

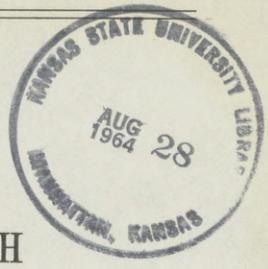
Y4 .L 11/2 : N 93/5

1043

11/12
N 93/5
9844

NURSE AND GRADUATE PUBLIC HEALTH TRAINING

GOVERNMENT Storage



HEARING
BEFORE THE
SUBCOMMITTEE ON HEALTH
OF THE
COMMITTEE ON
LABOR AND PUBLIC WELFARE
UNITED STATES SENATE
EIGHTY-EIGHTH CONGRESS

SECOND SESSION

ON

H.R. 11241 and H.R. 11083

ACTS TO INCREASE TRAINING OF NURSING PERSONNEL AND
EXTEND AUTHORIZATION FOR ASSISTANCE IN THE PROVI-
SION OF GRADUATE OR SPECIALIZED PUBLIC HEALTH TRAIN-
ING, AND FOR OTHER PURPOSES

AUGUST 6, 1964

Printed for the use of the
Committee on Labor and Public Welfare



U.S. GOVERNMENT PRINTING OFFICE

WASHINGTON : 1964

86-435 O

2/50 N: 2/11 J. 47



COMMITTEE ON LABOR AND PUBLIC WELFARE

LISTER HILL, Alabama, *Chairman*

- | | |
|---------------------------------------|----------------------------|
| PAT McNAMARA, Michigan | BARRY GOLDWATER, Arizona |
| WAYNE MORSE, Oregon | JACOB K. JAVITS, New York |
| RALPH W. YARBOROUGH, Texas | WINSTON L. PROUTY, Vermont |
| JOSEPH S. CLARK, Pennsylvania | JOHN G. TOWER, Texas |
| JENNINGS RANDOLPH, West Virginia | LEN B. JORDAN, Idaho |
| HARRISON A. WILLIAMS, JR., New Jersey | |
| CLAIBORNE PELL, Rhode Island | |
| EDWARD M. KENNEDY, Massachusetts | |
| LEE METCALF, Montana | |

STEWART E. McCLURE, *Chief Clerk*
JOHN S. FORSYTHE, *General Counsel*

SUBCOMMITTEE ON HEALTH

LISTER HILL, Alabama, *Chairman*

- | | |
|---------------------------------------|---------------------------|
| RALPH W. YARBOROUGH, Texas | JACOB K. JAVITS, New York |
| HARRISON A. WILLIAMS, JR., New Jersey | JOHN G. TOWER, Texas |
| CLAIBORNE PELL, Rhode Island | |

ROBERT W. BARCLAY, *Professional Staff Member*
JOHN D. STRINGER, *Associate Minority Counsel*

CONTENTS

Text of:	Page
H.R. 11241.....	2
Report from the Bureau of the Budget.....	32
Report from Department of Health, Education, and Welfare.....	32
H.R. 11083.....	36
Report from the Bureau of the Budget.....	39
Report from the Department of Health, Education, and Welfare.....	39

CHRONOLOGICAL LIST OF WITNESSES

Price, Dr. David, Deputy Surgeon General, Public Health Service, accompanied by Mr. Sam Kimble, Associate Chief for Grants, Community Health, Public Health Service; Dr. Paul Peterson, Associate Chief of Operations, Community Health, Public Health Service; Miss Jessie Scott, chief, Division of Nursing, Public Health Service.....	40
Douglas, Dr. Ann M., dean, School of Nursing, Georgetown University, appearing in behalf of the American Nurses Association, accompanied by Helen Connors, director of the legislative program of ANA, and Miss Julia Thompson, director of ANA, Washington office.....	47
Howell, Dr. James T., chairman, committee on nursing, American Hospital Association, accompanied by: Kenneth Williamson, associate director, American Hospital Association.....	60
Boyle, Dr. Rena, director, baccalaureate and higher degree programs, National League for Nursing.....	66

STATEMENTS

American Public Health Association, prepared statement on:	
H.R. 11083.....	73
H.R. 11241.....	72
American Osteopathic Association, prepared statement, submitted by Carl E. Morrison, D.O., chairman, Council on Federal Health Programs.....	79
Boyle, Dr. Rena, director, baccalaureate and higher degree programs National League for Nursing.....	66
Douglas, Dr. Ann M., dean, School of Nursing, Georgetown University, appearing in behalf of the American Nurses Association, accompanied by Helen Connors, director of the legislative program of ANA, and Miss Julia Thompson, director of ANA, Washington office.....	47
Prepared statement on H.R. 11083.....	58
Prepared statement on H.R. 11241.....	47
Howell, Dr. James T., chairman, Committee on Nursing, American Hospital Association, accompanied by: Kenneth Williamson, associate director, American Hospital Association.....	60
Price, Dr. David, Deputy Surgeon General, Public Health Service, accompanied by Mr. Sam Kimble, Associate Chief for Grants, Community Health, Public Health Service; Dr. Paul Peterson, Associate Chief of Operations, Community Health, Public Health Service; and Miss Jessie Scott, chief, Division of Nursing, Public Health Service.....	40

ADDITIONAL INFORMATION

Articles entitled:

	Page
"Educational Programs in Nursing and Related Career Opportunities," from the Journal of the American Medical Association, July 13, 1963.	76
"Objectives and Program of the AMA Committee on Nursing," from the Journal of the American Medical Association, August 4, 1962---	74

Letters from:

Blasingame, F. J. L., M.D., executive vice president, American Medical Association, to Senator Hill dated August 6, 1964-----	73
Cornelius, Dorothy A., R.N., executive director, Ohio State Nurses Association, Columbus, Ohio, to Senator Hill, dated August 4, 1964--	78
Maher, Mary A., dean, School of Nursing, University of Massachu- setts," Amherst, Mass., to Senator Hill, dated August 4, 1964-----	78
Telegram from Ernest L. Stebbins, M.D., vice president, Association of Schools of Public Health, to Senator Hill, dated August 5, 1964-----	79

NURSE AND GRADUATE PUBLIC HEALTH TRAINING

THURSDAY, AUGUST 6, 1964

U.S. SENATE,
COMMITTEE ON LABOR AND PUBLIC WELFARE,
Washington, D.C.

The committee met, pursuant to notice, at 10:08 a.m., in room 4234, New Senate Office Building, Senator Lister Hill (chairman) presiding. Present: Senators Hill, Yarborough, Pell, Javits, and Jordan.

Committee staff members present: Stewart E. McClure, chief clerk; John S. Forsythe, general counsel; Robert W. Barclay, professional staff member; and John D. Stringer, associate minority counsel.

The CHAIRMAN. The committee will kindly come to order.

The Committee on Labor and Public Welfare is meeting this morning to receive testimony on H.R. 11242, the proposed Nurse Training Act of 1964, and on H.R. 11083, the proposed graduate public health training amendments.

(H.R. 11242, H.R. 11083, and reports follow:)

88TH CONGRESS
2D SESSION

H. R. 11241

IN THE SENATE OF THE UNITED STATES

JULY 22, 1964

Read twice and referred to the Committee on Labor and Public Welfare

AN ACT

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

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*
3 That this Act may be cited as the "Nurse Training Act of
4 1964".

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

II

2

1 "TITLE VIII—NURSE TRAINING

2 "PART A—GRANTS FOR EXPANSION AND IMPROVEMENT
3 OF NURSE TRAINING4 "AUTHORIZATION OF APPROPRIATIONS FOR CONSTRUCTION
5 GRANTS6 "SEC. 801. (a) There are authorized to be appropri-
7 ated—8 "(1) for grants to assist in the construction of new
9 facilities for collegiate schools of nursing, or replace-
10 ment or rehabilitation of existing facilities for such
11 schools, \$5,000,000 for the fiscal year ending June 30,
12 1966, and \$10,000,000 for each of the next three fiscal
13 years;14 "(2) for grants to assist in the construction of new
15 facilities for associate degree or diploma schools of
16 nursing, or replacement or rehabilitation of existing
17 facilities for such schools, \$10,000,000 for the fiscal
18 year ending June 30, 1966, and \$15,000,000 for each
19 of the next three fiscal years.20 There are also authorized to be appropriated for each of such
21 fiscal years ending after June 30, 1966, for grants specified
22 in clause (1) or (2) of the preceding sentence, the amount
23 by which the total of the sums authorized to be appropriated
24 under such clause for previous years exceeds the aggregate
25 of the appropriations thereunder for such years.

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

5 “APPROVAL OF APPLICATIONS FOR CONSTRUCTION GRANTS

6 “SEC. 802. (a) No application for a grant for a con-
7 struction project under this part may be approved unless it
8 is submitted to the Surgeon General prior to July 1, 1968.

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

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

15 “(2) the application contains or is supported by
16 reasonable assurances that (A) for not less than twenty
17 years after completion of construction, the facility will
18 be used for the purposes of the training for which it is
19 to be constructed, and will not be used for sectarian in-
20 struction or as a place for religious worship, (B) suf-
21 ficient funds will be available to meet the non-Federal
22 share of the cost of constructing the facility, (C)
23 sufficient funds will be available, when construction is
24 completed, for effective use of the facility for the training
25 for which it is being constructed, and (D) in the case

4

1 of an application for a grant for construction to expand
2 the training capacity of a school of nursing, the first-
3 year enrollment at such school during the first full school
4 year after the completion of the construction and for each
5 of the nine years thereafter will exceed the highest first-
6 year enrollment at such school for any of the five full
7 school years preceding the year in which the application
8 is made by at least 5 per centum of such highest first-
9 year enrollment, or by five students, whichever is
10 greater;

11 “(3) (A) in the case of an application for a grant
12 for construction of a new facility, such application is for
13 aid in the construction of a new school of nursing, or
14 construction which will expand the training capacity
15 of an existing school of nursing, or (B) in the
16 case of an application for a grant for replacement or
17 rehabilitation of existing facilities, such application is
18 for aid in construction which will replace or rehabilitate
19 facilities of an existing school of nursing which are so
20 obsolete as to require the school to curtail substantially
21 either its enrollment or the quality of the training pro-
22 vided;

23 “(4) the plans and specifications are in accordance
24 with regulations relating to minimum standards of con-
25 struction and equipment; and

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

15 Before approving or disapproving an application for a con-
16 struction project under this part, the Surgeon General shall
17 secure the advice of the National Advisory Council on Nurse
18 Training established by section 841 (hereinafter in this part
19 referred to as the ‘council’).

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

22 “(1) (A) in the case of a project for a new school
23 or for expansion of the facilities of an existing school,
24 the relative effectiveness of the proposed facilities in
25 expanding the capacity for the training of first-year

6

1 students of nursing in the field involved and in promoting
2 an equitable geographical distribution of opportunities
3 for such training (giving due consideration to popula-
4 tion, relative unavailability of nurses of the kind to be
5 trained by such school, and available resources in vari-
6 ous areas of the Nation for training such nurses) ; or

7 “(B) in the case of a project for replacement or
8 rehabilitation of existing facilities of a school, the relative
9 need for such replacement or rehabilitation to prevent
10 curtailment of the school’s enrollment or deterioration of
11 the quality of the training provided by the school, and
12 the relative size of any such curtailment and its effect
13 on the geographical distribution of opportunities for
14 training in the field of nursing involved (giving con-
15 sideration to the factors mentioned above in paragraph
16 (A)) ; and

17 “(2) in the case of an applicant in a State which
18 has in existence a State or local area agency involved
19 with planning for nurse training facilities, or which
20 participates in a regional or other interstate agency
21 involved with planning for nurse training facilities, the
22 relationship of the application to the construction or
23 training program which is being developed by such

1 agency or agencies and, if such agency or agencies have
2 reviewed such application, any comment thereon sub-
3 mitted by them.

4 “AMOUNT OF CONSTRUCTION GRANT; PAYMENTS

5 “SEC. 803. (a) The amount of any grant for a con-
6 struction project under this part shall be such amount as the
7 Surgeon General determines to be appropriate after obtain-
8 ing the advice of the Council; except that (A) in the case
9 of a grant for a project for a new school, and in the case of
10 a grant for a project for new facilities for an existing school
11 in cases where such facilities are of particular importance in
12 providing a major expansion of training capacity, as deter-
13 mined in accordance with regulations, such amount may not
14 exceed 66 $\frac{2}{3}$ per centum of the necessary cost of construction,
15 as determined by the Surgeon General, of such project;
16 and (B) in the case of any other grant, such amount may
17 not exceed 50 per centum of the necessary cost of construc-
18 tion, as so determined, of the project with respect to which
19 the grant is made.

20 “(b) Upon approval of any application for a grant for
21 a construction project under this part, the Surgeon General
22 shall reserve, from any appropriation available therefor, the
23 amount of such grant as determined under subsection (a);

1 the amount so reserved may be paid in advance or by way of
2 reimbursement, and in such installments consistent with con-
3 struction progress, as the Surgeon General may determine.
4 The Surgeon General's reservation of any amount under
5 this section may be amended by him, either upon approval
6 of an amendment of the application or upon revision of the
7 estimated cost of construction of the facility.

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

17 “RECAPTURE OF PAYMENTS

18 “SEC. 804. If, within twenty years after completion of
19 any construction for which funds have been paid under this
20 part—

21 “(a) the applicant or other owner of the facility
22 shall cease to be a public or nonprofit private school,
23 or

24 “(b) the facility shall cease to be used for the train-
25 ing purposes for which it was constructed (unless the

1 Surgeon General determines, in accordance with regu-
2 lations, that there is good cause for releasing the appli-
3 cant or other owner from the obligation to do so), or
4 “(c) the facility is used for sectarian instruction or
5 as a place for religious worship,
6 the United States shall be entitled to recover from the appli-
7 cant or other owner of the facility the amount bearing the
8 same ratio to the then value (as determined by agreement
9 of the parties or by action brought in the United States dis-
10 trict court for the district in which such facility is situated)
11 of the facility, as the amount of the Federal participation
12 bore to the cost of construction of such facility.

13 “IMPROVEMENT IN NURSE TRAINING

14 “SEC. 805. (a) There are authorized to be appropriated
15 for grants to public and nonprofit private collegiate and asso-
16 ciate degree schools of nursing to assist them in meeting
17 the additional costs of projects of limited duration which will
18 strengthen, improve, or expand their programs to teach and
19 train nurses, \$2,000,000 for the fiscal year ending June 30,
20 1965, \$3,000,000 for the fiscal year ending June 30, 1966,
21 \$4,000,000 for the fiscal year ending June 30, 1967, and
22 each of the next two fiscal years, and such sums for each of
23 the next four fiscal years as may be necessary to complete
24 projects for which a grant was made under this section from

1 funds appropriated for the fiscal year ending June 30, 1969,
2 or any preceding year.

3 “(b) In determining whether to approve applications
4 for grants described in subsection (a), the order in which
5 to approve such applications, and the amount of the grants,
6 the Surgeon General shall give consideration to the extent
7 to which such projects will contribute to general improve-
8 ment in the teaching and training of nurses of the kind
9 involved, the extent to which they will aid in attaining a
10 wider geographical distribution throughout the United States
11 of high quality schools of the type involved, and the relative
12 need in the area in which the school is situated and sur-
13 rounding areas for nurses of the type trained in such school.

14 “(c) No grant may be made under subsection (a) of
15 this section for any project for any period after grants have
16 been made with respect to such project for five fiscal years.

17 “PARTIAL REIMBURSEMENT TO DIPLOMA SCHOOLS FOR
18 COSTS ATTRIBUTABLE TO THIS TITLE

19 “SEC. 806. (a) In order to prevent further attrition and
20 promote the development of public and nonprofit private
21 diploma schools of nursing, there are hereby authorized to
22 be appropriated \$4,000,000 for the fiscal year ending June
23 30, 1965, \$7,000,000 for the fiscal year ending June 30,
24 1966, and \$10,000,000 for the fiscal year ending June 30,
25 1967, and each of the two succeeding fiscal years, to defray

1 a portion of the cost of training students of nursing whose
2 enrollment in such schools can be reasonably attributed to
3 the provisions of this title.

4 “(b) From the amounts appropriated pursuant to sub-
5 section (a), the Surgeon General shall pay to each public
6 or nonprofit private diploma school of nursing for each fiscal
7 year in the five-year period beginning on July 1, 1964, and
8 ending June 30, 1969, an amount equal to the product of
9 \$250 and the sum of the number of federally-sponsored
10 students in such school during such year and the number by
11 which the full-time enrollment in such school during such
12 year exceeds the average of the full-time enrollments in such
13 school during the fiscal years ending June 30, 1962, June 30,
14 1963, and June 30, 1964, except that no such diploma school
15 of nursing shall for any fiscal year receive an amount in ex-
16 cess of the product of \$100 and the full-time enrollment in
17 such school during such year. If the amounts appropriated
18 pursuant to subsection (a) for any fiscal year are inade-
19 quate to make the grants provided for in the preceding sen-
20 tence, the amount of the grant to each such diploma school of
21 nursing shall be reduced so that it shall bear the same ratio to
22 such amounts appropriated for such year as the amount such
23 school would be entitled to under the preceding sentence bears
24 to the aggregate amount which all diploma schools of nursing
25 would be entitled to for such year under such sentence.

1 pal and interest on loans made from the fund, and (D)
2 any other earnings of the fund;

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

7 “(4) provide that loans may be made from such
8 fund only to students pursuing a full-time course of study
9 at the school leading to a baccalaureate or associate de-
10 gree in nursing or an equivalent degree or a diploma in
11 nursing, or to a graduate degree in nursing, and that
12 while the agreement remains in effect no such student
13 who has attended such school before July 1, 1969, shall
14 receive a loan from a loan fund established under section
15 204 of the National Defense Education Act of 1958; and

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

18 “LOAN PROVISIONS

19 “SEC. 823. (a) The total of the loans for any aca-
20 demic year (or its equivalent, as determined under regula-
21 tions of the Secretary) made by schools of nursing from loan
22 funds established pursuant to agreements under this part may
23 not exceed \$1,000 in the case of any student. In the grant-
24 ing of such loans, a school shall give preference to persons
25 who enter as first-year students after enactment of this title.

1 “(b) Loans from any such student loan fund by any
2 school shall be made on such terms and conditions as the
3 school may determine; subject, however, to such conditions,
4 limitations, and requirements as the Secretary of Health,
5 Education, and Welfare may prescribe (by regulation or in
6 the agreement with the school) with a view to preventing
7 impairment of the capital of such fund to the maximum ex-
8 tent practicable in the light of the objective of enabling the
9 student to complete his course of study; and except that—

10 “(1) such a loan may be made only to a student
11 who (A) is in need of the amount of the loan to pur-
12 sue a full-time course of study at the school leading to a
13 baccalaureate or associate degree in nursing or an equiv-
14 alent degree, or a diploma in nursing, or a graduate de-
15 gree in nursing, and (B) is capable, in the opinion of
16 the school, of maintaining good standing in such course
17 of study;

18 “(2) such a loan shall be repayable in equal or
19 graduated periodic installments (with the right of the
20 borrower to accelerate repayment) over the ten-year
21 period which begins one year after the student ceases to
22 pursue a full-time course of study at a school of nursing,
23 except that (A) interest shall not accrue on any such
24 loan, and periodic installments need not be paid, during
25 any period during which the borrower is pursuing a full-

1 time course of study at a collegiate school of nursing
2 leading to a baccalaureate degree in nursing or an equiv-
3 alent degree, or to a graduate degree in nursing, and
4 (B) any such period shall not be included in determin-
5 ing such ten-year period;

6 “(3) not to exceed 50 per centum of any such
7 loan (plus interest) shall be canceled for full-time em-
8 ployment as a professional nurse (including teaching in
9 any of the fields of nurse training and service as an
10 administrator, supervisor, or consultant in any of the
11 fields of nursing) in any public or nonprofit private
12 institution or agency, at the rate of 10 per centum of
13 the amount of such loan plus interest thereon, which
14 was unpaid on the first day of such service, for each
15 complete year of such service;

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

21 “(5) such a loan shall bear interest on the unpaid
22 balance of the loan, computed only for periods during
23 which the loan is repayable, at the rate of 3 per centum
24 per annum or the going Federal rate at the time the loan
25 is made, whichever is the greater; and for purposes

1 of this paragraph, the term 'going Federal rate' means
2 the rate of interest which the Secretary of the Treasury
3 specifies during June of each year for purposes of loans
4 made during the fiscal year beginning on the next
5 July 1, determined by estimating the average yield to
6 maturity, on the basis of daily closing market quotations
7 or prices during the preceding May on all outstanding
8 marketable obligations of the United States having a
9 maturity date of fifteen or more years from the first
10 day of such month of May, and by rounding off such
11 estimated average annual yield to the next higher mul-
12 tiple of one-eighth of 1 per centum;

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

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

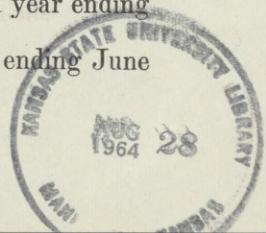
1 “(c) Where all or any part of a loan, or interest, is
2 canceled under this section, the Secretary of Health, Educa-
3 tion, and Welfare shall pay to the school an amount equal to
4 the school’s proportionate share of the canceled portion, as
5 determined by the Secretary.

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

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

19 “AUTHORIZATION OF APPROPRIATIONS FOR LOANS

20 “SEC. 824. There are authorized to be appropriated
21 to the Secretary of Health, Education, and Welfare for Fed-
22 eral capital contributions to student loan funds pursuant to
23 section 822 (b) (2) (A) \$3,100,000 for the fiscal year
24 ending June 30, 1965, \$8,900,000 for the fiscal year ending
25 June 30, 1966, \$16,800,000 for the fiscal year ending June



1 30, 1967, \$25,300,000 for the fiscal year ending June 30,
2 1968, \$30,900,000 for the fiscal year ending June 30, 1969,
3 and such sums for the fiscal year ending June 30, 1970, and
4 each of the two succeeding fiscal years as may be necessary to
5 enable students who have received a loan for any academic
6 year ending before July 1, 1969, to continue or complete
7 their education. Sums appropriated pursuant to this section
8 for any fiscal year shall be available, in accordance with
9 agreements under this part, for Federal capital contributions
10 to schools with which such agreements have been made, to
11 be used, together with deposits in such fund pursuant to
12 section 822 (b) (2) (B), for establishment and maintenance
13 of student loan funds.

14 "ALLOTMENTS AND PAYMENTS OF FEDERAL CAPITAL
15 CONTRIBUTIONS

16 "SEC. 825. (a) Sums appropriated pursuant to section
17 824 for any fiscal year shall be allotted by the Secretary
18 of Health, Education, and Welfare among the States as
19 follows: (1) He shall allot to each State an amount which
20 bears the same ratio to 50 per centum of such sums as the
21 number of students who graduated from secondary schools
22 in such State during the preceding fiscal year bears to the
23 total number of students who graduated from secondary
24 schools in all of the States during such year; and (2) he
25 shall also allot to each State an amount which bears the same

1 ratio to 50 per centum of such sums as the number of students
2 who will be enrolled full time in public or nonprofit private
3 schools of nursing in such State bears to the total number
4 of students who will be enrolled full time in all such schools
5 of nursing in all of the States. The sum of such two amounts
6 for each State shall be its allotment. For purposes of allot-
7 ments under this section, a school of nursing also includes
8 any school with which the Secretary has, prior to the time
9 the allotment is made, entered into an agreement for estab-
10 lishment of a student loan fund under this part.

11 “(b) (1) The Secretary shall from time to time set dates
12 by which schools of nursing with which he has in effect
13 agreements under this part must file applications for Federal
14 capital contributions to their loan funds pursuant to section
15 822 (b) (2) (A).

16 “(2) If the total of the amounts requested for any fiscal
17 year in such applications which are made by schools in a State
18 exceeds the amount of the allotment of such State for that
19 fiscal year, the amounts to be paid to the loan fund of each
20 such school shall be reduced to whichever of the following is
21 the smaller: (A) the amount requested in its application or
22 (B) an amount which bears the same ratio to the amount of
23 the allotment of such State as the number of students who
24 will be enrolled full time in such school during such fiscal
25 year bears to the total number of students who will be en-

1 rolled full time in all such schools in such State during such
2 year. Amounts remaining after allotment under the preced-
3 ing sentence shall be redistributed in accordance with clause
4 (B) of such sentence among schools which in their applica-
5 tions requested more than the amounts so paid to their loan
6 funds, but with such adjustments as may be necessary to pre-
7 vent the total paid to any such school's loan fund from ex-
8 ceeding the total so requested by it. If the total of the
9 amounts requested for any fiscal year in such applications
10 which are made by schools in a State is less than the amount
11 of the allotment of such State for that fiscal year, the Secre-
12 tary may reallocate the remaining amount from time to time, on
13 such date or dates as he may fix, to other States in pro-
14 portion to the original allotments to such States under sub-
15 section (a) for such year. For the purpose of this section,
16 the number of students who graduated from secondary schools
17 in each State during a fiscal year and the number of students
18 who will be enrolled full time in schools of nursing in each
19 State shall be estimated by the Secretary of Health, Educa-
20 tion, and Welfare on the basis of the best information avail-
21 able to him; and in making such estimates, the number of
22 students enrolled full time in any collegiate school of nursing
23 shall be deemed to be twice their actual number.

24 “(c) The Federal capital contributions to a loan fund

1 of a school under this part shall be paid to it from time to
2 time in such installments as the Secretary determines will
3 not result in unnecessary accumulations in the loan fund
4 at such school.

5 "DISTRIBUTION OF ASSETS FROM LOAN FUNDS

6 "SEC. 826. (a) After June 30, 1972, and not later
7 than September 30, 1972, there shall be a capital distribution
8 of the balance of the loan fund established under this part
9 by each school as follows:

10 "(1) The Secretary of Health, Education, and Welfare
11 shall first be paid an amount which bears the same ratio to
12 the balance in such fund at the close of June 30, 1972, as
13 the total amount of the Federal capital contributions to such
14 fund by the Secretary pursuant to section 822 (b) (2)
15 (A) bears to the total amount in such fund derived from
16 such Federal capital contributions and from funds deposited
17 therein pursuant to section 822 (b) (2) (B).

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

20 "(b) After September 30, 1972, each school with
21 which the Secretary has made an agreement under this
22 part shall pay to the Secretary, not less often than quarterly,
23 the same proportionate share of amounts received by the
24 school after June 30, 1972, in payment of principal or
25 interest on loans made from the loan fund established pur-

1 suant to such agreement as was determined for the Secretary
2 under subsection (a).

3 "LOANS TO SCHOOLS

4 "SEC. 827. (a) Upon application by any school
5 with which he has made an agreement under this part, the
6 Secretary may make a loan to such school for the purpose of
7 helping to finance deposits required by section 822 (b)
8 (2) (B) in a loan fund established pursuant to such agree-
9 ment. Such loan may be made only if the school shows it
10 is unable to secure such funds upon reasonable terms and
11 conditions from non-Federal sources. Loans made under
12 this section shall bear interest at a rate sufficient to cover
13 (1) the cost of the funds to the Treasury, (2) the cost of
14 administering this section, and (3) probable losses.

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

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

20 "ADMINISTRATIVE PROVISIONS

21 "SEC. 828. The Secretary may agree to modifica-
22 tions of agreements or loans made under this part, and may
23 compromise, waive, or release any right, title, claim, or de-
24 mand of the United States arising or acquired under this part.

1 "PART C—GENERAL

2 "NATIONAL ADVISORY COUNCIL ON NURSE TRAINING;
3 REVIEW COMMITTEE

4 "SEC. 841. (a) (1) There is hereby established a Na-
5 tional Advisory Council on Nurse Training, consisting of the
6 Surgeon General, who shall be Chairman, and the Commis-
7 sioner of Education, both of whom shall be ex officio mem-
8 bers, and sixteen members appointed by the Secretary with-
9 out regard to the civil service laws. Four of the appointed
10 members shall be selected from the general public and twelve
11 shall be selected from among leading authorities in the various
12 fields of nursing, higher, and secondary education, and from
13 representatives of hospitals and other institutions and organi-
14 zations which provide nursing services.

15 "(2) The Council shall advise the Surgeon General in
16 the preparation of general regulations and with respect to
17 policy matters arising in the administration of this title, and
18 in the review of applications for construction projects under
19 part A and of applications under section 805.

20 "(b) The Secretary of Health, Education, and Welfare
21 shall, prior to July 1, 1967, and without regard to the civil
22 service laws, appoint a committee, consisting of members of
23 the public, of various groups particularly interested in or ex-
24 pert in matters relating to education of various types of
25 nurses, for the purpose of reviewing the programs authorized

1 by this title and making recommendations with respect to
2 continuation, extension, and modification of any of such pro-
3 grams. A report of the findings and recommendations of
4 such committee shall be submitted to the Secretary not later
5 than November 1, 1967, after which date such committee
6 shall cease to exist. The Secretary shall submit such report,
7 together with his comments and recommendations thereon,
8 to the Congress on or before January 1, 1968.

9 “(c) Appointed members of the Council or the review
10 committee who are not regular full-time employees of the
11 United States shall, while attending conferences or meetings
12 thereof, be entitled to receive compensation at a rate to be
13 fixed by the Secretary but not exceeding \$75 per diem, in-
14 cluding travel time, and while away from their homes or
15 regular places of business they may be allowed travel ex-
16 penses, including per diem in lieu of subsistence, as author-
17 ized by section 5 of the Administrative Expenses Act of
18 1946 (5 U.S.C. 73b-2) for persons in the Government
19 service employed intermittently.

20 “NONINTERFERENCE WITH ADMINISTRATION OF

21 INSTITUTIONS

22 “SEC. 842. Nothing contained in this title shall be con-
23 strued as authorizing any department, agency, officer, or em-
24 ployee of the United States to exercise any direction, super-

1 vision, or control over, or impose any requirement or con-
2 dition with respect to, the personnel, curriculum, methods of
3 instruction, or administration of any institution.

4 "DEFINITIONS

5 "SEC. 843. For purposes of this title—

6 "(a) The term 'State' means a State, the Common-
7 wealth of Puerto Rico, the District of Columbia, the Canal
8 Zone, Guam, American Samoa, or the Virgin Islands.

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

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

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

25 "(e) The term 'diploma school of nursing' means a

1 school affiliated with a hospital or university, or an independ-
2 ent school, which provides primarily or exclusively an
3 accredited program of education in professional nursing and
4 allied subjects leading to a diploma or to equivalent indicia
5 that such program has been satisfactorily completed.

6 “(f) The term ‘accredited’ when applied to any pro-
7 gram of nurse education means a program accredited by a
8 recognized body or bodies approved for such purpose by the
9 Commissioner of Education, except that a program which
10 is not, at the time of the application under this title by the
11 school which provides or will provide such program, eligible
12 for accreditation by such a recognized body or bodies, shall
13 be deemed accredited for purposes of this title in the follow-
14 ing cases if the Commissioner of Education finds, after con-
15 sultation with the appropriate accreditation body or bodies,
16 that there is reasonable assurance that the program will meet
17 the accreditation standards of such body or bodies (1) in the
18 case of an applicant under part A for a grant for a project for
19 construction of a new school, prior to or upon completion of
20 the facility with respect to which the application is filed;
21 (2) in the case of a school applying for a grant under
22 section 805 for a project to strengthen, improve, or expand
23 its programs to teach and train nurses, prior to or upon
24 completion of the project with respect to which the applica-
25 tion is filed; and (3) in the case of a school seeking an

1 agreement under part B for establishment of a student loan
2 fund, prior to the beginning of the academic year following
3 the normal graduation date of students who are in their first
4 year of instruction at such school during the fiscal year in
5 which the agreement with such school is made under part
6 B; except that the provisions of this clause (3) shall not
7 apply for purposes of section 825.

8 “(g) The term ‘nonprofit’ as applied to any school,
9 agency, organization, or institution means one which is a
10 corporation or association, or is owned and operated by one
11 or more corporations or associations, no part of the net earn-
12 ings of which inures, or may lawfully inure, to the benefit of
13 any private shareholder or individual.

14 “(h) The term ‘secondary school’ means a school
15 which provides secondary education, as determined under
16 State law except that it does not include any education pro-
17 vided beyond grade 12.

18 “(i) The terms ‘construction’ and ‘cost of construction’
19 include (1) the construction of new buildings, and the ac-
20 quisition, expansion, remodeling, replacement, and altera-
21 tion of existing buildings, including architects’ fees, but not
22 including the cost of acquisition of land (except in the case
23 of acquisition of an existing building), off-site improvements,
24 living quarters, or patient-care facilities, and (2) equipping

29

1 new buildings and existing buildings, whether or not ac-
2 quired, expanded, remodeled, or altered."

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

7 (b) Effective with respect to applications for grants
8 from appropriations for fiscal years beginning after June 30,
9 1964, subsections (b), (c), and (d) of section 721 of such
10 Act are amended by striking out "nursing," and "nurses,"
11 wherever they appear therein, and section 631 (e) of such
12 Act is amended by striking out "nurses' home and training
13 facilities" and inserting in lieu thereof "nurses' home
14 facilities".

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

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

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

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

30

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

Passed the House of Representatives July 21, 1964.

Attest:

RALPH R. ROBERTS,

Clerk.

EXECUTIVE OFFICE OF THE PRESIDENT,
BUREAU OF THE BUDGET,
Washington, D.C., August 5, 1964.

HON. LISTER HILL,
Chairman, Committee on Labor and Public Welfare,
U.S. Senate, Washington, D.C.

DEAR MR. CHAIRMAN: This is in reply to your letter of July 23, 1964, requesting the views of the Bureau of the Budget on H.R. 11241, a bill to amend the Public Health Service Act to increase the opportunities for training professional nursing personnel, and for other purposes.

The growing complexity of medical science and an ever-increasing population has created a great demand for well-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 does much to stimulate medical education. The President has stated in his health message, however, that an increasing number of nurses are required if adequate medical care is to be provided. In fact, to insure enough professional nurses, nursing school enrollments must be raised by 75 percent. Passage of H.R. 11241 would greatly encourage an increase in both the quantity and quality of nursing 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.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
Washington, August 5, 1964.

HON. LISTER HILL,
Chairman, Committee on Labor and Public Welfare,
U.S. Senate, Washington, D.C.

DEAR MR. CHAIRMAN: This letter is in response to your request of July 23, 1964, for a report on H.R. 11241 as passed by the House, an act to amend the Public Health Service Act to increase the opportunities for training professional nursing personnel, and for other purposes.

The purpose of this bill is to increase the supply of nurses in the United States through a variety of approaches.

The major provisions of this bill would:

(1) Authorize a 4-year program of construction grants for teaching facilities to expand the training capacity of nursing schools.

(2) Authorize a 5-year program of project grants to assist collegiate and associate degree schools of nursing to meet the additional costs of strengthening, improving, or expanding their training program; and a 5-year program of formula grants to diploma schools of nursing for partial reimbursement of costs of training students of nursing whose attendance may be attributable to this legislation.

(3) Extend for 5 years and expand the existing program of traineeships for advanced training of professional nurses.

(4) Authorize a 5-year student loan program for students of nursing at collegiate, associate degree, and diploma schools of nursing.

CONSTRUCTION GRANTS

To help meet the urgent need for facilities to expand the Nation's capacity to train nurses, the bill 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, or construction which would expand 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.

Appropriations for construction would be authorized beginning with fiscal year 1966. The appropriations authorized for construction of collegiate schools would be \$5 million the first year and \$10 million in each of the following 3 years. The appropriations authorized for construction of hospital and associate degree schools would be \$10 million the first year, and \$15 million in each of the 3 succeeding years.

Grants for the costs of construction of new schools or for major expansion of existing schools could equal up to 66½ percent of such costs. Other grants under this authorization could not exceed 50 percent of construction costs.

Under section 3 of the bill, collegiate schools of nursing would not be eligible for construction funds under Public Law 88-129 after June 30, 1964. However, funds for construction of these facilities under H.R. 11241 would not be authorized until fiscal year 1966. Since, several applications have been received under Public Law 88-129 from nursing schools which could begin construction in fiscal year 1965, and we anticipate that funds would be available for these projects under that law, we recommend that section 3 of the bill be amended to strike "1964" wherever it appears and insert in lieu thereof "1965", in order that these projects which were submitted in good faith under the existing law will not have to be delayed until fiscal year 1966 when funds would first become available under H.R. 11241.

The last clause of section 3(b) of H.R. 11241 also provides for nonduplication between this bill and certain hospital construction provisions of title VI of the Public Health Service Act. This provision would, in order to avoid such duplication, exclude from title VI of the act authority for construction of hospital facilities for nurse training since these facilities would be eligible for aid under H.R. 11241. However, this provision of the bill was addressed to title VI of the act prior to its amendment by the recently passed Hospital and Medical Facilities Amendments of 1964. It is necessary to address this provision of the bill to title VI as changed by those amendments. To do this, section 3(b) of H.R. 11241 must be changed so that its amendment of the Hill-Burton program (striking out "nurses' home and training facilities" and inserting instead "nurses home facilities") is addressed to the new section 625(c) of the Public Health Service Act instead of the old section 631(e). The enactment of H.R. 11241 authorizing grants for construction of nurses training facilities and eliminating grants for such training from the Hill-Burton program also makes it necessary that we delete from the newly revised title VI of the Public Health Service Act the provision for giving special consideration in determining priority of construction projects, to hospital facilities which would include new or expanded nurse training facilities. This would be accomplished by adding, before the period at the end of section 3(b) of H.R. 11241, and section 603(a) of such Act is amended by striking out clause (4), by striking out 'and' following the semicolon at the end of clause (3), and by inserting 'and' after the semicolon at the end of clause (2)".

IMPROVEMENT IN NURSE TRAINING

H.R. 11241 would authorize a new program of project grants totaling \$17 million over a 5-year period to enable public and nonprofit private collegiate and associate degree schools of nursing to strengthen, improve, and expand programs to teach and train nurses.

The bill also contains a provision, not included in the administration bill (which you introduced as S. 2529), which would authorize a 5-year program of grants totaling \$41 million to public and nonprofit private, accredited diploma schools of nursing to defray a portion of the cost of training students of nursing whose enrollment in such schools can be reasonably attributable to this legislation, in order to prevent further attrition of such schools and to reduce the deficit incurred by the hospital schools (which deficit is borne by the patients in those hospitals). These grants would be paid to public and nonprofit private diploma schools of nursing on a formula basis. For each fiscal year of the program each school would be entitled to an amount equal to the product of \$250 times the sum of (1) the number of students enrolled in the school on a full-time basis who received a loan for that year of \$100 or more under this legislation and (2) the number by which the full-time enrollment in such school during the year exceeds the average enrollment in such school during a 3-year base period established by the legislation. In no case could a school for any year receive more than the product of \$100 and the full-time enrollment in the school for that year.

The administration bill would authorize project grants to diploma schools as well as to collegiate and associate degree schools to strengthen, expand, or

improve programs of nurse training; and it would authorize project grants to these schools and to other agencies, organizations and institutions for the development of new or improved methods of (1) recruiting persons into the nursing profession, (2) training nurses, and (3) utilizing nursing personnel. The authorization for these purposes over a 5-year period would total \$58.8 million.

Although the provisions and the purposes stated in the House-passed bill with respect to Federal assistance to diploma schools differ from those of the administration bill, both bills would provide assistance to diploma schools to help them meet the costs of training nurses. Consequently, while we feel the approach of the administration bill is preferable, we think the Federal financial assistance authorized by the House-passed bill will result in strengthened and enlarged programs for training of nurses in the diploma schools, and we therefore would have no objection to its enactment.

EXTENSION OF TRAINEESHIPS FOR ADVANCED TRAINING OF PROFESSIONAL NURSES

H.R. 11241 would extend for 5 years the program for advanced training of professional nurses for teaching, supervision, and administration, and would expand the program to include other professional nursing specialties determined by the Surgeon General to require advanced training. The bill would authorize appropriations totaling \$50 million for this program over the next 5 years.

The professional nurse traineeship program was established in 1956. It expired June 30, 1964. Continuation and expansion of this program has been recommended by the Surgeon General's Consultant Group on Nursing and by the 1963 conference called to evaluate the program. Both recommended that enrollment in long-term training be at least doubled by 1970, and that funds for short-term training be doubled within 5 years. The \$50 million authorized in H.R. 11241, although \$22,525,000 less than the estimates submitted by this Department as a reasonable basis for reaching these goals, will assist greatly in the expansion of the program.

LOANS TO STUDENTS

To help remove the financial barrier to attendance at schools of nursing, the bill would authorize a loan program, with a forgiveness clause, for students in all types of professional nursing schools. This program would be patterned generally after that for medical and dental students contained in Public Law 88-129, the Health Professions Educational Assistance Act of 1963.

Students in need of financial assistance who are pursuing a full-time course of study in collegiate, associate degree, or diploma schools of nursing would be eligible for loans, with preference given to students entering as first-year students after enactment of the bill. The maximum amount of a loan could not exceed \$1,000 a year, with interest computed only for periods during which the loan is repayable at 3 percent per year or the "going Federal rate," whichever is the higher. Under the administration bill, the maximum amount of a loan could not exceed \$1,000 a year for collegiate students, and \$500 a year for associate degree or diploma school students. We have no objection to the \$1,000 maximum for all students.

The loans would be repayable over a 10-year period beginning after the first year after graduation; and up to 50 percent of the amount of the loan would be cancelled 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. The administration bill would allow up to 60 percent of the loan to be "forgiven." Although we prefer 60-percent forgiveness, particularly as an incentive for continuing the practice of nursing, we would not object to the 50-percent provision.

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 fund. Loans would be administered by the schools, and students would make applications to the schools.

The total cost of this program over a 5-year period is estimated at \$85 million, a substantial portion of which will be repayable to the United States.

SCHOLARSHIPS

H.R. 11241 omits one program of assistance to nursing students which is included in the administration bill—namely, a nationwide competitive scholarship program. The purpose of this program is to stimulate interest among a greater number of highly qualified secondary school graduates in attending collegiate schools of nursing, and to attract public attention to the urgency of this need. The scholarships would be allocated among the States in proportion to the number of high school graduates, but with a minimum allocation of 5 per State; 1,000 scholarships would be made available each year to entering students, and the students would continue to receive scholarships until the completion of their nursing course. The amount of an individual scholarship would be based on need for financial assistance, with a maximum of \$1,000 a year. The cost of this program is estimated at \$750,000 the first year, rising to \$3 million in the fourth year. Although we believe this program would contribute greatly to developing a national awareness of the urgent need for nurses and in attracting outstanding high school graduates into the field, we would not object to enactment of H.R. 11241 without this program.

PLANNING GRANTS

H.R. 11241 has no provision for planning grants. The administration bill would authorize \$4.4 million for 2 years for matching grants to State, interstate, regional, or local planning area agencies to assist them in surveying their present and future needs for nurses and in planning for the development of and improvement of nurse training facilities, personnel, and programs required to meet their needs. These planning groups would also play a major role in encouraging training and service agencies and institutions to undertake appropriate action to increase school capacity and enrollment, improve training programs and faculty, and improve the effectiveness of nursing services through the most efficient utilization of nursing personnel.

Although the administration proposal, embodied in S. 2529, would provide for a more comprehensive and intensive attack on the nursing shortage, we believe that the difference between the bills is largely one of degree, and we would therefore recommend that H.R. 11241, with the technical amendments suggested above, be enacted.

The Bureau of the Budget advises that if H.R. 11241 is amended as recommended above, its enactment would be in accord with the program of the President.

Sincerely,

ANTHONY J. CELEBREZZE, *Secretary.*

88TH CONGRESS
2^D SESSION

H. R. 11083

IN THE SENATE OF THE UNITED STATES

JULY 22, 1964

Read twice and referred to the Committee on Labor and Public Welfare

AN ACT

To amend the Public Health Service Act to extend the authorization for assistance in the provision of graduate or specialized public health training, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*
3 That this Act may be cited as the "Graduate Public Health
4 Training Amendments of 1964".

5 SEC. 2. (a) Subsection (a) of section 306 of the Public
6 Health Service Act (42 U.S.C. 242d), relating to trainee-
7 ships for professional public health personnel, is amended by
8 striking out "seven" and inserting in lieu thereof "twelve"
9 and by inserting immediately after "Congress may deter-
10 mine," the following: "but not to exceed \$4,500,000 for the

1 fiscal year ending June 30, 1965, \$7,000,000 for the fiscal
2 year ending June 30, 1966, \$8,000,000 for the fiscal year
3 ending June 30, 1967, and \$10,000,000 each for the fiscal
4 year ending June 30, 1968, and the succeeding fiscal
5 year.”.

6 (b) Subsection (e) of such section is amended by add-
7 ing at the end thereof the following new sentence: “The
8 Surgeon General shall, between June 30, 1967, and Decem-
9 ber 1, 1967, call a similar conference, and shall submit to
10 the Congress, on or before January 1, 1968, a report of
11 such conference, including any recommendations by it relat-
12 ing to the limitation, extension, or modification of this
13 section.”

14 SEC. 3. (a) Subsection (a) of section 309 of the
15 Public Health Service Act (42 U.S.C. 242g), relating to
16 project grants to schools for graduate public health training,
17 is amended by striking out “June 30, 1965” and inserting
18 in lieu thereof “June 30, 1964, \$2,500,000 for the fiscal
19 year ending June 30, 1965, \$4,000,000 for the fiscal year
20 ending June 30, 1966, \$5,000,000 for the fiscal year ending
21 June 30, 1967, \$7,000,000 for the fiscal year ending June
22 30, 1968, and \$9,000,000 for the fiscal year ending June
23 30, 1969”.

24 (b) Effective in the case of grants from appropriations
25 for any fiscal year beginning after June 30, 1964, such

- 1 subsection (a) is amended by striking out “and to those
2 schools of nursing or engineering which provide graduate
3 or specialized training in public health for nurses or engi-
4 neers, for the purpose of strengthening or expanding gradu-
5 ate public health training in such schools” and inserting in
6 lieu thereof “and to other public or nonprofit private institu-
7 tions providing graduate or specialized training in public
8 health, for the purpose of strengthening or expanding gradu-
9 ate or specialized public health training in such institutions”.
- 10 (c) Subsection (b) of such section is amended by strik-
11 ing out “schools” wherever it appears therein and inserting
12 in lieu thereof “institutions”.

Passed the House of Representatives July 21, 1964.

Attest:

RALPH R. ROBERTS,

Clerk.

EXECUTIVE OFFICE OF THE PRESIDENT,
BUREAU OF THE BUDGET,
Washington, D.C., August 6, 1964.

HON. LISTER HILL,
Chairman, Committee on Labor and Public Welfare,
U.S. Senate, Washington, D.C.

DEAR MR. CHAIRMAN: This is in reply to your letter of July 23, 1964, requesting the views of the Bureau of the Budget on H.R. 11083, a bill to amend the Public Health Service Act to extend the authorization for assistance in the provision of graduate or specialized public health training, and for other purposes.

This bill would enable the Public Health Service to expand its efforts in attracting and training qualified persons for service in public health. In addition, it would serve to strengthen the programs of those institutions which provide the facilities and faculties for such training. The enactment of the Health Professions Educational Assistance Act of 1963 necessitates the supplementation of the medical practitioner with more public health officials and professional nurses. H.R. 11083 would help meet the need for public health manpower as outlined by the President in his health message.

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

Sincerely yours,

PHILLIP S. HUGHES,
Assistant Director for Legislative Reference.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
Washington, August 5, 1964.

HON. LISTER HILL,
Chairman, Committee on Labor and Public Welfare,
U.S. Senate, Washington, D.C.

DEAR MR. CHAIRMAN: This is in response to your request of July 23, 1964, for a report on H.R. 11083, as passed by the House, an act to amend the Public Health Service Act to extend the authorization for assistance in the provision of graduate or specialized public health training, and for other purposes.

The bill would extend for 5 years the authorization for public health traineeships contained in section 306 of the Public Health Service Act, and for 4 years the authorization contained in section 309 of that act for project grants to schools of public health, schools of nursing, and schools of engineering for public health training. These complementary programs would then carry identical expiration dates of June 30, 1969.

The bill would also strengthen and improve the program of project grants for public health training by amending the provisions of section 309 of the Public Health Service Act to—

(a) Broaden the eligibility for project grants to include other types of institutions and agencies which provide graduate or specialized public health training, in addition to schools of public health, schools of nursing, and schools of engineering;

(b) Broaden the purpose of the project grants to include the strengthening and expansion of specialized training in public health, in addition to the presently authorized graduate training in public health; and

(c) Increase the annual appropriation authorization from its present level of \$2 million to a maximum of \$9 million for fiscal year 1969.

The bill would carry out recommendations of the President contained in his health message, and is the same as the legislative proposal submitted to the Congress by this Department, except for the appropriation ceilings for the traineeship program which were added in the House.

Extension and expansion of these training activities along the lines provided for in this legislation would significantly contribute to alleviation of the critical shortage of adequately trained professional public health manpower.

We therefore urge enactment of this bill. The Bureau of the Budget advises that enactment of this legislation would be in accord with the program of the President.

Sincerely,

WILBUR J. COHEN,
Assistant Secretary.

The CHAIRMAN. In the Senate, I have introduced companion bills, S. 2529 to expand our capacity for training nurses and S. 2530 to extend the traineeship program in public health.

The Nurse Training Act would carry out the recommendations of the Surgeon General's Consultant Group on Nursing, a committee of consultants that studied the supply and demand for nurses over the period of a year and issued a final report, "Toward Quality in Nursing," in February 1963.

H.R. 11241 would authorize Federal assistance in the construction of hospital and collegiate schools of nursing; a program of grants to assist schools of nursing meet the additional costs of strengthening and expanding their training programs; the extension and expansion of the existing program of traineeships for the advanced training of professional nurses; and a student loan program in nursing education at collegiate, associate degree, and diploma schools of nursing.

H.R. 11083 as passed by the House would extend the existing program of public health traineeships for 5 additional years and the existing program of project grants to schools of public health and other institutions for public health training for 4 additional years. Both of these programs have been most helpful in supplying well-trained public health personnel to the 50 States for their State and local public health departments. The provisions of H.R. 11083 would carry out the recommendations of the Second National Conference on Public Health Training.

Dr. Price, will you come around, please, sir?

Do you wish to bring your associates with you?

STATEMENT OF DR. DAVID PRICE, DEPUTY SURGEON GENERAL, PUBLIC HEALTH SERVICE; ACCOMPANIED BY MR. SAM KIMBLE, ASSOCIATE CHIEF FOR GRANTS, COMMUNITY HEALTH, PUBLIC HEALTH SERVICE; DR. PAUL PETERSON, ASSOCIATE CHIEF OF OPERATIONS, COMMUNITY HEALTH, PUBLIC HEALTH SERVICE; AND MISS JESSIE SCOTT, CHIEF, DIVISION OF NURSING, PUBLIC HEALTH SERVICE

Dr. PRICE. Thank you, sir.

The CHAIRMAN. Mr. Kimble, Dr. Peterson, and Miss Scott.

All right, Doctor, we will be glad to have you and your associates here with us and you may proceed now in your own way, sir.

Dr. PRICE. Mr. Chairman, as you and your committee know, the problem of manpower in the health field is one of the most important problems that we face, and we are, therefore, very greatly interested in the two pieces of legislation you have before your committee today.

I do not have prepared testimony, but with your permission I should like to read the report of our Department on the nurse training bill, H.R. 11241.

The CHAIRMAN. All right. We will be glad to have you do that, sir.

Dr. PRICE. The purpose of this bill is to increase the supply of nurses in the United States through a variety of approaches.

The major provisions of this bill would—

(1) Authorize a 4-year program of construction grants for teaching facilities to expand the training capacity of nursing schools.

(2) Authorize a 5-year program of project grants to assist collegiate and associate degree schools of nursing to meet the additional costs of strengthening, improving, or expanding their training programs; and a 5-year program of formula grants to diploma schools of nursing for partial reimbursement of costs of training students of nursing whose attendance may be attributable to this legislation.

(3) Extend for 5 years and expand the existing program of traineeships for advanced training of professional nurses.

(4) Authorize a 5-year student loan program for students of nursing at collegiate, associate degree, and diploma schools of nursing.

To help meet the urgent need for facilities to expand the Nation's capacity to train nurses, the bill 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, or construction which would expand 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.

Appropriations for construction would be authorized beginning with fiscal year 1966. The appropriations—

The CHAIRMAN. There would be none for this present year, would there?

Dr. PRICE. There would be none under this bill for the current year.

The CHAIRMAN. 1965.

Dr. PRICE. Yes, sir. Our report deals with this particular issue at a later point, sir.

The CHAIRMAN. All right, sir. Go ahead.

Dr. PRICE. The appropriations authorized for construction of collegiate schools would be \$5 million the first year and \$10 million in each of the following 3 years. The appropriations authorized for construction of hospital and associate degree schools would be \$10 million the first year, and \$15 million in each of the 3 succeeding years.

Grants for the costs of construction of new schools or for major expansion of existing schools could equal up to 66% percent of such costs. Other grants under this authorization could not exceed 50 percent of construction costs.

Under section 3 of the bill, collegiate schools of nursing would not be eligible for construction funds under Public Law 88-129 after June

30, 1964. However, funds for construction of these facilities under H.R. 11241 would not be authorized until fiscal year 1966.

The CHAIRMAN. In other words, you would have a lapse there of a year, would you not?

Dr. PRICE. A hiatus of 1 year; yes, sir.

The CHAIRMAN. Yes.

Dr. PRICE. Since, several applications have been received under Public Law 88-129 from nursing schools which could begin construction in fiscal year 1965, and we anticipate that funds would be available for these projects under that law, we recommend that section 3 of the bill be amended to strike "1964" wherever it appears and insert in lieu thereof "1965", in order that these projects which were submitted in good faith under the existing law will not have to be delayed until fiscal year 1966 when funds would first become available under H.R. 11241.

The CHAIRMAN. Doctor, do you suppose the House in typing up this bill was conscious of that lapse? Do you suppose they realized it?

Dr. PRICE. I am not certain, sir, that this was clear.

The CHAIRMAN. I see. There is nothing in the discussion on the bill or the report to indicate they were, is there?

Dr. PRICE. I am not aware of any.

The CHAIRMAN. All right. Thank you, sir.

Dr. PRICE. The last clause of section 3(b) of H.R. 11241 also provides for nonduplication between this bill and certain hospital construction provisions of title VI of the Public Health Service Act. This provision would, in order to avoid such duplication, exclude from title VI of the act authority for construction of hospital facilities for nurse training since these facilities would be eligible for aid under H.R. 11241. However, this provision of the bill was addressed to title VI of the act prior to its amendment by the recently passed Hospital and Medical Facilities Amendments of 1964. It is necessary to address this provision of the bill to title VI as changed by those amendments. To do this, section 3(b) of H.R. 11241 must be changed so that its amendment of the Hill-Burton program (striking out "nurses' home and training facilities" and inserting instead "nurses' home facilities") is addressed to the new section 625(c) of the Public Health Service Act instead of the old section 631(e). The enactment of H.R. 11241 authorizing grants for construction of nurses training facilities and eliminating grants for such facilities from the Hill-Burton program also makes it necessary that we delete from the newly revised title VI of the Public Health Service Act the provision for giving special consideration, in determining priority of construction projects, to hospital facilities which would include new or expanded nurse training facilities. This would be accomplished by adding, before the period at the end of section 3(b) of H.R. 11241 ", and section 603(a) of such Act is amended by striking out clause (4), by striking out 'and' following the semicolon at the end of clause (3), and by inserting 'and' after the semicolon at the end of clause (2)".

Now, as to the improvement in nurse training, H.R. 11241 would authorize a new program of project grants totaling \$17 million over a 5-year period to enable public and nonprofit private collegiate and associate degree schools of nursing to strengthen, improve, and expand programs to teach and train nurses.

The bill also contains a provision, not included in the administration bill (which you introduced as S. 2529), which would authorize a 5-year program of grants totaling \$41 million to public and nonprofit private, accredited diploma schools of nursing to defray a portion of the cost of training students of nursing whose enrollment in such schools can be reasonably attributable to this legislation, in order to prevent further attrition of such schools and reduce the deficit incurred by the hospital schools (which deficit is borne by the patients in those hospitals). These grants would be paid to public and nonprofit private diploma schools of nursing on a formula basis. For each fiscal year of the program each school would be entitled to an amount equal to the product of \$250 times the sum of (1) the number of students enrolled in the school on a full-time basis who received a loan for that year of \$100 or more under this legislation and (2) the number by which the full-time enrollment in such school during the year exceeds the average enrollment in such school during a 3-year base period established by the legislation. In no case could a school for any year receive more than the product of \$100 and the full-time enrollment in the school for that year.

The administration bill would authorize project grants to diploma schools as well as to collegiate and associate degree schools to strengthen, expand, or improve programs of nurse training; and it would authorize project grants to these schools and to other agencies, organizations, and institutions for the development of new or improved methods of (1) recruiting persons into the nursing profession, (2) training nurses, and (3) utilizing nursing personnel. The authorization for these purposes over a 5-year period would total \$58.8 million.

Although the provisions and the purposes stated in the House-passed bill with respect to Federal assistance to diploma schools differ from those of the administration bill, both bills would provide assistance to diploma schools to help them meet the costs of training nurses. Consequently, while we feel the approach of the administration bill is preferable, we think the Federal financial assistance authorized by the House-passed bill will result in strengthened and enlarged programs for training of nurses in the diploma schools, and we therefore would have no objection to its enactment.

H.R. 11241 would extend for 5 years the program for advanced training of professional nurses for teaching, supervision, and administration, and would expand the program to include other professional nursing specialties determined by the Surgeon General to require advanced training. The bill would authorize appropriations totaling \$50 million for this program over the next 5 years.

The professional nurse traineeship program was established in 1956. It expired June 30, 1964. Continuation and expansion of this program has been recommended by the Surgeon General's Consultant Group on Nursing and by the 1963 conference called to evaluate the program. Both recommended that enrollment in long-term training be at least doubled by 1970, and that funds for short-term training be doubled within 5 years. The \$50 million authorized in H.R. 11241, although \$22,525,000 less than the estimates submitted by this Department as a reasonable basis for reaching these goals, will assist greatly in the expansion of the program.

I should like to say parenthetically at this point, gentlemen, that the nurse traineeships authority that is to be extended by this bill was originally enacted as part of the Health Amendments Act of 1956 which originated in your committee. A parallel provision in that 1956 legislation authorized a traineeship program for public health specialists, including public health nurses. Both of these programs have been highly successful and have clearly demonstrated the need for further extension. As you know, the legislation extending the public health traineeship authority was also recently passed by the House. We consider the extension of that authority to be essential.

We are, therefore, submitting to your committee a report endorsing the House-passed bill and urging its enactment. I shall be pleased to comment further about that subsequently.

The CHAIRMAN. All right, Doctor.

Dr. PRICE. Going back to the Department's report and turning to the provisions dealing with loans to students: To help remove the financial barrier to attendance at schools of nursing, the bill would authorize a loan program, with a forgiveness clause, for students in all types of professional nursing schools. This program would be patterned generally after that for medical and dental students contained in Public Law 88-129, the Health Professions Educational Assistance Act of 1963.

Students in need of financial assistance who are pursuing a full-time course of study in collegiate, associate degree, or diploma schools of nursing would be eligible for loans, with preference given to students entering as first-year students after enactment of the bill. The maximum amount of a loan could not exceed \$1,000 a year, with interest computed only for periods during which the loan is repayable at 3 percent per year or the "going Federal rate," whichever is the higher. Under the administration bill, the maximum amount of a loan could not exceed \$1,000 a year for collegiate students, and \$500 a year for associate degree or diploma school students. We have no objection to the \$1,000 maximum for all students.

The loans would be repayable over a 10-year period beginning after the first year after graduation; and up to 50 percent of the amount of the loan would be canceled 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. The administration bill would allow up to 60 percent of the loan to be "forgiven." Although we prefer 60-percent forgiveness, particularly as an incentive for continuing the practice of nursing, we would not object to the 50-percent provision.

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 fund. Loans would be administered by the schools, and students would make applications to the schools.

The total cost of this program over a 5-year period is estimated at \$85 million, a substantial portion of which would be repayable to the United States.

H.R. 11241 omits one program of assistance to nursing students which is included in the administration bill—namely, a nationwide

competitive scholarship program. The purpose of this program is to stimulate interest among a greater number of highly qualified secondary school graduates in attending collegiate schools of nursing, and to attract public attention to the urgency of this need. The scholarships would be allocated among the States in proportion to the number of high school graduates, but with a minimum allocation of five per State. One thousand scholarships would be made available each year to entering students, and the students would continue to receive scholarships until the completion of their nursing course. The amount of an individual scholarship would be based on need for financial assistance, with a maximum of \$1,000 a year. The cost of this program is estimated at \$750,000 the first year, rising to \$3 million in the fourth year. Although we believe this program would contribute greatly to developing a national awareness of the urgent need for nurses and in attracting outstanding high school graduates into the field, we would not object to enactment of H.R. 11241 without this program.

H.R. 11241 has no provision for planning grants. The administration bill would authorize \$4.4 million for 2 years for matching grants to State, interstate, regional or local planning area agencies to assist them in surveying their present and future needs for nurses and in planning for the development of and improvement of nurse training facilities, personnel, and programs required to meet their needs. These planning groups would also play a major role in encouraging training and service agencies and institutions to undertake appropriate action to increase school capacity and enrollment, improve training programs and faculty, and improve the effectiveness of nursing services through the most efficient utilization of nursing personnel.

Although the administration proposal, embodied in S. 2529, would provide for a more comprehensive and intensive attack on the nursing shortage, we believe that the difference between the bills is largely one of degree, and we would therefore recommend that H.R. 11241, with the technical amendments suggested above, be enacted.

The Bureau of the Budget advises that if H.R. 11241 is amended as recommended above, its enactment would be in accord with the program of the President.

The CHAIRMAN. Doctor, how many hospital schools of nursing have been closed over the past 10 years? Can you tell us?

Dr. PRICE. Mr. Chairman, during the past 3 years, which is the span of the data that we have available here this morning, 51 diploma schools of nursing have been closed. Thirteen new diploma schools opened during that period.

The CHAIRMAN. That would be 38 less, then.

Dr. PRICE. Thirty-eight less, then.

The CHAIRMAN. That is the last 3 years?

Dr. PRICE. Yes; during the past 3 years.

The CHAIRMAN. To what do you attribute these closing of schools, Doctor?

Dr. PRICE. The reasons for their closing, Senator Hill, are complicated. The principal reason is a lack of qualified faculty. Associated with this is a shortage of funds to maintain the schools. I think that one would have to indicate that it is a combination of the two which comprise the principal reasons for the closing.

The CHAIRMAN. We have had our graduate training program for professional nurses, I believe, since 1956. Has that been very helpful in providing faculty members?

Dr. PRICE. This has been a very productive program, Mr. Chairman. There have been 11,000 nurses who have received long-term training during the life of this program and 14,000 nurses receiving short-term training.

The CHAIRMAN. Well then, the program has been well worthwhile.

Dr. PRICE. We consider it has been an extremely valuable program.

The CHAIRMAN. Of course, this bill carries on the program.

Dr. PRICE. Yes, sir.

The CHAIRMAN. Doctor, in my State of Alabama we have 13 schools or nursing and only 2 of them have not been accredited by the National League for Nursing. For the country as a whole, however, I understand that 441 of the 1,148 schools of nursing have not been accredited. Many of them are hospital schools of nursing and would not be eligible for the formula grants that would be authorized by the bill to improve the program of instruction.

I am wondering how much it costs a school of nursing to be examined for accreditation purposes and how much time it would take the National League for Nursing to inspect the 441 schools that are not accredited, assuming these schools wish to be accredited. Would it be a year, 2 years or perhaps longer?

Dr. PRICE. As you know, sir, the accreditation program is carried out by the National League for Nursing.

The CHAIRMAN. Yes.

Dr. PRICE. And I believe that there is a representative of the league here to speak to your committee this morning.

The CHAIRMAN. You would rather have her give that answer?

Dr. PRICE. I would like very much to defer an answer to this question to a greater authority.

The CHAIRMAN. All right, sir. I can understand your reason for that, sir.

Is there anything you would like to add, or Dr. Peterson, or Miss Scott?

Well, we very much appreciate your appearance. You brought a very clear, definite presentation, and we certainly want to thank you for it, Doctor. Thank you very much.

Dr. PRICE. Thank you very much, sir.

The CHAIRMAN. Now, Dr. Ann M. Douglas, American Nurses Association.

Doctor, we are glad to have you here with us and your associates. I believe you are dean of the School of Nursing at Georgetown, is that correct?

STATEMENT OF DR. ANN M. DOUGLAS, DEAN, SCHOOL OF NURSING, GEORGETOWN UNIVERSITY, APPEARING IN BEHALF OF THE AMERICAN NURSES' ASSOCIATION; ACCOMPANIED BY HELEN CONNORS, DIRECTOR OF THE LEGISLATIVE PROGRAM OF ANA; AND MISS JULIA THOMPSON, DIRECTOR OF ANA, WASHINGTON OFFICE

Dr. DOUGLAS. Thank you, sir. I am Ann M. Douglas, dean of the School of Nursing, Georgetown University, Washington, D.C. I am accompanied by Helen Connors, director of legislative program of the ANA, and Miss Julia Thompson, director of ANA, Washington office.

I appear here today on behalf of the American Nurses Association, the national professional association of registered nurses.

I have a prepared statement, portions of which I will read, and request that the entire statement be inserted in the record, sir.

The CHAIRMAN. All right, we will be very happy to have the entire statement inserted at this point in the record, and you may make such supplementary statement as you see fit.

Dr. DOUGLAS. Thank you, sir.

(The prepared statement of Dr. Douglas follows:)

PREPARED STATEMENT OF DR. ANN M. DOUGLAS, AMERICAN NURSES ASSOCIATION, ON H.R. 11241

I am Ann M. Douglas, dean of the School of Nursing, Georgetown University, Washington, D.C. I appear here today on behalf of the American Nurses Association, the national professional organization of registered nurses. 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 speak to H.R. 11241, the proposed Nurse Training Act of 1964, and to urge you to give provisions of the bill your immediate and favorable consideration.

The legislation you are considering would authorize construction grants for schools of nursing; extension of the professional nurse traineeship program; a loan program for nursing students; project grants to develop new and improved methods of training and enable collegiate schools of nursing to strengthen, improve, and expand programs of nursing education; and a direct subsidy program to diploma schools of nursing.

There are over half a million registered nurses practicing today.¹ 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. The Congress has passed a bill for hospital construction with over \$1¼ billion allotted. We must have properly prepared persons to staff these new institutions.

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

¹ "Facts About Nursing", 1962-63 edition, American Nurses Association.

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 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 need could not be met by 1970. The Consultant Group then set as a feasible goal for 1970, 680,000 professional nurses including 120,000 with academic degrees, 25,000 of whom would have advanced degrees.² Presently, 11,500 nurses have advanced degrees and 43,500 have baccalaureate degrees.³

EXTENSION AND EXPANSION OF THE PROFESSIONAL NURSE TRAINEESHIP PROGRAM

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 was due to expire June 30, 1964; section 821 of H.R. 11241 proposes its extension for 5 more years. During the first 6 years of this program, 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 minimum required for adequate health services. The authorization ceilings which appear in H.R. 11241, we believe are adequate for the present.

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.⁴ 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.⁵

[In percent]

	Graduate degree	Baccalaureate degree	No degree	No information
Collegiate schools (includes junior colleges).....	80	18	1	1
Hospital schools.....	24	55	20	1
Practical nursing schools.....	16	46	35	3

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

² "Toward Quality in Nursing," Report of the Surgeon General's Consultant Group on Nursing, U.S. Department of Health, Education, and Welfare, Public Health Service, 1963.

³ *Ibid.*

⁴ "Functions, Standards, and Qualifications for Practice for Educational Administrators and Teachers," 1963; "Functions, Standards, and Qualifications for Practice of Nursing Service Administrators," 1956, American Nurses' Association.

⁵ "Facts About Nursing," 1962-63 edition.

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.

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.⁶ 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. To be expert requires the thorough study that is possible only at the graduate level. Basic programs prepare practitioners for beginning positions in nursing and not for administration. At this time, the educational attainment of persons holding positions as supervisors and administrators in nursing services has by no means reached the level the profession deems desirable as will be seen from the following data collected for all hospitals and related institutions.⁷

[In percent]

	Graduate degree	Baccalaureate degree	No degree
Directors and assistant directors.....	11	23	66
Supervisors.....	2	14	84

There is also a shortage of personnel to fill positions in administration and supervision. A 1962 spotcheck 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.⁸

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. 11241 section 821 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 specialists' competence in providing direct care to patients needing expert nursing. She collaborates with the physician in planning and providing patient care 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. There were 10,184 nurses who 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

⁶ Ibid.

⁷ Ibid.

⁸ "Spotcheck of Current Hospital Nursing Employment Conditions," New York, American Nurses' Association (November 1962).

the long-term program and believe Federal funds for courses should go only to institutions and agencies conducting high quality programs.

GRANTS FOR CONSTRUCTION OF FACILITIES

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 graduates 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 services 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.

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. Some authorities in nursing education recommend a 1:8 teacher-student ratio during most of the clinical experience, with 1:4 ratio desirable in some situations such as the delivery room. 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. 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.⁹

H.R. 11241 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.

We believe also that the loan provisions in section 822 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 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

⁹ "Toward Quality in Nursing."

forgiveness provision in H.R. 11241 is most important and one that could very well foster sustained employment in nursing.

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 associate 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.

Section 805(a)(b) authorizes \$17 million for project grants to collegiate and associate degree schools of nursing to strengthen, improve, or expand programs to teach and train nurses. 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. Since the project grants would support a movement toward improving the quality of nursing education, we support this provision.

Section 806(a)(b) provides \$41 million over a 5-year period in order to prevent further attrition and promote the development of public and nonprofit private diploma schools of nursing. We believe funds allocated to diploma schools of nursing should be based on the same requirements that the collegiate and associate degree schools must meet in order to receive grants; i.e., to contribute to the "general improvement in the teaching and training of nurses." Increased enrollment should not be considered as the sole criterion for Federal assistance.

Assistance is needed to expand and improve nursing education. However, we believe this should be done through a system of grants for specific purposes. In the interest of insuring the best use of public funds, all schools applying for grants should be required to submit projects of high quality that give assurance the educational program will be improved.

The omission of scholarship aid for students entering collegiate schools of nursing was a great disappointment. 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 to students entering accredited collegiate schools of nursing. What is significant is that 8,249 applied for the 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. Programs within the university complex, where there are qualified instructional personnel in related fields to augment the instruction in nursing, make possible the acquisition of the required body of knowledge and the development of the necessary skills.

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.

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, USPHS, 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, the original bill, 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 regret that the provision for planning grants in section 805 of H.R. 10042 was deleted. 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 to determine whether emphasis should be placed on new schools or expansion 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 adequate clinical facilities and community agencies for laboratory experience. A report, "Study on Cost of Nursing Education," part I, "Cost of Basic Diploma Programs,"¹⁰ reveals that the larger schools are less costly to operate. As the size increases, the cost per student declines.

The American Nurses' Association believes that certain safeguards are essential to insure the best use of the Federal funds that H.R. 11241 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 1 year. This program also helped graduate nurses secure additional preparation. Assistance available after World War II under Public Law 346, the GI 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.

Dr. DOUGLAS. Our ultimate purpose is to secure for the people of this country the best possible nursing care, and one commitment of

¹⁰ "Study on Cost of Nursing Education," pt. I, "Cost of Basic Diploma Programs," p. 26.

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 speak to H.R. 11241, the proposed Nurse Training Act of 1964, and to urge you to give the provisions of the bill your immediate and favorable consideration.

The legislation you are considering would authorize construction grants for schools of nursing; extension of the professional nurse traineeship program; a loan program for nursing students; project grants to develop new and improved methods of training and enable collegiate schools of nursing to strengthen, improve, and expand programs of nursing education; and a direct subsidy program to diploma schools of nursing.

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. The Congress has passed bills for hospital and health facility construction with over \$2 billion. We must have properly prepared persons to staff these new institutions.

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 the 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 need could not be met by 1970. The Consultant Group then set as a feasible goal for 1970, 680,000 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.

Now, I would like to speak briefly on each section of the bill.

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 was due to expire June 30, 1964; section 821 of H.R. 11241 proposes its extension for 5 more years. It now includes a provision for training clinical specialists. During the first 6 years of this program, 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 minimum required for adequate health services. The authorization ceilings which appear in H.R. 11241, we believe, are adequate for the present.

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 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. To be expert requires the thorough study that is possible only at the graduate level. Basic programs prepare practitioners for beginning positions in nursing and not for administration. At this time, the educational attainment of persons holding positions as supervisors and administrators in nursing services has by no means reached the level the profession deems desirable as will be seen from the following data collected for all hospitals and related institutions.

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. 11241, section 821, 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 competence in providing direct care to patients needing expert nursing. She collaborates with the physician in planning and providing patient care 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 eight-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. We support the continuance of the short-term traineeship program if it does not infringe on the long-term program.

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 graduating 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 services 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.

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.

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. 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.

The CHAIRMAN. Doctor, if I might interrupt you there, do you think with the passage of this legislation you can reach that 1970 goal?

Dr. DOUGLAS. The 1970 feasible goal, yes, sir; we hope so.

The CHAIRMAN. Do you think we can?

Dr. DOUGLAS. We hope so.

The CHAIRMAN. Good.

Dr. DOUGLAS. H.R. 11241 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.

We believe also that the loan provisions in section 822 of this bill will have an impact on the enrollment in schools of nursing. 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. 11241 is most important and one that could very well foster sustained employment in nursing.

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 associate 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.

Section 805(a)(b) authorizes \$17 million for project grants to collegiate and associate degree schools of nursing to strengthen, improve, or expand programs to teach and train nurses. 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. Since the project grants would support a movement toward improving the quality of nursing education, we support this provision.

Section 806(a)(b) provides \$41 million over a 5-year period in order to prevent further attrition and promote the development of public and nonprofit private diploma schools of nursing. We believe funds allocated to diploma schools of nursing should be based on the same requirements that the collegiate and associate degree schools must meet in order to receive grants; that is, to contribute to the "general improvement in the teaching and training of nurses." Increased enrollment should not be considered as the sole criterion for Federal assistance.

Assistance is needed to expand and improve nursing education. However, we believe this should be done through a system of grants for specific purposes. In the interest of insuring the best use of public funds, all schools applying for grants should be required to submit projects of high quality that give assurance the educational program will be improved.

The portion of the statement which I am omitting deals with the provisions of the original companion bill, S. 2529 and H.R. 10042, and our reasons for supporting the provisions which were deleted as the bill was considered in the House of Representatives. We believe these provisions are important and essential to providing well-prepared nurses in sufficient quantities to meet current and future needs.

The American Nurses' Association believes that certain safeguards are essential to insure the best use of the Federal funds that H.R. 11241 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.

The ANA strongly supports H.R. 11241 in its present form and urges its immediate passage. We are confident with your understanding and support, Mr. Chairman, the bill will be acted upon promptly.

In addition to this statement on H.R. 11241, ANA is submitting a statement wholeheartedly supporting H.R. 11083, the Public Health Training Amendments of 1964.

I request that this statement be included in the record of the hearings.

The CHAIRMAN. It may be so included.

(The prepared statement of Dr. Douglas follows:)

PREPARED STATEMENT OF ANN M. DOUGLAS, R.N., PH. D., AMERICAN NURSES' ASSOCIATION, ON H.R. 11083

I am Ann M. Douglas, dean of the School of Nursing, Georgetown University, Washington, D.C. I welcome this opportunity to present this statement on behalf of the American Nurses' Association to support H.R. 11083, the Graduate Public Health Training Amendments of 1964. I urge you to give this bill your prompt and favorable consideration.

The two major provisions of H.R. 11083 are to extend the public health traineeships program and to continue authorization for project grants to educational institutions providing public health training.

The public health traineeships would be extended for an additional 5 years under the provisions of the bill. These traineeships were originally established under the Health Amendments Act of 1956 to provide financial assistance to physicians, engineers, nurses, and other professional personnel undertaking graduate training in public health.

The number of persons preparing for public health positions declined 50 percent between 1947 and 1955, and it was the intent of Congress to reverse this trend and increase the number of adequately prepared public health specialists so urgently needed by State and local health agencies and by agencies of the Federal Government.

A total of 4,281 public health traineeships were awarded during the 7 years of the program; 58 percent of these went to professional personnel without previous public health experience, an indication of the impact the program had in recruiting individuals for training. Although the traineeships contributed to increasing the number of prepared public health personnel, the increase has not kept pace with the population growth nor with the demands made on public health agencies to add new programs to meet new needs.

Although nurses are the largest group of professional workers in public health and half of the public health traineeships were awarded to nurses preparing for public health staff positions, the need for more and better prepared nurses is acute. A generally accepted minimum standard for public health work in a local area is one public health nurse to 5,000 population a figure which does not provide for care of the sick at home. At this level 43,000 qualified public health nurses would be needed in 1970. An additional 43,000 registered nurses would be needed if agencies provided a program for care of the sick at home.¹ The present number of nurses employed in public health agencies is approximately 34,000 but of these only 36 percent are fully qualified for public health nursing practice.²

Public health nurses carry increasing responsibilities. In addition to working with other disciplines to further community health and provide direct service to individuals and families in the home, school, clinic, and in industry, they must also train and supervise the large numbers of registered nurses, practical nurses, and nursing aids now being employed by public health agencies. As one means of insuring effective and safe community and individual health services we urge the Congress to act favorably on the extension of the public health traineeship program.

H.R. 11083 would continue authorization of project grants for an additional 4 years. It would strengthen the project grants program by expanding authorization to schools not presently eligible for grants such as schools of medicine, dentistry, social work, and pharmacy; increase the appropriation ceiling for the project grant program to \$2.5 million for fiscal 1965, \$4 million for fiscal 1966, \$5 million for fiscal 1967, \$7 million for fiscal 1968, and \$9 million for fiscal 1969.

Project grants to schools of public health and to schools of nursing and engineering offering specialized public health training were first authorized in 1960. The purpose of these grants was to assist the schools in meeting the needs of public health programs. They have been used to enrich curriculums, strengthen train-

¹ "Toward Quality in Nursing," Report of the Surgeon General's Consultant Group on Nursing, U.S. Department of Health, Education, and Welfare, Public Health Service, 1963.

² "Facts About Nursing," 1962-63 edition, American Nurses Association.

ing programs, and develop improved methods of training. Fifty-seven grants have been awarded to schools of nursing. In addition, nurses have participated in projects in schools of public health.

The grants have established programs for preparing faculty for teaching in college and university schools of nursing, for identifying the contribution of nursing in the provision of comprehensive medical care services, for preparing at the post-master's level nurse practitioners and teachers in the fields of chronic illness and gerontology, and for studies of the most effective way to provide content and public health experience for students in baccalaureate programs in nursing.

We strongly support the continuation of the project grant awards in sufficient quantity and of such amounts that their purpose of improving education of public health personnel will be realized. Improving the preparation of practitioners results in improved health services.

The Public Health Training Amendments of 1964 fit in logically with legislation now under consideration, or already acted upon, by Congress. Such health legislation includes the Hill-Burton program, the Health Professions Educational Assistance Act, and the Nurse Training Act which you are considering today. In authorizing the public health traineeship program in 1956 and in 1959, Congress was instrumental in markedly increasing the number of qualified health personnel.

Additional prepared workers are needed if public health agencies are to expand their programs to meet present and emerging health needs. We, therefore, again urge you to consider favorably the Public Health Training Amendments of 1964. On behalf of the American Nurses Association, may I thank the committee for the privilege of presenting our views on this legislation.

Dr. DOUGLAS. Thank you for the opportunity to present the views of the American Nurses Association.

The CHAIRMAN. Doctor, could you tell us the percent of high school graduates who enter nursing schools? Is this percentage increasing or decreasing? Do you know?

Dr. DOUGLAS. I can speak for our own school, Senator Hill, and I will tell you that this year the increase has been so overwhelming that where normally we accept a class of 70, we have accepted a class of 98 out of better than 350 applicants.

The CHAIRMAN. You had 350 applicants?

Dr. DOUGLAS. Yes, sir.

The CHAIRMAN. In other words, if you had places for them, you could have had 350 students; is that correct?

Dr. DOUGLAS. That is correct, sir.

The CHAIRMAN. Senator Javits, have you any questions?

Senator JAVITS. I just have one question which I came over to ask. Personally, I feel very strongly about the nursing profession and the need for attracting to it adequate core personnel and a core of the right kind. I am sure the ladies' presentations have made that very clear. I notice we are in something of a variance about the incentives, and the House apparently feels a little differently about it than we do here. I just wondered whether you regard the 50-percent forgiveness incentive as adequate or whether you are compromising because of the feeling of "well, that is about the best we can do"?

In other words, would you have any absolute recommendations to make to us in the best interest of the nursing profession, attracting students into nursing, and what is even more important, persuading them to continue in the profession after they have had their training, on an absolute basis rather than on the basis of "well, we are having a lot of trouble getting what we have got; we better try to keep them"? In other words, what would you give us as the optimum formula with respect to loans to induce students or for scholarships, to induce students to study nursing, students of the right type, and to continue thereafter for certainly 5 years and perhaps even more in the practice of nursing?

Dr. DOUGLAS. I think that I would certainly support the statement made by Dr. Price just prior to my speaking in which he suggests, I believe it was, a 60-percent forgiveness, with the understanding that for each year they spend in nursing in a public or nonprofit agency a certain amount would be forgiven.

I also would very strongly support his position on scholarships, and once again, I can speak only for my own school, and our concern with our own freshman class coming in this year. We have some students, sir, who are potential leaders in nursing who have taken out as many as three loans to get themselves through the first year of nursing. I think the need is very great.

Senator JAVITS. Well, so that you would consider Dr. Price's prescription to be the optimum and the American Nurses Association you believe favor that?

Miss THOMPSON. Yes. The original bill did include 60 percent forgiveness which we supported at that time, but we are willing to accept the 50 percent, and we do support H.R. 11241 as passed by the House.

Senator JAVITS. Would you also make a distinction for us, for the record, between private nonprofit enterprises like the normal voluntary hospital and the public enterprises, or public establishments to which you refer? Is there a distinction? Would you want to deny the forgiveness to the nurse who works, let us say, at Mount Sinai Hospital in New York?

Dr. DOUGLAS. No.

Miss THOMPSON. No. They all would be given the forgiveness.

Senator JAVITS. All are classed the same. When you use the word "public," you mean open to the public?

Dr. DOUGLAS. Yes.

Senator JAVITS. You do not mean the method of financing. You use public in the sense of open?

Miss THOMPSON. No, the method of financing.

Senator JAVITS. Thank you.

The CHAIRMAN. Doctor, thank you for your statement. We certainly want to thank you for it.

Thank you, Miss Thompson. We are certainly very much obliged to you. Thank you very much.

Now Dr. James T. Howell, American Hospital Association.

Doctor, I note you are assistant administrator of the Henry Ford Hospital in Detroit. Is that correct, sir?

STATEMENT OF DR. JAMES T. HOWELL, CHAIRMAN, COMMITTEE ON NURSING, AMERICAN HOSPITAL ASSOCIATION; ACCOMPANIED BY KENNETH WILLIAMSON, ASSOCIATE DIRECTOR, AMERICAN HOSPITAL ASSOCIATION

Dr. HOWELL. Yes, sir.

The CHAIRMAN. How many beds do you have in that hospital, sir?

Dr. HOWELL. 1,100.

The CHAIRMAN. 1,100. That is one of the largest hospitals in the country, is it not?

Dr. HOWELL. In addition, we have a very large outpatient department, with nearly 3,000 outpatient visits per day.

The CHAIRMAN. 3,000 outpatient visits per day?

Dr. HOWELL. Six days a week.

The CHAIRMAN. And 1,100 beds in the hospital?

Dr. HOWELL. Yes, sir.

The CHAIRMAN. I had a friend who was in your hospital quite a number of years ago, and I know how enthusiastic he was about the hospital and about the treatment that he received. I am sure you have a very high level of service.

Dr. HOWELL. Thank you, sir. We hope that we do.

The CHAIRMAN. I am sure that is true, too.

Well, Doctor, we will be happy to have you proceed now in your own way.

Dr. HOWELL. Mr. Chairman, I am Dr. James T. Howell, associate director of the Henry Ford Hospital, Detroit, Mich. I am also chairman of the Committee on Nursing of the American Hospital Association. I am accompanied today by Mr. Kenneth Williamson, associate director of the American Hospital Association.

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. 11241 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 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 types of basic educational programs which prepare registered professional nurses. 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 provide 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 84 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 academic 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 nursing educational program has not yet been in effect a sufficient length of time for complete evaluation.

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 ancillary nursing personnel. These are the nurse 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.

Nursing aids who receive their training in hospitals together with practical nurses are performing many duties and services previously performed by professional nurses. The realignment of duties and the use of ancillary 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 ancillary nursing groups to insure 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 and improve the educational programs of professional nurses.

Then, of course, there is the problem of the increase in our population and the demands of this increase which will have to be met. As a basic premise, nothing we anticipate in the health field can 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.

We are pleased that H.R. 11241 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.

The overwhelming majority of nurses receive their education in the diploma schools. There are approximately 124,000 students enrolled in all 3 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.

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 all other hospitals. They also provide the nurses for industry, the Federal Government, and all other levels of government.

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 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. The first is financial assistance to students. Such 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.

We recognize that the legislation under consideration does not meet with these criteria in several respects. However, we feel it is highly essential that action be taken without delay. H.R. 11241, as passed by the House of Representatives, should encourage immediate action; and we urge its passage.

The funds to be made available to hospital schools in section 806 to assist them in maintaining their educational programs are urgently needed. The amounts proposed per student, however, are quite limited; and we hope that as experience is gained with the program some improvement may be made in this regard at a future date.

Approximately 564 hospital schools of nursing are accredited by the National League for Nursing. The American Hospital Association supports this program of accreditation. On the other hand, there are 310 hospital schools of nursing which are not so accredited; 22,740 students were enrolled in these schools, as recorded in 1962.

We feel it is essential that an effort be made to provide the assistance to these schools which would enable them to improve their educational programs and the quality of their faculty so as to permit them to become accredited. It seems to us to make little sense to propose the construction of numbers of new schools without also lending assistance to those existing nonaccredited schools which will insure their improvement.

Section 843(f) defines the term "accredited" so as to permit all three types of schools of nursing that are not accredited to participate in section 805 for grants to strengthen, improve, or expand their programs.

We believe that it is in keeping with the intent of Congress and the purposes of this legislation to permit diploma schools of nursing which are not accredited to also receive these grants. However, section 805 does not at present make this possible.

We strongly recommend, therefore, that section 805(a) be amended by inserting in the first sentence of that section the word "diploma" immediately preceding the word "collegiate," thereby making the sentence read: "nonprofit private diploma, collegiate, and associate degree schools of nursing * * *."

The above change would make it possible for the 310 schools of nursing which are presently not accredited to receive Federal assistance and encouragement so as to enable those schools which desire to do so to become accredited. This action should contribute importantly toward the desired goal of increasing the number of well-trained professional nurses.

The CHAIRMAN. Doctor, if I might interrupt you there, would you give us any estimate of how long a period of time it would take for these schools to become accredited?

Dr. HOWELL. I, like Dr. Price, would defer that to a subsequent speaker, as to the length of time it would take to actually go through

the accrediting procedure and to finally accomplish the accreditation procedure. It would seem that these schools ought to be able to soon determine for themselves their desire to go forward toward accreditation. Therefore, I would defer the final answer to your question to another speaker.

The CHAIRMAN. All right. I can understand that, Doctor. Go ahead.

Dr. HOWELL. Yes. In the period of 3 years the schools might make the determination that they wish to go toward accreditation, but it might take longer for those schools to be finally accredited.

The CHAIRMAN. Is your school accredited, Doctor?

Dr. HOWELL. Yes.

The CHAIRMAN. Good. How many students do you have in your school, if I may ask?

Dr. HOWELL. About 350.

The CHAIRMAN. 350?

Dr. HOWELL. Yes, sir.

The CHAIRMAN. A good school; is it not?

Dr. HOWELL. Yes; it is a good school.

The CHAIRMAN. All right, Doctor.

Dr. HOWELL. We very much appreciate the privilege of appearing before this committee to express the views of the American Hospital Association. We commend the committee for its deep concern with the urgent needs of the Nation for adequate numbers of well-trained professional nurses. Thank you.

The CHAIRMAN. Mr. Williamson, is there anything that you would like to add?

Mr. WILLIAMSON. Senator, you asked a question earlier that I might answer for you with respect to the schools that have closed. Our figures indicate that from 1951 to 1962, 205 hospital schools of nursing ceased operation.

There is one other figure, too, Senator, in respect to Hill-Burton. We know Hill-Burton has made a very important contribution in this whole area of hospital school construction and throughout the period of Hill-Burton's life 291 schools have received assistance, either in whole or in part, to provide facilities.

We also might say, Senator, in terms of the amount of Federal money going directly to schools, to assist them, we referred to the burden being carried by patients. To put that into focus on the basis of available figures, over a 3-year period hospital patients are absorbing about \$197 million each 3 years to defray the costs of nursing education, and I think this gives an idea of the load which patients are bearing to carry nursing education.

The CHAIRMAN. \$197 million?

Mr. WILLIAMSON. \$197 million over a 3-year period.

The CHAIRMAN. Over a 3-year period. Yes. Is there anything else you would like to add?

Dr. HOWELL. Thank you very much, Senator.

The CHAIRMAN. Senator Yarborough?

Senator YARBOROUGH. I want to commend the distinguished chairman of this committee for his leadership in the field of public health. Mr. Chairman, I have watched this committee faithfully since we convened. Occasionally, other emergencies have kept me away today, but I want you to know that I have been with you in spirit and support you and support the legislation.

The CHAIRMAN. May I say you always have been a strong and valiant supporter of legislation to advance and strengthen the health of the American people.

Senator YARBOROUGH. Thank you very much, Mr. Chairman. It is a pleasure to work on a committee where the chairman is for needed legislation too, so that you do not have to push the chairman. You can just go along with him and you are realizing the objectives that you believe in. It would be more pleasant around here if all committees were like that.

The CHAIRMAN. Thank you, sir.

Well, Doctor, we certainly want to thank you and Mr. Williamson for your very helpful testimony here this morning. We appreciate it very, very much.

Dr. HOWELL. Thank you.

The CHAIRMAN. Thank you very much.

Now, Dr. Rena Boyle of the National League for Nursing.

Dr. Boyle, we welcome you here and are glad to have you, and glad to have you proceed in your own way.

STATEMENT OF DR. RENA BOYLE, DIRECTOR, BACCALAUREATE AND HIGHER DEGREE PROGRAMS, NATIONAL LEAGUE FOR NURSING

Dr. BOYLE. Thank you. Mr. Chairman, I am Dr. Rena Boyle, the director of the baccalaureate and higher degree programs of the National League for Nursing.

The CHAIRMAN. Doctor, will you move that microphone a little closer.

Dr. BOYLE. How is that? Better?

The CHAIRMAN. That is better; that is good.

Dr. BOYLE. I do want to speak in favor of the bill, H.R. 11241. I would like to submit a statement that will supplement the previous testimony given in the House by Dr. Lois Austin, the president of the National League for Nursing, and it will also update some of those figures.

The CHAIRMAN. We most certainly will be happy to have your statement and have it appear in full in the record, and anything else you would like to add to it.

(The prepared statement of Dr. Boyle follows:)

PREPARED STATEMENT OF DR. RENA BOYLE, THE NATIONAL LEAGUE FOR NURSING

The National League for Nursing, in its testimony before the Subcommittee on Public Health and Safety, Committee on Interstate and Foreign Commerce, U.S. House of Representatives, on April 10, 1964, submitted data in evidence of the value of national accreditation of schools of nursing and the contributions accredited programs are making in producing both quantity and quality of nurses for nursing service.

We are pleased to submit to the Committee on Labor and Public Welfare, U.S. Senate, the following supplementary data as well as bringing up to date the information presented on that occasion.

Just as the adult population of America looks for the brand names or trademarks of nationally advertised products, so do the youth of America seek schools stamped with the seal of excellence of a national accrediting agency. In nursing, programs that merit national accreditation meet educational criteria for faculty and curriculum that exceed the minimal standards set by the State boards of

nursing in each of the 50 States. It is the National League for Nursing that conducts the nationwide accrediting program for nursing. The department of baccalaureate and higher degree programs of the NLN is recognized as the national accrediting agency for baccalaureate and masters programs in nursing by the National Commission on Accrediting and hence, by the six regional associations concerned with the accreditation of colleges and universities.

Accrediting in professional education serves both as a means of protecting public interest with respect to professional competence and investment of funds, and as a guarantee to students that the educational programs offered by these schools will equip them to function effectively as professional practitioners. In this country, accreditation has evolved into a process that emphasizes self-evaluation by the school; the willingness of the faculty of the school to submit a report of their program; and visitation and evaluation by peers. Even 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 in assuring the excellence of education in nursing that is ultimately reflected in patient care.

Federal legislation currently proposed would extend for an additional 5 years the professional nurse traineeship program that expired June 30, 1964; make provision for scholarship and loan programs; provide project grants to develop or improve curriculum and methods of teaching; and authorize grants for planning and construction. The allocation of these funds should be a major public concern since such funds are designed to expand and improve educational programs, attract qualified applicants, and increase the supply of nursing practitioners.

There is much wisdom in the legislative provisions that stipulate that Federal funds should be made available only to those programs that have attained national accreditation or to new programs that have reasonable assurance of accreditation. Although accreditation per se is recognition of the overall excellence of the educational program, the following characteristics serve to differentiate accredited from nonaccredited programs.

1. *Accredited programs have the largest enrollments*

Seventy-five percent of all student nurses are enrolled in the 707 (61.6 percent) professional nursing programs that are accredited by the NLN.

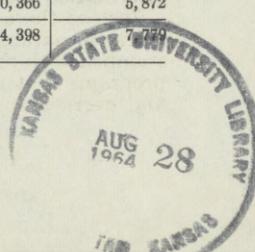
Enrollment on Oct. 15, 1963, and accreditation status of programs of professional nursing on Jan. 1, 1964

Accreditation status	Number of programs	Number of students enrolled	Average enrollment
Accredited.....	707	93,587	132.4
Not accredited.....	441	31,157	70.7
Total.....	1,148	124,744	-----

2. *Three-fourths of all professional nursing students graduate from NLV-accredited programs*

Graduations by type of program and accreditation status, Sept. 1, 1962, to Aug. 31, 1963

Type of program	Number of graduates from accredited program	Number of graduates from not accredited program
Baccalaureate.....	3,878	599
Associate degree.....	154	1,308
Diploma.....	20,366	5,872
Total.....	24,398	7,779



3. *Accredited diploma programs are less costly than not-accredited diploma programs*

The cost of nursing education programs varies inversely with the size of student enrollment. A study of costs of nursing education conducted by the Research and Studies Service of the National League for Nursing and published in 1964 provided dramatic evidence relating to cost, size of enrollment, and accreditation status of the 126 diploma schools that participated in the study. The larger the program, the lower the annual cost per student and the greater the likelihood that the program is accredited.

Cost, enrollment, and accreditation status of 126 diploma¹ programs included in National League for Nursing cost study

Annual educational cost per student to the institution	Size of student enrollment	Percent of programs by size of enrollment	
		Accredited	Not accredited
\$1,425.....	Under 70.....	Percent 0	Percent 50
\$997.....	70 to 120.....	38	81
\$908.....	More than 120.....	62	19

¹ The numbers of associate and baccalaureate degree programs that participated in the cost study were too small to provide comparable data.

4. *Accredited programs have better prepared faculty*

The educational preparation of the faculty teaching in accredited programs is better (as evidenced by the highest earned degrees) than that of faculty teaching in nonaccredited programs.

A. *Highest earned credential of full-time nurse faculty employed in 195 accredited and not-accredited baccalaureate and higher degree programs as of Jan. 1, 1964*

Highest earned credential	Total		Accredited		Not accredited	
	Number	Percent	Number	Percent	Number	Percent
Doctoral.....	145	4.6	130	4.8	15	4.0
Masters.....	2,502	80.0	2,242	81.3	260	69.9
Baccalaureate.....	475	15.2	381	13.8	94	25.3
Associate degree.....						
Diploma.....	6	.2	3	.1	3	.8
Total.....	3,128	100.0	2,756	100.0	372	100.0

B. *Highest earned credential of full-time nurse faculty employed in 82 accredited and not-accredited associate degree programs as of Jan. 1, 1964*

Highest earned credential	Total		Accredited		Not accredited	
	Number	Percent	Number	Percent	Number	Percent
Doctoral.....	8	1.6	2	3.5	6	1.4
Masters.....	336	67.8	47	81.0	289	66.0
Baccalaureate.....	132	26.6	9	15.5	123	28.1
Associate degree.....	16	3.2			16	3.6
Diploma.....	4	.8			4	.9
Total.....	496	100.0	58	100.0	438	100.0

C. Highest earned credential of full-time nurse faculty employed in 801 accredited and not-accredited diploma programs as of Jan. 1, 1964

Highest earned credential	Total		Accredited		Not accredited	
	Number	Percent	Number	Percent	Number	Percent
Doctoral.....	11	.1	11	0.2	-----	-----
Masters.....	1,924	21.5	1,577	23.0	347	16.6
Baccalaureate.....	4,629	51.8	3,601	52.6	1,028	49.1
Associate degree.....	121	1.4	73	1.1	48	2.3
Diploma.....	2,254	25.2	1,584	23.1	670	32.0
Total.....	8,939	100.0	6,846	100.0	2,093	100.0

5. A higher proportion of graduates from accredited programs enter nursing practice

A higher proportion of the graduates from accredited programs than from non-accredited programs pass State board examinations and are licensed to practice as registered nurses. It is only the graduates who are licensed and practice as registered nurses who swell the ranks of nurses to provide nursing service.

Number of candidates and percent failing State Board examinations 1961-62

Type of program	Accredited		Not accredited	
	Number of candidates	Percent of failures	Number of candidates	Percent of failures
Baccalaureate.....	3,127	4	664	7
Associate degree.....	121	6	772	21
Diploma.....	17,875	12	5,313	22

Nationwide it is usually accepted that the passing score on State board examinations is 350. For the years 1961-62, 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 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 (medical, surgical, obstetric, pediatric, and psychiatric nursing) were lower for students from non-accredited programs than for those from accredited programs.

The foregoing statement has presented characteristics of accredited and non-accredited nursing programs that would substantiate the desirability of granting Federal funds to those schools that have national accreditation and to newly established programs that have reasonable assurance of meeting national standards. The designation of the National League for Nursing as the accrediting body recognized by the Commissioner of Education is warranted since the record of programs accredited by the NLN has demonstrated their ability to attract, maintain, and graduate the largest numbers of students; to recruit and retain qualified faculty; and to provide educational programs of good quality at lesser cost. Since it can be demonstrated that goodness of program is also associated with an increased number of qualified graduates, it is obvious that the public's money will reap the greatest dividends when it is invested in the students attending nationally accredited programs and in the schools conducting such programs.

Data in this statement have been obtained through questionnaire surveys of nursing education programs by the Research and Studies Service of the National League for Nursing.

Dr. BOYLE. I think I would just like to submit that statement and have it appear in the record, and then use this time to answer whatever questions you might have.

The CHAIRMAN. I am sure you have the answer to one question, because I have asked it before and you are prepared.

Dr. BOYLE. Just informally, may I also say there are not many States like Alabama that can speak of the record of accredited programs that you have. You have a right to be concerned about our other States.

Now, let us go back to those 441 not accredited.

The CHAIRMAN. Yes, that is what we want to do.

Dr. BOYLE. I think we are most fortunate in having a program that can take care of the public. The schools are not all in the same category. Fifty-four of those are baccalaureate programs. One hundred of them are associate degree, and two hundred and eighty-seven are diploma schools of nursing.

In the work at the league, the accrediting is governed by the same policies, but handled under three different departments. Last year the diploma department alone processed 129 for—

The CHAIRMAN. You mean, you took final action on them when you say "processed"?

Dr. BOYLE. Final action was taken on 129 programs and they had to do it a little differently than before. Two boards of review were set up and met at the same time. The boards meet twice a year, and it is possible for the other departments to do the same thing.

Within a year's time the backlog could be handled as far as the league is concerned; whether those 441 would be ready for accreditation would be another question. But, were they ready, we could make accreditation possible.

The visits are made by people who are the peers of the schools being inspected. The boards of review are made up by peers for the diploma schools from other diploma schools, for collegiate from other collegiate schools, and for associate degree from other collegiate schools.

So their work pressures are not what they might seem, in that we have very responsible people in the schools responding to urgent need.

We are delighted that you raised the question about accreditation. We now have a procedure in operation that would make it possible to give reasonable assurance that these programs can be accredited.

The CHAIRMAN. So you think if they are ready they could be processed?

Dr. BOYLE. Those schools could be handled by the existing program within the year's time.

The CHAIRMAN. Within a year's time?

Dr. BOYLE. This is not a major problem. It is a heavy workload, but it can be done.

The CHAIRMAN. You think it could be done within the year's time?

Dr. BOYLE. Yes, if these schools brought in the information.

The Chairman. Senator Yarborough?

Senator YARBOROUGH. Referring to nonaccredited schools, looking at the records here I notice that a higher percentage of those failed than the accredited schools. Is there any discrimination against the graduates from the nonaccredited schools as contrasted with the accredited schools when they go before the State board? Do they get the same examination, the same exact treatment that a graduate of an accredited school would have?

Dr. BOYLE. Thank you for your question. The same examination is used throughout the country. It is administered by each State

board, and the passing score is set up by each State board. It is scored automatically at headquarters and the results are sent back to the States with no differential in treatment.

Senator YARBOROUGH. Is this a written or oral examination, or is it a practical examination?

Dr. BOYLE. These are written, objective-type examinations, covering each of the clinical areas of nursing.

Senator YARBOROUGH. You have a somewhat similar problem in law, in that you have people taking the bar exams who are graduates of law schools approved by the American Association of Law Schools, others taking the exams at the same time who are graduates of law schools not approved by the American Association of Law Schools, and a third type who studied in law offices. There are three categories in most States who take the bar examination, but it is one examination.

So in these, it is your opinion that there is no discrimination in taking the exam between the graduate of an accredited school and a nonaccredited school?

Dr. BOYLE. That is right, because each of the schools is approved by the board in each State and may participate in the national accreditation program.

Senator YARBOROUGH. I mean in each State, does the State permit the taking of the examination only by graduates from nursing schools approved by that State authority?

Dr. BOYLE. Every nursing school must be approved by a State authority.

Senator YARBOROUGH. Regarding these are nonaccredited schools, the ones approved by the State authority, not meeting national accreditation standards. You do not feel that their work is up to standards set by your program; is that right?

Dr. BOYLE. The State boards set up minimal standards. The job for accreditation of NLN is nationwide voluntarily and has higher standards.

Senator YARBOROUGH. So your program is to raise the level of instruction in all the schools and to achieve excellence?

Dr. BOYLE. To work toward a nationwide standard of excellence.

Senator YARBOROUGH. Some registered nurses have told me that the student nurses and practical nurses help out in combating the great shortage of nurses, but I have heard some adverse criticism of that by registered nurses in my State. They tell me that practical nurses and practical nursing programs, detract from what is required and what is done by the registered nurse.

They say that the practical nurses are not trained, but people confuse them with professional nurses and hire practical nurses where only a professional nurse should be employed. Do you have any comments on that?

Dr. BOYLE. The public is confused about our many types of nursing personnel. We need the practical nurses who are the graduates of the good schools.

Part of the confusion has been in our not using them as adequately as we might. They are essential.

Senator YARBOROUGH. Of course, they are needed particularly in nursing homes; are they not? There is a great demand there for practical nurses where you cannot furnish enough registered nurses.

Dr. BOYLE. They are needed in hospitals of all kinds, not just in the nursing homes. They are essential to us to help extend what the professional nurses are doing in caring for patients.

Senator YARBOROUGH. It is essential to have practical nurses as supplementary aid?

Dr. BOYLE. It is very essential. It is an area in which we want as much quality as possible.

Senator YARBOROUGH. Now, does your National League for Nursing undertake any accreditation of standards for practical nurses, or is yours limited to the professional nurses only?

Dr. BOYLE. The criteria for accreditation of practical nursing have been developed. The program will be in operation within this next year.

Senator YARBOROUGH. Is it a new program?

Dr. BOYLE. It is a new program of accreditation for the National League for Nursing.

Senator YARBOROUGH. To raise the standards of knowledge and skills of the practical nurses?

Dr. BOYLE. And to assure that nationwide there are minimum standards for the practical nurse that makes her a safe practitioner.

Senator YARBOROUGH. Thank you. Thank you, Mr. Chairman.

The CHAIRMAN. Senator Pell?

Senator PELL. No questions.

The CHAIRMAN. Very well, Doctor. We want to thank you very much for your testimony. You answered some questions we were very anxious to have answered. We certainly appreciate it very, very much.

Dr. BOYLE. Thank you.

The CHAIRMAN. Thank you.

If there are no further witnesses, the committee will stand in recess.

At this point we will insert in the records letters and statements from witnesses who were unable to appear.

(The material referred to above follows:)

PREPARED STATEMENT OF THE AMERICAN PUBLIC HEALTH ASSOCIATION ON H.R. 11241

The American Public Health Association appreciates this opportunity to support passage of legislation to increase the supply of professional nurse personnel in our Nation. Although our primary interest is in the supply of adequately trained public health nurses, it is realized that unless the aggregate of professionally trained nurses is increased all specialties of nursing will suffer proportionately.

There are many new demands and challenges for public health nursing in the developing of new programs of all kinds in communities throughout our Nation. The need to provide nursing care in outpatient clinic facilities and to the sick at home becomes ever more important. We believe it important to point out that while there has been an increase in training, particularly of practical nurses and of some of the other personnel essential to the nursing program, that without an adequate number of professionally trained nurses the quality of care given to patients whether in hospitals, in clinics, or at home will necessarily deteriorate. The key to good nursing care is the presence of adequately trained and supervised personnel. In this case, it is imperative that support for collegiate training programs be kept strong and increased if possible because the supervisors and instructors for all nurse training programs comes from this source.

In addition, new programs and innovations in medical care bring new challenges. Special projects for the aging, nurse services to housing projects, new programs in mental retardation, and others are bringing their challenges to our supply of well trained nurse personnel. There is simply no question as to the need for more nurses for all positions in hospitals and out of hospitals; and the sooner this severe problem is attacked, the better are our chances to cope with it.

We agree with the statement made in the House when the bill was approved by that body to the effect that the legislation approved by them would not provide all of the answers to all of our problems in connection with nurse personnel. We do believe, however, that it provides a long overdue beginning; and we would, therefore, urge upon the Senate passage of H.R. 11241 in order that the program could be commenced without further delay.

We appreciate the opportunity to bring our views to this committee.

PREPARED STATEMENT OF THE AMERICAN PUBLIC HEALTH ASSOCIATION ON
H.R. 11083

The American Public Health Association, an organization comprised of persons active in public health programs throughout the Nation, appreciates this opportunity to support the enactment of H.R. 11083, the bill to extend authorization for assistance in graduate and specialized public health training. The contribution which this program has made over the past several years has been most commendable, it has actually converted a decrease in the number of professionally trained public health workers into a modest increase. The authority in section 306 of the Public Health Service Act, which expired on June 30, 1964, has made it possible for persons engaged in a public health vocation to obtain the necessary finances to leave their employment for the short time necessary to improve their skills and to better qualify them to perform activities becoming evermore sophisticated.

The bill would also extend the provisions of section 309, and in addition would make the benefits of the authorization available to selected other schools which can materially benefit persons engaged in health work. The provisions of this section have been of particular influence in enabling schools of public health, nursing, and engineering to expand their activities and provide courses and experiences essential to the training of public health personnel in the most practical fashion possible.

The committee is undoubtedly familiar with the congressionally ordered Second National Conference on Public Health Training wherein the accomplishments over the past several years were documented and the requirements for the future were delineated. The expanding national population, plus the technological advances of our Nation, makes it imperative that even greater numbers and a greater diversity of health workers be trained for the demanding days of the future.

The American Public Health Association, therefore, wholeheartedly supports enactment of H.R. 11083 as passed by the House in order that this program can be continued without interruption.

We appreciate this opportunity to present our views to this committee.

AMERICAN MEDICAL ASSOCIATION,
Chicago, Ill., August 6, 1964.

HON. LISTER HILL,
*Chairman, Subcommittee on Health,
Committee on Labor and Public Welfare,
U.S. Senate, Washington, D.C.*

DEAR SENATOR HILL: I should like to take this opportunity on behalf of the American Medical Association to submit for your consideration our views on H.R. 11241, 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 on record as supporting the nursing profession in its continuous efforts to promote the highest possible standards for nursing education and patient care." Attached are a program and series of goals or objectives of the AMA Committee on Nursing, and also a review of educational programs and career opportunities in the nursing field.

H.R. 11241 would provide matching Federal grants for the construction of new facilities and for the replacement or rehabilitation of existing facilities, for baccalaureate, associate degree, and diploma schools of nursing. Our support of Federal construction grants for schools of nursing is long standing, having been

stated in support of H.R. 910 of the 82d Congress, H.R. 11549 of the 84th Congress, and most recently, in support of similar provisions of H.R. 10042 of this Congress.

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 828 contain provisions for the proposed undergraduate loan program. 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 April of this year, Mr. Boisfeuillet Jones, then special assistant to the Secretary (Health and Medical Affairs), Department of Health, Education, and Welfare, 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 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. We oppose this portion of the bill as an unwise extension of Federal subsidization of undergraduate education.

It is an unfortunate fact that many fields of endeavor other than nursing provide more financial reward. Statistics reveal 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 a 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.

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 hour hearings.

Sincerely,

F. J. L. BLASINGAME, M.D.

[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 Practical 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 invitations 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.

[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.

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, New York, be contacted for information on accreditation of professional schools of nursing and for careers material in general.

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 LPN.	Bedside nursing under supervision of physician or professional nurse.
Diploma (hospital).	27 to 36 months.	High school diploma.	Hospital	Board of trustees of hospital, or independently incorporated with a particular hospital.	\$106 to \$2,207 for 3 years (median school \$826).	Student tuition, hospital and private funds.	Diploma—eligible to take examination for licensure as R.N.	Bedside nursing.
Associate degree	2 academic to 2 calendar year.	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 R.N. 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 college or university funds.	Baccalaureate degree—eligible to take examination for licensure as R.N.	Bedside nursing, public health nursing (candidate for head nursing).
Baccalaureate for R.N.	2½-3 academic year 2 or more.	do	do	do	do	Student tuition and college or university funds.	Baccalaureate degree (BS, BN, etc.).	Do.
Master's	1 to 2 years.	Baccalaureate degree.	do	do	From \$2,200 to \$3,500 per year.	Student tuition (traineeships available to students from USPHS and others).	Master's degree (MS, MA, MEd, MPH).	Administrator, educational, 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, educator, investigator, and others.

¹ Some States do not permit graduates of these schools to qualify for RN licenses and practice.

OHIO STATE NURSES ASSOCIATION,
Columbus Ohio, August 4, 1964.

HON. LISTER HILL
Chairman, Senate Labor and Public Welfare Committee,
U.S. Senate, Washington, D.C.

DEAR SENATOR HILL: The Ohio State Nurses Association, an organization of approximately 11,000 registered professional nurses, is dedicated to the improvement of nursing care for all people. The association supports H.R. 11241, Nurse Training Act of 1964, as a means of providing this care.

There exists a great need for scholarship assistance for students entering collegiate schools of nursing. Federal funds are presently available in large amounts for training practical nurses and auxiliary workers. However, increases in the number of these personnel without concomitant increases in the number of professional nurses who must direct and supervise them can only lead to deterioration in the quality of nursing service.

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 educational 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 in teaching. Thus many persons teaching nursing in our 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 educational administrators, 179 supervisors and head nurses, and 861 general staff nurses 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 is required to meet standards for safe and effective nursing care. Therefore, we respectfully request your thoughtful consideration and subsequent favorable action on the House passed bill when it is heard by the Senate Committee on Labor and Public Welfare.

Sincerely,

DOROTHY A. CORNELIUS, R.N.,
Executive Director.

THE COMMONWEALTH OF MASSACHUSETTS,
UNIVERSITY OF MASSACHUSETTS,
Amherst, August 4, 1964.

HON. LISTER HILL,
Chairman, Senate Committee on Labor and Public Welfare,
U.S. Senate, Washington, D.C.

MY DEAR SENATOR HILL: I have just learned that the Nurse Training Act of 1964, passed in the House of Representatives on July 21, is to be considered by the Senate on Thursday. I most sincerely urge the Senate lend its support in passing this legislation. Those of us committed to the preparation of professional nurses capable of providing qualitative nursing service to our citizens are well aware of the interest you have shown in nursing over the years.

Graduation from an accredited baccalaureate program in nursing is the first step in an educational process required for the preparation of qualified nursing faculty, administrators, and teachers at the graduate level. It is urgent, therefore, that the number of qualified young men and women with leadership potential seeking admission to baccalaureate programs in nursing not be denied professional preparation because of financial reasons.

Baccalaureate nursing programs throughout the United States, as well as diploma programs, have had to limit their enrollment for 1964-65 because of faculty shortages. If the needs of schools of nursing and nursing services are to be met, the number of nurses awarded a master's or higher degree should at least be doubled in 1966, and tripled by 1970.

I sincerely trust that the provision for the \$1,000-a-year loan, and the forgiveness clause as stated in H.R. 11241, will be retained by the Senate.

May I request that my letter be spread on the Congressional Record? I feel so very strongly that our Senate action will make it possible for the Nurse Training Act to become law.

Very sincerely yours,

MARY A. MAHER,
Dean, School of Nursing.

BALTIMORE, Md., August 8, 1964.

Hon. LISTER HILL,
Senate Committee on Appropriations,
Senate Office Building, Washington, D.C.:

I strongly recommend that the Senate pass bill H.R. 11083 as the House passed it without amendment.

ERNEST L. STEBBINS, M.D.,
Vice President, Association Schools of Public Health.

PREPARED STATEMENT OF THE AMERICAN OSTEOPATHIC ASSOCIATION, SUBMITTED BY CARL E. MORRISON, D.O., CHAIRMAN, COUNCIL ON FEDERAL HEALTH PROGRAMS, WASHINGTON, D.C.

The American Osteopathic Association appreciates this opportunity for comment in support of the House-passed bill, H.R. 11083, cited as the graduate public health training amendments of 1964.

This bill amends the Public Health Service Act to extend the public health traineeships program under section 306 and the project grants program under section 309, to June 30, 1969.

Under the existing provisions of section 309, project grants for the purpose of strengthening or expanding graduate or specialized training in public health are restricted to schools of public health, nursing, or engineering. As amended by H.R. 11083, this section would for the first time make it possible to provide support to increase the effectiveness of public health training in schools of osteopathy.

Specifically, section 309 would be amended to authorize the Surgeon General to make project grants to schools of public health "and to other public or non-profit private institutions providing graduate or specialized training in public health, for the purpose of strengthening or expanding graduate or specialized public health training in such institutions."

During House hearings on this identical expansion provision as it appeared in H.R. 10043, later superseded by H.R. 11083, Hon. Boiesfeuillet Jones, Special Assistant to the Secretary, Health and Medical Affairs, Department of Health, Education, and Welfare, took express cognizance of the applicability of this projected program to schools of osteopathy.

The background data selected by the Second National Conference on Public Health Training according to its report of September 30, 1963, to the Surgeon General includes information on "Physicians (D.O.)" in table 8, because of its pertinence for the evaluation of the public health training program.

The conference found that the lack of public health content in the curriculum of professional schools "has resulted in the graduation of dentists, physicians, social workers, and veterinarians whose preparation is so deficient in knowledge of the principles and content of community health services and organization, that these individuals have little stimulation to select careers in public health. Furthermore, increased strength in departments of preventive medicine and departments of community dentistry would provide students with an awareness of public health sufficient to favorably influence their subsequent provision of health services in clinical practice."

The American Osteopathic Association recognizes the vital importance of preventive medicine and public health programs. According to article II of its constitution, the objects of the association "shall be to promote the public health, to encourage scientific research, and to maintain and improve high standards of medical education in osteopathic colleges."

In carrying out its responsibilities as the recognized agency for accreditation of the osteopathic schools of medicine, the association has for many years included preventive medicine and public health as required subjects of instruction. See attached "Educational Standards for Osteopathic Colleges," excerpted from the January 1964 Journal of the American Osteopathic Association.

For purposes of exemplification, the following is extracted from the 1963-64 catalog of the Philadelphia College of Osteopathy:

"MICROBIOLOGY AND PUBLIC HEALTH

"This department offers instruction in medical microbiology, parasitology, preventive medicine, industrial medicine, public health, and tropical medicine. The instruction is designed to meet the requirements of the general practitioner in these important fields. The subject matter is presented by lecture and laboratory assignments in such a way as to correlate microbiology and preventive medicine with the instruction of other departments and particularly associating the work with the philosophy and principles of osteopathic medicine.

"*First year: Parasitology*

"The course is designed to present the subject in a practical manner from both the didactic and laboratory standpoint. Three lectures a week include many slides and films in the teaching material. Six hours of laboratory work a week permits a rather thorough parasitological survey of the class along with the study of fresh and preserved materials from outpatients. Correlation between the parasites and the effects produced on the host is emphasized (12 hours).

"Personal hygiene: Fundamental principles of personal health (12 hours).

"*Second year: Microbiology*

"A laboratory course supplemented by introductory lectures, type slides, demonstration. The course deals systematically with medical microbiology and virology and the significance of microorganisms, their biochemical activity and their behavior on differential media; training in the principles of disinfection and sterilization; identification and classification of microbial species; simple and differential staining procedures; the study of morphological and biological characteristics; examinations of pus, sputum, excretions, etc., correlating the findings with the clinical objective and subjective factors which are present in the case studies made at the time the specimens are obtained; and the microbiological study of air, water, and milk. Recitations upon the work covered are held from time to time (108 hours).

"Public health (principles of public health): Lecture course presenting the organization of Federal, State, and local health departments; their methods of securing funds; statistical methods; methods employed in the control of water sewage, milk, air pollution, and environmental sanitation (12 hours).

"Public health (preventive medicine): A laboratory course supplemented by recitations. The student is instructed in the principles of immunity mechanism of natural and artificial immunization; practical application of immunizing biologicals; examinations of sera of clinical origin and their relative interpretation in diagnosis and biological therapeutics, a comparative study carried out with consideration for all phases of biologicals and their actual practical value, stressing those that are specific and analyzing those that are not. This course includes epidemiology. Introduction to infectious diseases; methods of investigation; prevention and control (24 hours).

"*Third year: Clinical bacteriology (immunology and serology)*

"Principles of immunity. Methods for testing immunity. Blood grouping. Rh factor. Heterophile. Serologic tests (complement fixation and flocculation texts). (12 hours).

"Public health (industrial hygiene): Occupational disease and hazards; industrial sanitation and hygiene; health matters involving industrial workers (12 hours).

"Public health (tropical medicine): A lecture and laboratory course in which diseases, uncommon in the United States but of worldwide importance are studied. Emphasis is placed upon the preventive and mass aspects (36 hours).

"Virology: Lecture course presenting basic information and studies related to virology. Emphasis is given to the study of the nature of viruses, viral diseases, epidemiology, laboratory diagnosis, pathogenesis, sources and modes of infection, immunization, and control (24 hours).

"*Fourth year*

"Laboratory findings, as represented in records kept by the students on clinical patients, are accessible to members of the departments in their evaluation on the efficiency of the department's teaching."

A fellowship program inaugurated by the Chicago College of Osteopathy includes training in public health. The college initiates five new fellows each year,

one in anatomy, one in biochemistry, one in pathology, one in physiology, and one in microbiology. The fellowship program in microbiology embraces one or more of the areas concerned with a phase of public health. This program began in 1955 and has become a more important facet of the educational program of the college each year. It is more particularly described as follows:

"CHICAGO COLLEGE OF OSTEOPATHY FELLOWSHIP PROGRAM

"Purpose

"1. To provide students in the college who are interested in teaching or research with an opportunity for experience and training in both these fields.¹

"2. To increase the teaching and research potential in the basic science departments.

"3. To encourage the best students at the end of the sophomore year in each of the basic sciences to consider institutional practice with some teaching in either the basic or clinical programs as part of their career.

"4. To provide a nucleus of candidates for participation in fellowship programs designed to provide the profession with specialities and combined degrees, D.O. and Ph.D., as the nucleus of future faculties.²

"5. To provide each department with two fellowship assistants.

"Candidates

"1. Any student of this college who has completed his first 2 years training in the upper half of the class and is recommended by the basic science faculty is eligible for the fellowship.

"2. The student should have exhibited an interest in either teaching or research and demonstrated ability in the basic science which will constitute his major endeavor.

"3. The fellowships awarded will have the approval of the department in which the candidate is assigned and the approval of the basic science faculty.

"Program

"1. All fellowships shall be awarded for 2 years' full-time academic program. (Any change in program, except for extenuating circumstances, will result in the student's returning to the regular scheduled junior year program at the beginning of the next junior year.)

"2. The academic classes of the junior year shall be completed during the first year of the fellowship. The fellow may take a clinic patient load of no more than 20 patients, and may be limited to less than 20 by either his department and/or the fellowship program director. No dispensaries nor obstetrical cases shall be assigned during the first year of the program.

"3. The remainder of the junior academic schedule shall be completed during the second year of the program.

"4. The other half of the program for each of the 2 years, not less than 240 hours a quarter, will be devoted to assisting in the departmental teaching and research program and in participation in the fellowship program activities.³

"Responsibilities

"1. Basic science faculty:

"(a) Selection of possible candidates and encouragement of their application.

"(b) Approval of fellowships.

"(c) Evaluation of programs, student progress, and supervision of departmental fellows.

"2. Departmental:

"(a) Development of a program for each fellow to provide opportunity for teaching and research.

"(b) Formal approval quarterly of the fellow's schedule for the coming quarter, and quarterly evaluation of the fellow's progress as satisfactory or unsatisfactory.

"(c) Supervision of the fellows assigned to the department.

"3. Fellowship program chairman:

¹ Our philosophy is that all instructors in the professional colleges should be engaged in personal research or assisting in some aspect of the institutional research program. Therefore, both teaching and research experience are necessary.

² Staff of faculty members with such a background would be equipped to teach the basic sciences or clinical subjects at the highest level required by professional and academic standards and at the same time contribute osteopathic philosophy and insight through their teaching.

³ Fellowship program activities to assist the development of research and teaching abilities of all fellows in the program, shall be instituted by the fellowship program director.

- “(a) Supervision of program.
 - “(b) Formal approval of student programs quarterly.
 - “(c) Development of fellowship program for all members of students and faculty involved in the program to implement the purpose of the program.
4. Student fellow:
- “(a) Adequate preparation and planning for all activities of the program.
 - “(b) Meeting all scheduled activities of the program.
 - “(c) Setting a high standard of achievement.
 - “(d) Assisting in departmental duties.”

The county health officer is chairman of the department of public health of the Kirksville College of Osteopathy and Surgery. He is an osteopathic physician. A number of doctors of osteopathy currently serve as local health officers and on State boards of health.

The American Osteopathic Association and the American Association of Osteopathic Colleges strongly urge enactment of H.R. 11083, preferably in the form in which it passed the House.

EDUCATIONAL STANDARDS FOR OSTEOPATHIC COLLEGES

Approved by the Board of Trustees of the American Osteopathic Association, 1963

OBJECTIVES OF AN APPROVED OSTEOPATHIC COLLEGE

The objectives of an approved osteopathic college shall be to educate its students in the best possible manner in the basic qualities and fundamentals necessary for the highest quality of practice of medicine and surgery in the all-inclusive sense of these terms:

- To develop the distinctive osteopathic contributions to medicine;
- To contribute to the advancement of knowledge through research;
- To contribute opportunities for continuing study for the development of teachers, investigators, and practitioners through programs of graduate education.

ACCREDITATION OF OSTEOPATHIC COLLEGES

The agency for evaluation and accreditation is the American Osteopathic Association, acting through its board of trustees on recommendation of the bureau of professional education.

The college shall afford to authorized representatives of the American Osteopathic Association opportunities to study and evaluate all aspects of its educational program.

Records of information on students and faculty shall be sent annually to the central office of the American Osteopathic Association by the college. Necessary forms will be provided by the bureau of professional education of the American Osteopathic Association. The college shall complete college survey forms as requested by the bureau of professional education.

Accredited colleges shall maintain membership in the American Association of Osteopathic Colleges.

COLLEGE ORGANIZATION

An osteopathic college shall be incorporated as a nonprofit institution. The governing body shall be the board of trustees composed of persons, including a strong representation of laymen interested in the advancement of the objectives of the college. Members or officers of the board shall not receive financial remuneration from the operation of the college or its associated teaching hospitals. The members of the board shall serve sufficiently long terms so that continuity of the institution's program will be carried out without precipitant change in policy.

The board of trustees, being the responsible corporate body, is required to establish policy for the direction and guidance of the administration and the educational activities of the institution.

The institution must be organized to conform to accepted standards of professional education as to educational programs, business management, faculty, and professional staff.

An osteopathic college cannot carry out the activities necessary for the accomplishment of its objectives solely on the income derived from student's fees. An acceptable college must show adequate additional income.

The college shall be under the direction and supervision of qualified executive officers, selected because of their particular training and experience and capable of interpretation and integration of standards for medical education under osteo-

pathic auspices. Appointment and promotion of the administrative staff and the faculty shall be made by the board of trustees upon those recommendations of its executive officers developed after consultation with proper faculty representatives.

A competent teaching faculty shall be selected and it shall be organized into departments. In addition to other qualifications, consideration should be given to training, teaching experience, and ability or desire to engage in research.

The faculty should include an adequate number of full-time teachers of professional rank in all major departments. There should be an adequate number of assistants in the laboratory courses.

Faculty members should have a reasonable security and tenure.

A system of student counseling with qualified advisers shall be established and opportunity for frequent consultation between members of the faculty and of the student body shall be provided.

Faculty meetings shall be held at stated intervals.

Standing committees of the faculty shall be appointed and charged with their responsibilities.

A catalog shall be published at least every other year and include the following: courses offered, time schedules, faculty members, entrance requirements, tuition fees, list of current students, and such general information as is necessary to the student body.

FACILITIES

A college must have for its exclusive use permanent and properly maintained buildings to provide adequate lecture rooms, teaching and research laboratories, library, clinics, storage and record rooms, adequate offices for necessary personnel, and a hospital which provides inpatient and outpatient facilities. These facilities will determine the number of students for which the institution can adequately provide an educational program.

The medical library shall include current texts, reference books, and the periodicals needed in the teaching and research program. A qualified librarian shall be employed to supervise and develop the library.

Each college shall operate or have access to an adequate outpatient department. Histories and records in this department shall be maintained and utilized as teaching material. It shall be so organized that patients may be cared for in the outpatient department or in their homes.

An osteopathic college must have access, for teaching purposes, to a general hospital or hospitals affiliated with, or under control of, the college.

The college shall appoint those who direct the clinical teaching and shall supervise the staff concerned with teaching in such hospitals in order that students may be properly guided in their contact with patients.

Students shall have the opportunity to observe and study a wide variety of diseases ranging from the common case problems to the complex and rare conditions. They shall also have practical experience in preventive medicine and public health problems. The material available shall be used to its greatest teaching value. The teaching program shall be so organized as to afford a maximum of individual instruction.

Each institution should have a museum of pathological and anatomical specimens, and such adjuncts, including audiovisual aids, as are desirable for effective teaching.

A sufficient number of cadavers should be provided so that every two students may dissect at least a lateral half.

A supply of animals should be provided for use in the college laboratories. Adequate provision should be made for their care and housing.

STUDENTS

A minimum of 3 years of education in a college or university accredited by a regional educational association is required for admission to professional education in an osteopathic college.¹ In exceptional cases, an osteopathic college may re-

¹ Undergraduate college programs are accredited by the following six regional educational associations:
 Middle States Association of Colleges & Secondary Schools
 New England Association of Colleges & Secondary Schools
 North Central Association of Colleges & Secondary Schools
 Northwest Association of Secondary & Higher Schools
 Southern Association of Colleges & Secondary Schools
 Western College Association.

quest that the academic credentials of a highly qualified student, who has completed his undergraduate studies in a college or university not accredited by a regional educational association, be evaluated by the American Osteopathic Association, provided that such a college or university is accredited by its State department of education. Approval of such credentials must be obtained before admission of any such student to an osteopathic college. Each such case shall be considered upon an individual basis.

All approved undergraduate colleges require high school graduation or its equivalent for admission.

The minimum credits in the following basic subjects are required, prior to admission to an osteopathic college: English, 6 semester hours; physics, 8 semester hours;² biology, 8 semester hours;² inorganic chemistry, 8 semester hours; organic chemistry, a completed course, including both the aliphatic and benzene compounds.

It is desirable that the elective subjects afford a broad educational and cultural background.

All transcripts of records from undergraduate and professional colleges shall be obtained directly from such colleges. Transcripts presented directly by the applicant will not be acceptable.

In addition to the academic requirements listed above, applicants to osteopathic colleges shall be selected on the basis of academic performance, motivation toward the healing arts and personal qualifications.

The American Council on Education has evaluated the content and quality of the various educational programs conducted by the Armed Forces and has issued a "Guide to the Evaluation of Educational Experiences in the Armed Forces" to assist educational institutions, desiring to do so, to award proper college credits for specific courses taken in these programs.

The following statement is accepted by the American Osteopathic Association as a basis for the evaluation of equivalency of college credits:

College credits (except in science courses requiring laboratory work or except blanket credits for military services not based on courses or examinations) may be based either on (a) courses taken from the Armed Forces Institute or inservice courses of the Armed Forces according to the "Guide to the Evaluation of Educational Experiences in the Armed Forces" of the American Council on Education, or (b) performance in the General Educational Development Tests of the American Council on Education.

With the consent of the American Osteopathic Association, upon due individual consideration, not more than 2 years of advanced time credit may be accorded to students presenting credentials from other than osteopathic professional schools. Neither time credit nor subject credit shall be accorded, unless such credit can unmistakably be interpreted as the equivalent of courses in the same subjects over the same period of time in the osteopathic college which grants the credit. In no case shall consideration for advanced credit be given to such a student in the event that he is ineligible for readmission to his previous college.

Credits to be granted and regulations to be followed in the transference of students from one osteopathic college to another shall be in accordance with the regulations of the American Osteopathic Association and the American Association of Osteopathic Colleges.

Graduates must be at least 21 years of age at the time of graduation.

Students shall be required to be in actual attendance within the first week of each term for which they receive credit. Each student shall be required to be in actual attendance in the institution during the 4 years required for his professional study unless time credit has been accorded for work actually pursued in attendance at another osteopathic college approved by the American Osteopathic Association or in other similarly approved colleges. Students shall complete at least the last year of their professional course in the college which confers the degree.

No credit shall be accorded in courses where the record indicates attendance of less than 80 percent.

Records of preliminary education and certification thereof shall be kept on file permanently and be available for examination by proper officials. The system of records must show in detail throughout the college course the attendance record, grade, and any other notations useful in evaluating each student.

² Or a complete year's course in the undergraduate college involved.

CURRICULUM

The curriculum in an osteopathic college should be designed to provide medical education and training for the development of a physician. Each college shall develop individualized courses that will serve this purpose in accordance with academic standards of professional education.

Since the osteopathic profession and its colleges maintain their independence distinction in the general field of medicine because of the contribution which osteopathy makes to the prevention, the diagnosis, and the treatment of disease, and because the importance of maintaining the structural integrity of the body should be recognized and emphasized in all departments of practice, approved osteopathic colleges are required to give adequate and comprehensive training in the principles and practice of osteopathic diagnosis and therapeutics.

Each college is required to include a course or courses dealing with the history and development of the osteopathic profession which shall incorporate the scientific growth, alteration, and development of the osteopathic theory and practice, and shall include those diagnostic and therapeutic procedures developed by the osteopathic profession.

The curriculum of an osteopathic college shall consist of at least 4 academic years totaling at least 5,000 hours and shall include adequate and comprehensive instruction in:

Anatomy	Dermatology
Parasitology	Tropical medicine
Immunology	Embryology
Radiology	Histology
Surgery	Physiology
Orthopedic surgery	Biochemistry
Urology	Toxicology
Otorhinolaryngology	Pharmacology and materia medica
Ophthalmology	Sanitation
Anesthesiology	Bacteriology
Osteopathic theories, practice and technique	Pathology
Internal medicine	Public health—preventive medicine
Neurology	Hygiene
Psychiatry	Obstetrics and gynecology
Pediatrics	Therapeutics

EDUCATIONAL CRITERIA FOR CLINICAL CLERKSHIP IN HOSPITAL AND THE OUTPATIENT SERVICES

The clerkship program must provide educational experience in the various departments of the hospital.

There must be a definite program of instruction including case recording and study, clinical observation, collateral reading, didactic work, and a regular program of staff lectures and clinical conferences.

There must be adequate daily supervision of the student, and his progress must be reported regularly to the responsible administrative officer.

A properly qualified individual must be designated as in charge of the clerkships in the teaching hospital of the college or an affiliated institution. This individual should be directly responsible to the dean of the college.

Clinical clerkship programs in hospitals which are not on the campus of an osteopathic college and not under the immediate authority of the college administration shall be approved only in hospitals having the approval of the American Osteopathic Association for either intern or residency training or both.

The clinical faculty in the affiliated teaching hospitals must be composed of qualified members properly integrated into the faculty of the college.

The sufficiency and diversity of clinical material in the teaching hospitals should determine the number of students to be trained at any one time.

Facilities for clinical clerkship education under the immediate authority of the college which fall in categories other than outpatient departments and teaching hospitals shall be inspected and appraised for approval on an individual basis.

All members of the staffs of hospitals approved for clerkship training shall be members of the American Osteopathic Association. Under certain circumstances and under conditions approved by the bureau of professional education, special

programs of study may be provided for students that may be exempted from this regulation.

DEGREES

The board of trustees of an approved college of osteopathy shall confer the degree of doctor of osteopathy (D.O.) upon those students who have satisfactorily completed the required courses of instruction and who have been recommended for graduation by the faculty.

An approved osteopathic college may also grant honorary degrees or degrees-in-course of such nature as shall be warranted by programs of study undertaken in whole or in part in the college or under its auspices.

(Whereupon, at 11:30 a.m., the committee recessed, subject to the call of the Chair.)



... ..

... ..



KANSAS STATE UNIVERSITY
AUG 28
1964
MANHATTAN