

TWO YEARS SINCE THE NURSE REINVESTMENT ACT

Federal Support for Nursing Shortage Remedies Needs a Boost



Editor's Note: This article is a follow-up to "The Nursing Shortage: From Bad to Worse" and "The Nursing Faculty Shortage and Oncology" which appeared in *HONI* in October 2002 and October 2003, respectively. The views expressed in this article are solely the authors' and do not necessarily reflect the view of the Oncology Nursing Society or any other organization.

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Two years ago, in an unprecedented short timeframe, the U.S. Congress considered and enacted legislation to address the current and expected nursing shortage facing the United States. The new law—the Nurse Reinvestment Act (Public Law 107–205)—enjoyed broad bipartisan support and served to expand and initiate federal efforts to strengthen and increase the nation's nursing workforce. The Health Resources and Services Administration (HRSA) at the U.S. Department of Health and Human Services (DHHS) maintains responsibility for the implementation and management of the Nurse Reinvestment Act. Although the enactment of the Nurse Reinvestment Act marked a significant moment for the American nursing community and the viability of the nation's health care safety net, its subsequent insufficient funding has led the Nurse Reinvestment Act to be somewhat of an empty promise. The nursing community, representatives of patient advocacy organizations, congressional champions, and others in the health care system continue to seek increased federal funding to sustain and expand federal efforts to ensure that the nation has a sufficient nursing workforce to provide quality care to all in need well into the twenty-first century.

This article provides an overview of the nursing shortage and the Nurse Reinvestment Act, the status and history of federal funding for the Nurse Reinvestment Act, and associated advocacy.

Perfect Storm: More People with Cancer and Fewer Nurses to Care for Them

Approximately 1.3 million people are diagnosed with cancer each year, and more than 560,000 die annually from the disease.¹ Over the next 15 years, the number of Medicare beneficiaries with cancer is estimated to double. In July 2002, the DHHS estimated that by 2020 there will be 2.8 million open-

ings for nurses with bachelor of science degrees, but only 2 million people to fill them—a shortage of approximately 800,000 nurses nationwide. By the year 2020, 44 states plus the District of Columbia are expected to have registered nurse (RN) shortages.² The Bureau of Labor Statistics in the U.S. Department of Labor reported in the February 2004 edition of the *Monthly Labor Review* that registered nursing will have the largest job growth of all U.S. professions in the period spanning 2002–2012. During this 10-year span, health care facilities will need to fill more than 1.1 million nursing positions.³

As the overall number of nurses drops precipitously in the coming years, the nation likely will experience a commensurate decrease in number of nurses trained in oncology. Oncology nurses are the front-line providers of cancer care. They administer chemotherapy, manage patient therapies and side-effects, work with insurance companies to ensure that patients receive the appropriate treatment, and provide counseling to patients and family members in addition to many other daily acts on behalf of people with cancer. Without an adequate supply of trained, educated, and experienced oncology nurses, our nation will falter in its delivery of the benefits derived from our federal investment in cancer research.

TOO FEW NURSES: NOT GOOD FOR YOUR HEALTH

People with cancer are best served by oncology nurses who are certified in that specialty. Studies consistently have found a clear link between higher levels of nursing education and better patient outcomes. The nursing shortage is "not just a workforce crisis but [a cause of] preventable deaths and injuries," according to Bill Cruice, executive director of the Pennsylvania Association of Staff Nurses and Allied Professionals.⁴ In the Institute of Medicine's (IOM) report *To Err Is Human: Building a Safer System*, the IOM found that as many as 98,000 hospitalized Americans die each year from treatment errors. This figure exceeds the number of fatalities due to motor vehicle accidents, breast cancer, or AIDS. Nurses play a critical role in patient safety because they represent approximately 54% of all health care workers and provide patient care in virtually all locations in which

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health care is delivered.⁵ Nursing shortages lead to increased nurse-to-patient ratios. Studies have found that patients in environments with high nurse-to-patient ratios have increased risk for dying and serious complications. Having too few nurses has significant human and economic costs due to the high cost of replacing burned-out nurses and caring for patients with poor outcomes. In the IOM report *Keeping Patients Safe: Transforming the Work Environment of Nurses*, a number of studies were cited on the correlation between increased patient safety and high nurse-to-patient ratios. With an increasing number of cancer patients needing high-quality health care—and an inadequate nursing workforce—our nation could quickly face a serious cancer care crisis, with limited access to care, particularly in traditionally underserved areas.

ADEQUATE NURSING WORKFORCE: HOMELAND SECURITY

We live in a different environment following the Sept. 11, 2001, attacks on our country. Homeland security tries to prevent harm to our country, and nurses play a critical role. These efforts involve the health system, and nurses represent the largest group of health care providers who will be called on to respond to an emergency, disaster, or mass-casualty event. Given the recent findings of the bipartisan commission on 9-11, it seems particularly relevant now to ensure an adequate supply of all levels of nurses, who are often front-line, first-responders in the case of tragedy. Unless steps are taken now, the nation's ability to respond to a natural or intentional disaster will be impeded by the growing nationwide shortage.

Federal Funding: A Necessary Investment in the Nation's Nursing Workforce

AUTHORIZATION VS. APPROPRIATIONS

The Nurse Reinvestment Act is an authorizing statute—which authorizes DHHS to create, expand, or otherwise conduct pro-

grams to address the nursing shortage. However, authorizing statutes do not provide funding for the programs included in them. A separate appropriations measure needs to be enacted that contains language specifically allocating funding to the programs in the Nurse Reinvestment Act. Each year, by September 30, Congress must enact 13 separate appropriations measures that fund all aspects of the federal government. The Labor Health and Human Services and Education (LHHS) appropriations measure contains funding for the Nurse Reinvestment Act and other federal nursing workforce programs at HRSA.

NURSE REINVESTMENT ACT FUNDING—A SHORT HISTORY

For the past four fiscal years, Congress has faced an increasingly difficult budgetary environment with limited resources for discretionary programs, such as the Nurse Reinvestment Act. In fact, numerous programs suffered cuts in funding or received level allocations (de facto reductions in funding due to inflation). Despite this serious challenge, the good news is that the nursing community has successfully secured increased funding for the Nurse Reinvestment Act for the past two years and is poised to secure additional funding again in fiscal year (FY) 2005. Although increased funding indeed has been secured for the Nurse Reinvestment Act in a fiscal era in which such gains are few and far between, the overall allocations have fallen far short of what the nursing community deems necessary to stem the tide of the current and expected nursing shortage (see Table 1).

GROWING UNMET NEED

For example, in FY 2003, HRSA received 8,321 applications for the Nurse Education Loan Repayment Program, but only had the funds to award 7% (602) of all applications. Also in FY 2003, HRSA received 4,512 applications for the Nursing Scholarship Program, but only had funding to support a mere 2% (94) of all applications. Enrollment in entry-level baccalaureate programs

Table 1. FY 2005 Labor-Health and Human Services (LHHS) Appropriations (amount in thousands)

	FY 2004 Enacted	FY 2005 Nursing Community Request	FY 2005 President's Request	FY 2005 House Request	FY 2005 Senate Request	FY 2005 Senate Request vs.			
						FY 2004 Enacted	FY 2005 President's Request	FY 2005 House Request	FY 2005 Nursing Community Request
Health Resources and Services Administration (HRSA)									
Nursing Programs:									
Advanced education nursing	58,636	—	43,637	53,634	58,636	0	14,999	5,002	—
Nurse education, practice, and retention	31,768	—	41,765	36,765	41,765	9,997	0	5,000	—
Nursing workforce diversity	16,402	—	21,399	16,402	21,399	4,997	0	4,997	—
Loan repayment and scholarship program	26,736	—	31,738	31,738	31,742	5,006	4	4	—
Comprehensive geriatric education	3,478	—	3,478	3,478	3,478	0	0	0	—
Nursing faculty loan program	4,870	—	4,870	4,870	4,870	0	0	0	—
Total nursing programs	141,890	205,000	146,887	146,887	161,890	20,000	15,003	15,003	-43,110

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in nursing is increasing, but the rate of growth is not sufficient to meet projected demand for nurses.

Fortunately—after years of failing to have enough interested individuals to pursue nursing—our nation is seeing a slight upturn in nursing school applications. Many Americans who have lost their jobs due to the economy and others interested in a second career find nursing attractive because of the job security, sufficient pay, and the opportunity to help others. However, nursing organizations are hearing from prospective nursing stu-

THE NURSE REINVESTMENT ACT INCLUDED:

A new national nurse service corps—a scholarship program for nursing students who agree to work in a shortage area for at least two years after completing their degree.

Expanded basic nurse education with three separate concentrations in education, retention, and practice—a grant program to promote career advancement and retention for nursing personnel and a grant program to improve patient care.

Geriatric nurse training grants—a grant program for eligible entities to develop and implement programs to train and educate nurses who provide geriatric care.

Faculty loan repayment grants—student loan funds established within schools of nursing to be used to cancel up to 85% percent of the student loans of master's or doctoral students who agree to serve as full-time nursing faculty in the school after completion of their degree.

Support for public service announcements—a program to highlight advantages and rewards of nursing.

dents that they face waiting periods of up to three years before they can matriculate because there are not enough teaching faculty available. For example, in 2003, U.S. nursing schools turned away 18,105 qualified applicants to entry-level baccalaureate nursing programs due to insufficient faculty, clinical sites, classroom space, clinical preceptors, and budget constraints (see Fig. 1, p. 27).⁶ In many cases, students who have been accepted into programs face long waits to matriculate in nursing school due to these challenges. According to American Nurses Association spokeswoman Cindy Price, "There are plenty of people who want to go to nursing school, especially with the sluggish economy, but they're being turned away. It's a problem of not enough funding and not enough nursing instructors."⁷ Similarly, Eileen Zungolo, dean of the School of Nursing at Duquesne University has noted that, "the major problem confronting nurses today is the faculty shortage . . . [it] is dire."⁸

Without sufficient support for current nursing faculty and adequate incentives to encourage more nurses to become faculty, our nation will fail to have the teaching infrastructure necessary to educate and train the next generation of nurses we need so desperately to care for our family, friends, neighbors, colleagues, and ourselves. Additional funds appropriated to the Nurse Reinvestment Act and the nursing workforce programs at HRSA

would be used to improve the education, practice, and retention of nurses, as well as promote advanced nursing education in specialty areas, such as oncology; training grants and geriatric education (cancer is a disease of aging); the National Nurse Service Corps to ensure our nation's most vulnerable and underserved communities have adequate numbers of nurses to meet their health care needs; and grants for nursing loan repayment and scholarships as well as the nurse faculty loan program.

Advocacy Efforts: An Uphill Battle on Capitol Hill

Recognizing the significance of the nursing shortage and the ability to provide quality cancer care to individuals with cancer, nurses, patients, family members, hospitals, and others have joined to call on Congress to increase funding for the Nurse Reinvestment Act.

NURSE ADVOCATES

Since the enactment of the Nurse Reinvestment Act, a number of organizations in the nursing community have worked together to secure adequate funding to implement the measure. Current efforts are centered on increasing funding for FY 2005. Earlier this year nursing organizations agreed to work as one community to advocate for an allocation of \$205 million for the Nurse Reinvestment Act. By unifying around a single, uniform appropriations allocation, the nursing community has gained credibility with congressional members and their staff, and as such, the members have been more supportive of the funding request than if nursing organizations advocated different amounts. In addition to the broader nursing community, there are a number of coalitions also advocating \$205 million for the Nurse Reinvestment Act, including:

- Americans for Nursing Shortage Relief (ANSR)—an alliance of organizations that support ensuring quality health care, educating and training nurses, and building an adequate supply of nurses.
- TriCouncil for Nursing—an alliance of four autonomous nursing organizations (American Association of Colleges of Nursing, American Nurses Association, American Organization of Nurse Executives, and the National League of Nursing) focused on leadership for education, practice, and research.
- Health Professions and Nursing Education Coalition (HPNEC)—an informal alliance of more than 50 organizations representing a variety of schools, programs, and individuals dedicated to educating professional health personnel.

CREATING A "CONSUMER MOVEMENT"

In addition to the nursing community, members of the cancer community advocate increased Nurse Reinvestment Act funding in FY 2005 to ensure our nation has the nursing workforce necessary to provide cancer care to the patients of today and tomorrow. In 2003, the Oncology Nursing Society (ONS) recognized that a "consumer movement" of patient advocacy organizations in the cancer community was needed to increase awareness of the nursing shortage and its impact on providing quality cancer care. ONS has made increasing funding for the Nurse Reinvestment Act its top health policy priority for 2004 and has devoted significant resources to achieve this goal. Recent ONS advocacy includes issuing action alerts to ONS members at key points in the appropriations process, signing on to letters sponsored by the nursing and cancer communities to the House and Senate LHHS

subcommittees, enlisting members of the cancer and patient advocacy communities to lend support to the effort, bringing ONS leaders to Washington to meet with their elected officials on Capitol Hill, sending correspondence to members of the House and Senate Appropriations Committees and LHHS subcommittees, and conducting advocacy postcard campaigns at the ONS leadership meeting in March, the ONS annual congress in April, and at the chapter level.

Moreover, ONS realized that without the powerful voices of advocacy and patient organizations, the nursing community could not succeed in its efforts on Capitol Hill to secure the necessary levels of funding to address the nursing shortage. Last year, ONS was the lead organizer of a sign-on letter to the House and Senate LHHS Appropriations Committee that netted 48 cancer organizations in support of increased funding for the Nurse Reinvestment Act in FY 2004. (To view the letter, please visit the Oncology Nursing Society Legislative Action Center at www.ons.org/lac/pdf/correspondence/108/lac84.pdf.) Many Capitol Hill staff have acknowledged that this letter from the cancer community was critical to building the case for and securing increased funding in FY 2004.

The cancer organizations that support increased FY 2005 Nurse Reinvestment Act funding include the American Cancer Society, Association of Community Cancer Centers, Cancer Research and Prevention Foundation, International Myeloma Foundation, Leukemia and Lymphoma Society, Men's Health Network, National Patient Advocate Foundation, National Prostate Cancer Coalition, Ovarian Cancer National Alliance, US Oncology, and many others. These organizations recognize that without increased funding for the Nurse Reinvestment Act, people with cancer will not be ensured access to the quality cancer care they need and deserve.

In addition, there are two key cancer coalitions that added funding for the Nurse Reinvestment Act to their FY 2005 legislative agendas.

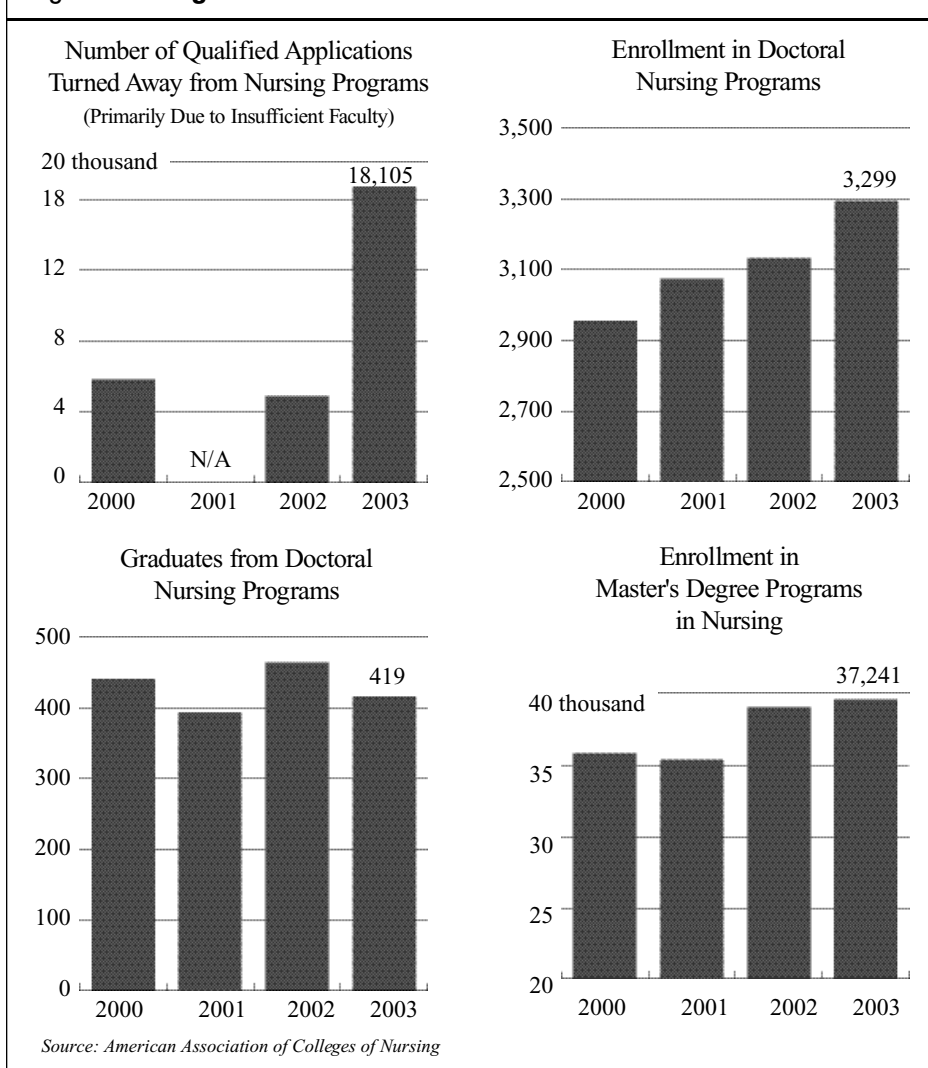
- One Voice Against Cancer (OVAC)—a collaboration of national nonprofit organizations delivering a unified message on the need for increased cancer-related appropriations at the National Institutes of Health (NIH), the National Cancer Institute (NCI), and the Centers for Disease Control and Prevention (CDC). Earlier this year, OVAC added the FY 2005 funding request of \$205 million for the Nurse Reinvestment Act to its legislative agenda.
- The National Coalition for Cancer Research (NCCR)—a nonprofit organization of national organizations dedicated to the eradication of cancer

through a vigorous public and privately supported research effort. This is the second year NCCR has advocated increased funding for the Nurse Reinvestment Act. NCCR recognized early on that without a sufficient supply of trained, educated, and experienced oncology nurses, our nation will falter in its ability to conduct clinical trials and other research necessary to reduce cancer incidence and mortality.

CONGRESSIONAL CHAMPIONS

In addition to the nursing and cancer communities, there are a number of champions working in the House and Senate to increase funding for the Nurse Reinvestment Act. Since enactment of the Nurse Reinvestment Act in August 2002, Senators Barbara Mikulski (D-Md.) and Susan Collins (R-Maine) have teamed up to ensure that these programs receive increased funding. They have sponsored amendments to the FY 2003 and 2004 LHHS appropriations bills to boost funding for the Nurse Reinvestment Act. Earlier this year both senators cosponsored a "Dear Colleague" letter to Senate LHHS Appropriations Committee Chairman Arlen Specter (R-Pa.) and Ranking Member Tom Harkin (D-Iowa) that netted the signatures of 41 bipartisan senators in support of \$205 million in funding for the Nurse Reinvestment Act in FY 2005. A similar effort by House Nursing Caucus Co-chairs Lois Capps (D-

Fig. 1. Nursing school statistics



Calif.) and Ed Whitfield (R-Ky.) to House LHHs Appropriations Committee Chairman Ralph Regula (R-Ohio) and Ranking Member David Obey (D-Wisc.) secured 123 signatures from Republican and Democratic House members. Other members who have supported increasing funding to boost the nation's nursing workforce include Senate Cancer Coalition Co-chairs Senators Dianne Feinstein (D-Calif.) and Sam Brownback (R-Kan.).

LEGISLATIVE STATUS

President George W. Bush released his FY 2005 budget on February 2, and included within the request for HRSA was a \$5 million increase for the nurse loan repayment and scholarship program. The total FY 2005 funding the President requested for the Nurse Reinvestment Act and the other nursing workforce programs at HRSA was \$146 million.

On July 14, the House Appropriations Committee marked up its version of the FY 2005 LHHs appropriations bill. The House LHHs appropriations bill includes funding of \$146

million for the Nurse Reinvestment Act and the other nursing workforce programs at HRSA. Taken together, nursing workforce programs received an overall 3.5% increase; however, advanced nursing education received an 8.5% cut, whereas the loan, scholarship, and nurse education, practice, and retention programs saw increases. The House passed its version of the FY 2005 LHHs appropriations bill on September 9 with a vote of 388–13.

Another scenario is passing an omnibus package, a spending “catch-all” to be considered during a lame-duck session or rolled over for consideration into the 2005 calendar year. GOP leaders hope to adjourn in early October to allow lawmakers time to return home to campaign prior to the November 2 election. With the Congress returning to Washington September 7, lawmakers have very little time to pass the 13 spending measures one by one before the September 30 deadline.

Conclusion

Nurses play a crucial role preserving and protecting the health and well-being of the nation, especially those individuals battling cancer. With the impending retirement of the baby-boomer generation in the next 10 years, this shortage will intensify without immediate attention. Yet, with the active involvement of the nursing, cancer, and patient advocacy communities, and a unified effort calling for adequate funding for the Nurse Reinvestment Act, Congress likely will respond favorably by allocating additional resources. With sufficient and sustained funding, the Nurse Reinvestment Act can fulfill its promise: The current and expected nursing shortage could be ameliorated and people will continue to receive the quality health care they need and deserve. ■

THE TOTAL NURSING WORKFORCE IS AGING. By 2010, the average age of RNs is forecasted to be 45.4 years, an increase of 3.5 years over the current age. More than 40% of the RN workforce is expected to be older than 50 years.⁹

Approximately half of the RN workforce is expected to reach retirement age within the next 10 to 15 years. The average age of current RN graduates is 31 years. RNs are entering the profession older and will have fewer years to work than nurses traditionally have had.¹⁰

For the first time, registered nurses top the U.S. Bureau of Labor Statistics list of occupations with the largest projected 10-year job growth. The bureau's latest projections put the demand for registered nurses at 2.9 million in 2012, up from 2.3 million in 2002.

The Senate Appropriations Committee marked up its version of the LHHs appropriations bill on September 15 that included a \$20 million increase (approximately 14% over FY 2004) for the Nurse Reinvestment Act and the other nursing workforce programs at HRSA. At presstime, it was unclear when or if the Senate LHHs appropriations bill would be debated on the Senate floor.

Traditionally, the LHHs bill is one of the most controversial of the 13 spending measures and, as such, it most often is one of the last to be considered and finalized in each appropriations cycle. A number of different ideas and approaches have been floated and are under consideration to enact as many of the FY 2005 spending bills by the September 30 deadline as possible. One scenario includes passing a CR that would fund the departments, agencies, and programs funded through the LHHs appropriations bill until a lame-duck session after the November election.

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