“Without a robust workforce, our country cannot realize the goals of increasing access, reducing cost, and improving quality of care.”

- AACN Board Chair
Dr. Ann Cary

**REQUEST: PASS TITLE VIII NURSING WORKFORCE REAUTHORIZATION**

Administered by the U.S. Department of Health and Human Services, Health Resources and Services Administration, the Nursing Workforce Development Programs (Title VIII of the Public Health Service Act [42 U.S.C. 296 et seq.]) address all aspects of nursing workforce demand, including education, practice, recruitment, and retention. Reauthorizing Title VIII ensures that these key initiatives have an authorization for funding for five years.

**TITLE VIII NURSING WORKFORCE REAUTHORIZATION ACT**

**RECOGNIZES ALL FOUR APRN ROLES**
The Title VIII statute is amended to include Clinical Nurse Specialists (CNSs) in the Advanced Education Nursing (AEN) grant program, as well as, the National Advisory Council on Nurse Education and Practice, thus creating equity among the Advanced Practice Registered Nurse (APRN) roles. Historically, only three (nurse practitioners, certified registered nurse anesthetists, and certified nurse-midwives) of the four APRN roles have been delineated in the Title VIII statute.

**INCLUDES CLINICAL NURSE LEADERS**
The Clinical Nurse Leader (CNL) evaluates patient outcomes, assesses cohort risk, and has the decision-making authority to change care plans when necessary. The statute is amended to include CNLs, which allows for parity with the other master’s degree programs that can apply for the Title VIII AEN program.

**DEFINES NURSE-MANAGED HEALTH CLINICS**
Nurse-Managed Health Clinics (NMHCs) are effective in providing individualized care that includes health promotion, disease prevention and early detection, health teaching, management of chronic conditions, treatment of acute illnesses, and counseling. NMHCs, run by nurse practitioners, traditionally focus on populations underserved by the larger healthcare system and are learning environments for healthcare providers. The statute is amended to include a NMHC definition, making them an eligible entity within Title VIII.

**EXPANDS CHOICES FOR NURSE CORP LOAN REPAYMENT**
The Title VIII statute is amended to allow all nurses serving at qualified health care facilities, regardless of tax status, to participate in the NURSE Corp Loan Repayment Program.

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**Direct Impact of Title VIII in Academic Year 2017-2018**

**Advanced Nursing Education Program**
- 3,649 students supported, including 1,319 graduates
- Grantees partnered with 1,923 clinical training sites
- 41% of sites were located in medically underserved areas and 63% in primary care settings

**Advanced Nursing Education Workforce**
- 3,787 students supported, including 934 graduates
- Grantees partnered with 2,141 clinical training sites
- 61% of recipients trained in medically underserved areas and 78% in primary care settings

**Nurse Anesthetist Traineeship (NAT)**
- 2,729 students supported through NAT
- 77% of NAT recipients trained in medically underserved areas; 45% were in primary care settings

**Nursing Workforce Diversity**
- 6,549 students supported, including 2,886 graduates
- Grantees partnered with 743 clinical training sites
- 48% of sites were located in medically underserved areas; 33% were in primary care settings

**Nurse Education, Practice, Quality, and Retention Program**
- 5,300 trained by grantees of the Interprofessional Collaborative Practice Program (IPCP)
- 61% of IPCP clinical training sites were in medically-underserved communities and 55% were located in primary care settings

**Nurse Faculty Loan Repayment Program (NFLP)**
- 80 schools received new NFLP grant awards
- 2,172 students supported
- 84% of students who received loans were pursuing doctoral-level nursing degrees
- 94% of the 800 graduated trainees intend to teach nursing

**Nurse Corps Scholarship and Loan Repayment Programs**
- 1,003 scholarships and loan repayments awarded
- 54% of Nurse Corps Loan Repayment participants extended their service commitment for an additional year
- 89.7% of participants retained at critical shortage facility for up to two years beyond their service