



**Committee on Energy and Commerce
United States House of Representatives
Hearing on Health Reform in the 21st Century:
Proposals to Reform the Health System**

**Testimony Provided by
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The American Nurses Association (ANA) appreciates this opportunity to testify regarding the Tri-Committee Health Care Reform Discussion Draft. Founded in 1896, ANA is the only full-service national association representing the interests of the nation's 2.9 million registered nurses (RNs), and advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace and sharing a constructive and realistic view of nursing's contribution to the health of our nation. Through our 51 constituent member associations, ANA represents RNs across the nation in all practice settings.

ANA commends the work of the House Energy and Commerce, Ways and Means, and Education and Labor committees for their work in crafting the *TriCommittee Health Care Reform Discussion Draft*. This legislation clearly represents a movement toward much-needed, comprehensive and meaningful reform for our nation's healthcare system.

We particularly want to express our appreciation for the committees' recognition that, in order to meet our nation's health care needs we must have an integrated and well resourced national healthcare workforce policy, a system that focuses on wellness and prevention, and a high-quality public insurance option that complements and competes fairly with options offered by private insurers.

The U.S. health care system remains in a state of crisis. Despite incremental efforts at reform, the number of uninsured continues to grow, the cost of care continues to rise, and the safety and quality of care are questioned. Harvard researchers have found that 62% of all personal bankruptcies in the U.S. in 2007 were caused by health problems—and 78% of those filers had insurance. The overwhelming problems of the health care system require significant attention on the part of health professionals, policy-makers, and the public.

ANA remains committed to the principle health care is a basic human right and that all persons are entitled to ready access to affordable, quality health care services. ANA supports a restructured health care system that ensures universal access to a standard package of essential health care services for all individuals and families.

Public Plan

That is why ANA strongly supports the inclusion of a public health insurance plan option as an essential part of comprehensive health care reform. And we are not alone. According to a New York Times/CBS News poll conducted just this month, American overwhelmingly support substantial changes to the health care system and are strongly behind the public health insurance plan option.

Under the comprehensive plan put forward by the three House committees, people would have the freedom to keep their current plan, choose another private plan, or choose a high-quality, affordable public health insurance plan.

We believe that inclusion of this public health insurance plan option would assure that patient choice is a reality and not an empty promise, and that a high-quality public health insurance plan option will, above all, provide the peace of mind that is missing from our current health care environment. It will help make health care more affordable for patients, generate needed competition in the insurance market, and guarantee the availability of quality, affordable coverage for individuals and families no matter what happens.

According to the Kaiser Family Foundation and the Health Research and Educational Trust, premiums for employer-sponsored health insurance in the United States have been rising four times faster on average than workers' earnings since 1999. Overall, insurance premiums have increased more than 87 percent on average, over the past six years, while wages have increased approximately 20 percent (KFF Employer Health Benefits 2008 Annual Survey).

The public health insurance plan option could bring positive competition to bear on the private insurance market, encouraging patient-centered, value-driven health care delivery. Rather than an impetus for "crowd out," as critics suggest, such fair and transparent competition would create a win-win for those whom the healthcare system is supposed to serve, the people of the United States.

ANA does not believe that regional health cooperatives or state-level public plans, both of which have been proposed as alternatives, are appropriate options for the scope of change required. Their record suggests that they would have neither the financial stability nor the bargaining leverage needed to shrink health care costs in the long term. They are non-starters if the Congress is interested in true comprehensive reform of the system. ANA agrees with Karen Davis, president of the Commonwealth Fund, that “a national organization with authority to purchase health care at reasonable rates is integral to success in controlling costs.”

ANA deeply appreciates the commitment to a public health insurance plan in the bill, and we look forward to partnering with you to make this plan a reality.

The Role of Nurses

There are a wide variety of ideas currently circulating on health care reform, but all include discussion of prevention and screening, health education, chronic disease management, coordination of care, and the provision of community-based primary care. As the committee has clearly recognized in its draft, these are precisely the professional services and skills that registered nurses bring to patient care.

As the largest single group of clinical health care professionals within the health system, licensed registered nurses are educated and practice within a holistic framework that views the individual, family and community as an interconnected system that can keep us well and help us heal. Registered nurses are fundamental to the critical shift needed in health services delivery, with the goal of transforming the current “sick care” system into a *true* “health care” system.

RNs are the backbone of hospitals, community clinics, school health programs, home health and long-term care programs, and serve patients in many other roles and settings. Advanced Practice Nurses (APRNs), in particular Nurse Practitioners and Nurse Midwives are proven providers of high-quality, cost effective primary care.

As the Committee has clearly recognized, the support, development and deployment of this keystone profession, is essential for any quality health reform plan to succeed.

ANA deeply appreciates the committee’s recognition of the need to expand the nursing workforce, and thank you for your commitment to amend the Title VIII Nursing Workforce Development Programs under the Public Health Service Act. We are pleased to see so many important provisions included in the bill that will help address the growing nursing shortage. We appreciate the inclusion of the definition of the Nurse Managed Health Centers under the Title VIII definitions. Moreover, we applaud the removal of the 10% cap on doctoral traineeships

under the Advanced Education Nursing Grant program and the inclusion of special consideration to eligible entities that increase diversity among advanced educated nurses. We appreciate the updated loan provisions under the Title VIII programs. Additionally, the expansion of the Loan Repayment Program eligibility to include graduates who commit to serving as nurse faculty for two years will help address this critical shortage.

We also are grateful for the financial commitment to the Title VIII programs made in the draft. The funding stream created through the Public Health Investment Fund and the dollars committed through 2014 would offer vital resources and much needed funding stability for these important programs.

Finally, we welcome Tri-Committee's acknowledgement that career ladder programs support the advancement of ancillary staff to become registered nurses as highlighted in Section 2502 of this bill. Career advancement opportunities and life-long learning help promote a diverse workforce which reflects the nation's population.

ANA along with the nursing community looks forward to working with you as you move forward to advance these provisions and to discuss further potential inclusion of a few additional Title VIII revisions that would further update the programs and help address the need for expanded faculty and nursing school capacity.

ANA commends the committee for the many measures in the bill that would bolster the nursing profession, and for its demonstrated commitment to fostering full integration, coordination, and collaboration at all levels among our nation's health care workforce.

Medical Home

In particular ANA applauds the use of "community-based multidisciplinary teams" to support primary care through the Medical Home Model. This model demonstrates a commitment to quality, coordinated care by all health providers, and represents a focus, not just on treating illness, but on emphasizing wellness and prevention. ANA is especially pleased that under this proposal, Nurse Practitioners have been recognized as primary care providers and authorized to lead Medical Homes. APRN's skill and education, which emphasizes patient and family-centered, whole-person care, makes them particularly well-suited providers to lead the Medical Home Model.

The ability of APRNs to provide high quality, cost-effective care has been widely recognized by patients and the health care community and is supported by significant research and critical analysis. According to the American Academy of Nurse Practitioners, there are over 125,000 Nurse Practitioners (NPs) practicing in the United States today. APRNs serve a critical role by filling gaps in primary care. At least 66 percent of NPs practice in primary care settings. Twenty

percent practice in remote rural or frontier settings.¹ APRNs have also made a special contribution by increasing access to care for the poor and uninsured, as well as those in underserved urban and remote rural areas.

ANA deeply appreciates committee's recognition that in order to successfully transform our nation's health care system, we must have a holistic workforce policy that fully recognizes the vital role of nurses and other providers, and we look forward to working with you to advance the Medical Home model outlined in the TriCommittee Draft.

Given the importance of APRN's to primary care, we encourage the Committee to consider an initiative that would cover the cost of Graduate Nursing Education through Medicare. This would enhance our nation's ability to prepare primary care providers by substantially boosting the number of highly-skilled APRNs available to care for individuals and families across the country.

Quality

ANA supports comparative effectiveness research not only for drugs and devices, but also for evaluating therapeutic approaches and delivery system models. As one aspect of that support, we recommend that the federal government gather evidence about which wellness and prevention programs have demonstrated effectiveness and provide incentives for their accelerated diffusion in the workplace, schools, and communities. Thus we support the creation of permanent Task Forces on Clinical Preventive Services and Community Preventive Services, respectively, such as described in Title III of the bill.

Many recent studies have demonstrated what most health care consumers already know: nursing care and quality patient care are inextricably linked, in all care settings but particularly in acute and long-term care. Because nursing care is fundamental to patient outcomes, we are pleased that the legislation places strong emphasis on reporting, both publicly and to the Secretary, of nurse staffing in long-term care settings. The availability of staffing information on Nursing Home Compare would be vital to helping consumers make informed decisions, and the full data provided to the Secretary will ensure staffing accountability and enhance resident safety.

ANA hopes that, in this same vein, the Committee will look toward incorporating public reporting of similar nurse staffing measures and nursing sensitive indicators in acute care through the Hospital Compare Website, as recommended by the National Quality Forum (NQF) in its 2004 publication *National Voluntary Consensus Standards for Nursing-Sensitive Care: An Initial Performance Measure Set*.

¹ American Academy of Nurse Practitioners, *Nurse Practitioner Facts*. AANP Web site: www.aanp.org/NR/rdonlyres/51C6BCOF-F1CO-4718-B42F-3DEDC6F5F635/O/AANPNPFacts.pdf.

To quote the NQF Report foreword-- "These consensus standards can be used by consumers to access the quality of nursing care in hospitals, and they can be used by providers to identify opportunities for improvement of critical outcomes and processes of care. Furthermore these standards can be used by purchasers to incentivize and reward hospitals for better performance."

ANA strongly supports the focus that the discussion draft places on collection of quality measures and the use of evidence-based best practices throughout the bill, and we look forward to partnering with you on advancing quality measures in health care reform.

Wellness and Prevention Programs

A reformed health care system must value primary care and prevention to achieve improved health status of individuals, families and the community. As the Committee recognizes, this means that money, resources and attention must be reallocated in the health system to highlight importance of, and create incentives for, primary care and prevention.

Nurses are strong supporters of community and home-based models of care. We believe that the foundation for a wellness-based health care system is built in these settings, reducing the amount of both money and human suffering that accompany acute-care episodes. ANA supports the renewed focus on new and existing community-based programs such as Community Health Centers, Nurse Home Visitation programs, and School-Based Clinics, and we applauds the Committee's recognition throughout the bill of the vital importance of addressing health disparities.

It is essential to expand the research base on best practices in chronic disease prevention and early intervention. Therefore, we are gratified to note that grant money in the House bill could provide greater funding and support for research and innovation in the fight against the nation's most prevalent and costly chronic diseases.

ANA and other nursing organizations can be this Congress' trusted advisor, in collaboration with Community Health Centers and others, in exploring the real world significance of various care management provisions under consideration by this Committee to improve the health status of individuals, families, communities and our nation.

Closing

Once again The American Nurses Association thanks you for the opportunity to testify before this Committee. ANA appreciates your clear commitment to nursing and your understanding of the important role nurses play in the provision of essential health care services to individuals and families across the country. The need for fundamental reform of the U.S. health care system is more

necessary than ever. Bold action is called for to create a health care system that is responsive to the needs of consumers and provides equal access to safe, high-quality care for all in an cost-effective manner. ANA and nurses are ready to work with policy- makers, industry leaders, providers and consumers to support and advance meaningful health care reform today. Thank you.