

December 20, 2005

The Honorable George W. Bush  
The White House  
1600 Pennsylvania Avenue, N.W.  
Washington, D.C. 20500

Dear Mr. President:

As your Administration begins work on the fiscal year 2007 budget request for submission to Congress, the undersigned organizations of the ANSR (Americans for Nursing Shortage Relief) Alliance encourage you to increase funding for the Nursing Workforce Development programs authorized by Title VIII of the **Public Health Service Act**. ANSR would like to bring the following fact to your attention. In 1974, during the last serious nursing shortage, Congress appropriated \$153 million for nurse education programs. In today's dollars that would be worth \$592 million, approximately four times what the federal government is spending now. Without an infusion of funding that can really make a difference, the nursing and nursing faculty shortages will continue at the expense of the health and well being of this country's citizens.

While we acknowledge the fact that the country is facing some severe budget constraints, Title VIII funding is required now to educate and prepare the nursing workforce needed to provide our citizens with nursing care on a daily basis, as well as during major emergencies and disasters. As Hurricane Katrina has taught us, nurses are a critical, but often unrecognized, component of the federal health care response to major emergencies and disasters. In the case of a major emergency, nurses have and will continue to be called upon to triage, provide immediate care, and when needed assist with chemoprophylaxis (oral or injectable medications/vaccinations) of hundreds of thousands or millions of Americans.

Registered nurses and advanced practice registered nurses (APRNs, including nurse midwives, nurse practitioners, clinical nurse specialists and certified registered nurse anesthetists) will be called on to respond in the event of a pandemic avian flu outbreak that, according to the Department of Health and Human Services' **Pandemic Influenza Preparedness and Response Plan**, will stretch the nation's "medical capabilities, potentially resulting in hundreds of thousands of deaths, millions of hospitalizations." The plan also stresses that unlike a tornado or hurricane, a pandemic outbreak will involve a broad and sustained resource strain that will make it difficult to shift resources between states, deeply affecting our nation's ability to deliver primary and surgical health care to patients who need it. Therefore, communities nationwide will need to have sufficient numbers of nurses, APRNs, and other health care providers to respond to the many health care challenges driven by a potential avian flu pandemic. As an example, the Office of Public Health Preparedness at the Health Resources and Services Administration (HRSA) estimates that a population of 100,000 people attacked by biological weapons would require 200 personnel working 100 hours just to deliver chemo-prophylaxis. This effort would require approximately 16,171 trained persons for a city the size of New York.

Nurses are a vital resource for our nation, and yet federal funding lags far below the need. In February 2004, the Bureau of Labor Statistics projected that registered nursing would have the greatest job growth of all professions in the United States in the years spanning 2002 to 2012. During this ten-year period, health care facilities will need to fill more than 1.1 million RN job openings. HRSA projects that, absent aggressive intervention, the RN workforce will fall 29 percent below requirements by the year 2020. These estimates do not include the nurses that are redirected in the event of a major national health event, such as Hurricane Katrina.

Today's nursing shortage is very real and very different from shortages in the past. The current shortage is evidenced by an aging workforce - the average working RN is more than 43 years old - and an inadequate number of people entering the profession. All of this is occurring at the same time as the increasing health care demands of an aging U.S. population continue to grow which means that more nurses will be needed, not fewer. By the year 2025, 68.3 percent of the current nursing workforce will be among the first of 78 million baby boomers reaching retirement age and enrolling in the Medicare program. By 2030, 20 percent of the population - 70 million - will be older Americans, more than twice their number in 1999.

The projected loss of a large segment of the currently practicing nurse population is a loss of not just a member of the workforce, but also a loss of expertise. Currently, APRNs, who have a superior record for providing cost effective, quality health care services, are also in very high demand. While APRNs practice in every U.S. setting, these health care providers predominate in rural and medically underserved America. The loss of one APRN in a community can affect access to health care for the entire community. In addition, APRNs work in highly technical and specialized areas that significantly impact patient safety and quality outcomes.

The current nursing shortage is further complicated by the fact that schools of nursing continue to suffer from a growing shortage of faculty, which prevents these institutions from admitting more students. According to recent statistics from the National League for Nursing (NLN), an estimated 147,000 applications were turned away from nursing programs at all levels for the academic year 2004-2005. Insufficient faculty is the top reason cited by nursing schools for not accepting all qualified applicants into their programs. This dilemma translates into a "Catch 22" situation and the continuation of the nursing shortage rather than its abatement. This condition is not expected to improve in the near term, since an adequate number of nurse educators are currently not in the education pipeline to replace the current aging (average age is 53.5 years) and retiring faculty. Waiting lists of two to five years to get into a nursing program are common in many parts of the country. This simply will not do and will not solve the nursing shortage.

For additional information regarding the Alliance's stance on this critical issue, please feel free to contact any of the organizations below. Thank you for your consideration.

Sincerely yours,

Academy of Medical-Surgical Nurses  
American Academy of Ambulatory Care Nursing  
American Academy of Nurse Practitioners  
American Association of Critical-Care Nurses  
American Association of Nurse Anesthetists  
American Association of Occupational Health  
Nurses, Inc.  
American College of Nurse-Midwives  
American College of Nurse Practitioners  
American Nephrology Nurses Association  
American Organization of Nurse Executives  
American Society of PeriAnesthesia Nurses  
American Society of Plastic Surgical Nurses  
Association of PeriOperative Registered Nurses  
Association of Rehabilitation Nurses  
Association of State and Territorial Directors of  
Nursing  
Association of Women's Health, Obstetric and  
Neonatal Nurses  
Children's Hospital of San Diego  
Dermatology Nurses Association

Emergency Nurses Association  
Infusion Nurses Society  
International Society of Nurses in Genetics  
National Association Nurse Massage Therapists  
National Association of Clinical Nurse Specialists  
National Association of Orthopaedic Nurses  
National Association of Pediatric Nurse  
Practitioners  
National Association of School Nurses  
National Black Nurses Association  
National Conference of Gerontological Nurse  
Practitioners  
National Council of State Boards of Nursing  
National League for Nursing  
National Nursing Centers Consortium  
Nurses Organization of Veterans Affairs  
National Student Nurses' Association  
Oncology Nursing Society  
Society of Gastroenterology Nurses and Associates  
Society of Trauma Nurses  
Society of Urologic Nurses and Associates