



Testimony of

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Regarding Fiscal Year 2013 Appropriations for the Title VIII Nursing Workforce Development Programs and Nurse-Managed Health Clinics

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

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Chairman Rehberg, Ranking Member DeLauro, and Members of the Subcommittee; thank you for the opportunity to comment on the Fiscal Year (FY) 2013 appropriations for the Title VIII Nursing Workforce Development Programs and Nurse-Managed Health Clinics. I am Karen Daley. I am the president of the American Nurses Association (ANA). I spent more than 26 years as a staff nurse at Brigham and Women's Hospital in Boston. I am also the past president of the Massachusetts Association of Registered Nurses (MARN), and the Massachusetts Center for Nursing.

Founded in 1896, ANA is the only full-service professional association representing the interests of the nation's 3.2 million registered nurses (RNs) and advanced practice registered nurses (APRNs- including certified nurse-midwives, nurse practitioners, clinical nurse specialists, and certified registered nurse anesthetists) through its state nurses associations, and organizational affiliates. The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, and projecting a positive and realistic view of nursing.

As the largest single group of clinical health care professionals within the health system, licensed registered nurses are educated and practice within a holistic framework that views the individual, family and community as an interconnected system that can keep us well and help us heal. As the nation works

towards restructuring the healthcare system by focusing on expanding access, decreasing cost, and improving quality; a significant investment must be made in strengthening the nursing workforce.

I am grateful to the Subcommittee for your past commitment to Title VIII funding, and I understand the immense fiscal pressures the Subcommittee is facing. However, I respectfully request you support **\$251 million for the Nursing Workforce Development programs** authorized under Title VIII of the Public Health Service Act in FY 2013. Additionally, I respectfully request **\$20 million for the Nurse-Managed Health Clinics** authorized under Title III of the Public Health Service Act in FY 2013.

Demand for Nurses Continues to Grow

A sufficient supply of nurses is critical in providing our nation's population with quality health care now and into the future. Registered Nurses (RNs) and Advanced Practice Registered Nurses (APRNs) are the backbone of hospitals, community clinics, school health programs, home health and long-term care programs, and serve patients in many other roles and settings. The Bureau of Labor Statistics' (BLS) *Employment Projections* for 2010-2020 state the expected number of practicing nurses will grow from 2.74 million in 2010 to 3.45 million in 2020, an increase of 712,000 or 26%.

Contrary to the good news that there are a growing number of nurses, the current nurse workforce is aging. According to the *2008 National Sample Survey of Registered Nurses*, over one million of the nation's 2.6 million practicing RNs are over the age of 50. Within this population, more than 275,000 nurses are over the age of 60. As the economy continues to rebound, many of these nurses will seek retirement, leaving behind a significant deficit in the number of experienced nurses in the workforce. According to Douglas Staiger, author of a New England Journal of Medicine study, the nursing shortage will "re-emerge" from 2010 and 2015 as 118,000 nurses will stop working full time as the economy grows.

Furthermore, as of January 1, 2011 Baby Boomers began turning 65 at the rate of 10,000 a day. With this aging population, the healthcare workforce will need to grow as there is an increase in demand for nursing care in traditional acute care settings as well as the expansion of non-hospital settings such as

home care and long-term care.

The BLS projections explain a need for 495,500 replacements in the nursing workforce, bringing the total number of job openings for nurses due to growth and replacements to 1.2 million by 2020. A shortage of this magnitude would be twice as large as any shortage experienced by this country since the 1960s. Cuts to Title VIII funding would be detrimental to the health care system and the patients we serve.

Title VIII: Nursing Workforce Development Programs

The Nursing Workforce Development programs, authorized under Title VIII of the Public Health Service Act (42 U.S.C. 296 et seq.), including programs such as **Nursing Loan Repayment Program and Scholarships Program**, (Sec. 846, Title VIII, PHSA); **Advanced Nursing Education (ANE) Grants**; (Sec. 811), **Advanced Education Nursing Traineeships, (AENT)**; **Nurse Anesthetist Traineeships (NAT): Comprehensive Geriatric Education Grants**, (Sec. 855, Title VIII, PHSA); **Nurse Faculty Loan Program**, (Sec. 846 A, Title VIII, PHSA); and **Nursing Workforce Diversity Grants**, (Sec. 821). These programs support the supply and distribution of qualified nurses to meet our nation's healthcare needs.

Without support for Title VIII funding and nursing education; there will be a shortage of nurse educators. With a shortage of nurse educators, schools will have to turn away nursing students. With less financial assistance to deserving nursing students; there will be fewer nursing students. With fewer nursing students, there will be fewer nurses. As noted above, the nursing shortage will have a detrimental impact on the entire health care system.

Numerous studies have shown that nursing shortages contribute to medical errors, poor patient outcomes, and increased mortality rates. A study published in the March 17, 2011 issue of the *New England Journal of Medicine* shows that inadequate staffing is tied to higher patient mortality rates. The study supports findings of previous studies and finds that higher than typical rates of patient admissions, discharges, and transfers during a shift were associated with increased mortality – an indication of the

important time and attention needed by RNs to ensure effective coordination of care for patients at critical transition periods.

Over the last 48 years, Title VIII programs have provided the largest source of federal funding for nursing education; offering financial support for nursing education programs, individual students, and nurse educators. These programs bolster nursing education at all levels, from entry-level preparation through graduate study and in many areas including rural and medically underserved communities.

The American Association of Colleges of Nursing's (AACN) *Title VIII Student Recipient Survey* gathers information about Title VIII dollars and its impact on nursing students. The 2011-2012 survey, which included responses from over 1,600 students, stated that Title VIII programs played a critical role in funding their nursing education. The survey showed that 68 percent of the students receiving Title VIII funding are attending school full-time. Between FY 2005 and 2010 alone, the Title VIII programs supported over 400,000 nurses and nursing students as well as numerous academic nursing institutions, and healthcare facilities.

However, current funding levels are falling short of the growing need. In FY 2008 (most recent year statistics are available), the Health Resources and Services Administration (HRSA) was forced to turn away 92.8 percent of the eligible applicants for the Nurse Education Loan Repayment Program (NELRP), and 53 percent of the eligible applicants for the Nursing Scholarship program due to a lack of adequate funding. These programs are used to direct RNs into areas with the greatest need – including community health centers, departments of public health, and disproportionate share hospitals. Additionally according to the AACN *Title VIII Student Recipient Survey*, a record 58,327 qualified applicants were turned away due to insufficient clinical teaching sites, a lack of faculty, limited classroom space, insufficient preceptors and budget cuts.

Monies you appropriate for these programs help move nurses into the workforce without delay. Your investment in programs, and the nurses that participate, is returned by more students entering into the profession and serving in rural and underserved areas; by nurses continuing with their education and

studying to be nurse practitioners, thereby addressing our nation's growing need for primary care providers; or by going on to become a nurse faculty member and teaching the next generation of nurses. While I appreciate the continued support of this Subcommittee, I am concerned that Title VIII funding levels have not been sufficient to address the growing nursing shortage. Registered Nurses (RNs) and Advanced Practice Nurses (APRNs) are key providers whose care is linked directly to the availability, cost, and quality of healthcare services. For these reasons and many more, I again respectfully request you appropriate **\$251 million for the Nursing Workforce Development programs** authorized under Title VIII of the Public Health Service Act in FY 2013.

Nurse-Managed Health Clinics

A health care system must value primary care and prevention to achieve an improved health status of individuals, families and the community. Nurses are strong supporters of community and home-based models of care. We believe that the foundation for a wellness-based health care system is built in these settings and reduces the amount of both financial expenditures and human suffering. ANA supports the renewed focus on new and existing community-based programs such as Nurse Managed Health Centers (NMHCs).

Currently, there are more than 200 Nurse Managed Health Centers (NMHCs) in the United States which have provided care to over 2 million patients annually. ANA believes that Nurse Managed Health Centers (NMHCs) are an efficient, cost-effective way to deliver primary health care services. NMHCs are effective in disease prevention and early detection, management of chronic conditions, treatment of acute illnesses, health promotion, and more. These clinics are also used as clinical sites for nursing education.

I again respectfully request the committee provide \$20 million for the Nurse-Managed Health Clinics authorized under Title VIII of the Public Health Service Act in FY 2013.

Thank you for your time and your attention to this matter. I look forward to answering any questions you may have.