May 28, 2013

The Honorable Jack Kingston
Chairman
House Appropriations Subcommittee on
Labor, HHS and Education
2358 Rayburn House Office Building
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member
House Appropriations Subcommittee on
Labor, HHS and Education
2358 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Kingston and Ranking Member DeLauro:

The National League for Nursing (NLN) is the premiere organization dedicated to promoting excellence in nursing education to build a strong and diverse nursing workforce to advance the nation's health. With leaders in nursing education and nurse faculty across all types of nursing programs in the United States – doctorate, master's, baccalaureate, associate degree, diploma, and licensed practical – the NLN has more than 1,200 nursing school and health care agency members, 37,000 individual members, and 24 regional constituent leagues.

The NLN urges the subcommittee to fund the following Health Resources and Services Administration (HRSA) nursing programs:

- The Title VIII Nursing Workforce Development Programs at $251.099 million in FY 2014; and
- The Title III Nurse-Managed Health Clinics at $20 million in FY 2014.

NURSING EDUCATION IS A JOBS PROGRAM

According to the US Bureau of Labor Statistics (BLS), the registered nurse (RN) workforce will grow by 26 percent from 2010 to 2020, resulting in 711,900 new jobs. This growth in the RN workforce represents the largest projected numeric job increase from 2010 to 2020 for all occupations. The May 3, 2013, BLS Employment Situation Summary – April 2013 likewise reinforces the strength of the nursing workforce to the nation’s job growth. While the nation’s overall unemployment rate was little changed at 7.5 percent for April 2013, the employment in health care increased in April with the addition of 19,000 jobs at ambulatory health care services, hospitals, and nursing and residential care facilities, amounting to an unemployment rate of only 4.4 percent in the health care industry.

BLS notes that the health care sector is a critically important industrial complex in the nation. It is at the center of the economic recovery with the number of jobs climbing steadily, in contrast to the erosion in so many other areas of the economy. Growing even when the recession began in December 2007, health care jobs are up nationwide by 10.5 percent. Compare that with all other jobs, which still are down, despite recent gains. If the health care economy had not expanded during the recession, the national unemployment rate would be 8.8 percent. Health care has been a stimulus program generating employment and income, and nursing is the predominant occupation in the health care industry, with more than 3.662 million active, licensed RNs in the United States in 2013.

The Nursing Workforce Development Programs provide training for entry-level and advanced degree nurses to improve the access to, and quality of, health care in underserved areas. The Title VIII nursing education 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 a
health policy that provides high-value care for every dollar invested in capacity building for a 21st century nurse workforce.

Federal support may be contributing to a positive return on investments as indicated in a recent HRSA study of the US nursing workforce. The study suggests an upturn in both the absolute and in the per capita numbers of registered nurses (RNs) and of practical nurses (PNs), with the RN workforce growing by more than 24.1 percent and the PNs by more than 15.5 percent. This positive trend, however, does not override concern regarding the significant growth of RNs nearing retirement age, about one-third of the current workforce. In the 2020s, almost one million RNs older than 50 will have reached retirement age. Within this context, the NLN cautions that absent consistent support, recent expenditures to Title VIII will not fulfill the expectation of paying down on investments in the front-line nurse workforce that generates quality health outcomes. Nor will episodic increases in the funding of Title VIII fully attain the goal of building and maintaining a nurse workforce that is prepared to meet the challenges of our fast-changing health care system.

THE NURSE PIPELINE AND EDUCATION CAPACITY

Although the recession resulted in some regional 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. The NLN's findings from its Annual Survey of Schools of Nursing – Academic Year 2011-2012 cast a wide net on all types of nursing programs, from doctoral through diploma, to determine rates of application, enrollment, and graduation. The survey results show that the US nursing education capacity is expanding and some of the long-standing unmet demand for seats in nursing schools is beginning to subside. Key findings from the NLN research include:

- **Demand for spots in nursing education programs historically outstripped supply.** Waiting lists for entry into nursing programs were persistently long throughout the late-2000s and national statistics, as well as news reports and anecdotes heard from around the country, described a widespread national shortage of spots in nursing education programs. From 2009 to 2011, the percentage of nursing programs that turned away qualified applicants was peaking across all types of nursing education programs, with shortage levels most acute among programs that prepare students for initial licensure. In 2011, 43 and 48 percent of master's and doctoral programs, respectively, rejected qualified applicants. More dramatically, well over 80 percent of programs offering PN degrees and associate's degrees in [registered] nursing programs (ADN) were forced to turn away qualified candidates, as did almost two-thirds of baccalaureate in science of [registered] nursing (BSN) programs.

- **2012 data show some reduction in the acuity of capacity shortages.** The number of pre-licensure RN programs grew throughout the mid-2000s, peaking at a growth rate of 10 percent in 2006. Although growth then slowed to just 1 to 2 percent per year, admissions statistics indicate that capacity shortages have begun to ease. In 2012, the percentage of programs that turned away qualified applicants dropped substantially for every program type with the exception of those offering a BSN. Moreover, as a measure of volume, the percentage of all qualified applicants who were rejected by programs also declined almost across the board. Only RN-to-BSN programs – seeing growth as some states consider requiring a baccalaureate degree for RN practice – maintained their 2011 seating shortage levels. In another indication that nursing education capacity has grown to meet demand, the percentage of programs that could not fill all available seats for new students also fell in 2012.

- **Shortage of clinical placement settings increasingly crimps PN and ADN program expansion.** Deans and directors of schools with programs that did not accept all eligible applicants were asked to identify the primary obstacle to expanding their program’s capacity. Since 2010, the percentage of those directing ADN and PN programs who cited a shortage of clinical sites as the primary impediment to expansion
has steadily increased. For PN programs in particular, the percentage that cited clinical placement shortages jumped to 52 percent in 2012—a 10 percent rise over 2011 levels. By contrast, graduate programs consistently cite a lack of faculty as the primary obstacle to expansion. However, the percentage of all types of programs citing a faculty shortage has declined since peaking in 2009.

- **Age of associate degree students rises.** Last year saw a substantial increase in the percentage of ADN students who were over 30 years old, rising in 2012 to 50 percent of the student nursing enrollments from 44 percent in the previous two years. This surge was an unexpected finding given that adult students typically leave school to return to the labor market as recessions ebb, thus reducing the overall age of the college student population. Because ADN students comprise two-thirds of all pre-licensure RN enrollees, this uptick in enrollments among older students could reignite concerns over an aging nursing workforce and the potential for future labor shortages as large swaths of the RN population reaches retirement age.

**Equally Pressing Is Lack of Diversity**

Our nation is enriched by cultural diversity—37 percent of our population identify as racial and ethnic minorities. Yet ethnic, cultural, and gender diversity eludes the nursing student and nurse educator populations. A 2007 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 US faculty. The lack of faculty diversity limits nursing schools’ ability to deliver culturally appropriate health professions education. In addition, the NLN survey for the 2011-2012 academic year reported that:

- **Racial-ethnic minority enrollment remains stable.** After declining steadily over the previous two years—ultimately dropping from a high of 29 percent in 2009 to 24 percent in 2011—the percentage of racial-ethnic minority students enrolled in pre-licensure nursing programs remained stable in 2012. Approximately one in three PN and ADN students belong to a minority group, as did about one-quarter of diploma and BSN students. However, looking beyond the totals, both African Americans and Hispanics remain underrepresented among basic RN students, as the percentage of African Americans and Hispanics in the general student college undergraduate population continues to rise. By contrast, the percentage of minorities enrolled in most types of post-licensure programs rose notably in 2012. RN-to-BSN programs exhibited the largest uptick, with minority enrollment gaining four percentage points to reach 26 percent. Doctoral programs also saw a gain of four percentage points, with more than one in five (22 percent) of students belonging to a minority group in 2012. Minority enrollment in master’s programs held steady at 24 percent.

- **Men’s enrollment while still lagging is at an historic high.** While significantly less than the proportion in the US population, at 15 percent, men enrolled in basic RN programs remained at the historic high reached at the start of the recession. However, the percentage of men among all college students is about 43 percent. Men are particularly underrepresented at the post-licensure and graduate levels, representing just 11 percent of RN-to-BSN, master’s, and doctoral students in nursing.

Besides representing an untapped talent pool to remedy the nursing shortage, ethnic, cultural, and gender-diverse minorities in nursing are essential to developing a health care system that understands and addresses the needs of our rapidly diversifying population. 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 health care inequities.
**TITLE VIII FEDERAL FUNDING REALITY**

The encouraging trends in the recently growing supply of appropriately prepared nurses are not necessarily durable. To sustain promising developments in the nurse and nurse faculty workforces, the nation must remain steady in making significant investments in the Title VIII programs that are designed to address health care challenges, ensuring that the nation has an adequate infrastructure of well-qualified nurse professionals. The Title VIII Nursing Workforce Development Programs are a comprehensive system of evidence-based, 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, and loans, scholarships, and services that enable students to overcome obstacles to completing their nursing education programs. A few examples of HRSA’s Title VIII data below provide perspective on current federal investments.

**Nurse Education, Practice, Quality, and Retention Grants (NEPQR)** – NEPQR funds projects addressing the critical nursing shortage via initiatives to expand the nursing pipeline, promote career mobility, provide continuing education, and support retention. Grantees funded to support the personal and home health aide purpose of the NEPQR program trained 1,366 students during FY 2011; and grantees supporting the nursing assistant and home health aide NEPQR purpose supported 1,810 students.

**Nursing Workforce Diversity (NWD)** – NWD grants prepare students from disadvantaged backgrounds to become nurses, producing a more diverse nursing workforce. Greater diversity among health professionals is associated with improved access to care for racial and ethnic minority patients, greater patient choice and satisfaction, and better patient-clinician communication. In addition, evidence suggests that minority health professionals are more likely to serve in areas with a high proportion of uninsured and underrepresented racial and ethnic groups. In FY 2011, performance data showed that NWD grantees provided scholarships to 1,270 students, exceeding the performance target by 72 percent.

**Nurse Faculty Loan Program (NFLP)** – 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. The NFLP seeks to increase the number and diversity of qualified nursing faculty. Faculty diversity is an essential ingredient in the efforts to diversify the nursing education pipeline and workforce overall. Ongoing NFLP support for faculty production is critical to building the pipeline needed to assure the full capacity of the nation’s future nursing workforce. Targeting a portion of those funds for minority faculty preparation is fundamental to achieving that goal. In FY 2011, NFLP grantees provided loans to 2,246 students pursuing faculty preparation at the master’s and doctoral levels, exceeding the program’s performance target by 49 percent.

**NURSE-MANAGED HEALTH CLINICS (NMHC)**

NMHCs are defined as a nurse-practice arrangement, managed by advanced practice registered nurses, that provides primary care or wellness services to underserved or vulnerable populations. NMHCs are associated with a school, college, university, or department of nursing, federally qualified health center, or independent nonprofit health or social services agency.

NMHCs deliver comprehensive primary health care services, disease prevention, and health promotion in medically underserved areas for vulnerable and specialized populations (e.g., veterans and/or families of active military). Approximately 58 percent of NMHC patients either are uninsured, Medicaid recipients, or self-pay. The complexity of care for these patients presents significant financial barriers, heavily affecting the sustainability of these clinics. While providing access points in areas where primary care providers are in short supply, expansion of NMHCs also increases the number of structured clinical teaching sites available to train nurses and other primary care providers. NMHCs continue to collaborate with Federally Qualified Health
Centers, Area Health Education Centers, and rural- and community-based clinics to provide training to some 5,000 nursing and other health professions students. Appropriating $20 million in FY 2014 to NMHCs would increase access to primary care for thousands of uninsured people in underserved urban communities.

The NLN can state with authority that the deepening health inequities, inflated costs, and poor quality of health care outcomes in this country will not be reversed without enduring backing to grow the nurse and nurse educator workforce. Your support will help ensure that nurses exist in the future who are prepared and qualified to take care of you, your family, and all those who will need our care. Minus national efforts of some magnitude to match the health care reality facing our nation today, a hardship in nurse education and its adverse effect in health care generally will be difficult to avoid.

*The NLN urges the subcommittee to strengthen the Title VIII Nursing Workforce Development Programs by funding them at a level of $251.099 million in FY 2014. We also recommend that the Title III Nurse-Managed Health Clinics be funded at $20 million in FY 2014.*

If you require additional information, please feel free to contact Kathleen A. Ream, the NLN's government affairs director, at 571-213-5662 or via email at kream@nln.org.

Sincerely yours,

Beverly Malone, PhD, RN, FAAN
Chief Executive Officer

Cc: Members, House Appropriations Subcommittee on Labor, HHS and Education