# TESTIMONY IN FAVOR OF H.R. 2713: Title VIII Nursing Workforce Reauthorization Act

HOUSE COMMITTEE ON WAYS AND MEANS

JANUARY 23, 2017

Thank you for allowing me the opportunity to come and speak with you here today. My name is XXX. I am a registered nurse, current graduate nursing student at Regis College, and I am representing the American Nurses Association (ANA) at this hearing.

I am here to testify in support of H.R. 2713, the Title VIII Nursing Workforce Reauthorization Act. This bill was presented just a few weeks ago, on June 10, 2015, by the co-chairs of the House Nursing Caucus, Representatives Lois Capps (D-CA) and David Joyce (R-OH). This bill calls for the following: to extend advanced nursing education grants, to support clinical nurse specialist (CNS) programs, and additionally, the reauthorization of funding for nursing programs (AACN, 2015). I am fully in support of this bill because it will maintain fiscal support for programs covered under Title VIII until 2020. Additionally, the American Association of Colleges of Nursing (AACN) supports H.R. 2713. The AACN President, Eileen T. Breslin has said: “Title VIII is an essential federal program that supports the health of America through nursing care, particularly in our rural and underserved communities” (AACN, 2015). Further, the AACN deems that “workforce development and the creation of evidence-based research to transform care delivery is paramount to meeting America’s healthcare needs” (AACN, 2015).

Specific technical changes to the Title VIII Reauthorization include the following:

* Recognizing all four Advanced Practice Registered Nurse (APRN) roles: By definition, Title VIII funding includes Clinical Nurse Specialists (CNS). In the past, it was only Nurse Practitioners (NPs), Certified Registered Nurse Anesthetists (CRNAs), and Certified Nurse-Midwifes (CNMs) (AACN, 2015).
* Inclusion of Clinical Nurse Leaders (CNL): Recognizing the CNL as one who assesses patient outcomes, cohort risk, and also can alter care plans based on clinical decision making (AACN, 2015).
* Defining Nurse-Managed Heath Clinics (NMHCs): NMHCs are fully recognized as a pivotal example in delivering efficient, sensible, and cost-effective primary healthcare. They are typically learning environments for healthcare providers (such as APRNs), and they typically provide care to the underserved (AACN, 2015).

Nursing education funding dates back to the creation of the Public Health Service Act (PHSA) in 1798. The Nurse Training Act of 1963 established Title VIII of the PHSA (Miyamoto, 2014). Throughout the years, Title VIII has seen a number of amendments and reauthorizations. Despite continued cuts to these nursing workforce development programs under Title VIII, they still represent the largest dedicated source of federal funding for nursing education (Miyamoto, 2014). Some examples of Title VIII federal funding include those under the Advanced Nurse Education Grants (ANE), which focuses on APRN training, as well as the National Health Service Corps (NHSC) Scholarship and Loan Repayment Program (Miyamoto, 2014). Other programs include: Advanced Education Traineeships (AENT); Nurse Anesthetist Traineeships (NAT); Nursing Workforce Diversity, Nurse Education, Practice, Quality, and Retention (NEPQR) Program; Nurse Faculty Loan Program (NFLP), and Comprehensive Geriatric Education (AACN, 2015).

The Graduate Nurse Education (GNE) Demonstration, which was included in the Patient Protection and Affordable Care Act (ACA) that was signed into law on March 23, 2010 by President Barack Obama, was described as one of the most significant investments made to APRN education (Miyamoto, 2014). Historically, the GNE Demonstration has been one in which leaders in nursing have advocated for changes in its structure. Due to how nursing programs were managed in the 1960s, the GNE funding was traditionally allocated to diploma programs. As these programs are being phased out, and more RNs are attending baccalaureate programs, the need for GNE funding to be structured like Graduate Medical Education (GME) funding is argued. GME reimbursed hospitals for the care provided to Medicare patients by physician residents (Miyamoto, 2014). With the ACA, the GNE Demonstration could now provide up to five hospitals with reimbursement for the clinical training of APRNs, and would include funding of $200 million over a four-year period to be used as a reimbursement of qualified APRN training (Miyamoto, 2014).

The Nursing Workforce Development programs have truly supported quality education for nurses for the past fifty years. As a result, these nurses being supported by Title VIII continue to provide high-quality care in the community.

While over 450,000 nursing students and nurses have been provided financial support due to Title VIII funding, there still exists a battle between federal and nursing organizations in regards to the need for this continued funding (AACN, 2015). There has been collaboration with the Robert Wood Johnson Foundation (RWJF), which worked to help promote exceptional contributions of nurses to improve healthcare access and quality, while reducing costs (Miyamoto, 2014).

On the whole, Title VIII funding has helped build the current workforce of qualified nurses required in all healthcare settings. And there will continue to be a need for nurses in the future. The Bureau of Labor Statistics’ Employment Projections 2012-2022, which was released in December 2013, shows that the RN workforce is expected to grow 19%, from 2.71 million in 2012 to 3.24 million in 2022. It is estimated that 525,000 replacement nurses will be needed, “bringing the total number of job openings for nurses due to growth and replacements to 1.05 million by 2022” (AACN, 2014).

As a graduate student in an Advanced Practice Registered Nurse (APRN) program, I find this funding to be a real lifeline. It has sustained the mission of my university’s nursing program, assisting students from entry-level through graduate study, while also attracting faculty to the area of nurse education. Several of my colleagues have applied (and will continue to apply) for grants through Title VIII to help finance their studies. The legislation is ultimately a long-term investment that will drive the nursing profession forward to successfully meet the needs and demands of a changing healthcare system (AACN, 2015).

Again, thank you very much for listening to my testimony on behalf on the Title VIII Nursing Workforce Reauthorization Act (H.R. 2713). If you have any additional questions, kindly contact me at the information provided below.

(YOUR CONTACT INFO)

References

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