

Greetings,

Now that Health reform is the law of the land, you all have the responsibility to read the entire bill!

Well, just in case you need someplace to start, I would like to draw your attention to one section that deserves a celebratory hoot and holler! That would be Section 5316: "Demonstration grants for the Family Nurse Practitioner training program". This section establishes a national training demonstration program that is modeled on the Health Center's Family Nurse Practitioner Residency Program. As you may know, CHC developed the first such residency program in America in 2007, and its founder is Margaret Flinter, CHC's Vice-President and Clinical Director. The genesis of this idea has been percolating in Margaret for a long time, and is informed by her own training as a nurse practitioner at Yale University and then her practice at CHC under the auspices of the National Health Service Corp Scholar program. But the scholarship in thinking through the myriad issues associated with the development of such a concept was refined during her work as a Robert Wood Johnson Executive Nurse Fellow. Margaret is passionate in her belief that Nurse Practitioners are critical players in addressing the provision of quality primary care throughout the land. She has noted that unlike their primary care physician colleagues, nurse practitioners have had to assume their roles in primary care without the benefit of formal post-graduate residency training programs. It's time for a change.

Change requires champions and at the national level our champion was Senator Daniel Inouye. During the Health reform debate he stuck with one priority, and that was to put this amendment forward. For those of you not familiar with Sen. Inouye, he is one of the most powerful members of the United States Senate, as he is Chairman of the Senate Appropriations committee, and the second most senior member of the Senate. He has been very concerned about the shortage of rural practitioners across America and the limitations associated with recruitment and retention of practitioners in his own native rural Hawaii. Sen. Inouye has also been a strong supporter of both Federally Qualified Health Centers and Nurse Managed Health Centers – both of whom will be eligible to receive 3-year demonstration grants under this provision of the Health reform legislation that President Obama signed into law last week.

Please join me in congratulating Margaret for her leadership and please learn more about our program at www.chc1.com. I am also attaching a copy of Section 5316 as well.

Peace and Health,
Mark Masselli
President/CEO
Community Health Center, Inc

"SEC. 5316. DEMONSTRATION GRANTS FOR FAMILY NURSE PRACTITIONER TRAINING PROGRAMS.

"(a) **ESTABLISHMENT OF PROGRAM.**—The Secretary of Health and Human Services (referred to in this section as the 'Secretary') shall establish a training demonstration program for family nurse practitioners (referred to in this section as the 'program') to employ and provide 1-year training for nurse practitioners who have graduated from a nurse practitioner program for careers as primary care providers in Federally qualified health centers (referred to in this section as 'FQHCs') and nurse-managed health clinics (referred to in this section as 'NMHCs').

"(b) **PURPOSE.**—The purpose of the program is to enable each grant recipient to—

"(1) provide new nurse practitioners with clinical training to enable them to serve as primary care providers in FQHCs and NMHCs;

"(2) train new nurse practitioners to work under a model of primary care that is consistent with the principles set forth by the Institute of Medicine and the needs of vulnerable populations; and

"(3) create a model of FQHC and NMHC training for nurse practitioners that may be replicated nationwide.

"(c) **GRANTS.**—The Secretary shall award 3-year grants to eligible entities that meet the requirements established by the Secretary, for the purpose of operating the nurse practitioner primary care programs described in subsection (a) in such entities.

"(d) **ELIGIBLE ENTITIES.**—To be eligible to receive a grant under this section, an entity shall—

"(1)(A) be a FQHC as defined in section 1861(aa) of the Social Security Act (42 U.S.C. 1395x(aa)); or

"(B) be a nurse-managed health clinic, as defined in section 330A-1 of the Public Health Service Act (as added by section 5208 of this Act); and

"(2) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

"(e) **PRIORITY IN AWARDING GRANTS.**—In awarding grants under this section, the Secretary shall give priority to eligible entities that—

"(1) demonstrate sufficient infrastructure in size, scope, and capacity to undertake the requisite training of a minimum of 3 nurse practitioners per year, and to provide to each awardee 12 full months of full-time, paid employment and benefits consistent with the benefits offered to other full-time employees of such entity;

"(2) will assign not less than 1 staff nurse practitioner or physician to each of 4 precepted clinics;

"(3) will provide to each awardee specialty rotations, including specialty training in prenatal care and women's health, adult and child psychiatry, orthopedics, geriatrics, and at least 3 other high-volume, high-burden specialty areas;

“(4) provide sessions on high-volume, high-risk health problems and have a record of training health care professionals in the care of children, older adults, and underserved populations; and

“(5) collaborate with other safety net providers, schools, colleges, and universities that provide health professions training.

“(f) ELIGIBILITY OF NURSE PRACTITIONERS.—

“(1) IN GENERAL.—To be eligible for acceptance to a program funded through a grant awarded under this section, an individual shall—

“(A) be licensed or eligible for licensure in the State in which the program is located as an advanced practice registered nurse or advanced practice nurse and be eligible or board-certified as a family nurse practitioner; and

“(B) demonstrate commitment to a career as a primary care provider in a FQHC or in a NMHC.

“(2) PREFERENCE.—In selecting awardees under the program, each grant recipient shall give preference to bilingual candidates that meet the requirements described in paragraph (1).

“(3) DEFERRAL OF CERTAIN SERVICE.—The starting date of required service of individuals in the National Health Service Corps Service program under title II of the Public Health Service Act (42 U.S.C. 202 et seq.) who receive training under this section shall be deferred until the date that is 22 days after the date of completion of the program.

“(g) GRANT AMOUNT.—Each grant awarded under this section shall be in an amount not to exceed \$600,000 per year. A grant recipient may carry over funds from 1 fiscal year to another without obtaining approval from the Secretary.

“(h) TECHNICAL ASSISTANCE GRANTS.—The Secretary may award technical assistance grants to 1 or more FQHCs or NMHCs that have demonstrated expertise in establishing a nurse practitioner residency training program. Such technical assistance grants shall be for the purpose of providing technical assistance to other recipients of grants under subsection (c).

“(i) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated such sums as may be necessary for each of fiscal years 2011 through 2014.”

(f)(1) Section 399W of the Public Health Service Act, as added by section 5405, is redesignated as section 399V-1.

(2) Section 399V-1 of the Public Health Service Act, as so redesignated, is amended in subsection (b)(2)(A) by striking “and the departments of 1 or more health professions schools in the State that train providers in primary care” and inserting “and the departments that train providers in primary care in 1 or more health professions schools in the State”.

(3) Section 934 of the Public Health Service Act, as added by section 3501, is amended by striking “399W” each place such term appears and inserting “399V-1”.

(4) Section 935(b) of the Public Health Service Act, as added by section 3503, is amended by striking “399W” and inserting “399V-1”.

(g) Part P of title III of the Public Health Service Act 42 U.S.C. 280g et seq.), as amended by section 10411, is amended by adding at the end the following: