

Written Testimony for the Record
House Energy and Commerce, Subcommittee on Health Hearing
“Examining Legislation to Improve Health Care and Treatment”

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On behalf of the National League for Nursing (NLN), I respectfully submit this testimony for the record regarding H.R. 2713, the *Title VIII Nursing Workforce Reauthorization Act of 2015*, to the House Committee on Energy and Commerce, Subcommittee on Health. H.R. 2713 reauthorizes the Title VIII nursing workforce development programs at the Health Resources and Services Administration (HRSA). The NLN promotes excellence in nursing education to build a strong and diverse nursing workforce to advance the health of the nation and the global community. The League represents more than 1,200 nursing schools, 40,000 members, and 26 regional constituent leagues.

NURSING EDUCATION

For the last 50 years, the Title VIII nursing workforce development programs have provided education and training for entry-level and advanced practice registered nurses (APRNs) to improve the access to, and quality of, health care in underserved communities. The Title VIII programs are the largest dedicated source of federal funding for nursing education and training. These programs are fundamental to a strong nursing workforce infrastructure delivering quality and cost-effective health care. Due to growth and retirements from 2012 – 2022, the Bureau of Labor Statistics (BLS) projects 34,200 or 35 percent new nursing faculty needed, 124,600 or 31 percent new

APRNs needed, 363,100 or 25 percent new LPNs/LVNs needed, and 1.1 million or 19 percent new RNs needed.¹

THE NURSE PIPELINE AND EDUCATION CAPACITY

Although the recession resulted in some stability in the short-term for the nurse workforce, policy makers must not lose sight of the long-term growing demand for nurses in their districts and states. As the United States tackles the workforce shortage that exacerbates the stress in the health care system, nursing programs across the country are rejecting qualified candidates because there is not enough faculty to teach them.

The NLN Biennial Survey Of Schools Of Nursing Academic Year 2013-2014 found that the percentage of PN/VN, ADN and diploma (RN) pre-licensure programs that turned away qualified applicants dropped in 2014, the percentage for BSN programs remained unchanged between 2012 and 2014, while the percentage for BSRN (RN to BSN), MSN, and doctorate programs increased by 6 percent, 8 percent, and 4 percent, respectively.² If the trend in the number of qualified applicants turned away from BSN programs remains the same as from 2012 to 2014, this could have a potential impact on the IOM's recommendation in *The Future of Nursing: Leading Change, Advancing Health (2011)* for an increase in the proportion of nurses with baccalaureate degrees from 50 to 80 percent by 2020.³ NLN research shows that a lack of faculty also remains a key obstacle to expanding the capacity of nursing programs in almost all

¹ Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2014-15 Edition*

² National League for Nursing (2015). Findings From The 2014 NLN Biennial Survey Of Schools Of Nursing Academic Year 2013-2014 Executive Summary. *NLN DataView™*. Retrieved from <http://www.nln.org/docs/default-source/newsroom/nursing-education-statistics/2014-survey-of-schools---executive-summary.pdf?sfvrsn=0>.

³ Institute of Medicine. (2011). *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: National Academies Press.

programs. The lack of faculty is more noticeable for doctoral programs; more than half of the doctoral programs (53 percent) reported lack of faculty as the main obstacles.⁴

EQUALLY PRESSING IS LACK OF DIVERSITY

Health disparities are multi-dimensional and exist throughout the United States. Besides representing an untapped talent pool to remedy the nationwide nursing shortage, diversity in nursing is essential to developing a health care system that understands and addresses the needs of our rapidly changing population. Our nation is enriched by cultural complexity – 37 percent of our population identify as racial and ethnic minorities. Yet diversity eludes the nursing student and nurse educator populations. Minorities only constitute 28 percent of the student population and males only 15 percent of pre-licensure RN students.⁵ In fiscal year 2013, 36 percent of nursing students trained in the Advanced Nursing Education Title VIII program were underrepresented minorities and/or from disadvantaged backgrounds.

A survey of nurse educators conducted by the NLN and the Carnegie Foundation's Preparation for the Professions Program found that only 7 percent of nurse educators were minorities compared with 16 percent of all U.S. faculty. The lack of faculty diversity limits nursing schools' ability to deliver culturally appropriate nursing education.

⁴ National League for Nursing (2015). Findings From The 2014 NLN Biennial Survey Of Schools Of Nursing Academic Year 2013-2014 Executive Summary. *NLN DataView™*. Retrieved from <http://www.nln.org/docs/default-source/newsroom/nursing-education-statistics/2014-survey-of-schools---executive-summary.pdf?sfvrsn=0>.

⁵ National League for Nursing (2015). Findings From The 2014 NLN Biennial Survey Of Schools Of Nursing Academic Year 2013-2014 Executive Summary. *NLN DataView™*. Retrieved from <http://www.nln.org/docs/default-source/newsroom/nursing-education-statistics/2014-survey-of-schools---executive-summary.pdf?sfvrsn=0>.

H.R. 2713 UPDATES

H.R. 2713 would amend the statute to allow for four technical modernizations that would align with current nursing roles and practice. The first two changes would include a definition of the Clinical Nurse Specialist (CNS) in the Advanced Education Nursing Grants program [42 U.S.C. S 296j] and add the CNS among the list of nursing specialties to serve on the National Advisory Council on Nurse Education and Practice [42 U.S.C. S 297t]. CNSs are graduate-prepared nurses who specialize in a specific area of practice defined by a population, setting, or disease type. As one of the four APRN roles, these changes would align with the APRN Consensus Model.

The third technical change would amend the Advanced Education Nursing grants program [42 U.S.C. S 296j] to include the Clinical Nurse Leader (CNL) in the definition of advanced education nurses. CNLs are graduate-prepared nurses who lead in the coordination of patient care by evaluating patient outcomes, assessing cohort risk, and redirecting patient care plans as necessary. Including CNLs would provide them equal opportunity to participate in the AEN grants program with other graduate degree programs that can apply for these dollars.

The fourth technical change would add Nurse-Managed Health Clinics (NMHCs) to the list of eligible entities in the definition section of the Title VIII statute [42 U.S.C. S 296]. NMHCs are recognized as a key example of efficient and cost-effective healthcare. NMHCs are effective in providing individualized primary care that includes health promotion, disease prevention and early detection, health screenings and teaching, management of chronic and acute care, and counseling. These care sites

often focus on populations that face provider or service shortages and also serve as clinical training sites for nursing and other health professions students.

H.R. 2713 ensures the Title VIII nursing workforce development programs will continue to address the specific needs of the nursing and nurse faculty workforces as well as patients in our communities. The NLN thanks the Subcommittee for the opportunity to provide insight on the importance of the Title VIII programs and why the *Title VIII Nursing Workforce Reauthorization Act of 2015* is critical to their future sustainability. We urge the Subcommittee and full Committee to advance H.R. 2713. If the NLN can be of assistance, please contact Christine Murphy, Director of Public Policy and Advocacy at 202-909-2533.