



**National League
for Nursing**

**Testimony Regarding Fiscal Year 2016 Appropriations for the
Title VIII Nursing Workforce Development Programs
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To: Subcommittee on Labor, Health & Human Services, Education, and Related Agencies,
Committee on Appropriations, US House of Representatives

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. **The NLN urges the subcommittee to fund the Health Resources and Services Administration's (HRSA) Title VIII nursing workforce development programs at \$244 million in FY 2016. This amount is equal to the FY 2010 funding level for the Title VIII programs.**

NURSING EDUCATION

Health inequities, inflated costs, and poor health care outcomes are intensifying because of today's shortfall of appropriately prepared registered nurses (RNs) and licensed vocational/practical nurses (LVN/LPNs). With 4.5 million active, licensed RNs/LPNs, nurses are the primary professionals delivering quality health care in the nation. According to the Bureau of Labor Statistics (BLS), the RN workforce is projected to grow by 19.4 percent from 2012 to 2022, resulting in 1,052,600 job openings due to growth and replacement needs. BLS also calculates the LVN/LPN workforce will grow by 25 percent resulting in 363,100 job openings during the same timeframe. This increase is fueled by technological advancements for treatments, preventive care needs, expanding demand from new health reform enrollments, and accelerating demand from the two million Baby Boomers aging into Medicare every year. The situation is further affected by the needed replacement of some

526,800 jobs vacated by RNs and 182,900 vacated by LVN/LPNs who will leave the profession and/or retire by 2022.

The nursing shortage continues to outpace the level of federal resources allocated by Congress to help alleviate it. Appropriations for nursing education are inconsistent with the health care reality facing our nation today. For the last 50 years, the Title VIII nursing workforce development programs have provided 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 fundamental to the infrastructure delivering quality, cost-effective health care. The NLN applauds the subcommittee's bipartisan efforts to recognize that a strong nursing workforce is essential to health policy that provides high-value care for every dollar invested in capacity building for a 21st century nurse workforce. Insufficient federal investments in the nursing workforce are a shortsighted course of action that further jeopardizes access to, and the quality of, the nation's health care delivery. Absent consistent support, slight boosts to Title VIII programs will not fulfill the expectation of generating quality health outcomes, nor will episodic increases in funding fill the gap generated by a 15-year nurse and nurse faculty shortage felt throughout the U.S. health system.

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. Sixty-four percent of all nursing programs turn away qualified applicants. Pre-licensure nursing programs – which serve as the gateway into the nursing workforce – reject 72 percent of qualified applicants due to limited space. NLN research on America's nearly 60,000 nurse educators shows that a core cause of the shortage is an aging and overworked faculty who earn less than nurses entering clinical practice. Sixty percent of all full-time nurse

faculty members are 45- to 60-years old. Fifty-five percent of nurse faculty say they are likely to leave academic nursing by 2020. BLS projects a need of 35 percent more faculty members to meet the expected increase in demand. In addition, with 10,200 current faculty members expected to retire, 34,200 new nursing instructors will be needed by 2022.

EQUALLY PRESSING IS LACK OF DIVERSITY

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 26 percent of the student population and males only 16 percent of pre-licensure RN students. 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 health professions education. Workforce diversity is needed where research indicates that factors such as societal biases and stereotyping, communication barriers, limited cultural sensitivity and competence, and system and organizational determinants contribute to healthcare inequities.

TITLE VIII FEDERAL FUNDING REALITY

Today’s undersupply of appropriately prepared nurses and nurse faculty, as well as the projected loss of experienced nurses over the next decade, does not bode well for our nation. The Title VIII nursing workforce development programs are a comprehensive system of capacity-building strategies that provide students and schools of nursing with grants to strengthen education programs, including faculty recruitment and retention efforts, facility and equipment acquisition, clinical lab enhancements, loans, scholarships, and services that en-

able students to overcome obstacles to completing their nursing education programs. HRSA's Title VIII data below provide a perspective on current federal investments.

The **Advanced Nursing Education (ANE)** program supports infrastructure grants to schools of nursing for advanced practice programs preparing nurse-midwives, nurse anesthetists, nurse practitioners, clinical nurse specialists, nurse administrators, nurse educators, public health nurses, or other advanced level nurses. In FY 2013, ANE program grantees trained 10,504 nursing students and produced 2,475 graduates. In addition, 36 percent of students trained were underrepresented minorities and/or from disadvantaged backgrounds.

Nursing Workforce Diversity (NWD) grants increase educational opportunities for individuals from disadvantaged backgrounds (including racial and ethnic minorities underrepresented in nursing) through scholarship or stipend support, pre-entry preparation, and retention activities. In FY 2013, the number of nursing program students trained was 6,691. Additionally, 2,419 nursing students graduated from nursing programs and program grantees provided scholarships to 1,416 students.

Nurse Education, Practice, Quality, and Retention Grants (NEPQR) address the critical nursing shortage via projects to expand the nursing pipeline, promote career mobility, provide continuing education, and support retention. The NEPQR program trained more than 1,289 BSN students in FY 2013. The NEPQR program funded the Veterans' Bachelor of Science in Nursing (VBSN) program for the first time in FY 2013 and made awards to nine schools. Forty-five veterans were enrolled in BSN degree programs and five graduated with a BSN degree. It is estimated that 42 percent of participating veterans were underrepresented minorities in the field of nursing, and 56 percent reported coming from a financially and/or educationally disadvantaged background. Lastly, the NEPQR program funded several Nurse Managed Health Clinics (NMHC) with the primary purpose of creating infrastructure and serving as clinical training sites for students across the health professions. It is estimated that more than 900 health professions students were trained because of these activities.

The **Nurse Faculty Loan Program (NFLP)** supports the establishment and operation of a loan fund at participating schools of nursing to assist nurses in completing their graduate education to become qualified nurse faculty. In FY 2013, the NFLP supported 2,401 students pursuing faculty preparation. Seventeen percent of students who received a loan reported coming from a disadvantaged background and about one out of every four students receiving the NFLP loans were underrepresented minorities.

The **Comprehensive Geriatric Education Program (CGEP)** provides support to educate individuals in providing geriatric care for the elderly. This goal is accomplished through curriculum development and dissemination, continuing education, and traineeships for individuals preparing for advanced nursing education degrees. In FY 2013, CGEP grantees awarded traineeships to 77. A majority of students received clinical training in a medically underserved community (62 percent) and/or a primary care setting (74 percent).

The **NURSE Corps Scholarship and Loan Repayment Program (NURSE Corps)** offers to individuals, who are enrolled or accepted for enrollment as full-time or part-time nursing students, the opportunity to apply for funds. The NURSE Corps repays up to 85 percent of nursing student loans in return for at least three years of practice in a designated nursing shortage area. In FY 2014, the NURSE Corps loan repayment program made 667 loan repayment awards and 412 continuation awards. The NURSE Corps scholarship program made 242 new scholarship awards and 13 continuation awards during the same time period.

The NLN urges the subcommittee to fund the Title VIII nursing workforce development programs at the FY 2010 funding level of \$244 million in FY 2016.

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