



May 15, 2009

The Honorable Max Baucus
Chairman
Committee on Finance
United States Senate
Washington, D.C. 20510

The Honorable Charles Grassley
Ranking Member
Committee on Finance
United States Senate
Washington, D.C. 20510

Dear Chairman Baucus and Ranking Member Grassley:

The National League for Nursing (NLN) commends your leadership in advancing health care reform and is pleased to offer comments for “Transforming the Health Care Delivery System: Proposals to Improve Patient Care and Reduce Health Care Costs.” With more than 1,200 nursing schools and health care agencies, some 30,000 individual members comprising nurses, educators, administrators, public members, and 20 constituent leagues, the NLN is the premier organization dedicated to excellence in nursing education that prepares the nursing workforce to meet the needs of our diverse populations.

Fundamental to the nursing profession and integral to the NLN’s core values is the principle that all individuals must have equitable access to comprehensive health care services addressing all health conditions, including mental disorders, alcohol and substance abuse, and addictions. The NLN supports reforms that will create a health care system that increases access to high-quality, cost-effective, and patient-centered care that is available to all.

DEVELOPMENT OF A NATIONAL WORKFORCE STRATEGY

The current nursing shortage has persisted for the past eleven years, representing the longest lasting shortage in more than 50 years. The shortfall is expected to worsen through 2015 and 2020, with the deficit reaching nearly three times the size of the current shortage. Lending support to the predictions is the NLN’s study, the *Nursing Data Review 2006-2007: Baccalaureate, Associate Degree, and Diploma Program*, which casts a wide net on all types of nursing programs – diploma through doctoral – to determine rates of application, enrollment, and graduation. The survey creates a true picture of nursing education, contributing to an understanding of the importance of the nursing workforce today and of the dimension of the challenges facing us in the future. The NLN survey found that demand for spots in nursing education programs continues to outstrip supply dramatically. An estimated 99,000 qualified applications – or almost 40 percent of qualified applications submitted to prelicensure registered nurse (RN) programs – were rejected in the academic year 2006-2007.

The NLN research also provides evidence of a strong correlation between the shortage of nurse faculty and the inability of nursing programs to keep pace with the demand for new RNs. Increasing

the productivity of education programs is a high priority in most states, but faculty recruitment and retention pose a glaring problem that likely will grow more severe. Nurse faculty vacancies were described as acute by the NLN in its 2006 research, *Nurse Educators 2006: A Report of the Faculty Census Survey of RN and Graduate Programs*. Three years ago, there was an indication that the nurse faculty vacancies in the nation were growing. The estimated number of budgeted, unfilled, full-time positions countrywide in 2006 was 1,390. Then in one year, the *NLN Nursing Data Review 2006-2007* showed an appreciable rise in the vacancy situation. The study reported that nationwide more than 1,900 unfilled full-time faculty positions existed in 2007, affecting over one-third (36 percent) of all schools of nursing, with 84 percent of nursing schools attempting to hire new faculty in 2007-2008. Of those, 79 percent found recruitment "difficult" and almost one in three schools found it "very difficult." The two main difficulties cited were "not enough qualified candidates" (cited by 46 percent of schools), followed by inability to offer competitive salaries (cited by 38 percent). Without faculty to educate our future nurses, the shortage cannot be resolved.

Today's undersized supply of appropriately prepared nurses and nurse educators does not bode well for our nation, where the shortages are deepening health disparities, inflated costs, and poor quality of health care outcomes. Congress moved in the right policy direction in passing the *Nurse Reinvestment Act* in 2002. That act solidified the Title VIII Nursing Workforce Development Programs, authorized under the Public Health Service Act. It created a comprehensive system of capacity-building strategies to develop nurses by providing schools of nursing with grants to strengthen programs, through such activities as faculty recruitment and retention efforts, facility and equipment acquisition, clinical lab enhancements, and loans, scholarships, and services that enable students to overcome obstacles to completing their nursing education programs.

Yet, as the following Health Resources and Services Administration's Title VIII data show, it is abundantly clear that Congress must step up in providing critical attention and significantly more investments to address seriously this ongoing systemic problem.

Nursing Education Loan Repayment Program (NELRP) – In FY 2007, NELRP received 4,711 eligible applications and made 315 initial (2-year) awards and 271 amendment (3-year) awards, with total obligated funds of \$18,373,815.48. Whereas, in FY 2008 when the obligated funds were \$18,898,427.87, NELRP received 6,078 eligible applications and made 232 initial (two-year) awards and 203 amendment (three-year) awards, illustrating the drop in purchasing power.

Nursing Scholarship Program – In FY 2007, 4,894 eligible applications were submitted to the Nursing Scholarship Program, and 172 applicants were selected to receive scholarship awards or only 3.5 percent of the applicants received scholarships.

Advanced Education Nursing (AEN) Program – This program supports the graduate education that is the foundation to professional development of advanced practice nurses, whether with clinical specialties or with a specialty in teaching. In FY 2007, the AEN grants supported 5,978 nursing students across specialties, compared to the 3,419 students supported by AEN grants in FY 2008.

Whereas health is fundamental to the country's stability and advancement, the nation's health demands are intensifying in the current economic downturn. Absent consistent support of and emphasis on a high-priority infrastructure, federal interventions, such as the Title VIII programs will not fulfill the intended expectation of paying down on asset investments in the front-line that generates quality health outcomes through the development of a quality nurse workforce. The Committee's efforts should focus on developing a health policy that provides high-value care for every dollar invested in capacity building of a 21st century health care workforce. With that in mind, the National League for Nursing presents the following recommendations for the Committee's consideration:

1. Support maximizing education funding for health care professionals who commit to practice in underserved areas.
2. Expand investments in resources for health care worker education and services that meet the challenges of a diverse, ever-changing health care environment, e.g., geriatric and culturally competent care.
3. Use evidence-based policy strategies and strengthen already existing effective health care capacity building to increase recruitment and retention of underrepresented minorities and of the financially disadvantaged in health professions, including nurse educators.
4. Ensure a stable funding source to maintain and expand the health professions faculties through evidence-based intervention strategies, including faculty education programs that enhance continuous development of nurse faculty as educator-scholars, and research funding for the science of nursing education.
5. Collect and analyze data to ensure that programs developed to strengthen the health professions workforce are meeting intended goals.

CHRONIC CARE MANAGEMENT

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. Mental health issues, which affect at least 25% of the American population, are the frequently forgotten chronic diseases. Also, 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 like type 2 diabetes, heart disease, and some forms of cancer that rob them of their health and quality of life.

The NLN believes that a high performance health care system should emphasize wellness and preventive care. Rather than focusing on the treatment of acute episodes, emphasis should be placed on care coordination and disease prevention, which will improve health outcomes while reducing costs. The NLN commends the Committee for its proposed option of establishing a Chronic Care

Management Innovation Center to test and disseminate advances that foster patient-centered care coordination for patients with chronic diseases.

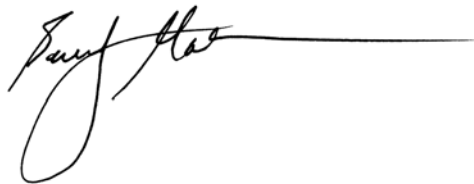
COMPARATIVE EFFECTIVENESS RESEARCH

Comparative effectiveness research (CER) promises to establish fundamental principles for helping society become more fully engaged in health care. As scholar educators, the NLN advocates rigorous evaluation, as well as the production and use, of unbiased information on the effectiveness of treatments to achieve the best clinical outcomes, including determining the best care possible for managing and preventing illness

Should the Committee decide to structure CER as outlined in S. 3408 (110th Congress), the NLN strongly suggests that any proposed Health Care Comparative Effectiveness Research Institute draw on the guidance and expertise of the full range of health care clinicians – including nurses – who are instrumental in promoting cost-effective, quality care. To exclude nursing in the composition of the Institute’s Board of Governors would not allow the building of an environment to meet the needs of 21st century health care demands gained from broad-based, interdisciplinary partnership, work, and perspectives. Restricting participation of who has influence on health policymaking unintentionally diminishes the potential that CER holds. Most important, however, absent the input and research of nursing professionals’ knowledge and skills, the NLN contends that a disservice to patients and the public would accrue.

The National League for Nursing is eager to work with you and your colleagues in transforming our health care delivery system to improve patient care and reduce health care costs. We know this is the right time to make a difference in our health care system. If we can be of any assistance to the Committee as it develops its policy options, please do not hesitate to contact me or Kathleen Ream, the NLN’s government affairs director, who can be reached at 703-241-3974 or at kream@nlm.org.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Beverly Malone", followed by a long horizontal line extending to the right.

Beverly Malone, PhD, RN, FAAN
Chief Executive Officer