For nearly six decades, the Nursing Workforce Development programs (Title VIII of the Public Health Service Act [42 U.S.C. 296 et seq.]) have helped bolster the workforce by increasing the number of students, faculty, and practicing nurses.

Title VIII Nursing Workforce Reauthorization Act of 2017 (H.R. 959, S. 1109)

About the Title VIII Nursing Workforce Development Programs

RECOGNIZING ALL FOUR APRN ROLES

The Title VIII statute is amended in two places to include Clinical Nurse Specialists (CNSs), thus creating equity among the Advanced Practice Registered Nurse (APRN) roles. Historically, only three (nurse practitioner, certified registered nurse anesthetist, and certified nurse-midwife) of the four APRN roles have been delineated in the Title VIII statute. CNSs are graduate-prepared nurses that specialize in an area of practice defined by a population, setting, or disease type.


INCLUSION OF CLINICAL NURSE LEADERS

Implemented in 2007, the Clinical Nurse Leader (CNL) oversees the lateral integration of care for a distinct group of patients. The CNL evaluates patient outcomes, assess cohort risk, and has the decision-making authority to change care plans when necessary. Its inclusion allows for parity with the other master’s degree programs that can apply for the AEN program.


DEFINING NURSE-MANAGED HEALTH CLINICS

Nurse-Managed Health Clinics (NMHCs) are recognized as a prime model of efficient and cost-effective primary health care. 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.


PLEASE COSPONSOR & PASS H.R. 959, S. 1109 IN THE 115TH CONGRESS

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