

111TH CONGRESS
1ST SESSION

S. 1161

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 2, 2009

Mr. BINGAMAN (for himself and Mrs. LINCOLN) 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 2009”.

7 (b) FINDINGS.—Congress makes the following find-
8 ings:

1 (1) The Nurse Reinvestment Act (Public Law
2 107–205) has helped to support students preparing
3 to be nurse educators. Yet, nursing schools nation-
4 wide are forced to deny admission to individuals
5 seeking to become nurses and nurse educators due
6 to the lack of qualified nurse faculty.

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

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

21 (4) Despite the fact that in 2006, 52.4 percent
22 of graduates of doctoral nursing programs enter
23 education roles, the 103 doctoral programs nation-
24 wide produced only 437 graduates, which is only an
25 additional 6 graduates from 2005. This annual

1 graduation rate is insufficient to meet the needs for
2 nurse faculty. In keeping with other professional
3 academic disciplines, nurse faculty at colleges and
4 universities are typically doctorally prepared.

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

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

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

20 (8) A wave of nurses will be retiring from the
21 profession in the near future. As of May 2007, the
22 average age of a nurse in the United States is 46.8
23 years old. The Bureau of Labor Statistics estimates
24 that more than 1,200,000 new and replacement reg-
25 istered nurses will be needed by 2014.

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

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

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

1 did not receive care from a nurse trained in geri-
 2 atrics.

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

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

10 **TITLE I—GRANTS FOR NURSING** 11 **EDUCATION**

12 **SEC. 101. NURSE FACULTY EDUCATION.**

13 Part D of title VIII of the Public Health Service Act
 14 (42 U.S.C. 296p et seq.) is amended by adding at the end
 15 the following:

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

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

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

1 “(2) provide for increasing enrollment and
2 graduation rates for students from doctoral pro-
3 grams; and

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

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

8 “(1) be an accredited school of nursing that of-
9 fers a doctoral degree in nursing in a State or terri-
10 tory;

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

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

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

20 “(A) student enrollment;

21 “(B) student retention;

22 “(C) graduation rates;

23 “(D) the number of graduates employed
24 part-time or full-time in a nursing faculty posi-
25 tion; and

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

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

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

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

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

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

23 “(3) Partnering opportunities with nursing
24 schools to place students into internship programs

1 which provide hands-on opportunity to learn about
 2 the nurse faculty role.

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

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

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

15 “(7) A nurse faculty mentoring program.

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

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

21 “(10) Marketing outreach activities to attract
 22 students committed to becoming nurse faculty.

23 “(d) PRIORITY.—In awarding grants under this sec-
 24 tion, the Secretary shall give priority to entities from

1 States and territories that have a lower number of em-
2 ployed nurses per 100,000 population.

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

5 “(1) In fiscal year 2010, the Secretary shall
6 award 10 grants of \$100,000 each.

7 “(2) In fiscal year 2011, the Secretary shall
8 award an additional 10 grants of \$100,000 each and
9 provide continued funding for the existing grantees
10 under paragraph (1) in the amount of \$100,000
11 each.

12 “(3) In fiscal year 2012, the Secretary shall
13 award an additional 10 grants of \$100,000 each and
14 provide continued funding for the existing grantees
15 under paragraphs (1) and (2) in the amount of
16 \$100,000 each.

17 “(4) In fiscal year 2013, the Secretary shall
18 provide continued funding for each of the existing
19 grantees under paragraphs (1) through (3) in the
20 amount of \$100,000 each.

21 “(5) In fiscal year 2014, the Secretary shall
22 provide continued funding for each of the existing
23 grantees under paragraphs (1) through (3) in the
24 amount of \$100,000 each.

25 “(f) LIMITATIONS.—

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

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

10 “(g) REPORTS.—

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

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

22 “(h) STUDY.—

23 “(1) IN GENERAL.—Not later than 3 years
24 after the date of the enactment of this section, the
25 Comptroller General of the United States shall con-

1 duct a study and submit a report to Congress con-
2 cerning activities to increase participation in the
3 nurse educator program under the section.

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

6 “(A) An examination of the capacity of
7 nursing schools to meet workforce needs on a
8 nationwide basis.

9 “(B) An analysis and discussion of sus-
10 tainability options for continuing programs be-
11 yond the initial funding period.

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

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

20 “(E) An analysis of compensation dispari-
21 ties between nursing clinical practitioners and
22 nurse faculty and between higher education
23 nurse faculty and higher education faculty over-
24 all.

1 “(F) Recommendations to enhance faculty
2 retention and the nursing workforce.

3 “(i) AUTHORIZATION OF APPROPRIATIONS.—

4 “(1) IN GENERAL.—For the costs of carrying
5 out this section (except the costs described in para-
6 graph (2), there are authorized to be appropriated
7 \$1,000,000 for fiscal year 2010, \$2,000,000 for fis-
8 cal year 2011, and \$3,000,000 for each of fiscal
9 years 2012 through 2014.

10 “(2) ADMINISTRATIVE COSTS.—For the costs of
11 administering this section, including the costs of
12 evaluating the results of grants and submitting re-
13 ports to the Congress, there are authorized to be ap-
14 propriated such sums as may be necessary for each
15 of fiscal years 2010 through 2014.”.

16 **SEC. 102. GERIATRIC ACADEMIC CAREER AWARDS FOR**
17 **NURSES.**

18 Part I of title VIII of the Public Health Service Act
19 (42 U.S.C. 298 et seq.) is amended by adding at the end
20 the following:

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

22 “(a) ESTABLISHMENT OF PROGRAM.—The Secretary
23 shall establish a program to provide Geriatric Academic
24 Career Awards to eligible individuals to promote the career
25 development of such individuals as geriatric nurse faculty.

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

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

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

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

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

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

21 “(d) SERVICE REQUIREMENT.—An individual who
22 receives an Award under this section shall provide training
23 in clinical geriatrics, including the training of interdiscipli-
24 nary teams of health care professionals. The provision of

1 such training shall constitute at least 50 percent of the
 2 obligations of such individual under the Award.

3 “(e) AMOUNT AND NUMBER.—

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

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

14 “(3) REGIONAL DISTRIBUTION.—

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

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

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

20 and

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

23 “(I) a medical school that has a
 24 department of geriatrics that manages
 25 rural outreach sites and is capable of

1 managing patients with multiple
2 chronic conditions, 1 of which is de-
3 mentia; and

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

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

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

13 “(g) REPORTS.—

14 “(1) EVALUATION.—

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

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

1 submit to Congress a final report on the results
2 of such evaluation.

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

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

8 “(B) options for continuing the program
9 beyond fiscal year 2018.

10 “(h) AUTHORIZATION OF APPROPRIATIONS.—

11 “(1) IN GENERAL.—To fund Awards under
12 subsection (e), there are authorized to be appro-
13 priated \$1,875,000 for each of fiscal years 2010
14 through 2018.

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

20 “(3) SEPARATION OF FUNDS.—The Secretary
21 shall ensure that the amounts appropriated pursuant
22 to paragraph (1) are held in a separate account
23 from the amounts appropriated pursuant to para-
24 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 2010, 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).

○