

CQ HealthBeat
CONGRESSIONAL TRANSCRIPTS

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**House Appropriations Subcommittee on Labor, HHS, Education and
Related Agencies Holds Hearing on Public Witnesses**

MCCOLLUM: I want to thank everyone for their patience. Because of the time constraints, I'm going to introduce the official chair, Ms. Roybal-Allard for introduction of our first witness.

ROYBAL-ALLARD: Thank you very much, and I apologize that, given the fact that we're starting so late, I am going to have to leave, but I do want to thank Congresswoman McCollum for staying here and chairing the rest of the testimony today. We have the honor today of...

MCCOLLUM: Thank you very much, ladies. Dr. Beverly Malone, National League for Nursing? Welcome, Dr.

MALONE: Good afternoon, Madam Chair, and members of the subcommittee. I'm Beverly Malone, a psychiatric mental health nurse, who is the chief executive of the National League for Nursing -- the only organization representing leaders in nursing education and nurse faculty across all types of nursing programs.

We call it lovingly the family of nursing educators. With more than 1,100 nursing schools and health care agencies and 20,000 individual members, no doubt, more than one of our constituents is one of your constituents, living and working in your congressional district, dedicated to excellence in nursing education and to building a strong and diverse nursing workforce to serve our nation.

The nursing shortage is truly outpacing the level of federal resources and investments. The administration's proposed decrease of \$44 million, or 29 percent for the Title 8 nursing workforce development programs, will diminish training and development -- a shortsighted and hazardous course of action that could actually jeopardize the delivery of health care for the American people.

We urge you to fund the Title 8 programs at a minimal level of \$200 million for FY 2008, and to restore to Title 8 the advanced education nursing program, which is fundamental to appropriately preparing future nurse faculty -- the engine of the workforce pipeline.

The existing nursing shortage is fueled by an aging workforce and an aging population. There are just too few people able to enter the profession at the rate we need to meet our growing health care needs.

National League for Nursing research provides evidence of a strong correlation between the shortage of nurse faculty and the inability of nursing programs to keep our doors open to meet the demand. Without faculty to educate our future nurses, the shortage cannot be resolved.

While the U.S. Bureau of Labor Statistics projects that there will be 120,000 R.N. openings per year through 2014, the NLN's most recent data estimate fewer than 85,000 yearly prospective nurses to fill those jobs. Our nation deserves quality health care. Clearly, we are falling far short of the nation's demand.

Alarming, too, the research determined that the growth rate of new admissions fell by more than 27 percent after two years of reported increases. This significant dip marks a turning point, and reinforces the urgency in scaling up our capacity to accept qualified applicants.

It's not surprising that the problem of nurse faculty vacancies is often described as acute and as exacerbating the national nurse workforce shortfall. The NLN's recent faculty census survey indicated that unfilled positions continue to grow. Almost two-thirds of all full-time nurse faculty were 45 to 60 years old and likely to retire in the next five to 15 years. It's an open question whether those schools will find replacements for those experienced individuals.

We know the shortage is deepening health disparities and inflating cost and poor health care outcomes. It's abundantly clear that if Congress does not provide crucial attention and significantly more funding to this systemic problem, our nation will continue to lose ground in the effort to remedy the nurse and nurse faculty shortages.

As the only organization that collects data across the nursing education pipeline, the National League for Nursing can state with authority that the nursing shortage in this country will not be reversed until the concurrent shortage of qualified nurse educators is addressed. Without adequate faculty, there are simply too few spots in nursing education programs to train all the qualified applicants out there.

Your support will help ensure that nurses exist in the future who are well prepared and qualified to take care of you, your family and all those in this country who will need our care.

Thank you, Madam Chair.

LEE: Madam Chair?

MCCOLLUM: Ms. Lee?

LEE: Thank you very much. Let me ask you, about how many nursing students and nurses are supported through Title 8 programs? And about what percentage are minorities? Do you have a handle on that?

MALONE: I don't have a handle on it right now, but I'm looking at my colleagues to see if they do.

LEE: Well, could you just get us that information?

MALONE: I can get you that information.

LEE: And also, with regard to the student loan cancellation program. I guess, what is it -- up to 85 percent of educational loans are cancelled when, in fact, one agrees to teach in a school of nursing. Is that -- do you find that as an incentive, an encouragement to participate and to go to nursing school?

MALONE: Yes, we do. It's something that -- there are very few incentives for a nurse to take the route to go to education instead of going to clinical practice. We love practice, but we need those incentives. If we don't fix that piece of the pipeline, we won't have students. We've got to have the faculty. So, that's an incentive, those loans and that opportunity to get those. It's a way of encouraging those to come on in and to become an educator.

LEE:

Thank you, Madam Chair.

MCCOLLUM: Mr. Walsh?

WALSH: Thank you. Do you have any idea of the number of applicants, qualified applicants, there are that have not been able to get positions in nursing -- to become students in nursing schools? Do you have any idea what the universe is?

MALONE: Yes, I do. My colleague provided the information. But in 2004 to 2005, 147,000 applications were turned away.

WALSH: So, there are plenty of people who want to be nurses. It's just that the positions are not there -- the number of schools, the number of teachers. So, we've...

MALONE: Yes. Especially the number of teachers.

WALSH: We have really an artificial problem. We have lots of people who want to be nurses but can't get there, because of the way the system...

MALONE: Yes. And we have an identified shortage in terms of a million nurses in the next 10 years, that we're going to need another million nurses, but the pipeline is stuck.

WALSH: So it's not this issue that they aren't paid well enough or the professional motivation isn't there. It's just they can't get the spots in the nursing schools.

MALONE: That's the major issues right now. I would never say that we are paid enough.

WALSH: Well, that wasn't the point. (LAUGHTER) I wouldn't either. There are an awful lot of nurses out there, and they're good. But there are people who want these jobs, clearly.

MALONE: Exactly.

WALSH: Thank you.

MALONE: Thank you so much.

MCCOLLUM: If I could, you talked about the loan forgiveness to get people to go into the graduate nursing programs. However, a lot of nurses need a lot of experience, especially if they're going into certain hospitals, certain clinics, rural health care settings, and that. But that experience in the classroom is vital. Could you comment, if you're prepared to, could you provide us information on how, when one becomes faculty at a nursing school, they take a substantial cut in pay?

MALONE: Well, I used to be a dean of nursing for about 10 years at North Carolina A&T State University, a historically black university. And for my clinical faculty to come in, and they do, automatically it's a decrease in salary. And that is not an incentive to go into education. And it's something of great concern. And that's why those loans become even more important in terms of saying -- many times they come and they say they find quite a lot of fulfillment in being a teacher and in providing and knowing they're producing the students that are out there delivering care. But the salary cut is a major issue.

MCCOLLUM: So, a salary cut plus loans to pay back is equal to people not flocking to go into this. Any information that you could provide us on this is very interesting. And my bias is clearly out there. I have a family member who is a faculty member now in a nursing school.

LEE: Madam Chair?

MCCOLLUM: Ms. Lee?

LEE: Thank you very much. Let me just ask you one more question. I mean, this nursing shortage is really - as you said and as we heard earlier -- it's really at a critical stage. What is going on now? Where -- how do hospitals and clinics fulfill the nursing requirements now? And secondly, let me just say, I'm looking at this chart. California, for example, currently we have a supply of about 144,000 R.N.s. Our demand is 260,000, which means minus 116,000. What in the world is going on? And how are we fulfilling these needs?

MALONE: They're stretching, the nurses that are already there, for one thing. And they are -- sometimes they leave the scene, because of burnout. I mean, they're taking on the load themselves and not able to provide the kind of care that they've been prepared to. And there's a real difference when nurses are not able to really provide quality care. So, they get burned out and they tend to walk away. And not just walk away from that hospital, but sometimes walk away from nursing altogether.

And at the same time, the hospitals -- they bring in extra people. You know, the agencies are out there. That increases the costs dramatically. It's not that those nurses aren't good -- they're excellent, usually -- but the cost then goes up incredibly, and so, you find hospitals under quite a heavy burden in terms of the cost.

But we make do as best we can, but it's like putting a band-aid on something that you're not fixing. And we've got to fix the problem. And it goes back to having enough nurse faculty there to teach those students, to get them out there. There are people knocking at the door saying, I want to come in. I want to be a nurse. But we don't have the faculty to produce it. And most of the faculty are my age, and that's -- I'm a baby boomer. And that means that we are going to retire in the next 10 years, and that's problematic. We don't see the cavalry behind us for the replacements. We've got to have some incentives in there to help us move forward.

MCCOLLUM: Thank you. Thank you very much, doctor. And Ms. Lee, this is an international crisis, not only for nurses nationally, but for nurse faculty international. I've started to ask this question when I'm doing some of our foreign health care work. And so, this is a huge, huge...

MALONE: Madam Chair, I would just like to speak to that just for a second. I've spent the past six years being the CEO of the Royal College of Nursing in London. And I just came over. In February I started this post. So, I've been working very closely with the international scene, and I totally support what you're saying from having lived it and worked it -- the same problems. We're all fishing from the same pond. The U.K. is looking at the Philippines, at India -- the same places we're looking.

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