Key Provisions Related to Nursing: House (H.R. 3962) and Senate (H.R. 3590)

Both the House bill, the *Affordable Health Care for America Act (HR 3962)*, and the Senate bill, the *Patient Protection and Affordable Care Act (H.R. 3590)*, clearly represent a movement toward much-needed, comprehensive and meaningful reform for our nation's healthcare system. 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.

	House Bill: H.R. 3962 ***Affordable Health Care for America Act***	**Senate Bill: H.R. 3590** ***Patient Protection and Affordable Care Act***
Nursing Workforce	Federal support for the Nursing Workforce Development Programs contained in Title VIII of the Public Health Service Act (PHSA) is essential. These programs recruit new nurses into the profession, promote career advancement within nursing, and improve patient care delivery. These programs are also used to direct RNs into areas with the greatest need – including departments of public health, community health centers, and disproportionate share hospitals.	
Primary Care Workforce	**Section 2201** (page 1220) increases loan repayment benefits for each National Health Service Corps member to a maximum of $50,000 per year. It also allows fulfillment of Corps service obligation through part-time service as well as through clinical teaching (for up to 20% of the period of obligated service).	**Section 5207** (page 1333) increases funding for the National Health Service Corps and extends the authorization of appropriations for the Corps each year through 2015. For fiscal years 2016 and years thereafter, the legislation establishes a formula for funding that is tied to increased costs in health care and the number of individuals residing in health professions shortage areas. **Section 5209** (page 1336) removes the previously enacted cap of 2,800 commissioned officers in the National Health Service Corps regular corps. **Section 5210** (page 1336) reconstitutes the Public Health Service Corps into two divisions: the commissioned Regular Corps and a Ready Reserve Corps for service in time of

		national emergencies. Ready Reserve Corps members will participate in routine training, be available for involuntary calls to active duty during national emergencies, and be available for service assignment in undeserved communities. **Section 5301** (page 1339) establishes a grant program for hospitals, medical schools, academically affiliated physician assistant training programs, and other entities to develop and operate accredited training programs for the provision of primary care. In particular, entities may use a grant to develop and operate a physician assistant education program and may use funds to train individuals who will teach in PA education programs. In addition, eligible entities may use grant funds to provide financial aid to students and faculty, to enhance professional development among faculty in primary care programs, and to establish and maintain academic departments in primary care. The legislation requires the grant program to give priority to projects that train students to participate in patient-centered medical homes, train for the care of vulnerable populations, and establish formal relationships with federally qualified health centers or other clinics that serve underserved populations.
Nursing Workforce Development Programs Nurse-Managed Health Centers (NMHCs)	**Section 2221(a)** (page 1246) inserts and defines nurse-managed health centers (NMHCs) under the definitions of Title VIII eligible entities. The nurse-managed care model is recognized as a key to efficient, sensible, cost-effective primary health care. NMHCs are especially effective in providing individualized primary care that includes health promotion, disease prevention and early detection, health teaching, management of chronic conditions, treatment of acute illnesses, and counseling.	**Section 5208** (page 1334) authorizes grants for NMHCs that provide comprehensive primary care or wellness services without regard to income or insurance status for patients. Such NMHCs must provide care to underserved or vulnerable populations and be associated with an academic department of nursing, qualified health center, or independent nonprofit health or social services agency. HHS would award grants subject to the financial need of the NMHC and other factors, as determined appropriate by the Secretary.

	Definition (page 1247): "a nurse-practice arrangement, managed by one or more advanced practice nurse, that provides primary care or wellness services to underserved or vulnerable populations and is associated with an accredited school of nursing, Federally qualified health center, or independent nonprofit health or social services agency;"	
Advanced Education Nursing	**Section 2221(d)** (page 1248) expands the Advanced Education Nursing grants to allow schools to provide support to not only those nursing students who will practice in underserved areas, but also students who contribute to increased diversity among advanced education nurses.	**Section 5308** (page 1377) clarifies the scope of the Advanced Education Nursing grant program to ensure that accredited midwifery education programs are eligible for such grants. The Senate bill does not, however, give priority to recipients who will contribute to increased diversity among advanced education nurses, as section 2221(d) of the House bill does.
Nurse Education, Practice, and Retention	**Section 2221(e)** (page 1248) amends language related to Nurse Education, Practice, and Retention Grants.	**Section 5309** (page 1378) amends language related to Nurse Education, Practice, and Retention Grants by renaming the relevant statutory provision "Nurse Education, Practice and Quality Grants". Section 5309 also adds two new grant programs specifically for nurse retention, the first of which would authorize HHS to award grants to accredited nursing schools or health facilities (or a partnership of both) to promote career advancement among nurses. The second new grant program would permit HHS to make awards to nursing schools or health facilities that can demonstrate enhanced collaboration and communication among nurses and other health care professionals, with priority going to applicants that have not previously received an award.
Nursing Student Loan Program	**Section 2221(f)** (page 1249) will provide updates to the loan amounts for the Nursing Student Loan program and also specifies that and after 2012, the Secretary has discretion to adjust this amount appropriately.	**Section 5202** (page 1318) provides updates to the loan amounts for the Nursing Student Loan program and specifies that, after 2012, the Secretary has discretion to adjust this amount based on cost of attendance increases.
Nurse Loan Repayment and Scholarship Programs (NLRP)	**Section 2221(g)** (page 1249) expands the Nurse Loan Repayment and Scholarship Programs (NLRP) to provide loan repayment for students who serve	**Section 5310** (p. 1382) expands the Nurse Loan Repayment and Scholarship Programs (NLRP) to provide loan repayment for students who serve for at least two years as a faculty

	for a period of not less than two years as a faculty member at an accredited school of nursing.	member at an accredited school of nursing.
Nurse Faculty Loan Program	**Section 2221(h)** (page 1250) increases the Nurse Faculty Loan Program amounts to account for inflation from $30,000 to $35,000 and after 2012 gives Secretary the discretion to adjust this amount appropriately.	**Section 5311** (p. 1384) increases the Nurse Faculty Loan Program amounts from $30,000 to $35,000 in fiscal years 2010 and 2011 and declares that the amount of these loans will thereafter be adjusted to provide for cost-of-attendance increase for yearly loan rate and the aggregate loan. The legislation also creates a new section that permits HHS to enter into an agreement with individuals with unencumbered RNs who have already completed, or are currently enrolled in, a master's or doctorate training program for nursing. Under such an agreement, HHS would provide up to $10,000 per year to master's recipients and $20,000 per year to those who earn a doctorate to individuals who spend 4 out of 6 years as a full-time faculty member at an accredited school of nursing.
Mandatory Funding Stream for Title VIII Programs	**Section 2221** (page 1251) Public Health Investment Fund, designated as Section 872. This program will create a mandatory funding stream, authorizing an additional $638 million (FY2011-FY2015) for Title VIII programs. This is in addition to regular appropriations. Currently, Title VIII programs are funded at $171 million. The Secretary should have discretion to determine funding levels for each of the Title VIII programs. The Secretary is best equipped to consult with the Division of Nursing within the Health Resources and Services Administration to determine the needs of the nursing workforce and to ensure.	**Section 5312** (page 1389) authorizes $338 million in appropriations to carry out nursing workforce development programs – including the advanced education nursing grants, workforce diversity grants, and nurse education, practice, quality and retention grants – in fiscal year 2010. For fiscal years 2011 through 2016, HHS may use "such sums as may be necessary" to carry out such programs.
Public Health Workforce	**Section 2231** (page 1253) would establish a Public Health Workforce Corps to address public health	**Section 5204** (page 1324) establishes a Public Health Workforce Loan Repayment Program to assure an adequate

	workforce shortages. Modeled on the National Health Service Corps, the program provides scholarship and loan repayment support for public health professionals serving in areas of need.	supply of public health professionals to eliminate workforce shortages in public health agencies. Under the program, HHS would repay up to one-third of loans incurred by a public health or health professions student in exchange for that student's agreement to accept employment with a public health agency for at least three years. Individuals who service in priority service areas may be eligible for additional loan repayment incentives at the Department's discretion.
	Section 2232 (page 1262) would enhance the public health workforce by providing funding to support public health training programs.	**Section 5206** (page 1331) authorizes HHS to make grants to accredited educational institutions that support scholarships for mid-career public health and allied health professionals who seek additional training in their respective fields.
Nursing Workforce Diversity Grants	**Section 2242** (page 1268) addresses Nursing workforce diversity grants and clarifies requirements for the Secretary to consult with various nursing associations.	**Section 5404** (page 1440) expands the workforce diversity grant program by permitting such grants to be used for diploma and associate degree nurses to enter bridge or degree completion programs or for student scholarships and stipend programs for accelerated nursing degree programs. In carrying out this revised program, the legislation instructs HHS to consider recommendations from the National Advisory Council on Nurse Education and Practice and to consult with nursing associations, including the National Coalition of Ethnic Minority Nurse Associations.
Pediatric Health Care Workforce	**No similar provision in the House bill.**	**Section 5203** (page 1319) establishes a loan repayment program for individuals who are willing to practice in a pediatric medical or surgical subspecialty or in child mental and behavioral health care for at least 2 years in an underserved area. Loan repayments recipients, including psychiatric nurses, social workers, and professional and school counselors, are eligible to receive $35,000 per year in loan repayments for participation in an accredited pediatric

		specialty residency or fellowship. The legislation directs HHS to give priority to applicants who have a familiarity with evidence-based health care and those who can demonstrate financial need.
Training for Direct Care Workers	**No similar provision in the House bill.**	**Section 5302** (page 1346) establishes a grant program under which an institution of higher education can subsidize training of individuals at that institution who are willing to serve as direct care workers in a long-term care setting for at least two years after completion of their training. To be eligible for such a grant, the institution must partner with a nursing home, skilled nursing facility, or other long-term care provider.
Geriatric Nursing Career Incentives	**No corresponding provision in the House bill.**	**Section 5305** (page 1359) includes a provision that authorizes HHS to award grants to advanced practice nurses who are pursuing a doctorate or other advanced degree in geriatrics and who, as a condition of accepting a grant, will agree to teach or practice in the field of geriatrics, long-term care, or chronic care management for a minimum of 5 years. Subsection (c) of Section 1305 also expands the Comprehensive Geriatric Education grant program under which HHS will award grants to educational institutions that establish traineeships for individuals who are preparing for advanced education nursing degrees in geriatric nursing, long-term care, gero-psychiatric nursing, or other nursing areas that specialize in the care of older Americans.
Advanced Practice Registered Nurses (APRNs)	In order to meet our nation's healthcare needs, an integrated national healthcare workforce that looks beyond physicians must be put into action. Advanced Practice Registered Nurses (APRNs), in particular Nurse Practitioners and Certified Nurse-Midwives, are proven providers of high-quality, cost effective primary care. ANA has been advocating for the use of provider neutral language throughout the House and Senate bills. We also believe that any type of demonstration or pilot project that focuses on primary care should include nurse practitioners and certified nurse midwives and that nothing should preclude them from leading those models of care.	
Advance Care	**Section 1233** (page 641) provides coverage for Voluntary Advance Care Planning consultation between	The Senate bill does not contain a specific voluntary advance care planning consultation under Medicare, as

Planning	Medicare enrollees and practitioners (physician, nurse practitioner or physician assistant) to discuss advance care planning, advance directives, including living will and durable powers of attorney.	provided under the House bill. However, **Section 8002** (page 1925) creates a Community Living Assistance Services and Support (CLASS) independent benefit plan available for individuals with functional limitations. CLASS insurance would cover (page 1962), among other services, consultation with an advice and assistance counselor relating to the formulation of advance directives and other written instructions.
Accountable Care Organizations (ACOs) - Medicare	**Section 1301** (page 653) creates an alternative pilot payment model within fee-for-service Medicare to reward physician-led organizations that take responsibility for the costs and quality of care received by their patient panel over time. The Accountable Care Organizations (ACOs) pilot program can include nurse practitioners and physician assistants.	**Section 3022** (page 739) establishes a shared savings program under which a group of providers and suppliers may form a legally structured ACO to manage and coordinate care for Medicare fee-for-service beneficiaries. An ACO that abides by a set of quality performance standards and meets a financial benchmark would be eligible for an incentive payment calculated as the difference between the benchmark set by HHS and the ACO's per capita Medicare expenditures in a given year. An ACO must include primary care ACO professionals that are able to serve a minimum of 5,000 fee-for-service beneficiaries. The legislation defines the term "ACO professional" to include a physician assistant, nurse practitioner and clinical nurse specialist.
Medical Home - Medicare	**Section 1302** (page 672) directs the Secretary to establish a pilot program to reward physicians and nurse practitioners who make their offices a "medical home" for patients by being fully available to patients and by ensuring that patient care is coordinated and comprehensive. There are two models in the provision: 1) the *independent patient-centered medical home*, structured around a provider, is targeted at the top half of high-need Medicare beneficiaries with multiple chronic diseases, and 2) the *community based medical home*, which may include any eligible beneficiary, is targeted at a broader	**Section 3502** (page 1067) authorizes HHS to establish a grant program for states or state-designated entities to establish community-based interdisciplinary, interprofessional teams to support primary care practices within a certain area. Such "health teams" may include nurses, medical specialists, pharmacists, nutritionists, dietitians, social workers, and providers of alternative medicine. Under the program, a health team must support patient-centered medical homes, which are defined as a mode of care that includes personal physicians, whole person orientation, coordinated and integrated care, an evidence-informed medicine.

	population of Medicare beneficiaries and allows for State-based or non-profit entities to provide care-management supervised by a beneficiary designated primary care provider. It also provides approximately $1.8 billion for the pilot programs. The Secretary is authorized to expand the program only if quality measures have been met and budget neutrality is demonstrated. Participation of Nurse Practitioners (page 674) – "Nothing in this section shall be construed as preventing a nurse practitioner from leading a patient centered medical home"	
Increase in Medicare Payment for Primary Care Services	**Section 1303** (page 693) increases the Medicare payment rate by 5% for primary care services of primary care practitioners specializing in primary care. Eligible practitioners practicing in health professions shortage areas receive an additional 5%. Definition of primary care practitioner (page 694): "means a physician or other health care practitioner (including a nurse practitioner)"	**Section 5501** (page 1440) provides a 10 percent bonus payment under Medicare for fiscal years 2011 through 2016 to primary care practitioners (including nurse practitioners, clinical nurse specialists, and physician assistants) and general surgeons practicing in health professional shortage areas. The legislation would offset fifty percent of the cost of such bonuses through an across-the-board reduction in other services.
Certified Nurse-Midwives	**Section 1304** (page 697) would increase the reimbursement rate for Certified Nurse-Midwives for covered services from 65% of the rate that would be paid were a physician performing a service to the full rate. It would make the increased reimbursement rate for CNMs effective 1/1/2011.	**Section 3114** (page 816) would increase the reimbursement rate for Certified Nurse-Midwives for covered services from 65 percent of the rate that would be paid were a physician performing a service to the full rate. It would make the increased reimbursement rate for CNMs effective 1/1/2011.
Independence at Home program	**Section 1312** (page 718) creates the Independence at Home Demonstration project for chronically ill Medicare beneficiaries to test a payment incentive and service delivery system that utilizes physician and nurse practitioner directed home-based primary care teams aimed at reducing expenditures and improving health	**Section 3024** (page 764) creates the Independence at Home Demonstration program for chronically ill Medicare beneficiaries to test a payment incentive and service delivery system that utilizes physician and nurse practitioner directed home-based primary care teams aimed

	outcomes. Participation of Nurse Practitioners and Physician Assistants (page 721): "Nothing in this section shall be construed to prevent a nurse practitioner or physician assistant from participating in, or leading, a home-based primary care team as part of an independence at home medical practice…"	at reducing expenditures and improving health outcomes. Participation of Nurse Practitioners and Physician Assistants (page 767): "Nothing in this section shall be construed to prevent a nurse practitioner or physician assistant from participating in, or leading, a home-based primary care team as part of an independence at home medical practice…"
Nurse Home Visitation Services	**Section 1713** (page 1045) would allow optional coverage of nurse home visitation services. The provision allows State Medicaid programs to cover home visits by trained nurses to families with a first-time pregnant woman or child under 2 eligible for Medicaid.	**Section 2951** (page 568) authorizes states, with federal grant support, to establish nurse home visitation programs for maternal, infant, and early childhood purposes. Unlike the House bill, there is no provision that would allow optional coverage of nurse home visitation services under State Medicaid programs.
Increase in Medicaid Payment for Primary Care Services	**Section 1721** (page 1055) would require State Medicaid programs to reimburse for primary care services furnished by physicians and other practitioners at no less than 80% of Medicare rates in 2010, 90% in 2011, and 100% in 2012 and after. It also maintains the Medicare payment differentials between physicians and other practitioners. The federal government would pay 100% of the incremental costs attributable to this requirement through 2014, then 90% in 2015 and beyond.	**This Medicaid incentive program is not in the Senate bill.**
Medical Home - Medicaid	**Section 1722** (page 1058) establishes a 5-year pilot program to test the medical home concept with Medicaid beneficiaries including medically fragile children and high-risk pregnant women. The federal government would match costs of community care workers at 90% for the first two years and 75% for the next 3 years, up to a total of $1.235 billion.	**Section 2703** (page 528) creates a state option under Medicaid to provide coordinated care through a "health home" for individuals with chronic conditions. Under this option, states could receive 90 percent FMAP funding to support a Medicaid enrollee who designates a provider or a team of professionals as their health home. Such health homes would provide comprehensive care management, care coordination, and chronic disease

		management. Providers must also meet certain standards established by HHS to participate in the option.
Accountable Care Organizations (ACOs) - Medicaid	**Section 1730A** (page 1073) would direct the Secretary to establish a program to allow State Medicaid programs to pilot one or more of the models used in the Medicare ACO pilot program established by section 1301 of the bill.	Unlike the House bill, the Senate bill does not contain a provision that would establish a State Medicaid pilot program for ACOs. However, **Section 2706** (page 544) authorizes a demonstration project for pediatric ACOs that serve State Medicaid and State Children's Health Insurance Program beneficiaries. Under the demonstration program, HHS would authorize states to govern the program for pediatric ACOs. In addition, the Department would provide incentive payments for those pediatric ACOs that both meet federal performance guidelines and achieve savings greater than the annual minimal savings level established by the State.
School-Based Health Clinics	**Section 1730B** (page 1075) would require that State Medicaid programs reimburse school-based health clinics receiving funds under the program established by section 2511 on the same basis as they reimburse federally-qualified health centers (FQHCs).	**Section 4101** (page 1156) establishes a grant program for school-based health clinics that serve a large population of children eligible for medical assistance under the State Medicaid plan or under waiver authority for this plan. However, unlike the House bill, the Senate bill does not require State Medicaid programs to reimburse school-based health clinics receiving grants under the program on the same basis as they would FQHCs.
Graduate Nurse Education (GNE)	**This demonstration program is not in the House bill.**	**Section 5509** (page 1500) would appropriate $50 million per year for FY2012 through FY2015 to establish a graduate nurse education demonstration program in Medicare. Up to five eligible hospitals would receive Medicare reimbursement for the educational costs, clinical instruction costs, and other direct and indirect costs of an eligible hospital's expenses attributable to the training of advanced practice nurses with the skills necessary to provide primary and preventive care, transitional care, chronic care management, and other

		nursing services appropriate for the Medicare-eligible population. For this demonstration, the term "advanced practice nurse" shall include a clinical nurse specialist, nurse practitioner, certified registered nurse anesthetist, and certified nurse midwife.
Quality	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 both bills place a strong emphasis on reporting, both publicly and to the Secretary, of nurse staffing in long-term care settings. The availability of staffing information on the Nursing Home Compare website 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.	
Comparative Effectiveness Research	**Section 1401** (page 733) would create a new Center at the Agency for Healthcare Research and Quality, supported by a combination of public and private funding that will conduct, support and synthesize CER. It would also establish an independent stakeholder commission which recommends to the Center research priorities, study methods, and ways to disseminate research. The commission would have its own source of funding and also be responsible for evaluating the processes of the center and authorized to make reports directly to Congress. A majority of the Commission members would be required to be physicians, other health care practitioners, consumers or patients. It also contains protections to ensure that subpopulations are appropriately accounted for in research study design and dissemination; protections to prevent the Center and Commission from mandating payment, coverage or reimbursement policies.; protections to ensure that research findings are not construed to mandate coverage, reimbursement or	**Section 6301** (page 1648) would establish a non-profit Patient-Centered Outcomes Research Institute to perform and synthesize research on comparative effectiveness. The purpose of the Institute would be to assist patients, physicians, purchasers, and policy-makers in making informed health decisions. In particular, the legislation envisions that the Institute will advance the quality and relevance of evidence concerning the manner in which health conditions can effectively be prevented, diagnosed, treated, monitored, and managed through research and evidence synthesis that considers variations in patient sub populations, and through the dissemination of research findings. Any findings made by the Institute to be construed as a mandate on practice guidelines or coverage decisions. The Agency Healthcare Research and Quality would be responsible for disseminating the findings made by Institute researchers to build data capacity for comparative effectiveness research (CER) and to train researchers in CER methods.

	other policies to any public or private payer, and clarify that federal officers and employees will not interfere in the practice of medicine.	
Nursing Home Transparency – Nursing Home Compare Medicare Website	**Section 1413** (page 789) would direct the Nursing Home Compare Medicare Website to release information on staffing data for each facility, including resident census data, hours of care provided per resident per day, staffing turnover and tenure. Furthermore, it would need to be in a format for consumers to compare differences in staffing between facilities and State and national averages for facilities. Moreover, the format is to include: differences in types of staff; relationship between staffing levels and quality of care; explanation that appropriate staffing levels vary based on patient mix.	**Section 6103** (page 1585) would direct the Nursing Home Compare Medicare Website to release information on staffing data for each facility, including resident census data, hours of care provided per resident per day, staffing turnover and tenure. Furthermore, it would need to be in a format for consumers to compare differences in staffing between facilities and State and national averages for facilities. Moreover, the format is to include: differences in types of staff; relationship between staffing levels and quality of care; explanation that appropriate staffing levels vary based on patient mix.
Nursing Home Transparency – Whistleblower Protection	**Section 1415** (page 811) directs the Secretary to create a standardized complaint form and requires states to establish complaint resolution processes. It also provides whistleblower protection for employees who complain in good faith about the quality of care or services at a skilled nursing facility.	**Section 6105** (page 1605) directs the Secretary to create a standardized complaint form and requires states to establish complaint resolution processes. It also provides whistleblower protection for employees who complain in good faith about the quality of care or services at a skilled nursing facility.
Nursing Home Transparency – Staffing Accountability	**Section 1416** (page 822) In skilled nursing facilities, it would ensure staffing accountability and require the Secretary to develop a program for facilities to report staffing information in a uniform format based on payroll data, including information on agency or contract staff. It would be effective two years after date of enactment.	**Sections 6101 through 6121** (starting on page 1571) would require Medicare skilled nursing facilities and Medicaid nursing facilities to disclose information on their ownership and organizational structure to government authorities and would mandate that such facilities implement a compliance and ethics program within 3 years of the legislation's enactment. Furthermore, these sections would require facilities to report in detail their expenditures on wages and benefits for direct care staff and to develop a program under which facilities can report staffing information in a uniform format based on payroll data, including agency or contract

		staff. Unlike the House bill, the Senate nursing home transparency provisions require a GAO study and report on the Five-Star Quality Rating System and authorize a national demonstration project to develop best practices related to "culture change" and information technology in nursing facilities.
Additional Nursing Provisions		
Center for Quality Improvement	**Section 2401** (page 1322) "Implementation of Best Practices in the Delivery of Health Care. This provision creates a Center for Quality Improvement to identify, develop, evaluate and help implement best practices. An entity which seeks a grant or contract must "agree to work with a variety of institutional health care providers, physicians, nurses, and other health care practitioners;" (Page 1325) Within 18 months of the bill's passage, the Director of the Agency for Healthcare Research and Quality (AHRQ) must submit a report to Congress "on the impact of the nurse-to-patient ratio on the quality of care and patient outcomes, including recommendations for further integration into quality measurement and quality improvement activities." (Page 1330)	**Section 3501** (page 1053) establishes a Center for Quality Improvement and Patient Safety within the Agency for Healthcare Research and Quality to support the identification of best practices for quality improvement in the delivery of health care services. The Center's activities will include identifying health care providers that employ best practices and finding ways to translate these practices rapidly and effectively into practice elsewhere. The Center is also charged with supporting research on health care delivery system improvement by establishing a Quality Improvement Network Research Program, under which funding recipients will test, scale, and disseminate information about interventions that improve quality and efficiency. Section 3501 also directs the Director of AHRQ to award technical assistance grants to struggling health care providers and organizations so that such entities can understand, adapt, and implement the best practices identified by the Center. Unlike the House provisions establishing the Center, the Senate legislation does not reference the nursing profession.

School-Based Health Clinics	**Section 2511** (page1352) would establish a new program to support school-based health clinics that provide health services to children and adolescents. Provision would authorize $50 million for FY 2011 and such sums as may be necessary for each of FY 2012 through FY 2015 to carry out this program.	**Section 4101** (page 1156) would establish two new grant programs for school-based health centers. The first program would authorize grants to provide for construction of, and equipment for, new school-based health centers. The legislation appropriates $50 million in each of fiscal years 2010 through 2013 to carry out this grant program. The second grant program would provide funding to existing school-based health centers for operation, equipment acquisition, training, and salaries of personnel. HHS may give priority under this program to communities that have a shortage of primary care for children or a high per capita number of children who are uninsured.
Nurse-Managed Health Centers	**Section 2512** (page 1361) establishes a new program to support nurse-managed health centers (centers operated by advanced practice nurses that provide comprehensive primary care and wellness services to underserved or vulnerable populations). It also authorizes such sums as may be necessary for each of FY 2011 through FY 2015 to carry out this program.	**Section 5208** (page 1334) establishes a new program to support nurse-managed health centers (centers operated by advanced practice nurses that provide comprehensive primary care and wellness services to underserved or vulnerable populations). It also authorizes to be appropriated $50,000,000 for FY 2010 and such sums as may be necessary for FY 2011 through FY 2014.
Pipeline to Nursing	**Section 2521** (page 1372) establishes a new program at the Department of Labor to address projected nurse shortages; to increase the capacity for educating nurses; and to support training programs. Authorizes such sums as may be necessary for FY 2011 through FY 2015 to carry out this program.	**This program is not in the Senate bill.**
Student-to-School Nurse Ratio	**Section 2536** (page 1462) establishes a demonstration program to reduce the student-to-school nurse ratio in public elementary and secondary schools. It also authorizes such sums as may be necessary for each of FY 2011 through FY 2015 to carry out this program.	**This demonstration program is not in the Senate bill.**

Provisions as of 11/XX/2009. Information obtained from House bill: H.R. 3862 and Senate bill: H.R. 3590. Information also from the Section-by-Section Analysis prepared by the Committees on Energy and Commerce, Ways and Means, and Education and Labor.

Indian Health		
	Section 115 (page 1698) "Quentin N. Burdick American Indians Into Nursing Program." This provision requires the Secretary to make grants to nursing schools, tribally-controlled, community and vocational colleges, and nurse midwife and advanced practice nurse programs to increase the number of nurses serving Indians, through scholarships, recruitment, continuing education or other programs encouraging nursing services to American Indians.	**Section 5507** (page 1469) would establish a demonstration grant program to provide educational and training opportunities for low-income individuals for positions in the health care field that pay well and are expected to be in high demand. The demonstration program will primarily serve State Temporary Assistance for Needy Families recipients, but HHS is required to award at least three demonstration grants to eligible entities that are Indian tribes, tribal organizations, or Tribal colleges or universities.
	Section 120 (page 1710) The Nursing Residency Program would require the Secretary to establish a program to enable Indians who are licensed practical nurses, licensed vocational nurses, and registered nurses working for an Indian Health Program or urban Indian health program for at least 1 year to pursue advanced training in a residency program.	**No similar provision in the Senate bill.**