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TESTIMONY RE: PROPOSED S.B. NO. 263 AN ACT CONCERNING A LOAN
FORGIVENESS PROGRAM FOR HISTORICALLY UNDERREPRESENTED
STUDENTS PURSUING CAREERS IN THE HEALTH PROFESSION

Public Health Committee Hearing
February 21, 2007

Senator Handley, Representative Sayers and members of the Public Health Committee. Thank-you for the opportunity to provide testimony on behalf of the Connecticut Nurses' Association (CNA), the professional organization for registered nurses in Connecticut. I am Dr. Mary Jane Williams, past-president of the Connecticut Nurses' Association, current chairperson of its Government Relations Committee and professor and chair of nursing at the University of Hartford. I have practiced nursing for over 40 years and have been educating nurses in Connecticut for 35 years. I am providing testimony in support of S.B. NO 263 An Act Concerning a Loan Forgiveness Program for Historically Underrepresented Students Pursuing Careers in the Health Professions.

It is essential that this legislation be supported. It is becoming more difficult for the Historically Underrepresented Student to pursue higher education in the State of Connecticut in the Public and/or Independent sector of the health care profession due to the spiraling cost of higher education. To eliminate this large group of individuals from the health care work force because of the cost of education severely undermines the ability of the health care workforce to increase its diversity, with the goal of having a workforce that more adequately reflects society and will be better able to meet the needs of the patients we all care for across all health care settings.

The data is clear.

- When the health care provider's race, ethnicity and language are congruent with their patient's, the outcome of care is better and both the provider and the patient are more satisfied.
- Although there have been efforts to close the gaps in diversity of our health care workforce, the "changing demographics and economics of our growing multicultural world and the long-standing disparities in the health status of people from culturally diverse backgrounds have challenged health care providers and organizations to consider cultural diversity as a priority." (Online Journal of Issues in Nursing (OJIN) published 1/31/03).

While we support the need for a more diverse workforce to better meet the needs of Connecticut's population, it is essential that we look at this from a global perspective and over the long term. We need to diversify our efforts in a number of areas.

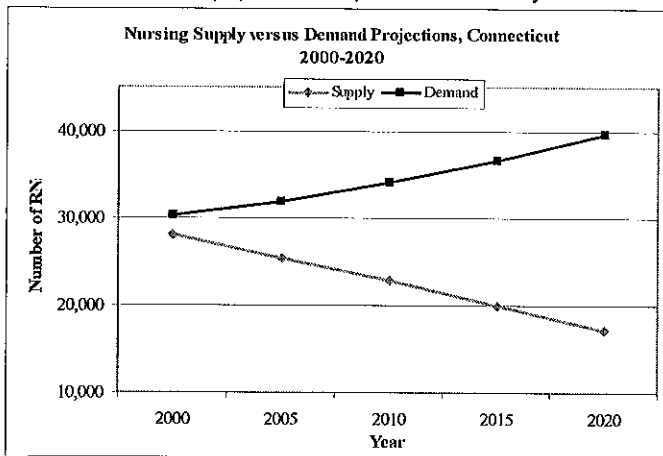
- Our pipeline of future health care providers from diverse backgrounds must begin at the pre-K level in order to have students move successfully from kindergarten through high school. This is the absolute necessary first step.
- We must then ensure that students from historically underrepresented groups are competent to enter higher education programs. This means not only intellectually but also able to be financially able to do this.
- We next need to ensure that students who have entered health care educational programs are provided the support to complete those programs.
- These efforts must be coordinated and supported by a statewide infrastructure to maintain the process over time.

In order to have a comprehensive solution to the nursing shortage, we recommend that the priorities that have been identified by the Connecticut Health Care Workforce Coalition be considered. These concepts are part of H.B. No. 7102 An Act Adopting the Recommendations of the Connecticut Allied Health Workforce Policy Board and are specified in a one-page document that is attached.

Thank you for your consideration of our recommendations. We are available for information and consultation about this important issue.

The Connecticut Health Care Workforce Coalition urges the members of General Assembly to adopt a comprehensive, sustained, and aggressive set of strategies to address the existing and impending shortages in the nursing and allied health workforce. The Coalition recommends that the four components of a comprehensive strategy (workforce data, increased allied health and nursing faculty, enhanced recruitment and retention, and dedicated staffing for the Allied Health Workforce Policy Board) be funded, in part, through an increase in the health care licensing fees dedicated solely for these purposes.

Background – Shortages in the nursing and allied health workforce are driven by the aging of Connecticut's population; an older population requires substantially more health care services and the projected shrinkage in



the working age population (age 20-64 years) undermines efforts to recruit nurses and allied health professionals. Furthermore, advances in medical technology contribute to an ever widening gap between health care workforce supply and demand for health care services. Health care workforce shortages lead to less access, higher costs, and lower quality. The shortages in Connecticut are projected to be among the worst in the nation. The factors contributing to nursing and allied health care workforce shortages include a shortage of faculty, lack of awareness of allied health careers, and inadequate academic preparation for nursing

and allied health training programs.

Recommendations – Ensuring an adequate nursing and allied health workforce will require a focused and sustained effort over two or three decades. The following four recommendations are the initial components of a long-term, sustained, comprehensive strategy to address nursing and allied health shortages in Connecticut.

- Implement a **web-based licensure renewal system** at the Department of Public Health that includes the data elements necessary to track and analyze the health care workforce in Connecticut. The Governor's Budget includes \$1.17 million in the second year of the Biennial Budget for the Department of Public Health to implement an on-line web-based licensing system. These funds should be made available during the first year of the Biennial Budget, and the on-line system should be fully implemented for all health professions by July 1, 2008.
- Address the shortage of nursing and allied health faculty by (1) implementing a nursing and allied health **faculty scholarship for service program** administered by the Department of Higher Education, in consultation with the Connecticut Allied Health Workforce Policy Board (e.g., Raised Bill No. 7102 and Proposed Bill No. 6024); (2) establish a nursing faculty student loan program to provide **loans and loan forgiveness** to state residents who pursue a master's or doctoral degree from an accredited nursing program in the state and who agree to engage in nursing instruction in an approved nursing program in the state (e.g., Proposed Bills No. 799 and 7102) and (3) provide grants to institutions of higher education for additional nursing and allied health faculty positions (e.g., Proposed Bill No. 5627). Cost: \$2.5 million per year.
- Implement a **statewide recruitment and retention campaign** to promote awareness of nursing and allied health careers, train teachers and guidance counselors, inform parents and students, particularly minority

students, on career opportunities and the educational requirements for allied health programs, and increase student retention in nursing and allied health programs. This campaign should be coordinated by the Allied Health Workforce Policy Board and should build on the existing programs, including AHEC, the Nursing Career Center, One Stop Career Centers, and the state's secondary and post-secondary institutions (e.g., Raised Bill No. 7102). Cost: \$1.5 million per year.

- Appropriate sufficient funds to provide **fulltime staffing for the Allied Health Workforce Policy Board**, including a director, two analysts, and administrative support. In order to fully understanding the nature and causes of shortages and to develop and support the comprehensive and long-term set of initiatives that are necessary to address shortages, the Policy Board must have dedicated staff with sufficient analytic and policy expertise equal to the challenges it faces. The Policy Board should also serve to coordinate the collaborative contributions of the many stakeholders with an interest in resolving nursing and allied health workforce shortages. Cost: \$500,000 per year

Funding – Partial funding for initiatives to address nursing and allied health workforce shortages should come from a \$10 per person increase in the licensing fee charged to health professionals. The increase in licensing fees should be used fully and exclusively for addressing workforce shortages. Revenue: \$1.4 million per year.