

**Testimony of the Americans for Nursing Shortage Relief (ANSR) Alliance
Regarding Fiscal Year 2011 Appropriations for
Title VIII – Nursing Workforce Development Programs**

**Subcommittee on Labor, Health and Human Services, Education and Related Agencies
Committee on Appropriations
United States House of Representatives**

April 15, 2010

The undersigned organizations of the ANSR Alliance greatly appreciate the opportunity to submit written testimony regarding fiscal year (FY) 2011 appropriations for Title VIII – Nursing Workforce Development Programs. We represent a diverse cross-section of health care and other related organizations, health care providers, and supporters of nursing issues that have united to address the national nursing shortage. ANSR stands ready to work with the Congress to advance programs and policy that will ensure that our nation has a sufficient and adequately prepared nursing workforce to provide quality care to all well into the 21st century. The Alliance, therefore, urges Congress to:

- **Appropriate \$267.3 million in funding in FY 2011 for the Nursing Workforce Development Programs under Title VIII of the Public Health Service Act at the Health Resources and Services Administration (HRSA).**
- **Direct the requested increase at the Title VIII programs that have not kept pace with inflation since FY 2005: Advanced Education Nursing, Nursing Workforce Diversity, Nurse Education, Practice and Retention, and Comprehensive Geriatric Education. These programs, which help expand nursing school capacity and increase patient access to care, would greatly benefit from the 10% increase awarded in proportion to their FY 2010 funding levels.**

The Extent of the Nursing Shortage

Nursing is the largest health care profession in the United States. According to the National Council of State Boards of Nursing, there were nearly 3.733 million licensed RNs in 2008.¹ Nurses and advanced practice nurses (nurse practitioners, nurse midwives, clinical nurse specialists, and certified registered nurse anesthetists) work in a variety of settings, including primary care, public health, long-term care, surgical care facilities, and hospitals. In 2008, 60 percent of RN jobs were in hospitals.² About 8 percent of RN jobs were in physician offices, 5 percent in home healthcare services, 5 percent in nursing care facilities, and 3 percent in employment services. The remainder worked

¹ National Council of State Boards of Nursing, (2010). *2008 Nurse Licensee Volume and NCLEX® Examination Statistics. (Research Brief Vol. 42)*. On the Internet at: https://www.ncsbn.org/10_2008NCLEXExamStats_Vol42_web_links.pdf (Accessed March 15, 2010).

² Bureau of Labor Statistics, U.S. Department of Labor. *Occupational Outlook Handbook, 2010-11 Edition*, Registered Nurses. On the Internet at: <http://www.bls.gov/oco/ocos083.htm> (Accessed February 26, 2010).

mostly in government agencies, social assistance agencies, and education services. A federal report published in 2004 estimates that by 2020 the national nurse shortage will increase to more than one million full-time nurse positions. According to these projections, which are based on the current rate of nurses entering the profession, only 64 percent of projected demand will be met.³ A study, published in March 2008, uses different assumptions to calculate an adjusted projected demand of 500,000 full-time equivalent registered nurses by 2025.⁴ According to the U.S. Bureau of Labor Statistics, employment of registered nurses is expected to grow by 22 percent from 2008 to 2018, much faster than the average for all occupations and, because the occupation is very large, 581,500 new jobs will result. Based on these scenarios, the shortage presents an extremely serious challenge in the delivery of high-quality, cost-effective services, as the nation looks to reform the current healthcare system. Even considering only the smaller projection of vacancies, this shortage still results in a critical gap in nursing service, essentially three times the 2001 nursing shortage.

Building the Capacity of Nursing Education Programs

Nursing vacancies exist throughout the entire health care system, including long-term care, home care and public health. Even the Department of Veterans Affairs, the largest sole employer of RNs in the U.S., has a nursing vacancy rate of 10 percent. In 2006, the American Hospital Association reported that hospitals needed 116,000 more RNs to fill immediate vacancies, and that this 8.1 percent vacancy rate affects hospitals' ability to provide patient/client care.⁵ Government estimates indicate that this situation only promises to worsen due to an insufficient supply of individuals matriculating in nursing schools, an aging existing workforce, and the inadequate availability of nursing faculty to educate and train the next generation of nurses. At the exact same time that the nursing shortage is expected to worsen, the baby boom generation is aging and the number of individuals with serious, life-threatening, and chronic conditions requiring nursing care will increase. Consequently, more must be done now by the government to help ensure an adequate nursing workforce for the patients/clients of today and tomorrow.

A particular focus on securing and retaining adequate numbers of faculty is essential to ensure that all individuals interested in – and qualified for – nursing school can matriculate in the year they are accepted. The National League for Nursing found that in the 2007-2008 academic year, 119,000 qualified applications – or 39 percent of all qualified applications submitted to nursing education programs – were denied due to lack of capacity. Baccalaureate degree programs turned away 24 percent of its applications, while associate degree programs turned away 42 percent.⁶ Aside from having a limited number of faculty, nursing programs struggle to provide space for clinical laboratories and to secure a sufficient number of clinical training sites at health care facilities.

³ Health Resources and Services Administration, (2004). *What is Behind HRSA's Projected Supply, Demand, and Shortage of Registered Nurses?* On the Internet at: <http://bhpr.hrsa.gov/healthworkforce/reports/behindrnprojections/4.htm>. (Accessed February 26, 2010).

⁴Buerhaus, P., Staiger, D., Auerbach, D. (2008). *The Future of the Nursing Workforce in the United States: Data, Trends, and Implications*. Boston, MA: Jones & Bartlett.

⁵American Hospital Association, (2007) *The State of America's Hospitals: Taking the Pulse, Findings from the 2007 AHA Survey of Hospital Leader*. On the Internet at: <http://www.aha.org/aha/content/2007/PowerPoint/StateofHospitalsChartPack2007.ppt>. (Accessed December 3, 2008).

⁶ National League for Nursing, (2010). *Nursing Data Review 2007-2008: Baccalaureate, Associate Degree, and Diploma Programs*. On the Internet at: <http://www.nln.org/research/slides/index.htm>. (Accessed February 26, 2010).

The Alliance supports the need for sustained attention on the efficacy and performance of existing and proposed programs to improve nursing practices and strengthen the nursing workforce. The support of research and evaluation studies that test models of nursing practice and workforce development is integral to advancing health care for all in America. Investments in research and evaluation studies have a direct effect on the caliber of nursing care. Our collective goal of improving the quality of patient/client care, reducing costs, and efficiently delivering appropriate health care to those in need is served best by aggressive nursing research and performance and impact evaluation at the program level.

The Impact on the Nation's Public Health Infrastructure

The National Center for Health Workforce Analysis reports that the nursing shortage challenges the health care sector to meet current service needs. Nurses make a difference in the lives of patients/clients from disease prevention and management to education to responding to emergencies. Chronic diseases, such as heart disease, stroke, cancer, and diabetes, are the most preventable of all health problems as well as the most costly. Nearly half of Americans suffer from one or more chronic conditions and chronic disease accounts for 70 percent of all deaths. In addition, increased rates of obesity and chronic disease are the primary cause of disability and diminished quality of life.

Even though America spends more than \$2 trillion annually on health care – more than any other nation in the world – tens of millions of Americans suffer every day from preventable diseases such as type 2 diabetes, heart disease, and some forms of cancer that rob them of their health and quality of life.⁷ In addition, major vulnerabilities remain in our emergency preparedness to respond to natural, technological and manmade hazards. An October 2008 report issued by Trust for America's Health entitled "Blueprint for a Healthier America" found that the health and safety of Americans depends on the next generation of professionals in public health.⁸ Further, existing efforts to recruit and retain the public health workforce are insufficient. New policies and incentives must be created to make public service careers in public health an attractive professional path, especially for the emerging workforce and those changing careers.

An Institute of Medicine report notes that nursing shortages in U.S. hospitals continue to disrupt hospitals operations and are detrimental to patient/client care and safety.⁹ Hospitals and other health care facilities across the country are vulnerable to mass casualty incidents themselves and/or in emergency and disaster preparedness situations. As in the public health sector, a mass casualty incident occurs because of an event where sudden and high patient/client volume exceeds the facilities/sites resources. Such events may include the more commonly realized multi-car pile-ups, train crashes, hazardous material exposure in a building or within a community, high occupancy catastrophic fires, or the extraordinary events such as pandemics, weather-related disasters, and intentional catastrophic acts of violence. Since 80 percent of disaster victims present at the emergency department, nurses as first receivers are an important aspect of the public health system as well as

⁷ KaiserEDU.org. "U.S. Health Care Costs: Background Brief." Kaiser Family Foundation. On the Internet at: <http://www.kaiseredu.org/topics_im.asp?imID=1&parentID=61&id=358> (Accessed November 24, 2008).

⁸ Trust for America's Health. (2008) *Blueprint for a Healthier America: Modernizing the Federal Public Health System to Focus on Prevention and Preparedness*. On the Internet at: <http://healthyamericans.org/report/55/blueprint-for-healthier-america> (Accessed December 3, 2008).

⁹ Institute of Medicine. Committee on the Future of Emergency Care in the United States Health System. (2007) *Hospital-Based Emergency Care: At the Breaking Point*. On the Internet at: <http://www.iom.edu/?id=48896>. (Accessed December 3, 2008).

the healthcare system in general. The nursing shortage has a significant adverse impact on the ability of communities to respond to health emergencies, including natural, technological and manmade hazards.

Summary

The link between health care and our nation's economic security and global competitiveness is undeniable. Having a sufficient nursing workforce to meet the demands of a highly diverse and aging population is an essential component to reforming the health care system as well as improving the health status of the nation and reducing health care costs. To mitigate the immediate effect of the nursing shortage and to address all of these policy areas, **ANSR requests \$267.3 million in funding for the Nursing Workforce Development Programs under Title VIII of the Public Health Service Act at HRSA in FY 2011. The requested increase should be directed at the Title VIII programs that have not kept pace with inflation since FY 2005: Advanced Education Nursing, Nursing Workforce Diversity, Nurse Education, Practice and Retention, and Comprehensive Geriatric Education. These programs, which help expand nursing school capacity and increase patient access to care, would greatly benefit from the 10% increase awarded in proportion to their FY 2010 funding levels.**

Academy of Medical-Surgical Nurses
American Academy of Ambulatory Care Nursing
American Academy of Nurse Practitioners
American Academy of Nursing
American Association of Critical-Care Nurses
American Association of Nurse Anesthetists
American Association of Nurse Assessment Coordinators
American Association of Nurse Executives
American Association of Occupational Health Nurses
American College of Nurse Practitioners
American Organization of Nurse Executives
American Psychiatric Nurses Association
American Society for Pain Management Nursing
American Society of PeriAnesthesia Nurses
American Society of Plastic Surgical Nurses
Association for Radiologic & Imaging Nursing
Association of Pediatric Hematology/Oncology Nurses
Association of periOperative Registered Nurses
Association of Rehabilitation Nurses
Association of State and Territorial Directors of Nursing
Association of Women's Health, Obstetric & Neonatal Nurses
Citizen Advocacy Center
Developmental Disabilities Nurses Association
Emergency Nurses Association
Gerontological Advanced Practice Nurses Association
Infusion Nurses Society
International Society of Nurses in Genetics, Inc.

Legislative Coalition of Virginia Nurses
National Association of Clinical Nurse Specialists
National Association of Hispanic Nurses
National Association of Neonatal Nurses
National Association of Neonatal Nurse Practitioners
National Association of Nurse Massage Therapists
National Association of Nurse Practitioners in Women's Health
National Association of Orthopaedic Nurses
National Association of Pediatric Nurse Practitioners
National Association of Registered Nurse First Assistants
National Black Nurses Association
National Council of State Boards of Nursing
National Council of Women's Organizations
National Gerontological Nursing Association
National League for Nursing
National Nursing Centers Consortium
National Nursing Staff Development Organization
National Organization for Associate Degree Nursing
National Organization of Nurse Practitioner Faculties
National Student Nurses' Association, Inc.
Nurses Organization of Veterans Affairs
Pediatric Endocrinology Nursing Society
RN First Assistants Policy & Advocacy Coalition
Society of Gastroenterology Nurses and Associates, Inc.
Society of Pediatric Nurses
Society of Trauma Nurses
Women's Research & Education Institute
Wound, Ostomy and Continence Nurses Society

Submitted by:
Kathleen A. Ream, ANSR Alliance Contact
6534 Marlo Drive
Falls Church, Virginia 20042
Phone: 703-241-3947 ■ E-mail: kathiream@aol.com