

107TH CONGRESS  
1ST SESSION

# S. 1594

To amend the Public Health Service Act to provide programs to improve nurse retention, the nursing workplace, and the quality of care.

---

## IN THE SENATE OF THE UNITED STATES

OCTOBER 30, 2001

Mrs. CLINTON (for herself, Mr. SMITH of Oregon, Mr. KENNEDY, and Mrs. MURRAY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

---

## A BILL

To amend the Public Health Service Act to provide programs to improve nurse retention, the nursing workplace, and the quality of care.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Nurse Retention and  
5       Quality of Care Act of 2001”.

6       **SEC. 2. FINDINGS.**

7       Congress finds the following:

8               (1) The current nurse workforce is aging, and  
9       the average age of practicing registered nurses is

1        43.3 years, representing an increase of 5.9 years  
2        since 1983. This means that the nursing workforce  
3        is aging at twice the rate of other occupations in the  
4        United States, and the enrollment in nursing pro-  
5        grams has decreased in the past 5 years. Many hos-  
6        pitals around the country are reporting vacancy  
7        rates for nursing positions.

8            (2) Studies have shown a correlation between  
9        higher nurse staffing levels and reduction in adverse  
10       patient outcomes, including risk of infection, shock,  
11       upper gastrointestinal bleeding, and increased length  
12       of stay.

13           (3) Retention problems are contributing to the  
14       nursing shortage problem. According to a 2001 sur-  
15       vey, 50 percent of nurses say they have recently con-  
16       sidered leaving the nursing profession for reasons  
17       other than retirement.

18           (4) A majority of those individuals who are con-  
19       sidering leaving nursing express a low level of overall  
20       job satisfaction, and their lack of participation in de-  
21       cisionmaking is a major factor contributing to dis-  
22       satisfaction.

23           (5) Magnet hospitals are hospitals that have re-  
24       organized care to be more participatory, collabo-

1 rative, and patient-centered and as a result are able  
 2 to attract more nurses.

3 (6) Even in times of nursing shortages, magnet  
 4 hospitals enjoy low turnover. The average length of  
 5 employment for registered nurses in magnet hos-  
 6 pitals is 8.35 years, which is twice the length of em-  
 7 ployment in hospitals generally, and magnet hospital  
 8 nurses consistently report greater job satisfaction  
 9 than other nurses.

10 (7) Magnet hospitals report lower mortality  
 11 rates, higher patient satisfaction, and greater cost-  
 12 efficiency, with patients experiencing shorter stays in  
 13 hospitals and intensive care units.

14 **SEC. 3. AMENDMENT.**

15 Title VIII of the Public Health Service Act (42  
 16 U.S.C. 296 et seq.) is amended by adding at the end the  
 17 following:

18 **“PART H—INITIATIVES TO IMPROVE NURSE RE-**  
 19 **TENTION, THE NURSING WORKPLACE, AND**  
 20 **THE QUALITY OF CARE**

21 **“SEC. 851. DEVELOPING MODELS AND BEST PRACTICES IN**  
 22 **NURSING CARE.**

23 “(a) PROGRAM AUTHORIZED.—From amounts ap-  
 24 propriated under section 853, the Secretary shall award  
 25 grants to eligible entities to enable the eligible entities to

1 carry out demonstrations of models and best practices in  
2 nursing care for the purpose of developing innovative  
3 strategies or approaches for retention of professional  
4 nurses.

5 “(b) DEFINITIONS.—In this section:

6 “(1) ELIGIBLE ENTITY.—The term ‘eligible en-  
7 tity’ means a health care facility, or any partnership  
8 or coalition containing a health care facility and a  
9 collegiate, associate degree, or diploma school of  
10 nursing.

11 “(2) HEALTH CARE FACILITY.—The term  
12 ‘health care facility’ means a hospital, clinic, skilled  
13 nursing facility, long-term care facility, home health  
14 care agency, federally qualified health center, rural  
15 health clinic, public health clinic, or any other entity  
16 as designated by the Secretary.

17 “(c) DISTRIBUTION OF GRANTS.—Grants awarded  
18 under this section shall be distributed among a variety of  
19 geographic regions, and among a range of different types  
20 and sizes of facilities.

21 “(d) DURATION OF GRANTS.—

22 “(1) THREE-YEAR GRANTS.—Grants awarded  
23 under this section shall be awarded for a period of  
24 not greater than 3 years.

1           “(2) GRANT EXTENSIONS.—Such grants may  
2       be extended if the grantee demonstrates that it—

3           “(A) as determined by the Secretary based  
4       on the factors in paragraph (3), has signifi-  
5       cantly improved the quality of its workplace for  
6       nurses and has enhanced patient care; or

7           “(B) has been designated as a magnet hos-  
8       pital by the American Nurses Credentialing  
9       Center.

10          “(3) PREFERENCE.—In awarding grant exten-  
11       sions under this subsection, the Secretary shall give  
12       preference to entities that have—

13           “(A) significantly increased retention rates  
14       for professional nurses;

15           “(B) significantly reduced rates of work-  
16       place injuries for professional nurses; and

17           “(C) significantly reduced rates of nursing-  
18       sensitive adverse patient outcomes.

19          “(4) MAXIMUM DURATION OF GRANTS.—The  
20       total maximum duration of grants under this section  
21       shall not be greater than 6 years.

22          “(e) USE OF FUNDS.—An eligible entity that receives  
23       a grant under subsection (a) shall use such grant funds  
24       to carry out demonstrations of models and best practices  
25       in nursing care for the purpose of—

1           “(1) promoting retention and satisfaction of  
2 professional nurses;

3           “(2) promoting collaboration and communica-  
4 tion among health care professionals;

5           “(3) promoting nurse involvement in organiza-  
6 tional and clinical decisionmaking processes;

7           “(4) organizing care to enhance the satisfaction  
8 of professional nurses, improve the nursing work-  
9 place environment, and promote the quality of nurs-  
10 ing care;

11           “(5) promoting opportunities for professional  
12 nurses to pursue education, career advancement, and  
13 organizational recognition;

14           “(6) promoting high quality of patient care—

15               “(A) by enhancing institutional measure-  
16 ment of quality outcomes, including identifica-  
17 tion and measurement of nursing sensitive pa-  
18 tient outcomes;

19               “(B) by basing the development of policies,  
20 procedures, guidelines, and organizational sys-  
21 tems on research findings and patient outcomes  
22 measurement, including nursing-sensitive pa-  
23 tient outcomes measurement; and

1           “(C) by involving professional nurses in de-  
2           veloping and implementing ways to measure  
3           and improve the quality of care;

4           “(7) promoting a balanced work-life environ-  
5           ment; and

6           “(8) offering such other activities as may be de-  
7           termined by the Secretary to enhance the workplace  
8           environment for professional nurses.

9           “(f) APPLICATION.—

10           “(1) IN GENERAL.—An eligible entity desiring a  
11           grant under subsection (a) shall submit an applica-  
12           tion to the Secretary at such time, in such manner,  
13           and containing such information as the Secretary  
14           may reasonably require.

15           “(2) CONTENTS.—The application submitted  
16           under paragraph (1) shall—

17           “(A) include a description of the project  
18           proposed to be carried out with grant funds;

19           “(B) demonstrate the eligible entity’s com-  
20           mitment to the project through a statement  
21           describing—

22           “(i) the involvement of high level exec-  
23           utive management, trustees, nurse leader-  
24           ship, and medical staff in designing, imple-  
25           menting, and overseeing the project;

1 “(ii) the designation of key personnel  
 2 and management structures to design, im-  
 3 plement, and oversee the project;

4 “(iii) any actions that the eligible en-  
 5 tity has already taken that contribute to  
 6 developing innovative models and ap-  
 7 proaches for retention of professional  
 8 nurses; and

9 “(iv) the eligible entity’s funding or  
 10 any evidence of other contributions and  
 11 commitment for the project, along with in-  
 12 formation on overall project budget and  
 13 funding resources; and

14 “(C) include information regarding the re-  
 15 tention rate and occurrence of workplace inju-  
 16 ries to nurses at the entity applying for such  
 17 grant and any other information as the Sec-  
 18 retary may reasonably require.

19 **“SEC. 852. SURVEY AND EVALUATION.**

20 “The Secretary, in consultation with the Agency for  
 21 Healthcare Research and Quality and the Health Re-  
 22 sources and Services Administration shall—

23 “(1) conduct an annual survey of the projects  
 24 carried out under section 851 and provide to Con-  
 25 gress the results of such survey beginning not later

1       than 2 years after the date of enactment of the  
 2       Nurse Retention and Quality of Care Act of 2001;  
 3       and

4               “(2) develop and provide to Congress, not later  
 5       than December 30, 2007, a final report that—

6                       “(A) evaluates the projects funded by  
 7               grants under section 851; and

8                       “(B) includes findings about best practices  
 9               and the impact on patients and staff of employ-  
 10              ing participatory, collaborative, and patient-cen-  
 11              tered models of nursing care.

12   **“SEC. 853. AUTHORIZATION OF APPROPRIATIONS.**

13       “(a) GRANTS.—There is authorized to be appro-  
 14       priated to carry out section 851, \$40,000,000 for fiscal  
 15       years 2002 through 2007.

16       “(b) SURVEY AND EVALUATION.—There is author-  
 17       ized to be appropriated to carry out section 852,  
 18       \$5,000,000 for fiscal years 2002 through 2007.”.

○