



WRITTEN TESTIMONY FOR THE RECORD
HOUSE COMMITTEE ON ENERGY AND COMMERCE, SUBCOMMITTEE ON HEALTH HEARING,
“EXAMINING LEGISLATION TO IMPROVE HEALTH CARE AND TREATMENT”

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DECEMBER 7, 2015

On behalf of the American Association of Colleges of Nursing (AACN), I respectfully submit this written testimony for the record to the House Committee on Energy and Commerce, Subcommittee on Health regarding H.R. 2713, the Title VIII Nursing Workforce Reauthorization Act of 2015. This legislation is vital to preparing the nursing workforce to meet the nation’s healthcare needs today and in the future. H.R. 2713 was introduced by House Nursing Caucus Co-Chairs, Representatives Lois Capps and David Joyce, and has the bipartisan support of 50 additional cosponsors. AACN applauds Representative Capps for her work to advance the health of the nation through nursing care, and would also like to thank House Committee on Energy and Commerce members Representatives Kathy Castor, Joseph Kennedy, David Loebsack, Doris Matsui, Kurt Schrader, and John Yarmuth who have also cosponsored this legislation.

AACN represents 781 baccalaureate and graduate schools of nursing across all 50 states and the District of Columbia. Our membership extends to over 475,000 individuals, including 18,000 full-time faculty members, more than 457,000 nursing students, and the deans who lead these institutions. Healthcare delivery models are not static. Neither is

nursing education. This legislation would modernize the Title VIII Nursing Workforce Development programs, thus creating alignment with transformational efforts underway in nursing and health care.

For 52 years, the Title VIII programs have supported nursing students, practicing nurses, as well as academic and clinical institutions. In Fiscal Year (FY) 2015, the Title VIII Nursing Workforce Development programs awarded 1,166 new and continuing grants.¹ These grants bolster the nursing workforce, address nursing workforce diversity, increase nursing faculty, improve quality, promote interprofessional education, and help meet the needs of our aging population.

The Title VIII programs have been a consistent federal solution in responding to nursing workforce supply and demand challenges. The projected number of retirements in the nursing workforce will accelerate from 20,000 a decade ago to nearly 80,000 in the next decade as Baby Boomer registered nurses continue to age,² thus impacting potential growth in the profession. Currently, regional demands for nurses are reflective of the recruitment and retention barriers that impact communities, particularly in those that have health professional shortages, such as rural and underserved areas. The Title VIII programs provide a common-sense solution to address the workforce pipeline, and to

¹ Health Resources and Services Administration. (2015). HRSA Data Warehouse. Active Grants Data Portal Custom Download by Grant Activity Code: A10, A22, D09, D11, D19, D62, E01, E4C, E4D, UD7, UF1. Retrieved December 3, 2015 from

<http://datawarehouse.hrsa.gov/tools/DataPortalResults.aspx?paramGrantId=active¶mFilterId=BHW>.

² Auerbach, D. I., Buerhaus, P., & Staiger, D. O. (2015). Will the rn workforce weather the retirement of the baby boomers? *Medical Care*, 53(10), 850-856.

promote practice in areas of national need. For example, the Advanced Education Nursing Traineeship (AENT) program assists graduate nursing students by providing support for the cost of their education. In Academic Year 2013-2014, this program supported 5,650 students, of which 40% were from minority or disadvantaged backgrounds. Fifty-six percent of these students received training in medically underserved areas, and 48% received training in primary care settings.³

One future nurse practitioner who is a recipient of the Title VIII AENT program, Krista Harmon, is a nursing student at the University of Tennessee, Chattanooga. She is a prime example of how this funding reaches those who want to provide care to underserved populations. Krista hopes to serve her Tennessee community and states, “When I graduate, I will be able to accept a lower salary instead of worrying about the highest-paying salary to pay off loans.” This will enable her to practice in an underserved community despite possibly lower pay. Britney Keplera, a Doctor of Nursing Practice student at the University of Pittsburgh, received the AENT program, and, like Krista, aspires to provide care as a future nurse practitioner in her local community.

The ability for our nation’s nursing programs to educate future practitioners such as Krista and Britney is not possible without graduate-prepared nursing faculty, and in particular doctorally-prepared faculty. According to AACN data from a survey on faculty vacancy, the top issue related to faculty recruitment in Academic Year 2015-2016 was a

³ U.S. Department of Health and Human Services. (2015). *Health Resources and Services Administration Fiscal Year 2016 Justification of Estimates for Appropriations Committee*.

limited pool of doctorally-prepared faculty.⁴ Of the vacancies reported (1,274), nearly 91% are positions that require or prefer a doctoral degree.⁴ Title VIII funding helps to address this demand. In fact, future graduate-prepared nursing faculty like Lisa Van Cleave, a PhD student at Hardin-Simmons University in Abilene, Texas, are supported through the Title VIII Nurse Faculty Loan Program. This funding allows her to pursue her degree full-time. Lisa states that this financial aid will assist her in becoming a doctorally-prepared nursing faculty member, and she will be instrumental in educating future nurses to deliver that care.

Additionally, educating a diverse nursing workforce that is representative of the increasingly diverse population is supported through the Title VIII Nursing Workforce Diversity program. This endeavor is reinforced by the Institute of Medicine in its recent report which assessed the progress of the 2010 *Future of Nursing: Leading Change, Advancing Health* report recommendations. The IOM emphasizes continuing to make diversity in the nursing workforce a top priority.⁵ In Academic Year 2013-2014, the Nursing Workforce Diversity program supported 16,997 students and aspiring students as well as partnered with over 1,000 clinical training sites, of which over half were located in a medically-underserved area.¹ Tina Meehan-Regnani is an Alaska-Native nursing student and recipient of this program. She attends Montana State University, Bozeman and states, “This program has been so beneficial to my academic success and I view it as

⁴ American Association of Colleges of Nursing. (2015). *Special Survey on Vacant Faculty Positions for Academic Year 2015-2016*. Washington, D.C.

⁵ Institute of Medicine. (2015). *Assessing Progress on the IOM Report The Future of Nursing*. Retrieved from: <http://iom.nationalacademies.org/Reports/2015/Assessing-Progress-on-the-IOM-Report-The-Future-of-Nursing.aspx>.

a true gift. Because I am so grateful, and have always wanted to work in rural or underserved communities, I can now continue along that path.”

Each year, hundreds of students like Krista, Britney, Lisa, and Tina share with AACN how the Title VIII Nursing Workforce Development programs have provided them the financial opportunity to work towards their ultimate career goal— providing high-quality, cost-effective care— and for many of them that includes becoming the faculty who will teach these future practitioners.

As the nation continues to address how all communities, including the underserved, have access to care, it is essential that the Title VIII Nursing Workforce Development programs be reauthorized. This will ensure a continued and sustainable pipeline of support for the providers who spend the most time with patients and are involved in care across the entire continuum— nurses.

AACN, along with 51 other national nursing organizations, collaborated with Representatives Capps and Joyce to identify four technical changes that would modernize the programs. These 52 organizations fully support H.R. 2713.⁶ The mutually-agreed upon changes promote the Clinical Nurse Specialist, who employs their expertise to specific patient populations; Nurse-Managed Health Clinics (NMHCs), which provide essential primary care; and the Clinical Nurse Leader role, which is critical to improving care coordination and evidence-based practice.

⁶ The Nursing Community Coalition. (June 10, 2015). *The Nursing Community Commends the Introduction of Legislation That Would Secure Future Investments for America’s Health*. Retrieved from: <http://www.thenursingcommunity.org/#!/cphp>.

More specifically, the first and second technical changes to the statute promote parity among the four Advanced Practice Registered Nurse (APRN) roles to align with the APRN Consensus model, which defined these four roles as nurse practitioner, certified registered nurse anesthetist, certified nurse-midwife, and clinical nurse specialist (CNS).⁷ As one of the four APRN roles, CNSs are graduate-prepared nurses that specialize in an area of practice defined by population, setting, or disease type. Both the Advanced Education Nursing Grants [42 U.S.C. S 296j] and the National Advisory Council on Nurse Education and Practice [42 U.S.C. S 297t] is amended to include the CNS, consistent with the other APRN roles.

The third technical change includes NMHCs in the Title VIII Definitions [42 U.S.C. S 296] among the other eligible entities defined. NMHCs provide individualized care, including health promotion, disease prevention, management of chronic conditions, treatment of acute illness, and counseling. NMHCs are run by nurse practitioners and traditionally focus on populations underserved by the larger healthcare system. Moreover, NMHCs often serve as clinical training sites, not only for nursing students, but also for a multitude of health professions, thus promoting interprofessional education and practice.

The final change would include the Clinical Nurse Leader (CNL) in the definition of advanced education nurses under the Advanced Education Nursing Grants [42 U.S.C. S 296j]. The CNL is a prime example of a transformation in nursing education in the last decade in response to the nation's changing healthcare needs. CNLs oversee the lateral

⁷ APRN Consensus Work Group. (July 7, 2008). *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education*. Retrieved from: https://ncsbn.org/Consensus_Model_for_APRN_Regulation_July_2008.pdf.

integration of care for a distinct group of patients. The CNL evaluates patient outcomes, assesses cohort risk, and has the decision-making authority to alter care plans as appropriate.⁸ Including the CNL role allows for parity with other graduate degree programs that apply for the AEN program.

AACN applauds the Subcommittee for bringing H.R. 2713, the Title VIII Nursing Workforce Reauthorization Act of 2015 to a hearing, as it is a necessary legislative step to support America's patients, their families, and the communities in which they live. On behalf of our member deans, faculty, and students, AACN appreciates the opportunity to share the tremendous impact that Title VIII Nursing Workforce Development programs have on its recipients and how their careers have and will continue to improve our nation's health. We stand ready to work with the Committee and Congress on timely passage of this important legislation.

⁸ American Association of Colleges of Nursing. (2013). *Competencies and Curricular Expectations for Clinical Nurse Leader Education and Practice*. Retrieved from: <http://www.aacn.nche.edu/publications/white-papers/cnl>.