National Alliance for Nursing Education

(A Coalition of Provider-Sponsored Nursing Schools)

Membership Application

This is a formal coalition of hospital-based nursing and allied health colleges that receive Medicare pass-through funds that are outlined in federal regulations (42 CFR 413.85).

We have one immediate and two longer-term goals:

1. Stop the CMS recoupment of Medicare pass-through funds as outlined in the agency's August 21, 2020 Transmittal 10315, Change Request 11642. Obtain a long-term funding level consistent with the funding available prior to the CMS action of August 21, 2020.
2. Update, reintroduce and pass the Making the Education of Nurses Dependable for Schools (MEND) Act (H.R. 662 in the last Congress). The MEND Act allows our colleges to independently incorporate and increases regulatory flexibility for performing the process requirements without jeopardizing our federal funding.
3. Implement a sustained initiative to educate all Members of Congress and their staff on the important role our colleges have in increasing the supply of nurses and allied health professionals.

As a member of the coalition, you will receive the following benefits:

- Participation with your peers from across the country on developing and implementing our goals.
- You will be invited to participate in regular phone conferences and periodic in-person meetings – as well as receive email updates. This is designed to keep you up to speed on how the coalition is working to implement these goals.
- Our Washington-based policy and advocacy experts will organize meetings in D.C. and/or at your college with members of your congressional delegation and their key staff.
- You will receive updated written material about our issues that you can use with your congressional delegations, your hospital leadership, your Board of Trustees and your community.
- You will be able to demonstrate to your Board and your sponsoring hospital that you are actively engaged in efforts to protect a sizeable portion of your budget.

Name of Nursing College_____

Sponsoring Hospital_____

College Address_____

College President_____

Member Representative Information

Primary Contact for National Coalition	Contact's Office Phone Number
Contact's Email Address	Contact's Cell Phone Number
Secondary Contact	Office Phone Number
Email Address	Cell Phone Number

Allied Health
Does your hospital or health system also sponsor any Allied Health schools that receive Medicare pass-through funds? _____ Yes _____No

Name(s) of Allied Health school(s)_____

_____

NANE Policy Development Committee

_____ Please check if you would like to be a member of the Coalition's Policy Development Committee. The Policy Development Committee is comprised of members who are willing to meet a little more frequently (to be determined), to help recruit additional members and to provide authorization for quick responses to Congress and the Administration when necessary.

_____
Name of Policy Committee Member (if different from Primary Contact)

Others in your organization to directly receive Coalition information:

Name	Telephone	Email

Strategic Health Care's Primary Responsibilities:

- Interact with CMS, HHS, Congress and any other relevant federal government entity important to NANE policy and objectives
- Develop all written collateral material for all meetings
- Coordinate the development of Coalition policy initiatives
- Develop supporting policy documents
- Schedule update calls and send priority emails as developments warrant
- Schedule/coordinate Congressional meetings in DC and in-state with Coalition members
- Develop legislative strategy with key committee staff

Other Membership Parameters - Any member may withdraw from the Coalition with 30-days written notice to the Coalition.

Membership Dues - The fee for Coalition membership is $5,000 per year. Each Coalition member will receive an invoice.

Membership Form Authorization:

Name of Person Completing this Application (if different from primary contact)

Our College intends to join but must receive Board approval, expected on_____

_____Please call me to discuss further.

Name/Phone_____

Please email completed form to: Paul.Lee@shcare.net

Strategic Health Care and Coalition Contacts:

Paul Lee, Sr. Partner & Founder
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