

Association of Rehabilitation Nurses
Written Testimony to the LHHHS Appropriations Subcommittee
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Introduction

On behalf of the Association of Rehabilitation Nurses (ARN), I appreciate having the opportunity to submit written testimony to the House LHHHS Subcommittee regarding funding for nursing and rehabilitation related programs in fiscal year (FY) 2010. ARN represents professional nurses who work to enhance the quality of life for those affected by physical disability and/or chronic illness. ARN understands that Congress has many concerns and limited resources, but believes that chronic illness and physical disability are heavy burdens on our society that must be addressed.

Rehabilitation Nurses and Rehabilitation Nursing

Rehabilitation nurses help individuals affected by chronic illness and/or physical disability adapt to their disability, achieve their greatest potential, and work toward productive, independent lives. They take a holistic approach to meeting patients' medical, vocational, educational, environmental, and spiritual needs. Rehabilitation nurses begin to work with individuals and their families soon after the onset of a disabling injury or chronic illness. They continue to provide support in the form of patient and family education and empower these individuals when they return home, or to work, or school. The rehabilitation nurse often teaches patients and their caregivers how to access systems and resources.

Rehabilitation nursing is a philosophy of care, not a work setting or a phase of treatment. Rehabilitation nurses base their practice on rehabilitative and restorative principles by: (1) managing complex medical issues; (2) collaborating with other specialists; (3) providing ongoing patient/caregiver education; (4) setting goals for maximal independence; and (5) establishing plans of care to maintain optimal wellness. Rehabilitation nurses practice in all settings, including freestanding rehabilitation facilities, hospitals, long-term subacute care facilities/skilled nursing facilities, long-term acute care facilities, comprehensive outpatient rehabilitation facilities; and private practice, just to name a few.

To ensure that patients receive the best quality care possible, ARN supports federal programs and research institutions that address the national nursing shortage and conduct research on medical rehabilitation and nursing and traumatic brain injury. Therefore, ARN respectfully requests that the Subcommittee provide increased funding for the following programs:

Nursing Workforce and Development Programs at the Health Resources and Services
Administration (HRSA)

ARN supports efforts to resolve the national nursing shortage, including appropriate funding to address the shortage of qualified nursing faculty. Rehabilitation nursing requires a high-level of education and technical expertise, and ARN is committed to assuring and protecting access to professional nursing care delivered by highly-educated, well-trained, and experienced registered nurses for individuals affected by chronic illness and/or physical disability.

According to the Department of Health and Human Services, the federal Nursing Workforce Development program at the Health Resources and Services Administration (HRSA), an estimated 36,750 nurses need to be recruited, educated, and retained to meet the current demands of the health care system. Efforts to recruit and educate individuals interested in nursing have been thwarted by the shortage of nursing faculty. In 2007, due to the nursing faculty shortage, more than 40,000 qualified applicants were not able to matriculate in nursing school. The number of full-time nursing faculty required to “fill the nursing gap” is approximately 40,000, and, currently, there are less than 20,000 full-time nursing faculty members. Further exacerbating this issue, HRSA predicts that the nursing shortage is expected to grow to 41 percent by 2020.

ARN strongly supports the national nursing community’s request of \$215 million in FY 2010 funding for federal Nursing Workforce Development programs at HRSA.

National Institute on Disability and Rehabilitation Research (NIDRR)

The National Institute on Disability and Rehabilitation Research (NIDRR) provides leadership and support for a comprehensive program of research related to the rehabilitation of individuals with disabilities. As one of the components of the Office of Special Education and Rehabilitative Services at the U.S. Department of Education, NIDRR operates along with the Rehabilitation Services Administration and the Office of Special Education Programs.

The mission of NIDRR is to generate new knowledge and promote its effective use to improve the abilities of people with disabilities to perform activities of their choice in the community, and also to expand society's capacity to provide full opportunities and accommodations for its citizens with disabilities. NIDRR conducts comprehensive and coordinated programs of research and related activities to maximize the full inclusion, social integration, employment and independent living of individuals of all ages with disabilities. NIDRR's focus includes research in areas such as employment; health and function; technology for access and function; independent living and community integration; and other associated disability research areas.

ARN strongly supports the work of NIDRR and encourages Congress to provide the maximum possible FY 2010 funding level.

National Institute of Nursing Research (NINR)

ARN understands that research is essential for the advancement of nursing science, and believes new concepts must be developed and tested to sustain the continued growth and maturation of the rehabilitation nursing specialty. The National Institute of Nursing Research (NINR) works to create cost-effective and high-quality health care by testing new nursing science concepts and investigating how to best integrate them into daily practice. NINR has a broad mandate that includes seeking to prevent and delay disease and to ease the symptoms associated with both chronic and acute illnesses. NINR's recent areas of research focus include the following:

- End of life and palliative care in rural areas;
- Research in multi-cultural societies;
- Bio-behavioral methods to improve outcomes research; and
- Increasing health promotion through comprehensive studies.

ARN respectfully requests \$178 million in FY 2010 funding for NINR to continue its efforts to address issues related to chronic and acute illnesses.

Traumatic Brain Injury (TBI)

Approximately 1.5 million American children and adults are living with long-term, severe disability, as a result of traumatic brain injury (TBI). Moreover, this figure does not include the 150,000 cases of TBI suffered by soldiers returning from wars in Iraq and Afghanistan.

The annual national cost of providing treatment and services for these patients is estimated to be nearly \$60 million in direct care and lost workplace productivity. Continued fiscal support of the Traumatic Brain Injury Act will provide critical funding needed to further develop research and improve the lives of individuals who suffer from traumatic brain injury.

Continued funding of the TBI Act will promote sound public health policy in brain injury prevention, research, education, treatment, and community-based services, while informing the public of the need support for individuals living with TBI and their families.

ARN strongly supports the current work being done by the Centers for Disease Control and Prevention (CDC) and HRSA on TBI programs. These programs contribute to the overall body of knowledge in rehabilitation medicine.

ARN urges Congress to support the following FY 2010 funding requests for programs within the TBI Act: \$10 million for CDC's TBI registries and surveillance, prevention and national public education and awareness efforts; \$20 million for the HRSA Federal TBI State Grant Program; and \$13.3 million for the HRSA Federal TBI Protection and Advocacy Systems Grant Program.

Conclusion

ARN appreciates the opportunity to share our priorities for FY 2010 funding levels for nursing and rehabilitation programs. ARN maintains a strong commitment to working with Members of Congress, other nursing and rehabilitation organizations, and other stakeholders to ensure that the rehabilitation nurses of today continue to practice tomorrow. By providing the FY 2010 funding levels detailed above, we believe the Subcommittee will be taking the steps necessary to ensure that our nation has a sufficient nursing workforce to care for patients requiring rehabilitation from chronic illness and/or physical disability.