26th NATIONAL BLACK NURSES Day on Capitol Hill
“Nurses: Leading in an Era of Healthcare Reform”
Legislative Agenda

1. Reauthorization of Title VIII, Nurse Education and Training Act
NBNA requests expanding and increased funding for the 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.

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 at 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
- NBNA, along with members of the Nursing Community, a forum of 60 professional nursing organizations, requested and supported $251 million for the Title VIII in 2014; increased funding will be recommended for FY 2015

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. Go to: http://kff.org/state-health-marketplace-profiles/ to find out YOUR State’s position. As of December 11, 2013, 26 states, including DC, are moving forward with the Medicaid expansion in 2014, while 25 states are not moving forward at this time. (Henry J. Kaiser Foundation)
Recommendations to Legislators:

**States that 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 the 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 ability to get health coverage would not only help ensure their access to needed care but also begin to make strides to reduce persistent health disparities.

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, co-morbidities 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 published in *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 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.

Relevant Information Sources

www.kff.org
www.commonwealthfund.org
www.cms.gov
www.aha.org
www.aone.org
www.aamc.org/advocacy/hp nec

Kaiser Family Foundation
Commonwealth Foundation
Centers for Medicaid and Medicare
American Hospital Association
American Organization of Nurse Executives
Health Professions and Nursing Education Coalition

NBNA Mission Statement: "To represent and provide a forum for black nurses to advocate for and implement strategies to ensure access to the highest quality of healthcare for persons of color"

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