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NURSE TRAINING ACT OF 1964

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HEARINGS BEFORE THE SUBCOMMITTEE ON PUBLIC HEALTH AND SAFETY OF THE COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE HOUSE OF REPRESENTATIVES

EIGHTY-EIGHTH CONGRESS

SECOND SESSION

ON

H.R. 2110, H.R. 8922

TO AUTHORIZE GRANTS TO ASSIST THE STATES IN STRENGTHENING PROFESSIONAL NURSE EDUCATION, IN ORDER TO RELIEVE THE SHORTAGE OF WELL-TRAINED PROFESSIONAL NURSES AND TO MEET THE REQUIREMENTS OF FEDERAL, STATE, AND LOCAL GOVERNMENTAL HOSPITALS AND HEALTH AGENCIES, AS WELL AS OF NONGOVERNMENTAL HOSPITALS AND OTHER EMPLOYERS

H.R. 5062, H.R. 5248

TO AUTHORIZE A FIVE-YEAR PROGRAM OF GRANTS AND SCHOLARSHIPS FOR COLLEGIATE EDUCATION IN THE FIELD OF NURSING, AND FOR OTHER PURPOSES

H.R. 10042

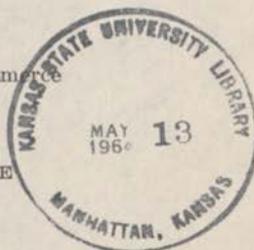
TO AMEND THE PUBLIC HEALTH SERVICE ACT TO INCREASE THE OPPORTUNITIES FOR TRAINING PROFESSIONAL NURSING PERSONNEL, AND FOR OTHER PURPOSES

APRIL 8, 9, 10, 1964

Printed for the use of the
Committee on Interstate and Foreign Commerce

U.S. GOVERNMENT PRINTING OFFICE

WASHINGTON : 1964



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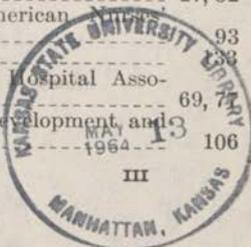
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CONTENTS

	Page
Hearings held on—	
April 8, 1964.....	1
April 9, 1964.....	37
April 10, 1964.....	77
Text of—	
H.R. 2110.....	1
H.R. 5062.....	2
H.R. 5248.....	2
H.R. 8922.....	5
H.R. 10042.....	6
Report on H.R. 10042 from—	
Bureau of the Budget.....	15
Civil Service Commission.....	15
Health, Education, and Welfare Department.....	16
Veterans' Administration.....	26
Statement of—	
Austin, Lois M., president, National League for Nursing, Inc.....	125
Bolton, Hon. Frances P., a Representative in Congress from the State of Ohio.....	50
Boyle, Dr. Rena, director, department of baccalaureate and higher degree programs, National League for Nursing, Inc.....	125
Brim, Katherine, associate director, department of baccalaureate and associate degree programs, National League for Nursing, Inc.....	125
Connor, Helen, director, legislative program, American Nurses' Association, Inc.....	93
Cox, Carol, Office of Solicitor, U.S. Department of Labor.....	64
Dolan, Margaret B., president, American Nurses' Association, Inc.....	93
Hemphill, Hon. Robert W., a Representative in Congress from the State of South Carolina.....	41
Henning, Hon. John F., Under Secretary, U.S. Department of Labor.....	64
Howell, Dr. James T., chairman, Committee on Nursing, American Hospital Association.....	69, 77
Jones, Boisfeuillet, Special Assistant to the Secretary, Department of Health, Education, and Welfare.....	27, 52
Leone, Lucile Petry, Chief Nurse Officer, Public Health Service, Department of Health, Education, and Welfare.....	27, 52
Mullane, Mary Kellane, dean, College of Nursing, University of Illinois.....	121
Peabody, Sylvia, representing American Public Health Association.....	117
Pepper, Hon. Claude, a Representative in Congress from the State of Florida.....	37
Schwier, Mildred E., director of nursing, Rhode Island Hospital School of Nursing, Providence, R.I.....	110
Scott, Jessie M., Chief, Division of Nursing, Public Health Service, Department of Health, Education, and Welfare.....	27, 52
Sleeper, Ruth, director, nursing service, Massachusetts General Hospital, Boston, Mass.....	69, 77
Terry, Dr. Luther L., Surgeon General, Public Health Service, Department of Health, Education, and Welfare.....	27, 52
Thompson, Julia, director, Washington office, American Nurses' Association, Inc.....	93
Walker, Mrs. Walter W., Minneapolis, Minn.....	38
Williamson, Kenneth, associate director, American Hospital Association.....	69, 77
Wilson, Dr. O. J., assistant executive director for development and education, Appalachian Regional Hospitals, Inc.....	106



Additional information submitted for the record by—

	Page
American Medical Association:	
Educational programs in nursing and related career opportunities, reprinted from Journal, dated July 13, 1963.....	150
Letter from Dr. F. J. L. Blasingame.....	147
Objectives and program of AMA Committee on Nursing, reprinted from Journal, dated August 4, 1962.....	149
Bell, Rev. Grover E., assistant procurator, Catholic University of America, letter from.....	144
Case, Harold C., letter from.....	153
Clark, Eloise, assistant professor, University of Alabama School of Nursing, letter from.....	142
Dolan, Margaret B., professor, public health nursing, University of North Carolina School of Public Health, letter from.....	154
Ellis, Elmer, letter from.....	155
Emerson, Faith G., assistant professor of nursing, University of Vermont College of Education and Nursing.....	160
Eurich, Alvin C., Chairman, Surgeon General's Consultant Group on Nursing, statement of.....	140
Evans, Dr. Lester J., statement of.....	121
Florida Nurses Association, Inc., letter from Marion E. McKenna, president.....	155
Health, Education, and Welfare Department:	
Annual earnings of nurses in hospitals and schoolteachers in public schools in 12 urban areas, 1963, table.....	40
Annual salaries of nurses in Federal general hospitals, by position, 1962, table.....	41
Appropriations for the professional nurse training program.....	60
Average annual salaries—Selected positions in non-Federal hospitals of 15 major metropolitan areas, June-July 1963, table.....	40
Comparison of nurses' salaries with other occupations.....	39
Estimated cost to the Federal Government, table.....	55
Purpose of the professional nurse training program.....	59
Hemphill, Hon. Robert W.: "Who Will Take Care of the Sick? A Look at Our Hospitals' Biggest Problem," from McCall's, March 1964.....	42
Henle, R. J., academic vice president, St. Louis University, letter from Illinois Nurses' Association, letter from Sister M. Stephen, chairman, committee on legislation.....	143
Labor Department: Practical nurse training programs.....	159
Longenecker, Herbert E., president, Tulane University, letter from Michigan Nurses Association, letters from Eleanor M. Tromp, executive secretary.....	68
National Association for Retarded Children, Inc., letter from John G. Fettinger, president.....	152
National League for Nursing, Inc., letter from Mary Kelly Mullane, council of member agencies, department of baccalaureate and higher degree programs, letter from.....	142, 143
North Carolina State Nurses' Association, letter from Marie Noell, executive secretary.....	156
O'Brien, Hon. Leo W.: Excerpts from report of New York State Committee on Medical Education.....	145
Ohio State Nurses Association, letter from Dorothy A. Cornelius, executive director.....	113-117
Sommermeier, Lucille, assistant dean, Boston University School of Nursing, letter from.....	158
Zimmerman, Verna M., acting director, Goshen College School of Nursing, letter from.....	153
	157

NURSE TRAINING ACT OF 1964

WEDNESDAY, APRIL 8, 1964

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON PUBLIC HEALTH AND SAFETY OF THE
COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE,
Washington, D.C.

The subcommittee met at 10:25 a.m., pursuant to call, in room 1334, Longworth Building, Hon. Paul G. Rogers, of Florida, presiding.

Mr. ROGERS of Florida. The subcommittee will please be in order. We are meeting today for the purpose of conducting hearings on H.R. 2110, H.R. 5062, H.R. 5248, and H.R. 8922. The administration's bill, H.R. 10042 was submitted for the purpose of carrying out improvement of nursing services proposed by President Kennedy in three special health messages to the Congress, and by President Johnson in his 1964 health message.

This bill authorizes a new 4-year program of construction grants for teaching facilities for nurses, establishes a scholarship and loan program for assistance to students of nursing; provides planning grants for development and improvement of nursing education and services, and authorizes grants for developing methods of training and recruiting students and improving the utilization of nursing personnel.

The program set out in H.R. 10042 is based on recommendations of the Surgeon General's Consultant Group on Nursing, as contained in their report, toward quality in nursing, needs, and goals.

(The bills mentioned and agency reports follow:)

[H.R. 2110, 88th Cong., 1st sess.]

A BILL To authorize grants to assist the States in strengthening professional nurse education, in order to relieve the shortage of well-trained professional nurses and to meet the requirements of Federal, State, and local governmental hospitals and health agencies, as well as of nongovernmental hospitals and other employers

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Professional Nurse Training Act of 1963".

SEC. 2. Title III of the Public Health Service Act is amended by inserting at the end of part B thereof (42 U.S.C. 243-247) the following new section:

SEC. 316. (a) To enable the Surgeon General to assist the States and their political subdivisions to strengthen professional nurse training and to meet that portion of the cost thereof estimated to be a proper charge on Government, there is authorized to be appropriated for the fiscal year ending June 30, 1963, and for each fiscal year thereafter, a sum sufficient to carry out the purposes of this section.

"(b) Moneys paid to any State under this section shall be expended by or under the supervision of a State agency, in accordance with a plan approved by the Surgeon General for strengthening public and other nonprofit schools of professional nursing by such means as the State may determine, including (but not limited to) grants to or contracts with the schools, the provision of instructional services or other assistance in kind, or tuition grants to students. A plan may provide that it will operate in the whole or a portion of the State,

but shall not be approved unless the Surgeon General finds that it is equitable, so far as conditions in the State permit, to all the public and other nonprofit schools of professional nursing within its area of operation.

"(c) The amount to be paid to each State under this section for each fiscal year shall be equal to \$200 multiplied by the number of students enrolled, throughout the corresponding academic year, in schools of professional nursing to which the State plan is applicable, but shall be paid upon the condition that there shall be spent under the State plan, from funds of such State or its political subdivisions or both, an amount determined in accordance with regulations, which shall be not less than \$50 and not more than \$100 multiplied by the number of such students, and shall be varied in accordance with the per capita income of the respective States. If in any State the expenditures from State and local funds are less than the amount so determined, the payment to the State shall be reduced proportionately.

"(d) The provisions of this section shall not apply to the further training of persons who are already professional nurses, or to any school which is not licensed (or approved in equivalent manner) by the State as a school of professional nursing."

[H.R. 5062, H.R. 5248, 88th Cong., 1st sess.]

A BILL To authorize a five-year program of grants and scholarships for collegiate education in the field of nursing, and for other purposes

Be it enacted by the Senate and House of Representatives of the United of America in Congress assembled, That this Act may be cited as the "Collegiate Nursing Education Act of 1963."

SEC. 2. The Public Health Service Act, as amended, is amended by adding at the end thereof the following new title:

"TITLE VIII—ASSISTANCE FOR THE COLLEGIATE EDUCATION OF NURSES

"SEC. 801. The Congress hereby finds and declares that—

"(a) there is a shortage of professional nurses with collegiate training essential to maintaining and improving the Nation's health and there is an increasing need for such nurses; such shortage will therefore increase unless present facilities and opportunities for the education of such nurses are strengthened and expanded;

"(b) the cost of providing adequate collegiate nursing education and facilities therefor is so high and the sources of income for institutions providing such education are so limited as to render it impossible for such institutions to provide the necessary funds for such strengthening and expansion, and to discourage the construction of new facilities for such education;

"(c) it is, therefore, the policy of the Congress (1) to provide funds for the construction of educational facilities and the cost of instruction of institutions offering collegiate nursing education, in order to assist such institutions in improving and expanding their programs of such education and to provide opportunities for qualified individuals to obtain such education, and (2) to provide scholarships to induce and enable greater numbers of qualified students to study professional nursing, and to induce and enable graduates of diploma schools of nursing to obtain baccalaureate degrees in nursing.

"DEFINITIONS

"SEC. 802. As used in this title—

"(a) The terms 'construction' and 'cost of construction' include (A) the construction of new buildings and the expansion, remodeling, and alteration of existing buildings, including architects' fees in excess of amounts granted under section 804(b)(2), but not including the cost of acquisition of land or off-site improvements, except in the case of existing structures suitable for use as educational facilities, and (B) equipping new buildings and existing buildings, whether or not expanded, remodeled, or altered;

"(b) The term 'collegiate school of nursing' means a school (including a department, division, or other administrative unit in a college or university)

which provides education in professional nursing and allied subjects leading to the degree of bachelor of arts, bachelor of science, bachelor of nursing, or other baccalaureate degree of equivalent rank, approved or accredited by the State board of nursing in the State where such school is located, or by the governmental body or agency performing the accrediting functions of a State board of nursing in such State;

"(c) The term 'nursing student' means a student enrolled full time or an approved applicant for full-time study in a collegiate school of nursing as defined in subsection (b) of this section.

"EXPERT ADVISORY COMMITTEE

"SEC. 803. (a) The Surgeon General shall appoint an expert advisory committee, consisting of thirteen persons (not otherwise in the full-time employment of the United States), without regard to the civil service laws and with the approval of the Secretary of Health, Education, and Welfare. Four of such members shall be selected from the field of nursing education, three from the field of nursing service, one from the field of medicine, one from the field of hospital administration, one from the field of industry, one from the field of public health, and two from the general public. Members of such committee, while attending meetings of the committee or otherwise serving at the request of the Surgeon General, shall be entitled to receive compensation at a rate to be fixed by the Secretary of Health, Education, and Welfare, but not exceeding \$50 per diem, including travel time, and while away from their homes or regular places of business they may be allowed travel expenses, including per diem in lieu of subsistence, as authorized by law (5 U.S.C. 73b-2) for persons in the Government service employed intermittently.

"(b) The advisory committee shall advise, consult with and make recommendations to the Surgeon General in connection with the administration of this title, including the development of program standards and policies and the payments out of appropriations authorized by this title.

"GRANTS-IN-AID FOR CONSTRUCTION OF TEACHING FACILITIES

"SEC. 804. (a) There are hereby authorized to be appropriated for the fiscal year ending June 30, 1964, and for each of the four succeeding fiscal years, the sum of \$20,000,000 to make the payments provided in this section. The sums appropriated pursuant to this section shall be used by the Surgeon General, upon recommendation of the expert advisory committee, to make grants-in-aid for the construction of teaching facilities (exclusive of residence facilities) of collegiate schools of nursing.

"(b) No such grant for construction of teaching facilities shall be in excess of 50 per centum of the cost of construction with respect to which it is made, except that—

"(1) in the case of new schools, grants may be made, upon recommendation of the State board of nursing or other State accrediting agency, in an amount not to exceed 66 $\frac{2}{3}$ per centum of such cost of construction; and

"(2) upon application of any collegiate school of nursing or new school, a grant of not to exceed \$10,000 may be made for the purpose of preparing initial plans with estimates for the proposed new construction.

"(c) No grant or grants for construction shall be made to any one collegiate school of nursing in excess of \$500,000 for the total five-year program authorized in this section, exclusive of amounts granted under subsection (b) (2) of this section.

"(d) Funds appropriated for construction of facilities pursuant to this section shall remain available for the fiscal year in which appropriated and the two succeeding fiscal years.

"(e) The Surgeon General shall take such action as may be necessary to insure that all laborers and mechanics employed by contractors or subcontractors on any construction project assisted under this title (1) shall be paid wages at rates not less than those prevailing for the corresponding classes of laborers and mechanics employed on projects of a character similar to the contract work, as determined by the Secretary of Labor in accordance with the Davis-Bacon Act, as amended (40 U.S.C. secs. 276a-276a-5), and (2) shall be paid not less than 1 $\frac{1}{2}$ times the basic hourly rate of pay for all hours worked in excess of eight hours in any one calendar day or in excess of forty hours in any workweek.

"GRANTS-IN-AID FOR COSTS OF INSTRUCTION

"Sec. 805. (a) There are hereby authorized to be appropriated for the fiscal year ending June 30, 1964, and for each of the four succeeding fiscal years, the sum of \$10,000,000 to make the payments provided in this section. The sums appropriated pursuant to this section shall be used by the Surgeon General, upon recommendation of the expert advisory committee, to make grants-in-aid for the costs of instruction of collegiate schools of nursing.

"(b) No such grant for costs of instruction of a collegiate school of nursing shall be in excess of \$25,000 in any one fiscal year for expansion and improvement, except that in the case of new schools, grants may be made, upon recommendation of the State board of nursing or other State accrediting agency, in an amount not to exceed 66% per centum of such costs of instruction. Such amount may be granted for each of the five years of the program authorized by this title. The term 'costs of instruction' as used in this section shall include such items of cost as shall be set forth in uniform definitions or regulations adopted and promulgated by the Surgeon General, except that such term shall not include the cost of residence facilities.

"APPLICATION BY COLLEGIATE SCHOOLS OF NURSING FOR GRANTS

"Sec. 806. (a) Any new or existing collegiate school of nursing desiring a grant under this title may at any time after the enactment hereof file an application therefor with the Surgeon General for any fiscal year or years for which such grant is desired. Such application shall contain such information as the Surgeon General may by regulation prescribe and shall contain adequate assurances that the school will comply with all provisions of this title and regulations promulgated pursuant thereto. Such application shall also contain adequate assurances that such school will, during the period in which it receives such payment, maintain its income for operating expenses from sources other than the United States at a level at least equal to that which it was received before such payments began (or, in the case of a new school, at the highest possible level).

"(b) Except as provided in subsections (b) (1) and (2) of section 804 and subsection (b) of section 805, payments from appropriations under sections 804 and 805 may be made only in the case of accredited schools of nursing.

"APPROPRIATIONS FOR SCHOLARSHIPS

"Sec. 807. (a) There are hereby authorized to be appropriated for the fiscal year ending June 30, 1964, and for each of the four succeeding fiscal years the sum of \$10,000,000 to make the payments provided in this section. The sums appropriated pursuant to this section shall be used by the Surgeon General, upon recommendation of the expert advisory committee, to pay for the scholarships provided in this section.

"(b) An individual shall be eligible for a scholarship under this section only if such individual is an approved applicant, or is enrolled, in a collegiate school of nursing.

"(c) The selection of nursing students to be awarded scholarships under this section shall be made by the Surgeon General after consultation with the expert advisory committee, upon the basis of ability and the extent to which financial assistance is necessary in order to enable a qualified individual (irrespective of whether such individual shall have previously studied nursing or shall have a diploma in nursing) to pursue a baccalaureate program in professional nursing (both the ability and the need of financial assistance to be attested by the school).

"(d) Any student to whom a scholarship shall have been awarded shall be entitled to continue to receive the benefit of the amounts thereby provided only so long as his work shall continue to be satisfactory, according to the regularly prescribed standards and practices of the school which he is attending.

"(e) Any student to whom a scholarship shall have been awarded under this section shall be entitled to continue to receive the benefit of the amounts thereby provided until the completion of his regularly prescribed course of study of professional nursing at the school which he is attending, subject to subsection (d).

"(f) No scholarship shall be awarded to any individual for any period during which he is receiving education and training as a veteran or under any other law of the United States providing financial assistance to students.

"(g) Any scholarship awarded under this section to any individual shall be contingent upon acceptance and recommendation by a collegiate school of nursing of his choice.

"(h) Scholarships under this section shall be awarded by the Surgeon General through grants to collegiate schools of nursing providing the education. Payments to collegiate schools of nursing under this section may be made in advance or by way of reimbursement, and at such intervals and on such conditions as the Surgeon General finds necessary. Such payments shall be in the amount of \$1,000 per student per school year. Each such scholarship shall be for a period of time not in excess of that customarily required for completion of the standard course offered by the school leading to a baccalaureate degree.

"GRANTS FOR CONSTRUCTION, COSTS OF INSTRUCTION AND SCHOLARSHIPS

"SEC. 808. The Surgeon General, in accordance with regulations, and upon the recommendation of the expert advisory committee, shall determine from time to time the amounts to be paid to each collegiate school of nursing from appropriations under this title and shall certify to the Secretary of the Treasury the amount so determined. Upon receipt of any such certification, the Secretary of the Treasury shall, prior to audit or settlement by the General Accounting Office, pay in accordance with such certification.

"WITHHOLDING OR RECAPTURE OF PAYMENTS

"SEC. 809. Whenever the Surgeon General, after reasonable notice and opportunity for hearing to a collegiate school of nursing, shall find, with respect to payments made from appropriations under this title to carry out any of the purposes of this title, that there is a failure by such school to comply with the provisions of this title or the regulations promulgated pursuant thereto, the Surgeon General shall notify such school that further payments will not be made to it from such appropriations until he is satisfied that there is no longer any such failure. Until he is so satisfied, the Surgeon General shall make no further certification for payments to such school from such appropriations.

"REGULATIONS

"SEC. 810. All regulations under this title with respect to payments to collegiate schools of nursing shall be made only after obtaining the advice and recommendation of the expert advisory committee.

"GENERAL PROVISIONS

"SEC. 811. (a) Nothing in this title shall be construed as authorizing any department, agency, officer, or employee of the United States to exercise any direction, supervision, or control over, or prescribe any requirements with respect to, the personnel, curriculum, or administration of any collegiate school of nursing, or the admission of applicants thereto.

"(b) Nothing in this title shall be construed to authorize the Surgeon General to exercise any influence upon the choice, by an applicant for or recipient of a scholarship under this title, of a course of training or study, or of the collegiate school of nursing at which such course is to be pursued."

TECHNICAL AMENDMENTS TO ACT OF JULY 1, 1944

SEC. 3. (a) The Act of July 1, 1944 (58 Stat. 682), as amended, is hereby further amended by changing the number of title VIII to title IX and by changing the numbers of sections 801 to 814, inclusive, and references thereto, to sections 901 to 914, respectively.

(b) Section 1 of the Public Health Service Act is amended to read as follows:
"SECTION 1. Titles I to VIII, inclusive, of this Act may be cited as the 'Public Health Services Act.'"

[H.R. 8922, 88th Cong., 1st sess.]

A BILL To authorize grants to assist the States in strengthening professional nurse education, in order to relieve the shortage of well-trained professional nurses and to meet the requirements of Federal, State, and local governmental hospitals and health agencies, as well as of nongovernmental hospitals and other employers

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Professional Nurse Training Act of 1963".

SEC. 2. Title III of the Public Health Service Act is amended by inserting at the end of part B thereof (42 U.S.C. 243-247) the following new section:

"SEC. 316. (a) To enable the Surgeon General to assist the States and their political subdivisions to strengthen professional nurse training and to meet that portion of the cost thereof estimated to be a proper charge on Government, there is authorized to be appropriated for the fiscal year ending June 30, 1963, and for each fiscal year thereafter, a sum sufficient to carry out the purposes of this section.

"(b) Moneys paid to any State under this section shall be expended by or under the supervision of a State agency, in accordance with a plan approved by the Surgeon General for strengthening public and other nonprofit schools of professional nursing by such means as the State may determine, including (but not limited to) grants to or contracts with the schools, the provision of instructional services or other assistance in kind, or tuition grants to students. A plan may provide that it will operate in the whole or a portion of the State, but shall not be approved unless the Surgeon General finds that it is equitable, so far as conditions in the State permit, to all the public and other nonprofit schools of professional nursing within its area of operation.

"(c) The amount to be paid to each State under this section for each fiscal year shall be equal to \$200 multiplied by the number of students enrolled, throughout the corresponding academic year, in schools of professional nursing to which the State plan is applicable, but shall be paid upon the condition that there shall be spent under the State plan, from funds of such State or its political subdivisions or both, an amount determined in accordance with regulations, which shall be not less than \$50 and not more than \$100 multiplied by the number of such students, and shall be varied in accordance with the per capita income of the respective States. If in any State the expenditures from State and local funds are less than the amount so determined, the payment to the State shall be reduced proportionately.

"(d) The provisions of this section shall not apply to the further training of persons who are already professional nurses, or to any school which is not licensed (or approved in equivalent manner) by the State as a school of professional nursing."

[H.R. 10042, 88th Cong., 2d sess.]

A BILL To amend the Public Health Service Act to increase the opportunities for training professional nursing personnel, and for other purposes

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Nurse Training Act of 1964."

SEC. 2. The Public Health Service Act (42 U.S.C., ch. 6A) is amended by adding at the end thereof the following new title:

"TITLE VIII—NURSE TRAINING

"PART A—GRANTS FOR EXPANSION AND IMPROVEMENT OF NURSE TRAINING

"AUTHORIZATION OF APPROPRIATIONS FOR CONSTRUCTION GRANTS

"SEC. 801. (a) There are authorized to be appropriated—

"(1) for grants to assist in the construction of new facilities for collegiate schools of nursing, or replacement or rehabilitation of existing facilities for such schools, \$5,000,000 for the fiscal year ending June 30, 1966, and \$10,000,000 for each of the next three fiscal years;

"(2) for grants to assist in the construction of new facilities for associate degree or diploma schools of nursing, or replacement or rehabilitation of existing facilities for such schools, \$15,000,000 for the fiscal year ending June 30, 1966, and \$20,000,000 for each of the next three fiscal years.

There are also authorized to be appropriated for each of such fiscal years ending after June 30, 1966, for grants specified in clause (1) or (2) of the preceding sentence, the amount by which the total of the sums authorized to be appropriated under such clause for previous years exceeds the aggregate of the appropriations thereunder for such years.

"(b) Sums appropriated pursuant to clause (1) or (2) of subsection (a) for a fiscal year shall remain available for grants specified in such clause until the close of the next fiscal year.

"APPROVAL OF APPLICATIONS FOR CONSTRUCTION GRANTS

"Sec. 802. (a) No application for a grant for a construction project under this part may be approved unless it is submitted to the Surgeon General prior to July 1, 1968.

"(b) A grant for a construction project under this part may be made only if the application therefor is approved by the Surgeon General upon his determination that—

"(1) the applicant is a public or nonprofit private school of nursing providing an accredited program of nursing education;

"(2) the application contains or is supported by reasonable assurances that (A) for not less than ten years after completion of construction, the facility will be used for the purposes of the training for which it is to be constructed, and will not be used for sectarian instruction or as a place for religious worship, (B) sufficient funds will be available to meet the non-Federal share of the cost of constructing the facility, and (C) sufficient funds will be available, when construction is completed, for effective use of the facility for the training for which it is being constructed;

"(3) (A) in the case of an application for a grant for construction of a new facility, such application is for aid in the construction of a new school of nursing, or construction which will expand substantially the training capacity of an existing school of nursing, or (B) in the case of an application for a grant for replacement or rehabilitation of existing facilities, such application is for aid in construction which will replace or rehabilitate facilities of an existing school of nursing which are so obsolete as to require the school to curtail substantially either its enrollment or the quality of the training provided;

"(4) the plans and specifications are in accordance with regulations relating to minimum standards of construction and equipment; and

"(5) the application contains or is supported by adequate assurance that any laborer or mechanic employed by any contractor or subcontractor in the performance of work on the construction of the facility will be paid wages at rates not less than those prevailing on similar construction in the locality as determined by the Secretary of Labor in accordance with the Davis-Bacon Act, as amended (40 U.S.C. 276a-276a5). The Secretary of Labor shall have, with respect to the labor standards specified in this paragraph, the authority and functions set forth in Reorganization Plan Numbered 14 of 1950 (15 F.R. 3176; 64 Stat. 1267), and section 2 of the Act of June 13, 1934, as amended (40 U.S.C. 276c).

Before approving or disapproving an application for a construction project under this part, the Surgeon General shall secure the advice of the National Advisory Council on Nurse Training established by section 841 (hereinafter in this part referred to as the 'Council').

"(c) In considering applications for grants, the Council and the Surgeon General shall take into account—

"(1) (A) in the case of a project for a new school or for expansion of the facilities of an existing school, the relative effectiveness of the proposed facilities in expanding the capacity for the training of first-year students of nursing in the field involving and in promoting an equitable geographical distribution of opportunities for such training (giving due consideration to population, relative unavailability of nurses of the kind to be trained by such school, and available resources in various areas of the Nation for training such nurses); or

"(B) in the case of a project for replacement or rehabilitation of existing facilities of a school, the relative need for such replacement or rehabilitation to prevent curtailment of the school's enrollment or deterioration of the quality of the training provided by the school, and the relative size of any such curtailment and its effect on the geographical distribution of opportunities for training in the field of nursing involved (giving consideration to the factors mentioned above in paragraph (A)); and

"(2) in the case of an applicant in a State which has in existence a State or local area planning agency, or which participates in a regional or other interstate planning agency, described in section 805, the relationship of the application to the construction or training program which is being developed by such agency or agencies and, if such agency or agencies have reviewed such application, any comment thereon submitted by them.

"AMOUNT OF CONSTRUCTION GRANT; PAYMENTS

"Sec. 803. (a) The amount of any grant for a construction project under this part shall be such amount as the Surgeon General determines to be appropriate after obtaining the advice of the Council; except that (A) in the case of a grant for a project for a new school, and in the case of a grant for a project for new facilities for an existing school in cases where such facilities are of particular importance in providing a major expansion of training capacity, as determined in accordance with regulations, such amount may not exceed 66 $\frac{2}{3}$ per centum of the necessary cost of construction, as determined by the Surgeon General, of such project; and (B) in the case of any other grant, such amount may not exceed 50 per centum of the necessary cost of construction, as so determined, of the project with respect to which the grant is made.

"(b) Upon approval of any application for a grant for a construction project under this part, the Surgeon General shall reserve, from any appropriation available therefor, the amount of such grant as determined under subsection (a); the amount so reserved may be paid in advance or by way of reimbursement, and in such installments consistent with construction progress, as the Surgeon General may determine. The Surgeon General's reservation of any amount under this section may be amended by him, either upon approval of an amendment of the application or upon revision of the estimated cost of construction of the facility.

"(c) In determining the amount of any such grant under this part, there shall be excluded from the cost of construction an amount equal to the sum of (1) the amount of any other Federal grant which the applicant has obtained, or is assured of obtaining, with respect to the construction which is to be financed in part by grants authorized under this part, and (2) the amount of any non-Federal funds required to be expended as a condition of such other Federal grant.

"RECAPTURE OF PAYMENTS

"Sec. 804. If, within ten years after completion of any construction for which funds have been paid under this part—

"(a) the applicant or other owner of the facility shall cease to be a public or nonprofit private school, or

"(b) the facility shall cease to be used for the training purposes for which it was constructed (unless the Surgeon General determines, in accordance with regulations, that there is good cause for releasing the applicant or other owner from the obligation to do so), or

"(c) the facility is used for sectarian instruction or as a place for religious worship,

the United States shall be entitled to recover from the applicant or other owner of the facility the amount bearing the same ratio to the then value (as determined by agreement of the parties or by action brought in the United States district court for the district in which such facility is situated) of the facility, as the amount of the Federal participation bore to the cost of construction of such facility.

"PLANNING GRANTS AND TECHNICAL ASSISTANCE

"Sec. 805. (a) There is authorized to be appropriated the sum of \$4,400,000 to enable the Surgeon General to make grants during the fiscal year ending June 30, 1965, and the next fiscal year to State, interstate, regional, or local area agencies for not more than 66 $\frac{2}{3}$ per centum of the cost of planning new, expanded, or improved programs of nurse training, including the cost of surveying their needs for construction of facilities therefor and of developing programs for construction of such needed facilities.

"(b) In carrying out the purposes of this part, and to further the development of State, interstate, regional, or local area planning of programs for relieving shortages of personnel or training capacity in the various fields of nursing, through constructing teaching facilities, providing adequate financial support for schools, or otherwise, the Surgeon General is authorized to provide technical assistance and consultative services to State, interstate, regional, or local area planning agencies established for any of such purposes.

"IMPROVEMENT IN NURSE TRAINING AND SERVICES

"Sec. 806. (a) There are authorized to be appropriated for grants to public or nonprofit private agencies, organizations, or institutions,

"(1) for projects for development of new or improved methods of training nurses in any of the various fields of nursing or of recruiting persons to undergo such training or for improving utilization of nursing personnel, and

"(2) in the case of schools of nursing, for projects to strengthen, improve, or expand their programs of nurse training,

\$3,800,000 for the fiscal year ending June 30, 1965, \$10,000,000 for the fiscal year ending June 30, 1966, \$15,000,000 for the fiscal year ending June 30, 1967, and each of the next two fiscal years, and such sums for each of the next four fiscal years as may be necessary to complete projects for which a grant was made under this section from funds appropriated for the fiscal year ending June 30, 1969, or any preceding year.

"(b) In determining whether to approve applications for grants described in clause (2) of subsection (a), the order in which to approve such applications, and the amount of the grants, the Surgeon General shall give consideration to the extent to which such projects will contribute to general improvement of the quality of the training of nurses of the kind involved, the extent to which they will aid in attaining a wider geographical distribution throughout the United States of high quality schools of the type involved, and the relative need in the area in which the school is situated and surrounding areas for nurses of the type trained in such school.

"(c) No grant may be made under this section for any project for any period after grants have been made with respect to such project for five fiscal years.

"PART B—ASSISTANCE TO NURSING STUDENTS

"TRAINEESHIPS FOR ADVANCED TRAINING OF PROFESSIONAL NURSES

"Sec. 821. (a) There are authorized to be appropriated for the fiscal year ending June 30, 1965, and for each of the next four fiscal years, such sums as may be necessary to cover the cost of traineeships for the training of professional nurses to teach in the various fields of nurse training (including practical nurse training), to serve in administrative or supervisory capacities, or to serve in other professional nursing specialties determined by the Surgeon General to require advanced training.

"(b) Traineeships under this section shall be awarded by the Surgeon General through grants to public or nonprofit private institutions providing the training.

"(c) Payments to institutions under this section may be made in advance or by way of reimbursement, and at such intervals and on such conditions, as the Surgeon General finds necessary. Such payments may be used only for traineeships and shall be limited to such amounts as the Surgeon General finds necessary to cover the costs of tuition and fees, and a stipend and allowances (including travel and subsistence expenses) for the trainees.

"UNDERGRADUATE SCHOLARSHIPS FOR STUDENTS OF NURSING

"Sec. 822. (a) For the purpose of stimulating nationwide interest among highly qualified secondary school graduates in attending public or nonprofit private collegiate schools of nursing, there are authorized to be appropriated to the Secretary of Health, Education, and Welfare for each fiscal year such sums as may be necessary to enable the Secretary, during the fiscal year ending June 30, 1965, and each of the next four fiscal years, to award scholarships to such graduates who are in need of the amount of the scholarship to undertake full-time training in public or nonprofit private collegiate schools of nursing of their choice.

"(b) The number of scholarships to be awarded by the Secretary of Health, Education, and Welfare during each fiscal year shall be allotted as follows: He shall allot to each State, for award to secondary school graduates domiciled in such State, a number of scholarships bearing the same ratio to one thousand as the number of persons who graduated from secondary schools in such State in such year bears to the number of such persons who graduated from secondary schools in all the States in such year, except that (1) if the number so allotted to any State is less than five it shall be increased to five, and (2) if the number al-

lotted to any State under the preceding provisions of this subsection is not a whole number, it shall be increased to the next higher whole number. The number of such secondary school graduates shall be estimated by the Secretary on the basis of the best information available to him.

"(c) Such scholarships may be awarded for a period not in excess of the length of time required by the recipient to complete his basic course of study. The amount of the scholarship of any person for any academic year or its equivalent (which in any case may not exceed \$1,000) shall be based on his need for financial assistance during such year or its equivalent.

"(d) The selection of individuals in each State to be awarded scholarships under this section shall be made according to their relative ability to complete successfully a program of nurse training in a collegiate school of nursing as determined on the basis of nationwide objective tests conducted at such times and places and in such manner as the Secretary of Health, Education, and Welfare shall determine. The Secretary is authorized to enter into contracts with any recognized college examining agency or agencies for the conduct of any such test or tests, and for the obtaining of such information as may be necessary to determine the relative need of applicants.

"LOAN AGREEMENTS

"SEC. 823. (a) The Secretary of Health, Education, and Welfare is authorized to enter into an agreement for the establishment and operation of a student loan fund in accordance with this part with any public or nonprofit private school of nursing which is located in a State.

"(b) Each agreement entered into under this section shall—

"(1) provide for establishment of a student loan fund by the school;

"(2) provide for deposit in the fund of (A) the Federal capital contributions paid under this part to the school by the Secretary, (B) an additional amount from other sources equal to not less than one-ninth of such Federal capital contributions, (C) collections of principal and interest on loans made from the fund, and (D) any other earnings of the fund;

"(3) provide that the fund shall be used only for loans to students of the school in accordance with the agreement and for costs of collection of such loans and interest thereon;

"(4) provide that loans may be made from such fund only to students pursuing a full-time course of study at the school leading to a baccalaureate or associate degree in nursing or an equivalent degree or a diploma in nursing, or to a graduate degree in nursing, and that while the agreement remains in effect no such student who has attended such school before July 1, 1969, shall receive a loan from a loan fund established under section 204 of the National Defense Education Act of 1958; and

"(5) contain such other provisions as are necessary to protect the financial interests of the United States.

"LOAN PROVISIONS

"SEC. 824. (a) The total of the loans for any academic year (or its equivalent, as determined under regulations of the Secretary) made by schools of nursing from loan funds established pursuant to agreements under this part may not exceed \$1,000 in the case of any student in a collegiate school of nursing, or \$500 in the case of any other student. In the granting of such loans, a school shall give preference to persons who enter as first-year students after enactment of this title.

"(b) Loans from any such student loan fund by any school shall be made on such terms and conditions as the school may determine; subject, however, to such conditions, limitations, and requirements as the Secretary of Health, Education, and Welfare may prescribe (by regulation or in the agreement with the school) with a view to preventing impairment of the capital of such fund to the maximum extent practicable in the light of the objective of enabling the student to complete his course of study; and except that—

"(1) such a loan may be made only to a student who (A) is in need of the amount of the loan to pursue a full-time course of study at the school leading to a baccalaureate or associate degree in nursing or an equivalent degree, or a diploma in nursing, or a graduate degree in nursing, and (B) is capable, in the opinion of the school, of maintaining good standing in such course of study;

"(2) such a loan shall be repayable in equal or graduated periodic installments (with the right of the borrower to accelerate repayment) over the ten-year period which begins one year after the student ceases to pursue a full-time course of study at a school of nursing, except that (A) interest shall not accrue on any such loan, and periodic installments need not be paid, during any period during which the borrower is pursuing a full-time course of study at a collegiate school of nursing leading to a baccalaureate degree in nursing or an equivalent degree, or to a graduate degree in nursing, and (B) any such period shall not be included in determining such ten-year period;

"(3) not to exceed 60 per centum of any such loan (plus interest) shall be canceled for full-time employment as a professional nurse (including teaching in any of the fields of nurse training and service as an administrator, supervisor, or consultant in any of the fields of nursing) in any public or nonprofit private institution or agency, at the rate of 10 per centum of the amount of such loan plus interest thereon, which was unpaid on the first day of such service, for each complete year of such service;

"(4) the liability to repay the unpaid balance of such loan and accrued interest thereon shall be canceled upon the death of the borrower, or if the Secretary determines that he has become permanently and totally disabled;

"(5) such a loan shall bear interest on the unpaid balance of the loan, computed only for periods during which the loan is repayable, at the rate of 3 per centum per annum or the going Federal rate at the time the loan is made, whichever is the greater; and for purposes of this paragraph, the term 'going Federal rate' means the rate of interest which the Secretary of the Treasury specifies during June of each year for purposes of loans made during the fiscal year beginning on the next July 1, determined by estimating the average yield to maturity, on the basis of daily closing market quotations or prices during the preceding May on all outstanding marketable obligations of the United States having a maturity date of fifteen or more years from the first day of such month of May, and by rounding off such estimated average annual yield to the next higher multiple of one-eighth of 1 per centum.

"(6) such a loan shall be made without security or endorsement, except that if the borrower is a minor and the note or other evidence of obligation executed by him would not, under the applicable law, create a binding obligation, either security or endorsement may be required;

"(7) no note or other evidence of any such loan may be transferred or assigned by the school making the loan except that, if the borrower transfers to another school participating in the program under this part, such note or other evidence of a loan may be transferred to such other school.

"(c) Where all or any part of a loan, or interest, is canceled under this section, the Secretary of Health, Education, and Welfare shall pay to the school an amount equal to the school's proportionate share of the canceled portion, as determined by the Secretary.

"(d) Any loan for any year by a school from a student loan fund established pursuant to an agreement under this part shall be made in such installments as may be provided in regulations of the Secretary or such agreement and, upon notice to the Secretary by the school that any recipient of a loan is failing to maintain satisfactory standing, any or all further installments of his loan shall be withheld, as may be appropriate.

"(e) An agreement under this part with any school shall include provisions designed to make loans from the student loan fund established thereunder reasonably available (to the extent of the available funds in such fund) to all eligible students in the school in need thereof.

"AUTHORIZATION OF APPROPRIATIONS FOR LOANS

"Sec. 825. There are authorized to be appropriated to the Secretary of Health, Education, and Welfare for Federal capital contributions to student loan funds pursuant to section 823(b)(2)(A) \$3,100,000 for the fiscal year ending June 30, 1965, \$8,900,000 for the fiscal year ending June 30, 1966, \$16,800,000 for the fiscal year ending June 30, 1967, \$25,300,000 for the fiscal year ending June 30, 1968, \$30,900,000 for the fiscal year ending June 30, 1969, and such sums for the fiscal year ending June 30, 1970, and each of the two succeeding fiscal years as may be necessary to enable students who have received a loan for any academic year ending before July 1, 1969, to continue or complete their education.

Sums appropriated pursuant to this section for any fiscal year shall be available, in accordance with agreements under this part, for Federal capital contributions to schools with which such agreements have been made, to be used, together with deposits in such fund pursuant to section 823(b)(2)(B), for establishment and maintenance of student loan funds.

"ALLOTMENTS AND PAYMENTS OF FEDERAL CAPITAL CONTRIBUTIONS

"Sec. 826. (a) Sums appropriated pursuant to section 825 for any fiscal year shall be allotted by the Secretary of Health, Education, and Welfare among the States as follows: (1) He shall allot to each State an amount which bears the same ratio to 50 per centum of such sums as the number of students who graduated from secondary schools in such State during the preceding fiscal year bears to the total number of students who graduated from secondary schools in all of the States during such year; and (2) he shall also allot to each State an amount which bears the same ratio to 50 per centum of such sums as the number of students who will be enrolled full time in public or nonprofit private schools of nursing in such State bears to the total number of students who will be enrolled full time in all such schools of nursing in all of the States. The sum of such two amounts for each State shall be its allotment. For purposes of allotments under this section, a school of nursing also includes any school with which the Secretary has, prior to the time the allotment is made, entered into an agreement for establishment of a student loan fund under this part.

"(b) (1) The Secretary shall from time to time set dates by which schools of nursing with which he has in effect agreements under this part must file applications for Federal capital contributions to their loan funds pursuant to section 823(b)(2)(A).

"(2) If the total of the amounts requested for any fiscal year in such applications which are made by schools in a State exceeds the amount of the allotment of such State for that fiscal year, the amounts to be paid to the loan fund of each such school shall be reduced to whichever of the following is the smaller: (A) the amount requested in its application or (B) an amount which bears the same ratio to the amount of the allotment of such State as the number of students who will be enrolled full time in such school during such fiscal year bears to the total number of students who will be enrolled full time in all such schools in such State during such year. Amounts remaining after allotment under the preceding sentence shall be redistributed in accordance with clause (B) of such sentence among schools which in their applications requested more than the amounts so paid to their loan funds, but with such adjustments as may be necessary to prevent the total paid to any such school's loan fund from exceeding the total so requested by it. If the total of the amounts requested for any fiscal year in such applications which are made by schools in a State is less than the amount of the allotment of such State for that fiscal year, the Secretary may reallocate the remaining amount from time to time, on such date or dates as he may fix, to other States in proportion to the original allotments to such States under subsection (a) for such year. For the purpose of this section, the number of students who graduated from secondary schools in each State during a fiscal year and the number of students who will be enrolled full time in schools of nursing in each State shall be estimated by the Secretary of Health, Education, and Welfare on the basis of the best information available to him; and in making such estimates, the number of students enrolled full time in any collegiate school of nursing shall be deemed to be twice their actual number.

"(c) The Federal capital contributions to a loan fund of a school under this part shall be paid to it from time to time in such installments as the Secretary determines will not result in unnecessary accumulations in the loan fund at such school.

"DISTRIBUTION OF ASSETS FROM LOAN FUNDS

"Sec. 827. (a) After June 30, 1972, and not later than September 30, 1972, there shall be a capital distribution of the balance of the loan fund established under this part by each school as follows:

"(1) The Secretary of Health, Education, and Welfare shall first be paid an amount which bears the same ratio to the balance in such fund at the close of June 30, 1972, as the total amount of the Federal capital contributions to such fund by the Secretary pursuant to section 823(b)(2)(A) bears to the total amount in such fund derived from such Federal capital contributions and from funds deposited therein pursuant to section 823(b)(2)(B).

"(2) The remainder of such balance shall be paid to the school.

"(b) After September 30, 1972, each school with which the Secretary has made an agreement under this part shall pay to the Secretary, not less often than quarterly, the same proportionate share of amounts received by the school after June 30, 1972, in payment of principal or interest on loans made from the loan fund established pursuant to such agreement as was determined for the Secretary under subsection (a).

"LOANS TO SCHOOLS

"SEC. 828. (a) Upon application by any school with which he has made an agreement under this part, the Secretary may make a loan to such school for the purpose of helping to finance deposits required by section 823(b)(2)(B) in a loan fund established pursuant to such agreement. Such loan may be made only if the school shows it is unable to secure such funds upon reasonable terms and conditions from non-Federal sources. Loans made under this section shall bear interest at a rate sufficient to cover (1) the cost of the funds to the Treasury, (2) the cost of administering this section, and (3) probable losses.

"(b) There are authorized to be appropriated such sums as may be necessary to carry out this section.

"(c) Loans by the Secretary under this section shall mature within such period as the Secretary determines to be appropriate in each case, but not exceeding fifteen years.

"ADMINISTRATIVE PROVISIONS

"SEC. 829. The Secretary may agree to modifications of agreements or loans made under this part, and may compromise, waive, or release any right, title, claim, or demand of the United States arising or acquired under this part.

"PART C—GENERAL

"NATIONAL ADVISORY COUNCIL ON NURSES TRAINING; REVIEW COMMITTEE

"SEC. 841. (a) (1) There is hereby established a National Advisory Council on Nurse Training, consisting of the Surgeon General, who shall be Chairman, and the Commissioner of Education, both of whom shall be ex officio members, and sixteen members appointed by the Secretary without regard to the civil service laws. Four of the appointed members shall be selected from the general public and twelve shall be selected from among leading authorities in the various fields of nursing, higher, and secondary education, and from representatives of hospitals and other institutions and organizations which provide nursing services.

"(2) The Council shall advise the Surgeon General in the preparation of general regulations and with respect to policy matters arising in the administration of this title, and in the review of applications for construction projects under part A and of applications under section 806.

"(b) The Secretary of Health, Education, and Welfare shall, prior to July 1, 1967, and without regard to the civil service laws, appoint a committee, consisting of members of the public, of various groups particularly interested in or expert in matters relating to education of various types of nurses, for the purpose of reviewing the programs authorized by this title and making recommendations with respect to continuation, extension, and modification of any of such programs. A report of the findings and recommendations of such committee shall be submitted to the Secretary not later than November 1, 1967, after which date such committee shall cease to exist. The Secretary shall submit such report, together with his comments and recommendations thereon, to the Congress on or before January 1, 1968.

"(c) Appointed members of the Council or the review committee who are not regular full-time employees of the United States shall, while attending conferences or meetings thereof, be entitled to receive compensation at a rate to be fixed by the Secretary but not exceeding \$75 per diem, including travel time, and while away from their homes or regular places of business they may be allowed travel expenses, including per diem in lieu of subsistence, as authorized by section 5 of the Administrative Expenses Act of 1946 (5 U.S.C. 73b-2) for persons in the Government service employed intermittently.

"NONINTERFERENCE WITH ADMINISTRATION OF INSTITUTIONS

"SEC. 842. Nothing contained in this title shall be construed as authorizing any department, agency, officer, or employee of the United States to exercise any direction, supervision, or control over, or impose any requirement or condition with respect to, the personnel, curricular, methods of instruction, or administration of any institution.

"DEFINITIONS

"SEC. 843. For purposes of this title—

"(a) The term 'State' means a State, the Commonwealth of Puerto Rico, the District of Columbia, the Canal Zone, Guam, American Samoa, or the Virgin Islands.

"(b) The term 'school of nursing' means a collegiate, associate degree, or diploma school of nursing.

"(c) The term 'collegiate school of nursing' means a department, division, or other administrative unit in a college or university which provides primarily or exclusively an accredited program of education in professional nursing and allied subjects leading to the degree of bachelor of arts, bachelor of science, bachelor of nursing, or to an equivalent degree, or to a graduate degree in nursing.

"(d) The term 'associate degree school of nursing' means a department, division, or other administrative unit in a junior college, community college, college, or university which provides primarily or exclusively an accredited two-year program of education in professional nursing and allied subjects leading to an associate degree in nursing or to an equivalent degree.

"(e) The term 'diploma school of nursing' means a school affiliated with a hospital or university, or an independent school, which provides primarily or exclusively an accredited program of education in professional nursing and allied subjects leading to a diploma or to equivalent indicia that such program has been satisfactorily completed.

"(f) The term 'accredited' when applied to any program of nurse education means a program accredited by a recognized body or bodies approved for such purpose by the Commissioner of Education, except that a program which is not, at the time of the application under this title by the school which provides or will provide such program, eligible for accreditation by such a recognized body or bodies, shall be deemed accredited for purposes of this title in the following cases if the Commissioner of Education finds, after consultation with the appropriate accreditation body or bodies, that there is reasonable assurance that the program will meet the accreditation standards of such body or bodies (1) in the case of an applicant under part A for a grant for a project for construction of a new school, prior to or upon completion of the facility with respect to which the application is filed; (2) in the case of a school applying for a grant under section 806, prior to or upon completion of the project with respect to which the application is filed; and (3) in the case of a school seeking an agreement under part B for establishment of a student loan fund, prior to the beginning of the academic year following the normal graduation date of students who are in their first year of instruction at such school during the fiscal year in which the agreement with such school is made under part B; except that the provisions of this clause (3) shall not apply for purposes of section 826.

"(g) The term 'nonprofit' as applied to any school, agency, organization, or institution means one which is a corporation or association, or is owned and operated by one or more corporations or associations, no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.

"(h) The term 'secondary school' means a school which provides secondary education, as determined under State law except that it does not include any education provided beyond grade 12.

"(i) The term 'construction' and 'cost of construction' include (1) the construction of new buildings, and the acquisition, expansion, remodeling, replacement, and alteration of existing buildings, including architects' fees, but not including the cost of acquisition of land (except in the case of acquisition of an existing building), off-site improvements, living quarters, or patient-care facilities, and (2) equipping new buildings and existing buildings, whether or not acquired, expanded, remodeled, or altered."

SEC. 3. (a) Effective with respect to appropriations for fiscal years beginning after June 30, 1964, section 720 of the Public Health Service Act is amended by striking out "nurses," wherever it appears therein.

(b) Effective with respect to applications for grants from appropriations for fiscal years beginning after June 30, 1964, subsections (b), (c), and (d) of section 721 of such Act are amended by striking out "nursing," wherever it appears therein, and section 631(e) of such Act is amended by striking out "nurses' home and training facilities" and inserting in lieu thereof "nurses' home facilities".

(c) Effective with respect to appointments to the National Advisory Council on Education for Health Professions made after enactment of this Act, section 725(a) of such Act is amended by striking out "nursing,".

(d) Effective July 1, 1964, section 728 of such Act is amended by striking out "nursing,".

SEC. 4. (a) Section 1 of the Public Health Service Act is amended to read as follows:

"SECTION 1. Titles I to VIII, inclusive, of this Act may be cited as the 'Public Health Service Act'."

(b) The Act of July 1, 1944 (58 Stat. 682), as amended, is further amended by renumbering title VIII (as in effect prior to the enactment of this Act) as title IX, and by renumbering sections 801 through 814 (as in effect prior to the enactment of this Act), and references thereto, as sections 901 through 914, respectively.

EXECUTIVE OFFICE OF THE PRESIDENT,
BUREAU OF THE BUDGET,
Washington, D.C., April 10, 1964.

HON. OREN HARRIS,
*Chairman, Committee on Interstate and Foreign Commerce,
House of Representatives,
Longworth House Office Building,
Washington, D.C.*

DEAR MR. CHAIRMAN: This is in reply to your request for the views of the Bureau of the Budget on H.R. 10042, a bill to amend the Public Health Service Act to increase the opportunities for training professional nursing personnel, and for other purposes.

As stated by the President in his health message, the growing complexity of medical science requires an increasing number of trained medical practitioners to meet the present acute shortage of manpower in this area. The enactment of the Health Professions Educational Assistance Act of 1963 was an important step in the Federal effort to encourage medical education. This effort requires further supplementation to increase the number of nurses required for modern medical care. Nursing school enrollments must be raised by 75 percent to train the professional nurses which we need. This bill incorporates those elements enumerated by the President which will not only increase the quantity of nurses trained but also increase the quality of that training.

Enactment of this legislation would be in accord with the program of the President.

Sincerely yours,

PHILLIP S. HUGHES,
Assistant Director for Legislative Reference.

U.S. CIVIL SERVICE COMMISSION,
Washington, D.C., April 7, 1964.

HON. OREN HARRIS,
*Chairman, Committee on Interstate and Foreign Commerce, House of Representatives,
Longworth House Office Building, Washington, D.C.*

DEAR MR. CHAIRMAN: This is in further reply to your request of February 27, 1964, for the views of the Civil Service Commission on H.R. 10042, a bill to amend the Public Health Service Act to increase the opportunities for training professional nursing personnel, and for other purposes.

Section 2 of the bill would add a new title VIII to the Public Health Service Act. Our comments are limited to the personnel provisions contained in section 841 of title VIII.

Section 841(a)(1) would establish a National Advisory Council on Nurse Training, consisting of the Surgeon General, the Commissioner of Education, and 16 members appointed by the Secretary of Health, Education, and Welfare. Subsection (b) would authorize the Secretary to appoint a committee to review and make subsequent recommendations on the programs authorized by this title. The 16 members of the Council and the members of the committee would be appointed without regard to civil service laws.

Subsection (c) provides that Council and committee members who are not regular and full-time employees of the Federal Government would receive compensation not exceeding \$75 per diem while attending conferences and meetings of the committee. They would also receive travel expenses, including per diem in lieu of subsistence customarily authorized for persons employed intermittently in the Government service. We have no objections to these provisions.

The Bureau of the Budget advises that from the standpoint of the administration's program there is no objection to the submission of this report.

By direction of the Commission:

Sincerely yours,

JOHN W. MACY, Jr., *Chairman.*

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,

March 13, 1964.

Hon. OREN HARRIS,

*Chairman, Committee on Interstate and Foreign Commerce,
House of Representatives, Washington, D.C.*

DEAR MR. CHAIRMAN: This letter is in response to your request of February 27, 1964, for a report on H.R. 10042, the proposed Nurse Training Act of 1964.

This bill embodies a legislative proposal submitted to the Congress by this Department on February 10 to carry out the purposes of improvement of nursing services proposed by President Kennedy and President Johnson in their health messages.

There are enclosed herewith for the committee's convenience a copy of our letter to the Speaker submitting the bill, a copy of a detailed section-by-section analysis of the bill, and a copy of the cost estimates that were enclosed with the letter to the Speaker.

For the reasons set forth in the Presidential messages referred to and in our letter to the Speaker, we urge enactment of this bill.

Sincerely,

ANTHONY J. CELEBREZZE, *Secretary.*

Enclosures.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,

Washington, February 10, 1964.

Hon. JOHN W. McCORMACK,

*Speaker of the House of Representatives,
Washington, D.C.*

DEAR MR. SPEAKER: I am enclosing for your consideration a draft of a bill to increase the number and improve the training of professional nurses and other nursing personnel, and to improve nursing service. This bill would carry out the purposes of improvement of nursing services proposed by President Kennedy in his three special health messages to the Congress and by President Johnson in his 1964 health message.

The proposed program is based on the recommendations of the Surgeon General's Consultant Group on Nursing who, in their report of February 1963, pointed out that our Nation faces a critical problem in insuring adequate nursing services in the years ahead. The Consultant Group pointed out that past and existing Federal programs have demonstrated "how effective Federal assistance can be in increasing the supply of nurses when the action is soundly conceived and boldly taken. What is required to meet our pressing needs for adequate nursing care is a broad and integrated attack on the many problems in the nursing field."

The proposed Nurse Training Act of 1964 would amend the Public Health Service Act by adding a new title VIII—"Nurse Training." This title would (1) authorize a new 4-year program of construction grants for teaching facilities to expand the training capacity of nursing schools; (2) provide financial assistance to students of nursing; (3) provide grants for area, State, interstate, and

regional planning for the development and improvement of nursing education and services; and (4) provide grants for developing new or improved methods of training and of recruiting students and for improving the utilization of nursing personnel.

PART A. GRANTS FOR EXPANSION AND IMPROVEMENT OF NURSE TRAINING

Construction grants

To help meet the urgent need for facilities to expand the Nation's capacity to train nurses, part A of the new title VIII would authorize a 4-year program of construction grants to accredited public or nonprofit private schools of nursing to assist in the construction of teaching facilities. This authorization would parallel the provisions of Public Law 88-129, the recently enacted Health Professions Educational Assistance Act of 1963.

Eligible for grants would be schools providing collegiate, diploma, or associate degree programs. Grants would aid construction of new schools, construction which would expand substantially the training capacity of an existing school, or replacement or rehabilitation of facilities which are so obsolete as to require the school to curtail substantially either its enrollment or the quality of training provided. In considering grant applications, the Surgeon General would take into account effectiveness in expanding and maintaining enrollment, and in promoting an equitable geographic distribution of opportunities for such training.

Funds for construction would be authorized on a matching basis beginning in fiscal year 1966. Grants for construction of collegiate schools would be limited by a ceiling of \$5 million the first year and \$10 million in each of the following 3 years. Collegiate schools of nursing would no longer be eligible for funds under the provisions of Public Law 88-129. Grants for construction of hospital and associate degree schools would be limited to \$15 million the first year, and \$20 million in each of the 3 succeeding years.

The Federal share of construction costs in the case of new schools or major expansion of existing schools could be up to 66% percent of necessary costs of construction. Other grants under this authorization could not exceed 50 percent of construction costs.

The sums of money proposed for construction would enable the schools to expand their annual admissions by the end of the 4-year period by an estimated 23,000 students.

Improvement in nurse training and services

A new program of project grants to public or nonprofit private agencies, organizations, and institutions would be authorized to develop new or improved methods of training nurses or recruiting persons to undergo such training. These grants would also be made to develop new or improved ways of providing better services with existing nursing personnel. Project grants could not exceed 5 years' duration. Project grants would be available for schools to strengthen, improve, or expand their programs. Accredited schools of nursing would be eligible, as would other schools if there were reasonable assurance that the program would meet accreditation standards upon completion of the project.

The authorization for project grants would be \$3.8 million for fiscal year 1965, increasing to \$15 million in fiscal year 1969.

Planning grants

Part A of the new title VIII would also authorize \$4.4 million for 2 years for matching grants to State, interstate, regional, or local area agencies to assist them in surveying their present and future needs for nurses and in planning for the development of educational facilities, personnel, and programs required to meet their needs. It is anticipated that these planning groups would play a major role in encouraging educational and service agencies and institutions to undertake appropriate action to increase school capacity and enrollment, improve educational programs and faculty, and improve the effectiveness of nursing service through the most efficient utilization of nursing personnel. These planning groups would also provide information to the Surgeon General on the relative merits of applications under this bill in achieving the goals of the area, State, or regional plans.

State, interstate, regional, or local area groups would be eligible to apply for these funds, and would be required to provide not less than 33 $\frac{1}{3}$ percent of the cost of the planning.

PART B. ASSISTANCE TO NURSING STUDENTS

Part B of the new title VIII would provide assistance to students in the several kinds of educational programs preparing nurses.

Traineeships for advanced training of professional nurses

The draft bill would provide for extension and improvement of the present traineeship program for professional nurses seeking preparation in teaching, supervision, and administration.

The report of the Surgeon General's Consultant Group on Nursing and the Professional Nurse Traineeship Evaluation Conference both recommended that enrollment in advanced programs in nursing be tripled by 1970. More vigorous effort is indicated along the lines which have already been found successful.

The bill authorizes the appropriation for fiscal year 1965 and for each of the 4 succeeding years of sums necessary for meeting the costs of these traineeships.

Undergraduate scholarships

The purpose of this provision is to stimulate nationwide interest among a greater number of highly qualified secondary school graduates in attending collegiate schools of nursing. It will also attract public attention to the urgency of this need. The draft bill proposes to do this by establishing nationwide competitive scholarships. These scholarships would be allocated among the States in proportion to the number of high school graduates. The draft bill provides for 1,000 scholarships (increased to the extent needed to provide a minimum allocation of 5 per State and to avoid State allocations of fractional scholarships) to be made available each year for entering students, and that students continue to receive scholarships until the completion of their educational program. It provides that the amount of an individual scholarship shall be based on need for financial assistance, with a maximum of \$1,000 a year. The cost of this provision is estimated at \$750,000 the first year, rising to \$3 million in the fourth year.

Loan funds

To remove the financial barrier to entering schools of nursing, this part of the draft bill includes a loan program patterned after that contained in Public Law 88-129. Loan funds would be established in schools of nursing wishing to participate in the program under agreement with the Secretary of Health, Education, and Welfare. The school would be required to provide \$1 for every \$9 of Federal contribution to the loan funds.

Loans would carry no interest while the student continues in nursing education and for 1 year after the completion of that education. A 10-year repayment period would be established. Interest would be 3 percent per annum or the going Federal rate, whichever rate is higher, computed only for the period during which the loan was repayable. Ten percent of the amount of the loan would be canceled for each complete year (up to a maximum of 6 years) of full-time employment as a professional nurse in any public or nonprofit private institution or agency.

The 60-percent forgivable loan is proposed because salaries for nurses are notably low, and because nurses come largely from low-income families. The profession is composed predominantly of women, many of whom expect early marriage and would not readily assume a debt which might impede such a marriage. Since a high proportion of nurses, however, continue to work after marriage, the forgiveness feature would help to keep them in nursing.

The draft bill would authorize \$3.1 million for Federal contributions to student loan funds during the first year of operation of the program, increasing to \$30.9 million in the fifth year.

PART C. ADVISORY COUNCIL, EXPERT REVIEW COMMITTEE AND MISCELLANEOUS PROVISIONS

Part C of the draft bill would establish a National Advisory Council on Nursing Education and an Expert Review Committee. It would also provide for noninterference with educational institutions.

The proposed Advisory Council would advise the Surgeon General of the Public Health Service in the preparation of general regulations, in the review of applications for construction grants in the review of applications for project grants, and in other policy matters arising in the administration of this title. The Council would consist of the Surgeon General of the Public Health Service, who would be Chairman, the Commissioner of Education, and 16 members appointed by the Secretary—4 from the general public and 12 from among leading

authorities in the fields of nursing, higher, and secondary education, and from representatives of institutions and organizations which provide nursing services.

The Expert Review Committee would evaluate the programs authorized by the draft bill and make recommendations to the Secretary by November 1, 1967, with respect to the continuation, extension, and modification of any such program. The Committee would consist of members of the public and of various groups interested or expert in matters related to the education of nurses.

This part provides that nothing contained in the proposed title of the Public Health Service Act shall be construed as authorizing any department, agency, officer, or employee of the United States to exercise any direction, supervision, or control over, or impose any requirement or condition with respect to the personnel, curriculum, methods of instruction, or administration of any institution.

In compliance with Public Law 801, 84th Congress, there is enclosed a statement of cost estimates and personnel requirements that would be entailed by enactment of this proposed legislation.

We would appreciate your referral of the enclosed draft bill to the appropriate committee for consideration.

We are advised by the Bureau of the Budget that enactment of the enclosed draft bill would be in accord with the program of the President.

Sincerely,

ANTHONY J. CELEBREZZE, *Secretary.*

Nurse Training Act of 1964, estimate of additional cost, 1965-69

[Dollars amounts in thousands]

Item	1965	1966	1967	1968	1969
Appropriation requirements:					
I. Construction grants for schools of nursing		\$20,000	\$30,000	\$30,000	\$30,000
II. Planning grants and technical assistance	\$2,200	2,200			
III. Project grants for improvement in nurse training and services	3,800	10,000	15,000	15,000	15,000
IV. Traineeships for advanced training of professional nurses	8,825	13,625	15,625	16,625	17,825
V. Scholarships for students of nursing	750	1,500	2,250	3,000	3,000
VI. Student loans	3,100	8,900	16,800	25,300	30,900
VII. Administration	610	1,080	980	980	980
Total	19,285	57,305	80,655	90,905	97,705
Expenditures:					
I. Construction grants for schools of nursing		2,000	7,000	19,000	28,000
II. Planning grants and technical assistance	1,000	2,200	1,200		
III. Project grants for improvement in nurse training and services	1,500	8,000	14,000	15,000	15,000
IV. Traineeships for advanced training of professional nurses	6,000	13,625	15,625	16,625	17,825
V. Scholarships for students of nursing		750	1,500	2,250	3,000
VI. Student loans	2,000	8,900	16,800	25,300	30,900
VII. Administration	500	1,000	950	950	950
Total	11,000	36,475	57,075	79,125	95,675
Man-years of employment	35	70	76	76	76

NURSE TRAINING ACT OF 1964

DETAILED ANALYSIS

SECTION 1

This section provides that the act may be cited as the Nurse Training Act of 1964.

SECTION 2

This section adds a new title VIII, "Nurse Training," to the Public Health Service Act.

Grants for expansion and improvement of nurse training (pt. A)

Authorization of appropriations for construction grants (sec. 801)

Subsection (a) of section 801 authorizes appropriations of the following amounts for grants for construction, replacement, or rehabilitation of facilities for the following types of nursing schools:

(1) For collegiate schools of nursing, \$5 million for fiscal year 1966 and \$10 million each for fiscal years 1967 through 1969; and

(2) For associate degree and diploma schools of nursing, \$15 million for fiscal year 1966 and \$20 million each for fiscal years 1967 through 1969.

For fiscal years 1967 through 1969, appropriations would also be authorized for grants specified in clause (1) or (2) in the amount by which the sums authorized to be appropriated under that clause exceed the aggregate of the appropriations thereunder for those years. Sums appropriated pursuant to clause (1) or (2) for a fiscal year would remain available for grants specified in that clause until the close of the next fiscal year (subsec. (b)).

Approval of applications for construction grants (sec. 802)

Subsection (a) of section 802 provides that applications for construction grants must be submitted to the Surgeon General before July 1, 1968.

Subsection (b) sets forth the requirements which the Surgeon General must find to have been met before he can approve an application for a construction grant.

Paragraph (1) of subsection (b) provides that the applicant must be a public or nonprofit private school of nursing providing an accredited program of nursing education.

Paragraph (2) of this subsection provides that the application must contain reasonable assurances that for not less than 10 years the facility will be used for the purposes for which constructed and will not be used for sectarian instruction or as a place for religious worship; that sufficient funds will be available to pay the non-Federal share of the cost of construction; and that sufficient funds will be available for operation of the facility after construction.

Paragraph (3) of this subsection requires that funds granted for construction of a new facility must be utilized for construction of a new school of nursing or to expand substantially the training capacity of an existing school of nursing. In the case of grants to replace or rehabilitate facilities, such replacement or rehabilitation must be necessary in order to prevent a substantial curtailment of enrollment or quality of training otherwise available.

Paragraph (4) of this subsection provides that the construction must meet minimum standards prescribed under this part, and paragraph (5) requires that prevailing rates of wages, as determined in accordance with the Davis-Bacon Act, must be paid laborers or mechanics employed on such construction.

The Surgeon General is required to obtain the advice of the National Advisory Council on Nurse Training (established pursuant to sec. 841) before finally approving or disapproving any application.

Subsection (c) of this section specifies matters which must be taken into account by the Surgeon General in determining which of the applications filed with him will be approved, and the priorities to be followed by him in granting such approval.

Paragraph (1) of this subsection provides that in case of projects for new schools or for expansion of existing schools the Surgeon General shall give consideration to the relative effectiveness of the proposed facilities in providing such expansion and the relative effectiveness of such facilities in promoting an equitable geographical distribution of opportunities for such training. If the application is for replacement or rehabilitation of existing facilities, subparagraph (B) of this paragraph requires that the Surgeon General take into account the relative need for such replacement in order to prevent curtailment of the school's enrollment, or deterioration of quality of training provided, and the relative size of such curtailment and its effect upon the geographical distribution of opportunities for such training.

In making the determinations referred to under this paragraph, the Surgeon General is required to give due consideration to population, relative unavailability of nurses of the kind to be trained by the school, and available resources in various areas of the Nation for training such nurses.

Paragraph (2) of this subsection (c) provides that where there is a State or local area planning agency, or where the State participates in a regional or other interstate planning agency, the Surgeon General shall consider the relationship of applications for construction to the program being developed by such agency, taking into account any comments on the application submitted by the State, local area, regional, or other interstate planning agency.

Amount of construction grant; payments (sec. 803)

Section 722 covers the amount of each Federal grant, and the manner of its payment, and provides for offsets against such grant for other Federal programs with respect to the same facilities.

Subsection (a) of this section provides that, in general, grants may not exceed 50 percent of the necessary cost of construction. Where the grant is for a new school or for new facilities at an existing school which will provide a major expansion of training capacity, the amount of the grant may not exceed 66 $\frac{2}{3}$ percent of the necessary cost of construction.

Subsection (b) of this section provides that where an application has been approved, the Surgeon General shall reserve from appropriations the amounts of grants to be made, and may pay the amounts so reserved in advance, or by way of reimbursement, in such manner as he may determine.

Subsection (c) of this section provides that in determining the amount of any construction grant, the Surgeon General shall exclude from the amounts otherwise payable with respect to a project an amount equal to the sum of (1) any other Federal grant which the applicant will receive, or has received, with respect to the same construction, and (2) the amount of any non-Federal funds required to be spent or to be available as a condition of such other Federal grant.

Recapture of payments (sec. 804)

This section provides for recovery by the United States of its proportionate share of the current value of any facility constructed or rehabilitated with the aid of funds under this part A if, within 10 years after construction or rehabilitation is completed, the school ceases to be a public or nonprofit private school, or ceases (without being released from this requirement upon a determination of good cause by the Surgeon General) to be used for the teaching purposes for which it was constructed, or if the facility is used for sectarian instruction or as a place for religious worship.

Planning grants and technical assistance (sec. 805)

Subsection (a) of section 805 authorizes the appropriation of \$4,400,000 to enable the Surgeon General to make grants during fiscal years 1965 and 1966 to State, interstate, regional, or local area agencies, to pay not more than 66 $\frac{2}{3}$ percent of the cost of planning new, expanded, or improved programs of nurse training, including the cost of surveying their needs for construction of facilities and of developing programs for construction of needed facilities.

Subsection (b) authorizes the Surgeon General to provide technical assistance and consultative services to State, interstate, regional, or local area planning agencies to further the planning of programs by such agencies for relieving shortages of nurses or nurse training capacity through constructing teaching facilities, providing adequate financial support for schools, or otherwise.

Improvement in nurse training and services (sec. 806)

Subsection (a) of section 806 authorizes appropriations for grants to public or nonprofit private agencies for (1) projects to develop improved methods of training nurses or of recruiting students of nursing, or improve the utilization of nurses, and (2) projects to enable schools of nursing to strengthen or expand their programs of nurse training. The sums authorized to be appropriated for these projects are \$3,800,000 for fiscal year 1965, \$10 million for fiscal year 1966, \$15 million each for fiscal years 1967 through 1969, and such sums for each of the next 4 fiscal years as may be necessary to complete projects for which a grant was made from funds appropriated for fiscal years 1965 through 1969.

Subsection (b) sets forth the factors which the Surgeon General must consider in determining whether to approve applications for projects to enable schools of nursing to strengthen or expand their programs of nurse training, the order in which to approve these applications, and the amount of the grants therefor. He must consider the extent to which the project will contribute to general improvement of the quality of training of nurses of the kind involved and aid in attaining a wider geographical distribution of high quality schools of the type involved, and the relative need in the area in which the school is situated and surrounding areas for nurses of the type trained in the school.

Subsection (c) prohibits the making of a grant under this section for any project for any period after grants have been made with respect to the project for 5 fiscal years.

*Assistance to nursing students (pt. B)**Traineeships for advanced training of professional nurses (sec. 821)*

Subsection (a) of section 821 authorizes appropriations, for fiscal years 1965 through 1969, of sums as may be necessary to pay the cost of traineeships to train professional nurses to teach, to serve in administrative or supervisory capacities, or to serve in other professional nursing specialties determined by the Surgeon General to require advanced training.

Subsection (b) provides that the Surgeon General shall award these traineeships through grants to the public or nonprofit private institutions which provide the training.

Under subsection (c), payments to institutions for traineeships awarded under the section may be made in advance or by way of reimbursement, and at such conditions as the Surgeon General finds necessary. These payments may not exceed such amounts as he finds necessary to cover the cost of tuition and fees, and a stipend and allowances (including travel and subsistence expenses) for the trainees.

Undergraduate scholarships for students of nursing (sec. 822)

Subsection (a) of section 822 authorizes appropriations, for fiscal years 1965 through 1969, of such sums as may be necessary to permit the Secretary of Health, Education, and Welfare to award scholarships to highly qualified secondary school graduates who are in need of the amount of the scholarship to undertake full-time training in public or other nonprofit collegiate schools of nursing of their choice.

Subsection (b) provides for allotting among the States the scholarships to be awarded under subsection (a). During each fiscal year each State will be allotted a number of scholarships which bears the same relation to 1,000 as the number of secondary school graduates in that State for that year bears to the number of secondary school graduates in all the States for that year. If, however, the number so allotted to any State is less than 5 it must be raised to five; and if the number allotted to any State is not a whole number it must be raised to the next higher whole number.

Subsection (c) provides that these scholarships may be awarded for a period not in excess of the time required by the recipient to complete his basic course of study. The amount of any scholarship for any academic year may not exceed \$1,000 and must be based on the recipient's need for financial assistance.

Subsection (d) provides that the selection of scholarship recipients must be made according to their relative ability to complete successfully a program of nurse training in a collegiate school of nursing, as determined on the basis of nationwide objective tests. The Secretary of Health, Education, and Welfare is authorized to enter into contracts with recognized college examining agencies for the conduct of these tests, and for the obtaining of information concerning the financial need of applicants.

Loan agreements (sec. 823)

Subsection (a) of section 823 authorizes the Secretary of Health, Education, and Welfare to enter into an agreement for the establishment of a student loan fund with any public or nonprofit private school of nursing.

Subsection (b) of this section sets forth the provisions which a loan agreement entered into under this section must contain. Each loan agreement must—

(1) Provide for the establishment of a student loan fund by the school, and for deposit in the fund of (a) the Federal capital contribution, (b) an amount from other sources equal to not less than one-ninth of the Federal capital contribution, (c) collections of principal and interest on loans made from the fund, and (d) any other earnings of the fund;

(2) Provide that the fund shall be used only for loans to students and for the costs of collection of the loans;

(3) Provide that loans from the fund may be made only to full-time students, and that while the agreement remains in effect no student who has attended the school prior to July 1, 1969, shall receive a loan from a loan fund established under section 204 of the National Defense Education Act of 1958; and

(4) Contains such other provisions as are necessary to protect the financial interests of the United States.

Loan provisions (sec. 824)

Subsection (a) of section 824 limits the amount of loans which may be made for any academic year to \$1,000 in the case of a student in a collegiate school of

nursing, or \$500 in the case of any other student, and it directs schools to give a preference in the granting of loans to students entering as first-year students after the enactment of this title.

Subsection (b) provides that loans shall be made on such terms and conditions as the school may determine and subject to such conditions, limitations, and requirements as the Secretary of Health, Education, and Welfare may prescribe by regulation or in the agreement with the school with a view to preventing impairment of the capital of the fund to the maximum extent practicable in the light of the objective of enabling students to complete their courses of study. However, each loan made from a student loan fund must meet the requirements listed hereunder:

(1) A loan may be made only to a student who is in need of the amount of the loan to pursue a full-time course of study at the school and who is capable, in the opinion of the school, of maintaining good standing in the course of study.

(2) The loan must be repayable in periodic installments (with the right of the borrower to accelerate repayment) over the 10-year period which begins 1 year after the student ceases to pursue a full-time course of study at a school of nursing, except that interest shall not accrue and periodic installments need not be paid during any period during which the borrower is pursuing a full-time course of study at a collegiate school of nursing, and any such period shall not be included in determining the 10-year period.

(3) Up to 60 percent of a loan (plus interest) must be canceled for full-time employment as a professional nurse (including service as teacher, administrator, supervisor, or consultant in any of the fields of nursing) in any public or non-profit private institution or agency, at the rate of 10 percent of the amount of the loan plus interest thereon, which was unpaid on the first day of such service, for each complete year of such service.

(4) All liability to repay the loan shall be canceled if the borrower dies or becomes permanently and totally disabled.

(5) The loan must bear interest on the unpaid balance of the loan—but only for periods during which the loan is repayable—at whichever of the following two rates is higher: 3 percent per year, or the "going Federal rate" which is to be determined annually by the Secretary of the Treasury on the basis of market prices of long-term Federal obligations.

(6) The loan must be made without security or endorsement except when the borrower is a minor and his note would not create a binding obligation.

(7) The note may not be transferred or assigned by the school making the loan except that, if the borrower transfers to another school participating in the program under this part, his note may be transferred to that other school.

Subsection (c) provides that where all or any part of a loan is canceled under this section, the Secretary of Health, Education, and Welfare shall pay to the school an amount equal to the school's proportionate share of the canceled portion.

Subsection (d) provides that loans by a school shall be made in such installments as may be determined by the Secretary, and that any or all future installments of a student's loan, as may be appropriate, shall be withheld if he fails to maintain satisfactory standing in the school.

Subsection (e) requires that each agreement under this part contain provisions designed to make loans from the student loan funds established thereunder reasonably available (to the extent of the available funds in such fund) to all eligible students in the school in need thereof.

Authorization of appropriations for loans (sec. 825)

Section 825 authorizes appropriations for Federal capital contributions to student loan funds, of \$3,100,000 for fiscal year 1965, \$8,900,000 for fiscal year 1966, \$16,800,000 for fiscal year 1967, \$25,300,000 for fiscal year 1968, \$30,900,000 for fiscal year 1969, and such sums for fiscal years 1970 through 1972 as may be necessary to enable students who have received a loan for any academic year ending before July 1, 1969, to continue or complete their education. Sums appropriated for any fiscal year shall be available, in accordance with agreements under this part, for Federal capital contributions to schools for the establishment and maintenance of student loan funds.

Allotments and payments of Federal capital contributions (sec. 826)

Subsection (a) of section 826 provides for allotment among the States of the sums appropriated pursuant to section 825. Fifty percent of the sums appropriated in any fiscal year would be allotted on the basis of the number of

students who graduated from secondary schools in each State during the preceding fiscal year, and the remaining 50 percent would be allocated on the basis of the number of students who will be enrolled full time in public or nonprofit private schools of nursing in each State. Subsection (a) also provides that for purposes of allotments under this section, a school of nursing (as defined in sec. 842) also includes any school with which the Secretary has entered into an agreement under this part prior to the time the allotment is made.

Subsection (b) provides that the Secretary shall from time to time set dates by which schools of nursing with which he has in effect agreements under this part must file applications for Federal capital contributions to their loan funds.

If the total of the amounts requested for any fiscal year in applications made by schools in a State exceeds the amount of the allotment of that State for that fiscal year, the amount to be paid to the loan fund of each school shall be reduced to whichever of the following is the smaller: (a) the amount requested in its application or (b) an amount which bears the same ratio to the amount of the allotment of that State as the number of students who will be enrolled full time in such school during that fiscal year bears to the total number of such students in that State during that year. If the total of the amounts requested for any fiscal year in applications made by schools in a State is less than the amount of the allotment of that State for that fiscal year, the Secretary may reallocate the remaining amount to other States in proportion to the original allotments to such States under subsection (a) for that year. For the purposes of this section, the number of students who graduated from secondary schools in each State during a fiscal year and the number of students who will be enrolled full time in schools of nursing in each State shall be estimated by the Secretary of Health, Education, and Welfare on the basis of the best information available to him; and in making such estimates, the number of students enrolled full time in any collegiate school of nursing shall be deemed to be twice their actual number.

Subsection (c) provides that the Federal capital contributions to a loan fund of a school under this part shall be paid to it from time to time in such installments as the Secretary determines will not result in unnecessary accumulations in the loan fund at such school.

Distribution of assets from loan funds (sec. 827)

This section provides for the time and manner of distributing the moneys in the student loan fund. Under its provisions, within 3 months after the end of the period during which loans may be made, the money in the fund at the end of such period will be distributed between the Commissioner and the institution in the same ratio as the ratio between the Federal capital contributions to the fund and the institution's capital contributions. Thereafter, quarterly disbursements will be made from the money then accumulated in the fund from repayments in the same shares as in the first distribution.

Loans to schools (sec. 828)

Subsection (a) of section 828 provides that the Secretary may make a loan to any school with which he has made an agreement under this part for the purpose of helping to finance the school's capital contribution to its student loan fund. These loans may be made only if the school shows it is unable to secure such funds upon reasonable terms and conditions from non-Federal sources. Loans made under this section shall bear interest at a rate sufficient to cover (1) the cost of the funds to the Treasury, (2) the cost of administering this section, and (3) probable losses.

Section (b) authorizes the appropriation of such sums as may be necessary to carry out this section.

Subsection (c) provides that loans by the Secretary under this section shall mature within such period as the Secretary determines to be appropriate in each case, but not exceeding 15 years.

Administrative provisions (sec. 829)

Section 829 provides that the Secretary may agree to modifications of agreements or loans made under this part, and may compromise, waive, or release any right, title, claim, or demand of the United States arising or acquired under this part.

General (pt. C)

National Advisory Council on Nurse Training; Review Committee (sec. 841)

Subsection (a) of section 841 establishes a National Advisory Council on Nurse Training, consisting of 18 members including the Surgeon General and the Com-

missioner of Education). Of the 16 appointed members, 4 shall be selected from the general public, and 12 from among leading authorities in the various fields of nursing, higher and secondary education, and from representatives of hospitals and other institutions and organizations which provide nursing services.

The Council will advise the Surgeon General in the preparation of general regulations and with respect to policy matters arising in the administration of this title, and in the review of applications for construction projects under part A and of applications under section 806.

Subsection (b) directs the Secretary of Health, Education, and Welfare, prior to July 1, 1967, to appoint a Committee consisting of members of the public, of various groups particularly interested in or expert in matters relating to education of various types of nurses, for the purpose of reviewing the program authorized by this title and making recommendations with respect to continuation, extension, and modification of any of such programs. A report of the findings and recommendations of this Committee will be submitted to the Secretary not later than November 1, 1967, after which date the Committee shall cease to exist. The Secretary will submit the Committee's report, together with his comments and recommendations thereon, to the Congress on or before January 1, 1968.

Appointed members of the Council or the Review Committee would, under subsection (c), be paid up to \$75 per day plus travel and subsistence expenses while attending conferences or meetings of the Council or Committee.

Noninterference with administration of institutions (sec. 842)

Section 842 forbids any department, agency, officer, or employee of the United States to exercise any direction, supervision, or control over, or to impose any requirement or condition with respect to, the personnel, curriculum, methods of instruction, or administration of any institution.

Definitions (sec. 843)

State: Subsection (a) of section 843 defines State to include Puerto Rico, the District of Columbia, the Canal Zone, Guam, American Samoa, and the Virgin Islands.

School of nursing: Subsection (b) defines school of nursing to include a collegiate, associate degree, or diploma school of nursing.

Collegiate school of nursing: Subsection (c) defines collegiate school of nursing to include a department, division, or other administrative unit in a college or university which provides primarily or exclusively an accredited program of education in professional nursing and allied subjects leading to the degree of bachelor of arts, bachelor of science, bachelor of nursing, or to an equivalent degree, or to a graduate degree in nursing.

Associate degree school of nursing: Subsection (d) defines an associate degree school or nursing to include a department, division, or other administrative unit in a junior college, community college, college, or university which provides primarily or exclusively an accredited 2-year program of education in professional nursing and allied subjects leading to an associate degree in nursing or to an equivalent degree.

Diploma school of nursing: Subsection (e) defines a diploma school of nursing to include a school affiliated with a hospital or university, or an independent school, which provides primarily or exclusively an accredited program of education in professional nursing and allied subjects leading to a diploma or to equivalent indicia that such program has been satisfactorily completed.

Accredited: Subsection (f) defines this term, when applied to any program of nurse education, to mean a program accredited by a recognized body or bodies approved for such purpose by the Commissioner of Education. The term includes a program which is not, at the time of the application under this title by the school which provides or will provide such program, eligible for accreditation by such a recognized body or bodies, if the Commissioner of Education finds, after consultation with the appropriate accreditation body or bodies, that there is reasonable assurance that the program will meet the accreditation standards of such body or bodies (1) in the case of an applicant under part A for a grant for a project for construction of a new school prior to or upon completion of the facility with respect to which the application is filed; (2) in the case of a school applying for a grant under section 806, prior to or upon completion of the project with respect to which the application is filed; and (3) in the case of a school seeking an agreement under part B for establishment of a student loan fund, prior to the beginning of the academic year following the normal grad-

uation date of students who are in their first year of instruction at such school during the fiscal year in which the agreement with such school is made under part B; except that the provisions of this clause (3) shall not apply for purposes of section 826.

Nonprofit: Subsection (g) defines nonprofit, as applied to any school, agency, organization, or institution, to mean one which is a corporation or association, or is owned and operated by one or more corporations or associations, no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.

Secondary school: Subsection (h) defines secondary school to mean a school which provides secondary education, as determined under State law except that it does not include any education provided beyond grade 12.

Construction and cost of construction: Subsection (i) defines construction and cost of construction to include (1) the construction of new buildings, and the acquisition, expansion, remodeling, replacement, and alteration of existing buildings, including architects' fees, but not including the cost of acquisition of land (except in the case of acquisition of an existing building), offsite improvements, living quarters, or patient-care facilities, and (2) equipping new buildings and existing buildings, whether or not acquired, expanded, remodeled, or altered.

SECTION 3

This section removes from title VII, part B, of the Public Health Service Act the authority granted there to make grants for the construction of teaching facilities for nurses.

SECTION 4

This section makes technical or conforming changes in the Public Health Service Act to take account of the amendments made by the bill.

VETERANS' ADMINISTRATION,
OFFICE OF THE ADMINISTRATOR OF VETERANS' AFFAIRS,
Washington, D.C., April 7, 1964.

HON. OREN HARRIS,
*Chairman, Committee on Interstate and Foreign Commerce,
House of Representatives, Washington, D.C.*

DEAR MR. CHAIRMAN: The following comments are submitted in response to your request for a report by the Veterans' Administration on H.R. 10042, 88th Congress.

The general purpose of the bill is to implement that part of the President's health message to Congress of February 10, 1964, recommending various legislative measures to provide a stronger nursing profession. Briefly, the bill would amend the Public Health Service Act to provide grants to build and expand schools of nursing; to help the schools perfect new teaching methods; to provide for a national competitive scholarship program and a Federal loan program to assist nursing students; to provide a professional nurse traineeship program to increase the number of nurses trained for key supervisory and teaching positions; and to establish a National Advisory Council on Nurse Training to advise the Surgeon General in the preparation of general regulations and with respect to policy matters arising in the administration of the program, and in the review of applications for construction projects under the bill.

This program would be administered by the Department of Health, Education, and Welfare and would appear to impose no additional administrative responsibilities on the Veterans' Administration. Therefore, we will not make detailed comments on each of the separate provisions of the bill.

The Veterans' Administration has an extensive hospital and medical program to provide care for sick and disabled veterans. In carrying out this program we employ a large number of skilled nurses. Any reasonable steps, therefore, to improve the quality of nursing education and the total number of practicing professional nurses in the Nation is of interest to us.

As noted by the President, there is an increasing shortage of professional nurses throughout the country, which presents a serious problem to the Nation as a whole. The shortage of trained nurses has been felt by the Veterans' Administration, and this complicates our efforts to provide the best possible hospital and medical care for the veteran population we serve.

We, therefore, are vitally interested in increasing the number of available professional nurses, and we recommend favorable action on this bill.

We are advised by the Bureau of the Budget that there is no objection to the presentation of this report from the standpoint of the administration's program.

Sincerely,

J. S. GLEASON, Jr. Administrator.

Mr. ROGERS of Florida. We are pleased to have as our first witness Mr. Jones, who is special assistant to the Secretary of HEW, accompanied by Dr. Luther L. Terry, Surgeon General, of the Public Health Service.

We are delighted to have you present testimony today, and apologize for the late start of the committee.

STATEMENT OF BOISFEUILLET JONES, SPECIAL ASSISTANT TO THE SECRETARY, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE; ACCOMPANIED BY DR. LUTHER L. TERRY, SURGEON GENERAL, PUBLIC HEALTH SERVICE; MISS JESSIE M. SCOTT, CHIEF, DIVISION OF NURSING, PUBLIC HEALTH SERVICE; AND MRS. LUCILE PETRY LEONE, CHIEF NURSE OFFICER, PUBLIC HEALTH SERVICE

Mr. JONES. Thank you, Mr. Chairman. Dr. Terry and I have with us Miss Jessie M. Scott, who is Chief of the Division of Nursing of the Public Health Service, and Mrs. Lucile Petry Leone, Chief Nurse Officer of the Public Health Service, who are here to respond to questions.

Mr. ROGERS of Florida. We are glad to have them here.

Mr. JONES. Mr. Chairman and members of the committee, I welcome the opportunity to appear before this committee in support of H.R. 10042, the Nurse Training Act of 1964, which was introduced by the chairman of the House Interstate and Foreign Commerce Committee and which would carry out the recommendations of President Johnson in his health message. I speak for Secretary Celebrezze and the administration in urging favorable consideration of these proposals.

The legislative proposals contained in H.R. 10042 are the outgrowth of a comprehensive study of nursing needs in the United States which was conducted by the Surgeon General's Consultant Group on Nursing, under the chairmanship of Dr. Alvin C. Eurich, vice president of the Fund for Advancement of Education, Ford Foundation.

The urgency and significance of the needs in nursing were clearly summarized by the consultant group:

A severe shortage of nurses exists in the United States today. It is both quantitative and qualitative. Quantitatively, the shortage makes it impossible to supply hospitals and other health facilities and organizations with sufficient numbers of adequately prepared nurses. Qualitatively, it impairs the effectiveness of nursing care.

The Congress has previously authorized a very successful first step toward meeting some of these needs by enactment, in 1956, of a program of traineeships for advanced training in nursing. This program, which was extended in 1959 for an additional 5 years, expires June 30 of this year.

The Congress also took note of the need for increased numbers of nurses in the enactment of the Health Professions Educational Assist-

ance Act of 1963 by including collegiate schools of nursing among the health professional schools which would be eligible to receive grants for the construction of teaching facilities.

The legislative proposal before you today is the logical next step in strengthening and coordinating those actions with a major new nationwide effort to alleviate critical shortages of nurses required for the health care of all citizens.

Registered nurses receive their education and training in three kinds of schools. The oldest, and best known, is the hospital diploma school, usually a 3-year program. The newest type is the associate degree program, which is a 2-year junior college course. The third type is the college course, usually requiring 4 years, leading to a baccalaureate degree.

There are 1,128 schools of professional nursing in the United States and Puerto Rico offering 1,136 programs of nurse training of which 874 are diploma programs, 84 associate degree programs, and 178 baccalaureate degree programs.

In 1962, 31,186 professional nurses graduated from the three kinds of programs, 25,727 from diploma programs, 1,159 from associate degree programs, and 4,300 from baccalaureate programs.

There are now 550,000 professional nurses in practice. The consultant group concluded that to provide a satisfactory level of nursing services, 850,000 nurses would be needed by 1970. In view of the potential number of enrollees, however, as well as the potential school capacities, and the need to upgrade the quality of nursing education, the group agreed that a feasible goal would be 680,000 nurses by 1970. Even this goal can be reached only by a very large effort. It will require schools of nursing to produce 53,000 graduates a year by 1969—a 70-percent increase over the present 31,000 graduates in 1962. This would include 15,000 more graduates of diploma programs, 4,000 more graduates of junior college programs, and 4,000 more graduates of collegiate programs.

As difficult as this goal seems, the consultant group emphasized that numbers alone are not enough. The practice of nursing is changing markedly. The rapid advances in medical care have called for corresponding advances in nursing. Physicians are delegating increased responsibilities to nurses. The sharp increases in numbers of auxiliary workers require that the nurse have greater skills in teaching and supervision. Thus within the total goal, the number of nurses with baccalaureate and graduate degrees should be doubled.

The shortage of nurses in hospitals is apparent to anyone who has had a recent experience with hospitalization. Twenty percent of the positions for professional nurses in hospitals in the United States are now vacant. This condition is not concentrated in the rural areas or in the less wealthy regions of the country. In New York City, for example, over half the positions for nurses in public hospitals were unfilled in 1961. In all hospitals in Los Angeles, private as well as public, 25 to 30 percent of the positions for professional staff nurses were reported as unfilled.

Hospitals are not the only places where nurses are needed. The number of nursing homes for patients with long-term illnesses and for the aging who are incapacitated is steadily increasing. About 10,000 of these homes are supposed to be providing skilled nursing care for their 350,000 patients. Yet, 1 out of 10 of these institutions has

no full-time professional or practical nurse. Another 13,000 facilities offer "personal care" or "residential care," but of these 7 in 8 have no nursing staff. If enough nurses were available to provide nursing service—rather than custodial care—deterioration of many patients in these institutions could be prevented.

Another area of great need is for expanded programs of home care for the chronically ill and aged. But there are not enough nurses to give home care to such patients. Nearly one-third of the Nation's cities of 25,000 population and over have no programs of nursing care of the sick at home and many of the others have programs which are grossly understaffed.

The 1,200 faculty vacancies in the professional nursing schools are a cause of special concern, since each one of these means the loss of students who cannot be trained without teachers.

Today we have neither enough school capacity nor enough recruits to meet the critical shortage of nurses. We must provide new teaching space, better teaching methods and programs, aggressive recruitment to the nursing profession, and financial assistance to students.

To accommodate the expansion of enrollment which is contemplated, many schools would have to be enlarged by new construction; others would require major rehabilitation. Schools offering programs leading to the baccalaureate degree would have to be expanded or increased to the equivalent capacity of 30 new schools.

Nursing is not now attracting enough of our talented young people. Between 1955 and 1960, the number of girls entering colleges and universities in this country increased by 50 percent. During the same period, admissions to schools of nursing rose by only 6 percent, despite vigorous recruitment efforts by many national professional organizations.

Considering the technical and scientific competence required of the modern nurse, more of the entrants to this profession must come from the college-bound young students. However, this same group is also the best source for recruits to education, science, and other fields in which the Federal Government and others provide an attractive array of loans, grants, and scholarships to students to help finance their education. This is formidable competition for nursing, for which scholarship and loan funds are very limited.

There remains the further fact that the earnings of nurses, when they do graduate, compare unfavorably with those in other careers requiring equivalent capabilities and education. Salaries for nurses are lower, on the average, than for schoolteachers. Salaries of hospital staff nurses are lower, on the average, than those of secretaries.

It is urgent that we find new ways of reaching greater numbers of talented candidates, of demonstrating to them the great satisfactions of a nursing career, and making it financially possible for them to undertake the necessary training at all levels of study.

H.R. 10042 proposes a broad and coordinated attack on these problems of both quantity and quality in the nursing field.

I shall review briefly the provisions of the bill.

AID FOR CONSTRUCTION OF SCHOOLS OF NURSING

A grant program is proposed for the construction of new schools of nursing, for the major expansion of existing schools, and for the

replacement or rehabilitation of existing teaching facilities in the three types of programs of basic professional nursing education—collegiate, associate degree, and diploma. The goal of 53,000 graduates annually by 1970 cannot be reached without a balanced program of expansion of the three types of nursing schools.

The amount authorized for construction grants is \$110 million over a 4-year period beginning with fiscal year 1966. Thirty-five million dollars of this total would be available for collegiate schools, of which \$5 million is authorized for fiscal year 1966, and \$10 million for each of the next 3 years. The remaining \$75 million of the total would be available for associate degree and diploma schools, of which \$15 million is authorized for fiscal year 1966 and \$20 million for each of the next 3 years. Since the major purpose of these grants is the expansion of enrollment capacity, the Federal share of any grant could be up to 66 $\frac{2}{3}$ percent of necessary cost for construction of new schools or major expansion of existing schools, but not more than 50 percent of cost of other types of construction. In considering applications for grants, the Surgeon General and the Advisory Council would take into account the relative effectiveness of the proposed facilities in expanding the capacity for training of first-year students and in promoting geographical distribution of opportunities for such training.

Enactment of this proposal for construction assistance would make it unnecessary to continue the eligibility of collegiate schools of nursing for construction assistance under the recently enacted Health Professions Educational Assistance Act (Public Law 88-129). The bill provides, therefore, that schools of nursing would no longer be eligible for grants from appropriations under that legislation for fiscal years beginning after June 30, 1964.

PLANNING GRANTS

The bill proposes funds for planning grants to encourage comprehensive local, State, and regional surveys and assessments of nursing supply and requirements which are necessary for the development of adequate and appropriate nursing programs. It is anticipated that these planning grants would play a major role in encouraging educational and service agencies and institutions to undertake appropriate action to increase school capacity and enrollment, improve educational programs and faculty, and improve the effectiveness of nursing service through the most efficient utilization of nursing personnel.

The amount authorized in the bill for planning grants is \$4.4 million over a 2-year period beginning July 1, 1964. Grant funds could be used to pay up to 66 $\frac{2}{3}$ percent of the cost of a planning project.

GRANTS FOR IMPROVEMENT IN NURSE TRAINING AND SERVICE

Project grants are proposed in the bill to enable public and other nonprofit agencies, organizations, and institutions to undertake demonstrations and studies to improve the quality of nurse training and nursing service. Grants would also be available for the development of new and improved methods of training nurses, for strengthening and expanding of educational programs, for developing vigorous and coordinated nurse recruitment methods, and for improvement in utilization of nursing personnel.

In all programs of nursing education—diploma, junior college, collegiate—quality is needed to provide the high level of training demanded of the professional nurse, and increasingly larger numbers of nurses must be trained. The project grants authorized in the bill would encourage schools to experiment with new and better ways of preparing students and in the development of better teaching methods, thereby strengthening, improving, and expanding their programs.

An immediate and direct means of improving nursing service to patients is the better use of existing nursing personnel. Hospitals and health agencies need to experiment with staffing and organization and to institute new administrative practices and procedures if they are to improve the utilization of present personnel resources.

Recruitment efforts of the profession and voluntary and community groups need stimulation, coordination, and financial support if they are to attract more young persons into schools of nursing. Admission rates have dropped from 40 admissions per 1,000 17-year-old girls in 1956 to 36 admissions in 1962. The downward trend must be sharply reversed.

The appropriation authorization for these grants would total \$58.8 million over a 5-year period. Of this amount, \$3.8 million would be available for fiscal year 1965; \$10 million for 1966; \$15 million for 1967; \$15 million for 1968; and \$15 million for 1969. In addition, for each of the next 4 years, such sums would be authorized as would be necessary to complete projects for which a grant had been made in previous years.

Under this program, no grant could be made for more than a 5-year period.

TRAINEESHIPS FOR ADVANCED TRAINING

The bill proposes a 5-year extension of the traineeship program currently authorized in section 307 of the Public Health Service Act for advanced training of professional nurses for teaching, supervision, and administration, and also proposes that the program be strengthened by authorizing traineeships to be awarded for advanced training in other nursing specialties in addition to those of teaching, supervision and administration. Extension of this authorization at an early date is urgently needed in order to avoid any disruption in the program for the coming academic year.

The 1963 Evaluation Conference found that the program had been effective in increasing the numbers of prepared leadership personnel, but indicated that more were needed to meet increasing demands placed on nursing services because of expanding population and advances in medical care.

An urgent situation has also developed in connection with the need for graduate nurses expert in the fields of clinical nursing practice. The rapid advances in medical practice and modern technology make it imperative for nursing to keep pace. We need only think of the recent advances in open heart surgery, for example, to realize the new demands on nursing skills. Modifications of the program to authorize other professional nursing traineeships to be awarded for specialties found by the Surgeon General to require advanced training is proposed, therefore, in this bill so that preparation for such positions can be handled through a carefully coordinated, balanced program.

UNDERGRADUATE SCHOLARSHIPS

A program of national competitive merit scholarships for collegiate nursing students is proposed with the primary purpose of attracting more superior high school students into the nursing profession.

Merit scholarships have had a stimulating effect on able students in other fields and would be an effective way to highlight nursing as a challenging career for talented young people.

This program would be modest in scope. It is proposed that only slightly more than 1,000 new scholarships a year be authorized. They would be allotted among the States on the basis of the number of high school graduates. No State would have fewer than five.

Based on a student's need for financial assistance, the scholarship would not exceed \$1,000 for any academic year. It would be awarded for the period required by the student to complete the basic course of study.

The program would extend for 5 years, beginning in fiscal year 1965. Such sums as necessary would be authorized.

STUDENT LOANS

Economic factors—the initial cost of the education programs and the relatively low salaries of nurses—constitute a major deterrent to young people who might otherwise undertake training for professional nursing. A loan program for students in all types of professional nursing schools is proposed, therefore, to remove the financial barrier to entering schools of nursing.

A forgiveness clause—limited to cancellation of a maximum of 60 percent of the amount of the loan—is part of this proposal. This feature has been included because the relatively low pay scale for nurses makes repayment difficult. It also provides an incentive for nurses to continue to practice nursing following graduation.

Nursing today draws most of its students from families of lower income. One-third of all nursing students come from families of less than \$5,000 annual income. These students need financial help to pursue their professional education. Of 1,200 students who were accepted by diploma schools of nursing in 1960, but who did not enroll, 33 percent gave lack of funds as the reason. In a survey of 71 diploma programs and 62 basic degree nursing education programs, about 40 percent of the degree programs and 25 percent of the diploma programs indicated that at least half of their students needed some financial assistance.

Costs of both diploma and degree programs are rising as all higher education tuition increases. Present scholarship and loan support for nursing students is very limited. Loan programs have proved effective in attracting students to educational programs in other fields.

This program would be patterned after that for medical and dental students contained in the Health Professions Educational Assistance Act of 1963.

The program would be for a 5-year period, beginning in fiscal year 1965.

The amount authorized would be \$85 million, distributed as follows: \$3.1 million for fiscal year 1965, \$8.9 million for 1966, \$16.8 million for 1967, \$25.3 million for 1968, and \$30.9 million for 1969. It is

also proposed that such sums as are necessary for the next 3 years would be authorized to enable students to complete training.

Students who are pursuing a full-time course of study in a school of nursing, and who are in need of financial assistance, would be eligible. Preference would be given to those who are entering as first-year students after enactment of the bill.

In recognition of the differences in the costs of the two types of schools, a maximum of \$1,000 a year would be allowed for loans to students in collegiate schools of nursing and of \$500 a year for loans to students in diploma or associate degree schools.

Loans would be repayable over a 10-year period, beginning after the first year following graduation. Interest would be at the rate of 3 percent per annum or, if higher, the going Federal rate of interest for long-term obligations as specified by the Secretary of the Treasury. Interest would be computed only for the period during which the loan is repayable. Ten percent of the amount of the loan would be canceled for each complete year (up to a maximum of 6 years) of full-time employment as a professional nurse in any public or nonprofit private institution or agency.

Loan funds would be established in collegiate, junior college, and hospital schools of nursing wishing to participate in the program, under agreements with the Secretary of Health, Education, and Welfare. The school would be required to provide \$1 for every \$9 of Federal contribution to the loan fund. Loans would be administered by the schools, and students would make applications to the schools.

CONCLUSION

Mr. Chairman, the conditions which this bill is designed to correct have long been chronic in nursing. It is imperative that we move toward solving them as rapidly as possible.

H.R. 10042 represents a comprehensive, balanced, and practical approach to overcoming these problems on a nationwide and professionwide basis.

On behalf of Secretary Celebrezze and the administration, I strongly urge that it be enacted promptly. We shall be pleased at this time to amplify or discuss any points on which the members of the committee may want more information.

Mr. ROGERS of Florida. Thank you, Mr. Jones, for a very clear and well-stated explanation of the bill.

Are there any questions, Mr. Pickle?

Mr. PICKLE. Let me ask you, Mr. Jones, when they passed the Professional Act last year, was the nursing program included in that program?

Mr. JONES. Only to the extent, Mr. Pickle, that collegiate schools of nursing were included as among the professional schools eligible for construction grants for teaching facilities. They were grouped in with medical schools and schools of the other professions.

Mr. PICKLE. How many nurses did you hope to get out of that program, how many additional nurses trained?

Mr. JONES. Very few, Mr. Pickle. The administration actually proposed a program that was limited to schools of medicine, dentistry, and public health, insofar as teaching facilities were concerned in the expectation that nursing constituted such a basic problem in and of

itself. Since there was in existence the Surgeon General's Consultant Group studying this whole problem, the President recommended that nursing not be included until the study was completed and until a full program could be presented.

The Congress, in its wisdom, did include collegiate nursing as well as three other professional groups as eligible for construction grants, but it was not expected and would not be a fact that there would be very many nursing schools that would be given priority under the Health Professions Educational Assistance Act.

Mr. PICKLE. This is a major new program?

Mr. JONES. This is a major new program to deal with a problem that has been long recognized, but which had not been studied in depth until the Surgeon General's Consultant Group had done so and had submitted its report. It was too late for the administration and the Congress to consider the implications of the report until this time.

Mr. PICKLE. I think we must have more hospitals, both new construction and probably modernization. If we are going to have hospitals, we must have nurses to serve them. It seems strange to me that you are now embarking on a new program as if you had not made any effort to train nurses previously. I know this is not true. This is such a major departure that it is almost a 100-percent increase in what you are doing now.

Mr. JONES. We would anticipate that the number of graduates would be increased by 70 percent by 1970. This still is short of the need as demonstrated in the recent survey, but it seems to be a practical goal that would be about all we could hope to do and still maintain quality in nursing.

Mr. PICKLE. Mr. Chairman, I have one more question.

Mr. ROGERS of Florida. All right, you go right ahead.

Mr. PICKLE. I notice on your student loans that you have a forgiveness clause. Do you think that is necessary, or desirable?

Mr. JONES. We do, Mr. Pickle, because of the very low income of nurses when they are in professional practice. As we pointed out, the income is lower than schoolteachers, lower than secretaries, and they do not have, in terms of what they expect to get in return for their professional services, sufficient income to effectively pay back loans of any magnitude.

Mr. PICKLE. Do you know of any programs where loans are available where they grant forgiveness clauses to trainees?

Mr. JONES. Yes, sir.

Mr. PICKLE. Is it widespread?

Mr. JONES. The National Defense Education Act provides this for teachers. It is a very effective device that recognizes the importance of attracting and holding people in these types of professional activities.

Mr. PICKLE. Thank you.

Mr. ROGERS of Florida. Mr. Brotzman?

Mr. BROTZMAN. Thank you, Mr. Chairman. I don't know what the chairman's plans are to go into the features of the bill. I would hope to have an opportunity to ask questions later.

Mr. ROGERS of Florida. I am sure that the House will be in session in about a minute. So, if it will be convenient for you to return, Mr. Jones, and Dr. Terry, I think it would be helpful to the committee.

Tomorrow and Friday, we will be in session. If it suits you, we can go into more detail then.

Mr. JONES. Tomorrow will be satisfactory, Mr. Chairman.

Mr. ROGERS of Florida. May I ask a question or two? Are the amounts authorized in this bill for 1965 included in the budget submitted by the President in February of this year?

Mr. JONES. Yes, they are.

Mr. ROGERS of Florida. Will the supplemental appropriation have to be requested for fiscal year 1965 if this bill passes?

Mr. JONES. It is provided for in the budget. Contingent on passage of legislation, it would be requested.

Mr. ROGERS of Florida. So it would require a supplemental?

Mr. JONES. Yes.

Mr. ROGERS of Florida. Because of the authorizing legislation?

Mr. JONES. Yes.

Mr. ROGERS of Florida. On page 9 of the bill, beginning with line 24, there is authority for grants to institutions for projects to strengthen, improve, or expand the programs of nurse training. Could such a grant be made to cover ordinary operating expenses of a hospital's nurse training program?

Mr. JONES. No, sir. The projects as submitted would require, if they were to be approved, a major improvement in the program of nurse training. It would not be a substitute for the normal and expected operating expenses of the school.

Mr. ROGERS of Florida. I notice you mentioned in your statement the low pay scale of nurses. What is the pay scale of nurses generally?

Mr. JONES. Mr. Chairman, it depends on the geographical area, because there are differences; and it depends on the precise type of activity, I would say, in hospitals. We could provide for you and the record, and I do have the information, some comparable scales that are pertinent.

Mr. ROGERS of Florida. I think this would be helpful for the committee. So, if tomorrow you could bring this information, we perhaps could go into that, too, and some of the other questions we will have.

Mr. JONES. Fine.

(The information requested appears on pp. 39-41.)

Mr. ROGERS of Florida. Since the House is in session, I think we will adjourn the committee, to meet at 10 o'clock tomorrow morning. Thank you.

Mr. JONES. Thank you, Mr. Chairman.

Mr. ROGERS of Florida. The committee stands adjourned.

(Whereupon, at 11:04 a.m., the committee recessed, to reconvene at 10 a.m., April 9, 1964.)

...and that the ...

...the ...

NURSE TRAINING ACT OF 1964

THURSDAY, APRIL 9, 1964

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON PUBLIC HEALTH AND SAFETY,
OF THE COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE,
Washington, D.C.

The subcommittee met at 10 a.m., pursuant to recess, in room 1334, Longworth Building, Hon. Kenneth A. Roberts (chairman of the subcommittee) presiding.

Mr. ROBERTS. The subcommittee will please be in order. We are continuing our hearings on a series of nursing bills.

I am going to depart a little bit from the regular order, in that I have three members who would like to testify. The distinguished gentleman from Florida who has long been interested in this matter and many other matters having to do with health. I welcome him to our hearing today and will be happy to hear from him at this time.

Mr. Claude Pepper of Florida.

STATEMENT OF HON. CLAUDE PEPPER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF FLORIDA

Mr. PEPPER. Thank you very much, Mr. Chairman and members of the committee.

My interest in this subject acutely runs back to the time when I was chairman of the Committee on Wartime Health and Education in the Senate. We became acutely aware of the terrific shortage there was in the personnel for nursing in this country and how vitally necessary it was to provide more training for more nurses to fill the gap between the need and the personnel that was available in that field. It has been a long struggle to provide the number of nurses that this country requires, and we are still very, very far short of having achieved that goal. The greatest credit, however, should go to people like Lucile Petry Leone and the Committee on Careers in Nursing, the National League for Nursing, and many other organizations and agencies, who have striven through the years to provide for the country the nurses that the Nation needed.

I particularly commend the distinguished chairman of this committee for having introduced H.R. 10042. The bill, I think, is widely drawn. I hope that it will meet with the approval of the committee and the Congress. If we can add this to the list of bills which have already been brought forth by the distinguished chairman of this subcommittee from this committee this year, it will be a significant contribution for this committee and for the Congress.

Then, if we can get the hospital aid bill out of the Ways and Means Committee this year, then this Congress will have set truly a notably record in the field of education and public health.

I have two principal observations to make, Mr. Chairman. One is to submit respectfully for the consideration of your committee that all of the assistance to be rendered student nurses in training to be professional nurses should be by grant, and not by loan. I base that observation upon the acknowledged fact that the nurses receives such low compensation for the services that they render, most of them being ladies, I take it. It will be a difficult job for nurses not receiving any more compensation than they presently receive to pay back any sizable sum of money; although I would rather have that than nothing, of course. But I wonder if it would not be proper for this committee to broaden the reach of this program by making sufficient grants available that would make assistance necessary to all the student nurses who are not able to provide their own financial resources.

I think the need is so great, the relationship of an adequate number of nurses to the health of the country is so proximate, the challenge to us to make adequate provision for the training of these people, it seems to me, justify, all these needs and the demands, justify this program being broadened to the point where all the aid necessary will be rendered by grant rather than any of them having to be burdened with a loan that they would have to pay back out of salaries too low in the years after they have received the loan and the training that the loan made possible.

The other suggestion that I would make, Mr. Chairman and members of the committee, is this: I feel that the National Government should take the distinct lead in this whole nursing recruitment field, and that there should be some central point or central authority, indeed some central person in the Government of the United States who would coordinate all the activities of the Federal, State, and local authorities, also of the private agencies and authorities working in the same field that would have the principal responsibility for the dissemination of information relative to the desirability of the profession of nursing and the opportunities that it offers for satisfaction as well as for service. And I believe that such a position as that should be created in the Office of the Surgeon General of the Public Health Service.

Now I do not know whether there is authority already existent that would permit the Surgeon General to establish a person in such capacity, or whether there is the general authority in this act that that could be done. If there is, that is all right. But I do want to go on record as believing that should be done, whether it should be done by administrative arrangement or whether it should be done by provision being inserted in the bill itself.

With all respect to a public information officer, I don't care how good such an individual is, that is not tied in with the subject of nursing recruiting. I think it is in the public interest to have somebody whom all the public and private agencies identify as the focal person in the Office of the Surgeon General whom they will come to know as a person with whom they will keep in constant contact, to whom, from time to time, they will address inquiries, who will be a stimulating influence in the whole nursing recruitment field, and a coordinating agency for all the many agencies, authorities, individuals, and institutions that are working toward recruitment in this field.

So, I submit, Mr. Chairman, with all respect, those two observations for the consideration of the committee. I hope they may receive the sympathetic consideration of your distinguished subcommittee.

Mr. ROBERTS. The Chair would like to thank the gentleman from Florida for his statement, and also for his long interest in this very important field. I would like at this time to put into the record, following the gentleman's statement, some figures which have been given to the committee growing out of the questions raised by the distinguished gentleman from Florida, Mr. Rogers, a member of our subcommittee, which I think will strengthen the observations that you made in your statement.

I would like to point out that there is one question, how many general-duty hospital nurses earn less than \$4,000 per year? The answer is, more than 55 percent of the full-time general-duty nurses in non-Federal general hospitals earn starting salaries of \$4,000 or less per year; almost 3 percent earn less than \$3,100, according to a recent survey.

Now this shows the total number of nurses reporting \$15,570, and contains a column for annual salaries, less than \$2,400, 0.5 percent; \$2,400 to \$3,100, 2.4 percent; \$3,100 to \$3,600, 19.1 percent; and \$3,600 to \$4,068, 33.4 percent.

Now this information is furnished by the American Nurses Association, research and statistics unit, a "Spot Check of Current Hospital Nursing Employment Conditions, November 1962, New York."

I would like to put this statement in the record. And also another statement showing the comparison of nurses' salaries with other occupations. I just picked out one figure here. General-duty nurses in non-Federal general hospitals, for beginners, \$3,900; for all, \$4,080. Compared to public school teachers for beginners, \$4,536; and for all, \$6,365. General stenographers, private industry, \$4,132; senior stenographers, private industry, \$4,749. The source there again, are the American Nurses Association, that report made November 1962; the U.S. Department of Health, Education, and Welfare, January 1964; and the U.S. Department of Labor, in February-March 1963.

Then two other statements which show comparisons in various parts of the country. These, I think, are very revealing and I think substantiate what the gentleman has said about low salaries in this field.

Without objection, I would like to place those in the record.

(The information referred to follows:)

Comparison of nurses' salaries with other occupations

	<i>Current median salary per annum</i>
General duty nurses (non-Federal general hospitals) :	
For beginners.....	\$3, 900
For all.....	4, 080
Public school teachers :	
For beginners.....	4, 536
For all.....	6, 365
General stenographers (private industry).....	4, 132
Senior stenographers (private industry).....	4, 749

Sources :

American Nurses' Association. Spot Check of Current Hospital Nursing Employment Conditions, November 1962. New York: The Association, 1963.

U.S. Department of Health, Education, and Welfare. Merit System Methods. No. 177. January 1964.

U.S. Department of Labor, Bureau of Labor Statistics. National Survey of Professional, Administrative, Technical, and Clinical Pay. February-March 1963. Bulletin No. 1387.

Average annual salaries—Selected positions in nonfederal hospitals of 15 major metropolitan areas June–July, 1963

Metropolitan area	General duty nurses	Dietitians	Physical therapists	Medical technologists	Medical record librarians
Atlanta, Ga.	\$3,800	\$5,100	No report	\$4,500	\$5,100
Memphis, Tenn.	3,900	4,300	\$5,800	4,300	4,600
Philadelphia, Pa.	4,200	5,200	5,200	4,100	5,000
Baltimore, Md.	4,300	5,300	5,300	4,800	5,500
Dallas, Tex.	4,400	4,700	4,800	4,600	4,900
Cincinnati, Ohio	4,400	5,300	4,900	4,800	5,800
Boston, Mass.	4,500	5,100	4,800	4,400	5,600
Portland, Oreg.	4,500	5,400	5,600	4,800	5,600
Minneapolis-St. Paul, Minn.	4,700	5,400	5,600	5,500	5,500
Buffalo, N.Y.	4,800	5,400	5,700	4,900	5,700
Cleveland, Ohio	4,800	5,500	5,100	4,600	5,500
Chicago, Ill.	4,900	5,700	5,100	5,000	5,700
New York, N.Y.	5,000	5,300	5,400	4,900	6,400
San Francisco-Oakland, Calif.	5,100	5,900	5,800	6,300	5,900
Los Angeles-Long Beach, Calif.	5,100	5,900	5,900	6,400	6,100

Source: U.S. Department of Labor, Bureau of Labor Statistics. Earnings and Supplementary Benefits in Hospitals, June–July 1963. Preliminary releases for the 15 areas listed. Average weekly earnings adjusted to annual rates and rounded to the nearest hundred dollars.

Annual earnings of nurses in hospitals and schoolteachers in public schools in 12 urban areas,¹ 1963

Area	Nurses in hospitals ²			Teachers in elementary and secondary schools ³	Difference between teachers and general duty nurses
	Total	General duty	Head nurses		
Atlanta, Ga.	\$4,000	3,800	4,200	\$5,000	\$1,200
Baltimore, Md.	4,700	4,300	4,900	6,100	1,800
Boston, Mass.	4,800	4,500	5,300	6,900	2,400
Buffalo, N.Y.	5,200	4,800	5,800	6,500	1,700
Chicago, Ill.	5,200	4,900	5,400	6,900	2,000
Cincinnati, Ohio	4,700	4,400	5,100	6,400	2,000
Cleveland, Ohio	5,100	4,800	5,600	6,200	1,400
Dallas, Tex.	4,600	4,400	4,800	5,700	1,300
Memphis, Tenn.	4,200	3,900	4,500	4,900	1,000
Minneapolis-St. Paul, Minn.	5,000	4,700	5,500	6,800	2,100
Philadelphia, Pa.	4,500	4,200	4,800	6,200	2,000
Portland, Oreg.	4,700	4,500	5,000	6,600	2,100
Average days of work per year		240		186	

¹ Counties included in 12 metropolitan areas:

Atlanta: Clayton, Cobb, DeKalb, Fulton, and Guinnet Counties, Ga.

Baltimore: Baltimore City and Anne Arundel, Baltimore, Carroll, and Howard Counties, Md.

Boston: Suffolk County and 72 communities in Essex, Middlesex, Norfolk, and Plymouth Counties, Mass.

Buffalo: Erie and Niagara Counties, N.Y.

Chicago: Cook, DuPage, Kane, Lake, McHenry, and Will Counties, Ill.

Cincinnati: Hamilton County, Ohio, and Campbell and Kenton Counties, Ky.

Cleveland: Cuyahoga and Lake Counties, Ohio.

Dallas: Collin, Dallas, Denton, and Ellis Counties, Tex.

Memphis: Shelby County, Tenn.

Minneapolis-St. Paul: Anoka, Dakota, Hennepin, Ramsey, and Washington Counties, Minn.

Philadelphia: Bucks, Chester, Delaware, Montgomery, and Philadelphia Counties, Pa., and Burlington, Camden, and Gloucester Counties, N.J.

Portland: Clackamas, Multnomah, and Washington Counties, Oreg., and Oregon and Clark Counties, Wash.

² Hospital nurses' mean salaries and days on duty were computed from figures published by the Bureau of Labor Statistics which review earnings and supplementary benefits in hospitals in 12 urban areas for June 1963. Data for other areas are not available.

³ Teachers' mean salaries and days on duty were computed from figures in Public Research Salaries Series, pts. A and B, published by the research division of the National Education Association. Part A shows 1962–63 salaries received by public school teachers by individual systems. Classroom teacher salary schedules for 1963–64 in systems with enrollments of 6,000 or more are given in pt. B. The above figures were obtained by combining and weighting figures for all systems in each metropolitan area.

Source: Division of Public Health Methods, Public Health Service.

Annual salaries of nurses in non-Federal general hospitals, by position, 1962

Position	Number of nurses	Median	Range	
			From—	To—
Directors.....	477	\$6,000	\$3,500	\$7,300
Supervisors.....	2,133	4,920	3,200	7,200
Head nurses.....	3,836	4,600	3,000	6,100
General duty nurses.....	15,570	4,100	2,400	5,500
Licensed practical nurses.....	9,977	2,900	1,700	4,300

Source: American Nurses' Association: "Spot Check of Current Hospital Nursing Employment Conditions," November 1962. Obtained by questionnaire from a sample of hospitals throughout the country. Figures have been adjusted from monthly to annual salaries and rounded to the nearest hundred.

How many general duty hospital nurses earn less than \$4,000 per year?

More than 55 percent of full-time general duty nurses in non-Federal general hospitals earn starting salaries of \$4,000 or less per year. Almost 3 percent earn less than \$3,100 according to a recent survey.

Total number of nurses reported, 15,570.

Annual salary:	Percent of nurses
Less than \$2,400.....	0.5
\$2,400 to \$3,100.....	2.4
\$3,100 to \$3,600.....	19.1
\$3,600 to \$4,068.....	33.4

Source: American Nurses' Association, Research and Statistics Unit, "Spot Check of Current Hospital Nursing Employment Conditions," November 1962. New York: The Association, 1963. 27 pages. (Processed.)

Mr. ROBERTS. I have no questions. Are there any questions from the subcommittee?

Mr. NELSEN. No questions.

Mr. HEMPHILL. I have no questions. I just salute the gentleman and thank him for everything he has said.

Mr. PEPPER. Thank you very much.

Mr. ROBERTS. Next, we will hear from the distinguished gentleman from South Carolina, Mr. Hemphill.

**STATEMENT OF HON. ROBERT W. HEMPHILL, A REPRESENTATIVE
IN CONGRESS FROM THE STATE OF SOUTH CAROLINA**

Mr. HEMPHILL. Mr. Chairman, members of the subcommittee, I thank you for the opportunity allowed me here to appear before your subcommittee. I appear personally and officially am in favor of H.R. 10041, H.R. 2110, and any other legislation that I think would implement the Hill-Burton Act, the additions which we have before our committee now, which would serve to promote the number and the quality and raise in pay for the registered nurses of this land.

I have supported Hill-Burton legislation consistently. I think the Department of Health, Education, and Welfare deserves a salute from every man, woman, and child in this country for the way it has administered this act, for the good that has been done, and for the people that have been helped. I intend to support this year the legislation now pending before our committee.

On a purely local basis, because I am interested in people's health, I am one of those people who feel that if you are going to pray for them on Sunday, like most of us do, you ought to vote for them on Mon-

day. For that reason, I have supported medicare and anything else that will help people who are in distress.

Now one of the great problems of medicine today is the problem of providing the nurses and the nursing care to people who are in need of professional expert nursing care. I say this in no criticism of those wonderful people who have been assisting with such training as they could pick up or command because of experience.

In these fine hospitals that this great country has put in the various counties in this land—and my particular district has been greatly benefited—we have a shortage of registered nurses. I think that this is an opportunity for the people of this country, acting in a collective spirit through their Government, through this great legislation that you and Mr. Harris and others have introduced, to really do a great thing for people who are sick and in need of care.

Recently a personal friend of mine who is a registered nurse wrote me a letter in which she included a very fine article from one of the leading periodicals, being the McCall's magazine of March 1964. Mr. Chairman, if I may have your permission, I would like to include this article as a part of my remarks at this point. It is entitled "Who Will Take Care of the Sick? A Look at Our Hospitals' Biggest Problem."

Mr. ROBERTS Without objection.
(The article referred to follows:)

[From McCall's, March 1964]

WHO WILL TAKE CARE OF THE SICK? A LOOK AT OUR HOSPITALS' BIGGEST PROBLEM

(By Edith A. Aynes, R.N., with Neal Gilkyson Stuart)

People still go to hospitals innocently expecting the solicitous, extrawatchful care associated with being very ill. It comes as a shock to find that if a patient is more than a few yards from death's door, he scarcely receives it. Even a normally cheerful, composed woman is reduced to tears of frustration in her hospital bed because no one comes with the bedpan or no one comes to take it away or no one comes with the painkiller the doctor promised—or only because she so badly wants her face washed. The sad thing is that the nurse on her floor is probably as frustrated as she.

Not a member of the National League of Nursing at last year's convention was surprised when the dean of a university school of nursing stood up and asked for studies "so that we may say whether the patient is being nursed, and by whom." The state of bedside care in our hospitals is so notoriously deplorable that no one in that professional audience was surprised at the speaker's grave implications. Certainly, most of the 25 million of us who are hospitalized every year need no further studies to know that that idealized person, the soothing, attentive bedside nurse, has all but disappeared from the American hospital scene. As one patient put it after the intravenous needle had slipped, and he had watched his arm swell for an agonizing half hour, as he waited for someone to help him, "You could die here before anybody answered the light."

Hospital trends have turned the job of general-duty staff nurse—and this is the backbone of nursing—into one of the most frustrating and most disheartening jobs in the world.

Half of our million registered nurses no longer choose to work. The national annual turnover of staff nurses is 67 percent. It is 18 percent for teachers. If doctors, hospital administrators, and professional nursing organizations could settle their jangling conflicts of interest so that the ordinary nurse could go about her job in a rational manner, our nursing shortage might go a long way toward being solved virtually overnight.

Let's look at an all-too-typical hospital-floor scene. Last year, as a consultant on nursing, I went to a small midwestern hospital with the title "Direc-

tor of Nurses." I arrived—and may I never outgrow my innocence—eager to help the hospital improve its nursing service. I had been there only about a week when the night supervisor telephoned me at home. The hour was 2 in the morning. She sounded angry and desperate. "The lung case on the surgical floor is worse, we've just admitted a heart case, and we have two mothers in labor. The place is a madhouse." I said I'd be right down.

I arrived to find that five trained nurses would have been welcome on the surgical floor alone. In charge of it was a 23-year-old registered nurse, a pretty girl who did night duty once a week, while she went to college by day to earn her bachelor's degree in nursing. Her help consisted of two nurse's aids—one dragooned from another floor—"nonprofessionals," unlicensed, forbidden by this State's laws and by hospital accreditation standards to do anything for a patient of even a remotely medical nature, not even hand out a pill. On this floor were 24 patients. Five were postoperative that day from major surgery. All five were receiving intravenous infusions, and three were being given oxygen as well. All were supposed to be having frequent blood-pressure readings, as often as every 10 minutes. Two were just fighting their way upward from anesthesia, and by every medical and humane standard, they needed someone beside them, a reassuring voice, a sedative, the moment they opened their eyes on a groggy, pain-filled world.

Besides the critical five, two other patients were also receiving infusions, each flat on his back with a hollow needle lodged precisely and perilously within a vein. One small move, the vein wall could be punctured and the infusion would drip into tissue. For the patient lying helpless under that dripping bottle, it is a painful, frightening experience. His light should be answered fast.

Finally, the most serious of the postoperative cases, a young man who had had lung surgery, had his doctor working over him frantically. The doctor was giving him glucose and oxygen. He wanted to give him whole blood, as well. He wanted to give him a stimulant. And he wanted to change his dressing. The doctor was so angry that he could only glare mercilessly at the frightened, useless nurse's aid who stood in the doorway. "Tell the nurse to get in here. Tell her I need caffeine. Tell her to bring the emergency tray."

All this was on the head of Miss White, my 23-year-old registered nurse. Being a decent, intelligent, idealistic girl—just the kind the nursing profession wants—she felt every bit of it. When she met me, to give me the hastiest possible briefing, she was near tears. "Miss Aynes," she said wildly, "you just can't do nursing this way."

She was right; you just can't.

Tearing the nurse apart are two conflicting pressures that have developed since World War II and that continue unabated in the face of nursing's high dropout rate. One comes from the doctors, who are in even shorter supply than nurses. They have every incentive, humane as well as economic, to see as many patients per day as they can. Doctors are now handling as many as several hundred patients a week by the expedient of handing over to nurses some routine medical procedures they once jealously guarded.

The other comes from hospital administrators—relatively new figures on the hospital scene—whose job, without mincing words, is to control costs. The two forces, medical and administrative, must necessarily jockey for power, and which wins out, and to what degree, varies greatly from hospital to hospital. But something of the administrators' victory is indicated in a major report on nursing issued by the U.S. Surgeon General's office in 1963. It also tells us who is nursing patients. "In some hospitals the use of auxiliary workers has reached such extreme proportions that nursing aids give as much as 80 percent of the direct nursing services." The national average is 70 percent. "Auxiliary workers" are cheaper than trained nurses. The report adds the findings of another study that "highest patient satisfaction was achieved when professional nurses gave at least 50 percent of the direct care."

Miss White that night did not even question the fact that she was being paid a small fixed salary to perform the highly technical medical chores of half a dozen doctors, who had written their orders, walked off the floor, and would collect the fees. She was too young to know that, 25 years ago, it was unheard of for a mere nurse even to take a blood pressure. Today, the nurse not only does this harmless chore, she does far more fateful injections, infusions, and catheterizations. She administers oxygen. Life-giving and death-dealing drugs arrive by her hand. A recent article in a nursing journal listed 19 facts that a good nurse should know about a specific drug and a specific patient at the moment of their coming together—and then pointed out that in the past 10 years,

over 4,000 new drugs and dosage forms have poured into our pharmacies. More recently, blood transfusions are becoming a routine part of a nurse's duties. And make no mistake about it, in this day of hustling people out of hospital beds and home, those still in the hospital need all these critical services and more.

This development of the nurse into a semimedical backup for the doctor is a perfectly welcome one among the women of spirit who make up the ranks of nursing. Ideally, she should be far better paid for this office than she is. The median income for physicians in this country is now close to \$25,000 a year; the median staff nurse's salary is less than \$4,000. Hospital patients now pay extremely high medical fees in return for the actual amount of minutes doctors spend with them, as well as extremely high hospital fees. Somewhere in these fees there should be a more appropriate share for all the various nurses who do most of the work. However, nursing has always had other rewards besides dollars. The fact that it is now a more technical profession—and even a more dangerous profession—than it used to be is not the main difficulty.

But nurses cannot do the physically impossible. Most hospitals—and I declare this flatly—operate on a shoestring: shoestring budgets and shoestring nursing staffs. Across the country, the hospital administrator, counting his dimes, feels justified in rationing his professional nurses like gold. Miss White's official staff for the night was one aid—based on the common assumption that night staffs can be reduced. Yet life ebbs lowest at dawn, and every night nurse has had harrowing emergencies. Only 2 other graduate nurses were on duty that night in the entire 75-bed hospital. One was on the medical floor, dealing, among other things, with the newly admitted heart patient. The other was the night supervisor who had called me. She couldn't come and help out, because she was the only professional person available to the maternity and pediatric wards, the delivery room, and the emergency room.

There is no room in such staffing for emergencies. Yet a hospital lives from emergency to emergency. Rarely have I known a hospital staff to fail to rally around, often miraculously, when death comes near a bed. Yet this can be done only at the cost of less vital things: the 4 o'clock round of treatments and medications, the personal notice of a newly admitted patient, the individually prescribed care for the less ill medical and surgical cases. The nurse is already troubled enough by the fact that she has no time for the giving of comfort and the making of trained observations that are her subtler tasks. When she is really busy, the massive routines of the hospital floor—meal hours and visiting hours, water pitchers, bedpans, and back rubs—stagger on in the hands of aids, without her supervision. And much, much too often, she must send aids to do things they have no business doing. And there is all the room in the world here for the most ghastly mistakes.

Hospital nursing staffs are now a ramshackle hierarchy, with the professional nurses at the top in a definite minority. About 367,000 registered nurses now serve in hospitals, about a third of them in supervisory or administrative positions. (Only 10 percent of all nurses have the collegiate nursing degrees that those officially concerned feel should go with such supervisory jobs.) Many of the others are anesthetists, operating-room nurses, and clinical specialists. Thus only half our hospital nurses may be functioning as general-duty nurses.

Underneath them in rank are the licensed practical nurses, 127,000 of them—a relatively small group, but catching up in numbers to the general-duty R.N.'s. The L.P.N.'s as they are called, have taken on a protective coloring; they have blended so well that to the naked eye they are indistinguishable from the trained nurse. Practical-nursing schools now offer caps and pins to their graduates, and most hospitals allow them to wear white. This is a jealously guarded right among the L.P.N.'s and a sore point among nurses. It is considered impolite of a head nurse to inquire of her new assistant on the floor just which kind of school she graduated from. If she can't tell, certainly the patients can't.

Licensed practical nurses need not have graduated from high school (although about two-thirds of the younger school-trained group have), and at best they have had only about a year of formal training. They are intended by most State laws and hospital regulations to work only under the supervision of a trained nurse or a physician and to do only certain types of things for patients. In practice, many thousands of devoted L.P.N.'s have acquired the wisdom of years of experience and are lifesavers not only to patients but to doctors and nurses.

Yet no one should regard without qualms the growing use of L.P.N.'s as fully qualified nurses. Everyone behind the scenes in hospitals knows that they do things they are not trained to do. And so we have the patient who must lie at

the mercy of the woman in white jabbing at his arm with a needle because she cannot find the vein, haphazard sterilization techniques, well-meant mistakes. Practical nursing attracts many thousands of enormously capable women, but standards are not high enough to weed out the incompetent.

Below the L.P.N.'s come the aids, orderlies, attendants, and others, who now outnumber trained nurses by a comfortable margin. Over 400,000 of them staff hospitals. They are nonprofessionals in every way. They need meet no educational qualifications, no standards of training; anyone who will take the job can have it. Their on-job training varies enormously, but the aid who turns up at your bedside is almost sure to be raw material, for their annual turnover is 70 percent.

Aids are in use in the most alarming places. They man the central supply room, where supplies are sterilized and aseptic techniques are essential. I uncovered an aid once whose custom was to turn off the sterilizers before the water was adequately sterile, because she didn't like the popping sounds. They keep vigil at night in pediatric wards tucked away in basements; the nearest registered nurse upstairs and half a floor away. Nothing serious on the ward, of course—only an infant in a croupette, two older children with pneumonia, and a post-tonsillectomy who is still throwing up. They are in full force on maternity floors—where, after all, the patients aren't really ill. Aids have administered anesthesia in delivery rooms when the attending physician could raise no one else, and they have delivered many, many babies.

They are even turning up in operating rooms. One of the more calamitous events of my stay at Miss Smith's hospital was the administration's effort to train an aid as an operating-room technician; often, she was the only person scrubbed to assist the surgeon. Within a 2-week period, three surgical patients had to be returned for the repair of disastrously sloppy surgery. I do not mean to generalize from this one hospital, which, since it was run for private profit, was more shameless about cutting corners than most. But hospitals, by and large, are so poor that no one should underestimate their incentive to save money, either. There are more cases of that old operating-room joke, the lost sponge, than the public suspects.

A nurse in a supervisory role quickly learns that most aids find it easier and more face-saving to struggle along, pretending a competence they don't have, than to ask for help. She has no choice but to use them—there is too much to be done—yet I have known aids so ill-trained that they presented bed pans backward (too often, the patients haven't known the difference either), with disastrous results. The answers to such questions as "Did you remember to patch the rubber gloves?" and "Have you ever given an injection?" are not always reliable. I remember the time an orderly assured me he knew how to give an enema. When he came back, he said with awe, "Say, that could be dangerous, couldn't it?" Alarmed by unimaginable possibilities in this most nondangerous procedure, I asked him to show me what he was talking about. We went to the utility room together; there was the equipment, with the plastic insertion tip missing, nothing at the end of the tubing but a broken glass connector with an ugly, jagged edge. Fortunately, he had used plenty of vaseline and the damage to the patient turned out to be minimal. But it was a rare aid who went to her head nurse and asked uncertainly, "Have I measured Mrs. Brown's penicillin right?" She had measured four times too much.

Hospital aids have proved themselves indispensable members of the hospital team. They perform a hundred tasks that are of priceless value to the patient, save the time of the higher paid nurse, and yet require no great skill or training. But their services should be limited to match their training—in fact, as well as by law and regulation. Hospital administrators need to review their hopeful belief that if they fill their staffs with low-cost personnel, the patients will, somehow, be nursed.

The nursing shortage has been studied again and again by professional groups—without avail so far. One of the most important studies of last year, the Surgeon General's report, prepared by a distinguished consultant group on nursing, warns that we cannot possibly hope to have the desirable number of nurses by 1970 and offers dubious grounds for hope that we will reach even the minimum number it suggests as next best. But perhaps yet more studies are needed: Would some of the half million R.N.'s who aren't working come back to fill the "vacancies" on hospital nursing staffs if administrators offered them reasonable pay and working conditions? Could the deficiencies of a staff unduly loaded with nonprofessionals be hiking hospital costs?

There was a comfortable pool of nonworking registered nurses in the community of Miss White's hospital; but the administration preferred not to hire them. It is doubtful if they would have come for the rates of pay and working conditions offered. The hospital that has earned a good reputation among nurses usually has no difficulties in filling its staff. And just how much money is being saved when a worried director of nurses with an insufficient professional staff keeps issuing calls to the administrator for more help and yet more help—and the administrator keeps supplying the wrong kind? Many, many directors, untrained in administration, cannot themselves put their fingers on just what is wrong with their staffs. With all these orderlies and aids, things should go better. Yet things stumble and bumble along; administrator, nurses, and aids feel harried—and the patients lie helpless, puzzled, outraged, wondering why no one answers the light.

Finally, one more thing wrong with nursing was an element in that scene on the surgical floor at 2 o'clock in the morning. Miss White, a graduate of a 3-year hospital school of nursing, would be out of circulation, except for occasional part-time work, for 3 or more years while she pursued her college bachelor's degree in nursing. Our system of educating nurses is an ornate, gingerbread structure, with a turret here and a wing there, with all the stairways left out. No other profession—not even teaching—is in more demonstrably appalling shape.

This is not an attack on our schools of nursing—nursing has as many superior ones (and as many inferior ones) as most professions. It is a plea for a sensible structure, with stairs, so that a young girl can proceed through various levels in an orderly manner, acquire her extra training at the least time and cost, and stop at the most suitable level.

Consider the present structure. Most of our nurses come from 3-year hospital schools; 10 percent come from 4-year college or university programs. Yet both types take the same State examination and end with the same catchall title: registered nurse. Both programs emphasize bedside care. Their graduates are then tumbled out into the real world of hospital practice. They find themselves almost instantly head nurses or higher, largely removed from bedside care and needing supervisory, administrative, clerical, and teaching skills, in which they have not been trained. Nursing organizations are very aware of these new increased duties of nurses. There is a great deal of official pressure on all nurses to go on to an ever-higher education. Yet if an ambitious, hospital-trained nurse wishes to further her career with college training, she finds that her hospital experience counts for almost nothing in the way of college credits. She must stop in her tracks, go backward, and perhaps start out as a sophomore, at a painful cost of time and money.

Now let's look, not upward from the hospital-trained R.N., but downward. All nursing schools, including hospital schools, prefer to fish for their recruits among the top half of high school graduates—competing for the same outstanding girls as industry and teaching. After these girls become nurses, who in the hospital hierarchy is beneath them? We plummet quite a way down to the practical nurses, who have, typically, 1 year of training, usually in a vocational course administered by a public school system. But practical nurses are a minority. When we look down to the aids, unlicensed, unstandardized by any governing body, and often uneducated, we really zoom downward.

The gap between the professional nurse and her aid is too great. It is, on the face of it, unreasonable. The professional nursing organizations, interested in promoting their members upward, are doing nothing to promote prestige for the person who is actually at the bedside. Yet a training program to create just such a figure, operating somewhere between the R.N. and the L.P.N., offers all kinds of tempting possibilities. Some junior colleges have already had some success in turning out a 2-year-trained registered nurse—a little short in clinical experience, to be sure. A 2-year hospital program might also be developed—short in theory, perhaps, but strong in clinical practice. Such a program should come within the shelter of professional concern, with professional standards and a professional diploma of some kind. It would draw on the entire high school graduating class and offer credits to qualified practical nurses who wish to advance to professional status. It would draw, in effect, on all the good-hearted girls with a vision of nursing as it used to be—whose touch with the ill may be excellent, but who have no particular interest in or aptitude for the thankless role of top sergeant. It doesn't matter what their title might be: "registered bedside nurse" or whatever. The important point is to reinstate professional standards and ethics to the direct care of patients in bed.

Of course, all those stairways need to be built. The 2-year bedside nurse should be well prepared clinically; the 3-year nurse should begin to specialize, including the specialty of administration if she wishes, a specialization that may be furthered with a 4th year on a college campus and carried on to the master's degree.

But the broad professional base of nursing should be the army of young women whose day-to-day skills have so much to do with patient cheer and patient recovery. The public still believes that the nurse at the bedside—not the nursing director with the master's degree—is the heart of nursing.

Mr. HEMPHILL. Now without calling attention to the personality involved, because I have not been given that permission, I would like to read from a letter written to me and keep the name anonymous, because giving you the name would not add anything to the testimony in the record. This lady, who is a great Christian lady in addition to being a fine nurse, writes to me and I quote:

There are people who have from 1 to 2 years, 10 months' nurse's training who as classified would be named an aid. They did not attend our present NLP School of Nursing. They are doing a great job, but these people are given the task of administering injections.

I go on to quote:

(1) What would happen if these people were allowed to be licensed (by practicing so many years, or by a test of some sort); (2) if these people had their salary base raised to compete with industry, public health nurses, Army, Navy nurses, etc., what would happen; (3) if these people had their pension benefits, sick leave, and so on?

To me, Mr. Chairman and members of the committee, it seems futile for us to vote here for the brick and mortar, for the improvements, which program I heartily endorse today and will endorse as a member of the committee, if we are not going to have the personnel. I am delighted that this subcommittee, as part of my committee, has taken on the task of doing something about it. We could have no greater purpose, in my opinion.

I don't know how it is in Alabama or Minnesota, but I do know how it is in South Carolina, and I assume it is like other places. Numbers and numbers of people who are in the fading years of life are in the hospitals and in the nursing homes. These people, as citizens, have given to us who are a new generation with the responsibilities of this country, a great country and a great purpose; they served their time as citizens, either as business people or professional people or, in the greatest of all, the noblest of all tasks. They need the care and attention, and one of the difficulties is getting the nursing care; not that there are not fine people who are volunteering, but we have a shortage. We have it because we don't pay them enough, because we have never given them the salutation that their noble cause deserves.

I can think of nothing finer than someone giving their life to this great profession of service. So, Mr. Chairman, with some emotion and considerable gratitude, I endorse the legislation and hope to give it my full and untiring support. I will answer any questions you may wish to ask.

Mr. ROBERTS. I express not only my personal feelings but also the feelings of the gentleman from Minnesota in saying, first of all, how much we appreciate your appearance on this very important legislation and how much we appreciate the wonderful service you rendered to this committee during your stay in Congress. And I read with a great deal of regret the statement the other day in the rollcall that you

were not going to run for reelection. I think the gentleman knows that I, for one, have appreciated his dedication and devotion, his general outlook, his willingness to fight for what he thinks is necessary to make this a better country. I hate to hear of this decision. I think everybody in Congress will regret seeing you leave.

I know wherever you go, whatever field you go into will be greatly enriched by your being there. The gentleman has ability to say in a very few words what it takes some people many, many paragraphs to say. Your service has been of the highest purpose.

I say again, we greatly appreciate your coming and your statement particularly. One thing I would like to point out. You say we simply have not recognized, have not really saluted these people for the fine work that they do in taking care of people. Not too long ago the gentleman from Minnesota, whose people originally came from Denmark, visited with me in that fine little country, and I was a little bit taken aback by the wonderful care and the plenitude of personnel that they have taking care of their people.

Here we are, the richest nation on the face of the earth, and yet we are stingy when it comes to taking care of our own. This particular type of legislation should have been on the books at least 25 years ago or even before that. It comes at a late period in time, to my way of thinking. I think we held hearings, if I remember correctly, back during the time when Mr. Wolverton was chairman of this committee. I believe we held some hearings after Mr. Priest, and it seems to me this is a very important field that has been neglected.

I am glad to see the gentleman here in support of this legislation. I hope that we will get it out in time that he can have a part in putting it on the statute books of this country.

The gentleman from Minnesota.

Mr. NELSEN. Thank you, Mr. Chairman.

I, too, want to thank our colleague, Mr. Hemphill, for appearing here. I want to join in what Mr. Roberts has said that certainly we regret that our colleague will be leaving us.

I want to say that I am pleased that he speaks for a cause in which my daughter has embarked on—she will be graduating from college this year as a nurse. I might add that one of the things that surprises me is the level of salary that appears here as far as the nurses are concerned. The thing that I fail to understand is, that usually when there is a shortage the price goes up. It would seem to me that if there is a shortage of nurse personnel that automatically their salaries would be higher. I don't know how we account for the fact that there is a shortage of nurses, yet the salary scale is very low. I hope someone will go into that later.

I would like to point out in the mental health, mental retardation bill that we passed, we think one of the better parts of that bill is title III where we proceeded with provisions for training of personnel to staff the program properly to take care of the patients. I think in legislation of this kind perhaps the most important thing is to make available facilities for training, as well as student loans in a manner that will be encouraging to the young ladies that may want to go into the nursing profession. However, if the salary is low, as it is, this fact certainly would make nursing a less attractive profession. I wonder if this gentleman wishes to comment on the salary situation versus the supply and demand.

Mr. HEMPHILL. First, let me express my gratitude and humility to you and our distinguished chairman for your remarks to the witness. I assure you that after I have left here that my nostalgia would not be complete without the affection I have for the members of this committee and the personalities who have been kind to me today.

So far as the salaries are concerned, I think what has happened from my limited experience has been that the hospital administrator on a local basis has such difficulty in trying to keep his hospital in the black because of the rise in cost, that he scales down almost of necessity—maybe I am provincial in my thinking on it, but I am sure this happens all over the country from people I have talked with—that he has to scale down the pay that he gives to these nurses. So what has happened, when you have a classification, general duty nurses, these people are not all registered nurses. These people are people who come into the hospital and, because they are not registered nurses, will accept—and even registered nurses will accept—less pay than their duty and their purpose deserves.

The hospital costs have gone up so, as the gentleman from Minnesota certainly knows, that unless you have a fine type of insurance coverage or some other cushion, for any lengthy sickness it is difficult for anybody who is not fairly well off to meet the expenses and still maintain themselves in a condition to go back to the hospital if they have a recurrence.

In looking at the pay scale here that the chairman has put into the record, it occurred to me that 2 or 3 years ago I had some people who wanted to come to Washington to work as secretaries. I inquired of the various business offices here. Without calling any names, I found out that the starting salary in many of the law offices here was \$4,500 or better, which is a whole lot of money down in South Carolina; it is not too much here. Of course, a young lady—and most of the nurses are young ladies; very few men—can go to school for 2 years, take a secretarial course; they are in demand all over the country, and the incentive of course from remuneration is lacking. As noble as the purpose is of nursing, none of us can get away from the economic factors of living, and I think these young ladies properly consider that. In making my own living, I would consider it.

That is one of the causes. You just can't compete—the hospital can't compete with the business community on the question of salaries. That is not the whole answer, I am sure.

Mr. NELSEN. I am sure it is part of the answer.

Mr. HEMPHILL. It is part of the answer. Another thing I think is that, so far as I can determine, there has been neither a general climate of encouragement either by the United States of America or by any of the governmental subdivisions of this country or by the people of this country. Unfortunately, we accept the great work these people do and, as I say, I think it is wonderful to be a nurse. We accept it, we are grateful, and then the patient leaves the hospital and so often we forget that the patient has left, the administration of the fine nurse has been fruitful and we forget all about it. I don't, myself, because I am mindful of the fact, perhaps I am sentimental, that a man has a purpose in life. So many people go through life without ever really serving any purpose. But the people in the nursing profession are the exception, they serve a great purpose.

One of the reasons I am so much in their favor is, that I will do everything in my power to salute what they have done, what they are doing, and what they will do in the future. Excuse your sentiment, sir.

Mr. NELSEN. Thank you.

Mr. ROBERTS. Thank you, Mr. Hemphill.

Mr. HEMPHILL. Thank you, Mr. Chairman.

Mr. ROBERTS. Next we will hear our friend and colleague from Ohio, the Honorable Frances P. Bolton.

STATEMENT OF HON. FRANCES P. BOLTON, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF OHIO

Mrs. BOLTON. Thank you for giving me an opportunity to present a statement. I had very much hoped that before this time I would have been able to submit a bill somewhat similar to H.R. 10042 by Mr. Harris, but mine would have been pointed more toward the training of bedside nurses. For many years my colleagues in the House have known of my deep concern with the needs of the American people for adequate health care in general, and for nursing services in particular. For the benefit of newer Members, may I mention specifically my efforts in 1941 when the emergent need for nurses was crucial and the Congress appropriated \$1.2 million for a national defense nurse training program. It was administered by the U.S. Public Health Service, the funds providing scholarships for basic, refresher, and postgraduate programs. Two years later, largely as a result of the success of this limited program, I introduced and the Congress promptly enacted into law the Bolton bill to establish the U.S. Cadet Nurse Corps. A war emergency program, it graduated 125,000 young nurses to meet the needs of our Nation in its time of crisis, before it was dissolved in 1949.

In 1955, you will recall, I introduced a joint resolution to establish a National Commission on Nursing Services to collect the splendid research the nursing profession and others had done, to evaluate it and come up with recommendations to alleviate the nurse shortage, and to provide the needed services. The Commission was to be composed of representatives of nursing, hospital administrators, doctors, waywise laymen, and also representatives of the House and Senate. Unfortunately, the then leadership of the nursing profession testified successfully against the proposal in hearings before this subcommittee in June 1956. They felt that the intrusion of nonprofessional persons into such a Commission could not be tolerated. Following the hearings, no further action was taken by the committee.

Some 8 years later, we have a bill before the subcommittee based on recommendations of a consultant group on nursing appointed by the Surgeon General in 1961. The report of this group, made after a further study over a period of nearly 2 years, acknowledges that it still does not have the answers to the recognized nurse shortage. This is shown by two important parts of the bill which provide: (1) planning grants, for which \$4.4 million would be provided for 2 years to determine where the emphasis should be placed—on new schools, improvement of present schools, recruitment programs, or better utilization of present supply; and (2) project grants, a 5-year program to

cost \$58.8 million for the purpose of stimulating new or improved methods of nurse recruitment, training, and to further expand programs of nursing education. While these two programs may be helpful over the long run, if properly carried out, they could very well result in just more reports to gather dust.

The parts of the bill which propose to move more swiftly in alleviating the nurse shortage would: (1) provide construction grants—\$110 million—for 4 years to provide up to two-thirds of the cost of construction or expansion of schools of nursing—collegiate, diploma, or associate degree; (2) set up a 5-year scholarship program based on nationwide competitive examinations; (3) provide loans for full-time students in collegiate, associate degree, or diploma schools. For each year of full-time employment as a nurse in a public or private nonprofit agency or institution up to 6 years, 10 percent of the loan would be canceled.

Another section of the bill would extend for 5 years the advanced training program for teachers, administrators, and supervisors. I have always supported this program and, in fact, was a sponsor of the original bill in 1956. Of course we all recognize that we must have more teachers if we are to begin training any appreciable number of additional nurses.

Through the Nurse Traineeships and the Vocational Training Act we have succeeded in increasing our supply of advanced degree nurses and practical nurses. Both groups are highly essential, but there is a great gap between the two which needs to be filled. The real shortage and the greatest need today is for more well-trained bedside nurses. My present inquiries seem to indicate that hospital administrators are realizing that their use of "substitutes" on their nursing staffs has gone too far. It would seem that they would gladly accept a well-educated, 2-year licensed bedside nurse as a possible answer to their increasing needs. Many fine community colleges and other schools are being established to offer a 2-year program. If there is included an adequate amount of actual practice, I would hope that the committee would make sure that the bill which is finally reported recognizes the possibility of giving a high-standard training in less than a 3-year period without a college degree. This would seem to be one of the first steps we could take to begin to alleviate the tragic lack of bedside care.

Mr. Chairman, I would ask that these matters be gone into from all points of view including that of the waywise and experienced non-professional who, after all, is the one in acute need of skilled nursing care.

Mr. ROBERTS. Thank you, Mrs. Bolton, for your fine statement, and I'm sure the subcommittee will consider your views when final action is taken on these bills.

Do any of the subcommittee members care to question our colleague?

If not, we will continue with the next witness.

Mr. Jones, in your statement yesterday you outlined the part the student loan will play and discussed the forgiveness clause. I would like you to reiterate or elaborate a little bit on the effect of the forgiveness section and how it will, in your opinion, lend itself to participation by the various student nurses.

STATEMENT OF BOISFEUILLET JONES, SPECIAL ASSISTANT TO THE SECRETARY, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE; ACCOMPANIED BY DR. LUTHER L. TERRY, SURGEON GENERAL, PUBLIC HEALTH SERVICE; MISS JESSIE M. SCOTT, CHIEF, DIVISION OF NURSING, PUBLIC HEALTH SERVICE; AND MRS. LUCILE PETRY LEONE, CHIEF NURSE OFFICER, PUBLIC HEALTH SERVICE—Resumed

Mr. JONES. Mr. Chairman, the cost of a training program in nursing in relationship to the income of a nurse in her professional work after completion of her training makes it imperative that a student who is to go into this field have financial assistance if she does not have it available through her own family resources. This is true, because at least a third of the students come from what we would call low-income families, with incomes of \$5,000 or less.

The loan provisions, considering the low prospective income after graduation, are not as attractive to the students as a grant-in-aid program, which would not require repayment of a large outlay of money expended for training. On the other hand, it seems appropriate that one who receives assistance for training in a profession should practice that profession after graduation. Therefore, this proposal contemplates the provision of loans on the basis of need to qualified students. The need to be determined by the respective nurses training institutions themselves. It also permits forgiveness or cancellation of 10 percent of the loan for each year for 6 years, the nurse practiced her profession in a public or nonprofit activity following graduation. This is equivalent to a cancellation of 60 percent of her loan. This would result in repayment of only 40 percent of that which had been loaned to the individual during the course of her training.

We think this is a double advantage:

One, providing financial assistance will attract girls into this career who might otherwise be unable to come because of financial barriers; and, second, it will provide an incentive to these young women to continue in their profession after graduation, at least for these 6 years.

Mr. ROBERTS. Now you make a distinction in the maximum amount between the collegiate students of nursing and the maximum amount in the diploma or associate degree student. What is the minimum amount of time that would be required in the diploma school?

Mr. JONES. In a diploma school, generally the course is 3 years' duration. In the associate degree program, it is 2 years. In the collegiate program leading to a baccalaureate degree, it is 4 years. But it is not so much the length of time, Mr. Chairman, as it is the cost to the student for these respective programs. It costs a great deal less in terms of fees charged the student in a diploma school and in an associate degree program than it does in a collegiate program.

Mr. ROBERTS. Now do the students in the collegiate schools work part time, or can they work part time while they are in collegiate school?

Mr. JONES. Generally, in a collegiate school the first 2 years involves higher education in the liberal arts, similar to a general collegiate education program. The second 2 years are devoted to professional training as nurse. In some schools, the nurse professional training begins

in the freshman or sophomore years, and the liberal arts training extends through the third or fourth year.

But the point is that the baccalaureate or collegiate program is a specialty in nursing for approximately 2 years, following 2 years of general education at the higher level. The expenses of a girl in a collegiate program are the equivalent of expenses of any other student in college.

Mr. ROBERTS. If I understand correctly, in the National Defense Education Act, teachers, let us assume one goes to teachers college and obtains a degree and then goes into the teaching profession. If I understand correctly, that teacher can be forgiven the entire amount if he stays in the teaching profession for 10 years. Am I correct?

Mr. JONES. I think, Mr. Chairman, only up to half of it is forgiven. I will correct it for the record.

Mr. ROBERTS. I wish you would look into that, because I don't think we ought to do differently.

Mr. JONES. I believe I am correct that the forgiveness is for half of the loan, 10 percent a year for 5 years for teachers. If this is not correct, I will correct it for the record. But in this instance, the proposal is for 6 years, or 60 percent. This takes into account to some extent the differential in earning capacity after graduation.

Mr. ROBERTS. It is my feeling that certainly we ought not—

Mr. JONES. It is 5 years; I am correct on that, Mr. Chairman.

Mr. ROBERTS. That probably makes sense, because actually the teachers, as has been shown by figures put in the record this morning, make more money than do the nurses.

Mr. JONES. The proposal here has a precise precedent in teachers under the National Defense Education Act with the adjustment of cancellation for 6 years instead of 5. This would take into account the differential in earning capacity at the conclusion of the training.

Mr. NELSEN. Usually, nurses training takes longer, does it not, than to be trained to be a teacher? So there is another factor involved, is there not? Usually it runs beyond the 4 years. You can do it in 4, but you must go to summer school; it usually runs to 5 years.

Mr. JONES. Some education of teachers does extend, but nursing education does, too.

Mr. NELSEN. Nurses education usually extends over longer than teacher training?

Mr. JONES. Sometimes. It depends on the particular situation. They are generally comparable, although the nurse training in a specialty does require a longer time.

Mr. NELSEN. In the case of our daughter, she went to summer school for two summers and did it in 4; but normally, I think, it takes 5 years. It usually takes 5 years to complete your nurses' training, while to be a schoolteacher, I think perhaps you can do it in 4 years.

Mr. JONES. I see your point, Mr. Nelsen. You are correct. Generally after 2 years of higher education the professional training part of the collegiate nurse program will run longer than, say, 18 months or 2 academic years. It probably will more likely run 2 full calendar years, or the equivalent. You are correct.

Mr. NELSEN. Thank you, Mr. Chairman.

Mr. ROBERTS. Now on page 10—I am sure you went into this somewhat yesterday, but I think it is a very important part of this pro-

gram—there is a section under “Graduate Scholarship,” page 10 of your statement. Will you elaborate on that a little bit, and what effect you think it will have in attracting new students into this program, on the merit scholarships?

Mr. JONES. Yes, Mr. Chairman. One of the problems that this proposal undertakes to deal with is the attraction of competent high school graduates in larger numbers into the nursing profession. It is felt that this proposed system of merit scholarships on a nationally competitive basis, but allocated by States so that each State has a proportionate share of awards, would encourage high school graduates to think more seriously of nursing as a career. The proposal is that approximately a thousand merit scholarships be made available each year allocated through the States.

About 90 percent of high schools now provide competition for their students in a national qualification testing program administered by competent professionals nationally. Out of this competition certain students are given national merit scholarships—some 1,500 this past year in general education. These recipients of the merit scholarship awards are then given actual monetary awards in relation to their financial need.

Some merit scholarship winners do not get financial aid, but they get the recognition that comes from successful competition. Last year, I believe, out of some 1,500 winners in the national merit scholarship program only 4 students were selected, who had indicated nursing to be their collegiate career interest.

There are in this national program special awards for winners who indicate some special interest in a particular field. Thus, the mechanism of this national testing program could be effectively used to reward those who have an interest in nursing, competitive scholarships under this program. This would attract into nursing students who would, without the incentive of a scholarship, not otherwise be interested in nursing.

We think this is a very modest program. We think scholarships should be awarded only on the basis of need, up to a thousand dollars a year limitation. Finally, we think this is a recruitment device—a device of centering attention on nursing as a career among the most talented of high school students. It would be a highly effective mechanism in dramatizing nursing as a career.

Mr. ROBERTS. I have been trying to get a breakdown of the appropriation authorizations for the entire program. I am sure it is set out. I would like for you briefly to give us the total and then break it down into the various sections, so that we will have that pretty well in mind.

Mr. JONES. For fiscal year 1965, Mr. Chairman, the total cost of the program to the Federal Government would be \$19,285,000. Would you like me to give you the 5 years in total?

Mr. ROBERTS. Five years, first.

Mr. JONES. All right, sir. The total—would you like this broken down by each year, or the total for the 5 years?

Mr. ROBERTS. Total for the 5 years, and then break it down.

Mr. JONES. All right, sir. For fiscal year 1966, \$57,305,000; for 1967, \$80,655,000; for 1968, \$90,905,000; 1969, \$97,725,000.

There would be estimates for the next 3 successive years, Mr. Chairman, to enable students who received assistance for any aca-

demie year ending before July 1, 1969, which is the extent of the authorization, to continue or complete their education, and also for projects that had been authorized to be completed. I have those estimates, if you would like to have them.

Mr. ROBERTS. Yes, I would.

Mr. JONES. In 1970, to complete the program it would be \$35,750,000; 1971, \$18,290,000, and in 1972, \$4,175,000. This would make the total for the 5 years of authorization and the 3 years to complete the commitments, as estimated, \$404,070,000.

Mr. ROBERTS. The clerk has just handed me a breakdown that I think it would be well to put in the record, which parallels this.

Mr. JONES. A table is available for the record.

Mr. ROBERTS. Without objection, it will be placed in the record at this point.

(The table referred to follows:)

Estimated cost to the Federal Government

[In thousands of dollars]

	Fiscal years								Total
	1965	1966	1967	1968	1969	1970 ¹	1971 ¹	1972 ¹	
Construction.....		20,000	30,000	30,000	30,000				110,000
Planning grants.....	2,200	2,200							4,400
Project grants.....	3,800	10,000	15,000	15,000	15,000	11,300	4,500		74,600
Traineeships.....	8,825	13,625	15,625	16,625	17,823				72,525
Merit scholarships.....	750	1,500	2,250	3,000	3,000	2,130	1,320	570	14,520
Loans to students.....	3,100	8,900	16,800	25,300	30,900	21,340	11,490	2,625	120,455
Administration.....	610	1,080	980	980	980	980	980	980	7,570
Total.....	19,285	57,305	80,655	90,905	97,705	35,750	18,290	4,175	404,070

¹Amounts for these years are included as estimates of sums necessary to enable students who received assistance for any academic year ending before July 1, 1969, to continue or complete their education, and for projects to be completed.

Mr. ROBERTS. Now this would make our total \$404,070,000?

Mr. JONES. Over an 8-year period.

Mr. ROBERTS. Now do you anticipate that there will be demands that this program continue, or do you envision this as completion of the job?

Mr. JONES. Mr. Chairman, I would think that in view of the tremendous job we have ahead of us that there would be a continuation of this program in some form. This would depend upon the judgment of the committee and the Congress and the circumstances of the time. There is provision in the bill for a review and report to the Congress within 3 years after embarking on this program to evaluate its accomplishment and to give the Congress some idea of what the results have been and the prognosis for the future.

Mr. ROBERTS. The reason I ask that question is, that I note that in your construction figures it looks like \$110 million; is that correct?

Mr. JONES. Yes.

Mr. ROBERTS. It is roughly a little better than the fourth of the total 8-year program.

Mr. JONES. That is right.

Mr. ROBERTS. With no construction planned in this field, estimated, I should say, past 1969. Is that correct?

Mr. JONES. That is right.

Mr. ROBERTS. So that evidently you could say, I suppose, that you might anticipate that project grants, traineeships, scholarships, loans to students, and, of course, administration, there may be a need that those things continue.

Mr. JONES. That is right.

Mr. ROBERTS. But you do not believe at this time that there will be necessity for construction. Now I had in January of this year introduced legislation on this subject. I would like that to be touched upon. I have been interested in this matter for some time. I have some ideas of my own about the program. I will not ask you anything about it today, because you have testified in the main on the administration program; but I would like for the Department to come up with some statement on the bills that I have introduced.

That is all I have at this time.

Mr. Nelsen?

Mr. NELSEN. I have just been wondering, is there any report on a nationwide application as to the availability of training facilities? Out in our State, I don't know of any girl who wanted to be a nurse who finds herself without the available hospital to go to for training. In Minnesota we have an arrangement, I think it is a very good arrangement, because she gets practical experience along with training. Now is this type of arrangement extensively available nationwide, or do you find in some areas this arrangement is not provided?

Mr. JONES. There are some areas of the country in which the training opportunities are lacking. There is not an even distribution of training opportunities for students in nursing. We contemplate that the Council, which is provided for in the bill would take into account geographical distribution among the other criteria in approving projects. There is training capacity in schools of nursing which is not now being fully utilized. One reason we think this is true is the financial barrier to students who might otherwise go into nurse training. This is one reason this proposal emphasizes financial aid to students.

Another problem is the quality of the educational facilities that now exist. There are some training programs that do not meet the standards for accreditation. It would be hoped that the demonstration grants, the grants to improve teaching techniques, would enable some of these schools to become accredited and thereby attract students more readily. But over and beyond that, the capacity when utilized to the fullest would still be woefully inadequate for the production of the quantity of nurses with an adequate quality of training that is contemplated as a minimum goal to be reached by 1970.

Mr. NELSEN. Now in the event some of the training facilities are not of the quality that they should be, I assume that these student loans, when they are made, the student would of course be expected to go to a school that would have the proper training facilities. That would be one incentive?

Mr. JONES. The loans, Mr. Nelsen, would be limited to schools that are accredited.

Mr. NELSEN. Right; I would assume so. My understanding of this bill is that there is cumulative authorization. In other words, if you don't use it, it will go on and on. It is my understanding that that, generally, is not true in other provisions of law. Why is it drawn in this manner in this bill?

Mr. JONES. For the construction grants, Mr. Nelsen, there is a 2-year extension which is comparable to other legislation. The loan provision here is comparable precisely to the Health Professions Education Assistance Act's provisions for loans to medical and dental students which this Congress enacted.

Mr. NELSEN. My feeling on this legislation, having in mind that we are continually pressed for funds on a wide variety of things, prepare a budget and provide the money to do a job is not easy, therefore the most needy part of this program appears to me to be in the area of stimulating nurse recruitment, also to make it more attractive for girls to become nurses. So I would think that in the training end of it, which is the least expensive, this would be one area to which we should give particular attention.

In the area of bricks and mortars, it is expensive; and I am sure we all agree we will have to do the best we can with what we have. I thank the gentleman for his testimony.

I wish to extend greetings to Dr. Terry who is accompanying Mr. Jones. The last time I saw him was in Geneva, Switzerland, at the World Health Organization. I want at this time to thank him for the outstanding job he did there in presiding over our delegation and representing our country in the Conference. It was very well done. Not only that, Doctor, but I recall you demonstrated that you have a very nice singing voice.

Mr. JONES. That is news to us.

Dr. TERRY. Mr. Chairman, if I may, I would certainly like to thank Mr. Nelsen for his remarks. On my first appearance here before this committee a week or 10 days ago, I did take the opportunity of telling the chairman, Mr. Harris, and other members of the committee who were present what a fine job Mr. Roberts and Mr. Nelsen did as advisers to the U.S. delegation at the World Health Assembly. Since you were not present at that time, I would like to repeat and say that we have had considerable experience with congressional advisers. We almost uniformly find them helpful. But there are times when we have found some who are especially helpful to us. I was very grateful, as the chief of our delegation, to have you and Mr. Roberts as advisers to our group. I felt it was particularly appropriate, since this is the first time, at least insofar as my working with the delegation is concerned, where we had an opportunity to have members—and key members—of our legislative committee with us on these delegations. So, I thought it was particularly appropriate and I thought it was particularly successful.

And again I would like to say to both of you how much the entire delegation appreciated having you with us.

Mr. NELSEN. May I call to the attention of Dr. Terry we went on to Copenhagen, as Mr. Roberts has mentioned, and visited the facilities there, not only in Copenhagen but also in Aalborg, Denmark. The Ambassador to Denmark, Mr. Blair, invited Ken and I to participate in the dedication of Kennedy Square in Aalborg, Denmark.

Mr. ROBERTS. I want to thank our Surgeon General for allowing us to participate along with his team on mission. I might say one reason we didn't offer any advice was the fact that you were doing such a good job and we were just privileged to be along and see the fine work that you were doing. It was a real opportunity for us to sit in on some

of the problems and watch the wonderful way in which you represented not only the United States but a great many other countries who call themselves free nations.

I was particularly pleased with the way you handled different situations, and the way in which you met some very difficult problems, problems that could have had worldwide implications had they not been adequately met and handled in, I thought, a very wonderful way.

I might say that this has been the first time that this committee has been designated to go and, while I have great respect for other committees of the Congress, I did feel that we had a part to play in the health field and that this committee should have some bit of recognition for the work that we do.

Again, I would like to congratulate you and all the members of your staff for the fine work you did in Geneva, which you do all the time in your chosen field. It was a real privilege to have had the opportunity of sitting with you and taking some part in your deliberations.

Dr. TERRY. Mr. Chairman, I am duly appreciative of your modesty. However, I would not like to sit by and allow it to stand on the record that the two of you did not advise us, because you certainly did. You participated in our delegation meetings each morning. You discussed many of our thorny problems with us and gave us some very valuable advice in how to cope with the problems. I just wanted to be sure that the record shows this.

Thank you, sir.

Mr. ROBERTS. Thank you.

Mr. Pickle?

Mr. JONES. Mr. Chairman, may I have the opportunity at this point to do two things? One is to also express appreciation, for Dr. Terry's leadership in international health affairs. I had the privilege of attending the first World Health Assembly at which he was chairman of the delegation. He performed with a maturity of judgment which possibly indicated he had been to many of these before, although he hadn't. We are very proud in the Department over his leadership in the international health field and we think this is most important.

In terms of the bill, may I make a statement that will be responsive to Mr. Nelsen's comments concerning the availability of space for students in schools?

Approximately 8,500 more students could be accommodated in present nursing school facilities throughout the country. This is about one-fourth of the total increase in admissions needed by 1966-68 to meet what has been proposed as the feasible goal for the number of nurses needed. This feasible goal is 680,000 nurses, in contrast with the desirable goal of 850,000 nurses recommended in the report of the Surgeon General's Consultant Group on Nursing.

To provide for the number of admissions needed, we need to increase admissions by 31,500. Subtracting the 8,500 places now available, we still need 23,000 additional places in all 3 types of nursing to meet the feasible goal of 680,000 nurses by 1970. This program in its entirety, including the construction of new facilities, contemplates that particular goal.

Thank you, Mr. Chairman.

Mr. ROBERTS. One other thing, if the gentleman from Texas will indulge me, on page 11 it might serve to clear up a little confusion, if there might be confusion, as to a traineeship section which you mentioned will expire this June. I would like, if you would, that you devote some time to that part, section 821(a) of the bill.

Mr. JONES. This section of the bill, Mr. Chairman, was the result of legislation authorizing a program for 3 years beginning July 1, 1956. For fiscal year 1957 there was an appropriation of \$2 million for this program. The success of the traineeship program in producing well-trained nurses for teaching, supervision and administrative duties in the field of nursing was so great that the Congress in 1959, extended the program for 5 years. This program now expires in June of this year.

I can provide for the record, if you like, or read now the numerical results and some comment on the value of the program during the years since 1956. We are proposing in this legislation, Mr. Chairman, that this program be extended and also that the categories for which the traineeships can be made available be extended to include certain nursing specialties in which shortages exist. This recognizes the complexity of professional requirements for nurses now. These new categories will be determined by the Surgeon General.

(The following data was subsequently supplied for the record.)

PURPOSE OF THE PROFESSIONAL NURSE TRAINING PROGRAM

The purpose of the professional nurse traineeship program is to improve the quality of patient care by increasing the number of graduate nurses with preparation for positions as administrators, supervisors, and teachers in hospitals and related institutions, public health agencies, and schools of nursing. The program provides long-term traineeships for full-time academic study in universities and colleges and traineeships for short-term intensive training courses sponsored by certain public and nonprofit institutions.

LONG-TERM ACADEMIC TRAINING

This training is intended to increase the number of graduate nurses qualified for positions as teachers and administrators in schools of nursing, and as supervisors and administrators of nursing services in hospitals and in public health agencies.

Traineeships are awarded through grants to institutions offering training in teaching, administration, and supervision which are approved for participation in the program. Trainees are selected by the institution in accordance with the intent of the traineeship program and the established admission policies of the school.

A traineeship provides for tuition, a stipend, travel, and required fees and allowance for dependents.

From 1957 to 1963 a total of 105 schools located in 38 States have participated, and traineeships for full-time study have been awarded to over 11,000 nurses from all States.

SHORT-TERM TRAINING

A program of traineeships for graduate nurses to undertake full-time study in short-term courses was established in July 1959. This resulted from the recommendations made to the Surgeon General by the 1958 evaluation conference.

The purpose of the short-term program is to assist nurses to update management and teaching skills most needed to improve the quality of patient care in the institutions or agencies in which they are employed. It offers short-term training courses to nurses in administrative, supervisory, and teaching positions who may be unable to undertake longer periods of full-time academic study. Such courses provide a means by which nurses are enabled to meet new developments in patient care and in community health practice.

Educational institutions, health agencies, or other nonprofit organizations (except departments and agencies of the Federal Government) may apply for traineeship grants to sponsor short-term courses for nurses. The sponsor is responsible for the selection and appointment of trainees.

From 1960-63, approximately 275 grants were made to over 100 sponsoring agencies located in 39 States. These grants provided for over 400 courses to different groups of nurses, and an estimated 14,000 nurses attended these courses.

Mr. NELSEN. Mr. Chairman, I have a question at this point on this extension. The act presently in force and effect expires in June, is that not right?

Mr. JONES. That is correct, yes.

Mr. NELSEN. Has there been any assessment as to the total cost of this package as it is prepared, as compared to what has been spent? We usually run into the problem on the floor of the danger of having a bill analyzed with a total dollar figure, not having in mind the total dollar figure that has been spent in some of these same areas before. I just wondered how much additional money would be added here.

Mr. JONES. Well, the traineeship program for fiscal year 1965 as contemplated in the legislation under discussion would require an appropriation of \$8,825,000.

Mr. NELSEN. Previous to that, what was it?

Mr. JONES. For fiscal 1964 it was \$7,325,000. I can give you either orally or for the record the amounts appropriated from 1956 through 1964.

Mr. NELSEN. I have in mind in the air pollution legislation much of that was a consolidation of activities that had previously been conducted, and what we tried to do, as I recall, was to streamline operations so that the total dollar figure, which might appear to be quite staggering, was an accumulation of many activities that had previously been conducted.

I wanted to be sure that we were fortified with the information, so that when we go on the floor we can tell them.

Mr. JONES. That, Mr. Nelsen, is a very important point. In this proposal, we would actually be increasing expenditures over what we are now doing for this program by only \$1,500,000, rather than the \$8,825,000. Thank you very much for making this point. We will work with the staff to provide for the record these adjustments, if that is appropriate.

Mr. NELSEN. Thank you.

(The following data was subsequently supplied for the record:)

APPROPRIATIONS FOR THE PROFESSIONAL NURSE TRAINING PROGRAM

The professional nurse traineeship program was originally authorized for a 3-year period, beginning July 1, 1956, under title II, Public Law 911 (84th Cong.), the Health Amendments Act of 1956. This added section 307 to the Public Health Service Act.

In July 1959, Congress amended the Health Amendments Act of 1956 "to extend certain traineeship provisions" by continuing the professional nurse traineeship program for 5 years. Appropriations have been authorized for each fiscal year through June 30, 1964, in such sums as Congress determined, as follows:

Fiscal year:	Appropriation	Fiscal year—continued	Appropriation
1957	\$2, 000, 000	1961	\$6, 600, 000
1958	3, 000, 000	1962	6, 250, 000
1959	6, 000, 000	1963	7, 325, 000
1960	6, 000, 000	1964	7, 325, 000

Thus, the fiscal year 1965 projected cost of \$8,825,000 for the extension of this traineeship program for the advanced training of nurses (sec. 821 of H.R. 10042)

represents an increase of only \$1,500,000 over the appropriation level of the program for fiscal year 1964.

The net increase for fiscal year 1965 over 1964 projected for all programs included in H.R. 10042 is \$11,960,000.

Mr. ROBERTS. Now I have one other question, and then I will recognize the gentleman from Texas.

I have talked to some physicians who are quite interested in the field of pediatric nursing. I wonder if you have given any thought to the special need in this field.

Mr. JONES. This has been done, Mr. Chairman, in relation to the advanced training of nursing. I feel that pediatric nursing as a specialty would perhaps be one of the categories for extension of the traineeship program, if this were determined to be a critical area by the Surgeon General. I do not know whether he is prepared to speak to this now or not. It would be his judgment as to whether this was needed.

Dr. TERRY. Mr. Chairman, I think one of the real deficiencies in our existing traineeship program is that it has been directed in such a way that it has not allowed us to support the training of advanced leaders in the clinical fields particularly, whether it be pediatrics or surgery or whatever. It has been in the teaching and administrative fields of nursing that the traineeship program has been authorized, active, and effective. One of the things that we visualize as a part of this legislation would be a definite encompassment of advanced training in the various clinical fields, including pediatrics.

Mr. JONES. I think it might be well to say, Mr. Chairman, that the advanced training contemplated here would provide a specialist in the field of nursing that would be comparable to the specialist in medicine. Beyond this, Mr. Chairman, there is no special consideration that has been given in this legislation to a comparable need other than at the advanced level. It is at this point where nursing becomes highly specialized to the point that it requires a particular orientation.

Pediatrics, of course, is included in all curriculums for the training of nurses.

Mr. ROBERTS. I do not know that I have enough background and it may be that after we get in another session that I will call you back and we can develop this more fully.

Mr. JONES. I will be happy to respond, Mr. Chairman.

Mr. ROBERTS. I am convinced, from what they say, that there may be reluctance on the part of highly skilled and highly trained nurses to enter this field and perhaps we could, if there were a shortage, we could fill this with people with a little less training than it takes certainly for the baccalaureate or even for the 2-year schools. But we will leave that for the time being.

The gentleman from Texas.

Mr. PICKLE. Does the American Medical Association favor this proposed nursing bill?

Mr. JONES. I have not been in direct contact. I think in general they do. I don't know whether they are on the witness list or not. They will appear later at which time they will state their position.

Dr. TERRY. I am not certain of the AMA's position on specific provisions in the bill. They have manifested a very definite interest

in the implementation and expansion of the training of nurses, but I am not sure whether there will be any disagreement with individual portions of this bill.

Mr. PICKLE. Would this be true also of the American Hospital Association?

Mr. JONES. Yes, sir. The American Hospital Association will also appear to express their views. We know that the American Hospital Association is deeply concerned about the shortage of nurses; but here again, whether they agree with the specifics of the proposals, we are not sure. But they will have opportunity to express themselves.

Mr. PICKLE. Since they will appear, I will withhold any further questioning at this time.

I am concerned that the trend has been downward in the available supply. I know this must be in the phase of some sort of a public relations program that the nursing, hospital, and medical professions have been pursuing. In spite of the fact that in 1963 you had passed a Professional Training Act which provided along with the general category of training of nurses, it does not seem to have given you any increase or any encouragement in the number of available nurses that you are going to have. You have to pick up a 70-percent increase between now and the next 5 to 6 years. What is the profession doing? You come to Congress and you want us to appropriate several million dollars for these grants for construction and planning, and a large sum on loans. What is your general public relations program, outside of Congress? What is your profession doing on this? Can you enlighten me on that?

Mr. JONES. Yes. First, I would like to respond to your opening statement. Actually, the number of nurses has gone up.

Mr. PICKLE. Percentage-wise?

Mr. JONES. No, sir; in actual numbers.

Mr. PICKLE. I am sure of that.

Mr. JONES. Yes. In 1950 there were 375,000 professional nurses in practice. In 1956—these are just selected years—the total was 450,000. In 1960, 504,000; in 1962, 550,000.

Mr. PICKLE. By 1970 you will need 680,000, a very large increase.

Mr. JONES. That is correct. This takes into account a number of factors. One is the increase in population alone, which accounts for some demand. Another is that with advances in the economy and standard of living the American people use more nursing care than might have been true previously.

The advances in medicine require skilled assistance in the nursing field beyond that which has been true previously. For example, open-heart surgery, which was not known just a few years ago would require a team in the operating room of perhaps 15 people, some 10 or 12 of whom would be nurses, for example. Then we have a larger number of people who are in the aging population and this is increasing. They are the ones most susceptible to the chronic diseases or infirmities which can be handled appropriately by nurses.

Mr. PICKLE. I appreciate that surely with the growth of population your overall number of nurses has increased. Are you saying to me that we need more nurses just because our population is growing and because medical skill is advancing and new fields are opening

up, or are you saying that we have a shortage because the interest in the nursing field has gone down and the attractiveness that it holds for young people has been lessened? Now which?

Mr. JONES. I am saying both. What I am saying is that although the actual numbers of young people going into nursing as a career has been going steadily upward, this increase has not kept pace with the demand for nursing service in our economy for a variety of reasons, several of which I have given to you.

Mr. PICKLE. Now the real shortage is because of the increased need and development, rather than a lack of interest in young people entering into the nursing field.

Mr. JONES. That is correct. I have one figure here of some interest, I think. The attrition rate, that is those who have dropped out of nursing, has decreased from 5 percent in the early 1930's to an estimate of about 4 percent as of now. This is due, at least in part, to many part-time jobs that nurses accept when they have family or other obligations, which they have not done at times in the past.

Mr. PICKLE. My question is something which you perhaps can't answer, but over and above the appearance of you people before the Congress in your requests for large sums of money, the question is: What are the professions doing on a public relations basis to attract nurses into these various fields? It seems to me that is our big question, not alone the amount of money you propose here for construction, grants, or planning, but the interest we have in our schools.

Now, has a well-developed program been carried out all these years in this field?

Mr. JONES. Yes; I can give you some examples of what is being attempted and what is being done.

Mr. PICKLE. Would you say from the beginning they have not been adequate, that we have not done a good job in this field?

Mr. JONES. It has not been good enough. That is quite correct. But the efforts have been greater than they have been in the past, and the results have been less. The results have been less for reasons of competition of the type that we have already discussed. You are correct in what I assume you are saying; that is, that the rate of admissions into nursing schools per thousand 17-year-old girls has declined over the past 5 years. We now have about 3.58 per thousand girls who are in the 17-year-old age group who select nursing as careers. This is a little bit less than has been true, say, even 5 years ago. We have a great many more girls in this age category, but the opportunities for other types of employment for young women with less training required and more remuneration puts the nursing profession in a less favorable competitive position.

The National League for Nursing, Mr. Pickle, to be more specific, is a national organization designed to promote nursing as a career in all of its public relations aspects, administers the only national recruitment program for nursing we know about. It has a committee on careers. They are organized by States and communities which are very active, and they do make a very strong effort to provide information in high schools for this purpose.

There are 15 other national health organizations that work with this committee to promote and coordinate recruitment of nurses nationally and locally. This committee lacks funds to carry on an extensive

program of nursing. They solicit funds from people who are interested in nursing, nurses themselves, and the professional organizations, and others. They don't have as extensive a budget as they would need to do the job adequately.

Mr. PICKLE. I am no authority in this field, but apparently various branches of the medical and hospital field have not done a good enough job in attracting young people into the nursing field. I think a greater effort apparently must be given that consideration; that asking for big loans and grants are not going to be the sole answer.

Mr. JONES. We think, Mr. Pickle, that the problem is such a great one nationally that it is going to require national attention.

If I may respond for a minute to your comment on schools of nursing. The Health Professions Educational Assistance Act last year provides for construction grants only for collegiate schools of nursing. There has been no appropriation yet for that program and the program is not in operation. Furthermore, it was not expected that collegiate schools of nursing would participate very much in that particular program. This is why we think we need a special program to meet this special problem.

Mr. ROBERTS. We thank you gentlemen. We appreciate your appearance and the statements you have made. They will be very helpful to us. We are always grateful and appreciative for your coming.

Mr. JONES. Thank you, Mr. Chairman.

Mr. ROBERTS. I understand Mr. Henning, the Under Secretary of Labor, is here.

STATEMENT OF HON. JOHN F. HENNING, UNDER SECRETARY OF LABOR, U.S. DEPARTMENT OF LABOR; ACCOMPANIED BY MISS CAROL COX OF THE OFFICE OF SOLICITOR OF THE DEPARTMENT OF LABOR

Mr. HENNING. Mr. Chairman, my name is John F. Henning. I am Under Secretary of Labor. My associate with me is Miss Carol Cox of the Office of Solicitor of the Department of Labor.

With your permission, I will file the Department of Labor's statement on the bill H.R. 10042. The Department strongly endorses this measure. As you may know, we have a continuing interest in the question of manpower needs. This has been especially true since the year 1962 when the Manpower Development and Training Act was adopted by Congress. The act gave to the Department special responsibility in the area of manpower research, and for projecting the needs of the labor force in the future so that the best interests of the country might be served through education and training and proper preparation of workers for suitable jobs.

But even before the adoption of the Manpower Development and Training Act, in 1960 the Department of Labor issued what is now a historic work on the employment needs during the decade. I recall quite well that the report said at that time that in 1970 there would be a need for 40 percent more professional and technical workers in America than in 1960. This projection is nowhere more pertinent or valid than in the area of professional nursing.

As indicated by HEW, we not only have the demands of growth in the nursing profession before us, but we have the present nurse short-

age with vacancies in the nursing profession and the hospitals of the Nation representing 20 percent. So, we face the crisis of meeting the shortage of the present. We also face the crisis of meeting the demands of growth. We think that the bill speaks to these questions.

We think also it speaks to the return of those professional nurses who are on the inactive rolls. HEW declares that of the 550,000 professional nurses in active service at the moment, we could find one-half that number—225,000 professional nurses—who are not actively engaged in the profession and who, by special provision of the bill, may be encouraged to return.

For all of these reasons, then, we are happy to endorse this measure.

As you might know, under the Manpower Development and Training Act we have approached the training of practical nurses. Some 4,000 have been involved in programs established under the Manpower Development and Training Act. Of course, the training of the professional nurse would be beyond the authority or the competency of the Manpower Development and Training Act activity. I cite this type of training to indicate that we are sharply aware of the crisis in the nursing profession. I say again, we are pleased to endorse the measure.

Mr. ROBERTS. Thank you, Mr. Henning. Without objection, your formal statement may be filed for the record.

(The statement referred to follows:)

STATEMENT OF JOHN F. HENNING, UNDER SECRETARY OF LABOR, U.S. DEPARTMENT OF LABOR

My testimony in support of the Nurse Training Act of 1964, H.R. 10042, reflects the Department of Labor's concern for the critical shortages that are reported year after year among nurses—nurse educators, administrators, and supervisors, and in almost every nursing area and specialty of nursing.

Because of this concern, we have been very active in encouraging young people to enter nursing and associated professions. In our civilian manpower studies we have over the years assessed employment trends and employment outlook for registered nurses and published our results to the end of increasing interest in nursing careers and bettering their conditions of employment. The Department's additional responsibilities under the Manpower Development and Training Act in evaluating manpower resources and stimulating skill utilization and training, have intensified our awareness of the need for securing an adequate supply of nurses and fully utilizing their skills.

It appears evident that the nurse shortage will not decline unless assistance is furnished for the establishment and expansion of additional facilities and improved methods to train nurses and for the creation of incentives to enter the nursing field. Assistance by the Federal Government of these kinds would be made available under H.R. 10042.

Besides this direct assistance, it is hoped that the example of Federal leadership will provide an impetus for other programs with the similar purpose of meeting the growing demand for essential and high quality nursing services. As President Johnson said in his recent health message: "Federal action alone is not enough: State and local government's schools, hospitals, the health professions, the private citizens all have a big stake in solving the nursing shortage."

The supply of nurses is primarily determined by the number of girls graduating from high school who enter and complete nurses' training. This number is augmented by those who enter or reenter the profession after a lapse of time. At present, not enough students are entering the field to meet growth and replacement needs. This situation would improve, however, if the scholarship and student loan provisions of H.R. 10042 become a reality.

An essential parallel to encouraging more student nurses is that of providing facilities for their training. Therefore I strongly support the provisions of H.R. 10042 which provide for grants for new facilities for schools of nursing (collegiate, associate degree, or diploma) and for the replacement or rehabilitation of existing facilities.

The bill you are considering accords with and extends the principle of providing assistance to the health professions which Congress recognized last year with the passage of the Health Professions Educational Assistance Act of 1963. While that legislation, as you know, authorized some assistance for the construction of new teaching facilities for nurses, the main thrust of the act was toward ameliorating the shortages of physicians, dentists, and professional public health personnel.

The Harris bill rightly recognizes that the training of nurses must keep pace with the demand for more highly qualified personnel. Recent trends in health care indicate that nurses perform many more demanding functions today than they were once required to perform. The scope of the training needed by nurses has therefore necessarily been enlarged considerably because of and through scientific developments. The strengthened program for nurses' training envisioned by this bill reflects the scope of education essential today to efficient nursing services.

The Department's manpower projections indicate that shortages in the nursing profession will persist unless constructive steps are taken to reduce these shortages. Indicative of this is the fact that the number of admissions to nurse training courses in relation to the number of girls in the population dropped significantly in recent years.

Among the principal factors which will continue to contribute to the rising demand for nurses, over the long run, are population growth and the increased proportions of very young and old people in the population. Other factors include improved economic status of the population, widespread membership in hospital and medical insurance plans, expansion of medical services as a result of new medical techniques and drugs, and increased interest in preventive medicine and rehabilitation of the handicapped. Replacement needs are high, many professional nurses leave active nursing each year, primarily because of marriage and family responsibilities. Thus, in addition to the many nurses required to fill new positions, at least 25,000 will be needed annually throughout the remainder of the 1960's as replacements.

One expeditious way of increasing the supply of nurses is by facilitating the reentry of inactive nurses into the profession. A significant factor in the nurse manpower picture is that inactive nurses represent a high proportion of the nurses now on professional registers. Further, it is estimated that approximately half of all inactive nurses still maintain their registration. Every two active nurses are counterpointed by one inactive potential colleague. This is true for both professional and practical nurses. The total of this inactive nurse reserve exceeded 450,000 in 1960. Some of these nurses are married women with young children who may be expected to return to nursing when family responsibilities become less pressing. Others may be inactive temporarily for different reasons and anticipate returning when conditions warrant.

The Department of Labor has a keen interest in facilitating the return of qualified women to the labor force when it is their wish to make use of skills acquired in the past. We view with pronounced approval, therefore, the utility of section 806 of the bill in not only attracting new recruits to the nursing field but in enhancing the chances for former nurses to reassume their vital professional roles. That section provides for special projects to improve the utilization of nursing personnel. We understand that these projects may be used for programs aimed at returning inactive nurses to the profession on a full-time or part-time basis.

These special programs may hopefully lead to the identification and suggest solutions of problems which deter nurses from entering nursing training or returning to nursing practice. The effect of incentives such as refresher courses, the arrangement of convenient hours in hospitals, and revision of personnel policies which discourage the part-time employment of nurses may be explored through these projects.

H.R. 10042 combines the types of interrelated aid which we consider basic in reducing the nurse shortage.

The construction of urgently needed facilities for training nurses will enable additional qualified students to undertake training for careers in nursing. The scholarship and student aid provision will enable talented young people, previously unable to attend schools of nursing because of the lack of money, to do so. This bill will therefore tend to widen the reservoir from which schools of nursing can draw highly qualified and talented students, to include those whose economic situation is precarious. It will thus fit in with a major admin-

istration objective by providing greater opportunities for young women from lower income groups or depressed areas to realize their potential.

This legislation, if enacted, will take its noteworthy place along with the Health Professions Educational Assistance Act of 1963 as one of the significant health manpower measures to be enacted by the Congress in recent years.

The Department of Labor urges its approval.

Mr. ROBERTS. I would like, especially, to compliment the Labor Department for its fine job in promoting and assisting the development of the nursing phase, X-ray technicians, and others throughout the country. I certainly appreciate your coming, and also your recognition of the short time we have on our schedule today. I have no questions, but I thank you very much for your statement.

Mr. HENNING. Thank you, Mr. Chairman.

Mr. PICKLE. I would like to ask one short question. I am glad to see you again, Mr. Under Secretary. I appreciate your cooperation in many fields.

Mr. HENNING. Thank you.

Mr. PICKLE. I was interested when you made a comment that you had some 4,000 nurses in training under the Manpower Development and Training Act. As a prior commissioner on the Texas Employment Commission, I encouraged the Manpower Development and Training Act program wherever I could. I can't remember where we had any of these nursing programs in my State.

Mr. HENNING. I haven't the geographical breakdown with me at the moment. Programs have been established involving 4,000. Some have completed training. Some are preparing to enter the courses. The remainder, of course, are in the training. I am not sure what the Texas participation in nurses' training would be.

Mr. PICKLE. What kind of training would they receive? They could not get any degree?

Mr. HENNING. No. The maximum training period permitted by the Manpower Development and Training Act is 1 year. The average training period overall has been about 23 weeks. So practical nurses are given the short-term training that will provide them with enough knowledge to meet the demands of their work.

Mr. PICKLE. I won't prolong this, but I wish you could furnish me, at a later date, the kind of training and what kind of certificates they are getting at the end of training.

Mr. HENNING. I would like to send you a list of the ingredients of their programs in terms of educational aspects. The elements are developed by the vocational education people in the various States. The survey of the need for such programs is directed, as you know, by the Department of Labor. But the elements of training, the required aspects of what would produce the successful practical nurse, are prepared by the vocational education people. I will be happy to give you whatever data we have on that and also a geographical breakdown on the Texas participation.

Mr. NELSEN. How much is projected for expenditures for 1965 for the training of practical nurses? Do you have that figure?

Mr. HENNING. No, Mr. Congressman. On that, we have our 1965 authority voted in terms of our total budget for the Manpower Administration, \$411 million. This is the total budget authorized by action of Congress in December of 1965. We are now before the Ap-

propriations Committees. We have submitted our estimates to both Houses. But there is no breakdown for practical nurse training.

Mr. NELSEN. Would it not be a pretty good idea to give some indication of how much you expect to spend in this training program for practical nurses? Can you give us an estimate?

Mr. HENNING. I will be happy to do that.

Mr. NELSEN. Thank you. I have no more questions.

Mr. HENNING. The occupational participation under the Manpower Development and Training Act tends to vary with the communities. For example, we can establish our training programs only in an area where there is a job demand. It is a program related to the needs of the labor market. But I will be happy to provide information regarding contemplated practical nurse training program.

Mr. NELSEN. Thank you.

Mr. ROBERTS. Thank you very much.

(The following information was supplied for the record:)

PRACTICAL NURSE TRAINING PROGRAMS

PRACTICAL (VOCATIONAL) NURSE TRAINING UNDER MANPOWER DEVELOPMENT AND TRAINING ACT IN TEXAS

As of April 1964 no training programs for vocational nurses had been organized in Texas.

However, Texas already has in operation some 115 training programs for vocational nurses. While many are small programs operated by private schools and hospitals, 41 programs are being conducted under the auspices of public education and are receiving Federal reimbursement through title II, George-Barden Act funds.

The 41 federally reimbursed programs for vocational nurses in Texas report enrollments for 1963 as follows: Enrollments in preparatory programs for vocational nurses, 3,147 females and 31 males. Enrollments in extension or supplemental programs for employed vocational nurses, 264 females and 44 males.

It is interesting to note that for the United States as a whole, there is one licensed practical nurse for every two active professional nurses. In Texas, the number of licensed practical nurses (18,510) is substantially greater than that of professional nurses (12,618).

MANPOWER DEVELOPMENT AND TRAINING ACT FUNDS FOR PRACTICAL NURSE TRAINING IN 1965

Manpower Development and Training Act funds are not earmarked for any occupational area and therefore no specific amount of money is budgeted for practical nurse training in 1965. As in all Manpower Development and Training Act training, programs for practical nurse education will be organized on the basis of requirements for skilled workers in the occupation.

INSTRUCTIONAL PROGRAMS FOR PRACTICAL NURSES

The practical nurse is a trained worker prepared to give care, to patients, under the supervision of a professional nurse or physician, in situations relatively free of scientific complexity, and to assist the professional nurse, in a close working relationship, in giving nursing care to patients in more complex situations.

The increased requirements for licensure have emphasized and reinforced the need for adequate educational programs for practical nurses. Today, all States have laws for the licensure of practical nurses, and almost every State requires that a candidate for licensure be educated at an approved school of practical nursing.

Practical nurse training is a program of correlated theory and practice, usually 1 year in length. About one-third of the curriculum time is assigned to formal classroom, laboratory, and ward classes, and two-thirds to clinical experience, under supervision, in an approved hospital.

The basic preparation or foundation subjects cover approximately 20 weeks of instruction and usually consist of: Personal and vocational relationships, body

structure and function, personal and community health, family living (children and the aging), nutrition and modified diets, nursing principles and skills (almost half of the basic training time is devoted to nursing principles and skills), introduction to conditions of illness, and diversional and rehabilitation activities.

The curriculum for the practical or applied portion of the instructional program is usually 32 weeks long and comprises the following major fields of supervised clinical experience: Medical and surgical, 20 weeks; obstetrics, 6 weeks; pediatrics, 4 weeks; diet kitchen and central supply, 2 weeks.

These major fields of supervised clinical experience sometimes include special assignments in genecology, orthopedics, urology, etc.

Mr. ROBERTS. The next witness will appear for the American Hospital Association, Dr. James T. Howell, associate director of the Henry Ford Hospital.

STATEMENT OF DR. JAMES T. HOWELL, ASSOCIATE DIRECTOR, HENRY FORD HOSPITAL, DETROIT, AND CHAIRMAN OF THE COMMITTEE ON NURSING, AMERICAN HOSPITAL ASSOCIATION; ACCOMPANIED BY MISS RUTH SLEEPER, SCHOOL OF NURSING AND DIRECTOR OF NURSING SERVICE, MASSACHUSETTS GENERAL HOSPITAL, BOSTON; AND KENNETH WILLIAMSON, ASSOCIATE DIRECTOR OF THE AMERICAN HOSPITAL ASSOCIATION

Dr. HOWELL. Mr. Chairman, distinguished members of the committee, we appear here today in behalf of the American Hospital Association. We wish to express our great appreciation to this committee for the opportunity of presenting our views on H.R. 10042 and particularly our appreciation for your concern with the urgent national problem of providing nursing services to the American people.

This committee has, over the years, participated in the development of a number of far-reaching programs which have contributed immeasurably to the health and welfare of the American people. Proposals to provide new and improved health facilities, proposals for expanding medical research, proposals to move ahead in meeting the urgent needs of the mentally ill and the mentally retarded, and proposals to provide increased numbers of well-trained physicians, dentists, and others are among the most important Federal programs which have been initiated by this committee. Several of these programs may well be dependent, in large measure, for their success upon the actions taken by you in respect to this legislation you are now considering. The availability of greater numbers of well-trained and well-prepared professional nurses is a necessary requirement to future health progress.

There are three categories of educational progress in nursing. The 3-year diploma programs, of which there are 875, operated by hospital schools; the 2-year associate degree programs, of which there are 84, provided by junior colleges; and 176 4-year programs provided by colleges and universities. The latter also providing the advanced training to prepare nurses at the masters and doctorate levels. All three types of programs are needed. The great majority of graduating nurses, approximately 81 percent of the total, graduate from the hospital diploma programs. These schools are preparing the general bedside nurses in greatest number. A portion of these graduates go on to take advanced training and to secure degrees in collegiate programs. About 90 percent of nurse educators who hold graduate aca-

demic degrees received their basic training in the 3-year programs provided by the hospital schools. The 2-year associate degree programs are relatively new. They are increasing in number. Some of the junior college programs are sponsored by private groups. The great majority, I believe, are sponsored by units of government. The 2-year educational program has not been in effect a sufficient length of time for complete evaluation.

We are pleased that the bill recognizes the important role of the collegiate schools of nursing. We are dependent upon the collegiate programs to provide improved and increased numbers of faculty in all our nursing schools. Greater numbers of such graduates are needed in existing educational programs. Greater numbers are also needed if we are to train an appreciably increased number of students. We believe therefore that Federal aid is urgently required to assist all three types of schools.

The hospitals of the Nation are the primary employers of professional nurses. For years we have seen a situation developing where the number of professional nurses available is insufficient to meet the needs of patients. In part, this growing shortage has been alleviated through the development of subgroups of nursing personnel. These are the nurses aids and practical nurses. We have been very pleased with the assistance the Federal Government has given to increase the number of practical nurses through the vocational educational system. Only a few years ago, 5 of every 1,000 girls of 17 years of age entered the field of practical nursing and today more than 17 out of each 1,000 enter practical nursing. The education of practical nurses has improved measurably and they are meeting critical needs throughout the entire health field. Approximately 18,000 practical nurses were graduated last year. The projected figure in order to meet the future needs is 20,000 graduates per year.

Nurses aids which receive their training in hospitals and together with the practical nurses are performing many duties and services previously performed by professional nurses. The realignment of duties and the use of subgroups of nursing personnel have enabled hospitals in many areas to continue to function in spite of an increased shortage of professional nurses. We now see increasing evidence of the effects of an insufficient number of professional nurses, and the staffing ratios indicate too heavy a proportion of subnursing groups to insure a sufficient quality of care. Many people in the field believe we have reached a danger point where patient care will begin to suffer unless the shortage of professional nurses is remedied.

As we all know, the whole area of chronic illness and the operation of greatly increased numbers of long-term care facilities such as nursing homes is before us. There are now about one-half million patients in nursing homes. There has been considerable concern as to the quality of care in nursing homes and other long-term care facilities. Great effort is being directed toward raising the quality of care in these facilities. For these efforts to be successful, it is necessary that the nursing services in nursing homes be under the supervision of professional nurses. This in itself is going to require a great increase in the number of professional nurses which must be available. As we trace the whole spectrum of medical advances and changes in health care, we constantly come face to face with the serious question

as to whether the public will have available to them the benefits of all such advances unless we greatly increase the number of professional nurses.

Then, of course, there is the whole matter of the increase in our population and the demands of this increase which will have to be met. As a basic premise, nothing we see going on in the health field can be said to result in any decrease whatever in the number of professional nurses that will be needed. In fact, it is the opposite for which we need to plan.

Committees of the American Hospital Association have for a number of years given extensive thought and study to the problem of providing adequate numbers of professional nurses. We strongly supported H.R. 2110, introduced by Mr. Roberts of this committee, as a desirable approach. We bring to your attention the following points which we feel are important to the development of legislation.

1. The cost of professional nurse education should be borne by the whole community and not by hospital patients alone. Federal funds are essential to meet the need. These should be supplemented by local and State governmental funds as well as voluntary financing.

2. A basic objective of legislation should be to effect an increase in the number of professional nurses.

3. All public and private nonprofit schools of nursing approved by appropriate State authority should be eligible for Federal assistance, as well as the eligible students enrolled in such schools.

4. Two programs of financing are required. Financial assistance to students should treat students of the diploma programs of hospital schools of nursing, the associate programs of junior colleges, and the baccalaureate programs provided by colleges and universities equally. Such assistance should be provided through direct Federal loans or scholarships.

Second, financial assistance to schools is needed. This should be matched by other funds from either voluntary or tax sources. The amount of governmental financing for each eligible institution should be determined each year on the basis of that year's student enrollment.

5. At this time, as a matter of priority, any additional Federal financing should be directed toward the cost of providing educational programs rather than to the construction of facilities.

6. There should be a requirement for submission of State plans which should be designed so as to stimulate increased enrollments in all schools of nursing. Grants should not be denied to institutions otherwise eligible which are unable to increase student enrollment.

7. There should be advisory councils both at Federal and State levels to include representatives of the public and persons experienced in nurse education and administration and in hospital administration. Individuals otherwise in the employ of the Federal Government should not be appointed to advisory councils, excepting only ex officio members.

8. At the Federal level the administration of the program should be located in an appropriate agency of the Department of Health, Education, and Welfare. Each State, however, should be permitted to determine the agency of State government responsible for the administration of the program.

9. Provision should be made in the legislation for preliminary grants to each State by the Federal Government to finance development of the State plan.

10. No Federal officer or agency should be permitted to exercise any supervision or control over the administration, personnel, or curriculum of any hospital or other institution receiving payments under the program.

I would like now, Mr. Chairman, to proceed to discuss the various provisions of H.R. 10042 in the order in which they appear, giving our comments and suggestions concerning them.

Page 2, section 801: We believe the critical need of the country in nursing education is to insure the continued production of existing schools of nursing and to provide additional numbers of well-trained professional nurses. This goal will require an increased enrollment of students and the preparation of greater numbers of faculty needed for their education. This goal, we believe, can be attained more promptly by Federal assistance in the financing of students and the financing of educational programs for all schools presently in operation. H.R. 10042 provides \$120 million for the construction of nursing school facilities. We strongly believe the immediate question before the Congress is the financing of educational programs and not the construction of additional facilities beyond those which can be provided through already existing legislation.

At the present time, the Federal Hospital Survey and Construction Act permits the construction of nursing school facilities as a part of hospital projects. A number of States have assigned essential priority and have stimulated the provision of additional educational facilities. As of March 1963, 291 projects providing nurse training facilities have been approved under this program. The college housing provision of the Housing Act of 1950 provides for long-term, low-interest loans directly to public and other nonprofit sponsors for the provision of housing facilities for student nurses. There have been 103 such facilities constructed through this program accommodating 11,024 students.

Last year the Congress passed the Health Professions Educational Assistance Act, which provides for the construction of collegiate nursing school facilities. Inasmuch as this program has already been established, it is believed that funds should be directed to collegiate nursing schools through this program and inclusion in this bill seems unnecessary.

Should the committee decide to retain the emphasis on capital construction in the bill, we feel that it is well to point out several provisions which we believe should be amended.

At present the bill provides \$35 million for construction grants limited to collegiate schools of nursing. We believe this duplicates provisions already incorporated by the Congress in the Health Professions Educational Assistance Act and seems unnecessary in this bill.

The bill also provides for \$75 million for associate degree or diploma school facilities, and it makes both types of schools equally eligible for the grants. We would recommend that the section be amended so as to earmark specific amounts of money to associate degree schools and to diploma schools.

Page 3, section 802: This section provides that only schools of nursing with accredited programs are eligible for construction grants. Though we are thoroughly in favor of increasingly higher standards of education in schools of nursing, we believe that limiting eligibility to accredited schools is an unwise provision. At the present time, approximately 564 hospital schools of nursing are accredited by the National League for Nursing, a private accrediting agency, and 310 schools are not so accredited.

We seriously question that the Federal Government should appear to establish Federal standards for educational institutions or that the Federal Government should appear to impose standards which exceed those required by State governments. We recommend that the bill be amended to provide that any public or private, nonprofit school of nursing providing a program of nursing education approved by an appropriate State authority is eligible.

On page 5, the bill provides that the Surgeon General secure the advice of the National Advisory Council on Nurse Training in approving or disapproving applications for construction projects. This appears to be in lieu of there being a single State authority, and the bill does not require that there be an overall State plan submitted to the Surgeon General for his approval.

We believe a preferred approach is that set forth in the Hospital Survey and Construction Act where the overall needs of the States are assessed by a State agency and a plan submitted to the Surgeon General for his approval. The Surgeon General is required to approve any individual project in compliance with the State plan and without reference to the Federal Advisory Council. We question that the existing provisions in the bill referring to local or other planning groups responsible for determining needs is an adequate substitute for an overall coordinated State plan. Further, we believe that the authority and responsibility for administering the program should be vested in the States. We would recommend that there be an initial allotment to the States for the preparation of an overall State plan.

Page 6, section 803: Grants for the construction of new schools and for changes in the facilities of existing schools which would result in a major expansion of training capacity may go as high as 66 $\frac{2}{3}$ percent of the cost of construction. A second provision in the case of any other grant would allow a maximum of 50 percent Federal matching. We believe this second provision would only apply to the replacement of or the modernization of existing schools of nursing where no major increase in enrollment is provided. It is likely that this second provision would apply, for the most part, to schools of nursing operated by hospitals; and, therefore, it singles out such schools for a lesser entitlement to Federal funds.

Page 8, section 805: The purposes enumerated and for which grants are to be made appear to us to be indefinite, and we believe omit entirely what should be the major purpose of such planning grants and that is the development of a total State plan for the construction or modernization of educational facilities for nurses to be submitted to the Surgeon General. It is our belief that the existing provisions could result in a very hit-or-miss and uncoordinated approach to the provision of facilities.

Page 9, section 806: This section provides for planning and demonstration grants to strengthen, improve, and expand programs of nurse training. Increased research in these areas and particularly in respect to improving the utilization of nursing personnel is greatly needed and we support this provision wholeheartedly. However, we do question the amount of the proposed appropriation in relation to the effective use of the funds. We would recommend that the bill be amended to provide \$3.8 million for the first year and a maximum of \$7.5 to \$10 million in succeeding years.

At this point, Mr. Chairman, with your permission, we would like to introduce a suggested new provision: "Assistance to educational institutions for the training of professional nurses."

Two major sources of Federal assistance are required if we are to meet the needs of the public for nursing services. This bill proposes to assist in meeting only one of these needs and that is to provide financial aid to young people who wish to enter schools of nursing. The second and equally urgent need is for Federal financial participation in underwriting the direct cost incurred by the nursing schools in the provision of education. It is well recognized that tuition and fees are not sufficient to meet the costs of education in any institution of higher learning. The tuition assistance provided for in this legislation is appreciably less than the cost of providing the education.

The overwhelming majority of nurses receive their education in the diploma schools. There are approximately 124,000 students enrolled in all three types of schools. Of these students, 95,278 are in hospital diploma programs. Therefore, if the needs of the people for nursing services are to be met, the problems of these schools in providing the education must be given immediate consideration. Student tuition in hospital schools has been relatively modest through the years. Most schools have gradually increased the tuition and today tuition and fees run from a low of \$200 to a high of \$1,800, with a median of \$826 for the 3-year course. Students provide little service to offset the increased cost of the education. Therefore, the primary expense of educating nurses is borne by the hospital patients. This cost is an appreciable factor in the increasingly high cost of hospital care and in the decreasing number of diploma schools. A study recently completed by the National League for Nursing of 126 hospital schools indicated the total cost to the school per student per year ranges from \$2,100 to \$2,700. The median value of student services for a student per year is \$600.

Mr. NELSEN. Would the gentleman yield at that point?

Dr. HOWELL. Yes.

Mr. NELSEN. If some provision were made so that this tuition problem and expense problem to the hospital were met, do you feel that more of the hospitals would be available to work out this program for education?

Dr. HOWELL. We do, sir.

Mr. NELSEN. Do you think it would almost meet the need if arrangements can be made?

Dr. HOWELL. I do not believe our answer could be stated as simply as a yes, because I think the problem is too complex. The need for the development of more and more faculty is one of the most important parts of the problem of our nursing shortage today.

Mr. NELSEN. In other words, you do feel that one of the problems that a hospital is faced with is the fact that actually it is a costly program for them. The student is not of great help to the hospital, it almost becomes a burden, and therefore the hospital needs some additional income to take care of the costs involved in training the student; is that right?

Dr. HOWELL. Yes; this we believe.

Mr. NELSEN. You do feel that if some of the funds that might be going to bricks and mortar in this bill, if some more were directed to the existing hospitals, more facilities would be available that are already bricks and mortar; is that true?

Dr. HOWELL. Yes, sir.

Mr. NELSEN. Thank you.

Dr. HOWELL. As public questioning of hospital costs has increased, expenditures for essential educational pursuits conducted in hospitals become more difficult to justify. Boards of trustees in many hospitals have a growing sense of apprehension as to their ability to continue to perform this essential service of nurse education. A good many schools of nursing have already ceased operation. In fact, 205 schools providing training for students ceased operation between the years of 1951 and 1962. We hear continually of additional schools that are likely to close because of the increased fiscal pressures.

Mr. ROBERTS. Dr. Howell, I hate to interrupt your statement, but you know we are faced with a quorum call on the floor. I am endeavoring to get permission to resume hearings at 1:30. I think the chances are good that we will be back at 1:30. If not, we will have to resume here tomorrow morning.

So we will stand in recess until 1:30 p. m. today or 10 a. m. tomorrow.

(Whereupon, at 12:10 p. m., the hearing recessed to reconvene at 10 a. m., April 10, 1964.)

1932
The first of these is the fact that the American Medical Association has been successful in its efforts to secure the passage of the Federal Food, Drug, and Cosmetic Act, which will place the Federal Government in a position to regulate the manufacture, sale, and distribution of drugs and cosmetics.

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NURSE TRAINING ACT OF 1964

FRIDAY, APRIL 10, 1964

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON PUBLIC HEALTH AND SAFETY,
OF THE COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE,
Washington, D.C.

The subcommittee met at 10 a.m., pursuant to recess, in room 1334, Longworth Building, Hon. Kenneth A. Roberts (chairman of the subcommittee) presiding.

Mr. ROBERTS. The subcommittee will come to order.

Yesterday we heard from Dr. James T. Howell who represents the American Hospital Association. I believe you know where you were in your statement, please proceed.

STATEMENT OF DR. JAMES T. HOWELL, ASSOCIATE DIRECTOR, HENRY FORD HOSPITAL, DETROIT, MICH.; ACCOMPANIED BY MISS RUTH SLEEPER, DIRECTOR, SCHOOL OF NURSING AND DIRECTOR OF NURSING SCIENCES, MASSACHUSETTS GENERAL HOSPITAL, BOSTON, MASS.; AND KENNETH WILLIAMSON, ASSOCIATE DIRECTOR, AMERICAN HOSPITAL ASSOCIATION—Resumed

Dr. HOWELL. Mr. Chairman and members of the subcommittee, we thank you for the opportunity of continuing our presentation. For orientation, we are on page 13, beginning with the first paragraph.

Of the more than 7,000 hospitals in the country, only 875 operate schools of nursing. These schools bear the brunt of educating nurses needed by the thousands of other hospitals. They also provide the nurses for industry; they provide for the needs of the Federal Government, and all other levels of Government.

It is not difficult to understand the concern of the trustees in these hospitals to justify the burdens which their patients must carry in order to perform this public service. It seems to us to make very little sense to provide programs for new schools and for additional building unless we have first taken steps which will strengthen and improve and keep in operation the existing schools.

We cannot emphasize too strongly that the existing schools of nursing in hospitals are not likely to continue indefinitely in the future unless they have a full measure of assistance in meeting the pressing financial obligations of their educational programs.

Therefore, we recommend that H.R. 10042 be amended and a new section be added to this bill providing for direct financial assistance to the schools. Such assistance should be provided on a matching-

grant basis to underwrite a substantial part of the cost of providing the educational programs. Federal assistance to students alone is not a sufficient answer to the problem.

We have stated our belief that Federal funds for this purpose should require matching funds to be provided from either voluntary or local or State tax sources. The Federal Government should provide these funds in such a way as to encourage and assist States to participate in fulfilling their responsibilities. We recommend such assistance in the amount of \$500 per student, of which \$350 would be Federal funds and \$150 would be from local governmental or private sources.

Last year, 875 hospital schools enrolled 95,278 students. On this basis, a Federal appropriation of \$350 per student would indicate a total of \$34,347,300 per year for hospital schools alone. We recommend further that the same provision be made for the associate degree and the baccalaureate programs, in which about 28,583 students are enrolled.

The funds would be deposited in a State depository and would be administered by an appropriate State authority. An appropriate administrative mechanism for such an approach is set forth in H.R. 2110, introduced by Mr. Roberts.

Page 11, section 821: The Federal Government has for several years financed advanced training programs to encourage the increased training of graduate professional nurses as nurse educators, administrators, and supervisors.

As of 1963, over 11,000 nurses were enrolled in or had completed such advanced preparation courses in 106 colleges and universities. The American Hospital Association strongly supported the development of such advanced training programs on the part of the Federal Government.

We were also particularly interested in short courses of such advanced training for nurse administrators and supervisors which clearly would not be related to the granting of degrees. These courses are all less than a full year in length and may run from several weeks to several months. As a result of Federal assistance, 400 such short courses have been organized and 14,000 nurses enrolled as students. We view this as a substantial and important contribution towards meeting nursing needs of the Nation.

We would urge that this section be amended to specifically include funds for short-term traineeships to be carried out for the 5-year period covered by the bill.

Page 12, section 822: This section provides for a program of direct Federal scholarships to be granted to students in collegiate schools of nursing only.

We fully recognize the need for increased numbers of educators and instructors in nursing education in order to maintain and improve, where needed, the quality of nursing education and to provide the necessary instruction to the increased numbers of students of nursing which we must have.

The previous provision for advanced training does provide appreciable encouragement for graduates of nursing programs to receive the advanced training and degrees in nursing education that are required. The provisions of this section are intended to encourage

students to enter programs in which a degree would be earned and should provide the further assistance that is needed. However, we believe this section should be amended so as to provide that any program of Federal scholarships should be equally available to needy students in all areas of nursing education.

Page 14, section 823: This section provides for the establishment and operation of student loan funds. Students in all three programs of nursing education are entitled to receive such loans. We question that a loan program will be as effective in stimulating student applicants as this bill envisions, particularly in consideration of the earning capacity of graduate nurses.

However, this problem is relieved somewhat by the fact that students, after their graduation, may receive up to 60 percent forgiveness of the loan if they work in specified areas of great shortage and need for nurses.

It is our understanding of the provisions that the funds would be deposited so as to require matching participation on the part of the participating school up to one-ninth of the total amount of the Federal loans to be provided. We believe this to be a desirable provision.

We also read the provision as providing that the school will be expected to follow the students after their graduation throughout the following 10-year period and to collect the installments interest for loans provided to the students.

Experience indicates that only a small proportion of students remain in the school from which they graduate to continue their practice after graduation. The great majority of nurses may move to other sections of the country or may pursue their profession in institutions other than the school from which they graduate. Many of them marry at this time and move with their husbands and may work in distant areas of the country.

We believe the difficulties of schools following the students and insuring payment of loan and interest would necessitate an enormous administrative problem for the schools. It appears to us that it might be preferable for the obligation of a student graduating who had received a loan to be transferred to the Federal Government and that repayments of loans and interest should be made directly to the Government. The Federal Government would reimburse the school for the share of one-ninth of the loan which the school provided.

Page 15, section 824: This section provides a maximum loan to a student in a collegiate program of \$1,000 per year, whereas a student in a 2-year or 3-year program would receive a maximum annual loan of \$500.

A study undertaken by the National League of Nursing covering 751 diploma schools, 21 associate degree programs, and 99 baccalaureate programs indicated a median total charge for the 3-year course to students in diploma programs range from \$472 in small schools to \$660 in large schools. The study report states that, on the whole, tuition charges are the largest single expense item for student nurses except in the associate degree programs.

Considering all schools studied, almost 52 percent of the total charges are for tuition, 24 percent for room and board, and 24 percent for fees, books, uniforms, and other items. The above figures do not include additional personal expense to students for clothing, transportation, and recreation.

It should be pointed out that, though the amounts of student loans proposed in the legislation may be related to existing practice, they in no way reflect the same relationship to total costs of education.

Hospital schools have felt it to be essential in order to attract a volume of students to establish very low student charges which, as has been previously stated, requires the hospital to absorb a much larger share of the overall cost of education than is the case with respect to the associate degree and baccalaureate schools. It is important to note that a substantial percentage of students in hospital schools come from families with relatively low incomes.

The study referred to above indicates that the median total charges to students in associate degree programs range from \$680 in small schools to \$510 in large schools.

Also, the median total charges to students in baccalaureate programs range from \$2,810 in small schools to \$3,055 in large schools.

A test of need is to be used in determining the eligibility of any student to receive a loan. The eligibility test shall be in accordance with criteria established by the Secretary of Health, Education, and Welfare, and such additional requirements as the individual school may desire. An agreement is to be worked out between the school and the Secretary of Health, Education, and Welfare as to these conditions.

It is difficult for us to see on what basis the determination of need for a student entering a collegiate program through the scholarship provision can differ from a similar student wishing to obtain a loan to enter the same school.

In accepting the maximum loan figures, we have provided only some representative and proportionate figures with regard to the charges to the student and are not meant to be construed as to the cost to the school.

Page 25, section 841: We support the provision for the establishment of an advisory council and believe this will assist materially in the overall administration of the program. However, we would recommend that the provision be amended so as to provide specifically for representation from diploma schools, associate degree schools, and collegiate schools with the number of representatives being related to the total number of students enrolled in each type of school.

We believe it is most essential that the council have the thinking and advice of individuals who are knowledgeable in the particular problems of each of these schools of nursing. Further, we believe the language should be amended to provide that, except for the two ex officio members named, no individual otherwise in the employ of the Federal Government shall be appointed to the council.

This section also provides for the establishment of an advisory committee, which we believe is superfluous. We believe that the duties enumerated for the advisory committee could and should be assigned to the advisory council and that the council should be entirely capable of keeping in touch with and advising upon matters pertaining to the operation of the program.

Further, there appears to be a definite likelihood of conflict arising between the responsibility of the council and the committee.

One final point we wish to make is that the definition of a diploma school of nursing should be amended so as to strike out the require-

ment of accreditation and language should be substituted providing approval by appropriate State authority.

Mr. Chairman, in summarizing our comments, we would like your permission to hear Miss Sleeper in summary of our comments.

Mr. ROBERTS. All right.

Miss SLEEPER. Thank you, Mr. Chairman.

First, as one very much concerned with the education of student nurses and the care of patients in a hospital, may I emphasize the importance of assistance to all types of schools of nursing and their programs.

The programs in colleges and universities which lead to a baccalaureate degree and which are prerequisite to specialization for teaching, administration, and supervision provide the primary essential for a school, that is, the teacher.

Already we are lacking 10 percent of the teachers needed for all of our programs in colleges, universities, junior colleges, hospitals, and practical nursing schools.

The development plan for nurse preparation in junior colleges has thus far in recent years provided the only new method for preparing the bedside nurse. The report of the Surgeon General's consultant committee on nursing emphasizes the need to increase the enrollment in all types of schools, including the hospital conducted school, which is recommended for an increase of some 15,000 students in its enrollment.

Each of these programs in reality is dependent upon all others. Without teachers, our schools cannot go on. Without nurses for direct care of patients, our people suffer; hospital service will deteriorate and the clinical practice field for nursing and, in fact, for medical education as well, will not lead to good learning.

There are other problems, too, which are critical. We have gained in the numbers of nurses in the past years for two reasons.

One, an increased output of graduates, and, second, the return of inactive nurses to work. Both of these sources of supply must be stimulated to the maximum.

There is still a third important resource, and that is better utilization of the approximately 350,000 nurses in general, special, and psychiatric hospitals.

Section 906 of H.R. 10042 recommends funds for projects for development of new or improved methods of training nurses or of including persons to undergo such training or for improving utilization of nursing personnel. Stimulating recruitment is an absolute essential to the needed acceleration of enrollment, but I should like to emphasize, also, as one concerned with education and with the care of patients that studies of utilization are vital.

Hospitals in their shortage have had neither personnel nor time to study the organization of the nursing services, the proper ratio for quality care of nurses to nonnurses, the on-the-job training which will make a nonnurse a safe worker at a bedside, the means by which best use can be made of the knowledge and different skills of the university prepared nurse, what automation will or can do to facilitate nursing and improve patient care or what the effect of this automation will be on nursing and nursing personnel, and, most important, patients.

Good as the graduates of today's schools may be, and numerous as they may become, poor systems, poor organization and inadequate attention to some of these details in patient care will reduce the quality of the care and minimize the value of the increased number.

Hospital economics have always affected the education of student nurses in hospitals.

If I may use a personal illustration, in 1932, in the school in which I was employed, a cost study was done. It was done in all probability at that time with too little scientific technique but it was done objectively by a firm of accountants. When all school costs were balanced against student fees and the value of the students' contribution to patient care, the hospital, to its great embarrassment, found that it had a net gain over and above all costs of \$100,000 per year.

Today, that same institution, having moved its school from a largely apprenticeship program to an education plan now found in 1949 that the student in our 3-year program cost the hospital over and above her fees and over and above her contribution to patient care some \$6,566, for 3 years. Of this, the student, through her fees and care of patients, paid \$3,266, leaving a deficit of \$3,300 or \$1,100 per year per student.

Now, it is the patient for whom the hospital must be concerned. This leads to two questions: First, the question of increased charges to students. A questionnaire survey of 335 parents of our students in the fall of 1960 prior to an increase in tuition showed that—100 of these questionnaires were tabulated—the median income for families of students in the schools was between \$7,000 and \$8,000 but this was usually because both parents were at work.

We also found later when a request for aid came in, that many families who did not respond were in the lower income group, and for several families this was a \$3,000 a year income.

This specific information is true of a large segment of students who choose to go to the hospital diploma school because of the difference in costs and the opportunity there for the student to earn a portion of her education.

Salaries in hospitals in my area of the country have increased by approximately 100 percent in the past 15 years. This sounds large but this is true because the beginning point was unreasonably low. Since that time, with an appropriate consideration given, salaries have increased but still are quite inadequate. To increase these salaries further, the same source of financial assistance to the hospital must be used, and this is the charge to patients.

Now I would like to say just a word too on this question of accreditation. The recommendation Dr. Howell gave in the testimony was that State approval for schools of nursing be used in lieu of accreditation service. There are now estimated to be 31,316 students in nonaccredited schools. Over 4,000 of these are in college programs and over 4,000 in the newly developing associated degree programs; 22,740 are in diploma or hospital schools.

We recognize that some of these schools lack proper facilities and should not be encouraged to continue; that others with facilities, given funds and, in time, faculty, could and should continue, that these facilities which are adequate should not be lost for the training of nurses, and that with some assistance these presently operating schools could be stimulated more rapidly to turn out more nurses than could new schools which might be built.

However, this is not a recommendation against new schools; it is a recommendation that we use all possible proper resources to secure the nurses which the country needs.

I, personally, and the American Hospital Association, through its action, has shown its appreciation in the improvement of the quality of education which has been brought about through the national accreditation program for schools, and I support this as an essential for continuing improvement of schools.

Thank you very much.

Mr. ROBERTS. Thank you.

Dr. HOWELL. Mr. Chairman, this concludes this part of our presentation.

We deeply appreciate the opportunity to bring our presentation to you.

Thank you very much.

Mr. ROBERTS. Thank you, Dr. Howell.

Thank you, Miss Sleeper and Mr. Williamson. We appreciate your appearance and congratulate you for a very adequate and a very valuable statement.

I am not going to ask a lot of questions. I do have some. Of course, we have at least 10 witnesses we must hear and the House will go in session today to consider legislation on the Defense Department appropriation bill. I seriously doubt if we will be able to continue this afternoon although if we do not finish, I will make an effort to get the authority.

I would hope that we can hold our questions down and try to get through with as many of you that are here and not disappoint all of you.

The position you take with reference to the \$35 and \$75 million provision for construction in the administration bill is that you believe construction is sufficiently covered by the other laws which you set forth in your statement; is that correct?

Dr. HOWELL. May I have a moment?

Mr. ROBERTS. Yes, sir.

Dr. HOWELL. Yes; basically our position is one of priority. It is our strong belief that our first efforts should be in mobilizing the program in nursing education which we need for our country, hoping to attain this by 1970. To accomplish this we should shift the emphasis and priority for the maximum utilization and development of educational programs rather than the priority of construction.

Mr. ROBERTS. Do you know whether or not there are additional demands or requests that are not being met under the three acts that were mentioned?

Dr. HOWELL. I have no knowledge on that subject, sir.

Mr. ROBERTS. I think we should get that information.

I will say to the staff I realize that the last one under H.R. 12 may be a little bit premature because they have not had enough time to implement that act, but as to the other two I think you could very well find out what the situation is with reference to new applications.

Now, I believe Miss Sleeper had something to say about the need for stimulated recruitment.

Do you feel that we ought to consider as we did in H.R. 12 a percentage requirement as to the number of new students that would be promised by the schools to which these grants are directed?

Dr. HOWELL. We believe that this is a most important subject and it is part of the reason why we felt that a State plan would be an important part of the addition to this program.

Mr. ROBERTS. All right.

Now, this matter of study of utilization and of better organization of services: Do you think you might well consider putting a section in whatever bill is reported out that would provide for such a study?

Dr. HOWELL. Yes. We believe this is a most important provision. As you know, in section 806, it so states:

For projects of new or improved methods of training nurses in the various fields of nursing or of recruiting persons to undergo such training and for improving utilization of nursing personnel.

Yes, we support this and think it is a most important part of the bill.

Mr. ROBERTS. Now, what would be the effect if we changed our position with reference to accreditation to let that be done by the State authorities instead of by the National Nursing Association you mentioned? What would be the effect, in your opinion, of that change?

Let me put it this way: Would it affect the quality of the nurses that would be produced if we were to make that change, in your opinion?

Dr. HOWELL. The American Hospital Association is heartily in favor of the accreditation program and has consistently supported it. We are looking at the overall program. We are looking at the overall problem before the Nation. We recognize, as Miss Sleeper said, that beyond a certain point some of our schools may have neither the proper facilities nor proper faculty for continuation.

We would envision that at some point in this program identification of such schools that should not be encouraged to continue would be made. The possibility we should consider now is that some of our schools lacking for faculty today might well be able to qualify in time and with preparation. The bill should provide, for opportunities to expand and to improve and move these schools into position where they might become accredited. Were they to be eliminated at this point, we would be robbed as a Nation of an opportunity to properly improve schools which should be upgraded.

Accordingly, while we recognize the significance of the accreditation and wish its continuation, as of this moment in the problem before our Nation we recommend the use of the State approval as the mechanism for including schools under the program.

Mr. ROBERTS. Then, actually, you would be using just an additional method, would you not, because the situation would still apply as to the work that has been done by the National League of Nursing? I mean it would still be in effect but as to entrance into this program the basic requirement would be up to the State authority?

Dr. HOWELL. Yes. The accreditation program is now and will play in the future an increasing role.

Mr. ROBERTS. Now, on page 6, second paragraph, you state:

Second, financial assistance to schools is needed.

Now, what did you have in mind, what type of financial assistance there? Are you speaking of the loan program, or are you speaking

of some additional financial assistance? That is not clear in my mind.

Dr. HOWELL. At the point where we introduced the new section, is this the correct reference?

I think Mr. Williamson can answer.

Mr. WILLIAMSON. I think, Mr. Roberts, on page 11, we begin to spell out what we believe are the means of implementing the reference you made on page 6. That is a new addition to the bill which provides direct financial assistance to schools aside from student assistance.

Mr. ROBERTS. Well, now, I did not understand correctly if you mean additional grants other than that to the training of professional nurses. Do you mean additional moneys other than just the nurses program?

Dr. HOWELL. No; we believe it is an addition to the program.

Mr. ROBERTS. I think I understand.

Now, I certainly want to agree with the point you made on No. 1, the point on page 6, where you say:

No Federal officer or agency should be permitted to exercise any supervision or control over the administration, personnel, or curriculum of any hospital or other institution receiving payments under the program.

I assume, of course, that you believe that the Federal Government should require some type of plan and that, of course, that would have to be approved by the Secretary of Health, Education, and Welfare. But, as to the internal policies of the hospital school or other type of diploma or associate degree type school getting these funds, you leave that up to the institution, itself, or the State authority?

Dr. HOWELL. Yes. There would be a plan for this.

Mr. ROBERTS. I wanted you to just briefly discuss this matter of forgiveness.

Do you feel that we would provide a better incentive if we perhaps went the whole way and said that if they stay in the nursing profession for 10 years that they could be forgiven the entire amount of the loan? What were you figuring about that?

Dr. HOWELL. We believe that there are problems with regard to the loan to students in schools of nursing. We have attempted to show that they frequently come from low-income families. We have attempted to show that they can anticipate a relatively low income for the future, handicapping their ability to pay.

We have indicated that many of these young women will marry and for a period of time will not be active in nursing. Accordingly, we do believe that there should be attention given to a scholarship program across the board.

Mr. ROBERTS. I would also like to get you to go back to page 15 and discuss your statement on the short-term traineeships.

You say:

We would urge that this section—

That is section 821—

be amended to specifically include funds for short-term traineeships to be carried out for the 5-year period covered by the bill.

Dr. HOWELL. Again, Mr. Chairman, this is our attention to the very critical, immediate problem with which we are presented nationally.

Throughout our hospital organization, because of the technological world in which we live, because of the rapid strides of medicine, because of the needs of heavy attention to in-service education and con-

tinuing education in all branches of medicine, the health professions, nursing, any efforts which we can mobilize at the moment for preparing our people for the tasks in front of them are advised.

Accordingly, we would like to support the continuation of programs and new programs of short traineeships, technical education for nursing personnel and again across the board.

Mr. ROBERTS. Would that include perhaps X-ray technicians and probably some custodial people and other types of technical people?

Dr. HOWELL. No, I don't believe this is under consideration in this particular bill. Were we speaking outside this bill, however, the same would be true.

Mr. ROBERTS. All right. Thank you.

Mr. NELSEN, do you have some questions?

Mr. NELSEN. I would like to have a little explanation, realizing I am not familiar with many of these terms.

The hospital school, the baccalaureate degree: Would you explain the two to me for my information?

Dr. HOWELL. Yes, sir.

Basically, we have a 2-year association of arts degree program conducted in the junior college or community college. We have a 3-year hospital program conducted in hospitals of our country. Then, we have within the university the 4-year program leading to a degree, otherwise known as the baccalaureate program. These are the three basic programs.

Mr. NELSEN. Now, you mentioned a moment ago that the emphasis should be on the educational side. Now, under those circumstances, what about the collegiate schools for the training? You will have to have some bricks and mortar in that area to provide facilities for the training for the collegiate schools for training of student nurses, would you not? You seem to feel the emphasis should be on the education of the nurse and not so much on the bricks and mortar but there will be need for some, will there not, being in the area of expanding your collegiate schools?

Dr. HOWELL. Yes; we believe that the collegiate school certainly must be expanded. Of course, the overall premise here and background is the need for the development of faculty. Unless we have this, none of our schools will expand in the quality in which we want nor in the numbers in which we want.

We simply believe that the provisions for expansion of collegiate programs are provided in such measures as the recently passed H.R. 12. Our emphasis is on the priority for the use of Federal funds.

Mr. NELSEN. Now, on page 12, you stated the \$600 figure. How did you arrive at that \$600 figure stated there for the student nurse program?

The median value of student services for a student per year is \$600.

How was that arrived at? Has that been done by a nationwide survey?

Miss SLEEPER. The National League for Nursing has for the past years been conducting a cost study in schools of nursing, often both in hospitals and in collegiate schools. The figure is one of the figures determined through that cost study, through a study and evaluation of the students' contribution to the care of patients in the hospital.

Mr. NELSEN. Thank you.

On page 16, in the second paragraph, you state :

We question that a loan program will be as effective in stimulating student applicants as this bill envisions, particularly in consideration of the earning capacity of graduate nurses.

Now, the question would be, where do you think the responsibility rests for the improvement of this earning capacity? How do we do this?

Dr. HOWELL. I think this is a most important question.

Of the 550,000 nurses actively employed in our country, 367,000 of them, or 67 percent, are in the hospital sphere of the medical care complex. In hospitals, 70 percent of the operation of the hospital's expense is in its payroll. The revenue for hospitals basically is dependent upon fees for services rendered in the hospital.

Accordingly, increases in remuneration for all people in the health professions involved in hospitals is the important point rather than one profession. It will be necessary for us to do this in the future and as rapidly as we can.

This brings us immediately against what is the willingness of the public to pay for medical services in our country. It would be the hope of medical planners, hospital administrators, medical economists, that the remuneration of people in the hospital sphere in the health professions, which certainly includes nursing, could be expanded as rapidly as would be possible.

Mr. BROTZMAN. Would the gentleman yield?

Mr. NELSEN. Yes.

Mr. BROTZMAN. I am sorry I didn't get to hear all of your testimony and Miss Sleeper's testimony but, apropos of this particular point which my colleague has raised, I would like to ask this:

Is the shortage of nurses merely attributable to lack of educational facilities, or is it in part the lack of young people being attracted to the profession due to the low salaries, or is it a combination of both?

Dr. HOWELL. You strike upon a most important issue.

Certainly, two major factors which you raise are significant. I think there are others, one of the most important of which is a change in the attitude of the American public with regard to its demand for services. A new health awareness is a part of shortages in all spheres of the health profession.

Perhaps Miss Sleeper would like to add to this.

Miss SLEEPER. This is due in part to an increasing demand for nursing care. It is in part due to the fact that the young woman today looks at nursing to compare it with other opportunities in a variety of ways. One of these is salaries upon graduation, and nursing still is at a point where the income of the graduate or the income of the nurse who remains in bedside care is in a very highly unfavorable position in contrast to other occupations for women with similar preparation or comparable preparation.

Then I think we have, too, the fact that we have not always through our recruitment programs either in our own schools or through our State programs or through the guidance which has come to us from the national recruitment program under the reaches of the National League for Nursing, we have not always made clear to the young women and young men in the country the opportunities which are theirs in nursing.

Mr. BROTZMAN. I thank the gentleman for yielding.

Mr. NELSEN. I am interested in a little information of this National League for Nursing.

Is that an organization of the nursing profession? Is there not an organization known as the National League for Nursing?

Miss SLEEPER. The National League for Nursing is one of our two national organizations. It is in the national organization which combines in its membership nurses with other citizens, some of whom are in the medical field and many of whom come from our communities. It combines this group as a group interested in forwarding nursing education for care of patients and better nursing services for the care of these patients.

Mr. NELSEN. Now, the hospital schools: It has been mentioned that some were not really equipped to do the job. It is my understanding that the National League for Nursing has a sort of accreditation program for the hospitals for the home schools; is that right?

Miss SLEEPER. The National League for Nursing has an accrediting service which serves all types of schools of nursing from the collegiate with its baccalaureate and advance programs to the practical nursing school.

So, it embraces all schools and has through this accrediting program helped to lift the standards and quality of nursing education in our schools.

Mr. NELSEN. Of course, there is no compulsion on the part of any hospital to become accredited. This is not an organization that would require a hospital to be accredited; there is no enforcement procedure which requires that they be accredited by this group; isn't that true?

Miss SLEEPER. This is true, but the fact that we have moved from over 130 accredited schools at the end of World War II to now an accredited group of over 600 diploma schools, plus the baccalaureate programs, shows that the schools have great respect for this program and also that the public considers it an important source of determining quality of schools.

Mr. NELSEN. Now, reference has been made to the State plan. In our mental health and mental retardation bill, you can correct me if I am wrong, but as I recall, we worked through a State plan. It is not the intention of the Federal Government to move in and reserve the administrative capacities of any State; actually, we feel we have better administration if it works through the State and coordinate the effort.

Is your hospital, for example, accredited through the national league?

Miss SLEEPER. Our school of nursing; yes.

Mr. NELSEN. Now, in your statement you noted that 90 percent of the nurse educators today who hold academic degrees receive their basic training in a 3-year diploma program.

Now, I understand it requires 2 to 3 full-time academic years for a diploma graduate to receive a basic baccalaureate degree.

Now the question: Would you agree that this is a waste of time and money and nurse talent when she could enroll in a 4-year collegiate program and acquire the baccalaureate degree in 4 years?

Miss SLEEPER. This I do. This, I think, should be of major emphasis in a recruitment program, to try to guide the girl who has

ability and can otherwise go to college to take the 4-year baccalaureate program in order that she may not only work following that and have the better amounts of it but that she is ready to continue with the specialization in subsequent programs.

In the hospital diploma school programs, there will be ample room for other good students. We never will guide them all to the right program. Therefore, there will be some who will lose time through changes in career choice. Quite decidedly, those who can and will should be guided into the 4-year programs to save both time and money.

Mr. NELSEN. I was interested yesterday in that our daughter will graduate this June and will be a nurse. She did it in the 4-year course. Now, I don't know if this is an example of ability, but she has great ability in picking my pockets.

Now, I would like to bring up one more point. I am always searching for ways and means that we in this legislative body, knowing that dollars come hard by, as far as we know the total obligations of Government and also realizing that whatever we spend should be spent well, and if we can in any area do the job without further encumbering our future, we try to do it.

Now, has there been any study of any kind in the hospital area where we could examine the potential capacity to expand operations through the regular established hospitals in an educational program?

Do we know how many more nurses we could develop if we could do the proper job in providing the proper assistance to stimulate the job to be done as it ought to be?

Dr. HOWELL. I cannot quote the study. For the Surgeon General's Commission a study was reported showing the opportunities to expand schools. The facts of that study should be provided for the committee. We could do it. The American Nurses Association or the National League for Nursing, I believe, is the source of the study.

Just for the purposes of our information today on a discussional basis, if I remember correctly, the opportunities to expand were approximately 21 percent, I believe, for the diploma schools; approximately 17 percent for the collegiate schools, and I believe 12 percent—these are approximations which are entirely—I am leaning upon my memory for them. The actual fact should be documented for you.

Mr. NELSEN. Thank you very much.

No more questions unless the lady has some observations she wishes to make.

I have no more questions.

Mr. ROBERTS. Do you want to say something, Miss Sleeper?

Miss SLEEPER. No.

Mr. ROBERTS. Mr. Pickle.

Mr. PICKLE. I would like to ask Miss Sleeper this question.

After a nurse has finished a 4-year course, she enters upon her job as a nurse. Now, how would her salary, a 4-year graduate, compare with the other salary ranges in the general occupation fields?

Miss SLEEPER. In many places, her direct beginning salary as a nurse giving direct care to patients is the same as the salary of the nurse coming out of the 2- or 3-year program.

In some places, however, her beginning salary is higher.

Now, one of the studies that I mentioned in my list of studies to be pursued was that of considering how best to use the skills which the 4-year graduate possesses that the other two do not. If we could once find out how to make maximum use of these skills, I think it would lead to more rapid advancement of her salary which she may very well deserve.

Mr. PICKLE. What I was really driving at is how would this 4-year graduate compare to a stenographer?

Miss SLEEPER. In salary?

Mr. PICKLE. Yes.

Miss SLEEPER. In some places, there is no differential. Their starting salary is the same. In other hospitals, she will start at a higher rate.

Mr. PICKLE. I just mean as a 4-year nurse graduate, how would her salary, having gone to school for 4 years, now compare with the young lady who is a clerk, stenographer, or sales person?

Miss SLEEPER. I think all nurses starting out, regardless of what program they come out of, are at a great disadvantage in contrast to salaries paid to clerks and to other jobs.

Mr. PICKLE. Do you mean they get paid less?

Miss SLEEPER. Or no more.

The salary range for beginning nurses in the country is somewhere from \$60 to \$80 or more.

Mr. PICKLE. In your opinion, they are underpaid?

Miss SLEEPER. Yes.

Mr. PICKLE. Why is that?

Miss SLEEPER. Well, I think partly because we start so low in our salaries, which is bad.

Mr. PICKLE. Who is "we"?

Miss SLEEPER. Hospitals.

Mr. PICKLE. And you say the hospitals don't pay them enough?

Miss SLEEPER. Hospitals over the years have paid low salaries because charges to patients were low. Now, as charges to patients go up, salaries for nurses and other personnel are going up. The problem now is the problem of balance between hospital income and higher salaries. I think salaries will continue to go up but whether they will be able to go as fast as they should is a question.

Mr. PICKLE. Then we must say that, in the general sense, they are underpaid because hospitals and the medical profession have not paid them enough?

Miss SLEEPER. Because they have not had the money to pay them enough. Many of these hospitals are also spending large amounts of money in the training of nurses.

Mr. PICKLE. Then you are saying that they don't pay them more because they don't have money to pay them more?

Miss SLEEPER. Yes.

Mr. PICKLE. What you are saying in effect, then, is that lawyers have got money to pay their people and you hospital people or the medical doctors don't have?

Miss SLEEPER. No. I think I am trying to say that the only source of money with which to pay nurses in hospitals is through charges to patients, and the problem comes in the hospital of how much the charges to patients can be increased, how much the public will stand in the way of increased charges to patients.

Mr. PICKLE. Yes; I agree with that, of course, but still somewhere the direct group that is interested in the employment of these people have got to give a leadership or encouragement or help and raise the salaries in effect.

Miss SLEEPER. Correct.

Mr. PICKLE. Do you agree with that?

Miss SLEEPER. I do.

Mr. PICKLE. Do you, Doctor?

Dr. HOWELL. Yes; I do. This is immediately related to what the public is willing to pay in hospitals.

Mr. PICKLE. Yes. Yes; of course. But the direct profession has to give leadership to it, do you not agree?

Dr. HOWELL. Yes; I do agree.

Mr. PICKLE. I am concerned that groups come and ask such large sums of money from the Congress, and unless I am satisfied that you've got a corresponding public relations program on the way in our own profession to bring in these young women or men in the profession, I am going to cast a very conservative eye on these requests.

I think perhaps these fields can do more on their own than they have done, in encouraging people to study these fields. I am not an authority on that, just a general feeling. I am sure that you think you could all do better, too, don't you?

Dr. HOWELL. Yes; there is no question about that.

The programs of recruitment in medicine, nursing, and dentistry have basically been the programs that the people involved in these professions have wished to proffer to the young people.

The future nurses clubs in the communities all over the country are voluntary efforts by nurses, themselves. State hospital associations, recognizing the need for attracting nurses, have given moneys to the State nursing organizations for recruitment. These moneys have not been great amounts. The American Hospital Association regularly gives money for recruitment, but it is clear, as stated in the Surgeon General's report and it is emphasized in our testimony, that an appropriate program of recruitment is essential in the field of nursing and it embraces all of the things which you have appropriately referred to.

Mr. PICKLE. We must admit we have done an inadequate job in this field or you would not be up here this morning.

Dr. HOWELL. That is true.

Mr. PICKLE. That is all, Mr. Chairman, at this time.

Mr. ROBERTS. May I ask at this point how many of the witnesses are up against train or plane schedules this afternoon?

Would you state your name, please?

Dr. WILSON. Dr. O. J. Wilson.

Mrs. DOLAN. Margaret Dolan.

Mrs. MULLANE. Mary Mullane.

Mr. ROBERTS. Are any of you desirous of filing a statement for the record?

I am going to try to hear you, but we are really moving very slowly. I don't wish to cut off the questioning and I don't wish to cut off the testimony. We have just got to try to finish, if possible. I doubt seriously that we will be able to sit this afternoon. There is no other time that the chairman of the committee can assign these hearings

until some time later and that is going to delay executive session on the bill.

If everybody will cooperate and move a little faster here, I think we might speed it up.

The gentleman from Colorado. I hate to say that just before you start questioning.

Mr. BROTZMAN. I was going to say, Mr. Chairman, I don't know if this was directed solely at me, but I am going to cooperate.

Mr. ROBERTS. No. I am not directing it at any one person. I am directing it at everybody. We have just got to move on.

Mr. BROTZMAN. Time is short.

I am going to try to recap a little of your testimony and see if I understand you correctly.

No. 1, it would appear to me that certainly no measure we pass is going to completely solve this problem, if I understand correctly.

Dr. HOWELL. I think that is correct.

Mr. BROTZMAN. We all agree it has to be a local effort and an intra-profession effort in order to bring about some solution.

No. 2, I quickly scanned what appears to be a good statement here. I would perceive that it is your belief and opinion that there should be more, shall we say, State initiation and State control than is presently considered or included in the measure we have before us. I picked up two or three statements here so I can nail this down for you.

Dr. HOWELL. We believe there are advantages in State responsibilities. As has been manifested by Federal Government action before, there is strength in bringing State responsibilities to bear in a measure of this type.

Mr. BROTZMAN. All right. I understand your answer.

No. 3, I understand that you think there should be more emphasis on the instructional rather than the constructional.

Dr. HOWELL. Yes; particularly in view of the objectives ahead of us for the immediate future in providing the needs for our Nation. We believe that the emphasis should be shifted; yes, sir; away from construction and for the maximum attention to the educational program, itself.

Mr. BROTZMAN. Right.

Now, specifically, I note on page 8, you allude to a duplication that you think exists between an existing bill and this particular bill. This is \$35 million for construction grants limited to collegiate schools.

Dr. HOWELL. Yes, sir.

Mr. BROTZMAN. Are there other duplications that you know of between the bill we are considering and what you would recommend?

Mr. WILLIAMSON. I would not say duplication, Mr. Brotzman, but we pointed out that there are available funds now provided by the Federal Government to assist in two other aspects of the overall problem, one being the Hill-Burton program which can provide facilities, and the other one being the Federal housing program which can provide long-term interest loans to construct in-housing for students.

So, there are these two other programs which together with H.R. 12 passed last year provide existing mechanisms to at least do more in this area.

Mr. BROTZMAN. Could you write me a letter on this particular point?

Mr. WILLIAMSON. Yes.

Mr. BROTZMAN. Thank you very much.

I have no further questions.

Mr. ROBERTS. Thank you, Mr. Brotzman.

We appreciate very much your appearance and thank you for your statements.

Dr. HOWELL. Thank you, Mr. Chairman.

Mr. ROBERTS. I call next Mrs. Margaret B. Dolan, president, American Nurses' Association, Inc.

STATEMENT OF MRS. MARGARET B. DOLAN, PRESIDENT, AMERICAN NURSES' ASSOCIATION, INC.; ACCOMPANIED BY MISS HELEN CONNOR, DIRECTOR OF THE LEGISLATIVE PROGRAM; AND MISS JULIA THOMPSON, DIRECTOR OF THE WASHINGTON OFFICE

Mrs. DOLAN. Mr. Chairman, I am Margaret B. Dolan, professor of public health nursing, School of Public Health, University of North Carolina.

I am president of the American Nurses' Association, the national professional organization of registered nurses.

I have with me Miss Helen Connor who is director of the legislative program for the American Nurses' Association, and Miss Julia Thompson who is director of the Washington office of our professional association.

Our ultimate purpose is to secure for the people of this country the best possible nursing care, and one commitment of the association is to elevate the standards of nursing education to insure effective nursing practice.

I welcome the opportunity to appear here today on behalf of ANA to support H.R. 10042, the proposed Nurse Training Act of 1964, and to urge you to give provisions of the bill your early and favorable consideration.

The legislation you are considering would authorize construction grants for schools of nursing; planning grants to determine need and where emphasis should be placed; an extension of the professional nurse traineeship program; a scholarship and loan program for nursing students; project grants to develop new and improved methods of training and recruitment, to improve utilization of nursing personnel and to enable schools of nursing to strengthen, improve, and expand programs of nursing education.

There are over half a million registered nurses practicing today. However, an acute shortage exists that is both qualitative and quantitative. This has been caused in part by the rapid population increase, the growth and expansion of health facilities and advances in medical science. It has been intensified by the delegation to registered nurses of many functions once performed only by physicians.

For example, since the enactment of the Hospital Survey and Construction Act in 1946, 9,810 projects have been approved, representing a total of 290,000 general, mental, tuberculosis, and chronic disease hospital and nursing home beds. In addition, 1,992 rehabilitation facilities, public health centers, diagnostic and treatment centers, and State public health laboratories have been constructed. With the

exception of laboratories, nursing personnel are needed in all these facilities.

The American Nurses' Association has always supported the intent and purposes of the Hospital Survey and Construction Act but we are concerned that there are continuing appropriations for construction without an associated plan for staffing the facilities to insure effective and safe care.

There is a growing imbalance between professional nurses on the one hand and practical nurses and nurses' aids on the other. Federal support of practical nurse education was increased and expanded with the enactment of the Health Amendments Act of 1956 and has further expanded under the Manpower Development and Training Act.

The Area Redevelopment Act and Manpower Development and Training Act have also stimulated the setting up of many programs for the training of nurses' aids. Increasing the number of these personnel without a concomitant increase in the number of professional nurses to give the needed direction and supervision leads to deterioration in the quality of service. Professional nurses are responsible for planning the total nursing care of patients. It is urgent that their number be increased and that their preparation be improved.

When the Surgeon General's Consultant Group on Nursing reported in 1963, it estimated that to meet the needs of the Nation in 1970 for safe, therapeutically effective, and efficient nursing service, there should be 850,000 professional nurses, including 200,000 holding baccalaureate degrees and 100,000 with graduate degrees.

Realistically, considering the potential supply of students and the potential capacity of schools of nursing, this total could not be met by 1970. The Consultant Group then set as a feasible goal for 1970, 660,000 professional nurses including 120,000 with academic degrees, 25,000 of whom would have advanced degrees. Presently, 11,500 nurses have advanced degrees and 43,500 have baccalaureate degrees. This is about half of the feasible goal set for 1960 plus. This is a little more than just one-third of the feasible goal for 1970.

The professional nurse traineeship program established under the Health Amendments Act of 1956 provided financial assistance to nurses preparing for positions in teaching, supervision, and administration. It is due to expire June 30, 1964; section 821 of H.R. 10042 proposes its extension for 5 more years. During the first years of the program established in 1936, 9,029 nurses were awarded traineeships.

Although this legislation increased the number of nurses with graduate degrees, the need is still great. Taking into account that the Surgeon General's Consultant Group on Nursing considered 100,000 nurses holding advanced degrees the ideal, the ANA sees the Group's feasible goal of 25,000 by 1970 as the very minimum required for adequate health services.

The responsibilities of those who serve in positions in teaching, supervision, and administration in nursing are such as to require advanced preparation at least at the master's level. Sound programs of nursing education cannot be developed without qualified teachers. Quality nursing service cannot be provided for the people of this country unless we have sufficient numbers of well-prepared supervisors and administrators. The continuing shortages are both quantitative and qualitative and will not be resolved without Federal assistance to nurses seeking advanced preparation.

In all nursing education programs, the faculty should hold graduate degrees. It is at this level of study that the prospective teacher learns about methods of teaching, testing and evaluating, and acquires the necessary clinical and scientific knowledge in her subject area. Therefore, it is startling to consider the preparation of those presently teaching in all types of schools of nursing. Only 38 percent of current full-time faculty members in senior and junior colleges, in hospitals and in practical nursing schools, have graduate degrees.

In your testimony, you have the figures showing the distribution of the faculty and preparation of faculty in collegiate schools and practical nursing schools.

Our present dilemma and the often heard criticism of inadequate nursing care is directly related to insufficient supply and inadequately prepared nurse teachers. Obviously, it is impossible for our schools to prepare nurses to give the quality of nursing care society needs and expects when such a large number who are in the position to mold future practitioners have no education beyond basic nursing preparation. This can be compared to a high school graduate teaching high school mathematics or science courses.

In addition to our concerns about the quality of faculty in schools of nursing, we face the further problem of shortage of personnel to fill these positions. There are 1,740 vacancies in full-time budgeted faculty positions in all schools preparing nursing practitioners. Therefore, we urge immediate congressional action to extend the traineeship program so that the preparation of nurse teachers can continue without interruption.

The quality of nursing practice is improved or deterred by the organizational framework in which the nurse practitioner functions. Effective nursing service administration and supervision fosters a safe, efficient, and therapeutic level of nursing care. Such administration and supervision is dependent upon familiarity with a body of knowledge based on sound principles that can be applied in nursing service situations.

I will skip the statement there because it refers to the figures on the bottom of the page. In the interest of time, I will leave that to your reference.

There is also a shortage of personnel to fill positions in administration and supervision. A 1962 spot check of non-Federal general hospitals shows that 13.4 percent of full-time budgeted positions for directors and assistant directors and 15 percent of supervisory positions are vacant.

If we are to raise the level of education of nurses functioning in the critical areas of supervision and administration and fill the vacancies which still persist, it is imperative that the Congress continue the professional nurse traineeship program it initiated in 1956.

H.R. 10042 (sec. 821(a)) also provides that the traineeship program be expanded to include financial grants for assistance to nurses seeking preparation as clinical specialists. The nurse clinician is a master practitioner. She may, for example, be a nurse midwife, a psychiatric nurse, the expert in cardiopulmonary nursing, or in the care of the chronically ill. To become such a practitioner in so broad a field as nursing requires concentrated study at the graduate level in the selected area. Once prepared, this nurse uses her specialist's com-

petence in providing direct care to patients needing expert nursing. She collaborates with the physician in planning and providing patient care to patients needing expert nursing, and works with and teaches other nursing personnel during the provision of nursing care and treatment. She may teach in schools of nursing and in programs of continuing education. She conducts and participates in clinical research. Highly qualified expert nurses to practice in specialized areas of nursing offer an opportunity to improve the quality of care.

At the present time, there are no Federal funds available for the training of nurse clinicians except in the field of psychiatric nursing. ANA strongly supports expansion of the traineeship program to increase the number of specialized clinical practitioners.

When the professional nurse traineeship program was extended in 1959, provision was made for awarding short-term traineeships to nurses unable to engage in full-time study. Ten thousand one hundred and eighty-four nurses benefited under this part of the program. While we do not consider that the short-term program is a substitute for the educational experience obtained through full-time study it has, considering its limitations, met a need.

With over 47,000 nurses engaged in teaching, supervision, and administration without the minimum preparation required, a variety of programs are needed to supplement their basic education. We support the continuance of the short-term traineeship program if it does not infringe on the long-term program and believe Federal funds for courses should go only to institutions and agencies conducting high quality programs.

To achieve the goal of 25,000 nurses with advanced degrees and to double the number holding baccalaureate degrees by 1970 requires assistance to basic collegiate nursing education programs along with the assistance to graduate education offered through the traineeship program. The baccalaureate degree is becoming a requirement for an increasing number of positions in nursing. Also, it is from the pool of nurses graduated from baccalaureate programs that future teachers, supervisors, and administrators will come.

To accommodate increasing numbers of students, collegiate schools of nursing must expand their facilities. When this committee was considering the health professions educational assistance bill in 1962 and 1963, it received considerable information from the collegiate schools about the need for additional classrooms, laboratories, libraries, and offices.

As colleges and universities undertake building expansion programs they tend to give priority to the overall service rather than to the needs of smaller professional schools unless these schools can secure special funds to help defray costs. This observation is true in both the private nonprofit school and in the publicly supported college.

Congress has already recognized the need in the Health Education Assistance Act. Nursing is included in this act but it is my understanding that if this current legislation under consideration is passed, nursing would be deleted from that program. It is my understanding that nursing has been given low priority for funds for construction under the particular act.

Therefore, we think it is imperative that legislation be provided to give assistance for the expansion of collegiate facilities as well as developing new schools at collegiate level.

Moreover, the cost of a nursing education program to the college or university is greater than many other types of programs. One laboratory for the nursing student is the clinical setting—hospital, public health agency clinic—and in these settings her laboratory experiences are with human beings. Because the welfare of patients cannot be jeopardized, a higher ratio of teachers to pupils is required. Because of this, more funds must be allocated for faculty salaries in the nursing department or school than in many other divisions of the educational institution.

The Surgeon General's Consultant Group on Nursing has recommended that the number of graduates from collegiate schools of nursing be doubled by 1970. Graduations presently total around 4,000 a year. With present facilities, accredited schools can accommodate an increase in enrollment of only 11 percent, or approximately 2,400 students.

Therefore, I think you can see the urgent need for increasing the facilities available to collegiate programs.

Even if this increase were realized, there would need to be an additional 3,500 admissions to baccalaureate programs to reach the 1970 feasible goal.

H.R. 10042 in section 801(A)(1) authorizes \$35 million for construction of facilities for collegiate schools of nursing. The American Nurses' Association believes this assistance to schools would help them increase their enrollment and any expansion of the educational facility would be a step toward reaching the feasible goal set up by the Consultant Group on Nursing.

However, the Congress should recognize that only 10 percent of nurses practicing today hold baccalaureate degrees. The potential increase in enrollments made possible with added facilities will raise this to only 18 percent. We cite this to underscore the serious situation that exists and the tremendous task ahead if the real need is to be met. The need will not be met without sustained and generous support from the Federal Government.

Very little public or private financial assistance is available to nursing students in basic programs. A recent survey conducted by the ANA shows that in only 13 States have the legislatures appropriated funds for scholarships for nursing students. The total appropriated in these 13 States is less than \$1 million. Also, the awards are generally small and not realistic in terms of the cost of nursing education. In only two States is the upper limit \$1,000; in the others, the range is from \$100 to \$600 a year.

The Committee on Careers of the National League for Nursing maintains a list of sources of scholarship aid throughout the country but does not have information on the total funds available. However, it has evidence of need and demand. For example, the 1959-62 national foundation scholarship program made available a total of 407 awards. Of these, 5,269 were fully qualified for admission to the schools and yet fewer than 8 percent could get assistance from this source.

A special effort is required to attract talented high school graduates into baccalaureate programs in nursing. Advances in medicine and in technology, the explosion of knowledge in related fields, dictates that nurses master an increasing body of knowledge and also develop the intellectual ability to make the necessary application in nursing care.

The professional nurse today must possess technical skills unheard of a few years ago. A high degree of intellectual and technical skill is required and must be utilized by her in every area of practice, wherever patients need nursing care.

Baccalaureate programs are designed to provide a broad background in the biological, physical, behavioral, and social sciences to enable their graduates to make sound judgments in giving, planning, and directing nursing care; to interpret and demonstrate care; to help patients and families identify and meet their health needs and to work with others in their communities in planning and carrying out health programs. They are prepared, without need for further formal education, to advance to positions requiring beginning administrative skills. They have the foundations for continuing professional development and for graduate study in nursing.

Section 822 of H.R. 10042 provides for scholarships for highly qualified high school graduates attending collegiate schools of nursing. Early and favorable congressional action in this matter is necessary to increase the number of nurses with baccalaureate degrees.

Families are often unable to meet the full cost of collegiate nursing education. Repeatedly, we hear from deans of collegiate schools and from nursing students of the need for scholarship assistance.

A study in 1963 by the National League for Nursing for the Division of Nursing, U.S. Public Health Service of total charges, exclusive of room and board, to students in 138 baccalaureate programs showed an average charge of \$2,805. The range of charges in the middle 50 percent of the programs was \$1,425 to \$3,775. Student nurses have the additional expense of uniforms, special shoes, and are frequently responsible for travel costs to and from their affiliations away from the campus.

Because of the nature of the nursing education programs, they have less opportunity than other students to earn money to help pay some of the cost of their education. Although the number of scholarships provided for in H.R. 10042 is small in terms of the need, they would be a means of attracting some college-bound students and focusing attention on the academic nature of professional nursing.

We believe also that the loan provisions in section 824 of this bill will have an impact on the enrollment in schools of nursing. Students in baccalaureate and associate degree programs are now eligible for loans under the National Defense Education Act of 1958. In 1962, about 800 nursing students, out of over 26,000 enrolled in these programs, had loans. High priority in granting loans has not been given students of nursing and their work in nursing does not make them eligible for the forgiveness provisions of the act.

This committee is aware that nurses' salaries are generally low. Newly licensed nurses usually practice in beginning staff positions in hospitals and other agencies. According to the Bureau of Labor Statistics, average weekly earnings for general duty nurses in 1963 ranged from \$74 to \$98.50. Entrance salaries for these positions in

a number of hospitals in 3 of the 15 cities surveyed were as low as \$55 a week. These 15 areas represent the most highly populated areas in the country.

In a study made by the American Nurses' Association in November 1962, it was found that general duty nurses' salaries averaged about 24 percent more in cities with 500,000 or more population than in those of less than 10,000 population. When salaries are so low, repaying a loan can be difficult. We would therefore believe the forgiveness provision in H.R. 10042 is most important and one that could very well foster sustained employment in nursing.

It has been my own personal experience in my State that an administered plan through the Medical Care Commission for medical students, dental students, and nursing students, very few of these loans have been utilized by students in nursing. It has been very effective for the medical students and the dental students.

I think probably the reasons for this is that first nurses are primarily women, and I think a young woman has great reluctance to obligate herself for a long-term financial commitment which she knows may interfere with her own future plans. She hesitates to ask her husband to undertake this kind of obligations. Secondly, she knows her earning capacity, once she graduates, is so low it makes it extremely difficult to repay this loan.

This has not been effective in our State and they have changed the provision from loans to scholarships because they realize that this was not effective in increasing the number of nurses needed in the State.

We would also like to call your attention to the fact that nearly 9,000 registered nurses, graduates of associate degree and diploma programs, are studying for a baccalaureate degree. In 1962, 5,262 were enrolled on a part-time basis. This practice is uneconomical in terms of time, money, and effort but persists because on their salaries, nurses cannot save enough to undertake full-time study and there is very little financial assistance available to them. Before they earn their baccalaureate degree, many will have spent 6 or 7 years in part-time study.

The American Nurses' Association agrees with the recommendation of the Consultant Group on Nursing that for a limited period Federal funds be provided for traineeships for graduates of diploma and associated degree programs for up to 2 years of full-time study toward a baccalaureate degree. This would help registered nurses secure more rapidly the level of education their positions call for today and enhance the quality of patient care.

In relation to the planning grants, we are very much in accord with the provision for planning grants in section 805 of H.R. 10042. Comprehensive and careful planning is vital when a program of the kind proposed in this legislation is undertaken. The grants would encourage a State or region to survey its resources to determine needs and whether emphasis should be placed on new schools or expanding of existing schools.

Not to plan could result in an unwise use of public funds and an indiscriminate mushrooming of facilities for teaching nursing that could only lower the quality of nursing education and nursing service. When programs in nursing education are instituted more is required than a building. Qualified faculty is essential and there must be ade-

quate clinical facilities and community agencies for laboratory experience. We hope the committee will agree that the provision for planning grants is a wise inclusion in this bill and will give it favorable consideration.

In section 806 of H.R. 10042, a 5-year program of project grants is proposed. The object of this proposal is to stimulate new and improved methods of nurse training and recruitment, to improve utilization of nursing personnel, and to enable schools to strengthen, improve, and expand their programs of nursing education.

While we believe the scholarship and loan provisions in the bill will help increase enrollment, other ways must be found to attract larger numbers of talented high school graduates into nursing. During a 5-year period, 1955-60, the number of girls entering colleges and universities increased 50 percent. In this same period, admissions to schools of nursing increased 5 percent. Nursing needs to be interpreted as an intellectually challenging and satisfying profession. Too often only inadequate and misleading information about nursing is available. New materials specifically directed to those who are in a position to influence young people in the choice of career need to be developed.

Considerable experimentation with methods that promote better teaching and better use of teaching personnel has been going on in the field of education. These methods need to be more widely incorporated into the teaching of nursing. The project grants offer the opportunity to schools to improve their methods and thereby enhance the quality of instruction.

Of concern is the matter of whether present professional nursing personnel are being utilized to their full potential or whether their energies are being expended on tasks that are within the competence of less highly trained people. The Division of Nursing of the U.S. Public Health Service has done studies and developed a methodology that can be used by institutions and agencies that seek to improve utilization of all nursing personnel. Availability of project grants would encourage hospitals and health agencies to experiment with staffing patterns to see how they might most effectively utilize nursing personnel in their own situations.

Since the project grants would support a movement toward improving the quality of nursing education and nursing services and recruitment into the profession of well-qualified young people, we support this provision.

The American Nurses' Association believes that certain safeguards are essential to insure the best use of the Federal funds that H.R. 10042 would make available. It is most important that only schools of nursing accredited by a recognized national accrediting body be eligible to receive funds for construction, apply for project grants, and establish and operate loan funds. These are the schools that have met standards set by the National League for Nursing, the recognized accrediting body for schools of nursing. There will be instances where evidence can be given that a nonaccredited program will meet accreditation standards within a reasonable time. In cases of this kind, we recommend consultation with the accrediting agency before assistance is extended.

In the past, the Congress has demonstrated its awareness and concern for nursing education. During World War II when the need for nurses was especially acute, legislation was enacted to establish the U.S. Cadet Nurse Corps. This 5-year program enabled schools of nursing to increase their enrollment and resulted in 41,000 graduations in 1947, the largest number of students ever graduated from basic professional schools in one year. This program also helped graduate nurses secure additional preparation.

Assistance available after World War II under Public Law 346, the G.I. bill, significantly increased the number of nurses undertaking additional study in colleges and universities. In 1956 and in 1959, Congress approved the professional nurse traineeship program, designed to prepare nurses for positions in teaching, supervision, and administration. The Public Health traineeships have also assisted nurses preparing for the field of public health.

The problem of insuring adequate nursing service now and in the future is a critical one. There is overwhelming evidence it can be solved only with substantial Federal aid. Immediate action is needed to reverse the progressive dilution of nursing services. We believe that delay will have grave consequences for the future health care of the American people.

May I thank the committee for this opportunity to present the views of the American Nurses' Association on this legislation.

We would be happy to answer any questions that you may like to direct either to me or to Miss Thompson or to Miss Connor.

Thank you, Mr. Chairman.

Mr. ROBERTS. Thank you, Mrs. Dolan. I compliment you on a very fine statement.

Certainly the statements you make on page 6 enlighten us on the traineeship program expansion on which you speak there about clinical specializations. This is one section that has not been as well stressed upon and set out in some of the other statements. I think you have done a very excellent service in setting it out.

I had frankly hoped that your group might go along with some of the other witnesses with reference to construction of facilities, so it seems to me that in the budgetary situation in which we find ourselves that we would have to have a tremendous demand before we go ahead and add additional law providing for construction of facilities until we see what is going to be done under H.R. 12.

We know that under the other acts as you pointed out and other witnesses have pointed out there has been a tremendous amount of construction. Whether the emphasis has been misplaced or not is something I have to look into and perhaps have some more information.

I have the feeling that you still put the emphasis on the need for faculty and personnel ahead of the need for new construction; is that correct?

Mrs. DOLAN. Well, we believe that the need for faculty is acute, but we also believe that we cannot produce this faculty unless we have the teaching facilities to prepare them.

Now, I have information that already 52 collegiate schools of nursing have applied for construction funds under public law, the former H.R. 12. Now, if nursing has low priority and they are competing

with medical schools, dental schools, schools of osteopathy, et cetera, then I think it is logical that many of these requests will have very great difficulty in getting approved.

We do believe that we do need to place emphasis on the preparation of teachers, but teachers can only be prepared in collegiate schools and these schools must be expanded in order to increase their enrollments to meet the need. We say we have to double. We hope that we would have, I think it is 25,000, by 1970.

Mr. ROBERTS. Well, I realize that you are going into these other competitive areas.

It seems to me that if we were to get out the assistance to professional nurses and students, we were able to get that part of the bill out, we would still have some time to review or look into the existent construction both on the private field and in the Federal field—Federal-State field, I should say—and perhaps even have this subcommittee look at some of the situations over the various part of the country.

There is always a timelag between the passage of the bill, of course, until they start doing something with the provisions.

In the main, I think we have covered the subject quite well and I am very grateful to the committee.

Any questions, Mr. Pickle?

Mr. PICKLE. Just a short question.

In your own State, do you have a scholarship program underway and a loan program, also?

Mrs. DOLAN. Yes, we have. It was first established as a loan program and the State legislature appropriated funds to the medical care commission. This was to provide loan funds for medical students, dental students, and nursing students, in order to try to recruit people into the rural areas. They had a rural area commitment.

But after a number of years of experience with this, it was not meeting the need for nurses because nurses were unable to take advantage of the loans because of their low economic position.

Last year, the legislature changed it to a scholarship program for nurses. It is still a loan program for dentists and physicians but the amount is very small.

Mr. PICKLE. Is the scholarship program successful?

Mrs. DOLAN. The scholarship program is.

Mr. PICKLE. Did you ask your legislature to change the loan program and insert a forgiveness clause in there? Was that ever considered?

Mrs. DOLAN. With a forgiveness clause?

Mr. PICKLE. Yes.

Mrs. DOLAN. It has a forgiveness clause only up to 50 percent if the nurses worked in a mental institution or in an area of less than 2,500 population.

Mr. PICKLE. Now, your original program and the loan program did have a forgiveness clause in it up to 50 percent; is that correct? They were not successful?

Mrs. DOLAN. If they worked in an area or in a town with less than 2,500 population. Now, this, itself, is a deterrent because as the nurse knows when she enters a school of nursing she must work for 4 years in a community with less than 2,500 population.

Mr. PICKLE. The reason it didn't work was because she was limited in the areas where she could serve?

Mrs. DOLAN. I think that was it, and I think the fact the nurses knew of their inability to pay back the loan, they were discouraged from taking loans and the loan program was changed to a scholarship program.

Mr. PICKLE. But you ask the Federal Government to institute a loan program with a forgiveness clause and with no limitation?

Mrs. DOLAN. I said my own personal feeling is that the loan program will not meet the full need because I think it will not be as effective in increasing the nurse supply. I think it is not as effective as the scholarship program.

Mr. PICKLE. I want to ask you one more question, Mrs. Dolan.

Did I understand your testimony to say that you wanted the nursing training program to be offered only to those accredited schools for professional training?

Now, are you saying that you would not like to see the continuation of programs such as for, say, under the manpower development retraining program?

Mrs. DOLAN. Under the manpower development and training program not programs for professional nursing. These are for nursing assistants and nurses' aids. I am talking about the training programs for professional nursing.

We believe that the money should go only to those schools accredited by the National Nursing Accrediting Service.

Mr. PICKLE. But not in any way that would slow down those programs?

Mrs. DOLAN. No.

Mr. ROBERTS. The gentleman from Minnesota.

Mr. NELSEN. Mrs. Dolan, the forgiveness feature in the scholarship, the important thing is to have a nurse that will work in the profession in the hospital. Now, in the event scholarships are granted with no requirements of any kind, say they go through the training period and get married, you still have no nurse if they don't enter the profession. Now, it seems to me this is a weak link.

Now, we could provide a forgiveness feature or a scholarship program, but if a graduate can get married and doesn't actually become a nurse, we have gained little toward solving the problem.

Mrs. DOLAN. I think you will find that even though there is a high marriage rate among young women graduating from nursing schools, there is also a very high rate of married women working in nursing.

I would have no objection to a commitment for a person who receives a scholarship to return year for year for the scholarship assistance received. I think the students entering nursing are reluctant to commit themselves to a long-term loan that they must pay back in addition to practicing.

Mr. NELSEN. In the scholarship program you anticipate, what percentage of the total costs would you suggest that a scholarship provide? All of it?

Mrs. DOLAN. I believe the bill provides up to \$1,000. This does not cover the full cost in most of our collegiate programs. I think I gave you figures there and the cost range went up to \$3,000. This is exclusive of room and board which we know adds a considerable

cost, too. We do know that students in nursing, due to the very nature of their educational program, find it difficult to work on a part-time basis because of the hours of clinical practice and the hours in the institution and the laboratory.

It is very difficult for a student nurse to have a part-time job, just as we found in medical education. A student in medicine finds it very difficult to have a part-time job because of the demanding nature of the educational program.

Mr. NELSEN. In H.R. 12, the scholarship and the loan features were discussed and this committee seemed to feel it incumbent upon any individual the responsibility of wanting to pay back a loan if they can, at least to earn it.

Now, if a liberal forgiveness feature is provided in the loan program and a scholarship is also considered which does not provide the entire amount, you may wind up dollarwise in about the same position if the forgiveness feature is quite liberal.

Mrs. DOLAN. I think the bill provides for a total number of 1,000 in any one year. Now, this spread out over the whole United States is a very small number.

Mr. NELSEN. I understand.

Mrs. DOLAN. I think that there are many very able students that are needed in all areas in the health profession who just find it absolutely impossible even to undertake this kind of long-term commitment.

I know in other fields we have full scholarships available for talented students—the national merit program. Many colleges and universities have this type of scholarship provision.

Mr. NELSEN. Thank you very much.

Mr. ROBERTS. The gentleman from Colorado.

Mr. BROZMAN. Thank you, Mr. Chairman.

I would like to thank you for an excellent statement and ask you a question or two.

Outside of the scope of the bill for a moment, you say other ways must be found to attract larger numbers of talented high school graduates into nursing; you say that nursing needs to be interpreted as an intellectual, challenging, and satisfying profession. I am sure all of this is correct. So, I can sort of get a gage on this problem, you are the president of the American Nurses' Association?

Mrs. DOLAN. Yes, sir.

Mr. BROZMAN. I would understand from what I have heard here this morning that there are other nurses' associations.

Let me just ask you this: About how many members belong to the American Nurses' Association?

Mrs. DOLAN. Well, the current membership of the American Nurses' Association is in the neighborhood of 160,000, sir. Now, this is the Association of Professional Graduate Registered Nurses.

The other nursing organization is the National League for Nursing, which is made up both of professional registered nurses, practical nurses, interested lay people, boards of community visiting nurses' associations, physicians, educators, people who are interested in and have a concern for development of sound nursing service, and nursing education programs at all levels.

Mr. BROZMAN. I don't know if you answered this or stated it. You said 160,000.

Mrs. DOLAN. Approximately 160,000.

Mr. BROTZMAN. How many in the latter group, the National League for Nursing?

Mrs. DOLAN. Well, I think their representative is here. I believe the membership of the National League for Nursing is in the neighborhood of 30,000.

Am I correct?

Miss AUSTIN. 24,000.

Mrs. DOLAN. 24,000.

I would say a good percentage of that is made up of professional nurses.

Mr. BROTZMAN. Now, going to the specific problem, that of the need for more nurses to solve the national health needs. It seems that the Government is not going to be able to solve all of these problems. I think the last two witnesses alluded to the fact that something needs to be done to perhaps dramatize or characterize the nursing profession in a different light.

Is there any concert of action on the part of the various nurses and nursing organizations that represent them to try to accomplish this fact?

Mrs. DOLAN. Yes. I think the American Nurses' Association through its constituents in all States is continually conducting activities to interpret nursing, to recruit for the field. Nurses spend a great deal of time working with high school groups, future nurses' clubs, holding career days, participating in career-day programs, conducting health fairs where they have an opportunity to interpret the opportunities in nursing, and developing all kinds of recruitment material. Then, of course, there is the committee on careers, the program that is administered by the National League for Nursing, which is financed jointly by contributions from the American Nurses' Association, the National League, the American Hospital Association, and the American Medical Association. This is a career program and it is conducted all across the country.

Recruitment and interpretation is a very important part of all the activities of the State nurses' associations and State organizations for nursing.

Mr. BROTZMAN. Now, I don't recall having seen much of this, publicly, and I try to read newspapers as we all should. I take all the papers, for example, in my district, but I am not aware of public relations programs being underway. Possibly it is a fact that I missed.

Mrs. DOLAN. We are trying to but we are so limited in terms of our financial resources. I think you can understand the cost of a highly effective public relations program, a recruitment program. Here again we are dealing with a low-income profession, a fact which has been mentioned many times this morning, the low economic status of the profession, and the resources of the American Nurses' Association are restricted and limited to the dues that are paid by members.

So, to the limit of the resources available, we are doing everything possible. We think more needs to be done. We think also the public has some responsibility too, because this is to provide an essential public service. We think the profession has a responsibility, but we think also the public has some responsibility to assist in this.

Mr. BROTZMAN. That is possibly correct, but, of course, the problem has to be brought to their attention.

Mrs. DOLAN. That is right.

Mr. BROTZMAN. People have problems of their own; most don't go around looking for others to solve. I don't say that facetiously, but you know there has to be a prime mover or a motivating factor. I assume that this is going to have to come from your organization or those with whom you are in contact.

Mrs. DOLAN. This is one of the reasons we are supporting that provision in this current legislation under consideration, to make it possible to increase their efforts so that money would be available on a grant basis to develop more effective kinds of materials and to do a more effective job in this area.

Mr. BROTZMAN. Thank you very much.

Mrs. DOLAN. You are welcome.

Mr. ROBERTS. Thank you, Mrs. Dolan, and your associates.

Our next witness will be Dr. Wilson.

I hear you have a 1 o'clock plane, Doctor.

STATEMENT OF DR. O. J. WILSON, ASSISTANT EXECUTIVE DIRECTOR FOR DEVELOPMENT AND EDUCATION, APPALACHIAN REGIONAL HOSPITALS, INC.

Dr. WILSON. Yes, sir.

Mr. ROBERTS. It is my understanding that you want to touch the highlights.

Without objection, it will be filled in.

(The statement follows:)

STATEMENT OF DR. O. J. WILSON, ASSISTANT EXECUTIVE DIRECTOR FOR DEVELOPMENT AND EDUCATION, APPALACHIAN REGIONAL HOSPITALS, INC., LEXINGTON, KY.

Mr. Chairman and members of the committee, I am pleased to appear before this committee in support of H.R. 10042, which is commonly referred to as the "nurse education bill." It contains many features which indicate that our Nation, at long last, has recognized the need for financial assistance to professional nurses while in training and to the hospitals and schools which provide that training. I commend all, therefore, who have had a share in introducing H.R. 10042 and all who work in its behalf.

While I represent primarily the hospitals comprising the Appalachian regional hospital system, I believe my views concerning certain features of H.R. 10042 are generally applicable to the Nation as a whole and are not limited to the Appalachian region alone. My views are based not only on my experience in administering the Professional School of Nursing at the Harlan Appalachian Regional Hospital at Harlan, Ky., but on my experience as a veteran who received GI benefits following World War II and as a former college president who administered the national defense student loan program on a college campus for several years.

Generally speaking, I believe every stimulus to education on the part of the Federal Government has been constructive and has paid big dividends for the Nation and for the individuals who received assistance. I believe H.R. 10042, if enacted into law, will prove to be equally valuable to the Nation because of the tremendous stimulus and encouragement which it will provide to young men and women to enter the nursing profession.

While I generally favor H.R. 10042, I believe it should be liberalized with respect to the maximum amount of loan money available to student nurses. If I correctly interpret the bill, each student pursuing a professional nursing curriculum during the first year at a college or university could borrow \$1,000 and an additional \$500 per annum for the ensuing years.

In my judgment, the \$1,000 loan for the first year is realistic, but by the same logic, \$500 per year for the succeeding years is only 50-percent realistic. It must

be recognized that, unlike college young men and women pursuing a 4-year liberal arts program, professional nursing students are unable to hold part-time jobs to supplement their allowances from home. In many cases they have little or no financial assistance other than what they can borrow. Hence, the need for money to purchase clothing, to acquire professional books and to affiliate with professional organizations, to meet personal insurance needs, to visit family and friends, and to maintain themselves generally at a standard which contributes to high morale and professional efficiency, are essential to the retention of student nurses in their program. A large part of the dropout problem relates to inadequate funds to meet the personal needs of student nurses. I recommend therefore that the loan provision be extended to \$1,000 for each year of training in both the diploma and collegiate programs and that the provision to forgive 60 percent be extended to the total amount borrowed while pursuing a diploma or a degree in professional nursing.

With reference to participation by colleges and diploma schools of professional nursing to the extent of one-ninth of the loan eligibility, I recommend that this provision be dropped from the bill. While this follows the pattern established by the national defense student loan program, it is a deterrent factor and will work a hardship on the hospital schools particularly throughout the Nation. This will result in tying up limited and much needed capital which hospital schools do not have to loan at any rate of interest. It will also militate against the collegiate programs in that it will divert funds which can be used more prudently in other aspects of nursing education.

With respect to grants for the construction of new or the expansion of existing facilities, I submit that it will be extremely difficult for nonprofit hospital schools of professional nursing to qualify for a grant for either type of construction. I recommend therefore that provision be made in the bill for the appraisal of an existing structure for which expansion is contemplated and that the current appraised value be accepted in lieu of cash for the one-third participation required to qualify for such grants. This modification will give full credit for what has already been spent without requiring the outlay of additional money. It will, at the same time, provide for the expansion of school facilities and thus permit a larger number of student nurses to pursue a degree of diploma program.

The remaining feature of H.R. 10042 which I question relates to "loans to schools" for the purpose of enabling them to participate to the extent of one-ninth of the amount loaned to student nurses. May I suggest that this requirement will complicate the administration of the nursing education program to have two parties, the student and the school, negotiating for a loan with the Federal Government for the exclusive use of the student. I recommend that the mechanics of the loan provision be simplified by loaning 100 percent of the amount authorized directly to the student.

Finally, let us examine what the bill actually does for schools of nursing. Perhaps a review of the highlights of the President's special message on health to Congress, February 10, will be helpful. With specific reference to the nursing profession, the President recommended:

- (1) Raising school enrollments by 75 percent so as to increase the number of professional nurses by 130,000 by 1970;
- (2) Authorization of construction grants;
- (3) Federal loans to student nurses and a national competitive scholarship program; and
- (4) Continuation and expansion of the professional nurse trainee program.

A recapitulation of the President's recommendations in this way clearly indicates that one of the most significant aspects of the entire nurse education program has been left for consideration and implementation by Congress. This relates to the increased cost for instruction in professional nursing schools. H.R. 10042 makes no provision whatever for assisting with the cost of instruction in professional nursing schools, and I strongly recommend that this matter receive careful consideration.

In a joint study by the League for Nursing Education and the Illinois Hospital Association in 1959, under the supervision of Arthur Anderson & Co., it was determined that it cost professional nursing schools approximately \$1,600 per year to educate a nurse. This means that it will cost \$4,800 to \$6,400, depending on the type of program pursued by nursing students, to educate the 130,000 additional nurses needed by 1970. If the median figure of \$5,400 per nurse is used as the basis for computing the cost for instruction to professional nursing

schools, it will cost slightly more than \$700 million to achieve the goal set by the President.

In order to provide direct financial assistance to professional schools of nursing, therefore, and in order to insure the maximum efficiency in instruction and the utilization of the latest and most effective instructional aids, I recommend that a stipend of \$500 per student per annum be authorized by the Federal Government and paid directly to the professional nursing school providing the instruction. If the median figure of 3½ years per nurse is used in computing the time these 130,000 additional nurses will attend a diploma or collegiate program, the estimated cost for instruction to the Federal Government will be \$227,500,000. This amounts to approximately one-third of the total cost of instruction.

I desire to call the attention of this committee to the fact that the professional nursing schools of the Nation have borne the staggering cost for nursing education alone for many decades. They have rendered distinguished service to the public health and safety of our people, and the nurses they have produced have performed outstanding service in the name of humanity. I am confident they can do the job outlined by the President, and are ready and eager to accept the new challenge for service. I feel that I speak for all hospital and college administrators and all directors of professional nursing schools when I recommend that a fair share of the cost of instruction be borne by the Federal Government.

In all other respects, I support completely the provisions of H.R. 10041. Thank you for permitting me to appear before this committee.

Dr. WILSON. Mr. Chairman, I thank you very much for letting me appear to present a few points of view for consideration by the committee.

Since my formal is in your hands and in the hands, I believe, of most of the people present, may I simply summarize briefly by trying to put into perspective my remarks here and say that I have tried to look at H.R. 10042 with a view to certain changes which would make the job easier, removing such obstacles as might militate against the success of our program to achieve the 130,000 additional nurses by 1970.

I have, therefore, Mr. Chairman, recommended that there be a liberalization with respect to loans to student nurses. In this respect, I have felt that for the first year, irrespective of whether the student is in a diploma school, an associate degree program, or a 4-year collegiate program, there would be a 1-year program of academic study for which all of the students would be eligible for the maximum loan of \$1,000.

If I am incorrect in this, I shall appreciate by correction by the committee.

In view of the fact that those in the diploma school, like the associate degree program and 4-year program, must take approximately 1 year of academic study, they would be eligible for \$1,000 for that year. I believe this is realistic, but I also recommend that this be increased to \$1,000 a year for each of the years the students are in preparation, regardless of whether this is a diploma program, an associate degree program, or a collegiate program.

With respect to the amount of participation which the bill proposes for hospitals, I suggest that one-ninth participation by schools be dropped from the bill. I have dealt with it twice in my manuscript. I have said, in the first place, that I think it will be a deterrent factor because it will take out of circulation money which the hospital schools, particularly, seriously need.

I think that the other institutions, the associate degree program and the collegiate program, could also use these funds more prudently in nursing education.

I will move to page 3 for my second comment on this same subject because it appears under the caption "Loans to Schools" in the bill. I think that this is a misnomer, Mr. Chairman, because this is really not a loan to the school; it is a loan for the purpose of accommodating the student.

I think that we would gain much here if this becomes law to let the student have the loan rather than to involve the institution.

With respect to the construction of new facilities, I suggest that it would be extremely difficult for the hospital schools to qualify for such construction grants. Many of them, however, have already put out money to make available hospital school facilities. I am suggesting that it would be in the best interests of achieving these 130,000 additional nurses over the next 5 or 6 years if we could fix an evaluation and appraisal of existing structures that are to be expanded and to give credit on a proportionate basis for those existing facilities.

The final recommendations which I have to make is made in the light of the President's specific recommendations in his special message to the Congress on February 10. There the President enumerated and set forth four recommendations on which he sought favorable action. A recapitulation of these recommendations does indicate that there has been left to the committee for consideration and evaluation the matter of the cost of instruction.

We have heard several types of statistics submitted to the committee here. I have referred to a study in 1959 in which it indicated the cost of educating nurses of approximately \$1,600 per annum. I am suggesting that a portion of this cost of instruction at this particular time could be borne by the Federal Government by amending H.R. 10042 to enable a stipend of \$500 per student per annum to be paid to the schools in which the nurses are being educated. This is not a precedent by any means in the history of Federal aid to education or higher education in this country because Public Law 346, the so-called GI bill, made a similar provision for veterans who returned following World War II.

The enactment of such a proposal as I make here would certainly enable the diploma schools, the associate degree schools, and the regular collegiate schools, the 4-year program, so to speak, to provide the kind and the quality of instruction necessary to produce an additional 130,000 nurses. It would also enable these schools to provide the latest, newest, and most effective instructional aids and equipment for teaching.

This, Mr. Chairman, represents my comments.

I am grateful to you and to the members of the committee for allowing me to be heard.

Mr. ROBERTS. Thank you, Dr. Wilson.

I do appreciate your summarizing your statement.

Your formal statement has been filed in the record.

I agree wholeheartedly with you that the cost of educating a nurse is going to have to be a little better documented because I don't think any of the bills before us are very realistic when we realize what a year's instruction is going to cost regardless of what program you consider.

I appreciate your bringing this out and also the the experience you have had as a top executive with the student program.

I thank you very much for appearing before our committee.

Do you have any questions?

Mr. NELSON. No; I don't have any questions. We have already had a little visit about this.

Mr. ROBERTS. Thank you, sir.

I hope you have a nice trip home.

Dr. WILSON. Thank you very much.

Mr. ROBERTS. The lady from Chicago, do you want to make your statement now?

Mrs. MULLANE. I would like to, sir, if I may.

Mr. ROBERTS. We have a quorum call but I will do the best I can. We do have permission to sit this afternoon unless you have an early plane schedule.

Mrs. MULLANE. No, sir; I have a plane at 6 o'clock this evening.

Mr. ROBERTS. Well, would you prefer, then, maybe to come this afternoon when I can give you plenty of time?

Mrs. MULLANE. I would be delighted.

Mr. ROBERTS. All right. We will start at 2 o'clock. We do have permission from the Speaker to sit through the general debate this afternoon.

The hearing will be recessed until 2 o'clock this afternoon.

(Whereupon, at 12:18 p.m., a recess was taken until 2 p.m. of the same day.)

AFTERNOON SESSION

Mr. O'BRIEN (presiding). The Subcommittee on Health and Safety will be in order for continuation of the public hearings on the Professional Nurse Training Act.

Our first witness this afternoon is Miss Mildred Schwier, director of nursing, Rhode Island Hospital School of Nursing, Providence, R.I.

STATEMENT OF MISS MILDRED E. SCHWIER, DIRECTOR OF NURSING, RHODE ISLAND HOSPITAL SCHOOL OF NURSING, PROVIDENCE, R.I.

Miss SCHWIER. I am Mildred E. Schwier, director of nursing at Rhode Island Hospital in Providence. At the invitation of the committee, I am pleased to testify on H.R. 10042 to establish the Nurse Training Act of 1964.

I speak in favor of the bill as a representative of the typical accredited diploma school operated by Rhode Island Hospital, and as one who has long been associated with diploma schools at local, State, and National levels. I was directly involved in the National League for Nursing School Improvement and Accreditation programs from 1952 to 1960 and am indirectly involved in these programs at present through the membership of our school in the National League for Nursing Council of Member Agencies for Diploma Schools.

Through this council, I am also kept informed of the problems, issues, and trends in nursing education and the position taken in regard to them by the other 688 member schools. This membership represents 80 percent of the 860 diploma schools in the United States, Puerto Rico, and the District of Columbia. It includes large and small

schools; those that are accredited and those working toward accreditation. Most of the points covered in H.R. 10042 are of concern to council members or schools seeking or maintaining an accredited status.

ASSISTANCE TO COLLEGIATE SCHOOLS AND PROFESSIONAL NURSES

Each year diploma schools enroll about 39,000 new students. In 1963, the 860 diploma schools had a combined total enrollment of 93,160 or 74 percent of the 124,633 students enrolled in basic programs. For the school year ending August 31, 1963, diploma schools graduated 26,376 students or 81 percent of the 32,356 students prepared to enter nursing. According to the report of the Surgeon General's Consultant Group on Nursing, "Toward Quality in Nursing," admissions, enrollments, and graduations in diploma schools have tended to remain relatively constant at these levels for several years. Yet the same report recommends that admissions be stepped up to 53,000 annually and that total enrollment in diploma schools be increased by 58 percent. More and better prepared faculty members must be recruited to expand diploma schools to this extent.

In a 1962 National League for Nursing publication "Today's Diploma Schools," 728 diploma schools reported having 7,792 full-time and 1,904 part-time nurse faculty members. Of these only 21.4 percent held a master's or higher degree recommended for teaching positions; 51.3 percent held a baccalaureate degree; 27.3 percent held no degree. Asking those without advanced preparation to teach in diploma schools is comparable to asking the high school graduate to teach high school students. Asking them to deal with far larger groups so that they become safe, understanding and competent nurses is a task for which they are not prepared. Diploma schools, therefore, favor those sections of the bill which promote the expansion of collegiate education at all levels and assistance to professional nurses seeking college preparation as a means of recruiting faculty prepared for the job ahead in our diploma schools.

ASSISTANCE TO STUDENTS

Students in many diploma schools tend to come from families in middle or lower income brackets. In Rhode Island Hospital School of Nursing, which I consider a typical diploma school, many students report choosing the diploma school because it is all the family can afford. In addition, approximately 25 percent of our students require some form of financial aid simply to meet charges. This figure compares with figures that are available for the rest of the diploma schools. Though the school has a loan fund on a limited basis and some scholarship aid is available from various community sources in small amounts averaging about \$100, many students are compelled to incur debt repayable on a relatively short-term basis and at regular interest rates in order to complete the course. Total cash costs to students have risen in all schools. Therefore, as a representative of the diploma schools, I favor the proposed appropriation for low-interest loans up to \$500 per year for students in diploma schools, repayable at a rate of 10 percent per annum with provision for partial credits up to 60 percent of the amount due annually for those who remain active in nursing on a full-time basis.



ASSISTANCE TO DIPLOMA SCHOOLS

In order to accommodate student bodies enlarged by 58 percent, additional up-to-date educational facilities such as classrooms, laboratories, conference rooms, libraries, offices are needed either by existing schools or new schools. Obsolete facilities require replacement or revision. Availability of moneys for grants for construction of new facilities or rehabilitation of obsolete facilities as proposed in the bill for accredited associate degree and diploma schools could facilitate expansion and stimulate schools to early steps designed toward raising required matching funds on a local basis. From experiences we have had at Rhode Island Hospital School of Nursing in planning a new school building to accommodate an expanded enrollment, I can add that faculty members are also stimulated to improve or broaden their teaching skills in order to make effective use of new teaching tools provided in up-to-date accommodations.

ACCREDITATION

The report of the Surgeon General's Consultant Group notes the striking progress made in the development and application of accreditation and other standards in the past decade. It states that creditation was a significant step in the improvement of professional education and provided a means whereby schools could themselves voluntarily formulate and apply standards of excellence in education. Diploma schools have participated in this program which is offered by National League for Nursing and have endorsed it through the council of member agencies. The number of accredited diploma schools has risen from 121 in 1951 to 569 at the end of 1963. They are distributed throughout all States and the District of Columbia. Other schools using the consulting services and other services provided by the National League for Nursing are working toward accreditation. The diploma schools know that the people of this country are long accustomed to respect the judgment of national accrediting agencies and recognize their service in safeguarding the public. Just as the Joint Commission on Accreditation of Hospitals and the Liaison Committee on Medical Education assist in maintaining quality of hospital care and medical education, so the National League for Nursing assists on assuring the excellence of education in nursing that is ultimately reflected in patient care. Diploma schools, therefore, favor the assistance to accredited schools as defined in the bill and believe that the National League for Nursing accreditation program has demonstrated its ability to qualify as the recognized accrediting body.

I thank the committee for this opportunity to testify. If I can answer questions or give additional information, I will gladly do so.

Mr. O'BRIEN. Thank you very much, Miss Schwier. Your testimony is very helpful to us.

Mr. Nelsen?

Mr. NELSEN. I was interested in the figures you cited on the last page of your testimony, that the number of accredited diploma schools has gone from 121 to 569 from 1951 to 1963.

Miss SCHWIER. Yes.

Mr. NELSEN. It would appear that there is great potential and great possibilities, if we in this piece of legislation do everything possible

to encourage still greater expansion to make more facilities available for education. I want to thank you very much, because I hope this can move us still further in that direction.

I have no questions, Mr. Chairman. I wish to thank Miss Schwier for a very fine statement.

MISS SCHWIER. Thank you.

MR. O'BRIEN. If the committee will bear with me, a New York State Committee on Medical Education, appointed by the Governor, made a comprehensive evaluation of health personnel needs and methods for meeting future needs. Their report, submitted in June 1963, contains a chapter on the "Need for Nurses." The prominence and stature of the members serving on this committee should certainly add prestige and credence to their report. The members were Dr. Thomas Parran, a former Surgeon General of the United States and commissioner of the New York State Department of Health; Dr. William R. Willard, vice president for the Medical Center of the University of Kentucky and a member of the Surgeon General's Consultant Group on Nursing; and Mr. Malcolm Muir, chairman of the board and editor of Newsweek magazine. Dr. Lester J. Evans, now assistant to the vice president for the education of the health professions at the University of Illinois, served as executive director of the committee.

Unless there is objection, I would like to insert in the record of the hearings the chapter relating to nursing, pages 26 through 33, a portion relating to financial aid for nursing students, page 48; and paragraph (b) on page 51.

MR. NELSEN. No objection.

MR. O'BRIEN. Hearing no objection, it is so ordered.
(The information referred at follows:)

THE NEED FOR NURSES

When Florence Nightingale swept into the pesthole called a hospital at Scutari in 1854, the first thing she did was sanitize it to combat the infections that were taking more lives than volleying Russian cannon. Then she began her nightly rounds through the 4-mile rows of beds, with a smile and a word for each shattered survivor of Balaklava. "The lady with the lamp," the troops called her devotedly, and their morale rose as surely as their temperatures fell.

So, ever since, has the profession that Miss Nightingale founded given integrated balance and continuity to the basic elements of good medicine—fighting disease through the physical and biological sciences, and cheering patients through simplified application of the behavioral and social sciences. By 1900, nursing had become so respected a part of medicine that the wry "Mr. Dooley" observed that it didn't matter much whether you called a faith healer or a doctor—"if ye had a good nurse." But if good nurses were important in 1900, they are essential in today's far more complex medical practice. And the changing patterns of patient care and of society, itself, are challenging the adequacy of their educational facilities, their services, and their numbers.

THE BACKGROUND

The rapidly growing demand for nursing services, due in part to increased utilization of hospitals, has affected the fundamental role of the nurse. Even though the number of actively employed registered nurses has been on the rise, the increase has not been sufficient to satisfy the new and expanding needs of patients within (or without) the hospital.

The function of the nurse has been modified in response to these changes. Where once she was a housekeeper and general assistant to the physician, today she is directly or indirectly engaged as a vital member of the health team in multiple and varying tasks often requiring highly sophisticated skills. She is responsible as a bedside nurse for the care and comfort of the patient while at

the same time, she undertakes more and more tasks formerly performed by the physician. Paradoxically, as the patients' needs, both technical and psychological, have become more apparent, the professional nurse who is prepared to meet these needs finds herself increasingly removed from the bedside for supervisory and administrative duties. Her patient-care role then falls to the less-trained practical nurse, aid, and attendant. Although the aim of today's patient care should be integration and continuity of services, the nursing care of hospital patients becomes increasingly disjointed and intermittent.

Outside the general hospital, the need for highly skilled nurses is growing apace. More and more, the chronically ill and the aged need professional care in clinics, old-age and nursing homes, rehabilitation centers, and their own homes; likewise, public health, schools, and industry are calling for more nurses.

The growth in demand for nursing services has been coincident in recent years with a general shrinkage in the working hours of nurses toward the national standard of the 40-hour week. This trend, while eminently just and desirable, inevitably aggravates already existent shortages.

SHORTAGES OF NURSING PERSONNEL

It is generally agreed that there is now an acute shortage of nurses in New York State. Recent surveys by the State education department indicate that in hospitals about 33 percent of positions for general duty professional nurses are unfilled. In a few of these hospitals, as much as 80 percent of the direct nursing care of the patients is given by practical nurses and nurses aids rather than by registered nurses. In the municipal hospitals of New York City, 60 percent of the budgeted positions for registered nurses are vacant. Public health agencies, nursing homes, and mental hospitals are urgently in need of trained professional nurses. Patients and their families, physicians, and hospital administrators express dissatisfaction with the amount and quality of nursing service available in hospitals.

This situation exists even though the number of active registered nurses has increased by 40 percent in New York State since 1950, from approximately 50,000, or 337 per 100,000 population, to approximately 70,000, or 416 per 100,000 population (see app. I, table I, p. 93).

Current shortages have resulted in various adjustments to the situation. To cope with the pressure, nurses have incorporated into their organization within hospitals and health agencies persons with less training—the practical nurse, the nurse's aid, and other auxiliary personnel. While this practice has eased some immediate pressures, it has resulted in an insufficiency of professional nurses to supervise the nonprofessional personnel involved. There is a desperate need for nurses with leadership qualifications, not only to supervise, but to administer and to teach. There is, additionally, a growing need for clinical specialists in nursing in such fields as psychiatry, surgery, obstetrics, and pediatrics.

NURSING EDUCATION IN NEW YORK STATE

In New York State today there are three basic kinds of educational programs² designed to supply the demand for professional nurses. Through any of the three a student may qualify for the State licensing examination and become a registered nurse. Generally, graduation from high school is a prerequisite for admission. The total includes:

(1) Nineteen baccalaureate programs, requiring 4 years of college work and leading to bachelor of science degrees.

(2) Eight associate degree programs, 2-year courses conducted under the auspices of junior or community colleges. In New York State the vast majority of these programs are taught in community colleges within the State university system.

(3) Ninety-four diploma school programs, usually 3 years in length, conducted under the auspices of hospitals.

Beyond these undergraduate programs (which graduate approximately 3,500 a year from a total enrollment of about 12,000), 11 universities in the State offer graduate studies in nursing toward masters' degrees and 2 toward doctorates. These programs, in which approximately 1,000 students are now enrolled, part time or full time, are of vital importance in the training of nurse administrators, clinical specialists, researchers, and faculty of nursing schools. They should

² See app. I, table III, p. 94.

receive every encouragement to develop new programs of patient care, teaching, and continuing education.

At the other end of the training range are 48 practical nurse programs, which require 1 year of training. They are commonly conducted by local boards of education, often with Federal subsidy, as part of their vocational training programs. Some are operated by hospitals. High school graduation is not usually required for admission to these schools. Their present total enrollment is 2,303.

(Nurses' aids and other auxiliary personnel receive on-the-job training and require no formal education.)

CAUSES FOR CONCERN

While this inventory of nurse-training resources is numerically impressive, there is solid evidence that it will not prove adequate either quantitatively or qualitatively in the next decade. Among major causes for concern are these:

(1) Nonaccredited status of many nursing programs: While all programs must be approved by the State education department, the National League for Nursing conducts a voluntary accreditation program with somewhat higher standards. Although nurse educators are generally agreed that accreditation by the league is desirable, only half of the State's programs have qualified for it.

(2) Quality and availability of faculty: The availability of faculty is a significant problem in the development of nursing schools, and in the expansion and improvement of quality of existing schools. While the State education department reports approximately 94 percent of faculty positions filled in New York nursing schools, the educational background of the aggregate faculty is weak by accepted academic standards. For example, only 41 percent of nursing faculty members have a master's degree (or higher)—the desirable minimum acceptable standard for faculty appointment.

(3) Inadequacy of expansion plans: A study by the education department in 1957 (updated in 1961) concluded that the number of places for entering students in nursing programs should be doubled by 1970, from approximately 5,000 to 10,000. But expansion plans for that period, reported by the schools involved, provided for an increase to only 6,400 entering places. In short, while the projected need for increased first-year capacity was about 100 percent, the planned increase was only 27 percent.

(4) Declining attractiveness of nursing as a career: Another factor complicating the problems ahead is the declining interest of high school graduates in nursing as a career in New York State. There was an absolute increase in enrollment in nursing programs of only 4 percent between 1957 and 1960, while enrollment in other post-high-school educational programs was increasing 17 percent—a clear indication that the appeal of nursing as a career is losing ground relatively. This conclusion is supported by the declining ratio of nursing freshmen per 100 female high school graduates—down from 7.3 in 1957 to 6.4 in 1960. A related problem is the high attrition rate (about 34 percent) among nursing students, largely due to marriage or economic considerations.

All of these factors will require prompt attention and early remedial action by the State, if the nursing profession in New York is to keep abreast of the burgeoning demands upon it. Certainly increased financial aid to students is indicated to help meet the economic factor.

GOALS FOR NEW YORK STATE

In the committee's judgment, based upon population projections and the increasing nurse population ratio demanded by modern society and medical practice, New York State should set as its goal the provision of 500 active nurses per 100,000 population by 1970 (a goal for 1980 will require additional, interim study). This figure compares with a present ratio of 416 per 100,000, and requires a total of 94,000 nurses, or 24,000 more than are currently employed, an increase of 34 percent.² To reach this goal it will be necessary, because of student attrition and retirement of nurses, to double the State's present entering class capacity.

If existing schools expand sufficiently to account for half of the additional students needed by 1970, then the committee calculates that 40 new schools or programs with an average enrollment of 60 students per freshman class will be needed before 1970 to meet the goal.

² See app. I, table II, p. 93.

Because of the large number and varied types of schools involved, it is not possible at this time to designate specific institutions for expansion. Considering nurse training generally, however, the committee attaches first importance to the baccalaureate schools. The development of such schools is essential if the nursing profession is to be supplied adequately with practitioners of the broad background in the social, behavioral, and physical sciences that is eminently desirable in the bedside nurse, and vital to the supervising and teaching nurse. They are the schools most heavily depended upon to supply leadership in the profession.

It follows that those few nurse training programs offering master's and doctor's degrees to selected, highly qualified students should be nurtured and enlarged. It is here that sorely needed faculty members, administrators, and researchers in nursing and patient care can be provided.

The committee's enthusiasm for baccalaureate and advanced degree programs in no way diminishes its interest in the associate degree programs in community colleges. These are the fastest growing programs in the State and should be given every encouragement, because, they, too, meet the major criterion that education for the health professions should be provided in an educational rather than a service environment.

Diploma schools of nursing, as appendix I, table III (p. 94) clearly indicates, now produce the overwhelming majority of nurses in the State, and any realistic appraisal must accept this situation as certain to continue for many years. Therefore, the committee would encourage strengthening of existing diploma schools of high quality, of which there are many, but it would withhold support from small unaccredited programs. Where they cannot be improved, perhaps through consolidation, such programs should be eliminated.

In addition to more professional nurses, the State will require, in the committee's judgment, a total of nearly 38,000 practical nurses, an increase of 50 percent, plus an increase in the number of nurse's aids and auxiliary personnel (see app. I, table II, p. 93). These totals reflect the conviction of leaders in nursing that about half of direct nursing service to patients should be provided by professional nurses, 20 percent by licensed practical nurses, and 30 percent by nurses' aids and auxiliaries. Because programs for practical nurses, generously supported by Federal funds, are proliferating at a rate adequate to meet the goal, they should not require material State assistance. The problem here is one of careful quality control of curriculums, faculties, and standards for graduation.

RECOMMENDATIONS

As steps essential to the attainment of the goals set forth in this chapter, the committee recommends:

- (1) A State program to encourage increased enrollment and maximum utilization of facilities in accredited schools of professional nursing, particularly those offering bachelor's or higher degrees. (For details see ch. 10, p. 55.)
- (2) Initiation of baccalaureate programs in nursing at both the upstate and downstate medical centers; and establishment of associate degree programs in each new community college of the State university system which can provide adequate clinical training.
- (3) Vigorous State support for patient care and education research in nursing. The proposed Council on Health Profession Education (see ch. 13, beginning on p. 73) should be authorized to plan and initiate experimental projects for study of the various roles of nurses looking toward the development of a system of nursing education equipped to meet the needs in the broad spectrum of comprehensive medical service.
- (4) The development of opportunities for continuing education for the professional nurse. Such programs should be included in an overall statewide program of continuing education for all the health professions. (See ch. 12, beginning on p. 68.)
- (5) Financial aid to students in nursing. Details of the committee's proposals are discussed in chapter 9, beginning on page 46.

NURSES

A survey of 871 nursing programs throughout the country made in 1960 by the National League of Nursing reported median costs to students for 4 years of baccalaureate training came to \$3,250. Data on associate degree and diploma programs indicated costs of \$500.

In New York State, tuition for baccalaureate and graduate programs of nursing ranges from \$600 to \$1,200 annually. Tuition charges for students in community college programs in the State university is \$300 per year.

While these costs are small compared to those of medical and dental education, so are the ultimate income expectancies. And the costs alone bar many good prospects from becoming nurses. The recently published Surgeon General's report on nursing reveals that in a recent sample survey "almost half of all degree programs reported that most of their students needed full or partial financial help. Approximately 25 percent of the diploma programs stated that students needed some financial assistance. The need for financial assistance probably will be even greater among increased numbers of students whom we hope to attract into nursing. Of 1,200 students who were accepted by diploma schools in 1960 but did not enroll, 33 percent gave lack of financial assistance as the reason."

(b) *Nursing*.—Awards, varying with need, up to the following totals, which take into account differences in tuition cost for the several programs; master's degree program \$1,500; baccalaureate degree, full tuition, not to exceed \$1,500; associate degree, \$300; diploma, \$300. Like medical and dental students, nursing students would require certification by the board of regents that they had shown promise of successful completion of their chosen courses. In baccalaureate programs, students would qualify in the college year in which they become bona fide nursing majors.

Mr. O'BRIEN. Our next witness is Miss Sylvia Peabody, executive director, Visiting Nurse Association, Detroit, Mich., representing the American Public Health Association.

**STATEMENT OF MISS SYLVIA PEABODY, EXECUTIVE DIRECTOR,
VISITING NURSE ASSOCIATION, DETROIT, MICH., REPRESENTING
THE AMERICAN PUBLIC HEALTH ASSOCIATION**

Miss PEABODY. My name is Sylvia R. Peabody. I am the executive director of the Visiting Nurse Association of Detroit. In addition to my nursing education, I have a master's degree in public health nursing supervision and administration. I have been employed in public health nursing for the past 20 years in both official and voluntary agencies. For the past 10 years, I have worked with the Detroit Visiting Nurse Association.

Today I appear before you as the representative of the American Public Health Association. I am proud to represent the world's largest association of public health workers, with over 14,000 members and 25,000 additional members of affiliated State public health associations. At present I am serving as secretary of the public health nursing section of APHA and as a member of the APHA program area committee on chronic disease and rehabilitation. I have been a member of the American Public Health Association since 1951 and was elected a fellow in 1961. The public health nursing section has 1,665 members, a large majority of whom are employed in administrative and consultant capacities in both voluntary and official agencies, or in teaching positions in schools of public health and collegiate schools of nursing. They have the experience and competence to consider the needs for and the effects of the legislation proposed.

The American Public Health Association wishes to support this bill, because the need for more and better prepared nurses for employment in public health agencies is critical. The APHA believes the provisions of this bill will help to correct the serious situation of shortage for all nursing positions, including public health nursing. There are many new demands and challenges for public health nursing in-

herent in the development of new programs of all kinds in the communities where public health nursing is available. In addition, nearly one-third of the Nation's cities of 25,000 population and over are without programs of nursing care for the sick at home. A great deal of progress has been made in the past 5 years in stimulating local health departments in areas with no VNA to extend their services to include nursing care of the sick at home. The Kerr-Mills bill has helped to implement and stimulate local health departments to do this. There is still great need for the development of new services and agencies in communities where no service at all exists. In large cities where there are well-developed agencies staffing problems are critical to meet even the minimum needs of the communities. Minimum priorities have been established and even these cannot be met. In Detroit and Wayne County for instance there are three public health agencies employing public health nurses. There are 240 budgeted nursing positions in these 3 agencies, and 68 vacancies, which is about 30 percent vacancy.

One of the ways in which public health nursing agencies have tried to make the best use of the public health nurses they have is through the use of lesser prepared nurses, practical nurses, and auxiliaries. Agencies which formerly required that all nurses employed be prepared in public health nursing now accept registered nurses who are graduates of diploma schools with no further education. Agencies have been forced to do this, although it takes considerable time in in-service education to help these nurses function in public health nursing. This kind of education should not be a function of agencies. It is a function of the colleges and universities. However, these nurses can be used for certain kinds of service if they are supervised by public health nurses. Recently agencies have been employing more and more practical nurses. We have learned a great deal about how to use practical nurses appropriately and they can relieve the qualified public health nurse from the more routine elements of nursing care to patients. Still more recently, public health agencies have been developing home aid programs. These workers are trained, nonprofessionals, similar to nurses aids in hospital, except that they are taught the kinds of personal care services which would ordinarily be taught to a family member if there were a family member to do it. They serve as personal care attendants for the patient, and homemakers for the family, and can stay with the family for 8 to 10 hours a day. All of these three categories of nurses and auxiliaries who are not prepared in public health nursing serve effectively to release the public health nurse for duties which only she can do. However, they all require professional public health nurses to train and supervise them if they are to function safely and effectively. The ratio of such nonqualified personnel in some agencies is becoming dangerously high. This is becoming increasingly so as the qualified public health nurses are assigned to the many important special programs which are going on in their communities.

These new programs are important innovations in medical care and community service. One important one is the development of home care programs which provide comprehensive health services, including nursing, physical therapy, occupational therapy, nutrition, and home-maker services to patients in their own homes. These programs tend to shorten the length of stay in hospitals which is extremely expensive

and frequently not needed during the convalescent phase of the patient's illness. Home care programs are stimulating the interest of Blue Cross-Blue Shield, and commercial health insurance carriers, because of this feature of reducing hospital costs by providing care at home at a time when this care is needed and important, but can be done in the home more appropriately and usually with greater benefit to the patient. There are also many governmental programs which involve public health nursing, such as special projects for the aging, nursing service to housing projects where through financial, educational, and social deprivation families have needs hitherto unknown because they do not seek the help they need. Newer programs in mental retardation are putting much emphasis on prevention by providing comprehensive maternal and child health care. All of these are examples of some of the ways in which public health agencies are pressured to expand their services and provide nurses for these kinds of special programs. They are interesting and important programs for providing better health services to the Nation. Agencies recognize their value and want to participate in them, but find themselves curtailing other services, many of which have equal priority, in order to participate in accordance with the many new requests which come to them. This summary is to establish for you the need for more well-qualified public health nurses at all levels.

The answer to this need lies largely with the universities, since they alone can prepare nurses for public health nursing in their basic baccalaureate programs or in their graduate nurse programs. There is no question of the need for more nurses for all positions—in hospitals and out—with varying degrees of preparation, but, for public health nursing, only the collegiate programs can do this. The graduate from a 3-year diploma school needs at least 3 years' college work in addition to become qualified as a public health nurse. More collegiate programs are needed and more students in the present programs. This bill will make it possible.

We are especially pleased with the provisions in section 805 for planning grants and technical assistance. The provision of funds or adequate regional surveys and planning of programs before they are established will be helpful in assuring that the programs are started where they are needed and on a sound basis with adequate technical assistance to do so. Some local areas have done surveys which only point up the needs as they see it without a national scope.

The provision in section 806 for grants for projects to develop new and improved methods of preparing nurses and for recruiting persons into nursing, and for improving the utilization of nursing personnel should be especially helpful. One of the most difficult problems in overcoming the shortage of nursing in all categories is that of recruitment. We need to find new ways to attract the able young secondary school students into nursing, and particularly into collegiate programs. With the changing patterns and requirements in nursing education, the stresses on colleges and the hospitals and agencies which are used for clinical experience are very great. We hope eventually that new methods of teaching and preparing nurses for public health will be devised that will be more feasible and produce a better prepared nurse. For improvement of utilization of nursing personnel, we have had to devise ways of making the best use of the nurses we

have. Agencies need further help with this problem and can make use of this provision of the bill to do so.

The APHA supports the provision for traineeships for advanced training of professional nurses. This is essentially an extension of the traineeships which will expire in June 1964. These traineeships have been invaluable in preparing nurses for teaching and for administrative and supervisory positions. We are especially pleased to see the addition of traineeships for professional specialists. Nurse specialists in medical care, home care programs, research and clinical specialties are a growing need, and in public health we are seeing greater need for specialists in medical-surgical nursing and maternal and child health with the changing patterns of medical care today.

Section 822 on undergraduate scholarships for students of nursing is an important one. Scholarships are an attractive inducement to good scholars to come into nursing. Local areas as in Detroit have made an all-out effort to attract private money for scholarships and have not been very successful. Our local leagues for nursing have been especially active in this area. Industry, private foundations and individual philanthropists are called upon for many community needs and are very generous for many things, but nursing scholarships are not of much interest to them. The scholarship has the advantage of attracting scholarly young women in a merit contest while they are still in secondary school. The traineeship reaches the nurse after she is already in nursing. We need not only further preparation for nurses in public health but the attractive recruitment device which the scholarship provides.

The loan agreement provision is an interesting one and could be helpful to students who already know they want to go into nursing but don't have the funds. If we are going to attract students in quantity, we will have average students as well as the few who would be eligible under the scholarship provision. In Detroit, for instance, many of the students who cannot afford to go away to college, can live at home and attend Wayne State University. They have little money and could be helped to come into a collegiate nursing program by such a loan provision. Too frequently students of high caliber decide to go into practical nursing or diploma schools when they are academically eligible for collegiate work which would prepare them for leadership positions of which they are capable. This decision is very often based upon financial need. The collegiate school is more expensive, and would require the larger loan provision.

In section 841, the provision for a National Advisory Council on Nurse Training and a Review Committee is supported by the American Public Health Association. The Advisory Committee would provide expert advice to the Surgeon General in considering applications for grants under this bill. The Review Committee is needed to review programs and make recommendations to the Surgeon General as to the continuance, extension, or modification of programs.

In conclusion, the American Public Health Association would like to impress upon you the extremely critical need for the preparation of more public health nurses to meet the needs of the Nation. The agencies employing public health nurses have had to modify their standards for accepting staff, have made progress in extending the service of the public health nurse by the use of auxiliary personnel,

and have had to give up some priority programs because there are none with lesser priority to give up. This is the situation and we hope you will consider favorably the passage of this bill.

Mr. O'BRIEN. Thank you.

Mr. NELSEN?

Mr. NELSEN. I have no questions. I wish to thank you for a very fine statement.

Mr. PICKLE. I do not have any questions.

Mr. O'BRIEN. Our next witness is called a little out of the scheduled order because of a plane problem. That is Mrs. Mary Kellane Mullane, dean of the College of Nursing, University of Illinois.

I understand you would like to submit your statement for the record.

STATEMENT OF MRS. MARY KELLANE MULLANE, DEAN, COLLEGE OF NURSING, UNIVERSITY OF ILLINOIS, URBANA, ILL.

Mrs. MULLANE. May I speak to the point, Mr. Chairman?

Mr. O'BRIEN. Yes.

Mrs. MULLANE. I brought, and you have, I believe, in your hand, a statement from Dr. Lester J. Evans, now associated with me at the University of Illinois. Dr. Evans submits this statement and hopes it will be entered into the record.

He prepared the statement from his position, not only as associate director of the Commonwealth Fund over many years interested in education and health professions, but also as the executive director of the study that you, Mr. Chairman, mentioned a few minutes ago; that is, the study done of the health professions, their need, and education in the State of New York.

Mr. O'BRIEN. Without objection, the statement of Dr. Evans will be made a part of the record at this point. Hearing no objection, it is so ordered.

Mrs. MULLANE. Thank you.

(The statement referred to follows:)

STATEMENT OF DR. LESTER J. EVANS, TO THE COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE

I am Dr. Lester J. Evans, consultant in education for the health professions to the University of Illinois at the Medical Center in Chicago. Formerly I was executive associate of the Commonwealth Fund for health and medical activities including principally the areas of hospitals, public health, medical research, and medical education. More recently I was director of the Center for Rehabilitation Services at New York University and then executive director for a committee appointed by the Governor and board of regents of New York State to project health profession education needs for the next two decades. It was in this latter capacity that I had opportunity to gain fresh perspective on the health profession education needs of not only a single State but of the whole country in keeping with the rapidly changing social and scientific scene as it dramatically affects the health of people.

Never in the history of the United States has there been the opportunity which exists now for concerted public and private effort in the interests of the health of all the people. The continual increase in the percentage, now 5.4, of the gross national product which is spent by society for health and medical activities is evidence that it considers health one of its most valuable assets. The phenomenal scientific discoveries, the increase in communication and transportation, and the development of effective methods of applying the results of discovery to human welfare are factors which argue for determined forward movement.

Society's concern for its mental and physical health cannot be met without the trained professional manpower necessary for the delivery of health service to all

the people as well as for continued research into the unknown. Fortunately, the skills and knowledge of the social and behavioral sciences can now be allied with those of the biological and natural sciences to gain a broader understanding of the needs of people, to create more effective means of educating persons in the health professions, and to develop more efficient methods than now exist of delivery of health service to everyone, irrespective of age, ethnic, social, or economic status. The knowledge and means now available for the promotion and organization of health services suggest the possibility of comprehensive medical and health care; but unless there are an adequate number of persons with professional training, the potentialities of comprehensive health service cannot be fulfilled. The practice of comprehensive service is predicated on the fact that no single health profession or practitioner any longer functions alone; if there is a deficiency in the education and a short supply of the services of any one of the basic health professions, the positive effects of all are lessened.

It is with an appreciation of this framework of multiprofessional activity that I most emphatically urge favorable action on the recommendations contained in the bill H.R. 10042 for nursing education. There is no need to repeat here the voluminous statistical and other documentary data already available to the committee as to the number of persons needed nor the annual rate at which properly educated nurses must be added to the health profession manpower pool as the population of the country grows and as scientific knowledge accrues. Studies like those in New York in which I participated, as well as others, have also shown very definitely that the interrelationship of specialized activities within nursing itself is such that no one activity or group of activities can be accomplished without highly trained and qualified persons to lead in research, education, and administration.

If society is to benefit from the participation of nursing in the development of comprehensive health care—from research into the health needs of people to the organization and delivery of service to the individual—full support to all the phases of nursing activity and service represented in the proposed legislation is not only justified but essential.

Mr. O'BRIEN. You may proceed in your own right.

Mrs. MULLANE. Thank you.

Mr. Chairman and members, I am Mary Kellane Mullane, dean of the College of Nursing at the University of Illinois. I serve as the chairman of the Committee on Research and Study of the American Nurses Association. I am also chairman of the Council of College and University Schools of Nursing of the United States. The university and college schools of nursing are organized as the Council of Member Agencies of the Department of Baccalaureate and Higher Degree Programs of the National League for Nursing.

My purpose in appearing before you today is to speak in favor of H.R. 10042, the proposed Nurses Training Act of 1964, to cite some of the problems college and university nursing schools face in helping to provide the nurses our country needs so badly.

The recent report of the Surgeon General's Consultant Group on Nursing details the essential expansion to provide necessary nursing services in 1970. Whether or not this expansion will be accomplished, will depend on two main factors: The first, the numbers of young people who will elect to study nursing and to remain active in the profession after graduation; and the second factor, the ability of the college and university nursing schools to admit, train, and graduate not only students choosing nursing as their college major, but also all of the teachers required by all kinds of nursing schools, the supervisors and administrators needed by hospitals, nursing homes, schools, health departments and other community agencies, and the nurse specialists so necessary to today's dramatic, complex, scientific medical and nursing care. The provisions of this proposed act will assist materially in both of these factors.

The Surgeon General's Consultant Group report shows that the proportion of young women entering nursing has declined from 43 per thousand in 1950 to 34 per thousand in 1960. To reach 1970's goal, this decline obviously will have to be reversed. State by State we shall have to make systematic plans for intensifying recruitment of prospective students, encouraging nurses to return to practice when their family commitments allow it, and detailing plans for educational facilities, personnel, and programs that this expansion will require.

One of the most promising sources of increased personnel for nursing is among young women going to college or already there. Between 1955 and 1960, admissions to schools of nursing of all kinds increased by 5 percent. During the same period the numbers of girls entering colleges and universities increased 50 percent. Our colleges of nursing are therefore pivotal to our ability to expand our numbers.

Incidentally, many of us suspect that nursing programs located in the educational system of the country, that is, those in colleges and junior colleges, might prove more attractive to men than those in the hospital system of the country. This is a hunch, but it is one well worth testing.

The construction grant provisions of this bill are essential to the ability of colleges and universities to accept and train more nursing students. Many of our accredited university schools are already confronting the probability that they will have to refuse admission to qualified students within the next 2 to 3 years because they do not have the classrooms, laboratories, faculty offices that expansion requires. If I may, I would like to use my own college as an example. I believe our situation to be typical of many others. Ours is a relatively new school. It will be 10 years old next December. Our enrollment has doubled in the past 3 years. We have already admitted more students for this fall than ever before at this time of year. We have budget and space for 65 beginning students in 1964. How many we shall have to turn away, I cannot now predict. We hope to acquire some additional space to be vacated by the laboratory and shops of one of the research units of our college of medicine. If this space does become available to us, we shall be able to increase our admissions to 75 students by 1965. At this moment we can identify no additional space which can be assigned to our use. This means, of course, that the enrollment of the college of nursing will be fixed at 75 beginning students until such time as additional space can be provided for us.

At the meeting of the Collegiate Schools of Nursing of the United States in Boston last week, deans repeatedly reported the specter of class limitation because of space. Limitation of enrollments in collegiate schools will apply not only to those students entering the study of nursing, but will also necessarily apply to registered nurses coming to universities to prepare to be teachers in our schools of nursing and supervisors in our hospitals and community health agencies. Many of us can find some building money in our own States: but, as you know, the needs for higher education are great in every area, and unfortunately nursing has not often been distinguished by being placed at the top of any priority list of needs.

The inclusion of construction grants for colleges of nursing in the Health Professions Education Act, 88-129, gave us more hope and

encouragement than you may know. The construction grants contained in this act will, in many cases, make the difference in our colleges' ability to do our part in this effort. You know that the Surgeon General's Consultant Group accepted feasible goals for 1970. They considered optimal goals unattainable, and the report says so very clearly. Their feasible goals cited the necessity for the universities and colleges to increase their masters degree enrollment by 194 percent, their baccalaureate programs for beginning students by 98 percent, and the numbers of registered nurses completing their bachelors program by 104 percent.

This bill's provision for project grants for the improvement of nursing training and nursing services will allow both experimentation with training methods and with new ways of using nurse personnel available to us. The necessity that the Surgeon General's Consultant Group saw in setting its goals at what was feasible rather than what was optimal underscores the necessity for us to search for every promising way to make our training more efficient and our assignment and use of nursing personnel in practice more effective.

Colleges, hospitals, state and regional associations of nursing could, under assistance provided in this act, really test new methods of training nurses, of recruiting persons into the profession, and of utilizing the ones that have been graduated.

Three kinds of student aid are provided under this bill. The first, and in my judgment the most urgently and promptly needed, is the extension of traineeships for the advanced training of professional nurses. This program is an extension of one approved by the Congress in 1957. The wisdom of the Congress in this program is well documented by figures which have been supplied for you by others. I should like to add only that without this professional nurse traineeship program I doubt very much that the expansion of our schools of all kinds which has taken place would have been possible. Students now in school badly need this assistance in order to be ready for teaching and management of nursing services within the next 2 years.

This bill also contains scholarships for students entering colleges of nursing. These scholarships based on merit as well as need, and distributed throughout the 50 States as proposed, would serve not only to recruit students, but also to call attention dramatically to nursing as a field of study and practice for college women.

The third provision for student aid in the bill is for a program of loans to students in nursing. Presently our scholarship and loan funds for students of nursing are very limited, and many of our students' needs are very great. A program of nursing, whether taken in universities, in junior colleges, or in hospital schools, necessitates practice with patients in the wards and health agencies. This requires many more hours per week than does study in other programs. Consequently, students do not have available time to work their way through school as other students do. Because of this, scholarships and loans are essential if students are to be retained in school. The loan provisions of H.R. 10042 are very badly needed, and the forgiveness clause of this bill, with which I am in complete agreement, would at once encourage students to use these loans and to remain longer in employment after graduation.

May I commend the wisdom of your inclusion in this bill of a National Advisory Council on Nurse Training, and also the appointment of an evaluation committee to review the programs in 1967. Both of these provisions will help assure the Congress and the citizens of the United States of imaginative and systematic review of the efforts the Congress would support by this bill.

Mr. Chairman, Mr. Nelsen, I appreciate very much the courtesy of appearing before you. I would consider it a privilege to answer any questions any of you would care to put to me.

Mr. O'BRIEN. May I say you have made a very forceful and very brilliant statement. This is bringing me a little up to date. I was forced to miss some of the earlier hearings because of other commitments.

Is it true that the student who needs a scholarship can find it much easier in most any other field than in nursing?

Mrs. MULLANE. This is a difficult question to answer directly, Mr. Chairman, but I believe this is so. Nursing has not long been looked upon as a field in which much scholarship money was needed. We have some in local communities, but it is very limited. We have no such support as they do in other fields.

Mr. O'BRIEN. Then you feel that there are a great many able young women who would go into this field?

Mrs. MULLANE. I know this to be a fact, sir.

Mr. O'BRIEN. Mr. Nelsen?

Mr. NELSEN. I wish to thank the lady for a very fine statement. I think, Mr. Chairman, that much of the testimony that we have heard seems to point to the one thing, the low salary that seems to be prevailing in the nursing profession which makes the profession less attractive. And, of course, also, we learn from the testimony that more facilities are needed for the training of student nurses. So we are very pleased to have this information.

We hope that we can call on you for more information if we find in completing attention to the bill that there are areas that need a little more background information. We hope we can call on you for more information, if we need it.

Mrs. MULLANE. It would be a privilege to be called on, sir.

Mr. O'BRIEN. Thank you.

Mrs. MULLANE. Thank you.

Mr. O'BRIEN. The next witness is Miss Lois M. Austin, president of the National League for Nursing, Inc., New York, N.Y.

STATEMENT OF MISS LOIS M. AUSTIN, PRESIDENT, NATIONAL LEAGUE FOR NURSING, INC.; ACCOMPANIED BY DR. RENA BOYLE, DIRECTOR OF THE DEPARTMENT OF BACCALAUREATE AND HIGHER DEGREE PROGRAMS; AND MISS KATHERINE BRIM, ASSOCIATE DIRECTOR OF THE DEPARTMENT OF DIPLOMA AND ASSOCIATE DEGREE PROGRAMS

MISS AUSTIN. Mr. Chairman, I bring with me Dr. Rena Boyle, director of the Department of Baccalaureate and Higher Degree Programs of the National League for Nursing; and Miss Katherine Brim, associate director of the Department of Diploma and Associate Degree Programs.

You have the prepared testimony before you, and you were given an addendum to the report. In the interest of time, I will try not to be repetitious of material that has been presented earlier, but would like to speak to some of the points.

Mr. O'BRIEN. Without objection, your statement will be inserted in the record as though read, and you may proceed in the manner you described.

Miss AUSTIN. As president of the National League for Nursing, I am pleased to testify at the invitation of the committee on H.R. 10042 to establish the Nurse Training Act of 1964. My organization favors the bill.

The National League for Nursing is a nonprofit voluntary organization, founded in 1952, which works to improve nursing care of patients through improving nursing services and nursing education. It has 142 State and local units, 24,325 individual members, and 1,296 agency members. Our individual members are professional and practical nurses, nursing aids, doctors, other therapists, hospital administrators, educators, social scientists, and lay persons who are concerned daily about the care of patient, nursing as a vital force in community health, and the education of nurses for optimum service to the public. Our agency members are schools of nursing and public health nursing services.

More than 80 percent of the collegiate and hospital diploma schools of nursing in the United States hold agency membership in our organization, and we also have a beginning and growing agency membership among associate degree nursing programs in junior and community colleges and among practical nursing programs conducted by vocational education and hospitals. Thus the league's interest spreads across all of nursing education as schools come together in councils of member agencies to express their needs, discuss their problems, and plan for the future.

A similar council of 339 member agencies of public health nursing services and nearly 9,000 individual members representing hospital nursing services spearhead our efforts in the improvement of nursing services for the care of patients in their homes and in the health care institutions of the country.

Among their diversified activities, league members define and promote standards for nursing education and nursing service. This is accomplished through the development of criteria for national accreditation of schools of nursing and participation in the voluntary program of school improvement and accreditation, and publication of statements of standards for nursing services. The league also provides testing services for use by nursing schools and State nurse-licensing agencies, conduct studies on nursing needs and resources, and serves as a national information and recruitment center for careers in nursing.

SUPPORT OF H.R. 10042

The Executive Committee of the Board of Directors of the National League for Nursing, in March 1964, strongly voiced its approval of H.R. 10042. Our board also approved in principle the report of the Surgeon General's Consultant Group on Nursing, "Toward Quality in Nursing; Needs and Goals," upon which H.R. 10042 is based. Data

and projections in this report substantiate many league studies pointing to the dual aspects of preparing enough skilled nurses to meet the growing needs of patients—strengthening all programs of nursing education and speeding the expansion of nursing education at the collegiate level to assure the needed numbers of well-prepared teachers, administrators, and expert practitioners. Our councils of member agencies representing college and university and hospital and junior and community college programs have indicated, in formal actions, their confidence in the ability of nursing schools across the country to meet the goals recommended in the Surgeon General's report, given the Federal funds called for in the report and now embodied in H.R. 10042 as authorizations for appropriations. We believe that the goals of the Surgeon General's report for practical nursing will be met by the assistance to this field provided in the recently enacted Vocational Education Act of 1963.

H.R. 10042 AS A WHOLE

The proposed Federal appropriations of \$350 million to increase opportunities for training professional nurses and other purposes are modest in relation to the magnitude and diversity of the problems in bringing nursing services up to a high quality while making them universally available to all who need them. In a nation the size of ours, and in an age of dynamic developments in medicine and science, nursing obviously will need to call on many other financial resources in order to meet the challenges facing it. Nevertheless, the league believes that H.R. 10042 will be a significant contribution toward helping the Nation meet more of its needs for skilled nursing.

We are pleased that the proposals embody the principle of community planning for nursing education to avoid duplication of educational facilities and imbalance in the types of nursing education programs within a community. We are aware that they increase the responsibility of individual schools and communities to provide the necessary funds to cover added instructional costs, residence facilities, and patient-care laboratories for student experience which will accrue from expanding educational facilities and student bodies. We are confident that schools will meet the challenge. We concur in the allocation of Federal funds to accredited programs in nursing because we believe that voluntary accreditation has paced the development of professional education to the present high level it enjoys in this country and that accreditation is a motive force in education. At this point I would like to give some of the material from the addendum which bears this out.

I wish to congratulate the sponsors of this bill for their wisdom and foresight in asking that funds be granted to schools offering accredited nursing programs and to those schools developing new programs that have "reasonable assurance" of receiving accreditation. The National League for Nursing is recognized as the national accrediting agency for nursing education by the nursing profession, by the National Commission on Accrediting, and by the accrediting agencies of the regional associations of schools and colleges.

The value of accreditation is best illustrated by listing achievements and citing recorded evidence of the contributions of accredited pro-

grams in producing both quantity and quality of nurses for nursing service.

(1) Nearly three-fourths of all nursing students select, enroll in, and are graduated from accredited nursing programs.

As of January 1, 1962, 90,320 students were enrolled in the 673 nursing programs accredited by the National League for Nursing, whereas only 32,692 students were enrolled in the 453 nonaccredited programs. Thus, 74 percent of the students are enrolled in the 60 percent of nursing programs which are accredited.

(2) Average enrollment in accredited programs nearly doubles enrollment in nonaccredited programs.

As of January 1, 1962, the average enrollment in accredited programs was 134.4 students; the average enrollment in nonaccredited programs was 72.3 students.

(3) The cost of nursing education programs to the school varies inversely with the size of student enrollment. A study on costs in nursing education conducted by the Research and Studies Service of the National League for Nursing provides evidence from 126 diploma programs that:

(a) When enrollment in the diploma program was under 70 the annual cost per student was \$1,425 (approximately one-half of all nonaccredited programs have fewer than 70 students). When enrollment was 70 to 120 the cost to the institution was \$997 annually. (Although 367 or 81 percent of the nonaccredited schools have an enrollment of less than 100 students, only 259 or 38 percent of the accredited schools are of a similar size.)

(b) Programs enrolling more than 120 students were significantly less expensive. When enrollment was over 120 students, cost to the institution dropped to \$908 annually. (Only 86 or 19 percent of the nonaccredited programs fall in this category whereas 414 or 62 percent of the accredited programs enroll more than 120 students).

(4) A higher proportion of students from accredited programs than from nonaccredited programs pass State board examinations and are licensed to practice as registered nurses. It is these graduates who swell the ranks of nurses to provide nursing service.

Nationwide it is usually accepted that the passing score on State board examinations is 350. For the years 1961 and 1962, there were 31,409 candidates who took these examinations. While 4 percent of the graduates of accredited baccalaureate programs failed to pass these examinations at a first trial, 7 percent of the graduates of nonaccredited programs failed. For diploma programs, 12 percent of the graduates of accredited and 22 percent of the graduates from nonaccredited programs failed to pass. From the associate degree programs, 6 percent of the graduates of accredited and 21 percent of the graduates of nonaccredited programs failed to pass these examinations to become registered for the practice of nursing.

Not only was there a greater proportion of failures from nonaccredited programs but the average scores on each of the five areas tested (medicine, surgery, obstetrics, pediatrics, and psychiatric nursing) were lower for students from nonaccredited programs than for those from accredited programs.

With more than 1,200 budgeted faculty positions in schools of professional nursing remaining unfilled as of January 1964, it would seem

expeditious to concentrate faculty in those programs most likely to augment substantially the numbers prepared for nursing service.

The inclusion of demonstrations on how nursing personnel may be utilized for more effective patient care, and the opportunity to develop new approaches to recruitment and teaching of students offer hope of furthering many efforts already underway in these directions. The proposal for continuing the Federal Government traineeship program is in our opinion urgent in view of the growing need for nurses to seek advanced education to prepare for teaching, administration, and expert care of patients. Our organization also favors the proposals for both scholarships for beginning college students in nursing and loan funds for all students. In its own membership composition and method of operation the National League for Nursing adheres to the philosophy in the proposals for guidance and evaluation of the program by multi-interest bodies which also acknowledge the expertness of nursing in such matters.

I wish to comment on some of the specific provisions of H.R. 10042 as they relate to assistance to schools of nursing, nursing recruitment, and assistance to students of nursing.

PLANNING FOR NURSING EDUCATION

We see a special strength in the provisions making funds available for community planning for nursing education as construction grants are provided for collegiate and hospital-junior college nursing schools on approximately a one-third- two-thirds ratio.

There can be little doubt that collegiate nursing programs need to expand and to increase enrollments significantly if one accepts the report of the Surgeon General's Consultant Group on Nursing as we do in the National League for Nursing. This report calls for 8,000 annual graduations from college programs by 1970. Currently these schools are graduating under 5,000 students a year. There can be equally little doubt of the need to expand enrollments in diploma and associate degree programs when the report calls for 45,000 annual graduations from these programs by 1970 and they are now graduating slightly over 25,000 students a year. Total graduations increase called for in the report is 14,000 more students each year. Yet the schools are now filled nearly to capacity. In 1963, schools reported to the National League for Nursing in our annual survey that, with present facilities, they could accept only enough additional students to produce 4,000 more graduates a year—a gap of 10,000. We believe that nursing schools are ready to expand and that many are waiting for the go-ahead signal in the construction grants proposals in H.R. 10042. We believe equally strongly that one type of program must not be developed to the detriment of another, if patient care needs are to be met, and that sound community planning is the best way to avoid imbalance in nursing education facilities.

Aware that rapid changes in health needs are causing considerable dislocation of schools of nursing, the National League for Nursing board in a January 1962 statement noted:

Relatively fewer people are entering and graduating from hospital schools. Baccalaureate enrollment is not expanding rapidly enough to meet the needs for professional nursing. At the same time schools of practical nursing and associate degree programs are expanding at a phenomenal rate * * *. It is unrea-

sonable to suppose that by chance alone these shifts will produce the right number of nurses with the appropriate level of education to take care of people in a particular local community, State, or region * * *. It is urgent that planning action be initiated promptly [to] help assure that the changes which occur will lead not to * * * disruption but to the steady extension and improvement of the nursing care available to people.

We, therefore, are in favor of the proposal in H.R. 10042 that the funds be made available to State, interstate, regional, or local agencies to undertake planning for new, expanded, or improved educational programs in nursing. We see this as a safeguard to the inclusion of both diploma and associate degree nursing programs in one construction grants provision of the bill and as opportunity to bring development and expansion of all programs into better balance with each other and with the nursing needs of the communities they will serve.

NURSING RECRUITMENT

The proposal for project grants that will help develop new methods of recruiting students into nursing are, in our opinion, a vital accompaniment to the expansion of education facilities. The league coordinates and staffs the national nurse recruitment program sponsored by the American Hospital Association, American Medical Association, American Nurses' Association, and the National League for Nursing. This program has demonstrated the broad scope of the recruitment effort needed for nursing: local stimulation of prospective students through such activities as high school future nurses clubs which are nationally sponsored by the league, State and local recruitment programs for interpretation of the career opportunities in nursing, cooperation with other health career programs, and national information and promotion. More than \$2 million in support from the sponsoring organizations, foundations, and voluntary agencies has gone into this program in the nearly 15 years of its existence. Yet professional nursing school admissions have risen only gradually, and in the last 4 years have held at a plateau of 49,000 to 50,000 annually.

We need to delve deeply into ways of fostering early youth motivation toward nursing, to reach new pools for nursing recruits, and to test out new informational and guidance techniques so that nursing may attract sufficient numbers of students in the face of growing competition. It is with disquietude that I inform the committee that we see curtailment of this effort if diminishing voluntary funds continue to be the only means of support.

ASSISTANCE TO STUDENTS

The National League for Nursing has as one of its program priorities—

to seek out and encourage nurses with potentialities for leadership * * * to obtain preparation at their highest level of abilities as rapidly as possible.

Teaching is one such position, and without an adequate number of well-prepared teachers, nursing schools cannot expand their student bodies although they may have the physical facilities to do so. The Surgeon General's report has indicated that by 1970 the Nation will need 30,000 nurse educators compared with the 19,500 employed in 1962. The National League for Nursing had reported to it 1,250

unfilled nurse faculty positions as of January 1, 1964, in all schools of nursing—211 in baccalaureate and higher degree programs, 909 in diploma programs, 31 in associate degree programs, and 99 in practical nursing programs. Administration and supervision in public health agencies is another field in which graduate education is recommended. Yet of the nearly 4,000 nurses in public health work employed for administrative, consultative, and supervisory positions, less than a third have completed a graduate program to prepare them for the positions they are filling. Such shortages as these will be compounded if the major national source of financial aid for advanced preparation in nursing is allowed to terminate on June 30, 1964, when the present Federal professional nurse traineeship program expires.

The Surgeon General's report recommends tripling the number of nursing graduates from the master's and high degree programs, which prepare teachers and other specialists, from 1,020 annually to 3,000, or a 194-percent increase. It projects doubling the number of already registered nurses who complete their basic college work, from 2,456 annually to 5,000, or a 104-percent increase. Thus, the provision in H.R. 10042 to extend the professional nurse traineeship program to enable more professional nurses to study full time in institutions of higher learning is an important one.

The recommendation of the Surgeon General's report for 120,000 nurses with academic degrees by 1970, compared with a 1962 level of 55,000, in our opinion is one evidence of support of the need for direct scholarship aid to beginning nursing students in college and university nursing programs. Another is the growing trend in America to consider college education the norm for our young people. Between 1960 and 1970, the American Council on Education expects college admissions to increase by 150 percent, while the increase in the college age population will be only 50 percent. This obvious conviction of the value of a college education is being felt in nursing, although certainly not to the extent other professions enjoy. While college admissions as a whole rose 66.3 percent in 1963 over 1955, admissions to collegiate nursing programs rose only 40.5 percent. Increasing college costs, however, have been reflected in the cost of a college nursing education, which now averages \$2,805 for the 4-year period, exclusive of room and board. We believe that the incentive of scholarship aid to beginning baccalaureate students is needed in nursing at this time to speed preparation of college prepared nurses. We also believe that scholarship aid will work to the advantage of qualified young people who, without it, might seek shorter, less expensive beginning educational programs when, in actuality, studying nursing from the outset in a college or university is the shortest and often most economical route to advanced preparation.

We are of the opinion that the loan provisions in H.R. 10042 will serve to attract increasing numbers of students to all types of nursing education programs. Like college preparation, education for nursing in hospital schools and in junior and community colleges is becoming increasingly costly to students. Today the average cost to a student attending a diploma program in a hospital school of nursing is \$1,056 for a 3-year education, for one attending a nursing program in a junior or community college, \$921 for a 2-year program.

We believe that nursing cannot long continue to attract its present numbers of students, much less increase admissions and raise its qualifications to the high level of academic and personal abilities required for expert patient care, without sizable funds for student aid. The scholarship loan fund provisions in H.R. 10042 will not make nursing education available to all who desire it, qualify for it, or who can be accommodated by the schools. They will, however, supplement existing funds and stimulate schools of nursing and communities to acquire additional funds to aid the talented students who are attracted to nursing by the availability of Federal funds, but who cannot obtain them because of State quotas or because of relative performance on competitive examinations. It has been the experience of general education for colleges and universities to find funds for near-winners of such competitions as the national merit scholarship program; in 1958, for instance, they were the source of 66 percent of the funds provided for merit semifinalists. We believe that the impetus to find new voluntary funds for nursing education will be a natural outcome of a Federal student aid program for nursing.

I thank the committee for this opportunity to testify. If I can answer questions or provide additional information, I will be glad to do so.

There is one additional comment I would like to make. Several questions have been raised and you have been given many figures about the cost of nursing education. I would be glad to provide you with the information from the recent cost study of schools of nursing which the league has just completed. It is not published yet; I believe I am correct on that. We will be glad to supply you with that information.

I will be glad to answer any questions that you may have.

Mr. O'BRIEN. Thank you, Miss Austin. I think your offer will be gratefully accepted by the committee. You say this information has not yet been published, but it will be soon?

Dr. BOYLE. It will not be ready until early summer, but the material is ready now.

Mr. O'BRIEN. If you can get the material in some form to us, unless there is objection, I think it should be made a part of the record.

Mr. NELSEN. I think we should have it.

Miss AUSTIN. This is what I meant. We would be glad to provide this material for you even though the printed report will not be available until later.

Mr. NELSEN. Please do.

Mr. O'BRIEN. I am sure this is one of the questions we will have to face in the committee and on the floor. I think you have made a very good case, Miss Austin. I am just curious about one thing. You say the professional nursing schools' admissions have risen only gradually. I am curious as to whether there are any figures indicating the attrition in the profession. Has there been an increase or decrease in the number of trained professional nurses who have turned their backs on that profession what might be described finally? With the doctor, we assume that as long as he is in good health he continues to practice. Has there been a tendency on the part of professional nurses to remain longer in that career than was the case at one time?

MISS AUSTIN. I am certain that we have studies. When you mentioned attrition rates, we have had studies over the years of attrition rates. I have seen some where a report of the number of years that the average nurse practices in her profession. I am not very good at hanging on to figures of this sort, and I would hesitate to say; but I think if you take a look around at some of us here you will see there are some who stay forever.

MR. O'BRIEN. I think I might challenge that statement.

Well, I do not think it is terribly important, because the fact remains, regardless of attrition or no attrition, that there still is a shortage of nurses. But I was just curious as to whether there had been a trend in recent years toward longer service in the profession, and I know the difficulty of getting those figures, because I could assume someone might think they had retired from the profession and might return to it 5 years later through some circumstances beyond their control.

MISS AUSTIN. There was a study made in one State, which pointed to some information that gave some indication of the number of years and some of the characteristics of people who tended to remain active in their profession. But this was only in one State, and a number of years ago.

I do not know that this may be included in a study that is going on now.

MR. NELSEN. I have no questions.

I wish to thank the lady for the very fine statement.

MR. O'BRIEN. Thank you very much for your contribution.

The next witness, and I believe the final witness, will be Mrs. Walter Walker, National League for Nursing, Inc., of Minneapolis, Minn.

Mr. Nelsen?

MR. NELSEN. I am happy to welcome Mrs. Walker. She is from the State of 10,000 lakes.

STATEMENT OF MRS. WALTER W. WALKER, MINNEAPOLIS, MINN.

MRS. WALKER. I am pleased to be here, from the great State of Minnesota.

I am Mrs. Walter W. Walker, from Minneapolis, Minn., and I come before the committee as a community citizen, with an active concern for the health and hospital needs of the community, the county, and the State in which I live, and it is therefore my privilege to testify in support of H.R. 10042 to establish the Nurse Training Act of 1964.

My interest and concern in behalf of H.R. 10042 stem from the following: It is my privilege to serve as a member or officer of four hospital boards in the county of Hennepin: The first, a voluntary general hospital of 400 beds, with a school of nursing of 200 students; the second, a general public hospital of 400 beds, with a basic nursing education program; the third, a children's hospital, in the planning stage, to incorporate an active affiliating program of student and graduate nurse education in the field of pediatrics; the fourth, a rehabilitation hospital, which carries an intensive education program in rehabilitation for graduate nurses.

Two further community responsibilities underscore my interest and concern in behalf of H.R. 10042. Presently I serve as president of the University of Minnesota School of Nursing Foundation, a foundation

founded to assist in the support of the needs of the school of nursing at the university and to aid in the identification and interpretation of the needs of the school for program and facilities.

It is the role and responsibility of this foundation to supplement and to seek means of support for the school which extend beyond those that are supported by the State legislative appropriation.

As chairman of the Governor's Citizens' Council on Aging of Minnesota, the health and nursing needs of the large aged population of the State of Minnesota are my continuing concern in the council's planning for the older citizen.

Therefore, in the capacity of an interested, concerned community citizen, I should like to speak in behalf of H.R. 10042, authorizing \$350 million in Federal aid to nursing.

The proposed Federal appropriation of \$350 million to "increase the opportunities for training professional nursing personnel, and for other purposes" recognizes that in order to meet the needs for nurses and nursing which the Surgeon General's report, "Quality in Nursing, Needs and Goals," identified in 1963, a multiplicity of programs is required to enable the Nation and its communities to meet, not only its present nursing needs, but to make some inroads in the goal of an additional 130,000 nurses by 1970.

The requirement that applicants for grants should have accredited programs in nursing assures that quality in education and service by the participating institutions will be maintained.

If our communities, our schools for nursing, our colleges, our universities, our hospitals, are to meet the needs for nursing service today, caused by our burgeoning population, our increase in hospital beds, chronic care facilities, our community nursing needs, if our communities are expected to plan to provide the estimated 680,000 professional nurses required for practice by 1970, section 801 of H.R. 10042 is a vital factor in enabling our communities to meet these needs.

The University of Minnesota School of Nursing, which is the only school in the State of Minnesota which prepares students for administration and education positions at a graduate level, has an education facility woefully inadequate to meet its present needs.

The school of nursing foundation, to which I previously referred, has submitted a resolution to the board of regents of the university calling attention to the fact that in order to maintain the quality of nursing education, in order to enable the school to increase its enrollment to meet anticipated nursing needs, a new education facility for the school of nursing is a priority in development of a nursing education program.

The diploma schools in the State of Minnesota are presently faced with limited facilities as they endeavor to educate students to meet these nursing needs of the hospitals. Most of the communities in our State which have nursing education programs, diploma, associate degree, or collegiate, do not have the financial resources available within the community to finance new construction for nursing education.

To illustrate that this is a critical need, in the past 5 years the United Hospital Fund of Hennepin County and 13 participating voluntary general hospitals raised, in the community, \$34 million to meet the patient-bed needs of the county.

Following the completion of the hospitals' building programs, which were prescribed by a carefully executed and studied community

plan for hospital needs, several hospitals were unable to open floors or stations because nursing personnel could not be secured to staff these stations.

Those hospitals which have been built with the assistance of Hill-Burton funds throughout the State of Minnesota have faced similar problems in staffing with professional nurses.

And I do not need to inform you as to what this does to the quality of nursing service.

Therefore, that section of H.R. 10042 which provides grants for construction of educational facilities will assist in the provision of additional nurses to meet the local community needs for nursing service.

Section 806 of the bill 10042, which authorized grants for the improvement in nurse training and services, may very well be the section of the bill which can make the most vital community impact.

Already, the scientific advances in health care, increased impact of chronic illness and aging on health services, changes in concepts of patient care, have indicated an urgency for the development and examination of alternative methods for the utilization of nursing personnel.

New insights into strengthening, improving, as well as expanding programs of nurse training are vital to the provision of nurses and nursing services to meet modern health needs.

The University of Minnesota School of Nursing, for example, has already identified as a priority a patient floor devoted to clinical nursing research for the purpose of developing new insights into basic patient needs for nursing care as an integral part of the new trend in hospital service.

Appropriations for planning for the improvement of nursing will be a vital factor in the development of appropriate and sound future nursing education programs.

Today the recruitment for nursing education programs at each level of qualified educators to teach the basics of nursing education in the various fields of nursing, the recruitment of administrative nursing personnel, poses a problem and is a deep concern for each institution which either provides a nursing education program or provides nursing service to its community.

Section 821, which provides traineeship for advanced training of professional nurses, can and will serve as a means to encourage graduates of basic nursing programs to continue their education. Opportunities for financial support for advanced education programs are presently markedly limited.

The creation under section 822 of a scholarship program for students in basic baccalaureate nursing programs can and will serve as a stimulant of nationwide qualified secondary school graduates to attend collegiate schools of nursing.

The University of Minnesota School of Nursing Foundation is constantly impressed by the fact that so many of the students in the baccalaureate degree program require financial assistance to complete their education.

The scholarships that are presently available at the school are usually granted on a tuition only basis, and many of the students must deplete their energies and efforts which should be directed

toward their education in nursing through having to secure employment in order to finance their education.

The fact that neither the State of Minnesota nursing scholarship fund, nor other scholarship funds which are available through schools of nursing and foundation and other grants can adequately serve the demands made upon them is concrete testimony for the need for such a scholarship program.

Student aid funds which are available through many of the hospital schools of nursing, as well as the collegiate program, also are heavily drained by students' requests.

For the reasons listed above, because we are seeing new trends and needs in nursing education and nursing service, because of the impact of scientific advances, increasing life span, the increased incidence of chronic illness, the need for community-based nursing services, for these reasons, and for the fact that in the main all of our communities recognize and support the need for increased nurses and nursing education, while at the same time the traditional means for supporting these services have long since been stretched beyond their capacities to meet the financial demands for such, for these reasons I am testifying in support of H.R. 10042, and wish to thank the committee for having had the privilege to testify before it.

I shall be very happy to answer any questions which you may have.

Mr. ROBERTS (presiding). I am sorry I was not privileged to hear all of your statement. I have been trying to read it hurriedly.

I will recognize Mr. O'Brien first for any questions he may have.

Mr. O'BRIEN. I do not have very many.

I would like to congratulate Mrs. Walker not only for the statement, but for the evidence of the broadness of her interest in the public welfare, particularly in the field of health, and also to point out that she does come from a State which has a very wonderful record in the field of health.

But from time to time—and this is a rather broad philosophical question—those of us in here who hear these arguments for national programs, and are convinced of the need for them and the desirability of them, go to the floor of the House and are confronted with this question: Well, anything the Federal Government spends comes from the States in the first instance. The Federal Treasury has a deficit, and why isn't this done by the States individually?

I think I know the answer, but I would be curious as to the reply that someone with the broadness of your interest in this field might make to a colleague who would rise up and object to the Federal Government doing what the States should do.

Perhaps I can help you a little bit in your answer.

Is it not a fact that what the Federal Government does in a field like this is not the total answer, but accelerates private donations and State activities? Would that be an answer?

Mrs. WALKER. I think that would be one answer, Mr. O'Brien, and I thank you for what you have just said.

I think I indicated a little earlier that the private opportunities for financing and funding for these have already been pretty much stretched to the limit. Demands on foundations, for example, that are received for various areas, health and welfare and others, are so broad and are so pressing, and the funds from these sources are relatively so

limited, that we have received, in our State, at least, almost as many public or foundation funds and grants as could be made available from these to assist the schools and to assist the nursing students themselves.

From the State of Minnesota's financial situation, it, too, was very hard pressed, as a State, in terms of its potential for extending the funds received from taxation, and the State has been very generous in Minnesota in that it does happen to be one of the States that does have a student nurse scholarship fund.

It also does support to a major degree, in fact it does support, the University of Minnesota School of Nursing. But this is a part of a very large university, and the funds available for all the schools are very limited.

So that the sources of moneys, including from those moneys that are provided to the schools of nursing by the receipts from patient care, are becoming increasingly limited. They are becoming increasingly called on, not only by nursing, but by other professions and other health areas, and with the increased demand for nursing today, and the increased need for nursing service of a more intensive type and of a different type, perhaps, from some of those that we have seen in the past, no longer can these other resources really meet that need, and particularly that resource of the patient income to the hospital.

Mr. O'BRIEN. I have one other.

This is perhaps a little tougher.

Please do not misunderstand. I am looking for answers to questions that might be thrown at me.

Let's take the State of New York. I do not know what share of the national tax bill it pays, but I have heard 20 percent, so let's take that. Twenty percent of \$350 million would be \$70 million.

A great many people from New York strongly support this. The Commission is appointed by the Governor, as quoted in the record. But what would I say to someone who would say: "Well, why doesn't New York, the Legislature of New York, appropriate \$70 million over this same period of time, and take care of its own needs?"

Mrs. WALKER. I think that is a very good question, Mr. O'Brien.

Mr. O'BRIEN. I am looking for an answer. I know the question.

Mrs. WALKER. I would like to answer it in this way.

Let's take what happens to the nursing population of New York. Let's take what happens to the nursing population of Minnesota.

I think that when we are talking about patient care and nursing service, we cannot draw State lines by any manner of means, because the nursing population, educated, say, in the State of New York, is going to be found in every State in the United States. Therefore the results of the cost of that education and the service resulting from that education have been distributed throughout every State in the United States.

And this is equally true of Minnesota. In fact, I understand, and there are others here who could really answer this better than I, that there is no State in the United States which does not have a substantial number of graduates of the schools of nursing of the State of Minnesota.

By the same token the State of Minnesota has benefited from students and nurses who have graduated from programs in New York, from programs in Washington, and from programs in Massachusetts.

So when we are talking about this kind of service, we are not talking about it from a limited regional perspective, but we are talking about a service that is provided, and I think should be provided, equally across the whole country.

Therefore I think that New York cannot assume total responsibility for the education of its nurses, nor do I believe that Minnesota can, either.

Mr. O'BRIEN. I think that is a very fine answer.

What you said is that the health of the public is a national concern.

Mrs. WALKER. Indeed it is.

Mr. O'BRIEN. And you cannot put a fence around it without destroying what you are trying to do.

That was the answer I hoped to get, and I can assure you if the question comes my way a little later on, I will thank you for the answer.

Mrs. WALKER. May I answer a question Mr. O'Brien posed a little earlier?

I can say this in terms of Minnesota. You were asking about the attrition rate of the graduate nurses employed. In Minnesota, we have currently 19,000 licensed nurses. Now, there are other nurses who are not licensed in the State of Minnesota, by the way, but who are living in Minnesota.

We have 13,192 registered nurses who are actively employed in Minnesota, and we list 4,000 who have been in the employment field as nonemployed. But the difference between 13,000 and 19,000 would give you 6,000 nurses, who are not employed. So that would be that attrition rate.

Mr. O'BRIEN. I think that is a good bit of information, too, because I think that shows that a substantial number of professional nurses do make a life career out of it, even though there might be an occasional interruption.

Mrs. WALKER. That is correct.

Mr. O'BRIEN. Yes, because some might have the vague idea we used to have some years ago: "Why send the daughters to college, because they will get married, and they won't need the education?"

That is what I had in mind when I asked the question. In other words, if we are going to set out to increase the number of nurses, and Heaven knows we should, let's have some reasonable expectation that we will not lose a nurse to the first good-looking boy that comes along.

Mrs. WALKER. I think he will have gained a nurse, and the community will still have one.

Mr. ROBERTS. You have been a very fine witness, Mrs. Walker. We are very proud of the fine services of your members from Minnesota.

My colleague made a mistake one time, and became a Republican, but I know we can bear with him on that, and now he has some questions.

Mr. NELSEN. Thank you, Mr. Chairman.

In view of the limited time, I will not debate the partisan part of it. Ken and I are very good friends, as I am sure you understand.

The Minnesota School of Nursing—is that the same function as the public health nursing feature of the Minnesota schools?

Mrs. WALKER. No, this is a separate school of nursing that provides a basic 4-year education program, and then also has a master's program in the area of nursing administration and nursing education as well, in addition to the school of public health.

Mr. NELSEN. In other words, at this particular school, there would be training to develop leadership and education and educational personnel in the field of nursing to go out and train others?

Mrs. WALKER. Correct. This is the only school in Minnesota which serves this function.

Mr. NELSEN. I see.

Well, I want to thank you for the very fine testimony, and we appreciate very much that you took the time to come here. And in the tradition of Minnesota, I would say that you have performed in an exemplary way.

Thank you.

Mrs. WALKER. Thank you very much.

Mr. ROBERTS. The gentleman from Texas?

Mr. PICKLE. I just want to say, representing the State of Texas, that you have apparently a very excellent program going on in Minnesota.

Mr. ROBERTS. I have only one short question.

I have not heard many witnesses mention the defense aspect that I think we ought to think a little bit about. It seems to me that every time we get into a period of national emergency, we look around and find out if we are woefully short of nurses.

Do you think that this program would probably put us in a situation where we would be ready for a period of national emergency when next it comes along, if we could get this program underway?

Mrs. WALKER. This is why I was happy to come here to testify. I think this program, particularly, will find the ways and means for increasing the opportunities for young women and young men to become proficient in the field of nursing, and to become nurses. They will assist in any national emergency which we may have.

And I would like to point to each of the sections in the bill. I think that the need for the facilities is equally critical to the others, the traineeships, the scholarship program, and the opportunities for planning and developing new means of serving the nursing needs of the community through experimentation and development of research.

But any of these which will encourage more nurses or more young people to become educated in nursing will assist in a national emergency of this type.

Mr. ROBERTS. That is all I have.

Again I want to thank you for your appearance and the fine contribution you have made to our hearing.

Mrs. WALKER. It is my privilege.

Mr. ROBERTS. Do we have any other witnesses?

Are there any other statements for the record?

Mr. PICKLE. I would like to ask the chairman; have we had a statement from the American Medical Association regarding their opinion on this bill?

Mr. MENDER. Not at these hearings, sir.

Mr. PICKLE. Have they offered no statement?

Mr. ROBERTS. I think they had planned to offer a statement for the record, but they have not come in. I understand that they will send in a statement for the record.

Mr. HEMPHILL. Is their statement going to be in favor of it?

Mr. ROBERTS. I do not know. I assume they will favor some parts of it, and probably not favor some others.

I just do not know. I have not seen the statement, but I have talked with their people some about the position, and I have really been thinking that the statement would probably be sent in by this time, but I have not seen it.

Mr. MENDER. I do not believe it has, sir.

Mr. O'BRIEN. I would express the highest hope that if and when a statement does come from that source, the statement the committee receives is the same statement that Members will receive when the bill comes up for decision on the floor.

Mr. ROBERTS. I join the gentleman in that hope.

Mr. PICKLE. It does seem rather strange to me that the parent group could not express themselves in a hearing of this kind.

Mr. O'BRIEN. I might say to the gentleman that there are 2 additional days that we will take on the public health training phase, and it may be that they will come in at that time.

Those days have not been assigned to the subcommittee definitely as yet, but the chairman did tell me that he wants to hold at least 2 more days on the public health traineeships, so that they could come in by that time, and I am certainly going to let their representatives know of some interest in their position as expressed by committee members.

The Chair would like to, on behalf of the subcommittee, thank the witnesses and those who have attended the hearings, and the press and the staff and everyone who has contributed to our hearings, and we will have at least 2 more days, I think, and those dates will be announced by the clerk of the committee, Mr. Williamson.

The subcommittee has received a great number of letters on this subject, and without objection, I would like them placed in the record.

The committee will stand adjourned, subject to the call of the Chair.
(The material referred to follows:)

STATEMENT OF ALVIN C. EURICH, CHAIRMAN, THE SURGEON GENERAL'S CONSULTANT GROUP ON NURSING

I am Alvin C. Eurich. Since 1951 I have served as vice president and director of the Fund for Advancement of Education established by the Ford Foundation. Prior to 1951 I was president of the State University of New York. On June 1, I assume new responsibilities as president of the Aspen Institute for Humanistic Studies. I was honored in 1961 when the Surgeon General asked me to be Chairman of the group of consultants appointed to study the nursing needs of the Nation and to make recommendations for action to guarantee that these needs will be met in the future. The legislative proposals being considered by this committee today reflect, I believe, the consultant group's major recommendations and I strongly support them.

It is probably pertinent to mention that I was also privileged to serve as a member of the Surgeon General's Consultant Group on Medical Education, whose considerations are so well reflected in the Health Professions Educational Assistance Act of 1963, Public Law 88-129. The relationship between the deliberations of these two expert bodies is apparent, I am sure, since the interdependence of the doctor-nurse team is well known to all of us. My purpose in mentioning

it here is simply to emphasize that the benefits of Public Law 88-129 can never be fully realized, unless we are able to produce enough well-trained nurses to serve with the doctors, which Public Law 88-129 was intended to provide.

There are a few points about the work of the Surgeon General's Consultant Group on Nursing which have special bearing on the proposals contained in H.R. 10042, and I would like to discuss them briefly.

First, the consultant group was composed of distinguished representatives of all segments of the nursing profession, as well as other interested organizations. Each member was an able spokesman for that specialized area which he or she represented, so that it is safe to say that the final report is a complete picture of the Nation's nursing needs.

Second and more importantly, perhaps, the report gives a balanced picture of our nursing needs. The members of the group were acutely aware of the danger of moving to satisfy the pressures created by problems in one area, only to find that such action had worsened the situation in another area. For example, it would do little good to rush into a recruitment drive to increase the numbers of nurses, if those nurses were then unable to cope with the demands of their jobs because they had not received sufficient educational preparation to enable them to meet the needs of modern medical practice.

I was pleased to find that the provisions of H.R. 10042 maintain this important balance between our very real needs for large numbers of nurses with our equally important need to assure that all nurses are able to give their patients the benefits made possible by scientific advances today.

An especially important provision of this legislation, in terms of "balance," is that which would make grants available to State, interstate, regional, or local area groups to assist them in surveying their present and future needs for nurses and in planning for the development of educational facilities, personnel, and programs required to meet their needs. One of the most difficult problems in attempting to meet national nursing needs arises from the fact that this profession has developed with an unusual lack of regard for the familiar geographic patterns. Problems of nurse supply in a large city area, for example, may have found their solution by drawing upon graduates of nursing schools in another State; or, with development of large metropolitan areas, it is not unusual to find public health nursing services being provided across the border of an adjoining State. In the face of such a situation, it is evident that only by careful study of actual resources and reflection of the real needs of all users of nursing services in the area can a useful plan for development of nursing be made.

Another provision of this bill which I believe deserves special mention is the forgiveness of up to 60 percent of a student loan, at the rate of 10 percent for each complete year of full-time employment as a professional nurse in any public or nonprofit private institution or agency. It should be remembered that scholarship and loan support for nursing students is very limited, that there is no forgiveness feature for nurses in any other loan program, that the great majority of nursing students are trained in hospital schools which are not eligible for loans under the National Defense Education Act, and that a disproportionately large number of nursing students come from families of limited financial means. Furthermore, it is an unfortunate fact that upon completion of her education the nurse does not command an income which is as high as that in other professions requiring comparable training.

Before closing, I wish to point out that the Surgeon General's Consultant Group did consider very thoroughly our needs for practical nurses, stating that we need to double their number by 1970. However, this group was not included in the educational provisions of H.R. 10042 for the reason that the Vocational Education Act of 1963 extends permanently the authority of the Office of Education to make funds available to States for purposes of promoting practical nurse education. I understand, also, that practical nurses are eligible for benefits under the manpower redevelopment program, which is administered by the Department of Labor.

There is great urgency about the passage of the legislation proposed in H.R. 10042, due both to our present critical need for nurses and the inescapable compounding of this problem with the passing of time. The consultant group found that, to meet adequately the Nation's need for professional nursing services, there would have to be 850,000 trained nurses by 1970. We recognized, however, that this goal was impossible of achievement. On the basis of all factors we considered, we set a goal of 650,000 as one feasible of accomplishment if there were a substantial program of incentive and assistance as pro-

vided for in the proposed legislation. Obviously it takes time and money to train nurses. But it takes more time to plan and erect nursing schools in which to train them, and even more time before that to survey and organize sound programs which will meet the real nursing needs of each area of the country.

I am convinced that H.R. 10042 offers us an opportunity to take a long step forward in solving the basic problems in nursing, and I earnestly hope that the Congress will approve it soon because the need is so urgent.

UNIVERSITY OF ALABAMA,
SCHOOL OF NURSING,
Tuscaloosa, Ala., April 17, 1964.

MR. OREN HARRIS,
Chairman of the Committee on Interstate and Foreign Commerce, House of Representatives, Washington, D.C.

DEAR MR. HARRIS: It has been called to my attention that the Subcommittee on Public Health and Safety of the House Committee on Interstate and Foreign Commerce is receiving testimony on H.R. 10042, the Nurse Training Act of 1964.

I was very much concerned to hear that members of the American Hospital Association are testifying against the provision for physical facilities and against the provision for giving aid to accredited schools of nursing.

We are making every effort to keep our schools of nursing in this State accredited on a national level and we do not feel that State-approved schools of nursing are the answer.

It is my feeling that the Nurse Training Act of 1964 should be passed as originally presented and without amendments.

Sincerely,

ELOISE CLARK, *Assistant Professor.*

MICHIGAN NURSES ASSOCIATION,
Lansing, Mich., March 12, 1964.

HON. OREN HARRIS,
Chairman, Committee on Interstate and Foreign Commerce, U.S. House of Representatives, House Office Building, Washington, D.C.

DEAR MR. HARRIS: The Michigan Nurses Association commends you for introducing H.R. 10042, Nurse Training Act of 1964. We sincerely hope that Congress will enact this bill during this session of Congress.

The need for qualified, well-prepared nurses remains acute in Michigan. The demands for nurses in all areas of nursing practice far exceed the supply. Approximately 20 percent of budgeted hospital positions for nurses are unfilled. There is urgent need to improve the quality of nursing care in Michigan hospitals and other health facilities. For example, the 1963 statewide ratio of personnel in Michigan hospitals was as follows: Professional nurses, 26 percent; licensed practical nurses, 18 percent; auxiliary personnel, 56 percent.

I am sure that you are aware that the Surgeon General's Consultant Group on Nursing, in their booklet "Toward Quality in Nursing—Needs and Goals, 1963," recommended a reasonable national ratio of personnel for direct nursing services in hospitals would be: Professional nurses, 38 percent; licensed practical nurses, 30 percent; auxiliary nursing personnel, 32 percent.

Many individuals who are interested in nursing cannot secure the nursing education that they desire because of economic reasons—primarily financial assistance. As you know, Michigan is the leading State in Future Nurses Clubs. Many high school students are eagerly seeking information about a career in nursing in the over 300 Future Nurses Clubs in Michigan. Some who are qualified for making application to a baccalaureate program in nursing have to choose other programs because of the cost factors.

The demand for qualified administrators, supervisors, and teachers of nursing in Michigan is a most pressing need. For economic reasons, many qualified graduate nurses are unable to enroll for full-time study toward preparation for these positions. Many nurses could secure additional educational preparation with some type of financial assistance. In the past few years the Federal traineeships have been of great assistance. We believe it is essential that this program be continued for 5 more years.

If the general population of the State of Michigan continues to increase at its present level, we will need many additional prepared nurses to assume leadership positions. We are aware of our responsibility in providing adequate nursing care for the citizens of Michigan. We believe that we can assume our responsibilities in a far more effective manner if the leadership positions in nursing are filled by prepared nurses.

In Michigan, there are five schools that offer baccalaureate preparation in basic nursing. They are: University of Michigan School of Nursing, Ann Arbor; Mercy College School of Nursing, Detroit; Wayne State University College of Nursing, Detroit; Michigan State University School of Nursing, East Lansing; and Madonna College of Nursing, Livonia.

Five community colleges now offer associate degrees (2-year nursing education programs): Kellogg Community College, Battle Creek; Henry Ford Community College, Dearborn; Flint Junior College, Flint; Port Huron Junior College, Port Huron; and Northwestern Michigan College, Traverse City.

For these educational programs in nursing there is very limited financial support. Though the enrollment in these programs has been increasing over the past years, the increase has not been as significant as it should be. We believe that if Federal funds were available many more nurses could be prepared in the various programs in professional nursing.

Again, on behalf of the nurses in Michigan, may I commend you for introducing this vital legislative measure, H.R. 10042. We hope that the House Committee on Interstate and Foreign Commerce will act on this bill in the near future. If you wish to have any additional information, please let us know.

Sincerely yours,

ELEANOR M. TROMP, R.N., *Executive Secretary.*

MICHIGAN NURSES ASSOCIATION,
Lansing, Mich., April 20, 1964.

HON. OREN HARRIS,
Chairman, Committee on Interstate and Foreign Commerce, U.S. House of Representatives, House Office Building, Washington, D.C.

DEAR MR. HARRIS: You will recall that I wrote to you on March 12 regarding the introduction of H.R. 10042, Nurse Training Act of 1964.

We believe this legislation is imperative this year. In Michigan the need for qualified, well-prepared nurses remains acute. We know that the American Nurses Association has presented testimony to your committee and we endorse all of the testimony that was presented.

We believe this legislation is most important and we urge its adoption this year. We will appreciate it very much if you will have the letter that we sent to you on March 12 included in the records of your committee's activities.

If you wish to have additional information, please let us know.

Sincerely yours,

ELEANOR M. TROMP, R.N., *Executive Secretary.*

ST. LOUIS UNIVERSITY,
St. Louis, Mo., April 1, 1964.

HON. KENNETH A. ROBERTS,
Member of Congress, House Office Building, Washington, D.C.

DEAR MR. ROBERTS: I wish to make a statement relative to the hearings before the House Subcommittee on Health and Safety concerning H.R. 10042. My statement is as follows:

"Personal experience and objective studies indicate that there is an acute and growing shortage of nurses at every level of activity. We are unable to find enough highly trained nurses to teach in graduate programs and to develop research in nursing. Undergraduate faculty are in short supply. We are unable to staff our hospitals and clinics. Ten years of effort at this staffing here at St. Louis University has emphasized these facts. The high level of health service in the United States can be maintained only if well-educated nurses are trained in adequate numbers.

"Good and better than good nursing education is expensive. It is no longer possible to train nurses with a few lectures and long service hours. As nursing

education has improved in quality, it has reduced the apprentice type of training and the service which used to help pay the cost of education. It is expensive education but absolutely necessary to the health and welfare of the Nation.

"We project a new building for the Nursing School at St. Louis University; without substantial aid, it will be far down on our priority listing.

"Colleges and universities cannot provide enough funds in scholarships, loans, fellowships, operational expenses, et cetera, to meet the need. Especially, they cannot provide massive assistance immediately and all at once.

"Yet, an immediate and massive program of comprehensive educational assistance is imperative. Otherwise, health care in the United States will deteriorate markedly over the next 15 years.

"The only solution is a Federal program, adequate and prompt enough to meet this crisis. Otherwise, nursing will shortly have to be declared a 'depressed professional area' in American civilization.

"Hence, prompt passage of H.R. 10042 (S. 2529) is urged."

I am enclosing a brief statement with regard to my involvements in nursing and nursing education.

Very sincerely yours,

R. J. HENLE, S.J.,
Academic Vice President.

BACKGROUND OF REV. R. J. HENLE, S.J., ACADEMIC VICE PRESIDENT, ST. LOUIS UNIVERSITY

Academic positions: Dean of the graduate school, 1950-64; acting academic vice president, 1958-64; academic vice president, 1964-

Positions relative to nursing:

Member, Subcommittee on Graduate Education in Nursing of the National League for Nursing, 1956-60.

Member, Committee To Develop Guidelines for Establishment of Nursing Schools, National League for Nursing and U.S. Public Health Service, 1963-64.

Member, steering committee, Department of Baccalaureate and Higher Degree Programs, National League for Nursing, 1963-

Member, Committee of Conference of the American Nurses Association and the National League for Nursing for a National Study of Nursing Education, 1963-

THE CATHOLIC UNIVERSITY OF AMERICA,
Washington, D.C., March 18, 1964.

Hon. OREN HARRIS,

*Chairman, House Interstate and Foreign Commerce Committee,
Longworth House Office Building, Washington, D.C.*

DEAR MR. HARRIS. As financial aid officer of the Catholic University of America, I am in charge of administering our student loan program.

Therefore, I am interested in the Nurse Training Act of 1964, and wish to offer several suggestions which I believe would be beneficial to students participating in the program, once it is enacted. These are as follows:

1. *Scholarships.*—I recommend the amount of the award be \$1,000 or 1 year's tuition, whichever is greater. This recommendation is based on the fact that tuition charges in a number of instances are in excess of \$1,000, and a student awarded a \$1,000 scholarship may possibly be discouraged by the necessity of procuring additional financing by means of loans.

2. *Loans.*—Same recommendation; "\$1,000 or 1 year's tuition, whichever is greater." In larger schools, where tuition is in excess of \$1,000, students would not have to seek additional loans to cover tuition charges. In schools charging less than \$1,000 annual tuition, students would have use of the difference between tuition charge and \$1,000 loan to assist with other expenses.

3. *Interest.*—I recommend that interest rate be fixed at 3 percent equivalent to the rate charged under the National Defense Education Act student loan program. I do not believe students of nursing should have to pay a higher rate than other undergraduate students. Furthermore, schools of nursing and college and university business offices are not in a position to recompute interest on existing loans once they have been put on the books. This would not place

a burden on banks or professional lenders, but would definitely be an objectionable burden on academic institutions.

In my opinion, the proposed act is very good, and such a program would go far to alleviate the financial considerations which undoubtedly deter many young people from pursuing a nursing career.

I respectfully request that this letter be made a part of the committee hearing record, and will appreciate whatever consideration is given. I would also be happy to appear as a witness should the committee so desire.

Yours very truly,

Rev. GROVER E. BELL, *Assistant Procurator.*

NATIONAL LEAGUE FOR NURSING, INC.,
New York, N.Y., April 8, 1964.

HON. KENNETH ROBERTS,
Chairman, Subcommittee on Public Health and Safety, House Interstate and Foreign Commerce Committee, U.S. House of Representatives, Washington, D.C.

DEAR MR. ROBERTS: The Council of Member Agencies of the Department of Baccalaureate and Higher Degree Programs of the National League for Nursing, at its meeting in Boston on April 3, 1964, voted unanimously to urge support of H.R. 10042, the Nurse Training Act of 1964. The council's membership represents 175 college and university nursing programs.

More and better nursing care to meet ever-increasing needs depends on the availability of prepared faculty in nursing programs, a pool of qualified students, and adequate facilities. Passage of the proposals outlined in the act—construction grants, project grants for improvements in nursing education and services, traineeships for professional nurses, scholarships and loans for undergraduate nursing students—will help to insure the availability of much-needed faculty, students, and facilities, and thus “* * * that the nursing needs of the people will be met.”

The colleges and universities that conduct accredited programs of nursing education stand ready to implement these proposals when Federal assistance is available with full recognition that ours will be a major role in achieving national nursing goals both in quality and quantity.

We recognize that individual expressions of support supersede group action, but we wish also to express our endorsement as a group in order to further emphasize our interest and eagerness to see passage of H.R. 10042. Representatives of the universities and colleges listed on the attached sheets attended our Boston meeting and voted to express our support of the bill to you.

Yours cordially,

MARY KELLY MULLANE,
Chairman, Council of Member Agencies, Department of Baccalaureate and Higher Degree Programs.

Enclosure.

COLLEGE AND UNIVERSITY NURSING PROGRAMS REPRESENTED AT THE COUNCIL OF MEMBER AGENCIES MEETING, BOSTON, MASS., APRIL 3, 1964

University of Alabama, School of Nursing, University City, Ala.
Arizona State University, School of Nursing, Tempe, Ariz.
University of Arkansas, School of Nursing, Little Rock, Ark.
Stanford University School of Nursing, Palo Alto, Calif.
University of California School of Nursing, Los Angeles, Calif.
University of California, School of Nursing, San Francisco, Calif.
University of Colorado, School of Nursing, Denver, Colo.
University of Bridgeport, College of Nursing, Bridgeport, Conn.
University of Connecticut, School of Nursing, Storrs, Conn.
Yale University, School of Nursing, New Haven, Conn.
Catholic University of America, School of Nursing, Washington, D.C.
Georgetown University, School of Nursing, Washington, D.C.
Florida Agricultural & Mechanical University, School of Nursing, Tallahassee, Fla.

- University of Florida, College of Nursing, Gainesville, Fla.
Florida State University, School of Nursing, Tallahassee, Fla.
Emory University, School of Nursing, Atlanta, Ga.
Medical College of Georgia, School of Nursing, Augusta, Ga.
De Paul University, Department of Nursing, Chicago, Ill.
Illinois Wesleyan University, Brokaw Collegiate School of Nursing, Bloomington, Ill.
Loyola University, School of Nursing, Chicago, Ill.
Northern Illinois University, School of Nursing, De Kalb, Ill.
St. Xavier College, School of Nursing, Chicago, Ill.
University of Illinois, College of Nursing, Chicago, Ill.
DePauw University, School of Nursing, Greencastle, Ind.
Evansville College, School of Nursing, Evansville, Ind.
Goshen College, School of Nursing, Goshen, Ind.
Indiana State College, School of Nursing, Terre Haute, Ind.
Indiana University, Division of Nursing Education, Bloomington, Ind.
Marycrest College, Department of Nursing, Davenport, Iowa.
Indiana University, School of Nursing, Indianapolis, Ind.
State University of Iowa, College of Nursing, Iowa City, Iowa.
University of Kansas, Department of Nursing Education, Kansas City, Kans.
Berea College, Department of Nursing, Berea, Ky.
Catherine Spalding College, Department of Nursing, Louisville, Ky.
University of Kentucky, College of Nursing, Lexington, Ky.
Louisiana State University, Department of Nursing, New Orleans, La.
Northeast Louisiana State College, Department of Nursing, Monroe, La.
University of Southwestern Louisiana, College of Nursing, Lafayette, La.
University of Maine, School of Nursing, Orono, Maine.
Columbia Union College, Department of Nursing, Takoma Park, Md.
St. Joseph College, Division of Nursing, Emmitsburg, Md.
University of Maryland, School of Nursing, Baltimore, Md.
Boston College, School of Nursing, Chestnut Hill, Mass.
Boston University, School of Nursing, Boston, Mass.
Simmons College, School of Nursing, Boston, Mass.
University of Massachusetts, School of Nursing, Amherst, Mass.
Mercy College of Detroit, Division of Nursing, Detroit, Mich.
Michigan State University, School of Nursing, East Lansing, Mich.
University of Michigan, School of Nursing, Ann Arbor, Mich.
Wayne State University, College of Nursing, Detroit, Mich.
College of St. Catherine, Department of Nursing, St. Paul, Minn.
College of St. Scholastica, Department of Nursing, Duluth, Minn.
College of St. Teresa, Department of Nursing, Winona, Minn.
Gustavus Adolphus College, Department of Nursing, St. Peter, Minn.
St. Olaf College, Department of Nursing, Northfield, Minn.
University of Minnesota, School of Nursing, Minneapolis, Minn.
University of Minnesota, School of Public Health, Minneapolis, Minn.
University of Mississippi, School of Nursing, Jackson, Miss.
St. Louis University, School of Nursing and Health Services, St. Louis, Mo.
University of Missouri, School of Nursing, Columbia, Mo.
Washington University, School of Nursing, St. Louis, Mo.
St. Anselm's College, Department of Nursing Education, Manchester, N.H.
Rutgers, the State University, College of Nursing, Newark, N.J.
Seton Hall University, School of Nursing, Newark, N.J.
Adelphi University, School of Nursing, Garden City, N.Y.
Alfred University, School of Nursing, Alfred, N.Y.
Columbia University, Department of Nursing of the Faculty of Medicine, New York, N.Y.
Columbia University Teachers College, Department of Nursing Education, New York, N.Y.
Cornell University-New York Hospital, School of Nursing, New York, N.Y.
Hartwick College, School of Nursing, Oneonta, N.Y.
Keuka College, Division of Nursing, Keuka Park, N.Y.
Long Island University, Department of Nursing, Brooklyn, N.Y.
New York Medical College, Graduate School of Nursing, New York, N.Y.

New York University, Department of Nurse Education, New York, N.Y.
 Niagara University, College of Nursing, Niagara Falls, N.Y.
 Russell Sage College, Department of Nursing, Troy, N.Y.
 Skidmore College, Department of Nursing, New York, N.Y.
 State University of New York at Buffalo, School of Nursing, Buffalo, N.Y.
 Syracuse University, School of Nursing, Syracuse, N.Y.
 University of Rochester, Department of Nursing, Rochester, N.Y.
 Wagner College, School of Nursing, Staten Island, N.Y.
 Agricultural and Technical College, School of Nursing, Greensboro, N.C.
 Duke University, School of Nursing, Durham, N.C.
 East Carolina College, School of Nursing, Greenville, N.C.
 University of North Carolina, School of Nursing, Chapel Hill, N.C.
 Jamestown College, Department of Nursing, Jamestown, N. Dak.
 University of North Dakota, College of Nursing, Grand Forks, N. Dak.
 Ohio State University, School of Nursing, Columbus, Ohio
 University of Cincinnati, College of Nursing and Health, Cincinnati, Ohio
 Western Reserve University, Frances Payne Bolton School of Nursing, Cleveland, Ohio
 University of Oklahoma, School of Nursing, Oklahoma City, Okla.
 University of Oregon, School of Nursing, Portland, Oreg.
 University of Portland, College of Nursing, Portland, Oreg.
 Duquesne University, School of Nursing, Pittsburgh, Pa.
 Mount Mercy College, Department of Nursing, Pittsburgh, Pa.
 University of Pennsylvania, School of Nursing, Philadelphia, Pa.
 University of Pittsburgh, School of Nursing, Pittsburgh, Pa.
 Villanova University, Division of Nursing, Villanova, Pa.
 Salve Regina College, Division of Nursing, Newport, R.I.
 University of Rhode Island, College of Nursing, Kingston, R.I.
 University of South Carolina, School of Nursing, Columbia, S.C.
 South Dakota State College of Agriculture and Mechanic Arts, Division of Nursing, Brookings, S. Dak.
 Southern Missionary College, Division of Nursing, Collegedale, Tenn.
 University of Tennessee, College of Nursing, Memphis, Tenn.
 Vanderbilt University, School of Nursing, Nashville, Tenn.
 Baylor University, School of Nursing, Dallas, Tex.
 Prairie View Agricultural and Mechanical College, Division of Nursing, Prairie View, Tex.
 Texas Christian University, Harris College of Nursing, Fort Worth, Tex.
 Texas Woman's University, College of Nursing, Denton, Tex.
 University of Texas, School of Nursing, Galveston, Tex.
 Brigham Young University, College of Nursing, Provo, Utah
 University of Utah, College of Nursing, Salt Lake City, Utah
 University of Vermont, College of Education and Nursing, Burlington, Vt.
 Old Dominion College, Department of Nursing, Norfolk, Va.
 Richmond Professional Institute, School of Nursing, Richmond, Va.
 University of Virginia, School of Nursing, Charlottesville, Va.
 University of Washington, School of Nursing, Seattle, Wash.
 Walla Walla College, School of Nursing, College Place, Wash.
 Alverno College, Department of Nursing, Milwaukee, Wis.
 Marquette University, College of Nursing, Milwaukee, Wis.
 University of Wisconsin, School of Nursing, Madison, Wis.
 University of Wyoming, College of Nursing, Laramie, Wyo.

AMERICAN MEDICAL ASSOCIATION,
 Chicago, Ill., April 13, 1964.

HON. OREN HARRIS,
 Chairman, Interstate and Foreign Commerce Committee,
 U.S. House of Representatives, Washington, D.C.

DEAR CONGRESSMAN HARRIS: I should like to take this opportunity on behalf of the American Medical Association to submit for your consideration our views on H.R. 10042, the Nurse Training Act of 1964.

We recognize that nursing is a profession which makes a vital contribution to patient care. As early as 1868, the AMA encouraged the establishment of schools of nursing in large cities. This interest has continued through the years and was restated in November 1962, when the house of delegates adopted a resolution which called for " * * * the AMA [to] go one record as supporting the nursing profession in its continuous efforts to promote the highest possible standards for nursing education and patient care." Attached is a program and series of goals or objectives of the AMA Committee on Nursing. The AMA Committee on Nursing has also published a review (attached) of the educational programs and career opportunities in the nursing field.

H.R. 10042 would provide matching Federal grants for the construction, replacement, or rehabilitation of baccalaureate, associate degree, and diploma schools of nursing. We support this provision. Our support of Federal construction grants for schools of nursing is long standing. This support was voiced before this committee in 1951 when the association presented its views on H.R. 910, 82d Congress. And it was again stated in a letter in June 1956, which presented the AMA's views on H.R. 11549 of the 84th Congress. In substance, it may be said that it is the policy of the American Medical Association to support programs which provide a one-time Federal grant-in-aid on a matching basis, for the construction, equipment, and renovation of the physical plants of nursing schools on a matching basis.

The AMA Council on Legislative Activities and the AMA Board of Trustees carefully considered section 821 which would provide traineeships for advanced training of professional nurses. We take no position on this part of the bill.

Sections 822 through 829 contain provisions for the proposed undergraduate scholarship and loan programs. We do not question the fact that there exists, particularly in some areas, a shortage of nurses. We do question, however, whether the remedy for this situation lies in a new Federal program of this type.

In this connection, you will recall a statement made earlier during the course of these hearings by Mr. Boisfeuillet Jones, Special Assistant to the Secretary (Health and Medical Affairs), Department of Health, Education, and Welfare. He noted that during the period between 1955 and 1960, the number of girls entering colleges and universities in this country increased by 50 percent, while admission to schools of nursing rose only 6 percent "despite vigorous recruitment efforts by many national professional organizations." The argument is plain. Nursing is not attracting enough of our talented young people.

After careful consideration of all aspects of this situation, we have come to the conclusion that the nursing profession would not be made more attractive through the expedient of Federal scholarships and loans.

We see no assurance that the expenditure of these funds will, in fact, add significantly to the numbers of professional nurses across the country. Hence, we are not convinced that the money will be well spent or that the results will be commensurate with the sums involved. In addition, a degree of nationalization is implicit in these programs.

It is an unfortunate fact that many fields of endeavor other than nursing provide more financial reward. Mr. Jones has revealed that salaries for nurses are lower, on the average, than for schoolteachers; and salaries of hospital staff nurses are lower, on the average, than those of secretaries.

We believe this situation can only be remedied by continued educational campaign designed to awaken in more of our young women an understanding of the challenge of a career in nursing as compared with other callings; improved compensation; better utilization of the vast unused reservoir of married "retired" nurses; and other mechanisms.

We oppose this portion of the bill as an unwise extension of Federal subsidization of undergraduate education.

In studying this bill, we took note that it provides for the creation of an 18-man National Advisory Council on Nurse Training which would consist of the Surgeon General, the Commissioner of Education, and 16 others appointed by the Secretary of Health, Education, and Welfare. While we are in total agreement with the intent of this Advisory Council, we believe that the bill should be amended to provide specifically for the inclusion of physicians among the named categories to be represented on the Council.

We appreciate this opportunity to present the views of the American Medical Association to your committee during its consideration of this most important legislative proposal and respectfully request that this letter be included in the record of your hearings.

Sincerely,

F. J. L. BLASINGAME, M.D.

Attachments.

[Reprinted from the Journal of the American Medical Association, Aug. 4, 1962]

The continued achievement of high standards of patient care in the preventive, curative, and restorative aspects of illness depends upon a harmonious, collaborative relationship between medicine and nursing. In an effort to protect and foster an enduring alliance of understanding and cooperation between these two major health professions, the committee on nursing has instituted a continuing program of liaison, communication, education, and research. The committee has authorized publication of the following report on its objectives and program.

—VERONICA L. CONLEY, Ph. D., Secretary.

OBJECTIVES AND PROGRAM OF THE AMA COMMITTEE ON NURSING

The program of the AMA Committee on Nursing is based on three general assumptions: (1) That nurses have a separate and distinct professional status and their contributions are those of coworkers; (2) that nursing should expect the medical profession to support and endorse high standards of nursing education and service; and (3) that each of the various levels of academic and technical accomplishment in nursing makes its own unique contribution to the total health care of the public.

On the basis of these broad assumptions, the committee has adopted the following objectives:

1. *To expand and strengthen liaison activities between organizations representing the medical and nursing professions at the National, State, and local levels.*

Liaison has been established with all the major nursing organizations (including the American Nurses' Association, the National League for Nursing, the National Federation of Licensed Practical Nurses, the National Association for Practical Nurse Education and Service, and others) as well as with constituent and component medical associations, medical specialty groups, and several national organizations with a collateral interest in nursing.

The committee feels that one of its major contributions is to promote inter-professional conferences between physicians and nurses. A committee composed of AMA and ANA representatives is now planning a conference on nurse-physician aspects of professional practice. The committee on nursing will also encourage the inclusion of nurses on programs of National and State medical meetings and attempt to remedy the scarcity of positively oriented, unbiased material on nursing in the medical literature.

2. *To study and report to the medical profession on current practices and trends in nursing and on developments among nursing auxiliary personnel.*

Through its headquarters staff, the committee is collecting information on nursing matters vital to physicians. A file of abstracts, excerpts, and reprints is available for quick reference.

3. *To stimulate, initiate, and, where feasible, support research in areas pertinent to the nurse-physician relationship in professional practice.*

Such research requires the collaboration of many disciplines. Several nurse-physician teams are now engaged in extensive research projects. These include studies of interdisciplinary participation in planning care; the nursing needs of chronically ill ambulatory patients; and the amount and type of nursing service which makes the maximum contribution to maternal and infant welfare.

4. *To offer advisory services to both professions on interprofessional matters.*

The secretary and chairman of the committee serve at present on the Committee on Careers of the National League for Nursing. The secretary is also a member of the advisory council of the National Federation of Licensed Prac-

tical Nurses, the National League for Nursing's Committee to Study Costs of Nursing Education, and the hospital advisory council of the National Association for Practical Nurse Education and Service. The committee will also serve as a consultant group to committees, councils, and departments within the AMA. Similar services have been offered to constituent and component medical associations.

5. *To provide support and assistance to the nursing profession and its non-professional auxiliary personnel in their efforts to maintain high standards.*

Nursing, like medicine, is faced with pressing demands for change if high standards are to be maintained in our present environment of rapid scientific and social advances. Nursing is now engaged in a continuous reevaluation of its educational system, its scope of services, its legal responsibilities, and other phases of its practice which reflect in the quality of patient care. This committee supports the efforts of the nursing profession in maintaining high standards and offers its cooperation and assistance.

6. *To encourage physicians to accept invitation to serve on nursing school faculties*

In view of growing pressures on the professional nurse to assume responsibilities of a medical nature, the teaching role of the physician warrants reevaluation. At the present time, some nursing schools are finding it necessary to assign nurse-faculty members to lecture on medical subjects.

If the medical and nursing professions are to make the fullest use of their joint potential, they must have not only a common denominator of interest in the patient and a comparable body of knowledge, but also the kind of relationship that derives from a deeper appreciation of, and respect for, each other as allies working toward the same goals.

CLARENCE H. BENAGE, M.D.,

ELIAS S. FAISON, M.D.,

BENSON W. HARER, M.D.,

CHARLES L. LEEDHAM, M.D.,

WILLIAM R. WILLARD, M.D.,

ARTHUR A. KIRCHNER, M.D.,

Chairman.

[Reprinted from the Journal of the American Medical Association, July 13, 1963]

EDUCATIONAL PROGRAMS IN NURSING AND RELATED CAREER OPPORTUNITIES

The members of the AMA Committee on Nursing believe it is fundamental to an understanding of nursing and its problems that physicians have some knowledge of the differences among educational programs in nursing and related career opportunities. Further, the members believe that such an understanding is a vital link in strengthening the relationships between the medical and nursing professions. Therefore, the following report has been prepared to provide an overview of the diversification in nursing education.

There are presently wide varieties of educational programs in nursing from which a high school student can choose if she desires to become a nurse.

There is also more than one avenue to follow if the professional student wishes to obtain a baccalaureate degree. The educational programs in higher education also vary, dependent on the objectives and the philosophy of the faculty and the university of which the nursing school is an integral part.

The table represents the types of programs available to potential or graduate nurses, or both, the educational facility in which the particular program is offered, and the related fees as well as the locus of responsibility for the fee.

A few experimental programs hold some promise for the future; for example, certain diploma schools have reduced the length of their programs to 2 years. In order to provide both supervised experience and some remuneration for the individual, the schools have established internships which vary in length up to 1 year and provide a stipend. Some State laws require 3 years of educational preparation for admission to examinations for licensure. This stipulation prevents both experimentation with the length of diploma school programs and also the employment, in certain States, of graduates of associate degree programs. However, efforts are currently being made in several States to revise nurse practice acts in order that such experimentation will be possible.

Data on programs in nursing education

Type of program	Length of program	Minimal educational requirements	Educational setting	Administrative control of school	Range or average tuition	Financial responsibility	Certificate or degree conferred	Position for which eligible
Practical nurse.	Approximately 1 calendar year.	2 or more years of high school, dependent on school requirements.	Vocational high school, hospital, or junior college.	Local school board or board of trustees of hospital.	Free; up to \$800.	Usually school subsidized; student purchases uniforms, books, etc.	Diploma or certificate—eligible to take examination for licensure as licensed practical nurse.	Bedside nursing under supervision of physician or professional nurse.
Diploma (hospital).	27-36 months.	High school diploma.	Hospital.	Board of trustees of hospital, or independently incorporated yet associated with a particular hospital.	\$106 to \$2,207 for 3 year (median school \$836).	Student tuition, hospital and private funds.	Diploma—eligible to take examination for licensure as registered nurse.	Bedside nursing.
Associate degree.	2 academic to 2 calendar years.	do.	Community or junior college.	Local school board, or board of trustees of college.	Minimal in State or community junior college up to \$2,000 per year in private colleges.	Student tuition, State or community sponsorship, and private funds.	Associate degree—eligible to take examination for licensure as registered nurse. ¹	Do.
Basic or generic baccalaureate.	4 academic or 4 calendar years. A few schools offer 5-year courses.	do.	College or university.	College or university.	Varies in State university; up to \$2,000 or more per year in private universities.	Student tuition and university funds.	Baccalaureate degree—eligible to take examination for licensure as registered nurse.	Bedside nursing, public health nursing (candidate for head nursing).
Baccalaureate for registered nurse.	2½-3 academic years or more.	do.	do.	do.	do.	do.	Baccalaureate degree (BS, B.N., etc.).	Do.
Master's.	1-2 years.	Baccalaureate degree.	do.	do.	From \$2,000 to \$5,500 per year.	Student tuition (traineeships available to students from USPHS and others).	Master's degree (M.S., M.A., M.Ed., MPH).	Administrator, educator, clinical specialist.
Doctoral.	Varies with choice of major area; approximately 3 years or more.	Baccalaureate and master's degrees.	do.	do.	do.	Student tuition (research fellowships available to students from USPHS and others).	Doctoral degree in nursing or related field.	Administrator, investigator, and others.

¹ Some States do not permit graduates of these schools to qualify for registered nurse licensure and practice.

One diploma school has arranged a plan whereby their students may elect to attend a nearby college at the same time they are attending the hospital school. One of the more interesting community plans is that of five schools pooling teaching facilities and sharing faculty for the first year of their diploma programs. Eventually they visualize one large, community, 2- or 3-year program which will use the clinical facilities and the dormitories of the five hospitals involved in the project as well as the educational facilities of a local community college.

Enlightened nurses, educators, and others recognize that the diversity and heterogeneity of nursing programs lead to misconceptions and misunderstanding on the part of patients, physicians, and potential nursing students and their parents. They realize that nursing education is presently in the process of maturation. As yet no one has come forward with a plan acceptable to all interested groups and one which will lead the way out of confusion. The American philosophy of education has always been that of diversity—not homogeneity. In keeping with this philosophy, the concern about the varieties of programs may not be germane. The challenge for nurses and others, including physicians, is to define the role of the professional nurse and the practical nurse, and to examine these roles and responsibilities in relation to the changing role of the physician in a modern scientific world. What kind of care do patients need and who can most effectively provide that care? When the answer to this question has been made explicit and has been agreed upon, it might be less difficult to predict the type of educational program in nursing essential to meet the needs of the sick of the Nation, to teach preventive measures for maximum health and the like.

The AMA Committee on Nursing respectfully suggests that each physician keep informed on trends in nursing in order that he can contribute wherever possible to the improvement of nursing education programs and to the clarification of the role of the nurse.

In conclusion, the committee suggests that the Committee on Careers, National League for Nursing, 10 Columbus Circle, N.Y., be contacted for information on accreditation of professional schools of nursing and for careers material in general.

TULANE UNIVERSITY,
New Orleans, La., April 7, 1964.

Congressman OREN HARRIS,
Chairman, Committee on Interstate and Foreign Commerce, House of Representatives, Washington, D.C.

DEAR CONGRESSMAN HARRIS: For many years I have been interested in nursing education and have developed a clear conviction for the need of substantial improvement, particularly in college nursing education, in order to assure the development of a broadly qualified nursing service for the people of the United States. Those prepared in the collegiate nursing programs are urgently needed to staff the educational programs conducted by hospital schools of nursing as well as to exert leadership in the administration of hospital service programs and in the whole field of public health nursing.

It was my privilege to serve as a member of the advisory committee to the Surgeon General of the Public Health Service in the analysis of the status of nursing in the United States. That opportunity to be in firsthand contact with the problems of nursing and nursing education renewed my convictions with respect to the improvement of nursing education.

It is heartening indeed to know that legislative action is now proposed to provide relief from a long existing adverse situation. In my view this legislation which embodies the recommendations of the Surgeon General's Consultant Group on Nursing offers an opportunity to meet squarely the need to provide generally improved nursing service both in quantity and quality.

Members of the Surgeon General's Consultant Group on Nursing were all cognizant of the need to assure professional recognition and improvement to the nursing profession. We were cognizant, too, that the economic status of nurses leaves much to be desired. These facts are not dealt with directly in the legislation before you, but I am personally convinced that each of these important factors will be vitally affected as you move to implement the legislation now before you.

Sincerely yours,

HERBERT E. LONGENECKER, *President.*

BOSTON UNIVERSITY
SCHOOL OF NURSING,
Boston, Mass., April 6, 1964.

HON. KENNETH A. ROBERTS,
House of Representatives,
Washington, D.C.

MY DEAR MR. ROBERTS: As a member of the House of Representatives Committee on Interstate and Foreign Commerce, you are currently reviewing H.R. 10042. The passage of this bill is very important to increase the quantity and quality of professional nurses available for society's needs. Many schools of nursing need funds for construction, replacement, or rehabilitation of physical plants, for scholarships and loans for undergraduate and graduate students in nursing and for special projects to improve the recruitment of students into nursing and to develop and expedite the use of certain mass media for teaching larger groups of students certain aspects of the nursing curriculum.

Specifically, at Boston University School of Nursing we have outgrown our present physical facilities and need funds to provide new and expanded space to teach more students, particularly if we are to recruit more students into our programs. Nursing students can be recruited in increased quantity and quality if scholarships and loans are available for sufficient numbers of students who cannot afford this kind of education themselves. The experiences we have had at Boston University can be replicated many times across the United States in other collegiate programs for nurses.

I sincerely hope that you will assist in improving health care of people by acting on this bill favorably and moving it to the floor of the House of Representatives.

Sincerely yours,

LUCILLE SOMMERMEYER, *Assistant Dean.*

BOSTON UNIVERSITY,
OFFICE OF THE PRESIDENT,
Boston, Mass., April 7, 1964.

HON. OREN HARRIS,
Chairman, Committee on Interstate and Foreign Commerce, U.S. House of Representatives,
Washington, D.C.

DEAR MR. HARRIS: I am writing to support H.R. 10042, the Nurse Training Act of 1964, and I request that this letter be made a part of the testimony for this act.

We urgently need more nurses. Indeed, in view of the needs described in the report of the Surgeon General's Consultant Group on Nursing, this country will in the near future face a real emergency in its ability to provide nursing services. This group has recommended a 75-percent increase by 1970 to meet the Nation's need for professional nursing services. Such an increase cannot be accomplished without substantial expansion of teaching facilities nor without replacement or rehabilitation of existing outmoded and inadequate facilities. Nor can it be accomplished unless there are greatly extended baccalaureate programs and graduate programs in order to prepare increased numbers of highly trained faculties to fill teaching positions in schools of nursing. We have a quantitative problem, but also a qualitative one. The level of preparation of training of nurses must keep up with our rapidly expanding knowledge and with the general level of medical care; hence, the need for graduate nurses and for an ever-increasing number who have the master's degree and the doctor's degree.

Greatly needed, too, are scholarship and loan provisions to attract able young women into the nursing profession and new and improved methods of teaching and recruiting.

Schools of nursing cannot alone bear the financial demands for these requirements. They do not have, nor can they get, the private resources to meet so staggering a national need.

This act would provide help, which in turn will provide more and better nursing services for the American people. Therefore, I urge the support of the Committee on Interstate and Foreign Commerce for H.R. 10042.

Sincerely yours,

HAROLD C. CASE.

NORTH CAROLINA STATE NURSES' ASSOCIATION,
Raleigh, N.C., April 3, 1964.

HON. OREN HARRIS,
Chairman, Committee on Interstate and Foreign Commerce, House Office Building, Washington, D.C.

DEAR REPRESENTATIVE HARRIS: This is to express the appreciation of the nursing profession, and especially the officers and members of the North Carolina State Nurses' Association, for the support to nursing and the health needs of the Nation demonstrated by your introduction of legislation to increase the opportunities for educating qualified young people for the practice of professional nursing.

This association will actively support H.R. 1042 and S. 2529, the Nurse Training Act of 1964. It is especially gratifying that the bill includes, in addition to construction grants greatly needed by schools of nursing in this State, project grants for strengthening and expanding nursing education programs, extension of the professional nurse traineeship program, and the scholarship and loan programs to attract more qualified young people into nursing.

In this State the major needs in nursing education are adequate physical facilities for quality educational programs in nursing, more qualified nurse teachers, and financial assistance for basic students as well as for graduate nurses who want further preparation for administrative, supervisory, and teaching positions. The legislation you have introduced in the House of Representatives would make possible significant progress in North Carolina in meeting these needs.

We urge the Committee on Interstate and Foreign Commerce to take early action on this legislation. The need is pressing and it is now.

Sincerely yours,

MARIE NOELL, *Executive Secretary.*

THE UNIVERSITY OF NORTH CAROLINA,
 SCHOOL OF PUBLIC HEALTH,
Chapel Hill, March 31, 1964.

HON. OREN HARRIS,
*House Office Building,
 Washington, D.C.*

DEAR CONGRESS HARRIS: As chairman of the House Committee on Interstate and Foreign Commerce, this is to request your favorable consideration and active support for H.R. 10042, Nurse Training Act of 1964. It is my understanding that hearings will be held before the subcommittee chaired by Congressman Kenneth A. Roberts on April 8, 9, and 10. I expect to appear before this subcommittee on April 9 to offer testimony in support of this legislation.

I was disappointed that the scholarship features of the bill only provided for 1,000 scholarships which, when spread among all the schools in the United States, will make only a token gesture toward providing for the number of professional nurses needed to meet the demands. The bill provides for a much larger sum for loan purposes. In my opinion, this feature will not meet the intended purpose of increasing the supply of professional nurses. In North Carolina we have had experience for a number of years with a loan program offered through the North Carolina Medical Care Commission. Loans provided by the North Carolina Medical Care Commission were available to students in schools of medicine, dentistry, nursing, pharmacy, and social work. This program has been very successful with students in dentistry and medicine but has been used only rarely for students in nursing school. We believe there are two major reasons for the lack of utilization of this loan fund by nursing students. First, most students in nursing are women and women hesitate to obligate themselves for long-term loans which they feel would affect their plans for marriage since they would be reluctant to ask their husbands to assume this type of responsibility along with the increasing responsibility of marriage. The second, and probably the most influential reason, is the fact that nurses' salaries are so low it is very difficult for them to meet living expenses and, in addition, to pay off an outstanding debt for their education. The average salary of a general duty nurse in the United States today is approximately \$3,900. Unfortunately in North Carolina our salary scales are even below this figure. Many nurses working in the State of North Carolina are working for less than \$250 a month. It is my belief that if

we are to materially reduce the shortage of the nurse manpower, provisions must be made for scholarship assistance or something must be done to raise the salary scale for professional nurses in order to continue to attract young high school graduates to the field of nursing when there are so many other vocational opportunities open to them which are less demanding, less costly in terms of preparation, and which offer much higher economic rewards once their preparation is completed. The nurse is the lowest salaried person employed in hospitals today among the professional and technical groups, including occupational therapists, medical technicians, X-ray technicians, physical therapists, nutritionists, and medical social workers, and yet nursing service is a basic and essential service for the operation of any kind of health care facility.

Public funds must be provided for the support of nursing education just as the public has assumed the responsibility for support of the preparation of other disciplines in the health fields, including medicine, dentistry, social work, pharmacy, and physical therapy, to name only a few.

This legislation is urgently needed and I hope Congress will take favorable action on your bill very soon.

Sincerely,

MARGARET B. DOLAN,
Professor, Public Health Nursing.

FLORIDA NURSES ASSOCIATION, INC.,
Orlando, Fla., April 15, 1964.

HON. OREN HARRIS,
House of Representatives, Washington, D.C.

SIR: We are writing you on behalf of the 5,000 members of the Florida Nurses Association to ask that you, as chairman, and the members of the House Committee on Interstate and Foreign Commerce support the provisions of H.R. 10042.

On April 9, 1964, Mrs. Margaret B. Dolan, president of the American Nurses Association, testified before the Subcommittee on Public Health and Safety in support of H.R. 10042, and the members of the Florida Nurses Association endorse the position taken by the American Nurses Association.

Florida's collegiate nursing education programs drastically need to enlarge their crowded facilities to meet the growing demand for nurses in our State.

Your individual and collective support is respectively requested and we ask this letter be included in the record.

Very truly yours,

MARION E. MCKENNA, R.N.,
President, Florida Nurses Association.

UNIVERSITY OF MISSOURI,
OFFICE OF THE PRESIDENT,
Columbia, April 13, 1964.

Representatives LEONOR K. SULLIVAN and WM. J. RANDALL,
House Office Building, Washington, D.C.

DEAR MRS. SULLIVAN AND MR. RANDALL: I have discussed the House bill H.R. 10042, the Nurse Training Act of 1964, with Dr. Ruby Potter, associate dean, school of medicine, in charge of the school of nursing, and feel that this bill is very worthy of support.

In 1963 it became necessary to limit the number of students who could be admitted to the University of Missouri School of Nursing because of space limitations for classrooms and offices. This step was taken very reluctantly in view of the extreme shortage of nurses in Missouri. As of 1957 Missouri ranked 40th in the United States with 208 professional nurses in practice per 100,000 population as compared to the national figure of 271. Estimates of need for adequate nursing care range from 300 to 350 per 100,000 population. Admissions of students to basic degree programs such as ours are also lower in Missouri than nationwide. For 1960-61, 5 out of each 1,000 17-year-old girls were admitted to basic degree programs in Missouri as compared to the national average figure of 6.

Although the facilities were the primary limiting factor here, other provisions of the bill—scholarships and loans for beginning students in nursing and traineeships for registered nurses—are also of great importance. Some capable students are unable to enter nursing schools and continue to graduation because of lack of funds. The value of the funds expended under the professional nurse traineeship program since 1956 has been well demonstrated throughout the United States. The educational program of the school of nursing here has benefited directly from the addition of several faculty members who were enabled to obtain graduate level preparation through this program.

We will appreciate your consideration of support of this bill.

Cordially,

ELMER ELLIS.

NATIONAL ASSOCIATION FOR RETARDED CHILDREN, INC.,
New York, N.Y., April 16, 1964.

Representative OREN HARRIS,
Chairman, Interstate and Foreign Commerce Committee, House of Representatives, House Office Building, Washington, D.C.

DEAR REPRESENTATIVE HARRIS: The critical shortage of qualified nursing personnel has long been a major concern of the National Association for Retarded Children. Accordingly, we are gratified to learn that you have introduced H.R. 10042, the Nurse Training Act of 1964.

Provisions for recruitment of nurses and expansion of nurse training facilities and programs under these amendments to the Public Health Service Act is a major recognition of the urgent need to train nursing personnel in many areas, including the care of the mentally retarded, both in the community and in the institution.

According to a 1960 Public Health Service report, there are only 1,510 registered professional nurses to care for a total of 152,078 resident population in institutions for the mentally retarded throughout the Nation. Thus there is only 1 registered nurse available to care for each 100 residents. Obviously many more nurses will be needed if we are to provide training and rehabilitation programs—not just custodial care—for these residents. This is especially so in view of the increased survival rate of infants born with serious birth defects and the resulting increase in the number of severely and profoundly retarded admitted to our institutions who require extensive nursing care.

Nursing services also are essential to help families with health and management problems presented by the retarded child living at home. These services, if available during the child's early years, often make it possible for him to be kept in his own home rather than be placed in an institution. Yet today there are only 22,000 public health nurses to serve the community health needs throughout our Nation.

Important new legislation on mental retardation was enacted by Congress last year. Effective implementation of that legislation, including the expansion of services and facilities for the mentally retarded, depends, in large measure, on adequate nursing services.

Prevention of mental retardation is a priority concern of the NARC and a significant aspect of its research program. The improvement of prenatal and obstetrical care in all hospitals and clinics is an important measure in the prevention of prematurity, birth defects, and mental retardation. A knowledge of mental retardation should be made available to nurses in all fields, including obstetrics, pediatrics, psychiatry, public health, and nursing education.

Nurses who are practicing in hospitals, doctors' offices, in the school system, institutions, nursing homes, and military service are exposed to this far-reaching problem. Opportunities, however, for nurse education and training in various aspects of mental retardation are extremely limited.

We are gratified that bill H.R. 10042 calls for a National Advisory Council on Nurse Training to review existing programs of nursing education and to make recommendations regarding the continuation, extension, and modification of such programs. We trust that provision will be made on the Council for representation of consumers of nursing services in the important area of mental retardation.

The National Association for Retarded Children urges passage of the Nurse Training Act so that many more qualified nurses will be available to care for the mentally retarded who present a major health problem for the Nation.

Sincerely,

JOHN G. FETTINGER, *President.*

GOSHEN COLLEGE,
Goshen, Ind., April 27, 1964.

Re H.R. 10042, the Nurse Training Act of 1964.

Hon. JOHN BRADEMAs,
House of Representatives,
Washington, D.C.

DEAR MR. BRADEMAs: Hearings in relation to this bill were held on April 8, 9, and 10 before the Subcommittee on Public Health and Safety of the House Committee on Interstate and Foreign Commerce. The administration witnesses, Boisfeuillet Jones, Special Assistant to the Secretary of the Department of Health, Education, and Welfare, John Henning, Assistant Secretary of Labor, and two Members of Congress, Robert Hemphill of South Carolina and Claude Pepper of Florida, supported the enactment of the bill.

Dr. James Howell, associate director, Henry Ford Hospital, Detroit, Mich., and the representative of the American Hospital Association made proposals for a number of changes in legislation, which if enacted, would have serious consequences for collegiate schools of nursing.

The Surgeon General's Consultant Group on Nursing outlined the details for expansion essential to providing necessary nursing services by 1970. Whether this can be accomplished will depend upon the following factors: (1) the number of young people who will choose nursing and remain in practice after graduation and (2) the ability of the college and university schools to admit, educate, and graduate not only students choosing nursing as their college major, but, also, the teachers required by all kinds of nursing schools, the supervisors and administrators needed by hospitals, nursing homes, schools, health departments, and other community agencies, and the nurse specialists necessary to today's complex, scientific medical care. This bill will assist materially in both of these factors.

The American Hospital Association opposes a number of the proposals of H.R. 10042. The AHA opposes the construction program of the bill on the grounds that the aid is available to collegiate schools under the Health Professions Educational Assistance Act of 1963, that the Hospital Survey Construction Act permits the construction of nursing school facilities as part of the hospital projects, and that the Housing Act of 1950 provides long-term, low-interest loans for construction of housing facilities for nursing students. The Health Educational Assistance Act of 1963 (Public Law 88-129) was designed primarily for physicians, dentists, and public health personnel, who have first priority. The Hospital Survey Construction Act (Hill-Burton) permits construction of nursing school facilities as a part of hospital projects and a number of States have given priority to this construction. This does not cover collegiate schools. The construction grants contained in this bill, in many cases, will determine whether colleges and universities will be able to meet the feasible goals outlined in the Surgeon General's Consultant Group on Nursing who recommended an increase in master's degree enrollments by 194 percent, baccalaureate programs for beginning students by 98 percent, and the numbers of registered nurses completing their bachelor's program by 104 percent.

The AHA objects to the provisions recommending that only schools accredited by a national accrediting agency, or schools that the accrediting agency indicates will be accredited, be eligible for assistance. The objection included that of the Federal Government establishing standards for educational institutions and imposing standards exceeding those required by States. States can only establish minimum standards. H.R. 10042 does not empower the Federal Government to establish Federal standards. Precedents for this requirement have been set in the Health Professions Educational Assistance Act and the professional traineeship program. The AHA placed special emphasis upon the short-term traineeship program. The short-term traineeships are a means of supplementing the basic education of over 47,000 nurses engaged in teaching, supervision, and administration who do not have the desirable minimum preparation for these positions. This, though very necessary answers only the immediate problem of supplemental education and would only perpetuate the existing conditions. However, it is the long-term traineeship program that provides adequate preparation for these positions of leadership so badly needed.

The AHA recommended that a State agency be established to assess the State's needs and submit a State plan to the Surgeon General in lieu of the proposal of H.R. 10042, which designates State, interstate, regional, or local planning agencies. State planning without regional consideration could result in unwise

use of public funds and indiscriminate construction of facilities for teaching nursing. Final approval of grants should be made by the Surgeon General with the advice of a National Advisory Council.

The AHA recommended that Federal scholarships be equally available to students entering other educational programs than collegiate schools. There is very little public or private assistance available to nursing students in basic collegiate programs. The scholarships provided by H.R. 10042 are small in terms of the need but it is urgent that college-bound students be attracted to collegiate schools of nursing. The collegiate graduate is the source of leadership in nursing. If the limited resources are distributed equally among all students entering nursing, the recommendations of the Surgeon General's Consultant Group will not meet its objective.

The AHA questions the effectiveness of the loan provision as a recruitment device. The loan provision in section 824 and the forgiveness clause in H.R. 10042 is thought definitely to increase the enrollment in collegiate schools of nursing. The low salaries of nurses make the repayment of loans extremely difficult.

The AHA recommends that the National Advisory Council on Nurse Training, who would advise the Surgeon General in preparation of general regulations for administering the Nurse Training Act of 1964, represent diploma, associate degree, and collegiate schools of nursing in proportion to the total number of students enrolled in each school. The bill calls for a 16-member Advisory Council made up of representatives of the general public, various fields of nursing, higher and secondary education, hospitals, and other institutions. The Council as it is structured in the bill would not be weakened in favor of any one group and would deal objectively and on their own merit with grant requests. There are precedents for such a National Advisory Council in the Health Professions Educational Assistance Act, the professional nurse traineeship program, and the public health traineeship program.

H.R. 10042 calls for the appointment of a Review Committee prior to July 1, 1967, to review programs authorized and make recommendations regarding their continuation, extension, and modification. The AHA believes such a Committee unnecessary and that the Advisory Council could fill this role. The Advisory Council could probably function in this role, but the advantage of a Review Committee would be that people other than those advising applications and general regulations would be making decisions concerning the effectiveness of the program and whether it should be continued, extended, or modified.

The AHA recommends a new provision to underwrite the direct cost of all nursing schools. They propose a Federal-State program for matching grants. The appropriation to hospital schools alone would be \$34 million a year with no assurance that these funds would be used to improve nursing education. It is believed that Federal assistance to improve and expand nursing education should come through a system of grants for specific purposes. Such a proposal as that of the AHA might defeat H.R. 10042.

As acting director of Goshen College School of Nursing, a member of the school of nursing faculty, and a citizen, I am interested in the education of nursing students on a sound educational basis that will meet the health needs of our Nation in the most effective and economical way. I believe that H.R. 10042 is designed to do this, and if altered to include the proposals made by the American Hospital Association, might meet the staffing needs of specific hospitals, but would not meet the health needs and be in the best interests of the American people at large. I would therefore urge that you give your support to the passage of the bill, H.R. 10042, the Nurse Training Act of 1964, without the proposals made by the American Hospital Association.

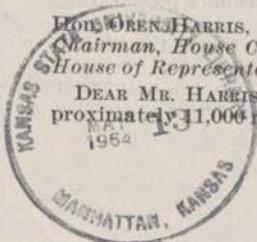
Sincerely yours,

VERNA M. ZIMMERMAN,
Acting Director, Goshen College School of Nursing.

OHIO STATE NURSES ASSOCIATION,
Columbus, Ohio, April 22, 1964.

HON. OWEN HARRIS,
*Chairman, House Committee on Interstate and Foreign Commerce,
House of Representatives, Washington, D.C.*

DEAR MR. HARRIS: The Ohio State Nurses Association, an organization of approximately 31,000 registered nurses endorses the position of the American Nurses'



Association on the provisions of H.R. 10042, the Nurse Training Act of 1964, as presented to the Subcommittee on Public Health and Safety on April 9, 1964, by Margaret B. Dolan, R.N., ANA president.

The Ohio State Nurses Association strongly supports this legislation which would provide construction grants for schools of nursing, extension of the professional nurse traineeship program, planning grants, and project grants to enable schools of nursing to strengthen, improve, and expand programs for nursing education.

The need for qualified faculty prepared at the master's level is most acute in Ohio schools of nursing. In the existing 57 schools, there are unfilled 13 administrators' and 74 instructors' positions according to the January 1964 survey conducted by the Ohio State Board of Nursing Education and Nurse Registration. Records of the State board of nursing also reveal that 48 percent of the full-time instructors presently employed in Ohio schools of nursing have little or no preparation in nursing beyond the basic program and no special preparation for teaching. Thus, many persons teaching nursing in this State are themselves in great need of additional education in order to be able to properly prepare the practitioners of nursing who give direct patient care.

In Ohio hospitals associated with schools of nursing or affiliate programs, there are 26 administrators, 179 supervisors and head nurses, and 861 general staff nurse positions unfilled. Known vacancies in these hospitals total 1,066. This figure does not take into account budgeted positions unfilled in the nearly 200 Ohio hospitals not associated with a school of nursing or affiliate programs.

Clearly substantial Federal aid, such as embodied in the Nurse Training Act of 1964, is needed if nursing is to meet the standards for safe and effective nursing care as set forth by the Surgeon General's Consultant Group on Nursing.

We urge your wholehearted support and prompt committee action on this legislation and respectfully request that our communication be included in the record.

Sincerely,

DOROTHY A. CORNELIUS, R.N.,
Executive Director.

ILLINOIS NURSES' ASSOCIATION,
Chicago, Ill., April 21, 1964.

Representative OREN HARRIS,
*Chairman, House Committee on Interstate and Foreign Commerce,
House Office Building, Washington, D.C.*

DEAR REPRESENTATIVE HARRIS: Since Illinois, as well as many other States, urgently needs more nurses, I am writing you again to tell you that the Illinois Nurses' Association fervently hopes you will be successful in obtaining prompt passage of H.R. 10042.

We are especially eager to have this bill passed before June 30. Unless it is, the professional nurse traineeship program will expire, and this could have a disastrous effect on the health of the Nation.

Perhaps it may help you in your efforts to obtain early passage if we set forth, here, some of the reasons for our concern. In Illinois, alone—

59 percent of non-Federal hospitals have unfilled general duty nurse positions.

1,410 of them have full-time general duty nurse vacancies.

20 percent have unfilled head nurse positions.

125 full-time vacancies exist for head nurses.

74 unfilled faculty positions are reported by diploma schools of nursing.

6 percent of our graduating high school seniors should enter basic nursing programs if the health needs of the State are to be met.

20 percent of our student nurses should be educated in baccalaureate programs if we are to meet minimum needs for head nurses, public health nurses, and instructors.

Illinois has about 225 registered nurses per 100,000 population, but we need at least 300 per 100,000 population.

Unfortunately, Illinois loses many of the nurses it educates. It might be able to keep more of its young graduates, though, and attract others from out of State if (1) more scholarship funds were available so that diploma school graduates could start work toward their B.S.N. degree and (2) if more master's programs were available to prepare baccalaureate graduates for teaching, supervision, and administration.

If you think it pertinent, we shall be pleased to have you include these statistics on Illinois health and nursing needs in the record.

The Illinois Nurses' Association appreciates your interest and efforts in behalf of this bill and the health of the Nation.

Sincerely,

Sister M. STEPHEN,
Chairman, Committee on Legislation.

THE UNIVERSITY OF VERMONT,
COLLEGE OF EDUCATION AND NURSING,
Burlington, Vt., April 22, 1964.

HON. OREN HARRIS,
*Chairman, House Committee on Interstate and Foreign Commerce,
Longworth House Office Building,
Washington, D.C.*

DEAR MR. HARRIS: As a recipient of a professional nurse traineeship which enabled me to qualify for my present job in teaching nursing, I wish to comment in favor of the passage of H.R. 10042, the Nursing Training Act of 1964.

We are fortunate to be living during times when scientific discovery and medical progress are making possible longer, more productive lives for citizens of this country. The implications of medical advancements on nursing are obvious in that the professional nurse is required to be more skilled and knowledgeable to implement the newer concepts in care. The report of the Surgeon General's Consultant Group on Nursing entitled "Toward Quality in Nursing" details the Nation's needs for many more nurses than nursing schools can produce with their existing facilities and as Mrs. Mullane so aptly stated "nursing has not often been distinguished by being placed at the top of lists of priority needs." Indeed at the local and State level, we more often find ourselves at the lower level of the budgetary priority list though high on the priority for service. The construction grants contained in this act are essential to increase the number of educational institutions.

And brick and mortar are not enough. The provision for extending the professional nurse traineeship program is essential to attract qualified applicants to enter the fields of teaching, supervision, and administration so that nursing can keep pace with the changing health needs of our citizens not just in getting people well but in keeping them well. The average income of a graduate professional nurse is not sufficient to enable her to seek advanced education without financial assistance.

As chairman of the Committee on Nursing Careers for the State of Vermont, I hear of too many Vermont students who, though having the capabilities to enter a collegiate nursing program, must settle for a 3-year program because of limited funds. This I consider a waste of talent and no help to our need to improve quality of care. The provision for establishment of a loan fund for full-time students is also essential and I feel the forgiveness provision would be an additional incentive.

I have read the testimony of Mrs. Mullane and Mrs. Dolan who, as representatives of our professional organization, have stated the reasons to justify passage of H.R. 10042 much more adequately than I. The impact of the provisions of H.R. 10042 go beyond the nursing profession itself—passage will enable the nursing profession to make its own unique contribution to the changing patterns of health care. Physicians, hospitals, and citizens are depending on us. We are depending on the action of your committee.

Thank you for your kind consideration.

Very truly yours,

FAITH G. EMERSON,
Assistant Professor of Nursing.

(Whereupon, at 3:45 p.m., the committee was adjourned, to reconvene at the call of the Chair.)

