As the collective voice for academic nursing, the American Association of Colleges of Nursing (AACN) serves as the catalyst for excellence and innovation in nursing education, research, and practice. AACN’s vision is clear: nurses are leading efforts to transform health care and improve health. Through our membership of over 800 schools of nursing that offer baccalaureate and graduate programs in all 50 states and the District of Columbia, the association advances the ingenuity, scientific discoveries, and interprofessional practice of the academic leaders we represent. Our member schools are currently educating over 477,000 nursing students, preparing them to be the profession’s finest leaders in clinical practice and research.

Academic nursing continues to evolve to meet the demands of the healthcare system. Through a rigorous curriculum focused on critical analysis, breadth of clinical practice experiences representing the changing structure of healthcare delivery, and thoughtful leadership development, the nurse of today will be prepared to meet the challenges of tomorrow. The nation is at a crossroad in health care. The move to a value-based system that emphasizes prevention, wellness, care-coordination, and education speaks to the expertise of registered nurses and advanced practice registered nurses. AACN members— their students and faculty— are ready to lead and be the change agents necessary for healthcare transformation.
Since the association was established in 1969, AACN has fostered collaborative relationships with other nursing organizations, the broader healthcare and higher education communities, Congress, and the Administration. Through these partnerships, we have helped advance policies that establish the critical role nurses play in delivering high quality, cost-effective, team-based health care. During the 115th Congress, AACN stands ready to work with the United States House of Representatives and Senate as well as the Administration to achieve the shared goal of improved health and health care in our country.

AACN’s 2017-2018 Federal Policy Agenda includes four priority areas to achieve this goal: higher education, research, workforce, and models of care. Under each of these priority areas are the principles AACN believes are necessary to drive policy development at the national level. Underscored and threaded through these priority areas and principles are core policy values that extend to all aspects of AACN’s advocacy efforts. We believe these are central to not only the development of sound policy, but how the association approaches our advocacy. Each of these policy values are considered fundamental as they reinforce the model of team-based healthcare, the changing workforce, higher education engagement, and research endeavors. They speak to the need to modernize federal programs where appropriate to truly reform health and higher education for the future.
HIGHER EDUCATION

Accessibility
Affordability
Excellence
Efficiency
HIGHER EDUCATION PRINCIPLES

Accessibility: Ensuring that students from all backgrounds have access to higher education is a priority that advances not only the individual's exposure to career opportunities, but also drives innovation, benefits the economy, and achieves the goal of an educated citizenry. The recruitment of culturally and economically diverse individuals to the higher education community positively impacts the classroom and professional practice environments. Exposure to other viewpoints and perspectives serves to advance collaboration that will translate into the work environment. Supporting efforts that remove barriers to access, while maintaining quality, serves the public good.

Affordability: Affordable higher education remains a challenge for students and families across the country. Federal and private loans are becoming the norm to finance undergraduate and graduate degrees. As the cost of learning rises and budgets for education are cut at all levels, students are exiting their programs with mountains of debt and facing a competitive job market. At the same time, academic institutions are asked to do more with less, which significantly impacts professional programs like nursing where additional costs are incurred due to the clinical nature of the program. Supporting efforts that keep education affordable for both students and higher education programs is a pressing national priority.

Excellence: Higher education institutions serve as stimulating, challenging, and rewarding environments. Through the fusion of education, research, and professional practice, colleges and universities are the nucleus for knowledge generation and community engagement. The education a student obtains should embody excellence in their chosen field. Supporting rigorous accreditation that assures educational program quality and effectiveness without creating unnecessary burden allows students, academic institutions, and the community to flourish.

Efficiency: Wide variation is seen in the size and type of academic institutions. Students are able to select a learning environment that best suits their unique needs and consider which financial aid options are available for them. Variation translates to the operation of the institution, and not all regulations apply equally. This creates a serious potential for institutions to divert precious resources from student or programmatic support to regulatory compliance. Efforts to reduce regulatory burden while maintaining quality standards will ensure success to both students and institutions.
Research Capacity
Efficiency and Safety
Data Science and Sharing
Global Health Initiatives
RESEARCH PRINCIPLES

Research Capacity: Funding for biomedical and healthcare research have a priceless return on investment. Scientific discoveries improve health, help cure diseases, and translate to advancements in quality care. The financial impact of research is two-fold. First, the findings translate to direct cost savings to the healthcare system, patient, and community. Secondly, research dollars spur local economies by creating jobs and opportunities for community engagement. Moreover, the center of research is the scientific ingenuity of individuals and the transdisciplinary teams that come together in pursuit of discovery. To that end, building the research capacity of the future workforce is as critical as the investment in today’s healthcare innovations.

Efficiency and Safety: The ability of research to improve lives and promote wellness can be a long and iterative process. At the same time, when a discovery has occurred, the need to be efficient in ensuring its translation could mean an immediate change in quality of life. This is balanced with the utmost need to protect the safety of the public. As federal investments in science rightfully grow, the implementation of research to ensure efficiency and safety must be held to the highest standards.

Data Science and Sharing: In a digitized age, the ability to amass huge amounts of data on a wide variety of issues is changing the way research is conducted, analyzed, and translated. New technologies, “big data,” and researchers trained in data science will be able to size and scale statistics, deriving value in ways never seen before. The healthcare industry and the health of the nation will benefit from investments made in the analytical minds of those versed in data science and from creating structures that will allow for large scale sharing of diverse indicators.

Global Health Initiatives: Research has a global footprint. Health and health care are not centralized to one location. International engagement, collaboration, and population shifts have expanded the depth of scientific knowledge, and the understanding that disease and public health emergencies hold no bounds. What is experienced in one nation may soon travel to another. Investing in global health research initiatives and the coordination of translation not only improves the lives of those directly impacted, but also the lives of billions around the world.
WORKFORCE PRINCIPLES

**Academic-Practice Partnerships:** Challenges in securing clinical sites, finding quality experiences for students to learn, and barriers to allowing faculty and clinicians to collaborate hamper the ability to not only grow the nursing workforce in a time of demand, but also to develop the nursing science that translates to direct improvements in care delivery. Academic-practice partnerships are a cornerstone of optimal nursing education, practice, and research. When these collaborative relationships are fostered and supported, they improve the student experience, enhance faculty and clinician engagement, and create an environment that spurs innovation to advance quality, cost-effective, patient-family centered care.

**Supply and Demand:** Static workforce planning impedes the health of the nation when workforce demands are constantly evolving. Considering the future, nurses will be called upon even more to coordinate care, provide preventive services, and manage chronic diseases, in addition to their current roles across the spectrum of care delivery. Supporting the growth of the nursing workforce for current and projected trends is a viable approach to ensuring that the nurses educated today are ready for the challenges of tomorrow.

**Seamless Academic Progression:** Health and health care are complex. Today, life expectancy is longer, yet individuals are faced with multiple comorbidities. Care is delivered in an era where technology continues to advance and scientific innovations require rapid examination and translation. To respond to this demand, the nursing profession is calling for seamless academic progression. Given that healthcare quality has direct correlation to the preparation of the workforce, more nurses must be educated with baccalaureate and graduate degrees. Creating opportunities for nurses to achieve this level of education is not simply a nursing issue, but rather a patient, family, community, and population priority.

**Diversity:** There is a strong connection between the diversity of the nursing workforce and the ability to provide quality, culturally-sensitive patient care. While significant strides have been made to increase diversity within the profession, current national demographics and projected changes clearly indicate that more efforts must be placed on attracting individuals from all backgrounds to pursue nursing. From considering how individuals' career paths are supported in their youth to how candidates are reviewed as they apply to nursing school, the full continuum of options must be strengthened.

**Data Accuracy:** Supply and demand models are only as accurate as the data collected to inform them. When preparing to meet the healthcare needs of a nation, it is critical that the data is timely and comprehensive to ensure an adequate supply. Structures must be in place to help inform which variables are collected and which methodologies for successful translation are deployed. Resources to advance these initiatives are critical to addressing workforce demands.
MODELS OF CARE

Person and Family-centered
Community-based
Prevention-focused

Value-based
Provider Parity
Integrative and Interoperable
MODELS OF CARE PRINCIPLES

Person and Family-centered Care: Health status has implications beyond the individual. Family members are also critically impacted by the care a loved one receives. Families provide support to the ill individual and are often the primary caregivers. Their health and understanding of the patient’s condition must be considered when developing a plan of care, which will yield a positive outcome for the patient. Nurses are often the unifying bridge to help explain procedures, provide education on the person’s care plan, as well as assume the role of care coordinator. Supporting models that embrace a holistic approach to care delivery will advance health across the family unit.

Community-based: How individuals access their care is changing significantly. More care is provided outside hospital walls than ever before. Individuals and their families are seeking care in their communities, whether it is at the local health center or the school-based clinic. A network must be in place to ensure that the accessibility, quality, and affordability of care in these locations are attainable and equitable. This extends to treating the community as a whole. Investments in the public health infrastructure and population health are foundational to providing strong community-based care.

Prevention-focused: It is well documented that prevention saves lives and dollars. Healthcare expenditures will continue to rise as more individuals have multiple health conditions. Often times these are preventable. Core to nursing education is prevention. Advancing models of care that maximize the contributions of nurses and incentivize preventative measures, education, and the ability of the individual and family to better manage their own health will have a significant return on investment both physically and financially.

Value-based: Nursing’s professional lens has always encompassed a cost-effective approach to health care without sacrificing quality. The national call to reduce redundancy and reward value over volume will be a massive undertaking to amend current procedures. Supporting the shift to value-based health care as it relates to purchasing and reimbursement also means focusing on key concepts that will help successfully usher in this new healthcare delivery structure. Those include a focus on team-based care where measurements of value are created with the team in mind, and all providers are identified in data collection.

Provider Parity: The concept of team-based care is truly maximized when all providers are valued for their contributions and are able to practice to the full extent of their education and clinical training. This translates to modifying how care is reimbursed and utilizing clinicians to provide care in the way they were educated. Allowing insurance plans to discriminate against qualified licensed providers or not providing reimbursement for equal services impedes the goal of affordable, accessible, and quality-centric care. Supporting efforts that create provider parity is a critical next step in the national call for a value-based system.

Integrative and Interoperable: Coordinated care, decreased errors, improved transparency, accountability, and data accuracy all rely on an integrative and interoperable platform. These platforms must be created to impact care at the bedside, in the community, and remotely. To make informed clinical and financial decisions, the ability of health information technology to protect and share information is vital. Supporting user interface, the creation of comprehensive care plans, the development of common language, and appropriate provider education to interact with the system are linchpins for success.