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Senate

The Senate met at 2 p.m. and was called to order by the President pro tempore (Mr. BYRD).

PRAYER

The Chaplain, Dr. Lloyd John Ogilvie, offered the following prayer:

Almighty God, Your Presence surrounds us, Your love affirms us, Your strength sustains us, Your courage empowers us, Your guidance directs us, and Your joy uplifts us. Thank You for this new day in which we can love You by serving our Nation in the U.S. Senate. Give us a renewed conviction that we are here by Your appointment. As You have placed us in positions of responsibility, You will provide us with exactly what we need in each hour this day. We commit the day to You and look expectantly for Your interventions and inspiration. You are the source of our vision, hope, and perseverance. Bless the Senators and all of us who work with and for them. Remind us that we are all working for You and for Your best for our Nation. You are our Lord and Saviour. Amen.

PLEDGE OF ALLEGIANCE

The Honorable ROBERT C. BYRD led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

RESERVATION OF LEADER TIME

The PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

RECOGNITION OF THE ACTING MAJORITY LEADER

The PRESIDENT pro tempore. The Senator from Nevada, the Democratic whip, is recognized.

SCHEDULE

Mr. REID. Mr. President, the time until 6 p.m. will be divided between the two managers. There will be no rollcall votes today. We will, however, vote tomorrow morning, at 10:45, on a nomination from the White House.

GREATER ACCESS TO AFFORDABLE PHARMACEUTICALS ACT

The PRESIDENT pro tempore. Under the previous order, the Senate will now resume consideration of S. 812, which the clerk will report.

The assistant legislative clerk read as follows:

A bill (S. 812) to amend the Federal Food, Drug, and Cosmetic Act to provide greater access to affordable pharmaceuticals.

Pending:

Reid (for Dorgan) amendment No. 4299, to permit commercial importation of prescription drugs from Canada.

Graham amendment No. 4309, to amend title XVIII of the Social Security Act to provide coverage of outpatient prescription drugs under the Medicare program.

Hatch (for Grassley) amendment No. 4310, to amend title XVIII of the Social Security Act to provide for a Medicare voluntary prescription drug delivery program under the Medicare program, and to modernize the Medicare program.

The PRESIDENT pro tempore. Under the previous order, the time until 6 p.m. shall be equally divided between the two managers or their designees.

NURSE REINVESTMENT ACT

Mr. REID. I ask unanimous consent the Senate proceed to the immediate consideration of Calendar No. 306, H.R. 3487.

The PRESIDENT pro tempore. The clerk will report the bill by title.

The assistant legislative clerk read as follows:

The bill (H.R. 3487) to amend the Public Health Service Act with respect to health professions programs regarding the field of nursing.

There being no objection, the Senate proceeded to consider the bill.

Ms. MIKULSKI. Mr. President, I am proud to rise in support of final passage of the Nurse Reinvestment Act. This bill addresses the critical nursing shortage in our country by getting behind the nurses who take care of us every day. It provides incentives to encourage people to enter the nursing profession and make it a career. This legislation is based on the Nurse Reinvestment Act, S. 1864, that I sponsored with Senators TIM HUTCHINSON, JOHN KERRY, and JIM JEFFORDS.

Since the Senate passed the Nurse Reinvestment Act in December of last year, there is new information showing that the nursing shortage has become even more severe. In Maryland, almost 16 percent of nursing jobs are unfilled, up from 3.3 percent in 1997. There are over 2,000 registered nurse vacancies in Maryland hospitals. Since the average age of a Maryland nurse is 47 years, we face the possibility that the shortage will soon get worse if young nurses do not enter and stay in the profession.

The nursing shortage is not unique to Maryland. It is nationwide. In 2001, the average American hospital vacancy rate was 13 percent for registered nurses. The average age of an American nurse is 44 years, with many retiring in their fifties or working part time due to the physical demands of the job. At the same time, the labor force is shrinking and baby boomers will soon retire and place additional demands on our health care system.

The nursing shortage can have grave consequences on patient care. A recent study published in the New England Journal of Medicine found that nursing shortages in hospitals are associated with a higher risk of complications and even death. It is our duty to take steps to make sure our health care system is staffed with enough qualified nurses.

Nurses care for Americans from the cradle to the grave. We depend on them to care for our parents, our children,

• This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.



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our siblings and sometimes ourselves. We turn to them in hospitals, nursing homes, community health centers, hospices, and for home health. These organizations truly could not exist without nurses.

This bill is a significant step in addressing the nursing shortage. It helps men and women obtain the education they need to become nurses, provides training and career ladder programs to help nurses advance in the profession, and helps ensure that there are enough nursing faculty to teach more nursing students. Highlights of this bill include:

National Nurse Service Corps To Serve in Areas With Critical Nurse Shortages:

The bill creates a scholarship program, which provides scholarships for nursing education in exchange for at least two years of full time service, or the equivalent amount of part time service, in a facility with a critical shortage of nurses; and

The bill extends the Loan Repayment Program for nurses: nurses have their nursing education loans paid back in exchange serving as a nurse for at least two years in a facility with a critical shortage of nurses.

Public Service Announcements To Recruit Nurses and Promote Nursing:

The legislation creates State and national public service announcements to promote nursing, encourage people to enter the nursing profession, and inform the public of financial assistance for nursing education programs.

Building Career Ladders and Retaining Quality Nurses:

The bill provides grants to improve nurse education, practice, and retention including:

Career ladder programs with schools of nursing and health care facilities to encourage individuals to pursue additional education and training to enter and advance within the nursing profession, including certified nurse assistants, CNAs;

Internship and residency programs that encourage mentoring and the development of specialties;

Retention programs that enhance collaboration among nurses and other health care professionals and promote nurse involvement in organizational and clinical decisionmaking.

Geriatric Education To Train Individuals To Care for the Elderly:

The bill creates a program to award grants to train and educate individuals in providing geriatric care to the elderly.

Financial Help to Recruit Faculty To Teach in Nursing Schools:

The legislation provides loans for graduate-level education in nursing—cancels up to 85 percent of the loan and interest, in exchange for teaching at a school of nursing, to help ensure that we have enough faculty at our nursing schools.

This bill is about nursing education, but it is also about empowerment. We can empower people to improve their

lives and go into a career that saves lives.

The bill will empower the single mom stuck in a dead end retail job to get a nursing degree at the local community college to forge a better life for herself and her family. She can receive a scholarship that enables her to work around the needs of her family by going to nursing school either full or part-time. She would also have the opportunity to receive additional training or assistance in getting her bachelor's degree in nursing. A mentoring program could help her advance in her profession and help keep her in the profession. She could even get a master's degree and teach nursing at her local community college, while most of her loans for her advanced degree are cancelled.

This bill also addresses the health care needs of a growing population in our country: the elderly. This bill provides training for individuals involved in caring for the elderly by funding schools of nursing, health care facilities, programs leading to CNA certification, and partnerships of these to provide education and training in geriatric care for the elderly. Our population is aging—more than 70 million Americans will be over age 65 by 2030. Their care will be improved by nurses and other health care professionals who are specifically trained to care for the unique health needs of older Americans.

As a senior member of the Appropriations Committee, I will fight for funding for the Nurse Reinvestment Act. We are putting these important programs on our law books to address the nursing shortage. We must put these same priorities in our federal check-book.

This bill gets behind our Nation's nurses. It will improve patient care by bringing more nurses to communities across the country. I thank my colleagues for their support of this important legislation. I also want to acknowledge and thank Senators KENNEDY, GREGG, HUTCHINSON, KERRY, JEFFORDS, FRIST, and CLINTON for their hard work in moving this legislation. I ask unanimous consent that the accompanying statement of managers be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

The following is a statement of congressional intent with respect to the Nurse Reinvestment Act.

I. FUNDING METHODOLOGY

During the last reauthorization of Title VIII in 1998, Congress required the Secretary of Health and Human Services to determine a funding methodology to be used for fiscal year 2003 and thereafter to determine the appropriate amounts to be allocated to three important programs within the Nursing Workforce Development activities—advanced nursing education, workforce diversity, and nurse education and practice. In developing this methodology, Congress outlined a series of factors that should be considered and required a report describing the new method-

ology as well as the effects of the new methodology on the current allocations between those three important programs.

Given that the new funding methodology was to take effect in fiscal year 2003, Congress requested that the contract for the funding methodology be completed by February 1, 2002, and that the report to Congress regarding that methodology arrive no later than 30 days after the completion of the development of the methodology. Although Congress has not yet received the report, George Mason University has been working on this contract, and they have described the new funding methodology on their website. This methodology states that advanced nursing education should receive 31.5 percent of the funds (a 46 percent decrease from fiscal year 2001 allocations), workforce diversity should receive 31.5 percent of the funds (a 25% increase over fiscal year 2001 allocations), and nurse education and practice should receive 37 percent of the funds (a 20 percent increase over fiscal year 2001 allocations).

Because Congress expected the funding methodology to be completed by the beginning of fiscal year 2003, current law does not state how the funds should be allocated if no funding methodology was available. Therefore, the discretion is left to the Secretary. Due to that discretion, it is the Congress' intent that the Secretary allocate funds in a manner that would most appropriately address any current or impending nursing shortage while minimizing disruption and report such allocations to the appropriate committees of Congress, along with a justification for those allocations. Further, given that Congress has requested a new funding methodology for fiscal year 2003, the Secretary is now requested to provide an update on the development of that methodology and the expected timeline for implementation.

II. AUTHORIZATIONS UNDER THE NURSE REINVESTMENT ACT

Throughout the bill, the legislation authorizes the appropriation of such sums as may be necessary to accomplish the objective of the legislation. It is Congress' belief that the current nursing shortage is a significant national problem that has a major negative impact on the delivery of high-quality health care in the United States. It is Congress' belief that funds should be appropriated for the initiatives authorized by this legislation at a level that is commensurate with the significance of this problem.

The legislation authorizes the appropriation of such sums as may be necessary in order to accomplish the objectives of the legislation to allow flexibility in providing funding to respond to the ongoing needs of the programs authorized by the legislation. Although the legislation does not authorize the appropriation of specific dollar amounts, it is Congress' belief that the investment of significant new resources, beyond those already provided under Title VIII of the Public Health Service Act, will be required in order to alleviate the current nursing shortage.

III. LOAN REPAYMENT AND SCHOLARSHIPS

The Congress intends that nurses fulfilling their service requirement under the Loan Repayment Program or the Scholarship Program under section 846 be able to fulfill their service requirement in a nurse-managed health center with a critical shortage of nurses.

The Congress further intends that, in determining the placement of nurses under section 103 of the bill, the Health Resources and Services Administration is not expected to follow the placement requirements outlined under the National Health Service Corps.

IV. NURSE EDUCATION, PRACTICE, AND
RETENTION GRANTS

A. Intent of Legislation

The legislation adds a number of new programs to section 831, and it is Congress' intent to ensure that these programs are actually funded and implemented. Therefore, Congress expects that the Secretary will seek to fund worthy applications received under the Section 831 authorities that have been added, while assuring the existing priorities indicated under section 831 also continue.

Congress anticipates that the use of funds under 831(c)(2) will directly affect nurses in their workplaces and will be monitored for demonstrable improvement in the areas of nurse retention and patient care.

B. Background

In authorizing section 831(c)(2), Congress did so with the evidence of the efficacy of magnet hospitals in mind. The concept of magnet hospitals dates back to the country's last nursing shortage in the 1980's. At the time, nursing professional organizations and other experts noticed that despite the nationwide nurse shortage, certain hospitals were able to successfully attract and retain professional nurses, behaving as nursing "magnets." A study of these hospitals showed that they shared a number of characteristics, each of which contributed to making these "magnet hospitals" attractive workplaces for nurses. Many of these attributes have been mentioned in section 831(c)(2). Currently hospitals can receive a magnet designation from the American Nurse Credentialing Center, and extensive research on magnet-designated facilities shows that nurses in these hospitals show an average length of employment twice that of nurses in non-magnet hospitals, and magnet hospital nurses consistently report greater job satisfaction. Research has demonstrated that magnet hospitals also show lower mortality rates, shorter lengths of stay, and higher patient satisfaction.

V. NURSE FACULTY LOAN PROGRAM

The purpose of the nurse faculty loan program is to encourage individuals to pursue a master's or doctoral degree to teach at a school of nursing in exchange for cancellation of educational loans to these individuals.

Michael Bilirakis, Lois Capps, Billy J. Tauzin, John D. Dingell, Richard Burr, Sherrod Brown, Ed Whitfield, Eliot L. Engel, Robert L. Ehrlich, Henry A. Waxman, Barbara A. Mikulski, Tim Hutchinson, John F. Kerry, James M. Jeffords, Judd Gregg, Bill Frist, M.D., Edward M. Kennedy, Susan M. Collins, Hillary Rodham Clinton.

Mr. KENNEDY. Mr. President, today the Senate considers long-needed legislation to address the worsening crisis in nursing care across the country. We all know the importance of nurses in delivering good health care. A nurse is often the first person that patients see after waking in the morning and the last person they see at night. Nurses are the backbone of an effective health care system—yet the nation now faces a crisis in nursing due to the shortages of trained nurses. The Nurse Reinvestment Act we are considering today takes significant steps to address the shortage by improving nurse training, reducing the barriers to a nursing education through loan repayment programs and scholarships, and improving working conditions.

The bill we consider today owes much to the skill and dedication of

many of our colleagues on both sides of the aisle and on both sides of the Capitol. The legislation contains major provisions to improve nurse training sponsored by our colleague from Maryland, Senator MIKULSKI, who has been tireless in her support for nurses. Her energy and skill were indispensable in the Senate's approval of this important legislation earlier this year. She is a champion for nurses, and this bill is a fitting tribute to her dedication.

The legislation we consider today also owes a great deal to the commitment of our colleagues, Senator KERRY and Senator JEFFORDS. In the legislation they introduced in the Senate last year, they outlined a vision for a National Nurse Service Corps to serve in areas with a nursing shortage. This proposal is part of the legislation we are considering today. The provisions on the National Nurse Service Corps will provide scholarships and loan repayment agreements for nursing students who agree to practice nursing in areas with a critical shortage of nurses. This corps of nurses can be effective in easing the most critical shortages that exist in so many communities.

The challenge we face is clear. It is becoming increasingly difficult for hospitals and other health facilities to obtain the nurses they need to properly care for patients. Today, about 125,000 nurse positions remain vacant. This shortage will become more severe in the years ahead as nurses reach retirement and as the demand for nursing care increases because of the nation's aging population. A major part of the problem is that nurses often leave the practice of nursing because of poor working conditions.

Senator CLINTON has sponsored important provisions in the bill to improve working conditions for nurses and improve the retention of trained nurses. Her proposals will provide effective incentives for hospitals to involve nurses in clinical decision-making and to improve communication among nurses and other health professionals. A clear example of the benefits of these programs is shown by the success of hospitals designated as "magnets" for quality nurses. These leading institutions provide higher quality patient care because they are successful in retaining trained nurses. The source of their success is very clear—they value the professional role of nurses in patient care.

I also commend the distinguished ranking member of our committee, Senator GREGG, and the distinguished ranking member of our subcommittee, Senator FRIST, as well as many other members of our committee for their contributions to this legislation. This legislation will also attract more students to the practice of nursing through public service announcements, advertisements and outreach programs to demonstrate the value of a career in nursing to young persons in all parts of the country.

Nurses have an indispensable role in our health care system. They are the ones who provide much of the direct care to patients and monitor how patients are recovering. Studies confirm that nursing care is critical to improving patient outcomes, and that a shortage of nurses can hurt patient care.

We cannot have a quality health care system without quality care by nurses. The legislation the Senate considers today will alleviate the severe shortage the nation faces in trained nurses. It will improve the quality of care for millions of patients in communities throughout the Nation. I thank my colleagues for their dedication to this important issue, and I urge the Senate to approve this needed legislation.

Mr. KERRY. Mr. President, I am extremely pleased that the Senate is considering final passage of the Nurse Reinvestment Act, a bill I originally introduced with my colleague, Senator JEFFORDS, in April of 2001. I commend the chairman of the Senate Health, Education, Labor and Pensions Committee, my colleague from Massachusetts, Senator KENNEDY, for his efforts in seeing this legislation through the Senate. In addition, I wish to recognize the invaluable contributions Senators MIKULSKI, HUTCHINSON, FRIST, GREGG and CLINTON made to the final version of the legislation that is before us today. This legislation is important for nurses and patients, and essential to ensuring that our health care system can function at its best. Upon passage, the Nurse Reinvestment Act will increase the number of nurses in our country, and also ensure that every nurse in the field has the skills he or she needs to provide the quality care patients deserve. I congratulate all of my colleagues for their work on this measure and for the contribution it will inevitably make to the health of our nation.

The Nurse Reinvestment Act is long overdue. Our country is facing a severe nursing workforce shortage. Every type of community—urban, suburban and rural—is touched by it. No sector of our health care system is immune to it. Across the country, hospitals, nursing homes, home health care agencies and hospices are struggling to find nurses to care for their patients. Patients seeking care have been denied admission to facilities and told that there were "no beds" for them. Often there are beds, just not the nurses to care for the patients who would occupy them.

Our nation has suffered from nursing shortages in the past. However, this shortage is particularly severe because we are losing nurses at both ends of the pipeline. Over the past five years, enrollment in entry-level nursing programs has declined by 20 percent. Lured to the lucrative jobs of the new economy, high school graduates are not pursuing careers in nursing in the numbers they once had. Consequently, nurses under the age of 30 represent only 10 percent of the current workforce. By 2010, 40 percent of the nursing

workforce will be over the age of 50, and nearing retirement. If these trends are not reversed, we stand to lose vast numbers of nurses at the same time that they will be needed to care for the millions of baby boomers enrolling in Medicare.

The Nurse Reinvestment Act will support the recruitment of new students into America's nursing programs by funding national and local public service announcements to enhance the profile of the nursing profession and encourage students to commit to a career in nursing. In addition to recruiting new nurses, our legislation will reinvest in nurses who are already practicing by providing them with education and training at every step of the career ladder and at every health care facility in which they work. It will ensure that nurses can obtain advanced degrees, from a B.S. in Nursing to a PhD in Nursing. It will place nurses in internships and residencies where they can receive the specialized clinical training they need to respond to the complex health care needs of today's patients. Our bill will also help train nurses in geriatrics to ensure that our health care providers are prepared to care for the needs of our nation's growing senior population.

Finally, the Nurse Reinvestment Act will create, for the first time in history, a National Nurse Service Corps. Like the National Health Service Corps, the NNSC will administer scholarships to and repay the loans of students who commit to working in a health care facility that is experiencing a shortage of nurses. In urban, suburban and rural communities across the country, where facilities turn away patients due to staff shortages, the NNSC will send qualified nurses to serve and provide the care that patients deserve.

Our country boasts the best health care system in the world. But, that health care system is being jeopardized by the shortage plaguing our nursing workforce. Indeed, state-of-the-art medical facilities are no use if their beds go unfilled and their floors remain empty because the nurses needed to staff them are not available. The Nurse Reinvestment Act will not only increase the numbers of new nurses in our country, but also ensure that every nurse has the skills he or she needs to provide the high quality care that makes our health care system the best in the world. I urge my colleagues to join me and the bill's cosponsors in supporting final passage of this important legislation.

I thank the Chair.

Mr. JEFFORDS. Mr. President, I am especially pleased on this day that we are considering final passage of a long-awaited Nurse Reinvestment Act. When we pass this measure, it will represent a good day for the future of the nursing profession in America and an equally good day for the future of quality patient care. I want to take this opportunity to speak about this legisla-

tion, and to congratulate and complement my fellow Members of Congress who worked so hard to see this effort through. Back in April of 2001, together with my good friend from Massachusetts, Senator KERRY, I was proud to sponsor the innovative set of solutions to the nursing shortage set out in our Nurse Reinvestment Act. Since that time, with extraordinary contributions on behalf of Senator HUTCHINSON and Senator MIKULSKI, as well as the cooperative spirit of our colleagues in the House, I believe that we have produced a piece of legislation that we can all be proud of. Today we have before us a measure that represents a truly bipartisan and bicameral effort to address a very serious nursing shortage in the United States.

As I have stated before, we are facing a looming crisis in this country. The size of our nursing workforce remains stagnant, while the average age of the American nurse is on the rise. Over the past 5 years, enrollment in entry-level nursing programs has declined by 20 percent. Nurses under the age of 30 represent only 10 percent of the current workforce. By 2010, 40 percent of the nursing workforce will be over the age of 50, and nearing retirement. In Vermont, we are facing an even greater crisis. Only 28 percent of nurses are under the age of 40 and Vermont schools and colleges are producing 31 percent fewer nurses today than they did just 5 years ago.

We have a compelling need to encourage more Americans to enter the nursing profession and to strengthen it so that more nurses choose to stay in the profession. All facets of the health care system will have a role to play in ensuring a strong nursing workforce. Nurses, physicians, hospitals, nursing homes, academia, community organizations and State and Federal Governments all must accept responsibility and work towards a solution. Part of the responsibility to launch that effort begins with us today as we vote affirmatively for this legislation.

The Nurse Reinvestment Act expands and improves the Federal Government's support of "pipeline" programs, which will maintain a strong talent pool and develop a nursing workforce that can address the increasingly diverse needs of America's population. The Nurse Reinvestment Act provides for a comprehensive public awareness and education campaign on a national, State and local level. The campaign will help to bolster the image of the profession and highlight the advantages and rewards of nursing, attract more nurses to the workforce, and lead current nurses to take advantage of career development opportunities.

This legislation creates a National Nursing Service Corps Scholarship Program that will provide scholarships to individuals to attend schools of nursing in exchange for a commitment to serve 2 years in a health care facility determined to have a critical shortage of nurses. This scholarship program is de-

signed to recruit both full-time and part-time nursing students, and to complement the existing loan repayment program.

The Nurse Reinvestment Act also provides for nurse education, practice, and retention grants. Specifically, the grants will be focused on internship and residency programs that encourage mentoring, development of specialties, and increased education in the area of new technologies like distance learning. It provides for career ladder grants to promote advancement for nursing personnel, including professional nurses, advanced education nurses, licensed practical nurses, certified nurse assistants, and home health aides. In addition, these grants aim to improve retention by enhancing collaboration among nurses and other health care professionals and by promoting nurse involvement in organizational and clinical decision-making.

The legislation before us today goes even further by emphasizing preparation for the aging baby boomer population. With this legislation, we create a new program that provides for grants to train and educate individuals in providing geriatric care for the elderly. We also create a nurse faculty loan program in order to ensure that we have enough faculty to teach the nurses that we will so direly need in the years to come. The faculty loan program will allow for up to 85 percent loan cancellation for students in advanced degree programs who agree to serve as a faculty member at a school of nursing.

Once again, I want to applaud my colleagues Senator KERRY, Senator MIKULSKI and Senator HUTCHINSON for their tireless work on the Nurse Reinvestment Act and for the work of their staffs. In particular, I want to recognize the efforts of Kelly Bovio in Senator KERRY's office, Kate Hull in Senator HUTCHINSON's office and Rhonda Richards with Senator MIKULSKI. This effort was also advanced with the help of Sarah Bianchi, Jackie Gran, Brian Hickey, and David Bowen who are members of Senator KENNEDY's staff, Christina Ho of Senator CLINTON's staff, Steve Irizarry with Senator GREGG and Shana Christrup with Senator FRIST. Finally, in my own office, I want to note the efforts of Philo Hall, Angela Mattie, Eric Silva and Sean Donohue for their work throughout this process.

Adequate health care services cannot survive any further diminishing of the nursing workforce. Today, we are taking a positive step forward to address the problem before us. I urge my colleagues to join me and the bill's cosponsors in support of this measure, and I trust that this Nurse Reinvestment Act will be given top priority when it comes time to adequately fund the programs set out in it.

Thank you, Mr. President.

Mr. HUTCHINSON. Mr. President, today is a day of great significance and a turning point for the future of nursing in our country. We are about to

pass the final version of the Nurse Reinvestment Act, after months of negotiations between the House of Representatives and the Senate. Eighteen months ago, I held the first hearings in the Senate examining the severity of the nursing shortage and its impact on our health care delivery system. I subsequently worked with Senator MIKULSKI to introduce S. 721, the Nurse Education and Employment Development Act, which served as a basis for the legislation the Senate is about to pass today.

Nurses are the foundation of our Nation's health care system. Our nation has one of the best health care systems in the world the quality of health care that we have come to expect is a direct result of the hard work and commitment of nurses. However, the profession as a whole is shrinking. Nurses and nurse faculty are retiring or leaving the profession, perhaps for a better paying job, and fewer new nurses are there to replace them. According to recent surveys, working nurses are on average 45 years old. Less than 10 percent of the nurse workforce is under age 30, and just about 5 percent of the workforce consists of men.

The Bureau of Labor Statistics predicts that over 560,000 new nursing jobs will be created in the next decade due to continued demand for health care services and the retirement of the Baby Boomers. During this same time period, over 440,000 nursing jobs will open due to nurses retiring from the profession. Despite this incredible need, overall enrollments in Registered Nurse programs reached a high of nearly 270,000 in 1993, and have declined by over 50,000 by 1999. In Arkansas, nursing enrollments have declined by over 40 percent over the last decade. Unless this trend is reversed by encouraging more people to enter the field of nursing and developing a diverse workforce, studies indicate that by the year 2020, 20 percent of nursing needs will go unmet.

The provisions of the Nurse Reinvestment Act, all of which reflect those contained in the original legislation introduced by Senator MIKULSKI and myself, aim to attract and retain more nurses and to ensure quality care.

First, the legislation establishes a National Nurse Service Corps, which consists of scholarships and expanded loan repayments for nurses who agree to serve for at least two years in a health care facility with a critical shortage of nurses. Hospitals, nursing homes, home health agencies, and health centers are all experiencing shortages of qualified health care personnel. Up to 168,000 hospital positions are unfilled today, and 75 percent, or 126,000, of those vacancies are Registered Nurse positions. Of the 106,982 direct care nursing positions now vacant in nursing homes, 16,196 are Registered Nurse jobs. The goal of the National Nurse Service Corps is to inspire individuals to obtain nursing education at all levels and to fill the need.

Compassion, intellect and courage are all terms that come to mind when I think of the nursing profession. Unfortunately, negative stereotypes, that nursing is only for women, or that nursing just involves changing bedpans, have invaded our culture. The Nurse Reinvestment Act provides for a national awareness campaign, through public service announcements, to show all Americans, men, women, and young children, how rewarding and noble a career in nursing can be and about opportunities for assistance in obtaining a nursing education.

In the areas of training and recruitment, the Nurse Reinvestment Act compromise retains the Senate provision relating to geriatric training for nurses, a critical provision in light of the growing number of older patients with complex medical histories and multiple chronic conditions. Provisions to encourage mentoring and specialty training through internships and residencies, career ladder programs to encourage nursing professionals of all levels to seek further education and professional development, and grants for nurse retention activities, all have been incorporated into the existing structure of Title VIII in the Public Health Service Act.

With all of the new measures in the Nurse Reinvestment Act to recruit and train nurses, it is essential to have adequate nurse faculty to teach these students. The shortage of nurse faculty is especially evident in my home state of Arkansas and the surrounding southern region. In 1999, 153 eligible nursing students in Arkansas were turned away because of inadequate faculty to teach them. Eighty-six schools of nursing in the southern region have reported insufficient faculty. Compounding this problem is the increasing number of nurse faculty retirements. In the 2000, 2001 academic year, 144 nurse educators retired in the southern region alone, 784 more nurse educators are expected to retire in this region between 2002 and 2006.

Our schools of nursing must have the capacity to teach new nurses in order to overcome the nursing shortage. I am therefore extremely pleased that the Nurse Reinvestment Act final compromise includes a modified nurse faculty development provision which provides loans to nurses pursuing their masters and doctoral degrees and provides for loan cancellation up to 85 percent upon service as a nurse educator at a school of nursing.

In all, the Nurse Reinvestment Act is a solid step forward in addressing the nursing shortage in our country. I urge my colleagues to support this legislation, so we can send it to President Bush for signature.

Mr. FRIST. Mr. President, I rise today to applaud the passage of the "Nurse Reinvestment Act"—the culmination of work to directly address the nursing shortage. This bill, which has combined portions of S. 726—the "Nursing Employment and Education

Development, NEED, Act" and S. 706—the "Nurse Reinvestment Act" outlines a comprehensive approach to the nursing shortage by focusing on recruitment, education and retention of nurses. I want to thank Senators HUTCHINSON, KERRY, JEFFORDS, and MIKULSKI for their leadership in this issue.

This crucial legislation provides for public service announcements at both the State and Federal level to educate the public about the advantages and rewards of nursing. Additionally, this important legislation assists us with training future nurses and future nursing needs by establishing a focus on geriatric nursing, establishing a faculty loan program, and focusing on nursing mobility through the development of career ladders. Finally, this bill focus as new resources on retaining nurses to the profession by establishing a National Nurse Service Corps and by increasing the emphasis on retention within basic nurse education grants.

We are in the midst of a nursing shortage. Not only are fewer people entering and staying in the nursing profession, but we are losing experienced nurses at a time of growing need. Today, nurses are needed in a greater number of settings, such as nursing homes, extended care facilities, community and public health centers, professional education, and ambulatory care centers. Nationwide, health care providers, ranging from hospitals and nursing homes to home health agencies and public health departments, are struggling to find qualified nurses to provide safe, efficient, quality care for their patients.

Though we have faced nursing shortages in the past, this looming shortage is particularly troublesome because it reflects two trends that are occurring simultaneously: (1) a shortage of people entering the profession and (2) the retirement of nurses who have been working in the profession for many years. Over the past 5 years, enrollment in entry-level nursing programs has declined by 20 percent, mirroring the declining awareness of the nursing profession among high school graduates. Consequently, nurses under the age of 30 represent only 10% of the current workforce. By 2010, 40 percent of the nursing workforce will be older than 50 and nearing retirement. If these trends are not reversed, we stand to lose vast numbers of nurses at the very time they will be needed to care for the millions of baby boomers reaching retirement age. Therefore, we need to focus on both recruitment to and retention within the nursing profession.

Further, greater efforts must be made to recruit more men and minorities to this noble profession. Currently, only 10 percent of the registered nurses in the United States are from racial or ethnic minority backgrounds, even though these individuals comprise 28 percent of the total United States population. In 2000, only 5.9 percent of the registered nurses were men. We must

work to promote diversity in the workforce, not only to increase the number of individuals within the profession, but also to promote culturally competent and relevant care.

Even if nursing schools could recruit more students to deal with the shortage, many schools could not accommodate higher enrollments because of faculty shortages. There are nearly 400 faculty vacancies at nursing schools in this country. And, an even greater faculty shortage looms in the next 10-15 years as many current nursing faculty approach retirement and fewer nursing students pursue academic careers. Therefore, the faculty develop piece within this legislation is crucial to dealing with this shortage.

Further, in examining any nursing shortage, we must recognize the potential effects of this looming shortage on patient outcomes. A recent study by Jack Needleman, Peter Buerhaus, and others, found a direct link between nurse staffing levels and five inpatient outcomes—urinary tract infections, pneumonia, length of stay, upper gastrointestinal bleeding, and shock. To provide an appropriate emphasis on patient outcomes, we have increased the emphasis on examining patient outcomes within this legislation.

Additionally, shortages of nurse aides parallel the trends seen in relationship to nurses. Nurse aides are primarily employed in nursing home settings, and some studies have suggested that the average turnover rate for nurse aides is 100 percent. This high turnover rate directly affects both health care costs and patient care quality. Provider costs related to high turnover include recruitment, selection, and training of new staff; use of temporary staff; overtime for current staff; initial reduction of efficiency of new staff; and decrease in nurse aide moral and group productivity. A recent report from the Centers for Medicare and Medicaid Services found a direct relationship between nurse aid staffing levels and quality of resident care. To ensure the appropriate emphasis on nurse aides, we ensured that, where feasible, these facilities and providers were covered within the bill.

It has been an honor and a pleasure to work closely with my distinguished colleagues in both the House and Senate, and I look forward to continuing to working with them as we advocate for funding for these particular provisions and ensure that they are appropriately implemented.

Mrs. CLINTON. Mr. President, I am proud that the House and the Senate have worked out the differences between the two versions of the Nurse Reinvestment Act that we passed last year. I am also proud that today, the Senate will pass this agreed-upon legislation with unanimous support, and I look forward to subsequent action by the House so that this bill can be swiftly signed into law. I thank Senators MIKULSKI, HUTCHINSON, KERRY, JEFFORDS, and KENNEDY for their leader-

ship. Many on the House side have also worked hard on this legislation, including Representatives BILIRAKIS, CAPPS, and others.

We have all heard a great deal about the workforce shortage from nurses in New York and across the Nation. Around the country, nurses are facing an emergency of their own.

The number of undergraduate nursing program graduates in New York State has dropped each academic year since 1996, and this pattern is evident everywhere.

The Nurse Reinvestment Act we are passing today contains scholarships, public service announcements, and other provisions to encourage people to enter the profession, as well as nurse faculty provisions too, so that colleges of nursing have the personnel equipped to help train new nurses entering the pipeline.

But the current nursing shortage problem exists not only because fewer individuals are entering the nursing profession, but also because the healthcare industry is having trouble retaining the nurses already on staff. Fifty percent of nurses say that they have recently considered leaving their jobs for reasons other than retirement, and approximately half a million licenses nurses are not currently practicing nursing. Many of the nurses who have considered leaving the profession cite their low level of overall job satisfaction.

But there are some health care facilities that are taking action and having an effect on retention and nurse satisfaction.

During the last nursing shortage, researchers found some hospitals experienced low turnover and low vacancies. They found these hospitals shared certain characteristics. They were structured along participatory, collaborative, and patient-centered lines and, as a result, act as "magnets" that attract and retain nurses.

The American Nurse Credentialing Center developed a credentialing program to designate facilities as magnet facilities if they met certain criteria. And over the years, these magnet facilities have continued to demonstrate results. The average length of employment for registered nurses in magnet hospitals is 8.35 years, which is twice the length of employment in hospitals generally, and magnet hospital nurses consistently report greater job satisfaction, fewer needlestick injuries, and lower burnout rates than other nurses.

But the beneficiaries of this legislation are not just hospitals and nurses, but patients as well. Magnet hospitals report lower mortality rates, higher patient satisfaction, and greater cost-efficiency, with patients experiencing shorter stays in hospitals and intensive care units.

That is why last year I introduced the bipartisan Nurse Retention and Quality Care Act with my colleague, Senator GORDON SMITH of Oregon, to provides grants to health care organi-

zations to implement these magnet hospital principles that improve nurse retention.

The Nurse Reinvestment Act, which we are passing today, adds for the first time some recognition of the importance of retention in addressing nursing issues, as well, and specifically mentions the magnet principles of collaboration, nurse involvement in decisionmaking, and orientation toward patient outcomes. I look forward to action by the House and the President to assure that this bill becomes law.

On September 11, and since, our nurses have been on the front lines of the battle against terrorism and bioterrorism. Today, they continue to defend America. I am pleased to be celebrating our work together to help hospitals, nurses, and patients, through this bill, which we will work together to fund.

Mr. REID. Senators MIKULSKI, HUTCHINSON of Arkansas, and others have a substitute amendment at the desk, and I ask that the amendment be considered and agreed to; the motion to reconsider be laid upon the table; the bill, as amended, be read the third time and passed; the motion to reconsider be laid upon the table; and that any statements be printed in the RECORD, with no intervening action or debate.

The PRESIDENT pro tempore. Without objection, it is so ordered.

The amendment (No. 4312) was agreed to.

(The amendment is printed in today's RECORD under "Text of Amendments.")

The bill (H.R. 3487), as amended, was read the third time and passed.

CORPORATE AMERICA

Mr. REID. Mr. President, flying back here last night from Nevada, I spoke with two flight attendants. Usually they talk to me about working conditions, air marshals, or something dealing with their job. But they were concerned about corporate America. They talked to me two separate times. In effect, they said: This is a disgrace. I hope, Senator, you are doing something about it.

This morning when I was at the doctor's office, I had another conversation about the problems in corporate America. Because of my light complexion and having been raised in the desert sun, I on occasion have had a dermatologist take little things off my face, and today was one of those occasions. While I was waiting for the physician, a nurse approached me, and said: Senator, I hope you do something about what is going on in America today. These scandals in the corporations are outrageous.

Everyone in America is concerned. I was in Nevada this weekend, and five or six different people came to me on different occasions, talking not about the things I would normally expect upon returning to Nevada, but about corporate America and what is going on.