CENTRAL OFFICE:
1500 Market St., 15th Floor, Philadelphia, PA 19102
Phone 215-731-7140

WASHINGTON DC OFFICE:
620 Michigan Avenue, NE, Gowan Hall #152, Washington, DC 20064
Phone 202-319-6157

December 8, 2015

Written Testimony for the Record

Submitted electronically to Graham Pittman at graham.pittman@mail.house.gov.

Re: House Energy and Commerce, Subcommittee on Health Hearing "Examining Legislation to Improve Health Care and Treatment."

I. Summary of testimony and key points:

The National Nursing Centers Consortium (NNCC) is a 501 (c) non-profit organization representing nurse-managed health clinics (NMHC) across the country, of which there are approximately 500. These clinics, which are led by advanced practice nurses, typically nurse practitioners, offer accessible, high quality, cost effective care to thousands of medically underserved patients each year.

NNCC respectfully requests that the Subcommittee advance the Title VIII Nursing Workforce Reauthorization Act of 2015 (H.R. 2713) for the following reasons:

- Many NMHCs are affiliated with academic Schools of Nursing, and each academically affiliated NMHC provides clinical placements for an average of 50 to 60 students annually. The Title VIII Nurse Education, Practice, Quality, and Retention Program (NEPQR) program is a critical source of funding for these clinics.
- HR 2713 includes a technical change adding NMHCs to the list of eligible entities in the definition section of the Title VIII statute. The change increases the visibility of NMHCs and could potentially open up new funding sources for the clinics.

II. Full Testimony

Dear Chairman Pitts, Vice Chairman Guthrie, and Ranking Member Greene:

On behalf of the National Nursing Centers Consortium (NNCC), I am pleased to present the House Committee on Energy and Commerce, Subcommittee on Health with the following testimony for the record regarding H.R. 2713, the Title VIII Nursing Workforce Reauthorization Act of 2015. In addition to reauthorizing the Nursing Workforce Development programs (Title VIII of the Public Health Service Act); the legislation proposes four technical changes to modernize the programs. One of these technical changes would add Nurse-Managed Health Clinics (NMHCs) to the list of eligible entities in the definition section of the Title VIII statute [42 U.S.C. S 296]. As the Chief Executive Officer of the organization that represents NMHCs nationally, I urge the Subcommittee to advance H.R. 2713 with this important change. To demonstrate the significance of this change, I will first provide some background on NNCC and NMHCs.

The NNCC is a 501(c)(3) nonprofit member organization representing nurse-managed health clinics (sometimes called nurse-managed health centers or NMHCs). Section 254c-1a of the Public Health Service Act defines the term 'nurse-managed health clinic' as a "nurse-practice arrangement, managed by advanced practice nurses, that provides primary care or wellness services to underserved or vulnerable populations and that is associated with a school, college, university or department of nursing, federally qualified health center (FQHC), or independent nonprofit health or social services agency."[1] Recent estimates indicate that there are approximately 500 nurse-managed clinics nationwide, including birthing centers and school-based clinics. NMHC care is directed by nurse practitioners and other advanced practice nurses offering a wide range of primary care, health promotion, and disease prevention services to low-income, vulnerable patients living in medically underserved areas. Nationally, NMHCs record

[1] 42 U.S.C.A. § 254c–1a(a)(2) (West 2012).

about 250,000 patient encounters each year. The majority of NMHC patients are either Medicaid recipients, uninsured or self-pay.

Because many NMHCs are affiliated with schools of nursing, NMHCs also help to build the capacity of the community-based health care workforce by acting as teaching and practice sites for nursing students and other health professionals. Each academically-affiliated NMHC provides clinical placements for an average of 50 to 60 students a year.[2] These students include graduate and undergraduate nursing students, as well as medical, physician assistant, and social work students among others. Students participating in post-clinical focus groups express a high level of satisfaction with NMHC-based clinical placements, commenting that their experience in NMHCs highlighted the need to reduce health care disparities and respect patient diversity.[3] A large percentage of the federal funding for academically-affiliated NMHCs comes from the Title VIII Nurse Education, Practice, Quality, and Retention Program (NEPQR) program. Reauthorizing NEPQR would allow academic NMHCs to expand their dual role of providing quality care to the medically underserved and educating the next generation of nurses.

Outcome data from managed care organizations and academic research journals show that NMHCs provide accessible high quality care that is also cost effective. The nurse practitioners in NMHCs can manage 80 to 90 percent of the care provided by primary care physicians without referral or consultation.[4] According to a 2011 meta-analysis of peer-reviewed articles regarding the quality of nurse practitioner-provided care, primary care nurse practitioners continually produced patient health outcomes comparable to those of primary care physicians.[5] With respect to cost, NMHC patients typically have higher rates of generic

[2] NNCC, 2012 NNCC Membership Survey (2012)
[3] Institute for Nursing Centers, Feedback From Student Focus Group Surveys Administered by the Institute for Nursing Centers in 2009 (2009).
[4] Mundinger, M.O. (1994). Advanced-practice nursing -- good medicine for physicians? New England Journal of Medicine, 330(3), 211-214.
[5] Newhouse N.P., Stanik-Hutt J., White, K.M., Johantgen, M., Bass E.B., Zangaro G., Wilson R.F., Fountain L., Steinwachs D.M., Heindel L., Weiner J.P. (2011). Advanced practice nurse outcomes 1990-2008: a systemic review.

medication fills and lower hospitalization rates than patients of similar providers.[6] Additionally, elderly and disabled people with access to NMHCs visit emergency rooms less often than those without access.[7]

Specific Comments:

Although some NMHCs receive stable federal funding as part of the federally qualified health center program, the majority of NMHCs rely on a mix government and foundation grants to sustain their health services and clinical training programs. As stated above, the NEPQR program is critical to NMHC sustainability efforts. Failure to reauthorize this Title VIII program would cause NMHCs around the nation to severely curtail or eliminate needed services and training programs. I urge the Subcommittee to advance H.R. 2713 to ensure the continued availability of funding to NMHCs.

Additionally, NMHCs face a host of challenges related to reimbursement, scope of practice, and provider credentialing. For example, a recent survey revealed that 25% of those managed care organizations participating in the healthcare marketplaces will not contract with nurse practitioners as primary care providers, which includes those nurse practitioners working in NMHCs. Similarly, some NMHC providers are not able to take full advantage of telehealth technology due to restrictions in state scope of practice or telehealth statutes. These limitations not only affect the financial resources available to NMHCs, they also restrict access to care for the underserved, drive up the cost of care and deny consumers the right to choose the primary care provider of their choice.

H.R. 2713 seeks to address these challenges by adding Nurse-Managed Health Clinics (NMHCs) to the list of eligible entities in the definition section of the Title VIII statute. This

---

Nursing Economic$, 29(5) Published Online Before Release, available at: http://www.nursingeconomics.net/cgi-bin/WebObjects/NECJournal.woa.

[6] Hansen-Turton, T. (2005). The nurse-managed health center safety net: a policy solution to reducing health disparities. Nursing Clinics of North America, 40, 729-738.

[7] Glick, D. F., Thompson, K. M., & Ridge, R. A. (1999). Population-based research: The foundation for development, management, and evaluation of a community nursing center. Family & Community Health, *21*(4), 41-50.

addition brings greater visibility to the benefits of the NMHC model and possibly opens up new funding opportunities for NMHCs by placing the centers on equal footing with other models of care. Again, I urge the Subcommittee to move H.R. 2716 to the next stage in the legislative process with this important technical change.

I appreciate the opportunity to testify. Please feel free to contact me at (215) 731-7140 or tine@nncc.us with any questions.

Very truly yours,

Tine Hansen-Turton, MGA, JD, FAAN, FCPP

Chief Executive Officer

National Nursing Centers Consortium