



# Inside THE Beltway

A QUARTERLY NEWSLETTER PROVIDED BY NAPNAP

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## Message From the Health Policy Chair

Advocacy in Action was attained early this spring when NAPNAP hosted the second annual Fly In on March 30 and 31, 2009. NAPNAP was represented by 14 PNP's representing 9 states. We were able to make 18 Senate visits and 9 House of Representative visits. NAPNAP supported six scholarship winners to attend a three day boot camp in advocacy training- NIWI (Nurse in Washington Internship). These scholarship winners were then able to participate in NAPNAP's Fly In. They were able to put their new found skills to good use. Medical Home, Obesity, Mental Health, and Title VIII funding were some of the topics that were discussed with our legislators on the Hill. It was an exciting and energizing time.

As you are well aware, our nation's administration is working on health care reform. There will be some health care reform bills introduced in the very near future. NAPNAP's Washington Representatives, Allison Shuren and Courtney Yohe will be sending out information on these bills as they are introduced. We will also be asking you to contact your legislators on these bills. This is a good time to make sure your chapter's email system is working adequately. Some emails will be sent to the chapter President and Leg Chairs. From there you should filter this information out to your membership. Some of the emails will go directly to the entire membership. However, if you are a chapter President or Leg Chair it might be helpful to send out a reminder email to your membership to respond to these emails in a timely fashion. We will more than likely be sending out some call to action emails. Please be sure to contact your legislators when you are prompted. Your voice is what your legislator wants to hear.

Grassroots advocacy is the hallmark of the NAPNAP Health Policy Agenda. The Health Policy Committee is giving you many advocacy opportunities. These opportunities are available to you if you are a novice or if you have done some advocacy work in the past. All levels of experience are welcome at every venue. Please watch the NAPNAP website, mailings and emails for next year's NIWI scholarship application deadline and Fly In dates. You won't want to miss them again!

If you have questions, comments or concerns, please contact me at [healthpolicy@napnap.org](mailto:healthpolicy@napnap.org). You can view the Health Policy agenda and program, as well as the legislation tracking chart at [www.napnap.org](http://www.napnap.org). You can also find talking points that were used for previous visits to legislators.

Ann Sheehan  
NAPNAP Health Policy Chair

## Health Information Technology Incentives in the American Recovery and Reinvestment Act

The stimulus package contained approximately \$36 billion in funds intended to help develop the infrastructure necessary for meaningful implementation of health IT. This includes incentives for health care providers who can prove that they are using “certified health information technology” in a “meaningful way.” As passed, the statute defines meaningful use as employing a system that has, at a minimum, the ability to provide clinical decision support; order entry capture procedures that result in a database that can be queried for information relevant to healthcare quality, and the ability to exchange and integrate electronic health information with other sources.<sup>[1]</sup>

The individual provider and hospital incentives intended to promote the adoption of health IT, will be implemented through the Medicare and Medicaid programs. In order to qualify for health IT incentives, providers and hospitals must meet certain criteria within one of these two programs. Providers and hospitals must elect to receive either Medicare or Medicaid incentives. Although Nurse practitioners are not eligible for incentives through the Medicare program, they will be able to receive health IT implementation funds through Medicaid.

The Medicaid health IT implementation funds apply to physicians, dentists, certified nurse-midwives, nurse practitioners and physician assistants. (Physician assistants must practice in rural health clinics or Federally Qualified Health Centers that are run by a physician in order to qualify).<sup>[3]</sup> To receive Medicaid funds, non-hospital providers must have 30% Medicaid patient volume. Non-hospital, pediatric providers must meet a 20% Medicaid patient volume threshold. Unlike the Medicare incentive funding, the Medicaid health IT implementation structure does not include a penalty and, in fact, while the Medicare provisions require that providers be “meaningful users” to obtain the funding, Medicaid providers can use the implementation funding *to acquire* systems.

Medicaid providers who qualify can receive up to \$25,000 in year one to defray cost of health IT acquisition. These providers can earn up to \$10,000 annually for four more additional years if they can prove “meaningful use” of health IT. Still, because Medicaid is a state-run program, states may have more control over how the Medicaid incentive program is implemented.

The stimulus package also allows for hospitals to qualify for incentives to adopt health IT through Medicare and Medicaid. Children’s hospitals and acute care hospitals electing for Medicaid incentives must have 10% Medicaid patient volume to qualify. They can recoup 100% of their allowable costs (a billing calculation that takes into account the provider’s Medicaid payer mix), or 50% of their actual costs. Hospitals choosing Medicaid incentives must have EHR in place by 2016 to receive funding but there is no penalty for late adoption.

In addition to the incentives that go directly to health care providers, the stimulus package contained provisions for grants to states to build infrastructure, promote planning activities and expand the use of health information. Under one grant program, states or state-designated agencies applying for health information exchange grants on behalf of the state may receive a portion of \$2 billion in funds appropriated for those purposes. Under a different grant program, applicants will be awarded competitive grants to establish loan programs for health care providers. These loans can be used to help providers participating in Medicare or Medicaid programs to help them purchase electronic health records, enhance electronic health records utilization, train personnel and improve secure electronic exchange. Providers receiving these loans would have to report on quality measures adopted by the Federal government.

Finally, the stimulus package instructs the Secretary to conduct a study to determine the extent and manner in which payment incentives should be made available to health care providers who are receiving minimal or no payment incentives or funding under this act.

To review the statute, please visit [http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111\\_cong\\_bills&docid=f:h1enr.txt.pdf](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h1enr.txt.pdf). The section on health IT incentives can be found in Division B, Title IV beginning on page 353.

The American Recovery and Reinvestment Act. (2009). *P.L. 111-5*

## Health Reform

These are exciting and busy times in health care policy. Washington DC is alive with talk of health care reform. NAPNAP continues to work to be at the table as many important decisions are made. We are particularly engaged in conversations about primary care workforce and healthcare delivery reforms, making sure that policy makers recognize pediatric nurse practitioners as primary care providers and include nurse practitioners as leaders of medical homes. We are also working to make sure that the health care reform package does not ignore children. While NAPNAP continues to be a strong voice for pediatric nurse practitioners, we are also enhancing our message to policy makers with strategic collaborations with other nursing organizations.

### Primary Care Workforce

NAPNAP continues to work with other organizational members of the Nurse Practitioner Roundtable (AANP, ACNP, NONPF) to deliver our message to Congress and the Administration. We have collaborated on principles of health reform, which include supporting the Institute of Medicine's Definition of primary care in any health reform legislation. The Institute of Medicine defines primary care as, "the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients and practicing in the context of family and community." Together, we are also educating members of Congress on nurse practitioners' care-coordination expertise, pointing out that nurse practitioners are natural leaders of medical homes or other care-coordination models.

These concepts are supported through our collaboration with the broader nursing community as well. In our principles for health care reform, the nursing community is advocating for legislation that allows all nurses to work to their full scope of practice in their respective states. The document also recommends that Congress include advanced-practice nurses as leaders of medical homes, among other advanced practice nursing issues. The nursing community is also working together to ensure that Title VIII nursing workforce education programs receive an adequate amount of money when Title VIII is reauthorized. It is not clear whether or not Congress' health reform proposals will include Title VIII reauthorization.

We continue to visit members of Congress on behalf of NAPNAP and as a part of both of these collaborative efforts. In addition, NAPNAP has recently been invited to participate in weekly conference calls with a select group of advisors representing health care providers, consumers, insurers, and others who are helping Senator Kennedy to shape his health reform proposals. As Chairman of the Senate Committee on Health, Education, Labor and Pensions (HELP), Senator Kennedy will be one of the two principle authors of the health reform proposal that will come out of the Senate. NAPNAP's "front row seat" to Sen. Kennedy's policy formation process will certainly prove to be valuable as Sen. Kennedy moves towards introducing legislative language.

### Children's Health Issues

NAPNAP has also been invited to participate in a small working group consisting of a variety of children's health advocacy organizations. This group was convened by Senator Dodd to be an advisory panel to Senator Kennedy's legislative staff. This group, which meets weekly in Senate offices provides NAPNAP with a unique opportunity to ensure that children are well represented in health reform proposals.

## Patient Centered Primary Care Collaborative

NAPNAP, along with the other members of the Nurse Practitioner Roundtable, has joined the Patient Centered Primary Care Collaborative (PCPCC), a coalition of major employers, consumer groups, patient quality organizations, health plans, labor unions, hospitals, physicians and many others who have joined together to develop and advance the patient centered medical home. NAPNAP has been following the activities of this organization for some time, however, we withheld our endorsement of their collaborative principles because they had only acknowledged physicians as leaders of medical homes. With the PCPCC's recent change in their principles, acknowledging that there are many kinds of providers and not just physicians providing primary care/using provider inclusive language in their principles (found here: <http://pcpcc.net/content/joining-patient-centered-primary-care>), NAPNAP was influential in encouraging the group to change this language. Therefore, NAPNAP has joined this organization. PCPCC is expected to have significant influence on health care reform proposals and implementation. NAPNAP is considering becoming a member of PCPCC's executive committee. For more information on PCPCC, please visit <http://pcpcc.net/>

## Senate Finance Description of Policy Options

On Tuesday, April 28<sup>th</sup>, Senator Baucus, Chairman of the Senate Finance Committee, published a “Description of Policy Options” for “Transforming the Health Care Delivery System:

Proposals to Improve Patient Care and Reduce Health Care Costs.” This document is considered a precursor to legislative language that will be proposed by the Finance Committee in the coming weeks. On Wednesday, April 29<sup>th</sup> the members of the Finance committee “walked through” more detailed policy proposals in a closed-door session. The policy options can be found at <http://finance.senate.gov/sitepages/leg/LEG%202009/042809%20Health%20Care%20Description%20of%20Policy%20Option.pdf>

Although the document frequently uses the term “provider,” the proposals still appear to be physician-centric. They also revolve around the Medicare program and do little to address Medicaid, or other health reforms. In the document, Senator Baucus does propose bringing Nurse Practitioners into the Medicare health information technology incentives from which nurse practitioners had been excluded originally. As members of Congress begin to digest this proposal and others which will be forthcoming, NAPNAP will continue to educate members of Congress on the valuable role nurse practitioners can play in health reform.

Email: [healthpolicy@napnap.org](mailto:healthpolicy@napnap.org)

## Reminders:

Don't forget to log onto the NAPNAP website weekly to review all of the newly introduced legislation and recent congressional votes.

Visit <http://www.napnap.org/NAPNAPAdvocacy/legactioncenter.aspx>

for more information through CapWiz.