

**REPORT OF THE
JOINT SUBCOMMITTEE STUDYING**

**The Supply and Demand
of Nurses in the
Commonwealth**

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



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EXECUTIVE SUMMARY

AUTHORITY AND STUDY OBJECTIVES

House Joint Resolution No. 165, adopted by the 1988 Session of the General Assembly, established a joint subcommittee to study the supply and demand of nurses in the Commonwealth. The Committee's study was authorized to continue in 1989 pursuant to Rule 23 of the Rules of the House of Delegates and Rules 20(h) and 20(m) of the Rules of the Senate. Charged with the responsibility of determining the existence, origins, and effects of a perceived critical nursing shortage, the committee was directed to coordinate the expertise of the public and private sectors and to develop recommendations that protect the public health, safety, and welfare. Throughout this two-year study, the Committee has conferred with state agencies, nurses, educators, professional organizations, and the medical community. The Committee also reviewed the work of the U.S. Department of Health and Human Services Secretary's Commission on Nursing as well as actions of other states addressing the nursing shortage. The Committee made a number of recommendations after the first year of its study. These recommendations resulted in legislation and resolutions regarding nurse scholarships, recruitment, compensation, professional relationships, and the use of temporary nursing services.

THE SUPPLY OF AND DEMAND FOR NURSES IN THE COMMONWEALTH

Nurses are an integral part of the modern health-care system. Responsible for a wide variety of tasks, nurses must possess a broad range of knowledge and skills, leadership ability, and initiative. The need for accomplished nurses is greater today than at any time in the history of the profession. Although the nursing profession has survived numerous cyclical shortages, the current shortage plaguing Virginia and the nation will be more difficult to solve. The demand for nurses is expected to be double the supply by the end of this century.

The effects of the nursing shortage are evident throughout the health-care system, but are perhaps most severe in the hospital sector and in long-term care. High vacancy rates and lengthy recruitment periods for registered nurses have threatened the overall quality of health care. Consequences of a continued shortage may include deteriorating work environments, heavier workloads, and hospital bed closures. In the Commonwealth, the nursing shortage has been manifested in declining enrollments in certain nursing programs, serious nurse vacancy rates, and reported difficulties in the recruitment and retention of nurses. Hospitals and nursing homes across Virginia have reported vacancy rates comparable to those documented nationwide. Addressing the origins and implications of this critical nursing shortage requires analysis of economic, educational, and situational factors, as well as societal and professional attitudes.

The Code of Virginia authorizes specific classifications of nurses and provides for nursing education and scholarships. Registered nurses, licensed practical nurses, clinical nurse specialists, and certified nurse aides are all subject to the various regulations, standards, and educational requirements established by the Board of Nursing. The Department of Education funds and administers 46 schools of practical nursing; in addition, baccalaureate and associate degree nursing programs are offered at a number of Virginia's institutions of higher education. Enrollments in these programs declined in the mid-1980's, and national statistics predict a continued decline in nursing school enrollments and graduates.

The demand for nurses nationwide is expected to increase, despite declining hospital utilization. The development of new medical technology has intensified the nurse's role in health-care delivery; more nurses are required to monitor patients and to operate complex equipment. Because the patient population has become not only older but more severely ill, more nurses are needed to provide special and continuous attention. Changing reimbursement systems and cost-containment measures have also encouraged earlier patient discharge, creating a greater need for home health-care nurses. These changes have also encouraged cost-conscious hospitals to require nurses to assume many non-clinical tasks previously performed by support staff or other medical personnel. Although it is clear that the demand for nurses in Virginia is very real, the lack of Virginia-specific data regarding the nurse labor supply and distribution has hindered the development of effective measures addressing this need.

While some reports attribute the current nursing shortage primarily to increased demand, a number of factors have clearly prevented the nurse supply from meeting this demand. Despite increasing college enrollments, fewer students are interested in nursing careers. Expanded career opportunities for women and a lack of professional status may discourage entry into nursing. In addition, comparatively low wages and limited career and salary advancement opportunities within the nursing profession hamper not only recruitment but also the retention of experienced nurses. Compensation is of great concern to nurses, including those employed in the Commonwealth's agencies. The Department of Mental Health, Mental Retardation and Substance Abuse Services has encouraged state facilities to develop competitive compensation packages, and the Department of Personnel and Training is currently reviewing salary schedules for nurses employed by the Commonwealth.

The Committee has also learned that the work environment greatly affects the nurse supply. Stress, heavy workloads, long hours, and lack of input in determining patient care discourage many nurses from remaining in the profession. Restructuring work schedules, eliminating poor nurse utilization practices, and enhancing benefit programs have been suggested as strategies to improve work conditions. The nurse's poor professional image, often reflected in treatment by employers and other medical professionals, also contributes to the nursing shortage. Improving this image requires including nurses in policy and planning and encouraging nurses' input in determining patient care.

RECOMMENDATIONS

In studying the many complex and sometimes sensitive issues influencing the supply of and demand for nurses, the Committee has coordinated the expertise and perspectives of those state agencies, individuals, and organizations having a crucial role in the advancement of the nursing profession. While legislation may not be the appropriate remedy for all of the causes of Virginia's nursing shortage, action by the General Assembly may well address and alleviate certain aspects of this dilemma. The Joint Subcommittee recommends the following actions:

RECOMMENDATION 1:

That the Nurse Practice Act be amended to permit licensed practical nurses to teach certified nurse aides pursuant to regulations which may be promulgated by the Board of Nursing.

Presently, the Code of Virginia only grants teaching authority to registered nurses (RNs). The Committee has received testimony throughout its study regarding the critical need for RNs, especially in long-term care. This Committee has concluded that extending teaching authority to licensed practical nurses (LPNs), subject to Board of Nursing regulations, might alleviate this shortage by permitting RNs to return to patient care.

RECOMMENDATION 2:

That funding for the Nurse Scholarship Program be increased.

The 1989 Appropriations Act provides \$100,000 each year for the Commonwealth's nurse scholarship program. Because the costs of nursing education have increased substantially over the years, this Committee recommends that funding for the nurse scholarship program be increased to assist in the recruitment of qualified students.

RECOMMENDATION 3:

That the Virginia Health Planning Board be charged with the responsibility of developing proposals for data collection systems for health-care manpower distribution and for mortality and morbidity rates for citizens of the Commonwealth.

The Committee has concluded that the development of statewide data collection systems for health-care manpower distribution would not only greatly enhance the effectiveness of measures to remedy the current nursing shortage but also would assist in the prevention or mitigation of future problems in health-care labor supply and distribution. The collection of statewide mortality and morbidity data will also prove valuable in the assessment of health-care manpower needs.

RECOMMENDATION 4:

That the State Council of Higher Education for Virginia study and compare the salaries of nursing faculty to other faculty members, administrators, and other service professionals in order to identify and address the need for competitive compensation for nursing instructors.

The nursing instructor plays an invaluable role in the development of qualified nursing professionals. Competitive compensation is necessary to recruit and retain capable instructors and to maintain excellence in Virginia's nursing programs. The study conducted by the Department of Personnel and Training pursuant to SJR 140 provides valuable information regarding the salaries of Virginia's state-employed nurses; however, it does not provide specific data regarding the compensation of nursing faculty. Therefore, the Committee recommends that the State Council of Higher Education study and compare the salaries of nursing faculty to those of other faculty members, service professionals, and administrators.

RECOMMENDATION 5:

That the Department of Education encourage high school counselors to promote nursing and health-care professions in career counseling; that health-care providers, nursing organizations, and medical societies participate in "career day" promotions to recruit high school students; and that these health-care providers and professional organizations promote nursing as a "second career" for adults and returning students.

RECOMMENDATION 6:

That the State Council of Higher Education for Virginia, in cooperation with the Commonwealth's colleges and universities and professional nursing organizations, study and develop articulation agreements to facilitate transfers between nursing programs.

Articulation agreements that ease transfers between various nursing programs may facilitate further education for nurses. These agreements not only provide "career ladder" opportunities for nurses but also may increase the supply of experienced, skilled nurses. Articulation agreements would ideally minimize the loss of academic credits, reduce duplication in course requirements, and ultimately make nursing more accessible to new recruits and returning students.

RECOMMENDATION 7:

That the Department of Health Professions be commended for its current study of the services and capabilities of nurse practitioners and that the Department report its findings and recommendations to the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health.

This Committee's study has focused largely on those issues and practices affecting RNs, LPNs, certified nurse aides, and, to a lesser degree, other nursing professionals. Nurse practitioners are unique nursing professionals, licensed by both the Board of Medicine and the Board of Nursing to perform tasks that may actually constitute the practice of medicine. The Department of Health Professions has impaneled a task force to study the services and capabilities of these nursing professionals. The Task Force has been challenged by a lack of specific data regarding practice settings, demographics, and services rendered. This Committee wishes to commend the Department's Task Force for its examination of a broad range of significant issues, such as utilization practices and working relationships between the nurse practitioner and other health-care professionals.

RECOMMENDATION 8:

That the Commonwealth be urged to assess the compensation of its state-employed nurses based on comparative national data and that salaries of these health-care professionals be increased as indicated by these data and by the findings and recommendations of the Department of Personnel and Training, developed pursuant to SJR 140.

The preliminary findings of the Department of Personnel and Training (DPT) study indicate that the salaries of the Commonwealth's state-employed nurses are consistently lower than those reported regionally and nationally. It is expected that the Department of Personnel and Training will submit its findings and final recommendations regarding the compensation of these health-care professionals to the Governor and the 1990 Session of the General Assembly.

I. AUTHORITY FOR STUDY

Adopted by the 1988 Session of the General Assembly, House Joint Resolution No. 165 created a joint subcommittee to study the supply of and demand for nurses in the Commonwealth. The Committee was comprised of ten members as follows: three members of the House Committee on Health, Welfare and Institutions, two members of the Senate Committee on Education and Health, and five citizen members, one each representing the Board of Nursing, hospitals, nursing homes, nursing organizations, and nursing education institutions. The Directors of the Department of Health Regulatory Boards and the State Council of Higher Education served as *ex officio* members.

Continuation of the Committee's study was authorized in 1989 pursuant to Rules 20(h) and 20(m) of the Rules of the Senate and Rule 23 of the Rules of the House of Delegates. The Committee was required to submit its findings and recommendations to the Governor and the 1990 Session of the General Assembly.

II. OBJECTIVES AND STUDY DESIGN

Referring to a recent survey of hospital nursing executives, HJR 165 cited high vacancy and turnover rates for registered nurses in the Commonwealth and recruiting difficulties experienced by many hospitals. The resolution also described a clear need to coordinate with "available expertise in the public and private sectors" in the collection and interpretation of reliable information regarding a perceived critical shortage of nurses. The Committee was directed not only to determine the existence, origins, and effects of this perceived shortage, but also to "provide recommendations that will protect the public health, safety, and welfare."

In the first year of this study, the Committee coordinated the expertise and perspectives of state agencies, nurses, educators, administrators, various health care providers, nursing organizations, and other members of the medical community. The Committee reviewed the work of the U.S. Department of Health and Human Services Secretary's Commission on Nursing as well as recent actions and legislation addressing the nursing shortage in other states. A staff survey was also conducted, its results reflecting trends consistent with national findings and confirming the Committee's beliefs regarding the critical issues influencing the nursing shortage in the Commonwealth.

The Committee's initial recommendations resulted in legislation concerning the Commonwealth's nurse scholarship program and resolutions regarding the use of temporary nursing services, the development of improved relationships among hospital management, physicians, and nurses, and the recruitment and compensation of nurses. Among those issues carried forward for further study were the need for increased funding for nurse scholarships, the efficacy and appropriateness of re-establishing a health occupations and professions data collection system, and the review of requested studies concerning the compensation of nurses within state agencies.

III. THE SUPPLY OF AND DEMAND FOR NURSES IN THE COMMONWEALTH

A. INTRODUCTION: THE NATIONAL SHORTAGE

Described as "a form of labor shaped by the obligation to care,"¹ nursing is an integral part of our modern health-care system. Nurses today are "ever more central to the management of health-care delivery in ways that are frequently invisible to the patient and the family."² Responsible for such diverse tasks as monitoring complex technology, ensuring proper dispensing of patient medications and treatment, and providing health education, nurses must possess not only a broad range of knowledge and skills, but also leadership ability, initiative, and sensitivity.³ It has been said that the nurse actually controls the "environment of healing;" indeed, it is the nurse who is a constant presence in the patient's rehabilitation and recovery.⁴ In addition to meeting the daily challenges of an increasingly complex health-care delivery system, the nurse may provide a "holistic understanding of patients' needs...."⁵ Experts agree that the need for accomplished nurses is greater today than at any time in the history of the profession.⁶

That the health-care system is confronted with a critical nursing shortage is clear. Although the nursing profession has weathered numerous cyclical shortages since the 1930's, most recently in the early 1970's and 1980's,⁷

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1. S. Reverby, Ordered to Care: The Dilemma of American Nursing, 1850-1945 1 (1987).
 2. United States Department of Health and Human Services, Secretary's Commission on Nursing, Final Report vol. I, iii (December 1988) [hereinafter referred to as Final Report].
 3. Id. See also, R. Matson, "Where Have All the Nurses Gone?" Carolina Alumni Review 44, 45 (Fall 1989) [hereinafter referred to as Matson].
 4. G. Will, "The Dignity of Nursing," Newsweek, May 23, 1988, at 80 [hereinafter referred to as Will].
 5. Id.
 6. Final Report, supra note 2, at iii.
 7. L. LeRoy, "Continuity in Change: Power and Gender in Nursing," Journal of Professional Nursing 28, 29 (January/February 1986). See also, Final Report, supra note 2, at iii. The nursing crisis of the early 1970's produced major wage increases and increased enrollments in college nursing programs. T. Tregarthen, "This Nursing Shortage is Different," The Wall Street Journal (November 11, 1987)[hereinafter referred to as Tregarthen].

experts maintain that the current shortage will be more difficult to solve.⁸ It has been estimated that, by the end of the century, the demand for nurses will be double the supply.⁹

The nursing shortage is felt throughout the health-care system, but is perhaps most evident in hospitals. About 60% of U.S. hospitals are experiencing nursing shortages severe enough to threaten the quality of health care delivery.¹⁰ The shortage appears to be most serious in the Southeast, where 68% of hospitals report "dangerous nursing shortfalls."¹¹ Registered nurse (RN) vacancies have tripled between 1983 and 1987.¹² The need is most acute for RNs in critical care and medical/surgical units, where vacancies may remain unfilled for as long as 90 days. Nurse-supervisor positions are also open at 60% of all hospitals.¹³ The nursing shortage appears to be worse for

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8. M. Freudenheim, "Nursing Shortage is Costing Billions," New York Times (May 31, 1988) [hereinafter referred to as Freudenheim].
 9. "Seeking an Rx for Nurses," Newsweek, July 10, 1989, at 32 [hereinafter referred to as Newsweek]. According to a report issued by the Hay Group, a business consulting firm, 20% of those hospitals experiencing severe shortages have already responded by cutting back on beds or by closing entire wings.
 10. Will, supra note 4, at 80.
 11. Newsweek, supra note 9, at 32.
 12. "Help Wanted: Nurses, Nurses, Nurses," Medicine & Health Perspectives, June 20, 1988 [hereinafter referred to as Perspectives]. The article cites figures from the interim report of the Secretary's Commission on Nursing. See also, K. Southwick and T. Leberto, "Nurse shortage provokes strikes, more organizing," HealthWeek, February 16, 1988, at 26 [hereinafter referred to as Southwick]. The American Hospital Association reported (AHA) that the national RN vacancy rate more than doubled between 1985 and 1986--increasing from 6.3% to 13.6%.
 13. Id. In a 1988 survey of 144 Southeast hospitals conducted by Hay Management Consultants, responding facilities reported that the RN shortage threatens quality of care. Vacancy rates of 10 to 19% were reported by 44% of the surveyed hospitals; 26% had openings of 20% or more. See also, Final Report, supra note 2, at 3.

larger hospitals and for hospitals in urban areas, although it is suspected that "small and rural hospitals, accustomed to operating with limited staffs, may be less likely to report shortages."¹⁴

The nursing shortage is evident not only in the hospital sector; nursing homes also report high RN vacancy rates and lengthy recruitment periods. There is evidence that some nursing homes may be operating with RN staffing levels below minimum federal criteria.¹⁵ Home health-care agencies also report RN recruitment and retention difficulties. Agencies providing ambulatory care services appear to be affected by the nursing shortage as well.¹⁶

The nationwide nursing shortage has been attributed to increased demand rather than decreased supply.¹⁷ Simply increasing the supply of nurses to meet this demand, however, has proved ineffective historically and, more importantly, fails to address the many issues contributing to the nursing shortage.¹⁸ While there is no simple cure for the current shortage, most experts agree that "the crisis has its roots in a complicated swamp of

14. Final Report, *supra* note 2, at 3.

15. Id. at 3, n.4. A U.S. Health Care Financing Administration (HCFA) monitoring survey indicated that 3% of Medicare-certified nursing homes received staffing deficiency citations, while 32% of nursing homes responding to a survey by the American Health Care Association indicated that they were operating at least one RN full-time employee below staffing requirements.

16. Id. at 4. Although specific data are not available to fully assess the shortage in ambulatory care, the Secretary's Commission received testimony describing RN hiring difficulties in this sector.

17. Id. The Final Report described the RN shortage as "a market disequilibrium between RN supply and RN demand in which the quantity of RNs demanded exceeds the supply that is forthcoming at the prevailing wage." Id. at 3.

18. See E. Ginzberg, "Nurses for the Future: Facing the Facts and Figures," American Journal of Nursing 1596, 1597 (December 1987) [hereinafter referred to as Ginzberg], and L. Aiken, "Nurses for the Future: Breaking the Shortage Cycles," American Journal of Nursing 1616, 1616 (December 1987) [hereinafter referred to as Aiken]. Mr. Ginzberg stated that "the worst way to improve the economic returns to a group is to continue to increase the supply," while Ms. Aiken stated that increasing the supply of nurses has not worked--"at least not so far"--as "the nation's output of nurses has doubled over the past three decades, far outstripping the population growth."

economics and the sociology of health care institutions."¹⁹ Consequences of a continued shortage might include a deteriorating work environment, heavier workloads and increased margins for error, and reduced access to patient care. Clearly, the nursing shortage will not "resolve itself either in the immediate or long-range future without intervention."²⁰ Addressing the origins, implications, and effects of the nursing shortage requires examination of those economic, educational, and situational factors, as well as societal and professional attitudes, which profoundly influence the practice of nursing today. In meeting the challenge of HJR 165, the Committee has studied these issues and solicited the expertise of state agencies, nurses, educators, administrators, professionals organizations, and other members of the medical community to develop recommendations addressing the nursing shortage in Virginia.

B. THE SUPPLY OF NURSES IN VIRGINIA

Virginia's Shortage

The current nursing shortage has been deemed, on a national level, to be "real, widespread, and of significant magnitude."²¹ In Virginia, the shortage is manifested in declining enrollments in certain nursing programs, a serious nurse vacancy rate in several health-care practice areas, reported difficulties in the recruitment and retention of nurses, and hospital bed closures. Hospitals and nursing homes, the largest employers of both RNs and licensed practical nurses (LPNs) in Virginia,²² are experiencing vacancy rates comparable to those reported nationwide. According to a 1987 Virginia Hospital Association (VHA) survey, 67% of Virginia hospitals are experiencing an overall shortage of nurses; Virginia's RN vacancy rate of 10.1% nearly matched the national vacancy rate of 11%.²³ The Roanoke area and the northern Shenandoah Valley area average the highest vacancy rates, about 14%,

19. Perspectives, *supra* note 12.

20. Final Report, *supra* note 2, at 13, 14.

21. Id. at v.

22. Virginia Council on Health and Medical Care, Inc., Report of the Task Force on Nursing 5 (November 1985) [hereinafter referred to as Task Force Report]. In 1980, Virginia hospitals and nursing homes employed, respectively, 61.1% and 6.1% of active RNs.

23. Virginia Hospital Association, 1987 VHA Nursing Survey 3 (1988) [hereinafter referred to as VHA Survey]. The survey was distributed to the 115 VHA member hospitals; 69% responded. See also, B. Orndorff, "State has 10% vacancy rate for nurses," Richmond Times Dispatch (June 3, 1988) [hereinafter referred to as Orndorff].

while Southwest and Northern Virginia reflect the lowest rates, approximately 6%. The RN vacancy rate in Central Virginia is about 11.5%.²⁴

Nursing Regulation and Education

As of June 30, 1989, the number of licensed nurses in Virginia totalled 82,285;²⁵ the largest clinical area of practice is medical-surgical nursing.²⁶ Specific nursing classifications authorized by the Code of Virginia include registered nurse, licensed practical nurse, clinical nurse specialist and certified nurse aide (CNA). Each is subject to the regulations, standards, and educational requirements established by the Board of Nursing.²⁷

Under the Code of Virginia, registered nurses are empowered to practice "professional nursing," to provide professional service without compensation, and to promote and teach health to individuals and groups. They may be compensated for "any nursing acts in the observation, care and counsel of individuals who are ill, injured or experiencing changes in normal health processes"²⁸ The RN is also empowered to supervise and teach those involved in nursing care and to administer prescribed medication and treatment.²⁹ To obtain licensure to practice professional nursing in

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24. Orndorff, supra note 23, describing the 1987 VHA Survey results.
 25. Department of Health Professions, Virginia Board of Nursing, Annual Statistical Report July 1, 1988-June 30, 1989 14 (1989) [hereinafter referred to as Annual Report]. This figure reflects 59,478 RNs and 22,807 LPNs. There are 1,759 certified nurse practitioners. The Board of Medicine and the Board of Nursing jointly prescribe regulations regarding the licensure of nurse practitioners. Va. Code § 54.1-2957 (1988). The Department of Health Professions has created a task force to study the utilization and practice of these health-care professionals.
 26. Task Force Report, supra note 22, at 8.
 27. Va. Code § 54.1-3000 et seq. (1988 and 1989 Supp.). The Board of Nursing consists of nine members appointed by the Governor, who may consider nominations from incorporated nursing organizations. Va. Code §§ 54.1-3002, 54.1-3004 (1988).
 28. Va. Code § 54.1-3000 (1989 Supp.).
 29. Id. The Committee has received testimony regarding the use of RNs to teach and train nurse aides, especially in nursing home programs. Extending teaching authority to LPNs in certain programs might alleviate the shortage of RNs in long-term care by permitting RNs to return to nursing duties. Minutes, December 7, 1989 meeting, Richmond, Virginia.

Virginia, an applicant must complete a four-year high school course of study or its equivalent, receive a diploma or degree from an approved professional nursing education program, and pass a written examination.³⁰

The licensed practical nurse may perform selected nursing acts under the direction or supervision of a licensed medical practitioner, an RN, and certain other licensed health professionals. The LPN must also pass a written examination and must have completed two years of high school or its equivalent and received a diploma from an approved practical nursing program.³¹ The clinical nurse specialist, licensed to practice professional nursing, is authorized to provide "advanced services according to the specialized training received from a program approved by the Board, but may not perform any act outside the practice of professional nursing."³² The nurse aide must obtain certification through a competency evaluation covering basic nursing and personal care skills, recognition of mental health and social services needs, basic restorative services, and resident or patient rights.³³

In Virginia today there are 46 schools of practical nursing funded and administered by the Department of Education. In addition, baccalaureate and associate degree programs are offered at a number of Virginia's public institutions of higher education. Articulation agreements have been voluntarily developed by some nursing education programs to facilitate transfers between nursing programs with a minimal loss of academic credit. Although enrollments in practical and registered nursing programs declined in the mid-1980's, some of the Commonwealth's nursing programs have experienced

30. Va. Code § 54.1-3017 (1988). The Code also provides that the applicant may not have committed any acts which are grounds for disciplinary action as set forth in § 54.1-3007. Section 54.1-3018 provides for reciprocity or endorsement for RN applicants licensed to practice in another state.

31. Va. Code §§ 54.1-3000 and 54.1-3020 (1988 and 1989 Supp.). Like RNs, LPNs are also subject to disciplinary act requirements and may receive reciprocity for out-of-state licensure. Va. Code §§ 54.1-3020 and 54.1-3021 (1988).

32. Va. Code § 54.1-3000 (1989 Supp.).

33. Va. Code §§ 54.1-3011 et seq. (1989 Supp.). The Code establishes no educational requirements for certified nurses aides. While RNs, LPNs, CNAs and clinical nurse specialists assume very different roles and responsibilities, the question of "what constitutes appropriate education continues to be one of nursing's most divisive political problems." Reverby, supra note 1, at 203.

increased enrollments and admissions in the last year.³⁴ (See Tables). National statistics nonetheless predict a decline in nursing school enrollments and graduates. It has been estimated that the nationwide number of nursing graduates will drop from about 83,000 in 1985 to approximately 68,000 in 1995. Reduced enrollments in all types of nursing programs have been attributed to a shrinking pool of 18-year-olds, rising education costs, and decreased availability of financial aid in the last decade.³⁵

Accompanying the growing demand for nurses is a need for nurses with increased preparation or advanced education. Providing strong undergraduate, master's, and doctoral nursing programs in the Commonwealth is essential to meeting this need.³⁶ To support and encourage enrollments, the Commonwealth provides annual scholarships for students in undergraduate and graduate nursing programs. Scholarship recipients must complete a nursing program and agree to serve for a limited period in a region of Virginia experiencing a

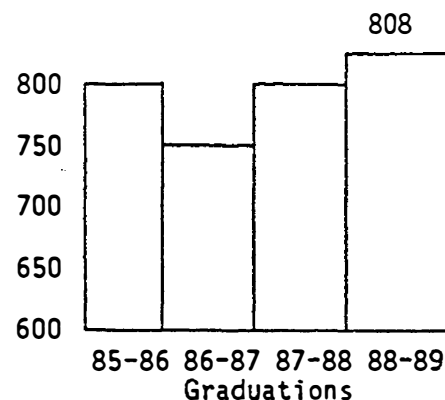
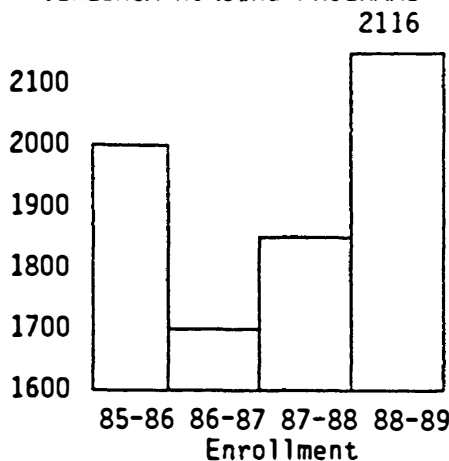
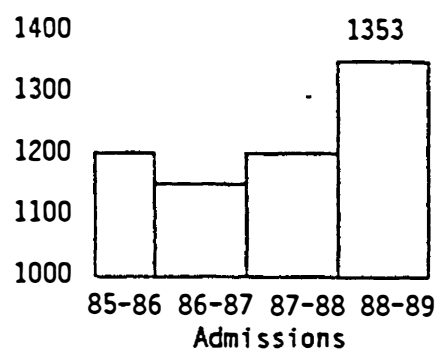
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34. Virginia Department of Education, Preparing Practical Nurses in Virginia Public Schools 3 (October 6, 1988) [hereinafter referred to as Department of Education]. There are 51 practical nursing programs in Virginia. The practical nursing programs administered by the Department of Education include secondary extended practical nursing programs, in which the pre-clinical phase is offered to high school seniors, with the clinical phase completed in 9 additional months. One-year programs for adults are also offered. See also, Annual Report, supra note 25, at 8, 9; SCHEV Testimony, infra note 36.

Information from SCHEV indicates that articulation agreements between nursing programs in the Commonwealth may encourage further education for nurses. See, information received from SCHEV, November 28, 1989. According to a report by the VHA, although the downward enrollment trend appears to be diminishing, the shortage of nurses is "still a critical problem for the health care industry." "Research Helps School in Recruitment Campaign," Richmond Times-Dispatch, (April 30, 1989).

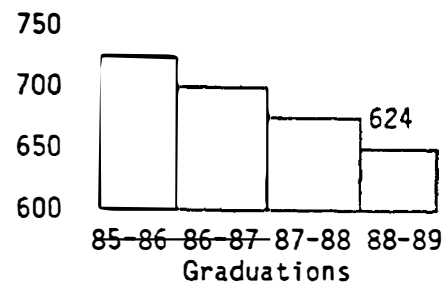
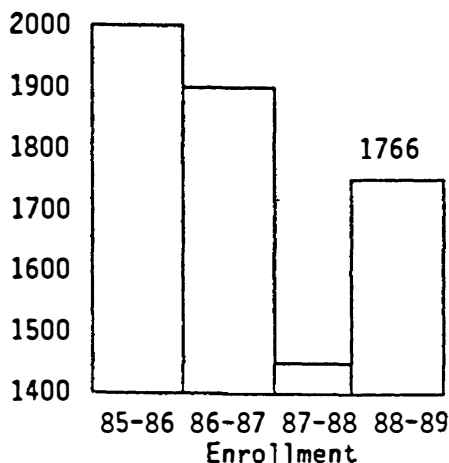
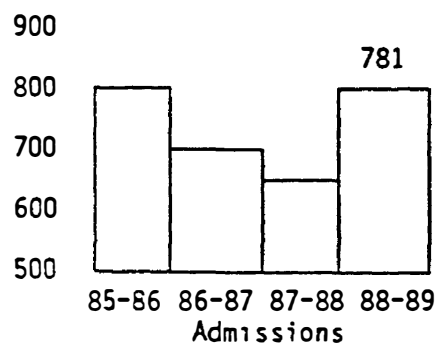
35. Aiken, supra note 18, at 1616. See also, Matson, supra note 3, at 44, 45. But see, note 55, infra. A recent survey by the American Association of Colleges of Nursing indicates, however, a 5.8 percent increase in enrollments in four-year nursing schools this academic year. "Nursing enrollment rises for first time in five years," Richmond Times-Dispatch, December 17, 1989.
36. State Council of Higher Education for Virginia, HJR 165 Testimony on the Supply and Demand of Nurses 4-6 (October 11, 1988) [hereinafter referred to as SCHEV Testimony]. Master's programs are offered at George Mason University, Hampton University, Old Dominion University, Radford University, the University of Virginia, and Virginia Commonwealth University. Doctoral programs are in place at the University of Virginia, Virginia Commonwealth University, and George Mason University.

SUMMARY OF ADMISSIONS, ENROLLMENT AND GRADUATIONS
VIRGINIA NURSING PROGRAMS

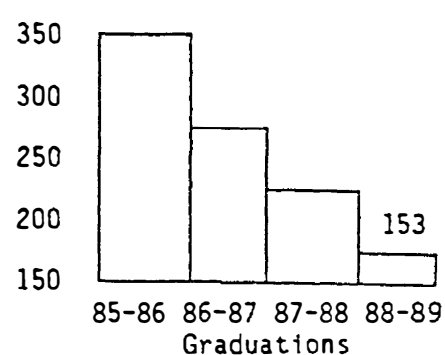
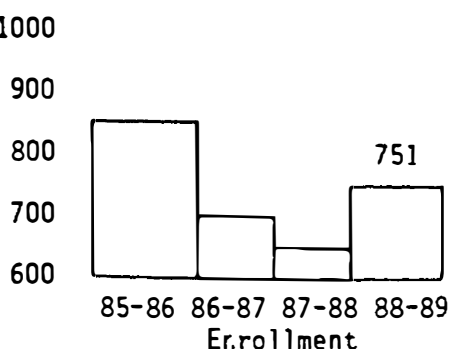
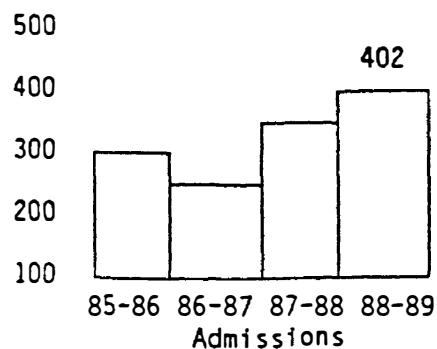
Associate Degree Programs



Baccalaureate Degree Programs



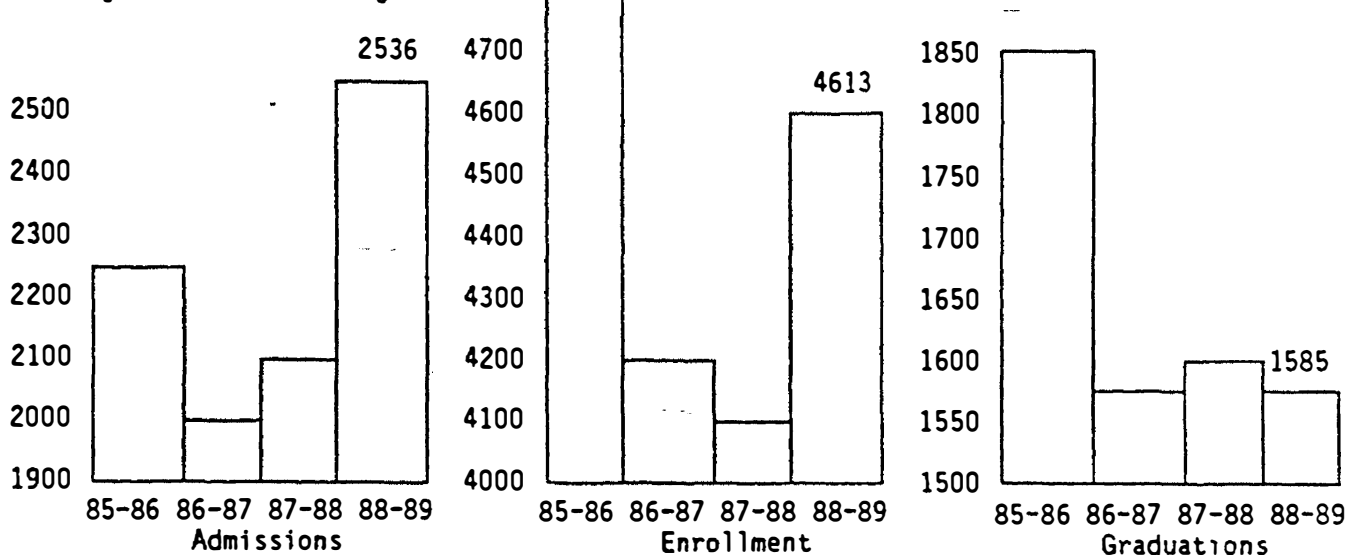
Diploma Programs



SOURCE: Virginia Board of Nursing,
1989 Annual Statistical Report

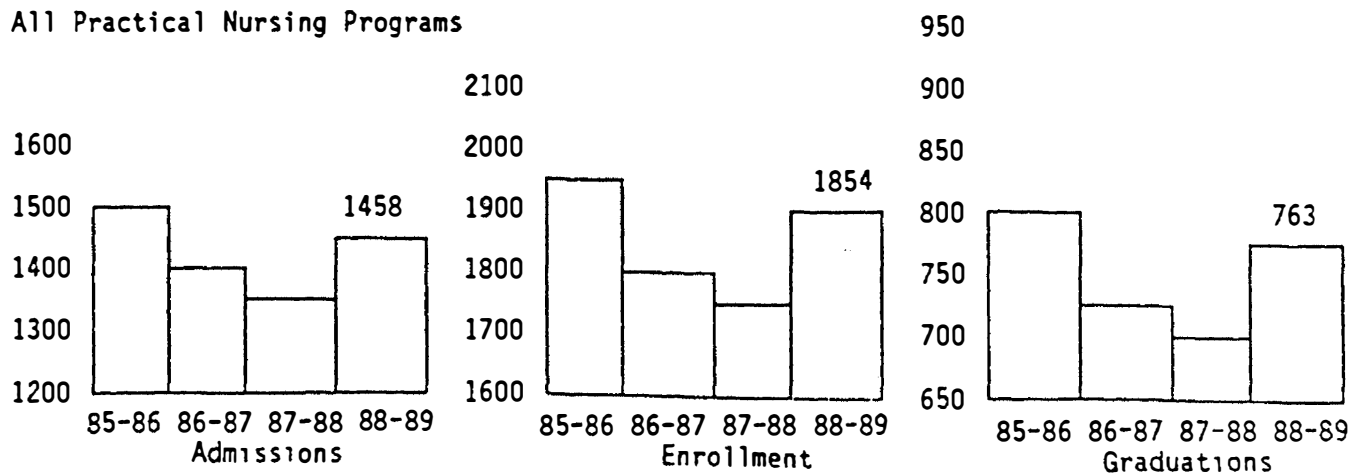
SUMMARY OF ADMISSIONS, ENROLLMENTS, AND GRADUATIONS
VIRGINIA NURSING PROGRAMS

All Registered Nurse Programs



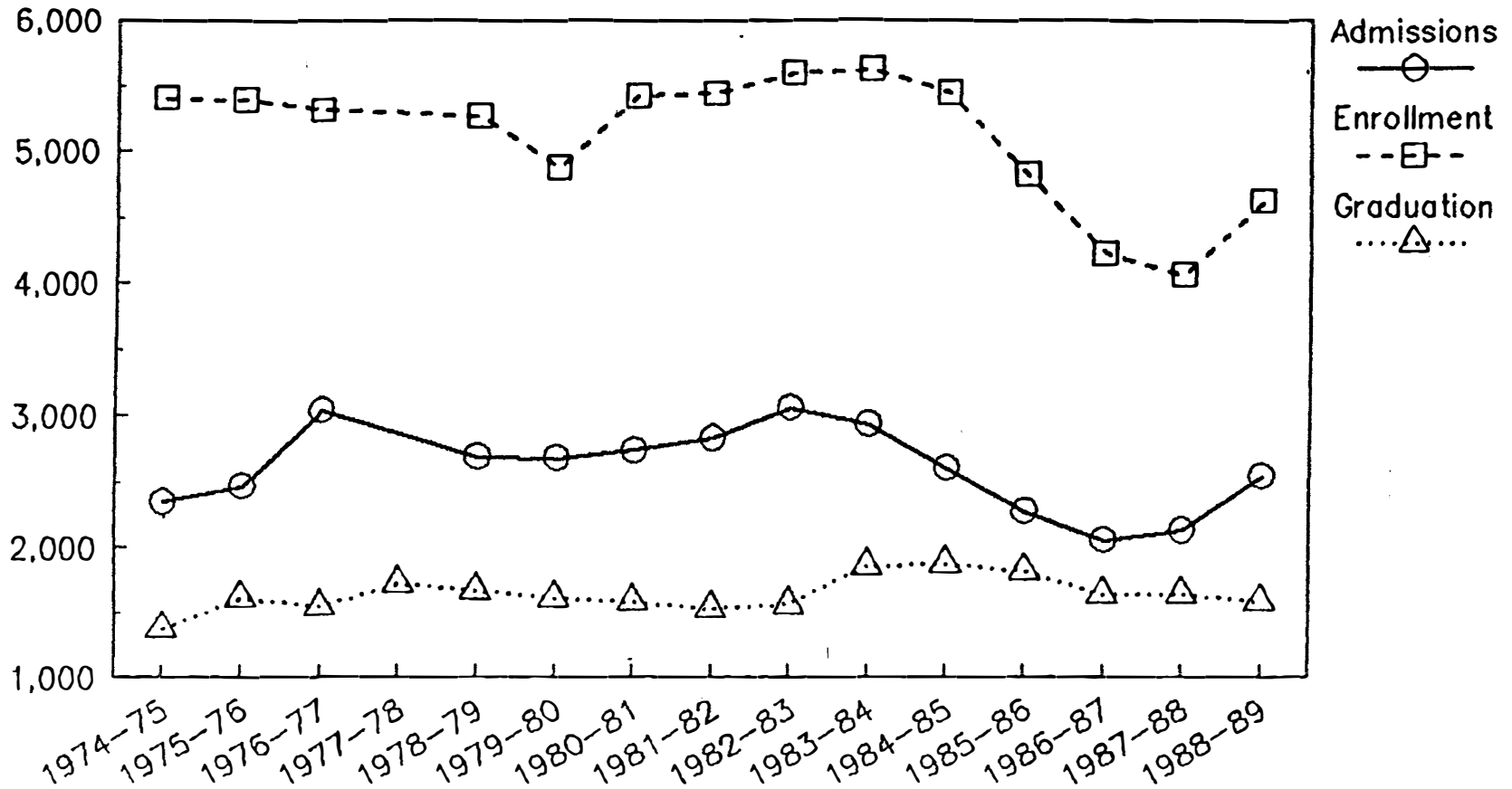
* Unfilled places in the most recently admitted class - 273 (all schools did not provide this information)

All Practical Nursing Programs



Nursing Trends All Registered Nurse Programs Statewide

1974-1989



Source: Virginia Board of Nursing Reports
SCHEV 10/89

critical shortage of nurses.³⁷ Annual individual undergraduate and graduate scholarships may not exceed \$2,000 and \$4,000, respectively; the nursing scholarship program currently receives a \$100,000 annual general fund appropriation.³⁸ Annual nursing scholarships are also awarded for the nursing programs at the Medical College of Virginia and at the University of Virginia.³⁹

C. ANALYZING THE SHORTAGE:

A FUNCTION OF DECREASED SUPPLY AND INCREASED DEMAND

Understanding the Commonwealth's nurse shortage requires analysis of a variety of economic, social, and professional issues. The national shortage is believed to be a result of increased demand rather than decreased supply.⁴⁰ Although the shortage in Virginia follows a similar pattern, an examination of supply considerations as well as demand factors is necessary to develop recommendations that effectively address the nurse shortage.

The Demand for Nurses

The demand for nurses is expected to increase; despite a decline in hospital utilization in the 1980's, the need for RNs increased in hospitals, nursing homes, and other employment sectors.⁴¹ This demand is clearly influenced by modifications in the payment for and delivery of health-care services, changes in the patient population, and the development of new medical technologies.

37. Va. Code §§ 23-35.9 and 23-35.11 (1989 Supp.). The Code defines undergraduate nursing programs as those leading to an associate degree, diploma, or baccalaureate degree. Graduate nursing programs are defined as those offering master's and doctoral degrees in nursing or "related to nursing activities." The required service period is computed on the basis of one month for each \$100 awarded by scholarship.

38. Va. Code § 23-35.9 (1989 Supp.) and 1989 Acts of Assembly, ch. 668, § 1-102, item 384.

39. Va. Code § 23-36.2 (1985). MCV is authorized to establish 13 annual nursing scholarships of \$150 each; UVa may establish 15 annual nursing scholarships of \$100 each. Recipients must engage in nursing in any area of the Commonwealth for a period of years equal to the length of the scholarship award.

40. Final Report, *supra* note 2, at 4.

41. Id.

- New Medical Technology and the Changing Patient Population

The development of increasingly complex medical technology has intensified the nurse's role in health-care delivery. More nurses are needed to "monitor patients and equipment, manage the side effects and complications of technological care, and provide emotional support for families."⁴² Technological innovation is expected to increase the demand for "well-prepared caregivers for the neonate, the chronically ill, and the very old."⁴³ Proper utilization of new technologies and complex equipment often demands knowledge of intricate and sometimes invasive procedures.

The nurse's role has been affected not only by the advent of increasingly complex treatment and monitoring devices, but also by the aging patient population. The number of Americans over age 85 is rising six times faster than the rest of the population, thus creating a patient population which often demands special and continuous attention.⁴⁴ The changing patient population is distinguished not only by its age. Hospitalized patients today typically have required more complex nursing care due to increased severity of illness.⁴⁵ Indeed, caring for the chronically ill, which often requires "intense application of nursing skills," has been deemed our most pressing medical problem.⁴⁶

- Cost Containment and Utilization of Nurses

Changing reimbursement systems that emphasize length of stay and non-patient care have clearly affected the patient profile and the utilization

42. Id. at 7.

43. Id. at iii.

44. Will, supra note 4, at 80. See also, Tregarthen, supra note 7. From 1981 to 1986, an increasing proportion of hospital patients were elderly. Final Report, supra note 2, at 7.

45. Task Force Report, supra note 22, at 2,11. The trend toward admitting only the sickest patients to hospitals has increased the nurse to patient ratio; the nurse may provide 90% of the care any patient receives. Southwick, supra note 12, at 26.

46. Will, supra note 4, at 80. The number of AIDS patients is also expected to increase, potentially adding another specific class of critically ill patients to hospital care. Virginia Department of Education, The Health Occupations Education Service, The Education of Practical Nurses: A Growing Concern 7 (Draft; Issue Paper No. 1, July 15, 1988).

of nurses within the health care delivery system.⁴⁷ Medicare's prospective payment system (PPS), introduced in 1983, is commonly cited as influencing the demand for nurses. The fixed payment amount established under PPS has led to abbreviated hospital stays, increased home care, and other hospital cost-cutting measures.⁴⁸

Cost containment has profoundly affected the demand for and utilization of nurses. It is apparent that cost-conscious hospitals have compensated for reductions in support staff by requiring nurses to assume more duties.⁴⁹ In many cases, RNs have been called on to handle not only additional clinical tasks, but non-clinical duties as well.⁵⁰ It has been estimated that about "35 percent of the average nurse's time is spent on tasks 'which require neither the knowledge or skill of a nursing professional'"⁵¹ Because nurses are versatile--and available at relatively lower wages--they have also been substituted for "all kinds of technicians and other professionals" and, in some circumstances, for physicians.⁵² The Secretary's Commission on Nursing has encouraged health-care delivery organizations to "preserve the time of the nurse for the direct care of patients and families" and to develop staffing patterns which "recognize and appropriately utilize the different

47. Task Force Report, supra note 22, at 13.

48. Tregarthen, supra note 7. Under PPS, the hospital assigns a Medicare patient to one or more "diagnostically related groups," for which Medicare will only pay a fixed amount. This predetermined amount is thus based on "diagnosis, procedures, and complicating conditions" rather than actual treatment cost. Final Report, supra note 2, at 17. Testimony before the Committee confirmed that the emphasis on abbreviated hospital stays has increased the need for nurses in the home health care sector. Minutes, September 7, 1989 Public Hearing, Norfolk, Virginia.

49. Southwick, supra note 12, at 26; Final Report, supra note 2, at vi.

50. Final Report, supra note 2, at 4.

51. Perspectives, supra note 12, quoting a report by the Hay Group. According to VHA data, non-nursing tasks seem to be required more often on evening, night and weekend shifts. "Non-nursing" duties included secretarial tasks, patient transport, runner/messenger duties and housekeeping. Virginia Hospital Association, Nurse Advocacy Project, Quality of Work Life Assessment 10 (1988) [hereinafter referred to as VHA Quality Assessment].

52. Aiken, supra note 18, at 1617. George F. Will writes that nurses "are paying a price for their reputation for versatility and dependability." Will, supra note 4, at 80.

levels of education, competence, and experience" among RNs and between RNs, LPNs, and other nursing personnel.⁵³

A repeated problem encountered by this Committee in analyzing the demand for nurses is the lack of Virginia-specific data regarding the nurse labor supply and distribution. Whether the current demand is a function of the distribution of the present labor supply or a result of difficulties in nurse recruitment and retention efforts is unclear. The establishment of a statewide health-care manpower data collection system is now being explored by a task force of the Virginia Health Council, Inc.⁵⁴

The Supply of Nurses

Although some reports indicate that there is no drastic decline in the nurse supply, a number of factors have clearly prevented the nurse supply from

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53. Final Report, supra note 2, at vi. The Virginia Department of Mental Health, Mental Retardation, and Substance Abuse services (VDMHRSAS) has encouraged state facilities to provide "appropriate levels of support staff" to clearly define the nurse's role "to facilitate the most efficient utilization of nursing resources." VDMHRSAS, A Special Report on the Nursing Shortage in Public Mental Hospitals and Mental Retardation Training Centers 2 (July 1989) [hereinafter referred to as VDMHRSAS Report]. To address the nurse utilization issue, the American Medical Association (AMA) proposed a new category of health-care worker, the "registered-care technologist." The proposal has been resisted by national nursing organizations, asserting that the proposal "would add more confusion to a system that is already struggling." M. Salahuddin, "AMA seeks new nursing job category," HealthWeek, May 9, 1988, at 1. Professional organizations in the Commonwealth have also indicated their lack of support for this proposal. See Minutes, September 9, 1988 meeting, and October 11, 1988 meeting, Richmond, Virginia.
54. See Aiken, supra note 18, at 1616. That the shortage may be exacerbated by poor distribution of the nurse labor supply could be evidenced in the high employment rate within the nursing profession. According to Ms. Aiken, almost 80% of RNs nationwide are actively employed, demonstrating the highest labor participation rate of any predominantly female occupation. About 25% of nurses work part-time; it is estimated that many would return to full-time employment if their childcare responsibilities lessened. Nurses responding to the staff survey also indicated a need for sufficient day care.

While the Virginia Health Planning Board is required to supervise the development of a health data system "to provide necessary information to support health policy recommendations," no data system for health-care manpower information presently exists. Va. Code § 32.1-122.02 (1989 Supp.).

matching the demand.⁵⁵ Exploration of societal and professional attitudes, expanding career opportunities, and issues regarding nurses' compensation, advancement, and working conditions is necessary to develop recommendations that effectively promote and advance the profession of nursing.

• Student Population and Expanded Career Opportunities

Researchers have reported that despite a nationwide decline in the college-age population, total college enrollments have risen.⁵⁶ College enrollments in Virginia have mirrored this trend in the last decade and will likely increase in the future; Virginia is one of only eight states in which the number of high school graduates is expected to increase by more than 35% between 1986 and 2004.⁵⁷

Although these statistics are encouraging, an enlarged pool of college students will not necessarily translate into prospective nurses. Enrollments in basic nursing programs nationwide have fallen sharply in recent years.⁵⁸ While admissions and enrollments in diploma as well as baccalaureate and associate degree nursing programs in the Commonwealth have increased, this growth is not sufficient to relieve the current shortage.⁵⁹ (See Table 1). A predominantly female profession, nursing is attracting fewer freshman women.⁶⁰ A 1986 survey of college freshmen indicated that interest

55. Final Report, supra note 2, at 10. The Secretary's Commission on Nursing noted that the overall RN labor force growth rate slowed in 1987, probably due to decreases in the number of RN graduates in 1986 and 1987.

56. Id. Women were one of the most rapidly increasing segments of this population.

57. State Council of Higher Education for Virginia, "Enrollment Prospects and Their Financial Implications," Minutes, July 6, 1988 SCHEV meeting.

58. Tregarthen, supra note 7. Enrollments in RN programs nationwide fell from 250,553 in 1983 to under 200,000 in 1986.

59. SCHEV Testimony, supra note 36, at 2, 4 (October 11, 1988). See also, Annual Report, supra note 25, at 8, 9; Virginia Board of Nursing, Schools of Nursing Admissions Statistics Academic Year 1989-90 (1989).

60. Final Report, supra note 2, at 10. While the overall percentage of women in professional programs has increased, the number of women aspiring to be doctors outnumber those aspiring to be nurses by a ratio of 1.5 to 1. One writer has noted that 17% of practicing physicians are women, and states that this "obviously, takes away large numbers of the nursing applicant pool." Matson, supra note 3, at 44.

in the nursing profession has reached a record low; business programs attracted five times as many women.⁶¹ Expanded opportunities in other professions may limit the number of women considering nursing as an attractive career option. Other professions may prove more lucrative, and students may be likely to choose careers which offer more prestige or greater financial rewards.⁶²

• Salary Compression and Career Advancement

Health-care providers continue to be frustrated in their efforts to recruit and retain nurses. Turnover rates for nurses at some health-care facilities have been reported as high as 45%; despite media campaigns, bonuses, and additional employment perquisites, the need for experienced nurses exceeds the supply.⁶³ Testimony before this Committee repeatedly cited two major deterrents to entering or remaining in the nursing profession: comparatively low wages and limited advancement opportunities within the nursing profession.

While RNs may pursue graduate degree programs and clinical nurse specialist training, there is relatively little room for advancement within clinical nursing practice. Nurses seeking advanced positions must generally leave the direct patient care practice and enter administrative posts. The creation of career "ladders" within clinical practice, providing opportunity for advancement in salary, prestige, and other benefits, has been encouraged as an attractive incentive for nurses to remain in or return to the

61. Tregarthen, supra note 7. The survey was conducted by UCLA's Higher Education Research Institute.

62. Final Report, supra note 2, at 10. See also, Will, supra note 4, at 80. The Secretary's Commission also found that increased professional opportunities may have reduced the caliber of nursing students. The SAT scores and high school grade point averages of nursing students are generally lower than those of other students. The Secretary's Commission also noted the termination of federal subsidies for basic nursing education in 1983 as a factor possibly contributing to declining enrollments in the mid-1980's. Final Report, supra note 2, at 11.

63. Newsweek, supra note 9, at 32, 33. It was estimated that hospitals alone would spend nearly \$3.1 billion in 1988 to recruit and train nurses. Freudenheim, supra note 8.

profession.⁶⁴ The results of the VHA's Nurse Advocacy Project revealed a high level of dissatisfaction among nurses regarding advancement opportunities within the profession; creating nursing career ladders "with sufficient rewards and status to keep nurses in patient care" may well assist health-care providers in their recruitment efforts.⁶⁵

Closely related to the issue of career advancement is compensation. Although starting salaries for nurses may be somewhat comparable to those offered in other professions, limited earnings growth causes nurses' salaries to fall far behind. Nurses may reach their maximum earning power after as little as five years of practice.⁶⁶ Wage compression effectively encourages experienced nurses to leave the practice and also discourages entry into the profession.⁶⁷

Staff interviews conducted during the course of the study revealed that current salaries for Richmond area RNs are somewhat comparable to the national average. Nurses filling evening and night shift rotations may receive higher compensation, while temporary agency nurses may be hired at higher salaries to fill vacant and weekend shifts. Although evidence suggests that the nursing

64. Task Force Report, *supra* note 22, at 19. The VHA has reported that 26% of its member hospitals have such clinical ladders. This practice is more predominant in hospitals with 400-499 beds and in Northern Virginia. VHA Survey, *supra* note 23, at 14. See also, VDMHRSAS Report, *supra* note 53, at 3, regarding career ladders.

65. VHA Quality Assessment, *supra* note 51, at 3; Aiken, *supra* note 18, at 1619. Nurses responding to the VHA survey most frequently cited favoritism in promotions and limited opportunities for clinical advancement as the basis of their dissatisfaction with present advancement opportunities.

66. Southwick, *supra* note 12, at 26. The American Nurses' Association (ANA) reported that the average maximum salary for nurses may peak at less than \$30,000 after five years.

67. Final Report, *supra* note 2, at 11, vii. Promotions to higher organizational levels within the profession also appear to receive "only modest increases in salary." *Id.* at 11. Preliminary findings by the Department of Personnel and Training indicate that the salaries of the Commonwealth's state-employed nurses are consistently lower than those reported regionally and nationally. The DPT study, conducted pursuant to SJR 140, did not offer specific data regarding the salaries of nursing faculty. Minutes, December 7, 1989 meeting, Richmond, Virginia.

shortage may have brought about some wage increases, it is unclear whether these increases will be sufficient to alleviate the shortage.⁶⁸

Compensation is of great concern to nurses, including those employed in the Commonwealth's agencies. In order to attract and retain qualified nurses, agencies must be able to offer salaries reasonably comparable to those available in the private sector. The Department of Mental Health, Mental Retardation and Substance Abuse Services has encouraged state facilities to develop competitive, enhanced compensation packages to address this issue.⁶⁹ As part of its recommendations following the first year of this study, this Committee supported the introduction of the SJR 140, requesting the Department of Personnel and Training (DPT) to study the revision and upgrading of salary schedules for nurses employed by the Commonwealth (see Appendix). DPT was also requested to establish mechanisms for appropriate salary increases and to "provide parity among nurses employed by state agencies" while considering the complexities of job responsibilities and experience, education, and the risks and liabilities associated with nursing. The results of DPT's study are to be submitted to the Governor and the 1990 Session of the General Assembly.

- Image and Working Conditions

Another key factor affecting the nurse supply is the work environment. Individuals and organizations testifying before the Committee have confirmed that stress, compounded by long hours and heavier workloads, lack of autonomy and input into patient care, and poor utilization practices discourage many nurses from remaining in the profession.⁷⁰ Rotating work schedules and the inability to control hours have been cited as particularly unattractive aspects of the nursing practice.⁷¹ Experts state that nursing has become "so

68. Matson, supra note 3, at 45; Final Report, supra note 2, at 14. A recent class action brought by the ANA on behalf of state employees in female-dominated job categories resulted in a pay equity agreement for state-employed registered nurses. The action was initiated after a state study showed a severe pay discrepancy favoring male state employees over positions typically filled by women and, in some cases, requiring equal or greater experience or training. C. Keiman, "RNs Get Pay Fix," Ms., May 1989, at 73.

69. VDH/MRSAS Report, supra note 53, at 2,3. Virginia's public mental health system is experiencing serious shortages of psychiatric nurses. Id. at 11.

70. See also, Final Report, supra note 2, at 11,12.

71. Southwick, supra note 12, at 26; Aiken, supra note 18, at 1619, 1620.

stressful and so lacking in motivation" that nurses "burnout at an inordinate rate."⁷² Strategies to improve working conditions might include restructuring the work schedules for nurses in hospitals to minimize burnout, using benefits programs to reduce employee turnover and to increase hospital loyalty, and eliminating poor nurse utilization practices.⁷³

Failure to recognize the decision-making abilities of RNs has also contributed to recruitment and retention problems, and may be symptomatic of a greater issue: lack of professional status and a negative public image. A poor professional image, while difficult to quantify, is both a contributing factor to and a consequence of the nursing shortage.⁷⁴ The nurse's lack of professional status may be reflected in treatment by employers, physicians, and society as a whole.⁷⁵ Nurses commonly report that the value of their work is neither recognized nor appreciated; although trained as professionals, they are often made to feel that they are "handmaidens to doctors."⁷⁶ Improving the nurse's professional image requires including nurses in policy and planning discussions, involving nurse administrators in institutional management decisions, and encouraging nurses' input in determining patient care.⁷⁷

IV. RECOMMENDATIONS

The Joint Subcommittee recognizes that the challenges facing the nursing profession today are numerous and complex. In meeting the charge of HJR 165, the Committee has reviewed statistical data and coordinated the expertise of those state agencies, individuals, and organizations having a crucial role in the advancement of the nursing profession. This Committee has considered many complicated and, in some instances, sensitive issues influencing the supply of and demand for nurses in the Commonwealth. While legislative action may not

72. Newsweek, supra note 9, at 32.

73. Aiken, supra note 18, at 1620; Newsweek, supra note 9, at 32.

74. Final Report, supra note 2, at 13, vii.

75. Perspectives, supra note 12. See also, Task Force Report, supra note 22, at 21.

76. Newsweek, supra note 9, at 33. George F. Will writes that "many physicians cannot understand, or will not accept, that nurses can, should, and want to do more than carry out doctors' orders." Will, supra note 4, at 80.

77. Task Force Report, supra note 22, at 12. See also, VDMHRSAS Report, supra note 53, at 2.

be the appropriate remedy to alleviate all of the causes of Virginia's critical nursing shortage, action by the General Assembly may well address particular aspects of the shortage and also protect the health and well being of the Commonwealth's citizens. Therefore, the Joint Subcommittee recommends the following actions:

RECOMMENDATION 1:

That the Nurse Practice Act be amended to permit licensed practical nurses to teach certified nurse aides pursuant to regulations which may be promulgated by the Board of Nursing.

There are approximately 360 certified nurse aide programs in the Commonwealth, some of which are administered in nursing homes. Federal law requires training and certification for nurse aide service in long-term care facilities receiving federal funds (such as Medicaid and Medicare). LPNs might effectively train nurse aides, particularly in nursing home programs, thereby allowing RNs to return to the nursing practice and creating a "career ladder" opportunity for LPNs.

Presently, the Code of Virginia only grants teaching authority to RNs. The Committee has received testimony throughout its study regarding the critical need for RNs, especially in long-term care. This Committee has concluded that extending teaching authority to LPNs, subject to Board of Nursing regulations, might alleviate this shortage by permitting RNs to return to patient care.

RECOMMENDATION 2:

That funding for the Nurse Scholarship Program be increased.

The present funding level of the Commonwealth's nurse scholarship program is \$100,000 each year (1989 Appropriations Act § 1-102, item 384). Because the costs of nursing education have increased substantially over the years, this Committee recommends that funding for the nurse scholarship program be increased to assist in the recruitment of qualified students.

RECOMMENDATION 3:

That the Virginia Health Planning Board be charged with the responsibility of developing proposals for data collection systems for health-care manpower distribution and for mortality and morbidity rates for citizens of the Commonwealth.

The lack of Virginia-specific information regarding the distribution of health-care manpower has hampered assessment of the Commonwealth's present

nursing shortage. The Committee has concluded that the development of state wide data collection systems for health-care manpower distribution would not only greatly enhance the effectiveness of measures to remedy the current nursing shortage but also assist in the prevention or mitigation of future problems in health-care labor supply and distribution. The collection of statewide mortality and morbidity data will also prove valuable in the assessment of health-care manpower needs.

Pursuant to § 32.1-122.02 of the Code of Virginia, the Virginia Health Planning Board is responsible for supervising the development of a health data system "to provide necessary information to support health policy recommendations." The Committee recommends that the Health Planning Board also develop proposals for data collection systems for health-care manpower distribution and for mortality and morbidity rates of citizens of the Commonwealth.

RECOMMENDATION 4:

That the State Council of Higher Education for Virginia study and compare the salaries of nursing faculty to other faculty members, administrators, and other service professionals in order to identify and address the need for competitive compensation for nursing instructors.

Pursuant to SJR 140, adopted by the 1989 Session of the General Assembly, the Department of Personnel and Training has studied the revision and upgrading of salary schedules for nurses employed by the Commonwealth. The Department has shared its preliminary findings with the Committee; the DPT study shows that nurses' salaries in the Commonwealth are consistently lower than regional and national averages.

The nurse instructor plays an invaluable role in the development of qualified nursing professionals. Competitive compensation is necessary to recruit and retain capable instructors and to maintain excellence in Virginia nursing programs. While the DPT study provides valuable information regarding nurse salaries, it does not provide specific data regarding the compensation of nursing faculty. Therefore, the Committee recommends that the State Council of Higher Education study and compare the salaries of nursing faculty to those of other faculty members, service professionals, and administrators.

RECOMMENDATION 5:

That the Department of Education encourage high school counselors to promote nursing and health-care professions in career counseling; that health-care providers, nursing organizations, and medical societies participate in "career day" promotions to recruit high school students, and that these health-care providers and professional organizations promote nursing as a "second career" for adults and returning students.

RECOMMENDATION 6:

That the State Council of Higher Education for Virginia, in cooperation with the Commonwealth's colleges and universities and professional nursing

organizations, study and develop articulation agreements to facilitate transfers between nursing programs.

According to information received from SCHEV, a number of nursing programs in the Commonwealth are facilitating further education for nurses. Articulation agreements between various nursing programs may assist LPNs to become RNs, and may assist RN graduates with diplomas or associate degrees to obtain baccalaureate or graduate degrees.

Articulation agreements that ease vertical and horizontal transfers between nursing programs not only provide "career ladder" opportunities for nurses but also may increase the supply of experienced, skilled nurses. These agreements would ideally minimize the loss of academic credits, reduce duplication in course requirements, and ultimately make nursing more accessible to new recruits and returning students.

RECOMMENDATION 7:

That the Department of Health Professions be commended for its current study of the utilization and training of nurse practitioners and that the Department report its findings and recommendations to the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health.

This Committee's study has focused largely on those issues and practices affecting RNs, LPNs, certified nurse aides, and, to a lesser degree, other nursing professionals. Nurse practitioners are unique nursing professionals, licensed by both the Board of Medicine and the Board of Nursing to perform tasks that may actually constitute the practice of medicine. The Department of Health Professions has impaneled a task force to study the services and capabilities of these nursing professionals. The Task Force has been challenged by a lack of specific data regarding practice settings, demographics, and services rendered. This Committee wishes to commend the Department's Task Force for its examination of a broad range of significant issues, such as utilization practices and working relationships between the nurse practitioner and other health-care professionals.

RECOMMENDATION 8:

That the Commonwealth be urged to assess the compensation of its state-employed nurses based on comparative national data and that salaries of these health care professionals be increased as indicated by these data and by the findings and recommendations of the Department of Personnel and Training, developed pursuant to SJR 140.

The preliminary findings of the DPT study indicate that the salaries of the Commonwealth's state-employed nurses are consistently lower than those reported regionally and nationally. It is expected that the Department of Personnel and Training will submit its findings and final recommendations regarding the compensation of these health-care professionals to the Governor and the 1990 Session of the General Assembly.

The Joint Subcommittee extends its appreciation to the nursing profession, the medical community, public institutions of higher education in the Commonwealth, and contributing state agencies for their assistance and cooperation during the course of this study.

Respectfully submitted,--

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APPENDICES

HOUSE JOINT RESOLUTION NO. 165

Establishing a joint subcommittee to study the supply and demand of nurses in the Commonwealth.

Agreed to by the House of Delegates, February 16, 1988
Agreed to by the Senate, March 2, 1988

WHEREAS, the profession of nursing, including nurses at all levels of preparation and proficiency, constitutes the largest group of health service providers in the Commonwealth, and is central to the provision of health services to all the citizens of the Commonwealth; and

WHEREAS, there is perceived to exist a critical shortage of nurses at all levels, available to meet both the short-range and long-range health care needs of the public; and

WHEREAS, a study was conducted of the nursing executives of the hospitals in the Commonwealth to assess the state of nursing; and

WHEREAS, although there are several levels of nursing, the results of the study indicated that eighty-two percent of the respondents have difficulty recruiting registered nurses, there are approximately 2,032 registered nurse hospital vacancies within the Commonwealth and the registered nurse turnover rate in Virginia hospitals is nineteen and one-half percent; and

WHEREAS, it takes nearly six weeks to fill a registered nurse vacancy in Virginia, and although there are approximately 1,800 students currently enrolled in schools of nursing in Virginia, the enrollments are declining; and

WHEREAS, some persons question whether a nursing shortage exists or is perceived; and

WHEREAS, this perception of a shortage of nurses is resulting in pressures to alter certain statutory, regulatory accreditation, certification, employment, and other provisions that impact the supply of and demand for nurses, the quality of health services and access to these services; and

WHEREAS, a need exists to coordinate available expertise in the public and private sectors in the Commonwealth to collect, analyze, and interpret valid and reliable information on the nature, causes, effects of any shortage of nurses, and to provide recommendations that will protect the public health, safety, and welfare; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That a joint subcommittee is established to study the supply and demand of nurses in the Commonwealth.

The joint subcommittee shall be composed of ten members to be appointed as follows: three members from the House Committee on Health, Welfare and Institutions, to be appointed by the Speaker, two members from the Senate Committee on Education and Health, to be appointed by the Senate Committee on Privileges and Elections; and five citizen members, one each representing the Board of Nursing, hospitals, nursing homes, nursing organizations and nursing education institutions to be appointed by the Governor. The Directors of the Department of Health Regulatory Boards and the State Council of Higher Education shall serve ex officio.

All agencies of the Commonwealth shall provide assistance upon request in the manner deemed appropriate by the joint subcommittee.

The joint subcommittee shall complete its work in time to submit its findings and recommendations to the 1989 Session of the General Assembly.

The indirect costs of this study are estimated to be \$13,045; the direct costs of this study shall not exceed \$9,000.

COMMONWEALTH OF VIRGINIA

JOSEPH H. HOLLEMAN, JR.
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J. T. SHROPSHIRE
CLERK OF THE SENATE
P O BOX 390
RICHMOND, VA 23203
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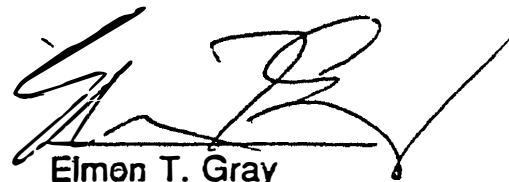
GENERAL ASSEMBLY

We, the undersigned, in accordance with Senate rule 20(h), 20(m), and House rule 23 authorize a study of "the supply and demand of Nurses in the Commonwealth". The members of the Joint subcommittee are the same as those appointed in 1988 pursuant to HJR 165 and shall include the same citizen members. (List attached)

The joint study shall hold no more than four meetings. Citizen members shall be reimbursed for actual expenses in attending meetings of the committee. (House and Senate members to receive their usual expenses plus per diem)

The joint study shall submit its final report to the 1990 Session of the General Assembly.

J. Samuel Glasscock
Chairman
House Committee on Health,
Welfare and Institutions


Elmon T. Gray
Chairman
Senate Committee on
Education and Health

Date _____

Date 6-15-89

COMMONWEALTH OF VIRGINIA

JOSEPH H. HOLLEMAN, JR.
CLERK OF THE HOUSE OF DELEGATES
P O BOX 406
RICHMOND, VA 23203
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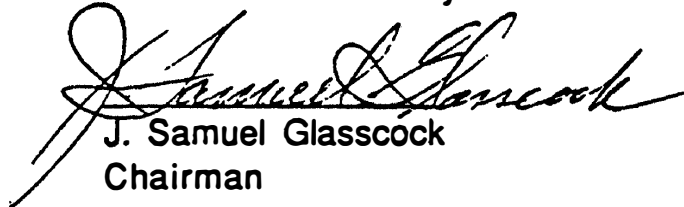
J. T. SHROPSHIRE
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GENERAL ASSEMBLY

We, the undersigned, in accordance with Senate rule 20(h), 20(m), and House rule 23 authorize a study of "the supply and demand of Nurses in the Commonwealth". The members of the Joint subcommittee are the same as those appointed in 1988 pursuant to HJR 165 and shall include the same citizen members. (List attached)

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J. Samuel Glasscock
Chairman
House Committee on Health,
Welfare and Institutions

Elmon T. Gray
Chairman
Senate Committee on
Education and Health

Date _____

Date _____

HOUSE JOINT RESOLUTION NO. 322

Requesting the Department of Commerce, the Department of Health, and the Department of Health Professions to study the utilization of temporary nursing services.

Agreed to by the House of Delegates, February 24, 1989

Agreed to by the Senate, February 23, 1989

WHEREAS, Virginia's nursing homes are highly dependent on licensed and competent staff in order to meet federal and state regulatory requirements; and

WHEREAS, the quality of care in nursing homes is directly affected by the training and level of competence of their personnel; and

WHEREAS, nursing homes in Virginia are experiencing a shortage of licensed registered and licensed practical nurses; and

WHEREAS, there has been a proliferation of temporary nursing pools throughout the Commonwealth; and

WHEREAS, Medicaid is the primary funding mechanism for the reimbursement of nursing home services, and Medicaid's regulations require such facilities to adhere to its cost containment initiatives; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Department of Commerce, the Department of Health, and the Department of Health Professions are requested to study the current utilization practices of employment agencies specializing in the provision of certified and licensed temporary nursing personnel to health care facilities and the impact of such utilization practices on the cost and quality of services provided in such facilities within the Commonwealth of Virginia.

The Departments shall complete their work in time to submit their recommendations to the Governor and the 1990 Session of the General Assembly pursuant to the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

ACTS OF ASSEMBLY

HOUSE JOINT RESOLUTION NO. 330

Requesting the Medical College of Virginia and the University of Virginia Medical Center to develop collaboratively a model for improving the relationships between hospital management, physicians and nurses.

Agreed to by the House of Delegates, February 2, 1989

Agreed to by the Senate, February 14, 1989

WHEREAS, a cooperative relationship between health care professionals and health care institutions is central to the quality and efficiency of the delivery of health care services; and

WHEREAS, such services and patient care are best rendered in an atmosphere conducive to the free exchange of ideas, participatory management for decision-making purposes, and mutual respect and consideration for the professionalism and expertise of nurses, physicians and hospital management; and

WHEREAS, the Joint Subcommittee Studying the Supply of and Demand for Nurses in the Commonwealth, pursuant to House Joint Resolution No. 165 (1988), determined that when these characteristics are absent in the relationship between professionals and providers, working conditions deteriorate, morale is lowered, the performance of job responsibilities and the quality of patient services decline; and

WHEREAS, these factors, together with low pay, increased patient acuity, rotating shifts and reassignment to units for which nurses have little or no experience exacerbate the shortage of qualified nurses, causing many to seek employment outside of the nursing profession; and

WHEREAS, good professional relationships and changes to improve the working conditions for nurses will positively affect the ability of health care institutions to recruit and retain nurses; and

WHEREAS, it is possible to design a model for promoting such relationships and effecting needed changes in the health care delivery system; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Medical College of Virginia and the University of Virginia Medical Center are requested to develop collaboratively a model for improving the relationships between hospital management, physicians and nurses. The institutions are requested to examine the feasibility of a model which might include means to promote nurse-physician-management interaction and communication, career ladders, financial aid programs for nurses who desire to continue their education, flexible work options, improved benefits, child care services, increase in the salary scale, and participatory management to provide nurses an opportunity for input in the decision-making process.

The institutions shall complete their work in time to submit jointly their recommendations to the Governor and the 1990 Session of the General Assembly pursuant to the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

SENATE JOINT RESOLUTION NO. 140

Requesting the Virginia Hospital Association, the Virginia Alliance of Nursing Organizations and Specialty Groups, the Virginia Health Care Association and the Medical Society of Virginia to work collaboratively to develop a cooperative program for recruiting nursing students and to encourage their members to increase the compensation and benefits of nurses and requesting the Department of Personnel and Training to study certain issues relating to compensation of nurses employed by the Commonwealth.

Agreed to by the Senate, February 21, 1989

Agreed to by the House of Delegates, February 17, 1989

WHEREAS, an adequate supply of competent nurses is essential to the delivery of health care services to Virginians, and will become more critically important as the population continues to age and advanced technology enables medical professionals to sustain and prolong the life of severely disabled and terminally ill persons; and

WHEREAS, the Joint Subcommittee Studying the Supply of and Demand for Nurses in the Commonwealth pursuant to House Joint Resolution No. 165 (1988) determined that the number of nurse vacancies has increased across the Commonwealth; and

WHEREAS, it was determined that the increase in nurse vacancies is due in part to low pay, lack of flexible work schedules, rotating shifts, lack of cash incentives, reassignment to units for which nurses have little or no experience, the responsibility for work customarily performed by ancillary personnel and the lack of sufficient opportunities for professional growth; and

WHEREAS, many nurses currently employed in the profession have expressed an interest in pursuing degree and advanced programs in nursing, but either cannot financially afford the costs of such educational programs or have other personal responsibilities and work schedules which conflict with class hours; and

WHEREAS, the Joint Subcommittee found that because many nurses employed in the profession are young mothers, affordable, accessible and quality child care is an important factor in the recruitment and retention of nurses; and

WHEREAS, the benefit of available child care for such nurses at the work place would be economically advantageous for nurses, the health care facility, and the health care delivery system; and

WHEREAS, changes which improve the work conditions of nurses would facilitate the recruitment and retention of nurses in all practice areas; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Virginia Hospital Association, the Virginia Alliance of Nursing Organizations and Specialty Groups, the Virginia Health Care Association and the Medical Society of Virginia are requested to work collaboratively to develop and implement a cooperative program for recruiting nursing students and to encourage their members to increase the compensation and benefits of nurses. The groups are requested to consider strategies which will improve the image of nursing, inform the public of the benefits of a nursing career, determine the feasibility of offering financial aid to attract prospective nursing students, increase the use of ancillary personnel, and encourage their members to increase the availability of child care services for the nurses that they employ. The groups shall provide an opportunity for the Board on Education for Health Professions and Occupations, the Departments of Education, Health, Corrections, Correctional Education, and Mental Health, Mental Retardation and Substance Abuse Services, institutions of higher education, nursing schools and colleges, the Virginia Alliance of Nursing Organizations and Specialty Groups and other professional nursing and nurse specialty organizations, health care associations, business and industry, and the public to participate in the deliberations on these issues; and, be it

RESOLVED FURTHER, That the Department of Personnel and Training is requested to study the revision and upgrading of the salary schedules for all nurses employed by the Commonwealth in the Departments of Health; Corrections; Mental Health, Mental Retardation and Substance Abuse Services; Correctional Education; and the Medical College of Virginia and the University of Virginia Medical Center. The Department also is requested to establish a mechanism for incremental salary increases commensurate with qualifications and years of service, and to provide parity among nurses employed by state agencies, taking into consideration the complexities of job responsibilities, education and experiential requirements and qualifications of the staff, and the risks, hazards, and liability associated with the position.

The Department of Personnel and Training shall complete its study in time to submit its findings and recommendations to the Governor and the 1990 Session of the General Assembly pursuant to the procedures of the Division of Legislative Automated Systems for the processing of legislative documents; and, be it

RESOLVED FINALLY, That the Clerk of the Senate shall send a copy of this resolution to the Virginia Hospital Association, the Virginia Alliance of Nursing Organizations and Specialty Groups, the Virginia Health Care Association, the Medical Society of Virginia and to the Director of the Department of Personnel and Training in order that they may be apprised of the sense of this body.

ACTS OF ASSEMBLY

CHAPTER 330

An Act to amend and reenact §§ 23-35.9, 23-35.10, 23-35.11, 23-35.12 and 23-35.13 of the Code of Virginia, relating to nursing scholarships.

Approved March 20, 1989

[S 551]

Be it enacted by the General Assembly of Virginia:

1. That §§ 23-35.9, 23-35.10, 23-35.11, 23-35.12 and 23-35.13 of the Code of Virginia are amended and reenacted as follows:

§ 23-35.9. Nursing scholarships; authorized; Advisory Committee.—Annual nursing scholarships are hereby established for students enrolled in undergraduate and graduate nursing programs. For the purposes of §§ 23-35.9 through 23-35.13 undergraduate nursing programs are defined as programs leading to an associate degree, diploma, or baccalaureate degree in nursing; graduate nursing programs are herein defined as those programs offering masters and doctoral degrees in nursing or related to nursing activities. Undergraduate nursing scholarships shall not exceed \$2,000 annually. Graduate nursing scholarships shall not exceed \$4,000 annually. These awards shall be made by the Advisory Committee to the State Board of Health and the recipients shall be required to attend a school of professional nursing in this State Commonwealth ~~provided~~ if such schools are available and the student can receive admission thereto. ~~Nothing herein~~ This section shall not be construed to prohibit such scholarship from being available to any first-year college student at the beginning of the first college year who presents to the Advisory Committee a notice of intention to pursue an undergraduate nursing program as ~~hereinabove~~ defined for the purposes of this section

The Advisory Committee ~~mentioned hereinabove~~ shall be appointed by the State Board of Health. ~~Said~~ The Committee shall consist of eight members: four of whom shall be deans or directors of schools of nursing or their designees; two of whom shall be past recipients of nursing scholarships awarded pursuant to Title 23 of this Code; and, two of whom shall have experience in the administration of student financial aid programs. Appointments shall be for two year terms. No member of the Committee shall be eligible to serve more than two successive terms in addition to the portion of any unexpired term for which such member was appointed. Following initial appointments, the State Board of Health shall schedule appointments to the Advisory Committee in such a manner that at least two persons who have not served during the previous two years are appointed to the Committee.

§ 23-35.10. Same; recipients to be bona fide residents; basis of awards.—Each applicant for such scholarship must be a bona fide resident of the State of Virginia Commonwealth pursuant to § 23-7.4 when such scholarship is awarded. Awards shall be made upon such basis, competitive or otherwise, as determined by the Advisory Committee, with due regard for scholastic attainments, character, need, and adaptability of the applicant for the service contemplated in such award; ~~provided~~ No award shall be made if the applicant fails to possess the requisite qualifications. With due consideration of the number of applications and the qualifications of all such applicants, the Advisory Committee will, so far as practical, award an equal number of scholarships among the various congressional districts within the Commonwealth.

§ 23-35.11. Same; contract to be signed before award.—Before any such scholarship is awarded, the applicant must sign a written contract, under the terms of which the applicant agrees to pursue a nursing program until completion and thereupon to promptly begin and thereafter engage continuously in nursing work in the State of Virginia Commonwealth in a region with a critical shortage of nurses for one month for each \$100 of scholarship awarded pursuant to § 23-35.9. ~~Provided, however, that~~ The requirement for continuous engagement in nursing work may be waived by the Committee if the scholarship recipient requests leave to pursue an undergraduate or graduate degree in nursing or related to nursing activities. The contract shall contain such other provisions as are necessary, in the opinion of the State Board of Health, to accomplish the purposes of the scholarship.

§ 23-35.12. Same; scholarship may be from year to year.—Each said scholarship shall be awarded for a single year, but the same student may, after making satisfactory progress toward the completion of his training in the school, receive such award for any succeeding year or years; ~~provided~~, however, no student shall receive any such scholarship for more than a total of five years.

§ 23-35.13. Same; how payments made.—The funds making up each scholarship shall be paid to the recipient thereof ~~provided~~ No recipient shall receive for any such scholarship less than \$150.

1990 SESSION

LD0812508

HOUSE BILL NO. 261 Offered January 17, 1990

A BILL to amend and reenact § 32.1-122.02 of the Code of Virginia, relating to the duties and responsibilities of the Virginia Health Planning Board.

Patrons—Marshall, Cunningham, J.W., Mayer and Tata; Senators: Schewel and Joannou

Referred to the Committee on Health, Welfare and Institutions

Be it enacted by the General Assembly of Virginia:

1. That § 32.1-122.02 of the Code of Virginia is amended and reenacted as follows:

§ 32.1-122.02. Virginia Health Planning Board created; membership; terms; duties and responsibilities.—A. There is hereby created in the executive branch of the state government, in the secretariat of Health and Human Resources, the Virginia Health Planning Board, hereinafter referred to as the "Planning Board." The Planning Board shall be appointed by the Governor and shall consist of nineteen members who are domiciliaries of the Commonwealth to be appointed as follows: eight members shall be consumers with each regional health planning board being represented by at least one such consumer; four members shall be providers, one of whom shall represent the hospital industry and one of whom shall represent the nursing home industry; the Commissioner of Health; the Commissioner of Mental Health, Mental Retardation and Substance Abuse Services; the Commissioner of the Department for the Aging; the Director of the Department of Medical Assistance Services; the Commissioner of the Department of Social Services; the Executive Director of the Virginia Health Services Cost Review Council and the Secretary of Health and Human Resources, who shall serve as the chairman. The initial appointments to the Planning Board shall be as follows: of the eight members who are consumers, three shall be appointed for terms of two years, three shall be appointed for terms of three years and two shall be appointed for terms of four years. Of the four members who are providers, one shall be appointed for a term of two years, one shall be appointed for a term of three years and two shall be appointed for terms of four years. Thereafter, all members shall serve terms of four years. Members shall serve at the pleasure of the Governor and may serve for two consecutive terms. The Planning Board shall meet at least four times a year at such times and in such locations as shall be designated by the chairman.

B. The Planning Board shall have the following duties and responsibilities:

1. To supervise and provide leadership for the statewide health planning system.
2. To provide technical expertise in the development of state health policy.
3. To receive data and information from the regional health planning agencies and consider regional health planning interests in its deliberations.
4. To review and assess critical health care issues.
5. To make recommendations to the Secretary, the Governor and the General Assembly concerning health policy, legislation and resource allocation.
6. To supervise the development of a health data system in order to provide necessary information to support health policy recommendations.
7. To promote the delivery of high quality and cost-effective health care throughout the Commonwealth.
8. To promote the development and maintenance of a coordinated and integrated health planning system on the state and local levels.
9. To perform such other duties relating to health planning as may be requested by the Secretary.
10. To adopt and revise as necessary bylaws for its operation.

11. To develop proposals for statewide data collection systems for health care manpower distribution and for mortality and morbidity rates for citizens of the Commonwealth.

C. In addition to the duties and responsibilities enumerated in ~~subdivision~~ subsection B.

1 the Planning Board shall promulgate such regulations as may be necessary to effectuate
2 the purposes of this article including, but not limited to: (i) the designation of health
3 planning regions, (ii) the designation of the regional health planning agencies, and (iii) the
4 composition and method of appointment of members of the regional health planning boards.

5 D. Personnel of the Department shall serve as staff to the Planning Board. Other
6 agencies of the Commonwealth within the Secretary's office shall cooperate and provide
7 assistance as directed by the chairman of the Planning Board.

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1990 SESSION

LD0789508

HOUSE BILL NO. 262

Offered January 17, 1990

A BILL to amend and reenact §§ 54.1-3000 and 54.1-3005 of the Code of Virginia, relating to teaching authority for licensed practical nurses.

Patrons—Marshall, Cunningham, J.W., Mayer and Tata; Senators: Schewel and Joannou

Referred to the Committee on Health, Welfare and Institutions

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-3000 and 54.1-3005 of the Code of Virginia are amended and reenacted as follows:

§ 54.1-3000. Definitions.—As used in this chapter, unless the context requires a different meaning:

“Board” means the Board of Nursing.

“Certified nurse aide” means a person who meets the qualifications specified in this article and who is currently certified by the Board.

“Clinical nurse specialist” means a person who is registered by the Board in addition to holding a license under the provisions of this chapter to practice professional nursing as defined in this section. Such a person shall be recognized as being able to provide advanced services according to the specialized training received from a program approved by the Board, but shall not be entitled to perform any act that is not within the scope of practice of professional nursing.

“Practical nurse” or “licensed practical nurse” means a person who is licensed under the provisions of this chapter to practice practical nursing as defined in this section. Such a licensee shall be empowered to provide nursing services without compensation. The abbreviation “L.P.N.” shall stand for such terms.

“Practical nursing” or “licensed practical nursing” means the performance for compensation of selected nursing acts in the care of individuals or groups who are ill, injured, or experiencing changes in normal health processes; in the maintenance of health; or in the prevention of illness or disease ; or, subject to such regulations as the Board may promulgate, in the teaching of those who are or will be nurse aides . Practical nursing or licensed practical nursing requires knowledge, judgment and skill in nursing procedures gained through prescribed education. Practical nursing or licensed practical nursing is performed under the direction or supervision of a licensed medical practitioner, a professional nurse, registered nurse or registered professional nurse or other licensed health professional authorized by regulations of the Board.

“Practice of a nurse aide” or “nurse aide practice” means the performance of services requiring the education, training, and skills specified in this chapter for certification as a nurse aide. Such services are performed under the supervision of a dentist, physician, podiatrist, professional nurse, licensed practical nurse, or other licensed health care professional acting within the scope of the requirements of his profession.

“Professional nurse,” “registered nurse” or “registered professional nurse” means a person who is licensed under the provisions of this chapter to practice professional nursing as defined in this section. Such a licensee shall be empowered to provide professional services without compensation, to promote health and to teach health to individuals and groups. The abbreviation “R.N.” shall stand for such terms.

“Professional nursing,” “registered nursing” or “registered professional nursing” means the performance for compensation of any nursing acts in the observation, care and counsel of individuals or groups who are ill, injured or experiencing changes in normal health processes or the maintenance of health; in the prevention of illness or disease; in the supervision and teaching of those who are or will be involved in nursing care; or the administration of medications and treatments as prescribed by any person authorized by law to prescribe such medications and treatment. Professional nursing, registered nursing

1 and registered professional nursing require specialized education, judgment, and skill based
2 upon knowledge and application of principles from the biological, physical, social,
3 behavioral and nursing sciences.

4 § 54.1-3005. Specific powers and duties of Board.—In addition to the general powers and
5 duties conferred in this title, the Board shall have the following specific powers and duties:

6 1. To prescribe minimum standards and approve curricula for educational programs
7 preparing persons for licensure or certification under this chapter;

8 2. To approve programs that meet the requirements of this chapter and of the Board;

9 3. To provide consultation service for educational programs as requested;

10 4. To provide for periodic surveys of educational programs;

11 5. To deny or withdraw approval from educational programs for failure to meet
12 prescribed standards;

13 6. To provide consultation regarding nursing practice for institutions and agencies as
14 requested and investigate illegal nursing practices;

15 7. To keep a record of all its proceedings;

16 8. To certify and maintain a registry of all certified nurse aides and to promulgate
17 regulations consistent with federal law and regulation ; . *Such regulations may include*
18 *standards for the authority of licensed practical nurses to teach nurse aides;*

19 9. To approve programs that entitle professional nurses to be registered as clinical
20 nurse specialists and to prescribe minimum standards for such programs; *and*

21 10. To maintain a registry of clinical nurse specialists and to promulgate regulations
22 governing clinical nurse specialists.

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1990 SESSION

LD0838508

HOUSE JOINT RESOLUTION NO. 46

Offered January 18, 1990

Urging the Commonwealth to assess the compensation of its state-employed nurses based on comparative national data and to increase salaries of these health care professionals as indicated by such data and by the findings and recommendations of the Department of Personnel and Training.

Patrons—Cunningham, J.W., Mayer, Marshall and Tata; Senators: Schewel and Joannou

Referred to the Committee on Appropriations

WHEREAS, a joint subcommittee created in 1988 by House Joint Resolution No. 165 has conducted a two-year study of the supply of and demand for nurses in the Commonwealth; and

WHEREAS, the joint subcommittee has determined that salary compression and relatively low wages, among other things, have contributed greatly to the Commonwealth's current shortage of nurses; and

WHEREAS, upon the recommendation of the joint subcommittee, the 1989 Session of the General Assembly adopted Senate Joint Resolution No. 140, requesting the Department of Personnel and Training to study the "revision and upgrading of the salary schedules for all nurses employed by the Commonwealth"; and

WHEREAS, the Department of Personnel and Training was also requested to "establish a mechanism for incremental salary increases commensurate with qualifications and years of service" and to report its findings and recommendations to the 1990 Session of the General Assembly; and

WHEREAS, the preliminary findings of the Department of Personnel and Training indicate that the salaries of the Commonwealth's state-employed nurses are consistently lower than those reported regionally; and

WHEREAS, salary averages for state-employed nurses in the mid-Atlantic and southeastern regions may not always compare favorably to national averages; and

WHEREAS, establishing salary levels in the Commonwealth which are comparable to those reported nationally may assist the Commonwealth in the recruitment and retention of highly qualified nursing professionals; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Commonwealth is hereby urged to assess the compensation of its state-employed nurses based on comparative national data and to increase salaries of these health care professionals as indicated by such data and by the findings and recommendations reported by the Department of Personnel and Training pursuant to Senate Joint Resolution No. 140.

Official Use By Clerks

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1990 SESSION

LD4043508

HOUSE JOINT RESOLUTION NO. 47

Offered January 18, 1990

Requesting the State Council of Higher Education for Virginia to study and compare the salaries of nursing faculty to those of other faculty members, administrators, and other service professionals.

Patrons—Cunningham, J.W., Mayer, Marshall and Tata; Senators: Schewel and Joannou

Referred to the Committee on Rules

WHEREAS, data gathered from various hospitals in the Commonwealth indicates that salaries for nurse service positions and certain administrative posts may be higher than those for nursing faculty positions requiring the same or higher educational qualifications; and

WHEREAS, nursing instructors may be enticed to leave their teaching positions to enter nurse service positions or to pursue other career opportunities offering higher compensation; and

WHEREAS, superior nursing instructors are critical to the quality of the Commonwealth's nurse education programs; and

WHEREAS, perceived disparities in compensation may discourage nurses from obtaining further education or entering into nursing instruction; and

WHEREAS, although preliminary findings from the study conducted by the Department of Personnel and Training pursuant to Senate Joint Resolution No. 140 indicate that the salaries of the Commonwealth's state-employed nurses are consistently lower than regional averages, the Department's study did not specifically address the compensation of nursing educators; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the State Council of Higher Education for Virginia be requested to study and compare the salaries of nursing faculty in the Commonwealth to those of other faculty members, administrators, and other service professionals in order to identify and address the need for competitive compensation for nursing instructors.

The agencies of the Commonwealth shall provide assistance upon request. The State Council of Higher Education for Virginia shall complete its study in time to report its findings and recommendations to the Governor and the 1991 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

Official Use By Clerks

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1990 SESSION

LD0837508

HOUSE JOINT RESOLUTION NO. 50

Offered January 18, 1990

Requesting the Department of Education to encourage high school counselors to promote nursing and health care professions in career counseling; encouraging health care providers, nursing organizations, and medical societies to participate in "career day" promotions to recruit high school students; and urging these health care providers and professional organizations to promote nursing as a "second career" for adults and returning students.

Patrons—Tata, Cunningham, J.W., Mayer and Marshall; Senators: Schewel and Joannou

Referred to the Committee on Education

WHEREAS, the Commonwealth is experiencing a shortage of nurses at all levels of practice; and

WHEREAS, although admissions and enrollments in a number of the Commonwealth's nursing programs have increased in the last year, national statistics nonetheless predict a decline in nursing school enrollments and graduates; and

WHEREAS, reduced enrollments in nursing programs may be attributed to a variety of factors, including reduced financial aid, rising education costs, and a poor public perception of the nursing profession; and

WHEREAS, although the number of high school graduates in the Commonwealth is expected to increase, an enlarged pool of college students may not result in increased enrollments in nursing programs; and

WHEREAS, high school guidance counselors may effectively inform students about career opportunities in nursing and other health care professions; and

WHEREAS, nursing may provide a satisfying career opportunity for adults returning to the work force or considering a second career; and

WHEREAS, health care providers, nursing organizations, medical societies, and other health care organizations may promote nursing as a valuable and rewarding profession through participation in high school "career day" seminars, through involvement in adult education, and by promoting a positive professional image for nursing; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Department of Education encourage high school counselors to promote nursing and health care professions in career counseling; that health care providers, nursing organizations, and medical societies participate in "career day" promotions to recruit high school students; and that these health care providers and professional organizations promote nursing as a second career for adults and returning students.

Official Use By Clerks

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Clerk of the House of Delegates

Clerk of the Senate

1990 SESSION

LD4042508

SENATE JOINT RESOLUTION NO. 76

Offered January 23, 1990

Requesting the State Council of Higher Education for Virginia, in cooperation with the Commonwealth's colleges and universities and professional nursing organizations, to study and develop articulation agreements to facilitate transfers between nursing programs.

Patrons—Joannou, Schewel, Michie, Holland, C.A. and Stallings; Delegates: Cunningham, J.W., Mayer and Tata

Referred to the Committee on Rules

WHEREAS, a number of the Commonwealth's nursing programs are facilitating further education for nurses through the use of articulation agreements; and

WHEREAS, these articulation agreements may assist licensed practical nurses in obtaining the education required to become a registered nurse and may help registered nurses who aspire to obtain baccalaureate or graduate degrees in nursing; and

WHEREAS, these agreements may not only alleviate the Commonwealth's nursing shortage but also provide greater opportunities for career advancement for skilled practitioners; and

WHEREAS, some nurses do not seek further education or do not transfer to other nursing programs due to perceived difficulties in obtaining credit for prior education; and

WHEREAS, effective articulation agreements ease vertical and horizontal transfers between nursing programs by minimizing loss of academic credits, by reducing duplication in course requirements, and may make nursing more accessible to new recruits and returning students; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the State Council of Higher Education for Virginia, in cooperation with the Commonwealth's colleges and universities and professional nursing organizations, study and develop articulation agreements to facilitate transfers between nursing programs.

The agencies of the Commonwealth shall provide assistance upon request. The State Council shall complete its study in time to report its findings and recommendations to the Governor and the 1991 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

Official Use By Clerks	
Agreed to By The Senate without amendment <input type="checkbox"/> with amendment <input type="checkbox"/> substitute <input type="checkbox"/> substitute w/amdt <input type="checkbox"/>	Agreed to By The House of Delegates without amendment <input type="checkbox"/> with amendment <input type="checkbox"/> substitute <input type="checkbox"/> substitute w/amdt <input type="checkbox"/>
Date: _____	Date: _____
Clerk of the Senate	Clerk of the House of Delegates

1 D 12/28/89 Harris C 1/3/90 jds

(printed as SJR 24)

2 HOUSE JOINT RESOLUTION NO.....

3 Commending the Department of Health Professions for its current study
4 of nurse practitioners.

5

6 WHEREAS, in 1988, the General Assembly adopted House Joint
7 Resolution No. 165, creating a joint subcommittee to study the supply
8 of and demand for nurses in the Commonwealth; and

9 WHEREAS, in its two-year study, the joint subcommittee has
10 examined a variety of issues and concerns contributing to the shortage
11 of nursing professionals in the Commonwealth; and

12 WHEREAS, while the joint subcommittee's study focused largely on
13 those issues and practices affecting registered nurses, licensed
14 practical nurses, certified nurse aides, and other nursing
15 professionals, the specific issues and concerns affecting nurse
16 practitioners require further review; and

17 WHEREAS, nurse practitioners are unique nursing professionals,
18 licensed by both the Board of Medicine and the Board of Nursing to
19 perform certain tasks that may actually constitute the practice of
20 medicine; and

21 WHEREAS, the Department of Health Professions created a task
22 force to review the services and capabilities of nurse practitioners
23 in order to make appropriate recommendations regarding the utilization
24 of and access to these health care professionals; and

25 WHEREAS, the Task Force has been challenged by a lack of specific

1 data regarding nurse practitioners, including information regarding
2 the practice settings, demographics, and services rendered by these
3 professionals; and

4 WHEREAS, the Task Force is examining a broad range of significant
5 and often sensitive issues, such as utilization practices and
6 attitudinal relationships between physicians and nurse practitioners
7 and expects to present an interim report to the 1990 Session of the
8 General Assembly; now, therefore, be it

9 RESOLVED by the House of Delegates, the Senate concurring, That
10 the Department of Health Professions be commended for its study on
11 nurse practitioners and that the Department is requested to submit its
12 findings and recommendations to the House Committee on Health, Welfare
13 and Institutions and the Senate Committee on Education and Health in
14 1991.

15 #

