

110TH CONGRESS
1ST SESSION

S. 1628

To amend the Public Health Service Act to authorize programs to increase the number of nurse faculty and to increase the domestic nursing and physical therapy workforce, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JUNE 14, 2007

Mr. BINGAMAN (for himself, Mr. COLEMAN, Mrs. LINCOLN, Mr. NELSON of Nebraska, Mr. KERRY, and Ms. COLLINS) 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 authorize programs to increase the number of nurse faculty and to increase the domestic nursing and physical therapy workforce, 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 **SECTION 1. SHORT TITLE; FINDINGS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Nurse Faculty and Physical Therapist Education Act of
6 2007”.

1 (b) FINDINGS.—Congress makes the following find-
2 ings:

3 (1) The Nurse Reinvestment Act (Public Law
4 107–205) has helped to support students preparing
5 to be nurse educators. Yet, nursing schools nation-
6 wide are forced to deny admission to individuals
7 seeking to become nurses and nurse educators due
8 to the lack of qualified nurse faculty.

9 (2) The American Association of Colleges of
10 Nursing reported that 42,866 qualified applicants
11 were denied admission to nursing baccalaureate and
12 graduate programs in 2006, with faculty shortages
13 identified as a major reason for turning away stu-
14 dents.

15 (3) Seventy-one percent of schools have re-
16 ported insufficient faculty as the primary reason for
17 not accepting qualified applicants. The primary rea-
18 sons for lack of faculty are lack of funds to hire new
19 faculty, inability to identify, recruit and hire faculty
20 in the competitive job market as of May 2007, and
21 lack of nursing faculty available in different geo-
22 graphic areas.

23 (4) Despite the fact that in 2006, 52.4 percent
24 of graduates of doctoral nursing programs enter
25 education roles, the 103 doctoral programs nation-

1 wide produced only 437 graduates, which is only an
2 additional 6 graduates from 2005. This annual
3 graduation rate is insufficient to meet the needs for
4 nurse faculty. In keeping with other professional
5 academic disciplines, nurse faculty at colleges and
6 universities are typically doctorally prepared.

7 (5) The nursing faculty workforce is aging and
8 will be retiring.

9 (6) With the average retirement age of nurse
10 faculty at 62.5 years of age, and the average age of
11 doctorally prepared faculty, as of May 2007, that
12 hold the rank of professor, associate professor, and
13 assistant professor is 58.6, 55.8, and 51.6 years, re-
14 spectively, the health care system faces unprece-
15 dented workforce and health access challenges with
16 current and future shortages of deans, nurse edu-
17 cators, and nurses.

18 (7) Research by the National League of Nurs-
19 ing indicates that by 2019 approximately 75 percent
20 of the nursing faculty population (as of May 2007)
21 is expected to retire.

22 (8) A wave of nurses will be retiring from the
23 profession in the near future. As of May 2007, the
24 average age of a nurse in the United States is 46.8
25 years old. The Bureau of Labor Statistics estimates

1 that more than 1,200,000 new and replacement reg-
2 istered nurses will be needed by 2014.

3 (9) By 2030, the number of adults age 65 and
4 older is expected to double to 70,000,000, account-
5 ing for 20 percent of the population. As the popu-
6 lation ages, the demand for nurses and nursing fac-
7 ulty will increase.

8 (10) Despite the need for nurses to treat an
9 aging population, few registered nurses in the
10 United States are trained in geriatrics. Less than 1
11 percent of practicing nurses have a certification in
12 geriatrics and 3 percent of advanced practice nurses
13 specialize in geriatrics.

14 (11) Specialized training in geriatrics is needed
15 to treat older adults with multiple health conditions
16 and improve health outcomes. Approximately 80 per-
17 cent of Medicare beneficiaries have 1 chronic condi-
18 tion, more than 60 percent have 2 or more chronic
19 conditions, and at least 10 percent have coexisting
20 Alzheimer's disease or other dementias that com-
21 plicate their care and worsen health outcomes. Two-
22 thirds of Medicare spending is attributed to 20 per-
23 cent of beneficiaries who have 5 or more chronic
24 conditions. Research indicates that older persons re-
25 ceiving care from nurses trained in geriatrics are

1 less frequently readmitted to hospitals or transferred
 2 from nursing facilities to hospitals than those who
 3 did not receive care from a nurse trained in geri-
 4 atrics.

5 (12) The Department of Labor projected that
 6 the need for physical therapists would increase by
 7 36.7 percent between 2004 and 2014.

8 (13) The need for physical therapists is particu-
 9 larly acute rural and urban underserved areas, which
 10 have 3 to 4 times fewer physical therapists per cap-
 11 ita than suburban areas.

12 **TITLE I—GRANTS FOR NURSING** 13 **EDUCATION**

14 **SEC. 101. NURSE FACULTY EDUCATION.**

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

18 **“SEC. 832. NURSE FACULTY EDUCATION.**

19 “(a) ESTABLISHMENT.—The Secretary, acting
 20 through the Health Resources and Services Administra-
 21 tion, shall establish a Nurse Faculty Education Program
 22 to ensure an adequate supply of nurse faculty through the
 23 awarding of grants to eligible entities to—

1 “(1) provide support for the hiring of new fac-
 2 ulty, the retaining of existing faculty, and the pur-
 3 chase of educational resources;

4 “(2) provide for increasing enrollment and
 5 graduation rates for students from doctoral pro-
 6 grams; and

7 “(3) assist graduates from the entity in serving
 8 as nurse faculty in schools of nursing;

9 “(b) ELIGIBILITY.—To be eligible to receive a grant
 10 under subsection (a), an entity shall—

11 “(1) be an accredited school of nursing that of-
 12 fers a doctoral degree in nursing in a State or terri-
 13 tory;

14 “(2) submit to the Secretary an application at
 15 such time, in such manner, and containing such in-
 16 formation as the Secretary may require;

17 “(3) develop and implement a plan in accord-
 18 ance with subsection (c);

19 “(4) agree to submit an annual report to the
 20 Secretary that includes updated information on the
 21 doctoral program involved, including information
 22 with respect to—

23 “(A) student enrollment;

24 “(B) student retention;

25 “(C) graduation rates;

1 “(D) the number of graduates employed
2 part-time or full-time in a nursing faculty posi-
3 tion; and

4 “(E) retention in nursing faculty positions
5 within 1 year and 2 years of employment;

6 “(5) agree to permit the Secretary to make on-
7 site inspections, and to comply with the requests of
8 the Secretary for information, to determine the ex-
9 tent to which the school is complying with the re-
10 quirements of this section; and

11 “(6) meet such other requirements as deter-
12 mined appropriate by the Secretary.

13 “(c) USE OF FUNDS.—Not later than 1 year after
14 the receipt of a grant under this section, an entity shall
15 develop and implement a plan for using amounts received
16 under this grant in a manner that establishes not less than
17 2 of the following:

18 “(1) Partnering opportunities with practice and
19 academic institutions to facilitate doctoral education
20 and research experiences that are mutually bene-
21 ficial.

22 “(2) Partnering opportunities with educational
23 institutions to facilitate the hiring of graduates from
24 the entity into nurse faculty, prior to, and upon
25 completion of the program.

1 “(3) Partnering opportunities with nursing
2 schools to place students into internship programs
3 which provide hands-on opportunity to learn about
4 the nurse faculty role.

5 “(4) Cooperative education programs among
6 schools of nursing to share use of technological re-
7 sources and distance learning technologies that serve
8 rural students and underserved areas.

9 “(5) Opportunities for minority and diverse stu-
10 dent populations (including aging nurses in clinical
11 roles) interested in pursuing doctoral education.

12 “(6) Pre-entry preparation opportunities includ-
13 ing programs that assist returning students in
14 standardized test preparation, use of information
15 technology, and the statistical tools necessary for
16 program enrollment.

17 “(7) A nurse faculty mentoring program.

18 “(8) A Registered Nurse baccalaureate to
19 Ph.D. program to expedite the completion of a doc-
20 toral degree and entry to nurse faculty role.

21 “(9) Career path opportunities for 2nd degree
22 students to become nurse faculty.

23 “(10) Marketing outreach activities to attract
24 students committed to becoming nurse faculty.

1 “(d) PRIORITY.—In awarding grants under this sec-
2 tion, the Secretary shall give priority to entities from
3 States and territories that have a lower number of em-
4 ployed nurses per 100,000 population.

5 “(e) NUMBER AND AMOUNT OF GRANTS.—Grants
6 under this section shall be awarded as follows:

7 “(1) In fiscal year 2008, the Secretary shall
8 award 10 grants of \$100,000 each.

9 “(2) In fiscal year 2009, the Secretary shall
10 award an additional 10 grants of \$100,000 each and
11 provide continued funding for the existing grantees
12 under paragraph (1) in the amount of \$100,000
13 each.

14 “(3) In fiscal year 2010, the Secretary shall
15 award an additional 10 grants of \$100,000 each and
16 provide continued funding for the existing grantees
17 under paragraphs (1) and (2) in the amount of
18 \$100,000 each.

19 “(4) In fiscal year 2011, the Secretary shall
20 provide continued funding for each of the existing
21 grantees under paragraphs (1) through (3) in the
22 amount of \$100,000 each.

23 “(5) In fiscal year 2012, the Secretary shall
24 provide continued funding for each of the existing

1 grantees under paragraphs (1) through (3) in the
2 amount of \$100,000 each.

3 “(f) LIMITATIONS.—

4 “(1) PAYMENT.—Payments to an entity under
5 a grant under this section shall be for a period of
6 not to exceed 5 years.

7 “(2) IMPROPER USE OF FUNDS.—An entity
8 that fails to use amounts received under a grant
9 under this section as provided for in subsection (c)
10 shall, at the discretion of the Secretary, be required
11 to remit to the Federal Government not less than 80
12 percent of the amounts received under the grant.

13 “(g) REPORTS.—

14 “(1) EVALUATION.—The Secretary shall con-
15 duct an evaluation of the results of the activities car-
16 ried out under grants under this section.

17 “(2) REPORTS.—Not later than 3 years after
18 the date of the enactment of this section, the Sec-
19 retary shall submit to Congress an interim report on
20 the results of the evaluation conducted under para-
21 graph (1). Not later than 6 months after the end of
22 the program under this section, the Secretary shall
23 submit to Congress a final report on the results of
24 such evaluation.

25 “(h) STUDY.—

1 “(1) IN GENERAL.—Not later than 3 years
2 after the date of the enactment of this section, the
3 Comptroller General of the United States shall con-
4 duct a study and submit a report to Congress con-
5 cerning activities to increase participation in the
6 nurse educator program under the section.

7 “(2) CONTENTS.—The report under paragraph
8 (1) shall include the following:

9 “(A) An examination of the capacity of
10 nursing schools to meet workforce needs on a
11 nationwide basis.

12 “(B) An analysis and discussion of sus-
13 tainability options for continuing programs be-
14 yond the initial funding period.

15 “(C) An examination and understanding of
16 the doctoral degree programs that are success-
17 ful in placing graduates as faculty in schools of
18 nursing.

19 “(D) An analysis of program design under
20 this section and the impact of such design on
21 nurse faculty retention and workforce short-
22 ages.

23 “(E) An analysis of compensation dispari-
24 ties between nursing clinical practitioners and
25 nurse faculty and between higher education

1 nurse faculty and higher education faculty over-
2 all.

3 “(F) Recommendations to enhance faculty
4 retention and the nursing workforce.

5 “(i) AUTHORIZATION OF APPROPRIATIONS.—

6 “(1) IN GENERAL.—For the costs of carrying
7 out this section (except the costs described in para-
8 graph (2), there are authorized to be appropriated
9 \$1,000,000 for fiscal year 2008, \$2,000,000 for fis-
10 cal year 2009, and \$3,000,000 for each of fiscal
11 years 2010 through 2012.

12 “(2) ADMINISTRATIVE COSTS.—For the costs of
13 administering this section, including the costs of
14 evaluating the results of grants and submitting re-
15 ports to the Congress, there are authorized to be ap-
16 propriated such sums as may be necessary for each
17 of fiscal years 2008 through 2012.”.

18 **SEC. 102. GERIATRIC ACADEMIC CAREER AWARDS FOR**
19 **NURSES.**

20 Part I of title VIII of the Public Health Service Act
21 (42 U.S.C. 298 et seq.) is amended by adding at the end
22 the following:

23 **“SEC. 856. GERIATRIC FACULTY FELLOWSHIPS.**

24 “(a) ESTABLISHMENT OF PROGRAM.—The Secretary
25 shall establish a program to provide Geriatric Academic

1 Career Awards to eligible individuals to promote the career
 2 development of such individuals as geriatric nurse faculty.

3 “(b) ELIGIBLE INDIVIDUALS.—To be eligible to re-
 4 ceive an Award under subsection (a), an individual shall—

5 “(1) be a registered nurse with a doctorate de-
 6 gree in nursing;

7 “(2)(A) have completed an approved advanced
 8 education nursing program in geriatric nursing or
 9 geropsychiatric nursing; or

10 “(B) have a State or professional nursing cer-
 11 tification in geriatric nursing or geropsychiatric
 12 nursing; and

13 “(3) have a faculty appointment at an accred-
 14 ited school of nursing, school of public health, or
 15 school of medicine.

16 “(c) APPLICATION.—An eligible individual desiring to
 17 receive an Award under this section shall submit to the
 18 Secretary an application at such time, in such manner,
 19 and containing such information as the Secretary may re-
 20 quire, which shall include an assurance that the individual
 21 will meet the service requirement described in subsection
 22 (d).

23 “(d) SERVICE REQUIREMENT.—An individual who
 24 receives an Award under this section shall provide training
 25 in clinical geriatrics, including the training of interdiscipli-

1 nary teams of health care professionals. The provision of
 2 such training shall constitute at least 50 percent of the
 3 obligations of such individual under the Award.

4 “(e) AMOUNT AND NUMBER.—

5 “(1) AMOUNT.—The amount of an Award
 6 under this section shall equal \$75,000 annually, ad-
 7 justed for inflation on the basis of the Consumer
 8 Price Index. The Secretary may increase the amount
 9 of an Award by not more than 25 percent, taking
 10 into account the fringe benefits and other research
 11 expenses, at the recipient’s institutional rate.

12 “(2) NUMBER.—The Secretary shall award up
 13 to 125 Awards under this section from 2008
 14 through 2016.

15 “(3) REGIONAL DISTRIBUTION.—

16 “(A) IN GENERAL.—The Secretary shall
 17 provide Awards to individuals from 5 regions in
 18 the United States, of which—

19 “(i) 2 regions shall be an urban area;

20 “(ii) 2 regions shall be a rural area;

21 and

22 “(iii) 1 region shall include a State
 23 with—

24 “(I) a medical school that has a
 25 department of geriatrics that manages

1 rural outreach sites and is capable of
2 managing patients with multiple
3 chronic conditions, 1 of which is de-
4 mentia; and

5 “(II) a college of nursing that
6 has a required course in geriatric
7 nursing in the baccalaureate program.

8 “(B) GEOGRAPHIC DIVERSITY.—The Sec-
9 retary shall ensure that the 5 regions estab-
10 lished under subparagraph (A) are located in
11 different geographic areas of the United States.

12 “(f) TERM OF AWARD.—The term of an Award made
13 under this section shall be 5 years.

14 “(g) REPORTS.—

15 “(1) EVALUATION.—

16 “(A) IN GENERAL.—The Secretary shall
17 conduct an evaluation of the results of the ac-
18 tivities carried out under the Awards estab-
19 lished under this section.

20 “(B) REPORTS TO CONGRESS.—Not later
21 than 3 years after the date of the enactment of
22 this section, the Secretary shall submit to Con-
23 gress an interim report on the results of the
24 evaluation conducted under this paragraph. Not
25 later than 180 days after the expiration of the

1 program under this section, the Secretary shall
2 submit to Congress a final report on the results
3 of such evaluation.

4 “(2) CONTENT.—The evaluation under para-
5 graph (1) shall examine—

6 “(A) the program design under this section
7 and the impact of the design on nurse faculty
8 retention; and

9 “(B) options for continuing the program
10 beyond fiscal year 2016.

11 “(h) AUTHORIZATION OF APPROPRIATIONS.—

12 “(1) IN GENERAL.—To fund Awards under
13 subsection (e), there are authorized to be appro-
14 priated \$1,875,000 for each of fiscal years 2008
15 through 2016.

16 “(2) ADMINISTRATIVE COSTS.—To carry out
17 this section (except to fund Awards under subsection
18 (e)), there are authorized to be appropriated such
19 sums as may be necessary for each of fiscal years
20 2008 through 2016.

21 “(3) SEPARATION OF FUNDS.—The Secretary
22 shall ensure that the amounts appropriated pursuant
23 to paragraph (1) are held in a separate account
24 from the amounts appropriated pursuant to para-
25 graph (2).”.

1 **TITLE II—DISTANCE EDUCATION**
 2 **PILOT PROGRAM AND OTHER**
 3 **PROVISIONS TO INCREASE**
 4 **THE NURSING AND PHYSICAL**
 5 **THERAPY WORKFORCE**

6 **SEC. 201. INCREASING THE DOMESTIC SUPPLY OF NURSES**
 7 **AND PHYSICAL THERAPISTS.**

8 (a) ESTABLISHMENT OF NURSE AND PHYSICAL
 9 THERAPISTS DISTANCE EDUCATION PILOT PROGRAM.—

10 (1) IN GENERAL.—The Secretary of Health and
 11 Human Services (referred to in this section as the
 12 “Secretary”), in conjunction with the Secretary of
 13 Education, shall establish a Nurse and Physical
 14 Therapist Distance Education Pilot Program
 15 through which grants may be awarded for the con-
 16 duct of activities to increase accessibility to nursing
 17 and physical therapy education.

18 (2) PURPOSE.—The purpose of the Nurse and
 19 Physical Therapist Distance Education Pilot Pro-
 20 gram established under paragraph (1) shall be to in-
 21 crease accessibility to nursing and physical therapy
 22 education to—

23 (A) provide assistance to individuals in
 24 rural areas who want to study nursing or phys-
 25 ical therapy to enable such individuals to re-

1 ceive appropriate nursing education and phys-
2 ical therapy education;

3 (B) promote the study of nursing and
4 physical therapy at all educational levels;

5 (C) establish additional slots for nursing
6 and physical therapy students at existing ac-
7 credited schools of nursing and physical therapy
8 education programs; and

9 (D) establish new nursing and physical
10 therapy education programs at institutions of
11 higher education.

12 (3) APPLICATION.—To be eligible to receive a
13 grant under the Pilot Program under paragraph (1),
14 an entity shall submit to the Secretary an applica-
15 tion at such time, in such manner, and containing
16 such information as the Secretary may require.

17 (4) AUTHORIZATION OF APPROPRIATIONS.—
18 There is authorized to be appropriated such sums as
19 may be necessary to carry out this subsection.

20 (b) INCREASING THE DOMESTIC SUPPLY OF NURSES
21 AND PHYSICAL THERAPISTS.—

22 (1) IN GENERAL.—Not later than January 1,
23 2008, the Secretary, in conjunction with the Sec-
24 retary of Education, shall—

1 (A) submit to Congress a report con-
2 cerning the country of origin or professional
3 school of origin of newly licensed nurses and
4 physical therapists in each State, that shall in-
5 clude—

6 (i) for the most recent 3-year period
7 for which data is available—

8 (I) separate data relating to
9 teachers at institutions of higher edu-
10 cation for each related occupation who
11 have been teaching for not more than
12 5 years; and

13 (II) separate data relating to all
14 teachers at institutions of higher edu-
15 cation for each related occupation re-
16 gardless of length of service;

17 (ii) for the most recent 3-year period
18 for which data is available, separate data
19 for each related occupation and for each
20 State;

21 (iii) a separate identification of those
22 individuals receiving their initial profes-
23 sional license and those individuals licensed
24 by endorsement from another State;

1 (iv) with respect to those individuals
2 receiving their initial professional license in
3 each year, a description of the number of
4 individuals who received their professional
5 education in the United States and the
6 number of individuals who received such
7 education outside the United States; and

8 (v) to the extent practicable, a de-
9 scription, by State of residence and coun-
10 try of education, of the number of nurses
11 and physical therapists who were educated
12 in any of the 5 countries (other than the
13 United States) from which the most nurses
14 and physical therapists arrived;

15 (B) in consultation with the Department of
16 Labor, enter into a contract with the Institute
17 of Medicine of the National Academy of
18 Sciences for the conduct of a study and submis-
19 sion of a report that includes—

20 (i) a description of how the United
21 States can balance health, education, labor,
22 and immigration policies to meet the re-
23 spective policy goals and ensure an ade-
24 quate and well-trained nursing and phys-
25 ical therapy workforce;

1 (ii) a description of the barriers to in-
2 creasing the supply of nursing and physical
3 therapy faculty, domestically trained
4 nurses, and domestically trained physical
5 therapists;

6 (iii) recommendations of strategies to
7 be utilized by Federal and State govern-
8 ments that would be effective in removing
9 the barriers described in clause (ii), includ-
10 ing strategies that address barriers to ad-
11 vancement to become registered nurses for
12 other health care workers, such as home
13 health aides and nurses assistants;

14 (iv) recommendations for amendments
15 to Federal laws that would increase the
16 supply of nursing faculty, domestically
17 trained nurses, and domestically trained
18 physical therapists;

19 (v) recommendations for Federal
20 grants, loans, and other incentives that
21 would provide increases in nurse and phys-
22 ical therapist educators and training facili-
23 ties, and other measures to increase the
24 domestic education of new nurses and
25 physical therapists;

1 (vi) an identification of the effects of
2 nurse and physical therapist emigration on
3 the health care systems in their countries
4 of origin; and

5 (vii) recommendations for amend-
6 ments to Federal law that would minimize
7 the effects of health care shortages in the
8 countries of origin from which immigrant
9 nurses arrived; and

10 (C) collaborate with the heads of other
11 Federal agencies, as appropriate, in working
12 with ministers of health or other appropriate of-
13 ficials of the 5 countries from which the most
14 nurses and physical therapists arrived into the
15 United States, to—

16 (i) address health worker shortages
17 caused by emigration; and

18 (ii) ensure that there is sufficient
19 human resource planning or other tech-
20 nical assistance needed to reduce further
21 health worker shortages in such countries.

22 (2) ACCESS TO DATA.—The Secretary shall
23 grant the Institute of Medicine access to the data
24 described under paragraph (1)(A), as such data be-
25 comes available to the Secretary for use by the Insti-

1 tute in carrying out the activities under paragraph
2 (1)(B).

3 (3) AUTHORIZATION OF APPROPRIATIONS.—

4 There is authorized to be appropriated \$1,400,000
5 to carry out paragraph (1)(B).

○