REPORT OF THE
JOINT COMMISSION ON HEALTH CARE

Study of Strategies to Educate, Recruit, and Retain Qualified Nurses in Virginia

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

HOUSE DOCUMENT NO. 45

COMMONWEALTH OF VIRGINIA
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Preface

House Joint Resolution (HJR) 288 and Senate Joint Resolution (SJR) 228 of the 2000 Session of the General Assembly directed the Joint Commission on Health Care to conduct a study to identify specific and effective short- and long-term strategies to educate, train, recruit and retain qualified nurses in Virginia. A copy of HJR 288 and SJR 228 is attached at Appendix A.

Neither HJR 288 nor SJR 228 were adopted by the General Assembly. However, both resolutions were communicated to the Joint Commission via letter from the Speaker of the House of Delegates. The Speaker's letter states that:

> "The House Rules Committee believes that the issues addressed by the resolutions merit review. Therefore, the Commission is directed to undertake the study and to submit a written report of its findings and any recommendations to the Governor and the 2001 Session of the General Assembly."

A copy of the Speaker's letter is attached at Appendix B.

Based on our research and analysis during this review, we concluded the following:

- Overall, the number of nurses, both nationally and in Virginia, have increased in recent years. However, several researchers have projected a serious nursing shortage in the next 8-12 years. Several factors are believed to be driving the projected shortage: (i) expanded employment opportunities for women; (ii) increasing work pressures; (iii) decreasing nursing school enrollments and graduations; and (iv) an insufficient number of younger nurses entering the profession to replace those who will be retiring beginning in 2008.

- In Virginia, the number of licensees in all categories of nurses, except certified nurse aides (CNAs), has increased in recent years. The number of CNAs decreased by more than 3,000 between 1999 and 2000. The primary reasons for the decrease in the number of CNAs are believed to be the recent increase in the certification renewal fee from $30 to $45, and the recent decline in the passing rate of nurse aides taking the certification exam.

- The number of enrollments and graduations in Virginia's educational programs for RNs, LPNs and CNAs has declined in recent years. These

declines are occurring at the same time Virginia Employment Commission data project significant employment growth for nurses.

- Many health care employers in Virginia, including the Virginia Hospital & Healthcare Association, the Virginia Health Care Association, the Virginia Association of Non-Profit Homes for the Aging, the Virginia Association for Home Care and others have indicated that their member organizations are experiencing difficulty in hiring all categories of nurses. The most pressing need appears to be in hiring and retaining CNAs.

- The hiring difficulties experienced by health care employers in Virginia will get worse if the number of available nurses declines as projected by health workforce researchers.

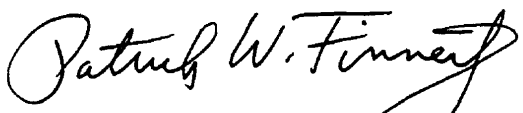
- Very limited information currently is available on nurses in Virginia. While there are data on the number of licensees, there is no statewide information on: (i) the number of licensed nurses who actually are working as nurses, (ii) where nurses are working (geographic location); or (iii) employment settings (e.g., hospital , nursing home, physician's office, etc.). Legislation was passed last year to collect additional information; however, the level of funding that was approved has limited the data collection to a rather small sample of nurses. Additional funding would enable more complete data to be completed for nurse workforce planning.

- The Commonwealth cannot resolve all nursing issues. A number of the issues that must be addressed are beyond the scope of state actions such as: certain marketplace trends, employer practices, work hours, salaries, benefits, etc. The state's greatest potential impact is on "supply side" issues such as recruitment, education/training, licensure and regulation, and workforce planning.

- The General Assembly may wish to take certain actions to ensure nursing issues continue to be addressed in the future. One such action could include placing a representative of the health care industry on the Virginia Workforce Council. Another possible action would be to establish an advisory council on the future of nursing to provide ongoing attention to nurse workforce issues.

A number of policy options were offered for consideration by the Joint Commission on Health Care regarding the issues discussed in this report. These policy options are listed on pages 43-45. Public comments were requested on a draft of this report. A summary of the public comments is attached at Appendix C.

On behalf of the Joint Commission on Health Care and its staff, I would like to thank the Virginia Department of Health, the Department of Health Professions, the Board of Nursing, the State Council of Higher Education for Virginia, the Virginia Association of Nonprofit Homes for the Aging, the Virginia Hospital & Healthcare Association, the Virginia Health Care Association, the Medical Society of Virginia, the Virginia Association for Home Care, the Legislative Coalition of Virginia Nurses, the Virginia Partnership for Nursing, the Virginia Nurses Association, the Virginia Organization of Nurse Executives, the Virginia Association of Colleges of Nursing, the Virginia League for Nursing, the Center for Health Policy Research and Ethics, and the other organizations and individuals who provided input and information during this study.



Patrick W. Finnerty
Executive Director

December, 2000

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I.
Authority for Study/Organization of Report

House Joint Resolution (HJR) 288 and Senate Joint Resolution 228 of the 2000 Session of the General Assembly direct the Joint Commission on Health Care (JCHC) to conduct a study to identify specific and effective short- and long-term strategies to educate, train, recruit, and retain qualified nurses in Virginia. The resolutions direct the JCHC to conduct its study in cooperation with the Virginia Organization of Nurse Executives, the Virginia Hospital & Healthcare Association, the Legislative Coalition of Virginia Nurses, the Virginia Partnership for Strategic Planning in Nursing, the Center for Health Policy Research and Ethics, and other appropriate entities. A copy of both HJR 288 and SJR 228 is provided at Appendix A.

Neither HJR 288 nor SJR 228 were adopted by the General Assembly. However, both resolutions were communicated to the Joint Commission via a letter from the Speaker of the House of Delegates. The Speaker's letter states that:

> "[T]he House Rules Committee believes that the issues addressed by the resolutions merit review. Therefore, the Commission is directed to undertake the study and to submit a written report of its findings and any recommendations to the Governor and to the 2001 Session of the General Assembly."

A copy of the Speaker's letter is attached at Appendix B.

This Report Is Presented In Five Major Sections

This first section discusses the authority for the study and organization of the report. Section II provides information regarding the current and future status of nursing across the nation. Section III discusses historical and current information regarding the Commonwealth's nursing workforce, and presents statistics on the number of nurse admissions and graduations in Virginia's nursing education programs. Section IV identifies a number of potential short- and long-term actions that the Commonwealth could take to educate, train, recruit, and retain qualified nurses in Virginia. Lastly, Section V presents a series of policy options the Joint Commission may wish to consider in addressing these issues.

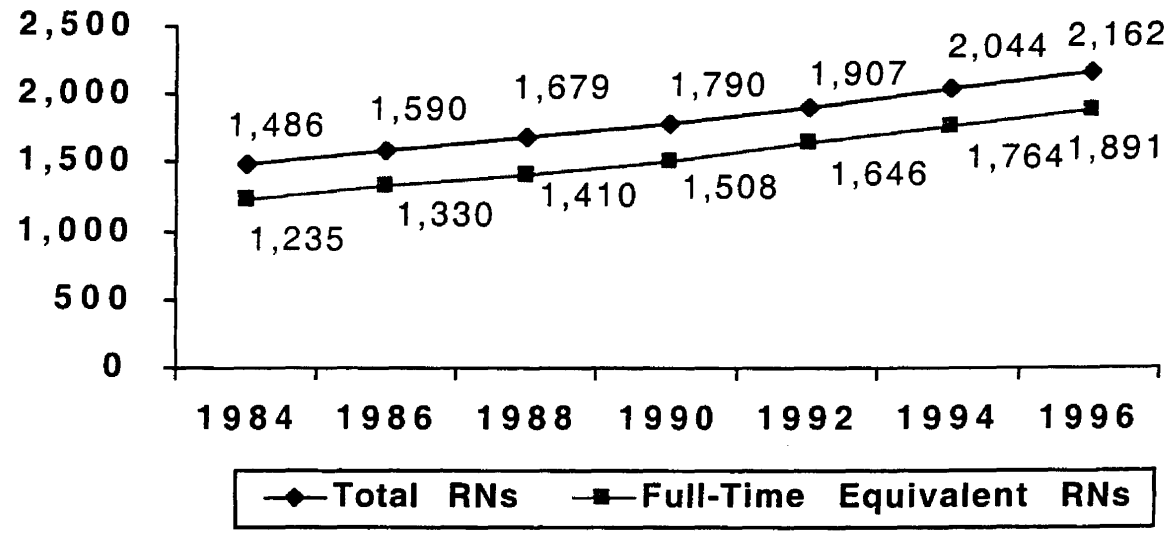
II.
Indicators And Characteristics Of An Impending Nationwide Shortage Of Nurses

The Most Current Available Data Indicate That The Number Of Registered Nurses In The U.S. Has Increased In Recent Years

The most current national statistics on the number of registered nurses (RNs) maintained by the Division of Nursing within the federal Health Resources & Services Administration are four years old. Nonetheless, these data indicate that the number RNs has continued to increase across the nation in recent years. Also, the number of RNs per 100,000 population also has increased. Figures 1 and 2 illustrate the trends in these measurements from 1980 – 1996.

Figure 1

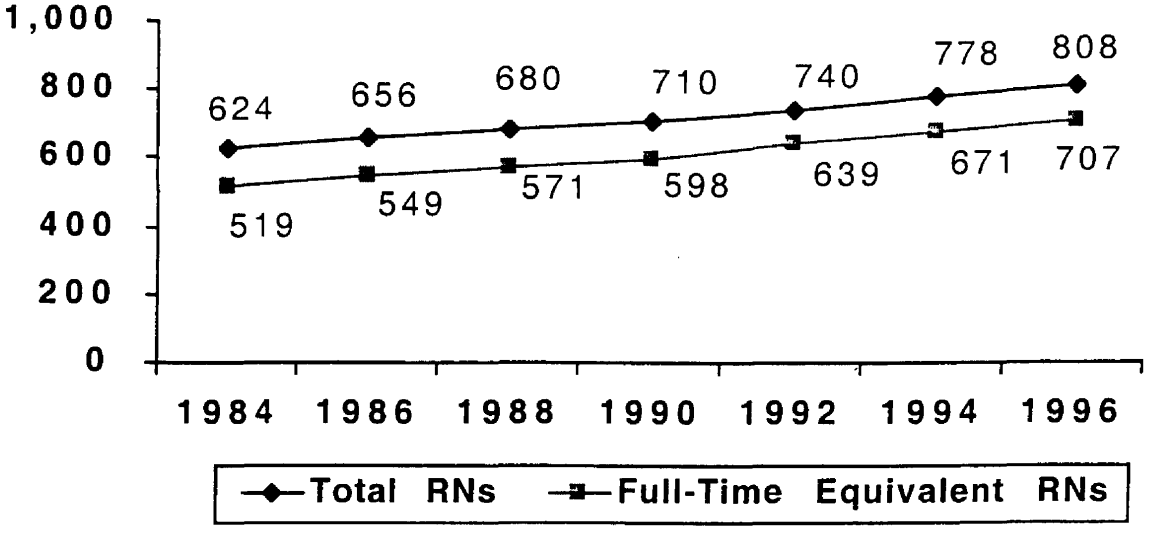
Number of RNs And RN Full-Time Equivalents: U.S. 1984-1996 (In Thousands)



Source: Division of Nursing, Bureau of Health Professions, Health Resources and Services Administration, December 1997

Figure 2

Total RNs And RN Full-Time Equivalents Per 100,000 Population In The U.S. 1984-1996



Source: Division of Nursing, Bureau of Health Professions, Health Resources and Services Administration, December 1997

As seen in Figure 1, the total number of RNs has increased from 1.5 million in 1984 to roughly 2.2 million in 1996. Similarly, the number of full-time equivalent RNs increased from 1.2 million to 1.9 million during the same time period. Figure 2 illustrates that the number of RNs and full-time equivalent RNs per 100,000 population also has increased. However, the rate of growth in the actual number of RNs (49%) is significantly higher than the rate of growth (29%) in the number of RNs per 100,000 population.

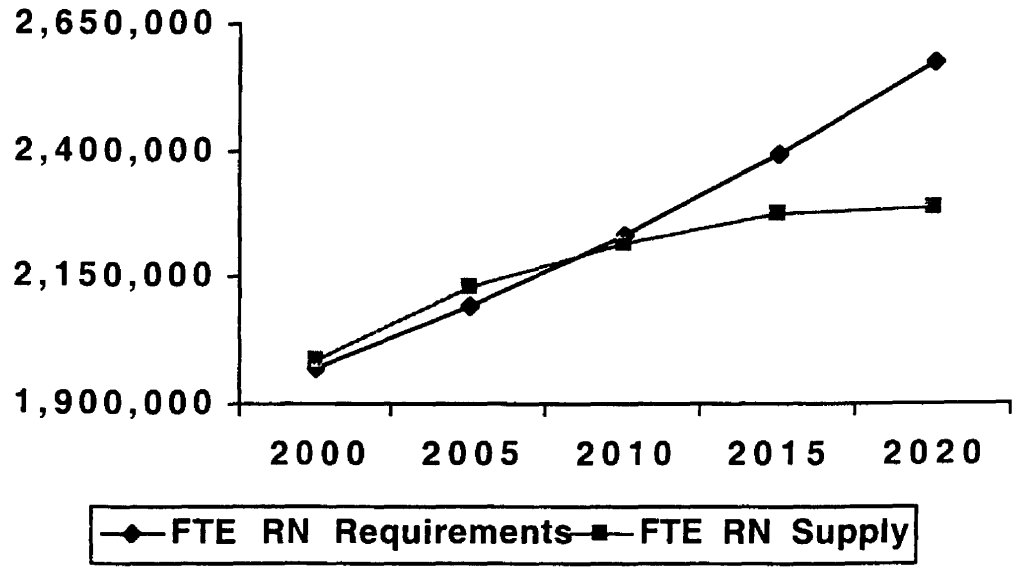
More Current Information Will Be Available Next Year: National data on the nursing workforce are collected by the Division of Nursing within HRSA every four years. As noted above, the most current available data were collected in 1996. The next survey of nurses is being conducted in 2000, with the results due to be released in 2001.

Several Studies Indicate That A Serious Nationwide Nursing Shortage Will Occur In The Next Several Years

Despite the increases in the total number of RNs and the number of RNs per 100,000 population shown in Figures 1 and 2, a number of studies project that a serious shortage of nurses will occur in the coming years. The Bureau of Labor Statistics predicts that employment opportunities for RNs will grow faster than average in all sectors through 2008. The "Occupational Outlook Handbook," which is published by the BOL ranked RNs among the top seven occupations in expected growth over the next decade. The most recent projections from the Division of Nursing indicate a shortage beginning in 2008 that will continue to worsen in future years. Figure 3 illustrates the projected shortage of RNs.

Figure 3

Projections of Supply and Demand For Full-Time Equivalent RNs: U.S. 2000-2020



Source: Division of Nursing, Bureau of Health Professions, Health Resources and Services Administration, December 1997

Many Employers, Namely Hospitals, Nursing Homes, And Physician Offices, Argue They Already Are Facing A Shortage Of Nurses, And That The Shortage Will Only Become Worse In The Next Several Years

While nursing workforce analyses project a shortage of RNs by the year 2008, a number of employers indicate that they already are experiencing difficulty hiring and retaining adequate nursing staffs. The American Organization of Nurse Executives (AONE), in cooperation with the American Nurses Association, and the Division of Nursing, surveyed 388 acute care hospitals in 1998 to obtain information about nurse staffing. The survey findings indicate that many hospitals have serious concerns about nurse staffing, recruitment, and retention. The most critical problems identified by the hospitals included: (i) finding nurses with appropriate skills, competencies and experience; (ii) finding nurses willing to work flexible shift schedules; (iii) having to pay increasingly higher wages to compete with non-health sectors of the economy; and (iv) creating and maintaining a satisfying work environment conducive to retaining nurses.

William M. Mercer, an international health care and human resources consulting firm, recently surveyed human resource executives in 185 health care organizations about their RN recruitment and retention efforts. Of the survey respondents, 30% indicated that RN recruitment and retention is a significant problem; 63% said it was somewhat of a problem; and only 7% said it was not a problem. Mercer also reports that nurse turnover has increased in recent years. Specifically, nurse turnover was 15% in 1998, up from 13% in 1997 and 12% in 1996.

There Are Several Interrelated Factors Contributing To The Projected Nursing Shortage

There are a number of factors that are contributing to the nursing workforce shortage that is projected to occur in the next several years. These contributing factors are interrelated and cannot be viewed in isolation of each other. The following paragraphs identify and discuss the major contributing factors that have been identified in the literature and through JCHC staff interviews with various nursing and health care representatives.

Expanded Employment Opportunities: Many health workforce experts point to expanded job opportunities for women as a major contributing factor to the projected nursing shortage. Nursing continues to be a predominantly female occupation; nearly 90% of nurses are women. In the past, nursing was one of a relatively limited number of professional occupations that women chose to enter; teaching also has been a field in which many women chose as their professional

occupation. As employment opportunities for women outside of nursing have expanded, the number of young women entering the RN workforce has declined. A related contributing factor is the fact that the number of men choosing to become nurses has not increased enough to offset the decrease in the number of women choosing nursing.

Increasing Work Pressures/Dissatisfaction: The American Federation of Nurses and Health Professionals (AFNHP) cited increasing work pressures and dissatisfaction with their job as one reason why nurses are leaving the profession. AFNHP reports that nurses are having to: (i) take care of more patients and sicker patients with less staff; (ii) work in specialty areas for which they are not trained; (iii) work mandatory overtime as a standard practice; and (iv) supervise lower-skilled workers who are doing work nurses normally do. AFNHP also reports that a recent survey completed by RN Magazine found that 82% of nurses surveyed said they were dissatisfied with the quality of care they are able to provide for their patients.

A compounding problem is that nurses' negative views towards their working conditions discourage others from entering or returning to the nursing workforce. Several persons interviewed by JCHC staff indicated that fewer and fewer nurses are recommending nursing as a profession for younger persons to enter. In addition, these same individuals noted that nurses can earn comparable salaries in other occupations outside of nursing without the work pressures noted above.

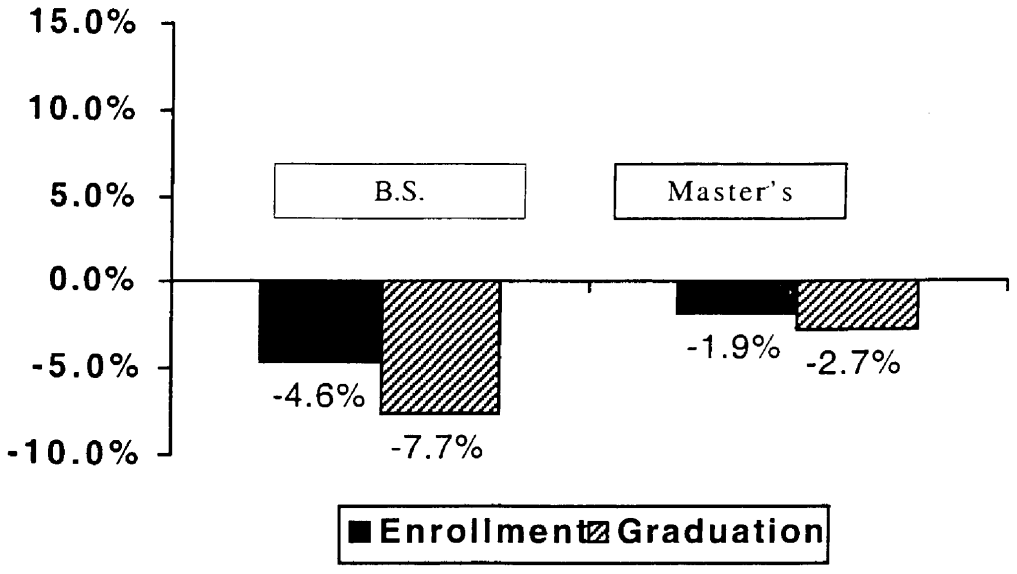
A recent study completed by the Healthcare Group of J. Walter Thompson (JWT) Specialized Communications found that school children had no compelling reason to become a nurse. In structured interviews with nearly 2,000 children in 10 U.S. cities, JWT found that children generally viewed nursing as having limited career advancement and unfavorable working hours and tasks, and considered nursing to be more "technical" as opposed to "professional." JWT noted in its report that the "image of nursing" needs substantial improvement among school children in order to reestablish nursing as a desirable profession.

Decreasing Enrollment In Nursing Education Programs: Another indication of the impending nursing shortage is the decreasing enrollment in nursing education programs across the nation. According to the American Association of Colleges of Nursing (AACN), *enrollments* in bachelor's degree nursing programs have declined consistently over the past five years nationwide, dropping 4.6% in 1999 alone. Similarly, *graduations* from entry level baccalaureate programs fell 7.7% during the same time period (see Figure 4). In some cases, lower enrollments are the result of intentional cutbacks due to

faculty shortages, state-mandated enrollment caps on baccalaureate programs, a limited supply of clinical training sites, or other constraints. However, AACN indicates that the decline is due in large part to lowered interest in nursing careers in recent years. (Information regarding decreases in nursing education programs in Virginia is discussed in Section III of this report.)

Figure 4

Decreases In Enrollments And Graduations From B.S. Degree and Master's Degree Nursing Education Programs Between 1998 And 1999



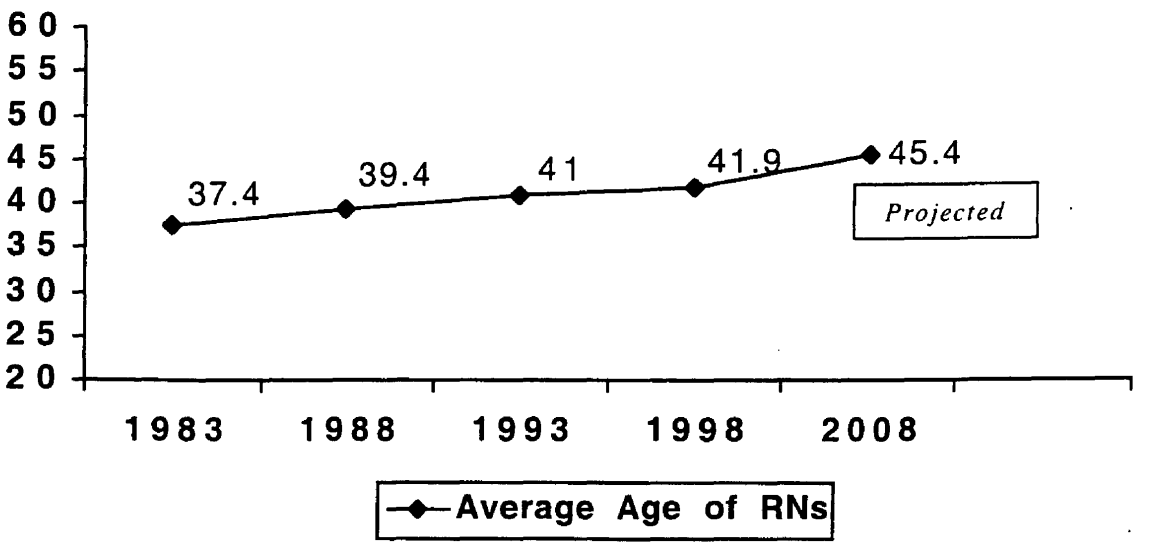
Source: American Association of Colleges of Nursing, 2000

Aging Workforce: The combined impact of the factors discussed above is that the nursing workforce, as a whole, is getting older. And, as older nurses begin to retire, there will not be enough younger nurses to fill the resulting void. The most telling evidence of an aging workforce is that the average age of nurses has increased faster than the workforce as a whole. In a June, 2000 article published in the Journal of the American Medical Association, Buerhaus, et al estimate that the average age of RNs has increased by 4.5 years from 37.4 years in 1983 to 41.9 years in 1998, and project even further increases in the future. Buerhaus also notes that during the same time period, the proportion of the RN workforce younger than 30 years decreased from 30.3% to 12.1%, and the actual number of working RNs younger than 30 years decreased by 41%. In contrast, the average age of the U.S. workforce as a whole increased by less than 2 years

during the same time period (from 37.4 to 39.0 years) while the total labor force in the U.S. younger than 30 years decreased by less than 1%. Over the next two decades, this trend will lead to a further aging of the RN workforce because the largest age cohort of RNs will be between age 50 and 69 years. Within the next 10 years, the average age of RNs is predicted to be 45.4 years, with more than 40% of the RN workforce expected to be older than 50 years. When the largest age cohort of nurses begin retiring, the concern is there are not going to be enough younger nurses to replace them.

Other researchers have estimated the average age of RNs to be even higher than Buerhaus. Based on data from HRSA's Division of Nursing, the Advisory Board estimates the average age of RNs in 1996 was 44.3 years. Similarly, the Advisory Board analysis indicates that the percentage of nurses under age 30 is only 9% as opposed to the 12.1% estimate reported by Buerhaus. Figure 5 illustrates the increasing average age of the RN workforce as estimated by Buerhaus. Figure 6 shows estimates from the Advisory Board of the steady decline in the percentage of nurses under 30 years old. Both illustrations clearly indicate a declining number of younger nurses to replace those who will be retiring in the next 10-15 years.

Figure 5
Average Age Of RN Workforce; U.S.
1983-2008



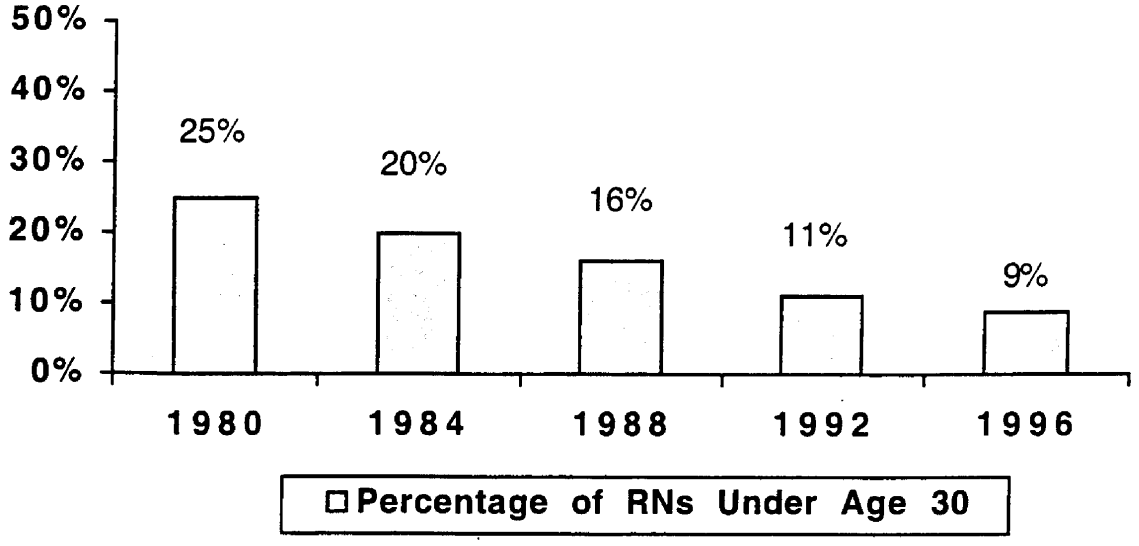
Source: Buerhaus et al, Journal of the American Medical Association, Vol. 283, No. 22, June, 2000; Nursing Economic$, July-August, 2000;

Some Health Care Experts Believe The Impending Nursing Shortage Will Be Different Than Past Shortages

There have been nursing shortages in the past. However, some health care experts believe the impending shortage will be different. Their belief is that while past shortages have been characterized simply as having too few nurses to meet the demand, the impending shortage also will include a new dynamic of not having the appropriate "type" of nurse. The survey conducted by the American Organization of Nurse Executives (AONE) discussed earlier found that hospitals worry there will not only be too few nurses, but that there also will not be an appropriate mix of experience, qualifications and skill level to meet the demand for patient care. The acuity level of patients in the hospital continues to increase as a result of lower acuity patients being treated in outpatient settings. Hospital executives are concerned that there will be fewer and fewer nurses able to provide the level of patient care that will be required in their facilities.

Figure 6

Percentage of Nurses Under Age 30 (U.S.)
1980-1996



Source: Nursing Executive Center, Advisory Board, 1999

While Most Research Has Focused On The Impending Shortage Of RNs, There Also Is A Serious Shortage Of Certified Nurse Aides

The studies and research cited in the literature focus almost entirely on an impending shortage of RNs. This is due primarily to a much greater level of data available on RNs as opposed to that which is available on licensed practical nurses (LPNs) and certified nurse aides (CNAs). However, as will be discussed in the next section of this report, concerns regarding a nursing shortage are not restricted to RNs. There is much less research available on the shortage of other types of nurses (e.g., LPNs and CNAs); however, there is general agreement among long-term care providers and others that there is a serious shortage of CNAs, and that the shortage exists now. While there is little national data available in this area, the next section of this report presents very clear evidence in Virginia that there is a decreasing number of CNAs.

Staffing Standards Are Being Developed By The Federal Government: The importance of having an adequate supply of nurses, including RNs, LPNs, and CNAs will become even more critical if staffing standards for nursing homes now being considered by the federal government are put in place. The Health Care Financing Administration (HCFA) recently released the first phase of a study it is conducting on the need to establish staffing standards in nursing homes. While HCFA has not yet issued its recommendations, the first phase report provides some indication of how the guidelines likely will be developed. HCFA's report identified both "minimum" and "preferred minimum" staffing levels. Inasmuch as HCFA estimates that a significant portion of nursing homes are now below these levels, should the requirements eventually be enacted, there will be an ever greater need for RNs, LPNs and CNAs as nursing homes seek to increase their nursing staff. Figure 7 identifies the HCFA staffing levels under consideration and the percentage of nursing homes that currently are staffed below each standard.

Figure 7

Nurse Staffing Standards For Nursing Homes Being Considered By HCFA

Staff	Minimum Staffing Level	Percent of U.S. Nursing Homes Below Standard
Nurse Aide	2.00 hrs/resident day	54%
RN and LPN	.75 hrs./resident day	23%
RN	.20 hrs./resident day	31%
	Preferred Minimum Staffing Level	
Nurse Aide	2.00 hrs/resident day	54%
RN and LPN	1.0 hrs./resident day	56%
RN	.45 hrs./resident day	67%

Source: Appropriateness of Minimum Staffing Ratios in Nursing Homes Report to Congress, Health Care Financing Administration, 2000

III.
Virginia's Nursing Workforce

The Virginia Board Of Nursing Regulates Virginia Nurses, And Approves Nursing Education Programs

Section 54.1-3002 of the *Code of Virginia* establishes the Board of Nursing which regulates the various nursing professionals, and approves the educational programs in the Commonwealth for training nurses. The Board consists of 13 members, including seven registered nurses, three licensed practical nurses, and three citizen members.

Section 54.1-3005 of the *Code of Virginia* identifies a number of specific powers and duties of the Board, which include: (i) prescribing minimum standards and approving curricula for educational programs preparing persons for licensure or certification; (ii) approving nursing educational programs; (iii) certifying and maintaining a registry of all certified nurse aides; (iv) providing consultation regarding nursing practices for institutions and agencies; and (v) certifying and maintaining a registry of all certified massage therapists and promulgating regulations governing the criteria for certification as a massage therapist. For the purposes of this study, the most critical function of the Board is the licensure and regulation of the various types of nursing professionals.

The Board Of Nursing Licenses, Registers, Certifies And Regulates Several Different Categories Of Nursing Professionals; Qualifications Vary By Category

The Board of Nursing licenses, certifies, registers and regulates several different categories of nursing professionals. These nurse categories are: registered nurses (RN), licensed practical nurses (LPN), clinical nurse specialists (CNS), and certified nurse aides (CNA). RNs and LPNs, are *licensed* by the Board; CNS candidates must be *registered* with the Board; and CNAs are *certified* by the Board.

In addition to these four nurse categories, nurse practitioners (NPs) are licensed and regulated by the Joint Boards of Nursing and Medicine. The Joint Boards of Nursing and Medicine is composed of three representatives from the Board of Nursing and the Board of Medicine with the members being selected by the president of the respective individual boards.

Figure 8 summarizes the qualifications for licensure, registration, or certification for each of the various categories of nursing professionals.

Figure 8
Licensure/Certification/Registration Qualifications
By Nurse Category

Type of Nurse	Qualifications
Registered Nurse	• completed four-year high school course of study or the equivalent; • received a diploma or degree from an approved professional nursing education program • passed a written examination as required by the Board; and • committed no acts which are grounds for disciplinary action
Licensed Practical Nurse	• completed two years of high school or its equivalent; • received a diploma from an approved practical nursing program • passed a written examination as required by the Board; and • committed no acts which are grounds for disciplinary action
Clinical Nurse Specialist	• must be a licensed registered nurse • must hold a master's degree from a board approved program which prepares the nurse to provide advanced clinical nursing services; and • must hold a current specialty certification from a national certifying organization acceptable to the board
Nurse Practitioner	• must be a licensed registered nurse • must submit evidence of completion of a board approved educational program designed to prepare nurse practitioners; and • must submit evidence of professional certification by one of 6 certifying agencies listed in the regulations or other agency approved by the Joint Boards of Nursing and Medicine
Certified Nurse Aide	• committed no act or omission that would be grounds for discipline or denial of certification; • completed successfully an education or training program approved by the Board; and • passed competency exam required by the Board.

Source: JCHC staff analysis of the *Code of Virginia* and the Board of Nursing Regulations

The *Code Of Virginia* And The Board Of Nursing Regulations Specify Certain Practice Parameters For Each Nurse Category

In addition to the qualifications for licensure, registration, or certification for each category of nursing professional identified in Figure 8, the *Code of Virginia* and the Board's regulations also include certain practice parameters and restrictions. For both RNs and LPNs, the *Code of Virginia* states that these terms mean: " 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; in the prevention of illness or disease; or . . . in the teaching of those who are or will be nurse aides."

The following paragraphs highlight other practice-related provisions of the *Code of Virginia* and regulations that relate to the various nurse categories.

Registered Nurses (RN): In addition to the practice parameters previously noted, the *Code of Virginia* states that "registered nursing" includes the supervision and teaching of those who are or will be involved in nursing care and the administration of medications and treatments as prescribed by any person authorized by law.

Licensed Practical Nurses (LPN): The *Code of Virginia* states that, included among the nursing acts of LPNs, is the teaching of those who are or will be nurse aides (CNAs). Additionally, the *Code of Virginia* stipulates that LPNs work under the direction or supervision of a licensed medical practitioner, a professional nurse, registered nurse or other licensed health professional authorized by Board regulations.

Nurse Practitioners (NP): Regulations promulgated by the Joint Boards of Nursing and Medicine state that NPs shall be licensed in one of the following 15 categories: adult nurse practitioner, family nurse practitioner, pediatric nurse practitioner; family planning nurse practitioner; obstetric/gynecologic nurse practitioner; emergency nurse practitioner; geriatric nurse practitioner; certified registered nurse anesthetist; certified nurse midwife; school nurse practitioner; medical nurse practitioner; maternal child health nurse practitioner; neonatal nurse practitioner; women's health nurse practitioner; and acute care nurse practitioner. Other categories may be approved by the Joint Boards of Nursing and Medicine.

Clinical Nurse Specialists (CNS): Nurses in this classification are licensed RNs who receive a clinical nurse specialist registration from the Board. The Board of Nursing regulations state that advanced practice as a CNS shall include, but not be limited to, performance as an expert clinician to: (i) provide direct care

and counsel to individuals and groups; (ii) plan, evaluate and direct care given by others; and (iii) improve care by consultation, collaboration, teaching and the conduct of research.

All Nurses Must Renew Their License, Registration, Or Certification Every Two Years

Persons in each category of nursing must renew their license, registration, or certification every two years. Board of Nursing regulations call for persons born in even-numbered years to renew by the last day of the birth month in even-numbered years. Similarly, persons born in odd-numbered years must renew by the last day of the birth month in odd-numbered years. Nurse practitioners and clinical nurse specialists who must obtain a separate license or registration for their area of specialty must do so according to the same schedule. CNAs are somewhat different; they renew their certification every two years from the last day of the month in which the certification was issued.

Nurses Must Pay An Initial Application Fee And A Biennial Renewal Fee; The Board Of Nursing Adopted Fee Increases Which Became Effective In April, 2000

Virginia nurses pay an initial application fee and a biennial renewal fee. (CNAs do not pay an initial application fee.) In addition to these fees, clinical nurse specialists (CNS) must pay an additional fee to be registered as a CNS with the Board. Similarly, nurse practitioners also must pay an additional fee.

The Board of Nursing adopted increases in most nursing fees earlier this year due to the increased costs of regulating the profession. Nursing fees were last increased in 1993. Figure 9 illustrates the fees currently paid by Virginia nurses.

Registered Nurses And Licensed Practical Nurses Also Pay A $1.00 Fee To Support A Nursing Scholarship Fund

Section 54.1-3011.1 of the *Code of Virginia* authorizes the Board of Nursing to charge a $1.00 fee for the licensure of every practical nurse and registered nurse to support the Nursing Scholarship Fund. The Fund is used to provide scholarships for students enrolled in nursing programs that prepare students for licensure as LPNs and RNs. Additional information regarding the scholarship program is provided in Section IV.

Figure 9

Selected Nurse Application And Renewal Fees

Type of Fee	Amount of Fee
Application for Licensure[1] (RN & LPN) - by examination - by endorsement	 $105.00 $105.00
Biennial Licensure Renewal (RN & LPN)	$70.00
Application for Nurse Aide Certification	NONE
Biennial Renewal for CNAs	$45.00
Application for Clinical Nurse Specialist Registration	$95.00
Biennial Renewal for Clinical Nurse Specialist Registration	$60.00
Application for Nurse Practitioner Licensure	$50.00
Biennial Licensure Renewal for Nurse Practitioner	$30.00

Notes:

[1] The Board may issue a license by endorsement if the applicant has been licensed as a professional or registered nurse in another state.

Other fees are charged by the Board for duplicate licenses, reinstatement of licenses, verification of license, etc.

Source: Virginia Board of Nursing

There Are Approximately 145,000 Persons Licensed, Registered Or Certified As Nurses In Virginia

Data maintained by the Board of Nursing indicate that, as of September, 2000, there were 145,026 persons licensed, registered or certified as nurses in Virginia. Because persons who are licensed as a nurse practitioner (3,958) or certified as a clinical nurse specialist (443) also are licensed as RNs, the actual number of licenses, registrations, and certifications issued in Virginia, as of September, 2000 was 149,427.

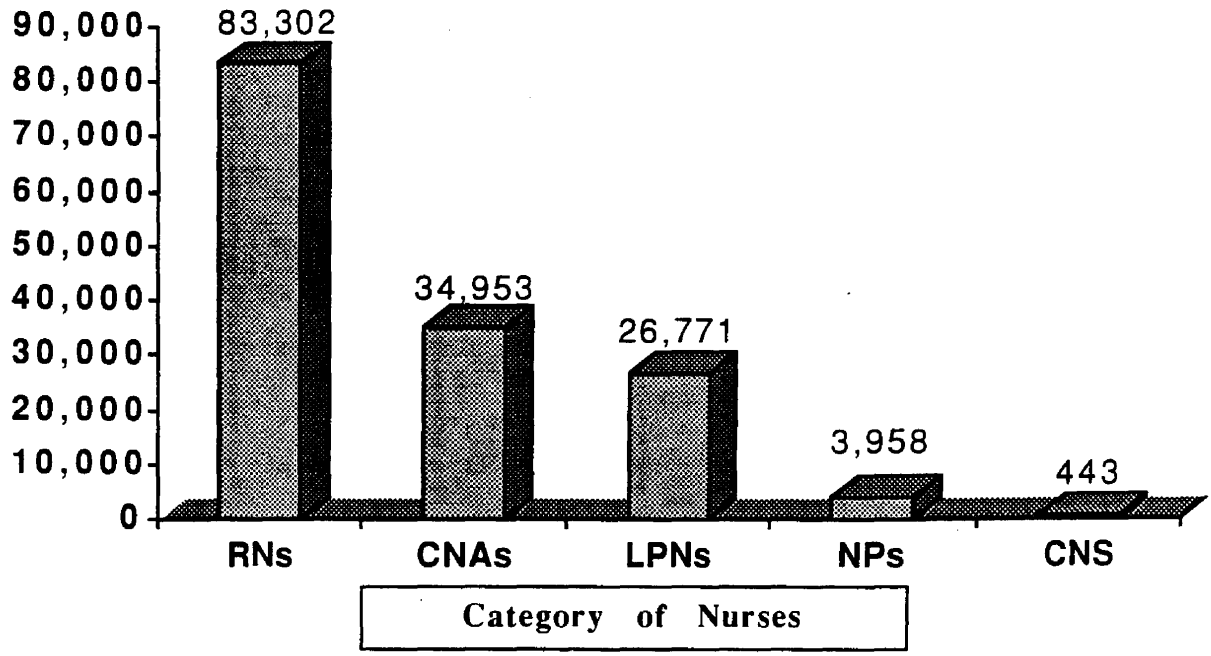
Figure 10 illustrates the number of licenses, registrations and certifications issued by the Board of Nursing for each category. As seen in Figure 10, RNs

(83,302) make up the largest category of nurses. The next largest category of nurse is CNAs (34,953). Clinical Nurse Specialist is the smallest category of nurses (443).

Figure 10

Number Of Licenses, Registrations And Certifications Issued In Virginia By The Board Of Nursing

September, 2000



Note: Persons who are licensed as nurse practitioners or certified as clinical nurse specialists are also included in the number of registered nurses

Source: Virginia Board of Nursing

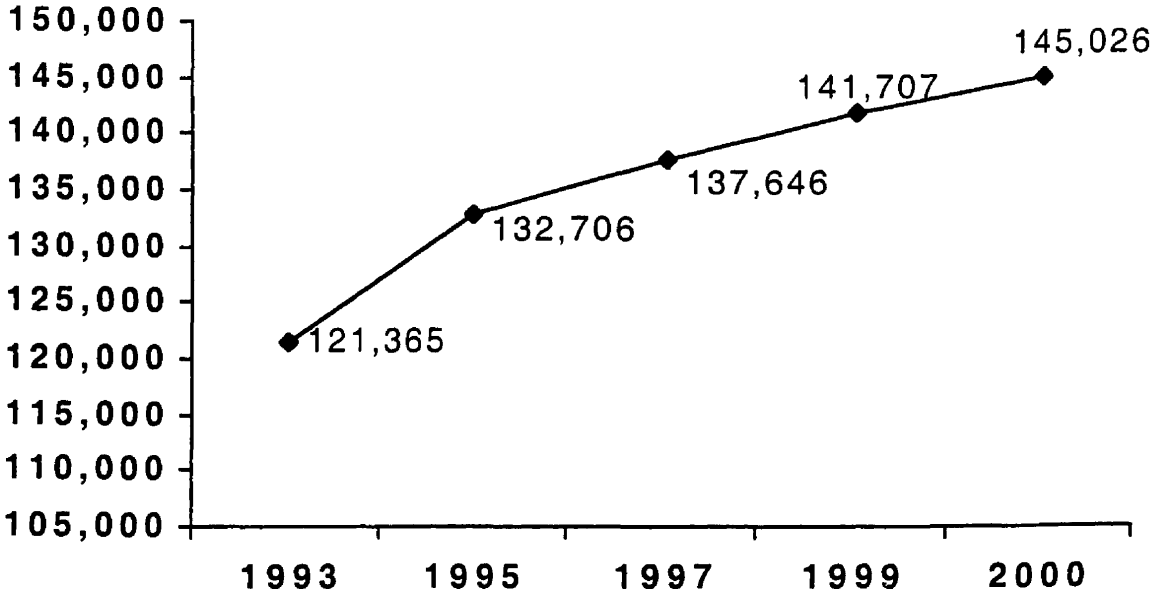
Consistent With National Trends, The Overall Number Of Nurses In Virginia Has Been Increasing During The Past Several Years; However, The Number Of CNAs Decreased In 2000

According to records maintained by the Board of Nursing, the overall number of nurses in Virginia has been increasing during the past several years. As seen in Figure 11, the total number of persons licensed, registered or certified with the Board has increased from 121,365 in 1993 to 145,026 in 2000.

Figure 11

Number of Persons Licensed, Registered, And Certified As Nurses In Virginia:

1993 - 2000



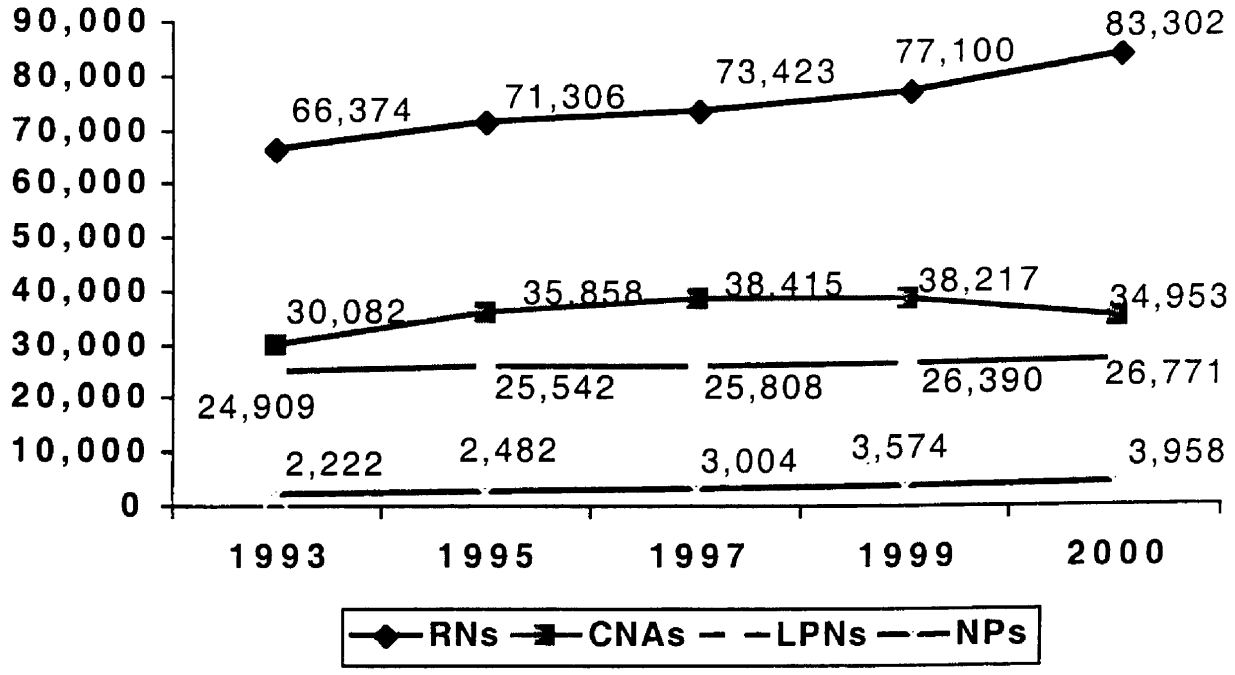
Source: Virginia Board of Nursing

Whereas Figure 11 illustrates the total number of "persons" licensed, registered or certified as a nurse in Virginia, Figure 12 shows the number of licenses, registrations and certifications issued by the Board of Nursing from 1993 to 2000 for the various nursing categories (except CNS). Because NPs are licensed both as a RN and in their area of specialty, these persons are counted twice in Figure 12.

Figure 12

Number of Licenses, Registrations, And Certifications Issued In Virginia By Nurse Category:

1993 - 2000



Note: Persons licensed as nurse practitioners are also included in the number of registered nurses
Source: Virginia Board of Nursing

The Decrease In The Number Of CNAs From 1999 To 2000 Will Exacerbate An Already Serious Shortage Of CNAs

While the number of nurses in all other categories has increased each year since 1993, the number of CNAs decreased from 1999-2000. In just one year, the number of CNAs declined nearly 9%. Given the current difficulties that long-term care facilities and home care and community-based providers are facing in trying to hire and retain CNAs, the decline indicates that this problem will be worsening.

Increase In Biennial Renewal Fee: One issue that may have had some impact on the declining number of CNAs is that the biennial certification renewal fee for CNAs increased from $30.00 to $45.00, a 50% increase. The actual

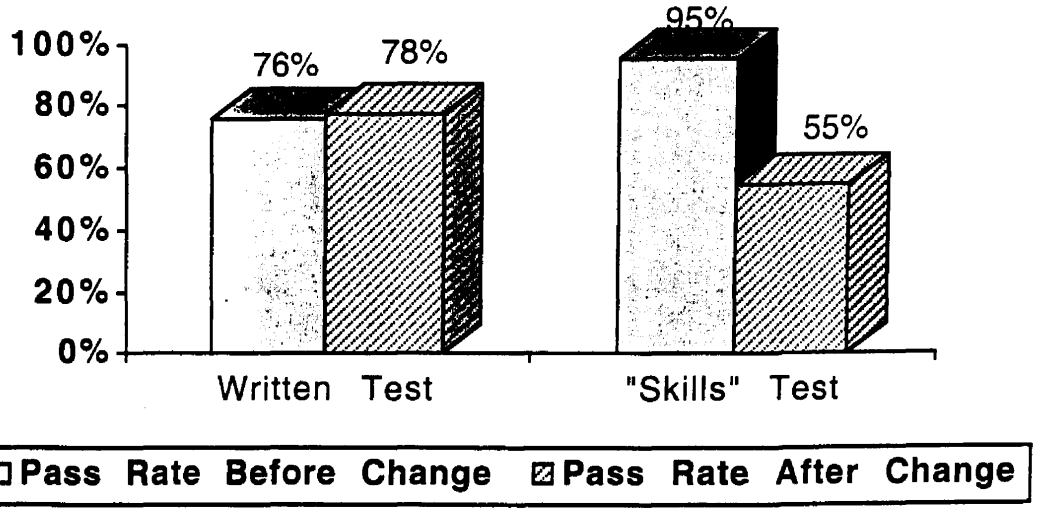
dollar amount ($15.00) of the increase is not severe. However, because CNAs typically earn a very low wage, such an increase represents a more substantial financial burden than for others. Moreover, for long-term care facilities, certification is only required for nurse aides who work in nursing homes; nurse aides who work in other long-term care settings (e.g., assisted living facilities) do not have to be certified. Thus, some nurse aides may be choosing to forego certification and work in settings which do not require certification. This obviously would exacerbate the staffing problems currently facing the nursing home industry.

Decrease In Certification Exam Pass Rates: Another factor contributing to the decline in the number of CNAs appears to be recent changes in the certification testing for CNAs that have resulted in significantly fewer applicants passing the test. The Board of Nursing, as well as the boards in almost every other state, contracts with a national testing firm to administer the certification exam. The firm with which the Board contracts to administer the exam recently merged with another national testing contractor. Following a review period, the testing firm changed the pass/fail requirements for the certification exam. (The change affects applicants being tested in all of the states that contract with the testing firm, not just Virginia.)

The certification exam consists of both a written test and a "skills" test that requires the applicant to perform some basic CNA skills. There are 24 "hands-on" skills. Prior to the change in the pass/fail requirement, the applicant had to pass 3 of 5 randomly selected skills included in the exam. Under the revised pass/fail requirements, the applicant must pass all 5 of the randomly selected skills. The changes in the certification testing were instituted in August, 1999. Since that time, there has been a sharp decrease in the number of nurse aides who pass the "skills" portion of the exam. Data provided by the Board of Nursing indicate that prior to the change, 95% of the applicants passed the "skills" portion of the exam. However, after requiring that the applicant pass all 5 skills they are tested on, the percentage that pass this portion of the exam dropped to only 55%. The pass/fail rate for the written portion of the test has remained relatively constant; in fact, the passing rate increased slightly from 76% prior to the change to 78% after the change. Figure 13 illustrates the passing rates for the "skills" and written portions of the exam both prior to and after the change in the requirements.

Figure 13

Pass Rates On CNA Examination: Before And After August, 1999 Change In The Pass/Fail Requirements



Source: JCHC staff analysis of information provided by the Virginia Board of Nursing

Based on data regarding the pass/fail rate for Virginia applicants following the change in requirements, the "skills" in which the greatest number of applicants failed were as follows: (i) 29.6% of applicants failed the skill requirement for assisting a client with the use of a bedpan; (ii) 28.3% of the applicants failed the skill requirement for the "one-stop" procedure for measuring blood pressure; (iii) 27.4% failed measuring oral temperature; and (iv) 25.6% failed measuring and recording the weight of an ambulatory patient.

Whereas, prior to the scoring change an applicant could fail 2 of 5 skills and still pass the exam, now, this same person would fail the exam and not be certified. The new scoring method should result in a higher quality CNA workforce; however, it also appears to have reduced the number of CNAs available to work.

High CNA Turnover: Another factor contributing to the decrease in the number of CNAs is the high turnover rate. Nationally, the annual turnover rate ranges from 80-100%. The high turnover rate is generally blamed on low pay, limited availability of health insurance and other

benefits, work demands, and availability of other less stressful jobs that pay equal or greater salaries.

While The Number Of Nurses In Categories Other Than CNAs Is Increasing, There Are Limited Data Available To Determine How Many Actually Are Working In Nursing Positions

As noted earlier, with the exception of CNAs, the number of nurses in all other categories has been increasing each year. While the total number of nurses has increased, the Commonwealth has little or no information to determine how many of these nurses actually are working in a nursing position. Due to a lack of nurse workforce information, it is difficult to answer other key questions, such as:

- what demographic trends are occurring in terms of age, sex, racial/ethnic background, and level of education?
- what are the employment settings (e.g., hospital, nursing home, physician office, etc.) of Virginia nurses? and
- where, in terms of geographic locations, are Virginia's nurses practicing?

Following a JCHC study last year on the need to collect additional nurse workforce data, the 2000 General Assembly passed House Bill 1249 and Senate Bill 488. These companion bills require the Board of Nursing to collect, store and make available nursing workforce data, subject to the availability of funding. The JCHC sponsored this legislation, and introduced a budget amendment of $130,000 in general funds for each year of the 2001-2002 biennium; however, only $40,000 was approved for each year. The Board of Nursing currently is developing a survey instrument to collect the data from a sample of Virginia nurses. However, the Board will be able to collect only a limited amount of data given the level of funding that was appropriated. Once collected and analyzed, this information will provide critical information for nurse workforce planning.

A Number Of Health Care And Nursing Organizations In Virginia Believe There Is A Shortage Of Nurses That Will Worsen In The Near Future

Despite the increase in the number of nurses in Virginia (other than CNAs), several health care and nursing organizations in Virginia believe there is a shortage of nurses. The Virginia Health Care Association (VHCA) noted in JCHC staff interviews that nursing homes in Virginia are experiencing difficulty hiring all types of nurses, but that CNAs represent the most critical nurse staffing challenge. Inasmuch as CNAs provide the bulk of direct patient care in nursing

homes, an inadequate supply of qualified CNAs poses not only staffing problems but also patient quality of care problems.

The Virginia Association of Non-Profit Homes For the Aging (VANHA) also indicated that the shortage of CNAs is the most critical nursing shortage in their facilities. The Virginia Association for Home Care (VAHC) represents providers of home care/personal care services. Its member organizations also rely heavily on CNAs to provide care to their patients. While it is becoming more and more difficult to hire all types of nurses, VAHC indicated the shortage of CNAs is the most critical staffing issue.

Representatives of the Medical Society of Virginia indicated that its member physicians are reporting difficulty hiring RNs. Similarly, The Virginia Organization of Nurse Executives (VONE) indicates that it is becoming increasingly difficult for hospitals to recruit and retain qualified nurses, primarily RNs. VONE sponsored a conference last Spring entitled "Where Have All The Nurses Gone?" The objective of the conference was to identify strategies for improving the recruitment and retention of nurses, and to begin some collaborative efforts with nursing and other health care organizations to address the problem.

The Virginia Hospital & Healthcare Association Conducted A Nursing Workforce Survey

The Virginia Hospital & Healthcare Association (VHHA) also reports increasing difficulty in hiring nurses, primarily RNs and CNAs. The VHHA recently conducted a survey of employers in Virginia who hire nurses in response to concerns that have been voiced by hospitals and others about the adequacy of the current supply of nurses and nurse aides. The survey was sent to hospitals, nursing homes and long-term care facilities in Virginia. The survey includes questions regarding turnover rates, length of time to fill a vacancy, and recruitment and retention strategies being used. The survey responses are being analyzed now and the results should be completed in the next few months.

There Are Five Different Types Of Nursing Education Programs In Virginia; Similar To National Trends, The Number Of Admissions And Graduations In These Programs Is Declining

As noted earlier, the number of nursing school admissions and graduations across the country has declined in recent years. Data specific to Virginia's nursing education programs show a similar trend. In Virginia, there are five different types of nursing education programs, all of which must be approved by the Board of Nursing. Figure 14 identifies the types and number of

nursing education programs in Virginia. The number of nursing education programs has remained fairly constant over the past several years. There has been some fluctuation in the number of nurse aide programs; however, the number generally has been between 220-244.

Figure 14

Nurse Education Programs In Virginia (2000)

Type of Nurse Educational Program	Number of Programs Approved By Board of Nursing
Nurse Aide Education Programs	244
Practical Nursing Programs	52
Associate Degree Programs	17
Baccalaureate Degree Programs	12
Diploma Programs	7

Source: Virginia Board of Nursing

There are three different types of education programs that prepare students to become a registered nurse (RN): (i) a diploma program, (ii) an associate degree program, and (iii) a bachelor's degree program. The diploma programs are three-year programs offered by hospitals licensed in Virginia which lead to a diploma in nursing. An associate degree program is a two-year program offered by a Virginia college or other institution that is authorized to confer such a degree by the State Council of Higher Education in Virginia (SCHEV). The baccalaureate degree program is a four-year program offered by a Virginia college or other institution authorized to confer such a degree by SCHEV.

Practical nursing programs are offered by Virginia schools that lead to a diploma or certificate. Nurse aide programs are offered by nursing homes and other long-term care facilities, as well as various types of schools and organizations across the Commonwealth.

Admissions and Graduations In RN Programs Have Declined: As seen in Figure 15, the number of admissions and graduations in Virginia's education programs for RNs has declined in recent years. Admissions for associate degree programs have fallen from 1,685 in 1992 to 1,391 in 1999; admissions for B.S. degree programs have declined from 995 in 1992 to 635 in 1999; and, lastly, diploma program admissions declined from 539 in 1992 to only 293 in 1999.

Figure 15

Admissions And Graduations By Type Of RN Education Program

1992-1999

Year	Assoc. Degree Admiss.	Assoc. Degree Grads.	B.S. Degree Admiss	B.S. Degree Grads.	Diploma Program Admiss	Diploma Program Grads.
1992	1685	1099	995	768	539	280
1993	1844	1219	822	791	456	295
1994	1683	1258	942	881	411	335
1995	1548	1300	1090	912	375	372
1996	1469	1277	723	1060	358	318
1997	1424	1245	713	869	308	277
1998	1380	1097	639	908	291	221
1999	1391	1090	635	786	293	220

Source: JCHC Staff Analysis of Virginia Board of Nursing Annual Reports

Graduations from each of these programs have followed a similar pattern, all increasing between 1992 and 1995/1996, and then falling rather significantly through the late 1990s. For associate degree programs, graduations grew from 1,099 in 1992 to 1,300 in 1995, but then fell to 1,090 in 1999. B.S. degree graduations increased from 768 in 1992 to 1,060 in 1996, then gradually fell to 786

by 1999. Likewise, diploma graduations grew from 280 in 1992 to 372 in 1995, and then declined to 220 by 1999.

Figure 16 presents the annual percent change in enrollments and graduations for RN programs during the same time period. Admissions for associate degree programs fell an average of 2.5% each year; the average decline in B.S. degree programs was 4.7% each year; and diploma admissions decreased an average of 8.2% each year.

Figure 16

Annual Percentage Change In Admissions And Graduations By Type Of RN Education Program 1992-1999

Year	Percentage Change From Previous Year					
	Assoc. Degree Admiss.	Assoc. Degree Grads.	B.S. Degree Admiss.	B.S. Degree Grads.	Diploma Program Admiss.	Diploma Program Grads.
1992	--	--	--	--	--	--
1993	9.4	10.9	-17.4	3.0	-15.4	5.4
1994	-8.7	3.2	14.6	11.4	-9.9	13.6
1995	-8.0	3.3	15.7	3.5	-8.8	11.0
1996	-5.1	-1.8	-33.7	16.2	-4.5	-14.5
1997	-3.1	-2.5	-1.4	-18.0	-14.0	-12.9
1998	-3.1	-11.9	-10.4	4.5	-5.5	-20.2
1999	0.8	-0.6	-0.6	-13.4	0.7	-0.5
Average	-2.5	0.1	-4.7	1.0	-8.2	-2.6

Source: JCHC Staff Analysis of Virginia Board of Nursing Annual Reports

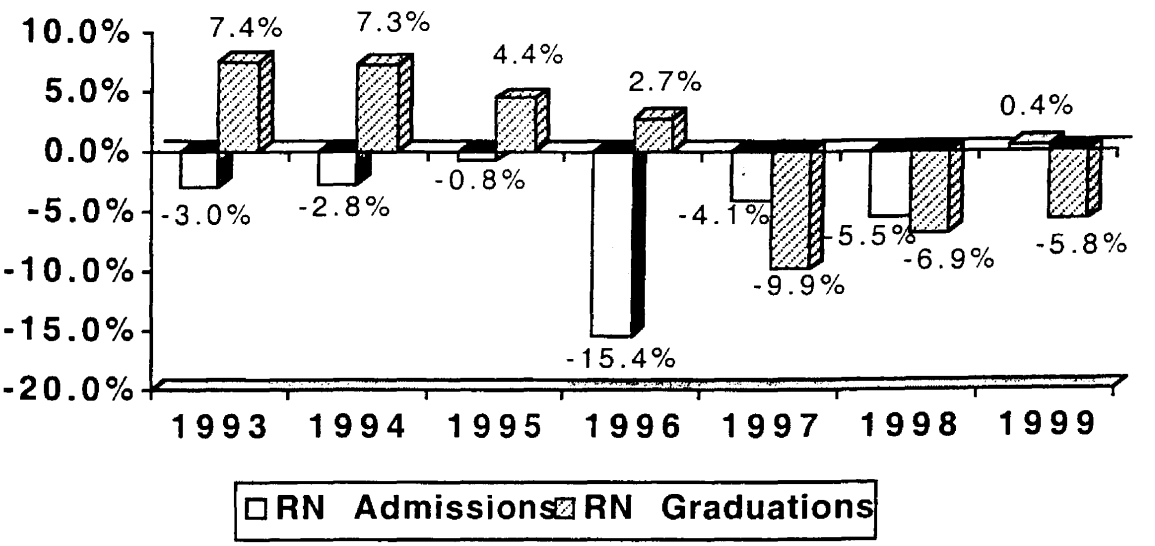
Figure 17 graphically shows the year-to-year changes in *total* RN admissions and graduations (i.e., combined total of A.D., B.S. and diploma programs). The total number of RN admissions in all programs decreased

almost every year through the 1990s with the largest single-year decrease occurring in 1996. By 1999, the total number of admissions had decreased 28%. In terms of RN graduations, the total number increased during the early-mid 1990s, but has dropped each year since 1997. During the period 1996-1999, the total number of RN graduations decreased by 21.1%.

Figure 17

Annual Percentage Change In Admissions And Graduations: Combined Total Of All RN Education Programs

1992-1999



Source: JCHC staff analysis of Virginia Board of Nursing Annual Reports

Waiting Lists At Associate Degree Programs: Despite the decrease in the number of admissions and graduations in the associate degree (A.D.) programs, there is some evidence that there also is a waiting list of persons desiring to enroll at the Community Colleges which offer these programs. A representative of these A.D. programs advised JCHC staff that several of the colleges have waiting lists. One of the reasons cited for the waiting lists is a shortage of clinical sites to train the students at local hospitals and other suitable locations.

Faculty Issues: A related concern regarding nursing education is the declining number of nurses receiving the level of training needed to become nurse faculty. Typically, nurse faculty are B.S. prepared nurses who go on to

receive graduate nursing degrees that enable them to teach. However, to the extent that fewer nurses are obtaining B.S. degrees, there also will be fewer nurses advancing into graduate programs to train for faculty positions.

Annual Changes In Practical Nurse And Nurse Aide Admissions And Completions Have Varied; In Recent Years, There Have Been Significant Decreases In Nurse Aide Admissions And Completions

With respect to practical nurses and nurse aides, the number of admissions and graduations also shows a general downward trend. A significant decrease in the number of nurse aide admissions and graduations occurred in 1998 and 1999. (Given the large number of nurse aide programs reporting data to the Board of Nursing, it is possible that the sharp decline in both admissions and completions for 1998 is due to non-reporting by some of the programs.)

Figure 18 presents the number of admissions and graduations, as well as the percentage change from year-to-year for practical nurses and nurse aides. While there have been fluctuations over the past several years, the most recent data suggest a declining number of admissions and graduations for nurse aides and mixed results for practical nurses.

Virginia's Nursing Statistics Generally Mirror National Data Which Some Experts Believe Indicate A Nursing Shortage Within 8-10 Years

Similar to the national trends discussed in Section II of this report, Virginia's nursing statistics seem to mirror the key findings of researchers who project a nursing shortage within the next 8 to 10 years. These statistics indicate that, while the number of licensed RNs continues to increase in Virginia, the number of persons enrolling in and graduating from RN education programs has declined in recent years. If this trend continues, there likely will not be a sufficient number of younger nurses to fill the void caused by nurse retirements and other normal attrition. The decrease in B.S. prepared nurses also supports the concern of some nurse executives, hospital administrators and nursing educators that fewer and fewer nurses will possess the training and skill level that will be required to care for the higher acuity patients being treated in hospitals.

Employment Projections For The Various Categories Of Nurses All Indicate Increased Demand In The Future

The Virginia Employment Commission (VEC) collects data on nurses as part of its responsibilities for producing labor market information for the Commonwealth. Essentially, the VEC data regarding nurses fall into two

categories: (i) industry and occupational employment information; and (ii) occupational wage data. The VEC has published a document entitled "Industry and Occupational Employment Projections: 1996-2006" which includes employment information on hundreds of occupational titles, including RNs, LPNs, and nursing aides, orderlies, and attendants.

Figure 18

Number Of Admissions/Completions And Annual Percentage Change: Practical Nurses And Nurse Aides

1992-1999

Year	Pract. Nurse Admiss	% Annual Change	Pract. Nurse Compl.	% Annual Change	Nurse Aide Admiss	% Annual Change	Nurse Aide Compl.	% Annual Change
1992	1726	--	911	--	8743	--	6902	--
1993	1910	10.7	1026	12.6	8085	-7.5	6652	-3.6
1994	1745	-8.6	1133	10.4	8580	6.1	6954	4.5
1995	1769	1.4	1060	-6.4	7866	-8.3	6284	-9.6
1996	1938	9.6	1171	10.5	8126	3.3	6449	2.6
1997	1930	-0.4	1065	-9.1	9258	13.9	7022	8.9
1998	1955	1.3	1039	-2.4	6824	-26.3	5350	-23.8
1999	1936	-1.0	1081	4.0	6482	-5.0	5055	-5.5
Avg. Chng.	--	1.8	--	2.8	--	-3.4	--	-3.8

Source: JCHC staff analysis of Virginia Board of Nursing Annual Reports

The VEC information includes estimates for 1996 and projections for 2006 for total employment, as well as data on the number and percent change from 1996 to 2006. Projections of the number of annual job openings occurring between 1996 and 2006 expressed in terms of replacement jobs (i.e., persons leaving the occupation permanently) and job growth (i.e., new jobs) also are provided. The VEC projections for nurses indicate an increasing demand for RNs, LPNs and CNAs. Figure 19 illustrates the projected percentage increases in the various nurse categories. As seen in these estimates, employment for RNs is

expected to increase 19% between 1996 and 2006; the projections for LPNs and CNAs are 25% and 27% respectively.

These employment projections add to the concern about the future of nursing in Virginia when one considers that while the number of persons entering nursing seems to be declining, there also is an expanding demand for nurses. Should these trends continue, the potential for a shortage of RNs and other categories of nurses becomes more likely.

The Current Situation Regarding CNAs Presents A More Immediate Health Care Problem In Virginia That Likely Will Worsen In The Near Future

With respect to the RN workforce, there is a very real concern that the number of RNs will begin declining in future years as the workforce ages and there are fewer younger nurses to meet the demand for nursing care. However, with CNAs, the data presented in this report indicate a far more immediate problem. CNAs is the only category of nursing in which the number of nurses

Figure 19

Virginia Employment Commission Occupational And Wage Information on Virginia Nurses

	Employment			Annual Openings 1996-2006			Wages	
Nurse Type	1996 Est.	2006 Proj.	% Chng.	Re-Place.	Growth	Total	Hourly Mean	Annual Mean
RNs	40,639	48,539	19%	562	790	1,352	$18.20	$37,860
LPNs	17,498	21,901	25%	369	440	8,098	$12.30	$25,570
Nurse Aide[1]	25,656	32,572	27%	346	692	1,038	$7.28	$15,140

Note:
[1] Nurse Aide also includes orderlies and attendants

Source: Virginia Employment Commission

already has declined. According to the Board of Nursing, the number of CNAs dropped by more than 3,000 or 9% in just one year. In addition, the significant reduction in the number of applicants passing the certification exam likely will continue to affect the number of CNAs until the passing rate rebounds and returns to previous levels.

The cumulative effect of: (i) a reduction in the number of CNAs, (ii) declining admission and completion rates in nurse aide education programs, (iii) a significantly lower percentage of nurse aides passing the certification exam, and (iv) a projected employment growth of 27% presents a very troubling picture for the Commonwealth. Long-term care facilities, hospitals, and home health agencies have been expressing serious concerns about the availability of CNAs even before the impact of these most recent developments is fully realized. As difficult as the current situation is, it appears that it is going to get worse unless actions are taken to address the CNA problem.

IV.
Short- And Long-Term Actions To Address Current And Potential Nursing Shortages In Virginia

House Joint Resolution (HJR) 288 and Senate Joint Resolution 228 of the 2000 Session of the General Assembly direct the Joint Commission on Health Care (JCHC) to conduct a study to identify specific and effective short- and long-term strategies to educate, train, recruit, and retain qualified nurses in Virginia. This section discusses possible actions the Commonwealth could take in addressing the issues outlined in the previous section.

The Commonwealth Cannot Resolve All Of The Issues Affecting The Education, Training, Recruitment And Retention Of Nurses In Virginia

While there are a number of potential actions the Commonwealth could take to increase the number of nurses in Virginia, not all of the issues that affect the education, training, recruitment and retention of nurses can be resolved by state actions. Many of the issues regarding employer practices, work hours, salaries, benefits, and other employment-related factors are beyond the reach of the Commonwealth in terms of taking any specific actions to address these concerns. Also, the Commonwealth will be able to do little regarding training and education issues that involve private entities (e.g., non-state supported schools). These issues need to be addressed by the private sector.

The areas in which the Commonwealth can have a greater impact appears to be in the "supply side" of the workforce equation. State-supported training and education programs, nurse scholarship programs, nurse licensure and regulation, and nurse workforce planning seem to be the areas in which the Commonwealth can have the most impact. As such, the following potential short- and long-term strategies for training, educating, recruiting, and retaining qualified nurses fall primarily into these areas.

The Commonwealth Needs Additional Information On Nurses To Plan Effectively And Ensure Its Nursing Workforce Is Adequate To Meet Future Demands

As noted in Section III, legislation passed by the 2000 Session of the General Assembly directs the Board of Nursing to collect various workforce data on Virginia nurses. While the Board currently is developing the survey instrument to begin collecting this information, the funding available to collect the data limits the number of nurses who can be surveyed and the amount of

data that is collected from each nurse. The JCHC may wish to consider introducing a budget amendment to increase the amount of general funds for this purpose. This data will be critical to developing nursing workforce policies and programs that ensure the Commonwealth has an adequate number of appropriately trained and skilled nurses.

The Commonwealth Administers Several Nursing Scholarships; Various Actions Could Be Taken To Enhance And Expand These Programs As A Means Of Increasing The Number Of Persons Enrolling In Nursing Education Programs

Mary Marshall Nursing Scholarships: Sections 23-35.9 and 32.1-122.6:01 of the *Code of Virginia* establish annual scholarships for students enrolled in nursing education programs. The scholarships authorized under §23-35.9 are for nursing programs leading to an associate degree, baccalaureate degree or diploma in nursing (RNs). The graduate programs are defined as those leading to a master's or doctoral degree in nursing (RNs).

The scholarships authorized in §32.1-122.6:01 are awarded to both RNs and LPNs. For both LPNs and RNs, the Board of Nursing is authorized by §54.1-3011.1 of the *Code of Virginia* to charge each nurse an additional $1.00 fee at the time of the biennial license renewal to help fund the scholarships. For FY 2000, $39,838 in RN fees were collected; $15,883 was collected in LPN fees. In addition to the fees, the Commonwealth appropriates $100,000 each year for the RN scholarships; no general funds (GF) are appropriated for the LPN scholarships. For both LPNs and RNs, award recipients must agree to perform a period of nursing service in the Commonwealth.

The Virginia Department of Health (VDH) administers these scholarships. VDH staff report that for both RNs and LPNs, all of the available funds have been awarded each year for the past 10 years. The number of scholarships have varied each year depending on the amount of the awards; however, in recent years, to keep up with the cost of tuition, the amount of the awards has increased resulting in a smaller number of awards being made. In FY 2001, 75 scholarships were awarded to RNs with the average award being approximately $2,000; for LPNs, 39 awards were made and the average amount was $325. For both RNs and LPNs, the number of applicants always exceeds the number awarded a scholarship. In FY 2001, 116 students applied for a scholarship (75 received awards); for LPNs, there were 93 applicants (39 received awards).

Scholarships/Loan Repayment For RNs, LPNs, And CNAs Working In Long-Term Care Facilities: In addition to the Mary Marshall scholarships for RNs and LPNs, §32.1-122.6:01 of the *Code of Virginia* also establishes a scholarship

and loan repayment program for RNs, LPNs, and CNAs who agree to work in a long-term care facility in the Commonwealth. Based on recommendations of the JCHC, this program was established by the 2000 Session of the General Assembly to increase the number of nurses working in long-term care facilities. While the program was established, no funding was approved.

Nurse Practitioner/Nurse Midwife Scholarships: Section 32.1-122.6:02 of the *Code of Virginia* establishes a scholarship program for nurse practitioners and nurse midwives who agree to perform a period of nursing service in an underserved area of the Commonwealth. A total of $25,000 GF is appropriated for these scholarships each year; no RN or LPN fees are collected for this program. VDH reports that the full $25,000 is awarded nearly every year. Typically, $5,000 is awarded to five recipients each year.

Increased Funding For Scholarships/Loan Repayment: Given the shrinking number of persons enrolling in nurse education programs in the Commonwealth, consideration should be given to increasing the amount of general funds (GF) appropriated to the Mary Marshall RN scholarship program and to initiating a GF appropriation for the Mary Marshall LPN scholarship program. The General Assembly also may wish to consider increasing the amount appropriated for nurse practitioners and nurse midwives and appropriating funds for the scholarship and loan repayment program established in §32.1-122.6:02 for nurses who agree to work in long-term care facilities.

Establish A Loan Repayment Provision In The Mary Marshall RN And LPN Scholarships And The Nurse Practitioner/Nurse Midwife Scholarships: While all of the available funding for these scholarships has been awarded over the years, the General Assembly may wish to consider authorizing a loan repayment provision for those students who prefer this type of financial incentive rather than a scholarship. In past health workforce studies, many health professions students have expressed a preference for loan repayment over scholarships. Providing this flexibility may enhance the attractiveness of the programs.

Retain Defaulted/Forfeited Awards Within The Scholarship Programs Rather Than Reverting The Amounts To The General Fund: As with all of the health workforce scholarship and loan repayment programs, nurse scholarship awards that are forfeited by award recipients revert back to the general fund and are not retained by the respective program. As suggested in the JCHC staff report on health workforce issues prepared in response to Item 11 of the 2000 Appropriations Act, the JCHC may wish to introduce legislation and an accompanying budget amendment to allow any defaulted or forfeited scholarship funds to remain with the program and not revert back to the general

fund. VDH staff advise that in FY 99 and FY 00, approximately $24,000 each year was forfeited by recipients of the various nurse scholarships. Retaining these funds in the respective programs would increase the total amount of dollars available for scholarships.

The General Assembly May Wish To Consider Appropriating General Funds To Support All Or A Portion Of The Cost Of The Nurse Aide Registry At The Board Of Nursing In Order To Reduce Or Eliminate The Biennial CNA Certification Renewal Fee

As noted earlier, CNAs must pay a biennial certification renewal fee of $45.00. This fee is used to fund the Nurse Aide Registry at the Board of Nursing. Currently, no general fund dollars support the registry. The fee increased substantially this year and may be one factor contributing to the decrease in the number of CNAs in Virginia. Given the very low salary paid to CNAs, the General Assembly may wish to consider appropriating GF dollars to the Board of Nursing to support the Nurse Aide Registry and reducing or eliminating the current CNA biennial renewal fee. If the fee was reduced by one-half, approximately $394,000 in GFs would need to be appropriated each year. To completely eliminate the fee, approximately $788,000 would be needed.

The General Assembly May Wish To Consider Appropriating Additional General Funds To Increase Medicaid Reimbursement To Nursing Homes And Home Health/Personal Care Providers To Increase CNA Salaries

CNAs receive a relatively low salary, generally between $7.00-$8.50 per hour. Given this low salary and the difficult aspects of working in a nursing facility or providing personal care services to elderly persons in a home health environment, providers argue that many CNAs leave to work in other jobs at fast food restaurants, convenience stores, and other retail settings. Inasmuch as Medicaid finances nearly 70% of the services provided in nursing facilities, and also pays for a significant portion of home health services, the General Assembly may wish to consider increasing Medicaid reimbursement for these services in order to raise CNA salaries and make them more competitive with other employers. The Governor and the General Assembly have approved increases in the level of reimbursement for both nursing homes and personal care/home health in recent years; however, further increases would make the CNA position more attractive to prospective workers.

Long-Term Care Providers Advocate That Steps Need To Be Taken To Allow Staff In Nursing Homes Other Than CNAs To Provide Certain Services; These Providers Also Advocate For A CNA Career Ladder

Nursing homes, assisted living facilities, and home health/personal care providers face severe difficulty in hiring enough CNAs to provide an appropriate level of care for their patients. Recent statistics on the number of CNAs indicated this situation likely will worsen in the next few years. Long-term care providers, primarily nursing homes, believe steps need to be taken to allow other staff in the facility to perform some patient-related functions that now must be performed by a CNA. The Virginia Health Care Association (VHCA) argues that if an adequate supply of CNAs is not going to be available, other actions are needed to make sure residents receive appropriate care. One potential action suggested by the VHCA is to allow staff in the facility other than nurses or CNAs to distribute medications to residents after first completing a specialized training program. (Changes in Virginia's Drug Control Act would be necessary to allow this.) Other similar actions could include allowing volunteers to help feed residents or perform other comparable levels of assistance. VHCA indicated that current federal Medicaid regulations prohibit volunteers from functioning in this capacity. Given the current legal and regulatory limitations in this area, the JCHC may wish to consider further study of these matters to determine what changes can be made to make more efficient use of other staff while at the same time ensuring patient safety.

CNA Career Ladder: Long-term care providers argue that a CNA career ladder is needed to provide some advancement within the CNA classification, and to provide enhanced salaries for those who are in the higher CNA positions. Currently, there is only one level or "grade" of CNA. As such, there is no career advancement available to a CNA unless the person trains to become a LPN or RN. However, once the higher level of nursing is attained, the person no longer would be providing CNA services. Both the VHCA and the Virginia Association of Non-Profit Homes for the Aging (VANHA) argue that a CNA career ladder would make the position far more attractive to prospective nurses and would improve greatly the retention of current CNAs. This is another area that likely would require further study to determine the different levels/grades of CNAs, the corresponding responsibilities and functions, and appropriate salary differentials. Such a change also would affect the Medicaid budget and would need to be assessed and reviewed by the Department of Medical Assistance Services.

The Board Of Nursing Should Continue Monitoring The Results Of The Certification Testing Of CNAs And Should Work With The Various CNA Education Programs Throughout The Commonwealth To Improve The Pass/Fail Rates

The significant decline in the number of persons passing the CNA certification exam directly affects the number of CNAs available to work in the Commonwealth. The Board of Nursing should continue monitoring this trend, and work with the Commonwealth's CNA education programs to determine what specific steps could be taken in the training to improve the current pass/fail rates. The Board also may need to modify the standards used in approving the CNA education programs to ensure that the programs are taking all appropriate steps in preparing the students to pass the certification exam.

The General Assembly May Wish To Consider Providing General Fund Support For The Nursing Assistant Institute In The Charlottesville Area To Increase The Number Of CNAs

The Nursing Assistant Institute (NAI) is a collaborative effort of several local health, educational, and service organizations including the University of Virginia Health System, Piedmont Virginia Community College, Martha Jefferson Hospital, and the Jefferson Area Board for Aging. The NAI's mission is to improve the quantity and quality of health care services provided to the chronically ill, and provide an appropriately trained and stable force of direct care providers to meet the diverse health care needs of the community. The NAI training model for CNAs is a multi-faceted and collaborative approach with various stakeholders that could serve as a model for other communities in the Commonwealth. Given the recent decline in number of CNA education program admissions and completions, the General Assembly may wish to provide general fund support for the NAI to increase the number of CNAs, and, if the model is successful, support replicating it in other areas of the state.

Several Issues Regarding The Commonwealth's RN Education Programs Need To Be Studied In Greater Detail; The General Assembly May Wish To Consider Tasking The Nursing Programs To Conduct A Thorough Review Of These Issues And Report Back To The Governor And General Assembly

Much of the literature focusing on the nursing workforce has suggested that nursing education needs to be examined critically to determine what changes are needed to halt the decline in nursing school admissions and graduations, and to ensure that the programs are preparing nurses for the patient care demands that will exist in the future. Issues that have appeared in the

literature and were raised in JCHC staff interviews with nursing educators and others include the following.

- What actions are needed to increase the number of high school students and others deciding to enroll in nursing school?
- What steps can be taken to increase the number of men entering nursing school?
- Should the capacity of Virginia's nursing schools be increased to meet future demands for nurses, and, if so, what resources (e.g., faculty, clinical sites, classroom facilities, etc.) are needed to accomplish this?
- What actions are needed to reduce or eliminate the waiting lists at the Community Colleges offering associate degree programs?
- Should there be a greater emphasis placed on B.S. degree programs to meet the anticipated demand for more nurses who can care for an increasingly acute level of patients in hospital settings?

These questions represent important considerations for the future of nursing education in Virginia, and need further analysis and review. The General Assembly may wish to consider requesting the various nursing programs, with the assistance of the nursing profession, the Board of Nursing, nurse employers, and others to study these issues and report back to the Governor and General Assembly regarding the future direction of nursing education in Virginia.

The Joint Commission On Health Care May Wish To Consider Supporting Legislation Being Considered By The Administration That Would Authorize Virginia To Participate In An Interstate Nurse Licensure Compact

The Board of Nursing recently approved a motion to support introduction of legislation during the 2001 Session of the General Assembly authorizing Virginia to participate in an interstate nurse licensure compact. The Department of Health Professions currently is drafting the legislation. As of this writing, the Administration has not yet decided whether to introduce the legislation. Essentially, the legislation would allow Virginia to recognize the licensure status of a RN or LPN in another state participating in the compact as a "multi-state licensure privilege." The legislation includes extensive provisions regarding a coordinated licensing information system, compact administration and interchange of information, immunity, and other pertinent matters. It is unclear whether participation in the compact would increase the number of RNs and LPNs working in Virginia, but failure to participate may be a disincentive to someone considering working in Virginia.

Should the Administration decide to introduce the legislation, the JCHC may wish to support its passage in the 2001 Session of the General Assembly. If the Administration decides not to introduce the bill, the JCHC may wish to introduce it as a Commission initiative.

The Joint Commission On Health Care May Wish To Consider Legislation That Would Provide Greater Involvement By Health Care Employers In The Virginia Workforce Council; The Commission Also May Wish To Consider Introducing Legislation To Establish An Advisory Council On The Future Of Nursing To Continue Monitoring Nursing Issues And To Make Recommendations To The Governor And General Assembly On These Matters

In addition to actions that can have a more immediate impact on the current nursing situation, continuing attention to the issues raised in this report is needed to ensure critical nursing issues are kept at the forefront of health workforce policy discussions. The following paragraphs identify two potential actions to raise the level of attention given to nursing workforce issues.

Virginia Workforce Council: Legislation passed by the 1999 Session of the General Assembly established the Virginia Workforce Council (Council) as the successor to the Statewide Workforce Training Council. Section 9-329.1 of the *Code of Virginia* establishes the Council and codifies its role in assisting the Governor meet the workforce training needs in the Commonwealth and comply with the provisions of the federal Workforce Investment Act (WIA). The WIA currently provides approximately $39 million to Virginia for funding employment programs for adults, dislocated workers, and youth. Section 9-329.1 of the *Code of Virginia* also authorizes the creation of the Virginia Workforce Development Program.

The Council is composed of 43 members, including the Governor, the Secretaries of Commerce and Trade, Education, Health and Human Resources, and Technology, several agency heads, and 22 members of the business community. The business community representatives include the Virginia Chamber of Commerce, the Virginia Manufacturers' Association, a private nonprofit institution, a proprietary school, and 18 others who represent "businesses with employment opportunities that reflect the employment opportunities of the state. . ."

Health care employers are not among the types of businesses specifically identified in the *Code of Virginia* as having a representative on the Council, and current appointments do not appear to include health care employers. In view of the substantial number of health care-related employers/businesses in the

Commonwealth, the JCHC may wish to consider introducing legislation to include a representative of the health care industry on the Council. This representative could provide an important voice on the Council not only for nursing related workforce issues but also for the broader array of issues faced by health care employers, providers, and workers.

Advisory Council on the Future of Nursing in Virginia: Another potential way to ensure that nursing workforce issues continue to be addressed after the completion of this study would be to create an Advisory Council on the Future of Nursing In Virginia. Such a council could be composed of representatives of various nursing organizations, educational programs, nurse employers, and other appropriate groups to provide continuing attention to nurse workforce issues. The Council could be established in various ways; one model would be for the Council to advise the Secretaries of Education and Health and Human Resources as they direct the state agencies which regulate and educate nurses.

One issue that could be considered by such a body would be whether the current system of licensing RNs is the most appropriate model. Some nurse educators, primarily those in B.S. degree programs, argue that despite the difference in educational requirements of associate degree, baccalaureate degree and diploma programs, all three lead to the same level of RN licensure. (This is essentially the same model that is used across the country.) The concern raised by some nurse educators is that there is little incentive for nurses to enter 4-year B.S. degree programs when a nurse can receive the same RN license after completing only a 2- or 3-year program. As patient acuity levels increase and health care becomes more complex, some advocate that various levels of licensure, with accompanying salary differentials, would provide an incentive for more nurses to complete the 4-year B.S. degree program. This issue is quite complex, would affect much of the health care industry, and would require a thorough review by all facets of nursing. Such a review could be conducted by an advisory council as discussed here.

If an advisory council is established, a sunset provision could be included in the legislation to ensure that if, for whatever reasons, the Council is not making valuable contributions to accomplishing its stated purpose, the Council would sunset. (Such a provision would help ensure that the Council does not outlive its purpose, and unnecessarily add to the already long list of other advisory councils and committees established in the *Code of Virginia*.)

V.
Policy Options

The following Policy Options are offered for consideration by the Joint Commission on Health Care. They do not represent the entire range of actions that the Joint Commission may wish to pursue.

Option I **Take no action**

Option II **Introduce a budget amendment to increase the amount of General Funds appropriated to the Board of Nursing for collecting, storing and making available nurse workforce data.**

(An additional $90,000 in each year of the biennium would raise the current level of funding to the amount requested by the JCHC during the 2000 Session of the General Assembly.)

Option III **Introduce a budget amendment to provide additional funding for the Mary Marshall Nurse Scholarship program; funds would be requested to increase the current $100,000 annual appropriation for RNs, and to begin providing General Fund support for the LPN scholarships.**

Option IV **Introduce a budget amendment to increase the current $25,000 annual General Fund appropriation for the nurse practitioner and nurse midwife scholarship program.**

Option V **Introduce a budget amendment to provide funding for the nurse scholarship and loan repayment program established for nurses who agree to provide a period of nursing service in a long-term care facility.**

Option VI **Introduce legislation to include a loan repayment provision in the Mary Marshall and nurse practitioner/nurse midwife scholarship programs.**

Option VII **Introduce legislation and an accompanying budget amendment to return scholarship amounts that are forfeited and repaid by recipients to the respective program rather than having the amounts revert to the General Fund.**

Option VIII Introduce a budget amendment to appropriate General Funds to support all or a portion of the cost of the Nurse Aide Registry administered by the Board of Nursing to reduce or eliminate the current $45.00 biennial certification renewal fee paid by CNAs.

Option IX Introduce a budget amendment to increase Medicaid reimbursement for nursing facilities and home health/personal care providers as a means of increasing the salaries of CNAs.

Option X Include in the Joint Commission's workplan for 2001 a study to: (i) identify certain patient care services in nursing homes now performed by CNAs that could be performed by other nursing home staff; (ii) assess the feasibility of establishing a career ladder for CNAs; and (iii) identify innovative programs for long-term care facilities and home health/personal care providers to attract and retain CNAs.

Option XI Introduce a budget amendment to provide General Fund support to the Nursing Assistant Institute to increase the number of trained CNAs.

Option XII Introduce a joint resolution requesting the Board of Nursing to: (i) monitor the pass/fail rate of CNA certification examination results, (ii) work with the CNA education programs to improve the pass/fail rates; and (iii) report its findings to the Governor, the General Assembly and the Joint Commission on Health Care.

Option XIII Introduce a joint resolution requesting Virginia's nursing education programs, in cooperation with various nursing and health care organizations, to conduct a study of nursing education with the goal of: (i) increasing current admissions and graduations; (ii) determining whether the capacity of Virginia's nursing schools needs to be increased to meet future demands; (iii) assessing the need to recruit more nurse faculty; and (iv) identifying other actions needed to ensure Virginia's nursing education programs will meet future workforce demands.

Option XIV Support legislation being considered by the Administration that would authorize Virginia to participate in an interstate nurse licensure compact. Should the Administration not introduce a bill, the Joint Commission would introduce the legislation.

Option XV Introduce legislation to add a representative of health care employers to the Virginia Workforce Council.

Option XVI Introduce legislation to establish the Advisory Council on the Future of Nursing in Virginia to advise the Secretaries of Education and Health and Human Resources on issues pertaining to nurse education, recruitment and retention. The legislation would have a five-year sunset provision.

APPENDIX A

002134836

HOUSE JOINT RESOLUTION NO. 288

Offered January 24, 2000

Requesting the Joint Commission on Health Care, in collaboration with the Virginia Organization of Nurse Executives, the Virginia Hospital and Healthcare Association, the Legislative Coalition of Virginia Nurses, the Virginia Partnership for Strategic Planning in Nursing, the Center for Health Policy Research and Ethics, and other appropriate entities, to conduct a study to identify specific and effective strategies to educate, train, recruit, and retain qualified nurses in Virginia.

Patrons—McDonnell and Councill

Referred to Committee on Rules

WHEREAS, the Virginia Employment Commission (VEC) reported that a health care worker shortage started in Virginia in 1994; and

WHEREAS, the annual growth of registered nurse positions in Virginia is three percent, and the projected workforce shortage by 2006 is 30 percent; and

WHEREAS, in Virginia, registered nurses rank 13 out of the top 20 occupations with the largest number of total openings; and

WHEREAS, admissions to nursing programs in Virginia are down 25 percent since 1993, and there were eight percent fewer graduates from nursing programs in 1998 than there were in 1997; and

WHEREAS, the majority of the nurse workforce will retire over the next 15 years, and the continued growth of the elderly population will result in a higher demand for nursing services during the initial years of the twenty-first century; and

WHEREAS, hospitals and long-term care facilities, among others, are experiencing increased difficulty in recruiting qualified nurses; and

WHEREAS, a study to identify solutions to the nurse shortage problem should encompass all nurse groups including registered nurses, licensed practical nurses, nurse practitioners, clinical nurse specialists, certified nurse assistants, and other nurse groups; now, therefore, be it

RESOLVED, by the House of Delegates, the Senate concurring, That the Joint Commission on Health Care, in collaboration with the Virginia Organization of Nurse Executives, the Virginia Hospital and Healthcare Association, the Legislative Coalition of Virginia Nurses, the Virginia Partnership for Strategic Planning in Nursing, the Center for Health Policy Research and Ethics, and other appropriate entities, conduct a study to identify specific and effective short- and long-term strategies to educate, train, recruit, and retain qualified nurses in Virginia.

All agencies of the Commonwealth shall provide assistance to the Joint Commission on Health Care for this study, upon request.

The Joint Commission on Health Care shall complete its work in time to submit its findings and recommendations to the Governor and the 2001 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 House of Delegates		**Agreed to By The Senate**	
without amendment	☐	without amendment	☐
with amendment	☐	with amendment	☐
substitute	☐	substitute	☐
substitute w/amdt	☐	substitute w/amdt	☐

Date: _____ Date: _____

Clerk of the House of Delegates | Clerk of the Senate

004878544

SENATE JOINT RESOLUTION NO. 228

Senate Amendments in [ ] — February 10, 2000

Requesting the Joint Commission on Health Care, in collaboration with the Virginia Organization of Nurse Executives, the Virginia Hospital and Healthcare Association, the Legislative Coalition of Virginia Nurses, the Virginia Partnership for Strategic Planning in Nursing, the Center for Health Policy Research and Ethics, and other appropriate entities, to conduct a study to identify specific and effective strategies to educate, train, recruit, and retain qualified nurses in Virginia.

Patrons—Ticer, Byrne, Couric, Edwards, Houck, Howell, Lambert, Marye, Miller, Y.B. and Puller; Delegates: Darner, Moran and Van Landingham

Referred to Committee on Rules

WHEREAS, the Virginia Employment Commission (VEC) reported that a health care worker shortage started in Virginia in 1994; and

WHEREAS, the annual growth of registered nurse positions in Virginia is three percent, and the projected workforce shortage by 2006 is 30 percent; and

WHEREAS, in Virginia, registered nurses rank 13 out of the top 20 occupations with the largest number of total openings; and

WHEREAS, admissions to nursing programs in Virginia are down 25 percent since 1993, and there were eight percent fewer graduates from nursing programs in 1998 than there were in 1997; and

WHEREAS, the majority of the nurse workforce will retire over the next 15 years, and the continued growth of the elderly population will result in a higher demand for nursing services during the initial years of the twenty-first century; and

WHEREAS, hospitals and long-term care facilities, among others, are experiencing increased difficulty in recruiting qualified nurses; and

WHEREAS, a study to identify solutions to the nurse shortage problem should encompass all nurse groups including registered nurses, licensed practical nurses, nurse practitioners, clinical nurse specialists, certified nurse assistants, and other nurse groups; now, therefore, be it

RESOLVED, by the Senate, the House of Delegates concurring, That the Joint Commission on Health Care, in collaboration with the Virginia Organization of Nurse Executives, the Virginia Hospital and Healthcare Association, the Legislative Coalition of Virginia Nurses, the Virginia Partnership for Strategic Planning in Nursing, the Center for Health Policy Research and Ethics, and other appropriate entities, conduct a study to identify specific and effective short- and long-term strategies to educate, train, recruit, and retain qualified nurses in Virginia. [The request to conduct this study shall be contingent upon the availability of sufficient resources to the Joint Commission on Health Care to undertake this study.]

All agencies of the Commonwealth shall provide assistance to the Joint Commission on Health Care for this study, upon request.

The Joint Commission on Health Care shall complete its work in time to submit its findings and recommendations to the Governor and the 2001 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

APPENDIX B

COMMONWEALTH OF VIRGINIA
HOUSE OF DELEGATES
RICHMOND

ICE WILKINS, JR.
SPEAKER

SPEAKER'S ROOM
STATE CAPITOL
POST OFFICE BOX 406
RICHMOND, VIRGINIA 23218

TWENTY-FOURTH DISTRICT

COMMITTEE ASSIGNMENTS
RULES (CHAIRMAN)

March 10, 2000

Mr. Patrick W. Finnerty
Executive Director, Joint Commission on Health Care
Old City Hall, Suite 115
1001 East Broad Street
Richmond, Virginia 23219

Dear Mr. Finnerty:

During the 2000 Session of the General Assembly, the House Committee on Rules considered House Joint Resolution 288, patroned by Del. Robert F. McDonnell, which directed the Joint Commission on Health Care, in collaboration with several professional nursing and medical care organizations, to identify specific and effective short- and long-term strategies to recruit and retain qualified nurses in Virginia. In an effort to reduce the number of study resolutions, House Joint Resolution 288 and Senate Joint Resolution 228 were among those that were not reported. However, the House Rules Committee believes that the issues addressed by the resolution merit review. Therefore, the Commission is directed to undertake the study and to submit a written report of its findings and any recommendations to the Governor and to the 2001 Session of the General Assembly. It is requested that you notify Del. McDonnell of any meetings that are scheduled by the Commission to consider the study issues, and that you regularly apprise the patron concerning the Commission's deliberations on such matters. Further, please note that this study request expires at the end of the 2000 legislative year. I am enclosing a copy of HJR 288 for informational purposes so that you may be informed of the objectives of the study.

Your cooperation and assistance in this matter are appreciated.

Sincerely,

S. Vance Wilkins, Jr.
Speaker

/bhe
Enclosure (HJR 288 and SJR 228)
cc: The Honorable Robert F. McDonnell
The Honorable Bruce F. Jamerson
The Honorable Susan Clarke Schaar

APPENDIX C

JOINT COMMISSION ON HEALTH CARE

SUMMARY OF PUBLIC COMMENTS: Recruiting/Retaining Qualified Nurses Study (HJR 288/SJR 228)

Organizations and Individuals Submitting Comments

A total of 14 individuals and organizations submitted comments in response to the report on the Recruiting/Retaining Qualified Nurses Study:

- Alzheimer's Association;
- Arlene G. Wiens, RN, PhD., Nursing Department Head, Eastern Mennonite University;
- Fran Stanley (J. Sargent Reynolds Community College – Associate Degree Nursing Program);
- Gregory J. Huber (health care worker);
- Nancy F. Langston, RN, PhD, Dean, School of Nursing, Virginia Commonwealth University/Medical College of Virginia;
- Virginia Association of Nonprofit Homes for the Aging;
- Virginia Coalition for the Aging;
- Virginia Department of Health Professions;
- Virginia Health Care Association;
- Virginia Hospital & Healthcare Association;
- Virginia Nurses Association;
- Virginia Organization of Nurse Executives;
- Virginia Partnership for Nursing; and
- Virginia Statewide Area Health Education Centers Program.

Policy Options Included in the HJR 228/SJR 228 Issue Brief

Option I Take no action

Option II Introduce a budget amendment to increase the amount of General Funds appropriated to the Board of Nursing for collecting, storing and making available nurse workforce data. (An additional $90,000 in each year of the biennium would raise the current level of funding to the amount requested by the JCHC during the 2000 Session of the General Assembly.)

Option III Introduce a budget amendment to provide additional funding for the Mary Marshall Nurse Scholarship program; funds would be requested to increase the current $100,000 annual appropriation for RNs, and to begin providing General Fund support for the LPN scholarships.

Option IV Introduce a budget amendment to increase the current $25,000 annual General Fund appropriation for the nurse practitioner and nurse midwife scholarship program.

Option V Introduce a budget amendment to provide funding for the nurse scholarship and loan repayment program established for nurses who agree to provide a period of nursing service in a long-term care facility.

Option VI Introduce legislation to include a loan repayment provision in the Mary Marshall and nurse practitioner/nurse midwife scholarship programs.

Option VII Introduce legislation and an accompanying budget amendment to return scholarship amounts that are forfeited and repaid by recipients to the respective program rather than having the amounts revert to the General Fund.

Option VIII — Introduce a budget amendment to appropriate General Funds to support all or a portion of the cost of the Nurse Aide Registry administered by the Board of Nursing to reduce or eliminate the current $45.00 biennial certification renewal fee paid by CNAs.

Option IX — Introduce a budget amendment to increase Medicaid reimbursement for nursing facilities and home health/personal care providers as a means of increasing the salaries of CNAs.

Option X — Include in the Joint Commission's workplan for 2001 a study to: (i) identify certain patient care services in nursing homes now performed by CNAs that could be performed by other nursing home staff; (ii) assess the feasibility of establishing a career ladder for CNAs; and (iii) identify innovative programs for long-term care facilities and home health/personal care providers to attract and retain CNAs.

Option XI — Introduce a budget amendment to provide General Fund support to the Nursing Assistant Institute to increase the number of trained CNAs.

Option XII — Introduce a joint resolution requesting the Board of Nursing to: (i) monitor the pass/fail rate of CNA certification examination results, (ii) work with the CNA education programs to improve the pass/fail rates; and (iii) report its findings to the Governor, the General Assembly and the Joint Commission on Health Care.

Option XIII Introduce a joint resolution requesting Virginia's nursing education programs, in cooperation with various nursing and health care organizations, to conduct a study of nursing education with the goal of: (i) increasing current admissions and graduations; (ii) determining whether the capacity of Virginia's nursing schools needs to be increased to meet future demands; (iii) assessing the need to recruit more nurse faculty; and (iv) identifying other actions needed to ensure Virginia's nursing education programs will meet future workforce demands.

Option XIV Support legislation being considered by the Administration that would authorize Virginia to participate in an interstate nurse licensure compact. Should the Administration not introduce a bill, the Joint Commission would introduce the legislation.

Option XV Introduce legislation to add a representative of health care employers to the Virginia Workforce Council.

Option XVI Introduce legislation to establish the Advisory Council on the Future of Nursing in Virginia to advise the Secretaries of Education and Health and Human Resources on issues pertaining to nurse education, recruitment and retention. The legislation would have a five-year sunset provision.

Overall Summary of Comments

Policy Option II received the greatest degree of support, with ten commenters expressing clear support for this option. No one expressed support for Policy Option I, while five commenters expressed specific opposition.

Policy Options XIII and XIV were clearly supported by six commenters. Policy Options V, VII, and XVI were clearly supported by five commenters each; while Policy Options VI and XV were each supported by four commenters.

Policy Option X was clearly supported by two commenters while two additional organizations, the Alzheimer's Association and Virginia Coalition for the Aging, supported parts (ii) and (iii) of this option while opposing part (i). Policy Option VIII was clearly supported by one commenter (the Virginia Association of Nonprofit Homes for the Aging) but clearly opposed by another (Virginia Coalition for the Aging).

The remaining policy options (III, IV, IX, XI and XII) received varying levels of support, but in no case did more than three commenters express clear support.

Summary of Individual Comments

Alzheimer's Association

The Alzheimer's Association expressed support for Policy Options II, V, X (ii) and (iii), XII and XIII. It expressed opposition to Policy Options I and X(i).

The Alzheimer's Association could support Policy Option VIII only if it were amended to create a second tier of CNA certification and associated renewal fees. It could support Policy Option IX only if increases in Medicaid reimbursement were also conditioned on both CNA dementia-specific training and patient-staff ratios. The Alzheimer's Association could support Policy Option XV only if it were amended to add both a health care employee representative

and a health consumer representative to the Virginia Workforce Council.

The Alzheimer's Association made the following additional comments:

- The Commonwealth's goal ought to be meeting the needs of Virginians in frail health. Making certain that an adequate nursing workforce exists should be only a means toward that greater goal.

- Virginia's approach to the question of nursing recruitment and retention is focused excessively on supply and inadequately on demand. If the Commonwealth could reduce the number of Virginians requiring placement in a long-term care institution and reduce the duration of institutionalization, the Commonwealth would require not only fewer nurses but also fewer long-term care institutions.

- The Commonwealth must determine whether there is a shortage of people *trained* as nurses or just a shortage of trained nurses *willing* to work in clinical settings under prevailing workplace conditions.

The Alzheimer's Association urged the JCHC to consider several supplementary Policy Options designed to:

- reduce the number of Virginians requiring placement in long-term care institutions and reduce the duration of institutionalization;

- improve the accountability and responsiveness of long term care institution management;

- establish new voluntary or mandatory minimum standards for long term health care of residents with dementia;
- require a dementia-specific component in the nurse-training programs at Virginia colleges and universities;

- expand the Commonwealth's funding of the Alzheimer Association's dementia-specific training program for long term health care institution workers; and

- restrict care for patients with dementia only to more highly trained and experienced CNAs with higher pay and a lower patient ratio.

Arlene G. Wiens, RN, PhD

Arlene G. Wiens, Nursing Department Head at Eastern Mennonite University, described the following policy options as "excellent": II, III, V, IX, and XVI. Concerning Policy Option V, Dr. Wiens suggested that long term care facilities themselves contribute some money to the scholarship fund. Dr. Wiens noted that "Acute care hospitals give our students scholarships, long term care facilities do not. Many of our local hospitals recruit for our graduates through scholarships to be paid off through work and they are quite successful."

Fran Stanley

Fran Stanley identified herself as a "spokesperson for the Associate Degree Nursing Programs in the Commonwealth of Virginia." Ms. Stanley expressed support for Policy Options II and XVI.

Gregory J. Huber

Gregory J. Huber, a health care worker from Charlottesville, commented in support of Policy Option XIII and suggested that the educational resources be centered on two-year Associate degree training. Mr. Huber noted that with the staff positions required at the pay that is available (i.e., lower than that of other health care workers), nursing is a good job for a two-year graduate, but a poor career for a four-year graduate. He stated that, if Policy Option XIII is adopted, clinical training of nurses in Intensive Care Units should be examined.

Nancy F. Langston, RN, PhD,

Nancy F. Langston, Dean, School of Nursing, Virginia Commonwealth University/Medical College of Virginia, expressed support for Policy Options II – VII, XIII, XV and XVI. She expressed opposition to Policy Option I. Dr. Langston stated that "Supply increases need to be both new nurses entering the field and nurses prepared in masters and doctoral programs to become faculty in order to accommodate undergraduates (new entrant) enrollment growth."

Virginia Association of Nonprofit Homes for the Aging

Marcia A. Melton, Vice President of Public Policy, expressed support for Policy Options II, V, VIII, IX, X, XII, XIII, and XIV. Ms. Melton also commented that the long-term care providers across the continuum of care are finding it increasingly difficult to retain qualified nursing staff. She stated that the providers are challenged by their inability to pay a competitive wage and often direct care staff are lost to a home-health care agency or the hospital setting, where the wages, hours, benefits, and signing bonuses are much higher. She noted that direct care staff often comment that these environments have lighter workloads and less responsibility.

Virginia Coalition for the Aging

David L. Sadowski, President, expressed support for the following Policy Options: II, V, VII, IX, X(ii and iii), and XI. He expressed opposition to Policy Options I, VIII, and X(i). Mr. Sadowski stated that it really does not matter how many nurses are recruited, trained or educated because "if you can not retain them you will always have a shortage!" He believes that manpower supply for health care is a systematic problem and will continue to be until major changes are made by both the government and private sectors.

Virginia Department of Health Professions (DHP)

The Department of Health Professions offered comments concerning the advantages and disadvantages posed by several of the policy

options, which would affect DHP. Concerning Policy Option II, DHP stated that the "Board of Nursing will adjust its survey plans according to whatever funding is available through the General Fund."

Concerning Policy Option VIII, DHP noted that, "Were state funds to become available through the General Fund to offset the remaining costs, there could be some reduction in the biennial renewal fee." However, "If that option were accepted, there would remain some concern about the ongoing stability and sufficiency of that funding." Further, "it is uncertain as to whether the reduction or elimination of the renewal fee would be a deciding factor in persons being trained and employed as certified nurse aides."

Concerning Policy Option X, DHP stated that "any transfer of patient care services to other staff would necessitate a change in federal law and regulation: currently the use of CNAs as a condition of Medicare and Medicaid reimbursement is a federal mandate." In addition, DHP stated that the concept of CNA career ladders or titles distinguished by regulated levels of certification was discussed by the Board of Nursing in 1999, but was "rejected as inappropriate regulation of the profession."

Concerning Policy Option XII, DHP stated that the Board of Nursing already monitors the pass/fail rate for all nursing education programs in Virginia. "Detailed monthly reports are provided to each approved certified nurse aide program to identify those skills and knowledge areas in which their graduates are deficient." In addition, other reports are prepared every six months "showing the overall results of all nurse aide education programs in the Commonwealth broken down by passing rates and performance on individual skills and knowledge areas." According to DHP, historically, passing rates decline on a test when new skill competencies are introduced. However, "educational programs and students learn from experience about the deficiencies and adjust their training and preparation accordingly." According to DHP, the passing rate dropped to 55 percent following introduction of the current examination in August 1999, "but has begun to increase and the percentage is now in the low 60's". Finally, DHP stated that it is

willing to provide the JCHC with the same CNA test result data that it provides to the nurse aide education programs.

Virginia Health Care Association (VHCA)

Mary Lynne Bailey, Vice President of Legal and Government Affairs, stated that VHCA supports all options that will address the shortage of nurses in Virginia. She commented that the state should (1) fund the long term care nurse scholarship and repayment program that was approved last year, (2) increase funding of all other nurse scholarship programs, and (3) fund the nurse aide registry to reduce or eliminate certification renewal fees paid by CNAs. Ms. Bailey recommended that the state should adequately fund the collection and maintaining of nurse workforce data by the Board of Nursing. Additionally, she commented that the Commission should request additional Medicaid nursing facility funding for nursing staff and that the Board of Nursing should be asked to assess the recent problems with the pass/fail rates on the certified nurse aide exam.

Lastly, Ms. Bailey expressed that VHCA would support legislation to create a career ladder for nurse aides, to identify patient care responsibilities that could be performed by resident assistants under the direction of nursing staff, and to identify innovative programs that would assist in attracting and retaining nursing staff in long term care facilities.

Virginia Hospital & Healthcare Association (VHHA)/Virginia Association of Nurse Executives (VONE)

Barbara S. Brown, RN, PhD, Vice President, commented on behalf of VHHA and VONE. Both organizations expressed strong support for Policy Options II and XIV. Regarding Option II, Dr. Brown emphasized the importance of ongoing monitoring of workforce supply and availability through data collection. She suggested that Option XIV would breakdown the state-by-state borders that complicate licensure of nurses from other states. Additionally, VHHA expressed support for Policy Options VI, VII, X, and XV.

Virginia Nurses Association (VNA)

Rebecca Rice, EdD, RN, MPH, President, expressed support for Policy Options II, XIV, and XVI. Dr. Rice stated that Policy Option I was not a viable option.

Dr. Rice stated that "While the current numbers do not indicate an immediate shortage in Virginia, if Virginia's demographics reflect national trends, this shortage will reach crisis proportions around 2010." On the other hand, the VNA does not believe that "immediate and drastic action is appropriate or warranted at this time." For example, while VNA is supportive of making more funds available for scholarships, "avoiding a nursing shortage will take more than an increase in available scholarships." According to Dr. Rice, increases to scholarships should be part of a comprehensive strategy to address the issue of balancing supply with demand. Similarly, Dr. Rice stated that "the appropriate course of action is to implement systems that will allow for strategic planning and lay the groundwork necessary to avoid a crisis in the coming years."

Concerning Policy Option II, Dr. Rice noted that state general fund revenues are currently not meeting projections, and as a result Policy Option II may prove difficult to fund. Therefore, VNA suggested that funding for the data collection effort be added to nurse licensure fees, and that the JCHC consider this issue. According to Dr. Rice, "Nurses are feeling the effects of the current hiring difficulties and are willing to pay a few dollars every two years to ensure that we have data to appropriately plan for changes presented by nursing workforce supply shortfalls."

Concerning Policy Option XIV, Dr. Rice stated that Maryland and North Carolina have already approved an interstate nurse license compact. Therefore, Virginia's participation in the compact "takes on increasing importance to ensure that our workforce is not siphoned off by other states willing to lessen the burden on nurses."

Concerning Policy Option XVI, Dr. Rice suggested that, as an alternative to the creation of a new entity, existing nursing organizations (i.e. the Virginia Partnership for Nursing) could perform the proposed advisory function. However, if Policy Option

XIV is adopted in its current form, the VNA suggests that: (1) each Secretary appoint a liaison to the advisory council; and (2) that the advisory council have the financial resources necessary to perform data analysis and to issue an annual report with recommendations.

Virginia Partnership for Nursing

Shirley Tate Gibson and JoAnne Kirk Henry, Co-Directors, responded on behalf of the members of the VA Partnership for Nursing. They expressed opposition to Policy Option I. Specifically, they expressed strong support for Policy Options II, III, IV, V, VI, VII, X, XII, XIII, XV, XVI, and XIV. Concerning Policy Option XIV, Ms. Gibson and Ms. Henry suggested one addition. They proposed that "employers of nurses who are licensed in other states be required to report to the Board of Nursing when they hire nurses who are licensed outside of Virginia." Ms. Gibson and Ms. Henry stated that this would provide the Board of Nursing with information about nurses who are licensed in other states but who, under a multistate licensure compact, would practice in Virginia.

Virginia Statewide Area Health Education Centers Program

Woody Hanes, Program Director, expressed support for the following Policy Options: II, VI, VII, IX and XIII – XVI. Concerning Policy Option XVI, Ms. Hanes stated that "The establishment of an Advisory Council on the Future of Health Professions in Virginia would be more encompassing." According to Ms. Hanes, "This would address other disciplines that are experiencing shortages as well."

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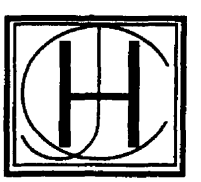

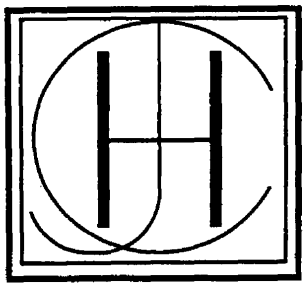

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