**April 5, 2017**

**PCHETA Introduced in the Senate and House**
The Palliative Care and Hospice Education and Training Act (PCHETA) was introduced in both chambers of Congress last week. H.R. 1676/S. 693 is a bipartisan bill which aims to strengthen training for new and existing physicians and nurses, those who teach palliative care, and other providers who are part of the palliative care team to give patients and their families a voice in their care and treatment goals. It also boosts palliative care research and provides academic and career awards to incentivize the practice and study of palliative and hospice care. Senators Shelley Moore Capito (R-WV) and Tammy Baldwin (D-WI) introduced the bill in the Senate, and Representatives Tom Reed (R-NY) and Eliot Engel (D-NY) took the lead in the House. Both bills have been referred to committee where their sponsors are optimistic they will move forward in a bipartisan manner. HPNA has endorsed this legislation and will work to advance the bill through congress.

**ACA Repeal & Replace**
After a long week of strategy sessions, closed-door talks in the White House, and late nights at the Capitol, the GOP was unable to reach a consensus within their party to bring a bill to the Floor of the House that would overturn the current ACA "Obamacare" law. Conservative hardliners in the Freedom Caucus felt Speaker Paul Ryan's proposed bill did not go far enough to repeal Obamacare, while more moderate members of the party worried the plan would strip too many Americans of affordable health insurance.

Speaker Paul Ryan has confirmed this week that Republicans are still reworking his original Obamacare replacement bill but has not laid out a timeline for its passage. The White House has stated that it "remains confident" House Republicans will be able to find enough common ground to get the bill through the Senate and to the President's desk for signature. The House Freedom Caucus has offered a proposal that would allow states to apply for federal waivers exempting them from some health insurance mandates established under the ACA, including essential health benefits. Critics argue this proposal would raise protests from not only the Democratic Party, but also moderates within the GOP.
While Republican leadership has made it clear they are not giving up their fight, they also have been open that they are not ready to take anything to the Floor of the House any time soon.

**HPNA Attends NOVA Annual Legislative Roundtable**

On March 17th, HPNA attended the NOVA (Nurses Organization of Veterans Affairs) Annual Legislative Roundtable. NOVA Leadership and Legislative Committee members, alongside over 20 organizations met to discuss common interests and goals. Leaders from various professional nursing organizations, veteran service organizations, VA’s Office of Nursing Services, the American Federation of Government Employees (AFGE), and staff from both the House and Senate Veteran’s Affairs Committees were all in attendance. A lively discussion regarding the future of VA Healthcare, APRN implementation, workforce/retention and recruitment issues, as well as Telehealth, and the opioid issue among VA patients was held.

The release of the President’s proposed budget was also discussed. As is often the case with a new Administration, a “skinny” or outline of a budget proposal is released in advance of an actual detailed budget. VA did get a substantial increase, a 10 percent increase for overall discretionary (over FY 2017) and an 8.3 percent increase for medical care (over FY 2017).

Committee staff was eager to get NOVA’s opinion on the Choice Act and the status of hiring initiatives at their facilities. The Veterans Access, Choice, and Accountability Act of 2014 (“Choice Act”), was a bipartisan legislative response to the health care access issues facing VA. The Choice Act provides new authorities, funding, and other tools to help support and reform VA. Committee staff shared insight on their expected agenda which included the reauthorization of the Choice Act before its end date of August 7, and continued oversight on many areas within VA, to include a sharp look at access, coordination of care, and accountability.

A complete list of NOVA’s 2017 Legislative Priority Goals can be seen here: www.vanurse.org

**Sec. Tom Price Testifies at House Appropriations Budget Hearing**

Health & Human Services Secretary Tom Price went in front of the House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies recently to testify on the President’s "skinny budget" proposal. The President’s budget proposal recommends to Congress that health professions and nursing workforce programs be cut by $403 million dollars and the National Institutes of Health be cut by $5.8 billion (20%). Chairman Cole (R-OK) and Ranking Member Rep. Lowey (D-NY) both expressed their concern regarding these drastic cuts. Rep. DeLauro (D-CT), Rep. Lowey (D-NY), and Rep. Roybal-Allard (D-CA) brought to his attention the extreme cuts the nursing community, particularly their training programs, would take on if the budget passed as is currently written. Sec. Price defended the President’s cuts to NIH and the CDC citing “indirect expenses” as a jumping off point to reel in the budget. Both sides of the aisle pointed to the NIH and CDC being the frontline of the U.S.’s healthcare and defense operations, arguing a $6 billion cut would be devastating to the nation's well-being.

The full hearing can be seen here: http://appropriations.house.gov/calendar/eventsingle.aspx?EventID=394800
**Title VIII Nursing Workforce**

Earlier this year, Rep. David Joyce (R-OH) introduced H.R. 959, "Title VIII Nursing Workforce Reauthorization Act of 2017," and over 25 Members have signed on as co-sponsors to the bi-partisan bill. The bill aims to amend title VIII of the Public Health Service Act to extend advanced education nursing grants to support clinical nurse specialist programs, and for other purposes.

Rep. Rodney Davis (R-IL) and Rep. Bonamici (D-OR) circulated a "Dear Colleague" urging Members of the House to support Title VIII Nursing Workforce Development Programs in Fiscal Year 2018. Davis and Bonamici are asking the Appropriations Committee allocate $244 million for the Nursing Workforce Development Programs in Title VIII. The letter notes that nurses are "essential members of any healthcare team", and "comprise the largest population of the healthcare workforce." The Title VIII programs have helped build the supply and distribution of qualified nurses needed in all healthcare settings. The Title VIII programs bolster nursing education at all levels, from entry-level preparation through graduate study, and provide support for institutions that educate nurses for practice in rural and medically underserved communities. Fifty-five percent of Title VIII Loan Repayment Program participants working in an underserved area as a condition of loan repayment voluntarily extended their service contracts to continue providing care to these vulnerable populations.

**Complex Chronic Disease Care**

H.R. 309, "National Clinical Care Act," has passed in the House of Representatives and will now move to the Senate, which is expected to broaden the bill's scope. This bill establishes a National Clinical Care Commission at HHS that evaluates and recommends solutions to better coordinate and leverage federal programs that support clinical care for individuals with complex metabolic or autoimmune diseases, diabetes, or complications caused by these diseases.

**CMS Launches Connected Care**

The Centers for Medicare & Medicaid Services Office of Minority Health (CMS OMH) and the Federal Office of Rural Health Policy at the Health Resources and Service Administration (HRSA) introduced Connected Care, an educational initiative to raise awareness of the benefits of chronic care management (CCM) services for Medicare beneficiaries with multiple chronic conditions and to provide health care professionals with support to implement CCM programs. Connected Care is a nationwide effort within fee-for-service Medicare that includes a focus on racial and ethnic minorities as well as rural populations, who tend to have higher rates of chronic disease. Resources within Connected Care will include a toolkit for health professionals, partners, and patients on chronic care management. All resources are available online at go.cms.gov/ccm and can be ordered at no cost.