, AACN has focused its federal policy agenda on key components of the profession—education, research, and practice. Consistent with the organization’s history, AACN’s 2015 Federal Policy Agenda directly addresses these critical components while incorporating the many facets of policy that impact nursing and national health care. Additionally, the 2015 agenda takes into account the impact of the political and fiscal climates on the national legislative agenda. The four overarching priorities (equally valued) include:

1. **Advance policies that allow academic institutions to meet the need for a more highly-educated and diverse nursing workforce, focusing on seamless academic progression, affordability, and interprofessional education.**

   The Institute of Medicine’s (IOM) report the *Future of Nursing: Leading Change, Advancing Health* states that “nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.”¹ This objective has been the cornerstone of AACN’s advocacy for over 45 years.

   The changing healthcare system and the demands it places on nurses to stay current on best practices renders it critical that nursing students are educated to adapt and contribute to quality health care. These vital skills are clearly linked to the expertise achieved through baccalaureate and graduate nursing education. At the same time, interprofessional healthcare teams are critical to the success of an improved healthcare system. AACN is actively engaged in coalitions to improve interprofessional education and practice, which extend to our advocacy work. AACN will continue to weigh in on major federal legislation aimed at improving higher education to provide nursing education’s perspectives.

2. **Amplify nursing leadership to transform America’s healthcare delivery system into one that is patient-centered and team-based.**

   The IOM calls for nurses “to be full partners, with physicians and other healthcare professionals, in redesigning healthcare in the United States.”¹ AACN firmly agrees that the unique expertise derived from the science, skills, and philosophy of nursing care will help ensure access to high quality and cost-effective care. AACN will work with nursing experts and other coalitions to ensure a redesigned healthcare system incorporates the practice and leadership skills of nurses as well as APRNs. AACN believes that allowing APRNs to practice to the full extent of their education and training by granting them full practice authority is essential to this endeavor.

3. Secure federal investments that strengthen the academic nursing infrastructure.

A pervading challenge facing our healthcare system is meeting the demand for more highly-educated nurses. In fact, nearly 80,000 qualified applications were turned away from baccalaureate and graduate nursing programs in 2014 alone due to factors including: a lack of nursing faculty; a lack of clinical training sites; and budget constraints.\(^2\) For over 50 years, the Nursing Workforce Development programs (Title VIII of the Public Health Service Act) have supported the supply and distribution of qualified nurses to meet our nation’s healthcare needs, and they also address specific aspects of the workforce, including increasing the number of nurse faculty. Continued investments in the Title VIII programs have demonstrated Congress’ awareness that educating the next generation of nurses is essential and requires federal support that will assist the profession in this endeavor. However, our nation’s fiscal climate threatens the great strides made to bolster the pipeline of nurses. Given the great need for RNs, APRNs, and nurse faculty, AACN is committed to reinforcing the efforts of the federal government to expand funding for professional nursing education.

4. Secure federal investments in research and elevate the role of nursing science in healthcare innovation, discovery, and application.

For decades, nursing science’s impact on improving healthcare delivery has proven far reaching. Nursing research emphasizes reducing burdensome and costly chronic illnesses, improving quality outcomes, and promoting health and wellness through a patient-centered approach to care. Often working collaboratively with physicians and other professionals, nurse scientists are vital in setting the national research agenda. Elevating the role of nursing science in healthcare innovation is more critical than ever as the federal government searches for best practices that also reduce cost and improve quality.

AACN is committed to advancing nursing science and translating innovative discoveries for the public’s consumption. Investments in federal research entities including the National Institutes of Health, the Centers for Disease Control and Prevention, the Agency for Healthcare Research and Quality, among others, are essential to ensuring the longevity of healthcare research and future generations of scientists.

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For more information about AACN’s Government Affairs, visit: [https://www.aacn.nche.edu/government-affairs](https://www.aacn.nche.edu/government-affairs).

View AACN’s Appropriations Advocacy work here: [https://www.aacn.nche.edu/government-affairs/appropriations](https://www.aacn.nche.edu/government-affairs/appropriations).


Learn more about AACN’s Grassroots Network: [https://www.aacn.nche.edu/government-affairs/take-action](https://www.aacn.nche.edu/government-affairs/take-action).

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\(^2\) American Association of Colleges of Nursing. (2014). *2013-2014 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*. Washington, DC.
The American Academy of Nursing, in collaboration with the State Commissioners of Veterans Affairs, is leading an initiative entitled *Have You Ever Served in the Military?* The initiative is the Academy’s commitment to the pledge to First Lady Michelle Obama’s Joining Forces campaign, and will fundamentally change the manner in which nurses and other health care providers conduct health assessments of individuals who have served in the uniformed military.

**Objectives.** The objectives of the initiative are:

a. Increase appropriate access to health care services for individuals who have served in the military;
b. Increase provider awareness of service-connected health-care issues;
c. Increase the number of nurses and other providers in the private sector screening patients for military service and completing military service histories;
d. Increase referrals to specialized services for further diagnostic testing, care and treatment with VA and/or other appropriate private sector providers.

**Toolkit.** The Academy has designed clinician pocket cards, Veterans’ resources cards, posters, and a mobile optimized web-site as a tool kit to enable nurses—health care’s equivalent to the boots on the ground—to facilitate outreach and proper referral for Veterans. These outreach tools are disseminated to nurses and other providers in large health care systems, community mental health clinics, campus health care centers, nursing associations, and other health delivery systems upon request. State Commissioners of Veterans Affairs, who are integral partners in the initiative, have also been provided with the materials and are serving as a critical link to veteran and health care communities within each state.

**Background.** With less than 22% of Veterans receiving care within the VA healthcare system, and reportedly 40% of service connected Veterans with disabilities seeking care outside of the VA, it is imperative that providers in the private sector become cognizant of their patients’ military histories and the accompanying health concerns resulting from that military service. Often, Veterans themselves are unaware of some of the risk factors and related illnesses caused by exposure to occupational and environmental hazards. Because eligibility for care in the VA Health Care System is based on service related disabilities and illnesses that have been deemed to be related to military service or income levels, it is critical that Veterans be timely identified by health care providers, have complete and accurate military history records taken, and obtain comprehensive medical examinations which may reveal a disability or illness which requires special attention and care, as well as potentially qualify them for assistance from the VA.

**Sponsorship Opportunities.** The American Academy of Nursing is seeking sponsors to assist with funding this important initiative. There are multiple sponsorship opportunities available and the Academy appreciates your generosity and commitment to improving Veterans’ health.
Synopsis of 2015 Advocacy Goals with Regard to the Veterans Health Administration
American College of Nurse-Midwives

1. Advocate for modifications to the Veterans Health Administration’s Nursing Handbook to permit advance practice registered nurses (APRNs), including certified nurse-midwives (CNMs) to practice without formalized physician supervision.
2. Advocate with the VHA for the inclusion of certified midwives (CMs) as acceptable providers of maternal care to VA beneficiaries.
3. Where there is sufficient demand for maternity care services, advocate for the VHA to directly hire CNMs/CMs as providers.
4. Advocate with the VHA for coverage of home birth. Currently the VA covers only hospital birth, while TRICARE will cover a home birth.
Legislative Agenda
1st Session of the 114th Congress

The American Nephrology Nurses’ Association (ANNA) is a professional nursing organization of more than 10,000 registered nurses practicing in nephrology, transplantation, and related therapies. ANNA promotes excellence in and appreciation of nephrology nursing so we can make a positive difference for people with kidney disease.

Chronic Kidney Disease Improvement in Research and Treatment Act

Currently, more than 430,000 Americans are living with kidney failure, which is known as End Stage Renal Disease (ESRD). The only treatment available is a kidney transplant or renal dialysis. Due to the limited number of kidneys available for transplantation, most individuals with ESRD receive dialysis treatments. The overwhelming majority of people with kidney failure, regardless of their age, rely on Medicare for their life-sustaining dialysis treatments. The Medicare ESRD Program has been subject to a number of changes since the implementation of the bundled payment system. ANNA and the kidney community support the Chronic Kidney Disease Improvement in Research and Treatment Act.

The Chronic Kidney Disease Improvement in Research and Treatment Act would expand and improve coordination of federal chronic kidney disease and ESRD research efforts; remove barriers that dis-incentivize the use of home dialysis, and ensure the economic stability of the life-sustaining Medicare ESRD benefit.

Recommendation: ANNA urges Members of Congress to pass legislation to improve federal policy related to caring for individuals with chronic kidney disease by addressing gaps in critical research; improve beneficiary access to treatments for chronic kidney disease; and create economic stability for providers caring for individuals with chronic kidney disease.

ANNA Asks Congress to Extend Coverage of Therapy Critical to Ensuring Viability of Transplants

With no cure for ESRD a kidney transplant is often the best treatment option for patients with kidney failure. Following a transplant, patients must take immunosuppressive drugs, which prevent the transplanted kidney from being rejected. These drugs must be continued for the entire life of the kidney transplant to ensure the success of the transplant and an enhanced quality of life for the patient. Medicare currently provides coverage for immunosuppressive therapies for 36 months. These medications are costly and patients who are unable to pay for these drugs out-of-pocket after their Medicare benefit has ended may have to discontinue this therapy, risking rejection of the kidney and a return to dialysis, which is more costly for Medicare and cumbersome for people with ESRD.

The Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act would extend coverage of immunosuppressive therapies for kidney transplants beyond the current 36 month cap. The legislation will increase access and make these needed therapies affordable for those who so crucially need it.

Recommendation: To ensure the success of transplants and improve patients’ quality of life, ANNA encourages Congress to pass legislation to extend coverage for these life-saving drugs.

ANNA Supports Increased Funding for the Nursing Workforce Development Programs

According to the Department of Health and Human Services, the Nursing Workforce Development Programs at the Health Resources and Services Administration (HRSA) supported the recruitment, education, and retention of an estimated 450,000 nurses between fiscal years 2006 and 2012. A report issued by the Bureau of Health Professions at HRSA entitled Projected Supply, Demand, and Shortages of Registered Nurses: 2000 – 2020 predicts that the percentage of unfilled nursing positions will increase by 29% by 2020.

Recommendation: ANNA requests a funding level of $244 million for Nursing Workforce Development programs at HRSA in FY 2016. This request represents a return to FY 2010 funding levels.

If you have additional questions about these issues, please contact ANNA’s Washington Representative Jim Twaddell (202/230-5130, jim.twaddell@dbr.com).

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ANNA Requests Increased Funding for Biomedical Research and Patient Safety

The National Institutes of Health (NIH) is the primary Federal agency for conducting and supporting biomedical research. It is composed of 27 Institutes and Centers and has an annual budget of over $30 billion. More than 80% of the NIH’s funding is awarded through competitive grants to more than 300,000 researchers at universities, medical schools, and other research institutions.

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) at NIH is devoted to continuing research on Chronic Kidney Disease (CKD) and ESRD. ANNA strongly supports the work being done by the National Kidney Disease Education Program (NKDEP) which helps create awareness of these diseases. NIDDK works to reduce the overall mortality and morbidity from kidney disease.

The mission of the National Institute of Nursing Research (NINR) is to promote and improve the health of individuals, families, communities, and populations. NINR’s research encompasses health promotion and disease prevention, quality of life, health disparities, and end of life care. NINR seeks to expand nursing science by integrating the biological and behavioral sciences, applying new technologies to address research questions, improving research methods, and developing scientists of the future.

Recommendation: In order for this research to continue, ANNA respectfully requests $2.066 billion funding in FY 2015 for NIDDK and $150 million in funding for NINR.
Key Legislative Priorities for 2015

In 2015, following a year of scandal at VA over long waiting times for veterans to access VA medical care, DAV will focus special attention on the following legislative and policy goals. Working together with our VSO partners, and relying upon the strength of our grassroots members and supporters, DAV will work aggressively and proactively to advance these key legislative priorities over the next year, while continuing to look for opportunities to promote all DAV legislative and policy goals.

➢ Strengthen, Reform and Expand Access to VA Health Care for All Eligible Veterans
  • Work with Congress and VA to ensure sufficient funding for VA health care programs in the FY 2016 appropriation and the FY 2017 advance appropriation bills.
  • Develop and promote responsible VA health care reform policies that will strengthen and expand access to VA health care for all veterans eligible for care.
  • Develop and build support for a comprehensive long-term plan to address VA’s aging health care infrastructure needs, including VA research laboratories and related facilities.
  • Expand caregiver services and support to meet the needs of veterans’ caregivers from all eras.
  • Improve timely access to mental health care and counseling services, with particular focus on newer veterans in transition.
  • Strengthen and expand women veterans health care services and transition programs.
  • Develop a comprehensive plan reforming VA long-term care services and supports.

➢ Improve the Delivery of Benefits to Veterans, Dependents and Survivors
  • Work with VA and Congress to complete the ongoing reform of VA’s benefits claims processing system, with the focus on quality, accuracy, accountability and timeliness.
  • Develop and enact legislation to address the reform of the VA appeals process, including a new Fully Developed Appeals pilot program.
  • Work with Congress to eliminate inequitable policies that prohibit the concurrent receipt of VA disability compensation and military retired pay and that require Dependency and Indemnity Compensation and military Survivor Benefit Plan payments to be offset.

➢ Expand and Improve Employment and Economic Opportunities for Veterans
  • Work with Congress to develop and enact legislation to transfer veterans employment programs from the Department of Labor to VA as part of a new Veterans Economic Opportunity Administration, that also includes VR&E, education and business programs.
  • Strengthen veterans’ vocational rehabilitation and employment programs.
  • Improve delivery of transition services to all separating service members.

For further information about all of DAV’s legislative resolutions and policy goals, please refer to DAV’s website at: www.dav.org/voters
With more than 8,000 members, the National Association of Pediatric Nurse Practitioners (NAPNAP) is the national professional association for pediatric nurse practitioners (PNPs) and other advanced practice nurses who care for children. NAPNAP advocates for children’s health by providing funding, education, and research opportunities to PNPs, and by producing and distributing educational materials to parents and families.

The guiding principles of NAPNAP’s 2015 health policy agenda are:

- Children should have access to comprehensive, continuous, coordinated, compassionate, culturally sensitive and family-centered health care, including behavioral health services in order to ensure healthy lifestyles.
- We strive to remove barriers that impede access to the care provided by pediatric advanced practice nurses in all practice settings.
- Commitment to national and grassroots advocacy by NAPNAP members is essential and should be supported by providing learning opportunities for members to support their development as advocates.

NAPNAP’s federal policy priorities for 2015 include the following issue areas:

**Reauthorizing Funding for the Children’s Health Insurance Program**

Congress faces a critical decision on protecting health care coverage for America’s children. Without action by Congress, federal funding for the Children’s Health Insurance Program (CHIP) will expire at the end of September 2015. States and the federal government jointly finance the CHIP program and states are responsible for administering it. This bipartisan federal-state program has been phenomenally successful since it was created in 1997, reducing the number of uninsured children by 50 percent — from 25 percent in 1997 to 13 percent in 2012. But as states develop their budgets, it is unclear whether or when Congress will continue the CHIP program.

CHIP has become a dependable source of coverage for low-income children in working families whose parents earn too much to qualify for Medicaid but too little to afford private health insurance. Pediatric nurse practitioners (PNPs), who practice in a variety of healthcare settings and reach millions of patients across the country each year, know firsthand the difference stable, affordable health coverage makes for families and their children in getting the timely health care they need. NAPNAP members recognize the vital role that CHIP plays in providing affordable coverage that is specifically designed with children’s health needs in mind.

At a time when states are still adjusting to numerous changes in health care coverage, it is essential that Congress secure CHIP’s future as quickly as possible, so that states will be able to budget for and operate their programs without disruption. The Congressional Budget Office estimated that 12.7 million children projected to be enrolled in fiscal year 2015 are at risk of losing their CHIP coverage in 2016 if the program is not reauthorized.

**Recognizing NPs in the VA as Licensed Independent Practitioners**

NAPNAP and its state and local chapters applaud the current efforts of the Veterans Administration (VA) to revise and update the Veterans Health Administration (VHA) Nursing Handbook 1180.03, including recognition of PNPs and other advanced practice registered nurses (APRNs) as “Licensed Independent Practitioners” (LIPs) to improve access to health care services for our nation’s veterans.

Evidence clearly demonstrates that pediatric nurse practitioners provide high quality, cost effective care to their patients. PNPs are proficient in assessing the health care needs of patients: ordering, performing, supervising, and interpreting diagnostic tests; making diagnoses; initiating and managing treatment plans including prescribing medications; and serving as counselors, advisers, and care coordinators for individuals and families.

As a leader in developing innovative models to care for more than 8.3 million veterans each year, it is appropriate that the VA take steps to improve access by revising the policies in its Nursing Handbook to recognize APRNs as LIPs. This policy reflects the evidence-based recommendations of the 2010 Institute of Medicine report, “The Future of Nursing: Leading Change, Advancing Health” and the established delivery system and workforce roles within U.S. Armed Forces medical branches. As LIPs, PNPs and other APRNs will be able to care for patients to the full extent of their educational preparation and give the VA greater flexibility to utilize all providers within the healthcare team, maximizing resources and providing optimal care.
Increasing Payment for Medicaid Primary Care Services

In an effort to increase the number of primary care providers to care for adults and children in Medicaid, Congress created incentives in the Affordable Care Act increasing Medicaid payments to some primary care physicians (family physicians, pediatricians, and primary care internists) to amounts at least equal to Medicare rates in 2013 and 2014. The Centers for Medicare and Medicaid Services (CMS) interpreted the statute to only include services provided by pediatric nurse practitioners and other advanced practice nurses if they were furnished under the “personal supervision” of an eligible physician – failing to recognize services furnished by PNPs in states that recognize full statutory authority to practice without physician supervision. Although bipartisan legislation to extend the payment incentive and expand it to include all nurse practitioners was introduced in the 113th Congress, the policy was allowed to expire at the end of 2014.

In his fiscal year 2016 budget, President Obama proposed to restore the payment incentive through 2016 and expand eligibility to NPs and other primary care providers. NAPNAP urges Congress to adopt the President’s proposal and pass legislation this year to increase payment for Medicaid primary care services furnished by pediatric nurse practitioners and other primary care providers.

Funding for PNP Education

The demand for health care providers continues to increase as millions of Americans enroll in expanded health insurance coverage in 2015. The American Medical Association forecasts that the U.S. will experience a shortage of 91,000 primary care physicians by 2020. PNPs are an increasingly important component of the nation’s health care infrastructure, yet tens of thousands of nursing positions are unfilled in acute care settings, home healthcare, nursing homes, health departments, community health centers, schools, and workplaces.

The President’s fiscal year 2016 budget proposes to maintain current funding levels for nursing workforce development programs under Title VIII of the Public Health Service Act. To meet the demand for PNPs and other advanced practice nurses, NAPNAP supports a request to increase Title VIII funding to $244 million – a 5 percent increase of roughly $12 million over the 2015 appropriated level.

Mental Health and Violence Prevention

Pediatric nurse practitioners know how difficult it is to prevent, prepare for or cope with the tragic deaths of children and adults as a result of violence, both in mass shootings and in individual situations across the country. PNPs are aware that the incidence of children and adolescents with mental health problems in the United States is significant – with as many as one in five children with a diagnosable mental, emotional or behavior disorder. An estimated two-thirds of all young people with mental health problems are not receiving the help they need.

NAPNAP is working to raise public awareness of these problems, correct misperceptions, and implement preventive interventions targeted in children. PNPs are eager to work with Congress, the Administration, and federal and state agencies to take action to improve the availability of effective mental health services and treatment for children and adolescents, including: integration of mental health promotion, screening, and early evidence-based interventions; health care that includes prevention, early recognition and treatment of mental health problems in childhood; and promotion of optimal levels of functioning and development to provide a foundation for productive adult years.

About Pediatric Nurse Practitioners...

Dedicated to improving children's health, Pediatric Nurse Practitioners (PNPs) practice in primary care, specialty, and acute care settings. PNPs are thought leaders in pediatrics who have advanced education in pediatric nursing and health care using evidence based practice guidelines. They have been providing quality health care to children and families for more than 40 years in an extensive range of practice settings such as pediatric offices, schools, and hospitals – reaching millions of patients across the country each year.

PNPs provide health care to newborns, infants, children, adolescents and young adults, including providing health and developmental screening, managing acute and chronic conditions, ordering and interpreting diagnostic tests, prescribing medications, giving immunizations, coordinating care across the health care continuum, and making referrals to other professionals as appropriate. The patient and family-centered nature of nurse practitioner education, which includes consideration of social determinants of health and environmental, family, and cultural factors, prepares PNPs to holistically care for, support, and counsel children and their families.
1) **Women’s Health Nurse Practitioners as Primary Care Providers**

Women’s Health NPs (WHNP) provide necessary health care services for women throughout the lifespan with an emphasis on reproductive-gynecologic, gender focused non-gynecologic primary care and well-woman care. Women’s health care providers, including WHNPs, should be recognized as primary care providers in legislation and regulation pertaining to primary care access and reimbursement.

2) **Gender-Specific Care for Women Veterans (and Women in the Military)**

Establish more women’s health programs and comprehensive primary care for women veterans as some clinics do not have a GYN on staff or a WHNP on staff to provide the full range of primary and specialty care to women. Gender-focused care is essential to meet the needs of this growing population of veterans, as well as to maintain readiness among women currently serving in the military.

3) **NPs Providing Care to Sexual Assault Victims in the Military**

NPWH is monitoring the mounting evidence regarding rape, sexual assault and sexual harassment among military personnel. We support legislation and policies that work to create a culture where such acts are eliminated. Further, WHNPs are specifically educated regarding assessment and interventions targeting the short and long-term the impact of sexual assault, and are a critical part of the health care workforce needed to address this issue.

4) **Where and How Women Access Care**

NPWH mission is to assure access to and provision of quality primary and specialty healthcare to women of all ages by woman-focused Health Care Providers. As such, we monitor a variety of policy initiatives to assure that women’s access to care is protected. It is important to leverage the expertise of multiple types of gender-focused Health Care Providers, such as OB/GYNs, WHNPs and other women’s health care providers by convening more comprehensive task forces, commissions and other panels assembled to inform policy that affects women.