

Title VIII Nursing Workforce Development Programs Headed for Funding Battle

President Bush's proposed budget for FY 2006 trims millions of dollars from key Department of Health and Human Services' (HHS) agencies charged with protecting the nation's public health. The proposal cuts funding for health professions training and community service block grants as well as other related programs. In an era of ever increasing nurse and nursing faculty shortages, the Title VIII Nursing Workforce Development Programs (funded under the Health Resources and Services Administration [HRSA]), slated for a Fiscal Year 2006 budget of \$150 million, face a potential de-

crease of more than \$674,000. (See funding chart below.)

The FY 2006 budget proposes setting funding for HRSA at \$6.5 billion, a decrease of \$846 million. HRSA efforts targeted for reductions include zeroing out the Emergency Medical Services for Children and Health Community Access programs, and eliminating \$252 million in health profession training activities. What the president proposes and what Congress actually appropriates for FY 2006 could be a very different reality.

Nursing Workforce Development Programs	FY 2004 Final	FY 2005 Request	FY 2005 Final	FY 2006 Request
Total (Amounts in Thousands)	\$141,890	\$146,887	\$150,674	\$150,000
Advanced Education Nursing	58,636	43,637	58,176	43,000
Comprehensive Geriatric Education	3,478	3,478	3,450	***8,000
Loan Repayment & Scholarships	26,736	31,738	31,484	31,000
Nurse Education, Practice & Retention Grants	31,768	41,765	36,471	47,000
Nursing Faculty Loan Program	4,870	4,870	4,831	***8,000
Nursing Workforce Diversity	16,402	21,399	16,271	21,000

***\$8 million total for both programs

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Senate Committee Approves Bill to Reduce Medical Errors

After years of stop-and-go legislative action on patient safety, a federal bill to reduce medical errors is once again in motion. On March 9, the Senate Health, Education, Labor and Pensions Committee unanimously approved S.544, the **Patient Safety and Quality Improvement Act of 2005**.

According to a committee spokesperson, however, ranking committee member Senator Edward Kennedy (D-MA) wants to address lingering concerns about the legislation through informal negotiations. "The intent of our legislation is to implement this sensible recommendation by creating a legal privilege for information reported to patient safety organizations, while making sure that original records, such as a patient's chart, remain accessible to patients," Kennedy said. "We need to be certain that the legislative language clearly reflects this intent," he added. Kennedy also believes the legislation should make clear that the privilege does not shelter criminal acts, and does not allow the good

intentions of the legislation to inadvertently conceal information that should be in the public domain.

Last year, the Senate and House approved a patient safety bill, but failed to move the legislation through a conference committee. This year's legislation is similar to previous years' versions of the medical errors bills, which stipulated that the HHS secretary would certify a number of private and public organizations to act as patient safety organizations (PSOs). These PSOs would analyze data on medical errors, determine their causes, and develop and disseminate evidence-based information to providers to help them implement changes to improve patient safety. In addition, the bills required the HHS secretary to develop or adopt voluntary standards that promote the electronic exchange of health care information.

It is expected that S.544 will go to the Senate floor for a vote within the next month with bipartisan passage ensured.

Legislation Limiting Mandatory Overtime Reintroduced

Legislation that would strictly limit mandatory overtime for nurses has been reintroduced in both the House and Senate. The **Safe Nursing and Patient Care Act of 2005** (H.R.791) was introduced by Representatives Pete Stark (D-CA) and Steven LaTourette (R-OH) on February 14. The Senate companion bill (S.351) was introduced by Senator Edward Kennedy (D-MA) on February 10.

Except for government-declared states of emergency, the legislation prohibits hospitals from requiring a nurse to work beyond the scheduled work shift, 12 hours in a 24-hour period, or 80 hours in a consecutive 14-day period. If nurses felt they could continue to provide safe, quality care, however, they would be allowed to work overtime voluntarily. The bill gives HHS authority to investigate complaints from nurses about overtime violations and to impose civil monetary penalties of up to \$10,000 against hospitals that violate the law. The limits on mandatory overtime would be part of Medicare's provider agreements.

In his statement announcing the introduction of the legislation, Stark said, "Forcing nurses to work overtime is a dangerous practice that is simultaneously endangering patients and driving nurses out of their profession. Analysis by the Institute of Medicine and other studies document the fact that forced nurse overtime needs to be severely limited to protect patient care." LaTourette added "we shouldn't force nurses to work when they're exhausted. Nurses should be able to work overtime if they want, and they should be able to turn it down if they are mentally and physically exhausted and fear they could jeopardize patient safety." In his statement,

Legislation Limiting Mandatory Overtime Reintroduced (cont'd)

Kennedy said that the legislation is intended to improve patient safety and to encourage more young people to enter the nursing profession.

Some nursing groups have lobbied aggressively against mandated overtime. Still, hospitals remain opposed saying that the legislation goes too far and that the restrictions would impair the ability of caregivers to meet the demands of patients.

H.R.791 and S.351 are identical to measures introduced by the same legislators in 2003. Although the proposed bills in the last Congress had 100 or more cosponsors, neither was the subject of a hearing in the House nor Senate. It is too early to know whether or not a similar fate awaits the current legislation, but it is expected to face an uphill battle in a Republican-led Congress.

California Announces \$13 Million in Funding for Nurse Education and Training

Last week, Governor Arnold Schwarzenegger (R) announced the release of \$13 million in funds to support statewide nursing job training and education initiatives. Eighteen organizations from throughout the state were selected for funding. Each grant recipient was awarded up to \$800,000. The nursing programs are designed to prepare California's current and future workforce for high-demand nursing positions ranging from LVNs to RNs. Examples of the projects include: increasing capacity in nursing education programs; creating awareness and interest among youth for careers in the health care industry; and training workers for nursing professions in rural areas which tend to serve the state's most vulnerable populations and experience more severe shortages.

Utah Aims Funding at Nursing Faculty

The Utah Legislature has approved \$2 million in new funds for nursing education to match \$1 million that has been pledged by the state's hospitals. The combined \$3 million, along with funds appropriated last year, will be used for nursing faculties in the state. For more information, go to www.uha-utah.org.

Funds Needed to Ease Shortage in Tennessee

According to **Curing the Crisis in Nursing Education**, a report from the TN Hospital Association Center for Health Workforce Development, Tennessee needs to double the number of nurses graduated by the state's 31 nursing schools within the next five years or in the next 15 the state will have only half the nurses it needs. To accomplish that an additional \$38.7 million would be needed over five years to renovate schools, add classroom and lab space, and fund an increase in nursing faculty.

Ann Duncan, executive director of the TN Center for Nursing which collaborated on the report noted, "In order to avert the projected nursing shortage, we first have to solve the nursing education crisis. We have to help schools expand educational capacity. That means having enough faculty to increase enrollment, having the ability to expand classroom space, and getting faculty salaries up so that we can recruit people."

There are no plans currently to approach the state legislature for the \$38 million. Instead, they are asking for \$1.8 million to fund nursing scholarships, particularly those seeking a master's or PhD in order to alleviate the faculty shortage.