

REPORT AND RECOMMENDATIONS OF THE OMNE TASK FORCE

2003 OVERVIEW OF MAINE'S NURSING GRADUATE CAPACITY

**STATE OF MAINE
ONE HUNDRED AND TWENTY-FIRST LEGISLATURE
JOINT STANDING COMMITTEE ON APPROPRIATIONS AND FINANCIAL AFFAIRS
JOINT STANDING COMMITTEE ON EDUCATION AND CULTURAL AFFAIRS**

OMNE TASK FORCE MEMBERS

Lisa Harvey-McPherson, Co-Chairperson, OMNE, Nursing Leaders of Maine

Jane Marie Kirschling, Co-Chairperson, OMNE, Nursing Leaders of Maine,
University of Southern Maine

Rachel Albert, University of Maine at Fort Kent

Suzanne Brunner, Eastern Maine Community College

Nancy Cooley, University of Maine at Augusta

Janet Douglass, Husson College

Jean Dyer, University of New England

Margaret Hourigan, St. Joseph's College of Maine

Betty Kent-Conant, Northern Maine Community College

Sharon Kuhrt, Central Maine Medical Center

Marcia Parker, Kennebec Valley Community College

Anne Schuettinger, Central Maine Community College

Therese Shippis, University of Maine

Nancy Smith, Southern Maine Community College

January 2004

FOR MORE INFORMATION ON THE TASK FORCE CONTACT

Lisa Harvey-McPherson, lmcperson@emh.org

Jane Marie Kirschling, jane.kirschling@usm.maine.edu

Executive Summary

At the directive of the Joint Standing Committee on Appropriations and Financial Affairs, OMNE, Nursing Leaders of Maine, convened interested parties in 2003 to conduct a nursing graduate capacity study. It is hoped that this report and the recommendations within will be used as a resource and reference as Maine addresses its nursing workforce shortage.

Like the nation as a whole, Maine is experiencing a shortage of adequately prepared registered nurses (RNs). In Maine, the shortage of RNs in 2000 was 12% (1,447) – twice the 6% national average – and is projected to grow to 31% (5,211) in 2020. The “graying of Maine” has significant, negative implications for the nursing workforce: As the average age of Maine residents increases, the demand for nursing care will increase while the available workforce becomes a smaller percentage of our overall population. Without strategic, long-term policy initiatives, Maine residents will not have enough nurses to provide essential health care services.

The good news is that enrollment in Maine’s 13 nursing programs grew 12% over the past year and graduations increased by 5%, to 413. All programs report increased applications, due in part to national media campaigns that promote nursing as a desirable career choice. Even so, Maine’s nursing programs cannot meet the current or projected demand for RNs, in part because of insufficient financial resources to expand existing programs and insufficient availability of qualified, full- and part-time master’s and doctorally prepared nursing faculty.

The greatest opportunity for influencing the multiple environments that affect the nursing workforce lies within state government. Major strategies debated and enacted by states to remedy the nursing shortage include collecting nursing workforce data and reporting nursing quality indicators; creating commissions and task forces to better understand the problem and recommend solutions; and providing new and expanded funding for nursing education with incentives to institutions and individual students (Henderson, 2003).

Policy Recommendations:

1. Permanent funding to provide ongoing nursing workforce data collection and analysis. (Financial impact: \$12,500 annual appropriation.)
2. Permanent accountability for assessing the impact of changes in health care and nursing workforce initiatives extending beyond the final reporting date of the Maine Health Care Workforce Council.
3. Passage of legislation creating a nursing faculty loan repayment program for nurses pursuing master’s and doctoral degrees who agree to work in nursing education. (Financial impact: \$50,000 annual appropriation.)
4. University System and Community College System initiatives: (a) Increased funding to provide competitive nursing faculty wages. (Financial impact: \$150,000 annual appropriation.) (b) Collaborative planning. Recognizing the University support from the Chancellor’s supplemental appropriation request for nursing as an important first step, we ask the Education Committee to charge the Community College System and the University System to work collaboratively to develop a plan for nursing program expansion to meet the nursing workforce needs, reporting jointly to the Joint Standing Committee on Appropriations and Financial Affairs and the Joint Standing Committee on Education and Cultural Affairs in January of 2005.

At the directive of the Joint Standing Committee on Appropriations and Financial Affairs, OMNE, Nursing Leaders of Maine, convened interested parties to conduct a nursing graduate capacity study. Representatives from Maine’s 13 nursing programs as well as a representative from the University of Maine System and Maine’s Community College System were invited to participate. The Task Force met on September 19, 2003, and December 5, 2003. As a result of these meetings the following overview of Maine’s nursing workforce and educational programs is provided. It is hoped that this document and the recommendations within will be used as a resource and reference as Maine addresses its nursing workforce shortage.

The Nursing Workforce in Maine

The nation is experiencing a shortage of adequately prepared registered nurses (RNs). According to the Bureau of Health Professions (HRSA, 2001), the national shortage of 111,707 RNs (6%) in 2000 was projected to grow to 808,416 (29%) in 2020. The Maine shortage of 1,447 RNs (12%) in 2000 was projected to grow to 5,211 (31%) in 2020.

Data on the extent of the nursing shortage in Maine have been fairly limited historically, a situation that causes concern to those who are forecasting supply and demand in order to take appropriate action. Recent surveys have established that there is a nursing shortage in Maine and that Maine RNs are older than the national RN workforce, are more likely to be working, and are more likely to be working in settings other than the hospital (Kirschling, 2003a). In 2001-2002,¹ Maine RNs who were working were 45.0 years of age on average; Maine RNs who were not working were 54.3 years of age on average. Nationally in 2000, RNs who were working were 43.3 years of age on average. Nationally in 1980, 25% of RNs were under the age of 30, a number that had plummeted to 9% in 2000. In Maine, only 8.5% of RNs were under the age of 30 in 2001-2002.

In 2001-2002, 85% of Maine RNs reported working as a nurse, in contrast to 82% of RNs nationally. Of the Maine RNs working as a nurse, 70% reported working full time; nationally, the figure was 72%. The most frequent place of work for the Maine sample was a hospital (50%), followed by other settings, such as ambulatory care, school nursing, and nursing education (22%); long-term care (11%); home care (9%); and mental health (7%). Nationally, 59% of RNs worked in hospitals.

The overwhelming majority of Maine’s working nurses reported that they plan to be working as a nurse in 5 years (77%). Only 5% indicated that they would not be working, and 18% indicated that they were uncertain. Plans to not be working in 5 years, or being uncertain, increased considerably for nurses over the age of 51 (40%).

There is increasing concern that the nursing shortage will grow. Maine’s Department of Labor projects that there will be 2,676 new RN positions by 2008 (Evans, 2000). This number does not include current positions that will remain unfilled due to retirements or inability to recruit successfully. In addition, while Maine’s population has remained relatively stable, the percentage of elderly persons is substantial. The elderly are represented disproportionately in health care settings, particularly in hospitals. Although hospital admissions in Maine declined 3.9% for persons under the age of 65 between 1994 and 1999, they increased 8.6% for persons aged 65 or

¹ As of November 25, 2002, Maine had 19,609 “active” RNs; 2001-2002 sample includes 10,171 “active” RNs.

older, 13.7% for persons aged 75 to 84, and 24.3% for persons aged 85 and older (personal communication, Maine Hospital Association, November 2000). Maine’s aging population is discussed in greater detail later in this report. Finally, Maine has an aging nursing workforce, in part due to the large number of nurses from the baby-boom generation.

The Maine Chamber of Commerce surveyed hospitals, long-term-care facilities, and home health care agencies in Maine to determine the number of health care providers they currently employ and their projected vacancies, including rehires, through December 31, 2002. The survey identified a need for 1,584 additional registered and licensed practical nurses by the end of 2002 (Committee to Address the Health Care Skilled Worker Shortage, 2001).

The balance of supply and demand for a nursing workforce is a product of relationships among many variables. Data on Maine’s nursing workforce demonstrate that the demand will outweigh the supply of available, geographically located, qualified nurses in the state.

Maine’s Aging Population

Thanks to advancements in medical science and lifestyle improvements, people are living longer. Today’s baby boomers, the 78 million Americans born between 1946 and 1964, can expect a longer, healthier life than their predecessors. The life expectancy for a person born in 1957, the peak of the baby boom, was about 70 years at birth – 15 years longer than the parents’ generation (Maine Health Care Association, 2003).

When people live longer, challenges to the health care system mount; as the average age of Maine residents increases, the demand for nursing care will increase while the available workforce becomes a smaller percentage of our overall population. Data supplied by the state economist, Laurie Lachance, reveal an overwhelming shift in the age of Maine’s population over the next 22 years (see Figures 1 and 2).

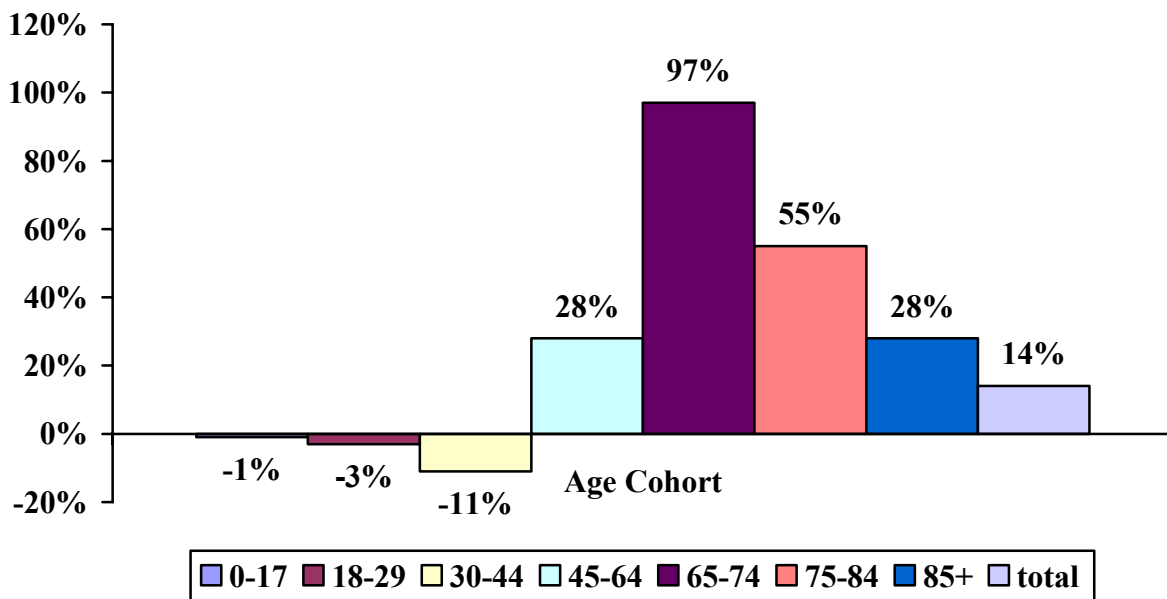


Figure 1. Percent population change by age cohort, Maine 1999-2025 (Lachance, 2003).

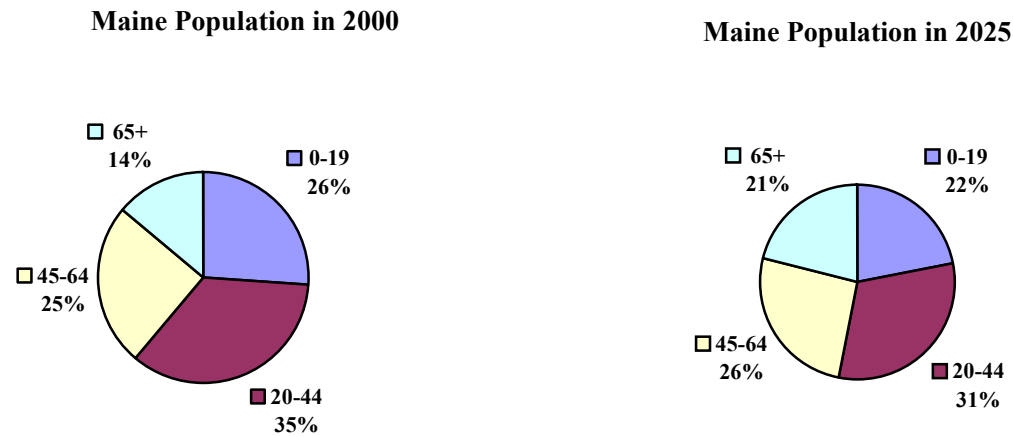


Figure 2. Age composition of the Maine population in 2000 and projected in 2025 (Lachance, 2003).

The shift in the age of Maine’s population has significant implications for the financing of health care services because the fastest growing segment of the population will have Medicare insurance coverage. Although it is now common for hospitals and other health care institutions in Maine to offer scholarships for students in the schools of nursing, increasing financial pressure resulting from the heightened dependence on Medicare reimbursement and the subsequent payment shortfalls will place financial support for scholarships and other educational resources at risk. A recent report by the Maine Hospital Association (2002) documents the fact that the Medicare program underfunds Maine hospitals by \$115 million, placing Maine at the bottom of the ladder for Medicare reimbursement nationally.

The “graying of Maine” thus has significant, negative implications for the nursing workforce. Without strategic, long-term policy initiatives, Maine residents will not have enough nurses to provide essential health care services.

Nursing Education

People who are interested in obtaining the education to become RNs can do so in a variety of ways. One way is to apply to one of 13 nursing education programs offered in Maine. Two kinds of programs can lead to becoming a licensed RN: a bachelor of science in nursing (BSN) and an associate’s degree in nursing (ADN). The BSN is a 4-year program offered at colleges and universities that prepares graduates to practice across all health care settings. BSN graduates have the greatest opportunity for advancement. A BSN is typically required for entry into a master’s degree in nursing (MSN) program, which then prepares the nurse for leadership, management, and more independent roles, such as clinical nurse specialist, nurse practitioner, educator, and researcher. A BSN is preferred, and often required, for military nursing, case management, public health nursing, overseas or development nursing, forensic nursing, and school nursing. The ADN is a 2-year program offered at community colleges, independent colleges, and some universities. ADN programs prepare graduates to provide direct patient care in numerous settings. Graduation from a BSN or ADN program confers eligibility to take the NCLEX-RN exam for qualification to be licensed as an RN in the State of Maine.

Another entry point is to become a licensed practical nurse (LPN) or certified nursing assistant (CNA). LPN and CNA programs can be beneficial for persons who may want to enter the health care field but have limited resources (e.g., time, money for education). In Maine, LPN programs are typically 10 months in length and are offered at some community colleges. They prepare the graduate to provide patient care under the supervision of an RN, physician, or dentist. Currently, some of the community colleges in Maine offer the LPN program as an option after completing the first year of an ADN program with some additional coursework. The CNA is a 150-hour program offered at colleges, high schools, health care facilities, and adult education programs. Although they play essential roles in the health care field, LPNs and CNAs cannot be substituted for RNs due to the limitations of their scope of practice.

Maine's nursing programs have a longstanding history of collaboration among all 13 nursing programs when it comes to the matriculation of LPNs and CNAs in ADN and BSN programs; ADNs in BSN programs; and ADNs and BSNs in MSN programs. This collaboration has made it easier for CNAs and LPNs to advance their education without testing in nursing content areas and without repetition of coursework. For example, an LPN who qualifies can enter an ADN program with credit for LPN courses and graduate in 2 to 3 semesters. Similarly, ADNs can receive credit for courses they took for the ADN degree and take only the additional courses required to complete the BSN degree.

In the State of Maine, the minimum qualification for faculty is a master's degree in nursing (MSN). MSN programs prepare nurses for more independent roles, such as nurse practitioner, clinical nurse specialist, nurse-midwife, nurse anesthetist, and nurse psychotherapist. Master's-prepared nurses serve as expert clinicians, in faculty roles, and as specialists in geriatrics, community health, administration, nursing management, and other areas. For nursing programs at the BSN and MSN level, the preferred qualification for faculty is a doctoral degree (PhD, EdD, or DNS). Doctoral programs prepare nurses to assume leadership roles within the profession, conduct research that impacts nursing practice and health care, and teach at colleges and universities. Doctorally prepared nurses also serve as health system executives, nursing school deans, researchers, and senior policy analysts.

Maine's Nursing Programs

Nursing programs are currently available at the following institutions in Maine:

Central Maine Community College (CMCC)	Southern Maine Community College (SMCC)
Central Maine Medical Center (CMMC)	University of Maine (UM)
Eastern Maine Community College (EMCC)	University of Maine at Augusta (UMA)
Husson College (HC)	University of Maine at Fort Kent (UMFK)
Kennebec Valley Community College (KVCC)	University of New England (UNE)
Northern Maine Community College (NMCC)	University of Southern Maine (USM)
Saint Joseph's College of Maine (SJC)	

Table 1 provides an overview of the types of nursing programs that are offered at each institution, including information on enrollment caps.

Table 1. Maine’s Nursing Programs: Types of Programs Offered and Student Enrollment Caps

Type of Program	#	# without Enrollment Cap	# with Enrollment Cap	Range of Enrollment Caps
LPN: CMCC, EMCC, KVCC, NMCC	3	1 (KVCC varies with resources)	2	0-8
LPN to ADN: CMCC, EMCC, KVCC, NMCC, SMCC, UMA	6	2 (KVCC varies with attrition)	4	0-8
ADN: CMCC, CMMC, EMCC, KVCC, NMCC, SMCC, UMA, UNE	8	0	8	28-85
BSN: HC, SJC, UM, UMFK, USM	5	5	0	-
Accelerated Baccalaureate Degree: ² UM, UMFK, USM	2	1	1	32 (USM)
RN to BSN: HC, SJC, UM, UMFK, UNE, USM	6	4	1	25 (UNE)
MSN: HC, SJC, UM, UNE, USM	5	3	2	20 (HC & UNE)
Master’s Entry Persons with Degree in Another Field: USM	1	0	1	24
Post-Master’s Certificate: HC, USM	2	0	2	
Other: SJC and USM RN to MS; USM Master’s for Certified Advanced Practice Registered Nurses				

Nursing Students in Maine

Trend data on nursing enrollments and graduations in Maine’s 13 nursing programs are reported in Table 2.

Table 2. Maine’s Nursing Programs: Trend Data on Enrollments and Graduates

	1999-2000	2000-2001	2001-2002	2002-2003	Percent Change Previous Year
Enrollments ³					
Associate’s degree	492	537	668	773	16%
Baccalaureate degree	861	805	1,100	1,210	10%
Total	1,353	1,342	1,768	1,983	12%
Graduates					
Associate’s degree	221	241	239	251	5%
Baccalaureate degree	204	184	153	162	6%
Total	425	425	392	413	5%

The good news is that enrollment has grown 12% over the past year and graduations have grown 5%, to 413 (Kirschling, 2003b). All programs are reporting increased applications, due in part to

² Accelerated baccalaureate degree programs are for persons with a baccalaureate degree in another field.

³ Enrollment numbers in generic baccalaureate degree programs reflect students enrolled as freshmen, sophomores, juniors, and seniors; associate’s degree numbers reflect 1st year and 2nd year students.

national media campaigns that promote nursing as a desirable career choice. It is important to note, however, that the number of graduates from Maine’s nursing programs falls far short of the projected demand for RNs in Maine. Despite increased applications, Maine’s nursing programs cannot meet the projected demand for RNs. This is due to a combination of factors, including the lack of additional financial resources to expand existing programs and the availability of qualified full- and part-time master’s and doctorally prepared nursing faculty.

Nursing Faculty in Maine

In Fall 2002, the State’s 13 nursing programs employed 128 full-time nursing faculty (range 4 to 24 FTEs); in Fall 2003, they employed 11 additional full-time nursing faculty (139, range 3 to 26 FTEs). In 2003, the majority of nursing faculty were female (130) and Caucasian (138). In 2003, 6 programs had males on their faculty (range 1 to 2).

For further analysis, the 13 programs were broken down into those that currently admit students to an associate’s degree program as the terminal degree for preparation as an RN (8 programs⁴) and those that offer a generic baccalaureate degree program as the terminal degree for preparation as an RN (5 programs⁵). Table 3 provides an overview of full-time faculty members’ highest degree and rank. Current and projected vacancies for full-time faculty are also provided. Table 4 provides a breakdown of full-time faculty by age.

Table 3. Maine’s Nursing Programs: Full-Time Faculty Profile and Vacancies

	Associate’s Degree (8 programs)			Generic Baccalaureate Degree (5 programs)		
	2001	2002	2003	2001	2002	2003
Full-time nursing faculty	6 to 15, total 65.6 ⁶	6 to 15, total 69	6-20, total 77 ⁷	5 to 24, total 63	4 to 24, total 59	3 to 26, total 62
Full-Time Faculty Highest Degree						
Doctorally prepared in nursing	3 (5%)	3 (4%)	2 (3%)	19 (31%)	18 (31%)	19 (31%)
Doctorally prepared in other field	3 (5%)	2 (3%)	4 (5%)	14 (22%)	9 (15%)	10 (16%)
Master’s prepared in nursing	56.6 (86%)	60 (87%)	68 (88%)	29 (46%)	32 (54%)	32 (52%)
Master’s prepared in other field ⁸	2 (3%)	3 (4%)	2 (3%)	-	-	1 (1%)
Bachelor’s prepared in nursing ⁸	1 (1.5%)	1 (1.4%)	1 (1%)	1 (1.6%)	-	-

⁴ Associate’s degree programs: CMCC, CMMC, EMCC, KVCC, NMCC, SMCC, UMA, and UNE.

⁵ Baccalaureate degree programs: HC, SJC, UM, UMFK, and USM.

⁶ Within the Maine Community College System, faculty who are three-fifths time receive full benefits and are considered full time.

⁷ Data reported on UNE’s nurse anesthesia master’s program, included this year, represent 4 additional faculty.

⁸ Requires exemption from Maine State Board of Nursing.

Table 3 (continued). Maine’s Nursing Programs: Full-Time Faculty Profile and Vacancies

	Associate’s Degree (8 programs)			Generic Baccalaureate Degree (5 programs)		
	2001	2002	2003	2001	2002	2003
Full-Time Faculty Rank⁹						
Professor	1 (1.5%)	2 (4%)	5 (6%)	4 (6%)	2 (3%)	2 (3%)
Associate Professor	7 (11%)	5 (11%)	9 (12%)	30 (48%)	29 (49%)	31 (50%)
Assistant Professor	15 (23%)	17 (36%)	30 (39%)	19 (30%)	17 (29%)	17 (28%)
Lecturer/Instructor/ Other	42.6 (65%)	23 (49%)	33 (43%)	10 (16%)	11 (19%)	12 (19%)
Full-Time Faculty Vacancies						
Current vacancies ¹⁰	2 programs, 2.5 FTEs	2 programs, 1.5 FTE	1 program, 1 FTE	3 programs, 3 FTEs	3 programs, 9 FTEs	2 programs, 4 FTEs
Projected vacancies next year	1 program, 1 FTE	4 programs, 1 to 2.5 FTEs	2 programs, 5 FTEs	1 program, 1 FTE	1 program, 1 FTE	4 programs, 4 FTE

Table 4. Maine’s Nursing Faculty: Age Distribution

	Associate’s Degree (8 programs)			Generic Baccalaureate Degree (5 programs)		
	2001	2002	2003	2001	2002	2003
30 years of age or younger	0	0	0	3%	0	0
31 to 40 years of age	9%	4%	8%	11%	5%	6%
41 to 50 years of age	43%	55%	43%	29%	35%	23%
51 to 60 years of age	37%	29%	35%	46%	56%	60%
61 to 65 years of age	11%	11%	13%	11%	4%	11%
66 years of age or older	1.5%	2%	1%	0	0	0

Programs with current full-time faculty vacancies were asked how long each position has been vacant, what types of difficulties the program has experienced in filling the position, and the qualifications for the position. For the past three years, programs have expressed concern about the overall lack of applicants for vacant positions.

Nursing programs were also asked about their use of part-time nursing faculty¹¹ and difficulties they have experienced in hiring part-time faculty. In 2002 and 2003, 8 programs reported problems with recruiting part-time faculty. Major reasons cited included very limited response to advertisements, and applicants not willing to work for low wages or not wanting to do clinical instruction.

The associate’s degree programs employed 24 part-time faculty in 2001, 28 in 2002, and 39 in 2003. The generic baccalaureate degree programs employed 58 part-time faculty in 2001, 45 in 2002, and 71 in 2003. When asked whether the program had experienced difficulty in hiring

⁹ Some community colleges do not use “rank” with faculty; classified as “other”.

¹⁰ Included in this FTE is any full-time faculty position that was temporarily being filled with someone who had been hired on a temporary/short-term basis until the “permanent” full-time person was hired.

¹¹ Part-time faculty included anyone who received remuneration from the nursing program.

part-time faculty for fall 2003, 7 associate’s degree programs and 1 baccalaureate degree program responded “yes.” Additional information on part-time faculty is provided in Table 5.

Table 5. Maine’s Nursing Programs: Part-Time Faculty Teaching Assignment

	Associate’s Degree (8 programs)		Generic Baccalaureate Degree (5 programs)	
	2002	2003	2002	2003
Didactic courses	0	0	21	17
Clinicals	26	32	19	40
Both	2	7	7	24

Finally, in Fall 2004, programs were asked to provide salary information on their full- and part-time nursing faculty (Kirschling, 2003b). The average salary¹² of master’s prepared nursing faculty in Maine was \$29.27/hour (range \$22.20-\$43.45). The average salary of doctorally prepared nursing faculty in Maine was \$35.22 (range \$28.08-\$44.56). These salaries are compared in Table 6 with RNs in practice settings in Maine (e.g., hospitals) as of July 2003 (Dix Consulting, personal communication with David Dix, December 9, 2003). Programs also reported their average part-time salary rate, which ranged from a low of \$23.00/hour to a high of \$37.12/hour.

Table 6. Salary Comparisons of RN Positions in Maine.

Position	Average	Minimum	Maximum
RN Positions That Do Not Require Master’s Degree or Higher			
RN	\$24.59	\$17.96	\$27.32
Per diem RN	\$25.49	\$21.02	\$28.03
Charge nurse	\$27.74	\$18.92	\$28.34
Nurse manager	\$32.09	\$23.16	\$34.20
RN Positions That Require Master’s Degree			
Nurse practitioner	\$33.55	\$24.53	\$35.95
Clinical nurse specialist	\$28.60	\$20.02	\$29.06
Full-time faculty	\$29.27	\$22.20	\$43.45
RN Position That Requires Doctoral Degree			
Full-time faculty	\$35.22	\$28.08	\$44.56

Legislative Policy Recommendations

Maine legislators have a policy oversight and public safety role in implementing strategies to provide for an adequate volume of nurses in the workforce. Health care workforce experts believe that examining nursing supply and demand at a national level will not adequately address significant regional variations and problems. ***The greatest opportunity for influencing the multiple environments affecting the nursing workforce lies within state government.*** The issue of the nursing workforce is a priority for state legislatures across the country.

¹² The majority of nursing faculty have 9 month appointments, hourly rate was calculated by dividing 9 month salary by 1,557 hours.

The major strategies debated and enacted by states to remedy the problem include:

- Collection of nursing workforce data and reporting of nursing quality indicators.
- Creation of commissions and task forces to better understand the problem and recommend solutions.
- New and expanded funding for nursing education with incentives to institutions and individual students (Henderson, 2003).

Collecting, Analyzing, and Presenting Nursing Workforce Data

During the 120th legislative session, the Health and Human Services Committee charged OMNE, Nursing Leaders of Maine, with researching and reporting on policy recommendations related to nurse staffing and the nursing workforce in Maine. As a result of this effort the University of Southern Maine, in partnership with the Maine State Board of Nursing, surveyed over 10,000 nurses, providing for the most comprehensive database available on Maine nurses (Kirschling, 2003a). The Maine Minimum Nursing Data Set represents a fundamental first step in providing for a foundation of information about Maine’s 23,000 licensed nurses. Essential to any long-term policy initiative related to nursing workforce planning are ongoing data collection and analysis activities. The Interim Report for the Health Care Workforce Leadership Council notes, *“Data – its availability, accuracy, and appropriateness in assessing the issue of workforce shortages – has emerged as a recurring theme in council discussions and will continue to be a central discussion item.”*

Policy Recommendation: Permanent funding to provide for ongoing nursing workforce data collection and analysis. Financial impact - \$12,500 Annual appropriation.

Creation of Commissions and Task Forces to Better Understand the Problem and Recommended Solutions

Across the country, state health workforce centers are giving significant attention to nursing. In Maine, the Health Care Workforce Leadership Council was established in a resolve by the Second Regular Session of the 120th Maine Legislature to “provide input on all policy initiatives, laws and rules concerning the skilled health care workforce to the Commissioner of Human Services, the Commissioner of Labor and the Department of Human Services, Bureau of Medical Service.” The goal of the Council is to “ensure an adequate supply of skilled health care workers to the State's health care industry.” A final report of the Council is to be provided to the Joint Standing Committee on Health and Human Services by November 3, 2004.

The explosion of Maine’s aging population as we approach 2025 warrants long-term health policy planning to focus on Maine’s nursing workforce and strategies to ensure an appropriate volume of nursing professionals. The Health Care Workforce Leadership Council Interim Report shares this vision in reporting on their progress to date: *“As the Council considers the potential for an ongoing council or center, it has already begun to inquire about other organizations that have projects or programs focusing on workforce development that might already be concentrating on health care or could do so. Council members see the need to monitor this for the long term because of its impact on health care in the state. They support exploring that role for an existing organization before considering any recommendation that a new organization be created for that purpose.”*

Policy Recommendation: Permanent accountability for assessing the impact of changes in health care and nursing workforce initiatives extending beyond the final reporting date of the Maine Health Care Workforce Council.

**New and Expanded Funding for Nursing Education:
Incentives to Institutions and Individual Students to Pursue
Master’s and Doctoral Degrees in Nursing**

Many states are addressing the nursing shortage by trying to expand enrollments in their nursing schools, and Maine is no exception. Expansion of nursing programs faces at least one significant obstacle: the recruitment of additional faculty. Maine mirrors other states in the steady rise in the average faculty age, the shortening of time to retirement, and the increased loss of younger faculty to higher paid, non-education positions. The combination of factors impacting nurse faculty will bring the faculty shortage to a critical stage in less than a decade (Berlin & Sechrist, 2002). With the current obstacles, Maine schools of nursing are at full capacity in their ability to graduate nursing students and qualified applicants are being turned away.

Policy Recommendations:

- ***Passage of Legislation creating a nursing faculty loan repayment program for nurses pursuing master’s and doctoral degrees who agree to work in nursing education. During the First Session of the 121st Legislature, OMNE introduced LD 735, “An Act To Increase Faculty in Maine Nursing Education Programs.” This bill received significant support from members of the Business, Research and Economic Development Committee but stopped short of passage due to the state budget projections. Financial Impact: \$50,000 annual appropriation.***
- ***University System and Community College System***
 - ***Increase funding to provide for competitive nurse faculty wages. Financial Impact: \$150,000 annual appropriation***
 - ***Recognizing the university support from the Chancellor’s supplemental appropriation request for nursing as an important first step, we ask the Education Committee to charge the Community College System and the University System to work collaboratively in developing a plan for nursing program expansion to meet the nursing workforce needs, reporting jointly to the Joint Standing Committee on Appropriations and Financial Affairs and the Joint Standing Committee on Education and Cultural Affairs in January of 2005.***

References

- Berlin, L.E., & Sechrist, K.R. (2002). The shortage of doctorally prepared nursing faculty: A dire situation. *Nursing Outlook*, 50(2), 50-6.
- Committee to Address the Health Care Skilled Worker Shortage. (2001, October). *Maine's health care skilled worker shortage: A call to action*. South Portland, ME: Maine Technical College System Center for Career Development.
- Evans, D. (2000, July). *Maine employment outlook 1998 to 2008: Industrial and occupational employment projections*. Augusta, ME: State of Maine, Department of Labor, Division of Labor Market Information Services, Economic and Demographic Research Group.
- Henderson, T. (2003, January). *Efforts by States to address the nursing shortage*. Washington, DC: Center for Primary Care and Workforce Analysis, National Conference of State Legislatures.
- HRSA Bureau of Health Professions, Division of Nursing. (2001, February). *The registered nurse population: National sample survey of registered nurses – March 2000*. Washington, DC: U.S. Department of Health and Human Services.
- Kirschling, J.M. (2003a). *Maine's nursing workforce: 2001-2002 sample*. Portland, ME: University of Southern Maine. Available at www.usm.maine.edu/conchp
- Kirschling, J.M. (2003b). *Fall 2003 survey of Maine's nursing education programs*. Portland, ME: University of Southern Maine. Available at www.usm.maine.edu/conchp
- Lachance, L. (2003, November). *The Maine economy, finding hope in times of despair*, Augusta, ME, State Economist.
- Maine Health Care Association. (2003). *White paper: An opportunity to respect our elders*. Augusta, ME: Maine Health Care Association.
- Maine Hospital Association. (2002, July). *Maine's Medicaid payment shortfall: An analysis of Medicaid reimbursement to Maine hospitals*. Augusta, ME: Maine Hospital Association.

Daryl Boucher, MSN, RN, is a nursing faculty member at Northern Maine Community College. He shares his background on the challenges nurses face to pursue graduate education in order become a nursing faculty member:

I recently graduated from St. Joseph's College of Maine with a Master's Degree in Nursing Education. I understand that a bill has been drafted to assist nurses to continue their education and attain the required credentials. I am excited to hear that such work is occurring, because recruitment of qualified faculty continues to be a challenge.

I first began to look at graduate programs in 1995. As a relatively new nurse, I was an up-and-coming leader – progressing to the title of Nurse Manager in the emergency room at TAMC in Presque Isle in just a few short years. Though I had not finalized my long-term career employment goals (i.e., teaching, senior administrator, nurse practitioner), it was clear that my earning a graduate degree was required. Unfortunately, the rigors and time commitments of being a nurse manager didn't allow me to pursue my education. It was impossible for me to continue my full-time employment and go to graduate school. My personal financial obligations did not permit me to leave work or to change my status to part time. I had nearly given up on the idea of graduate education when I learned of an opportunity at Northern Maine Community College.

As has been typical in Maine, leaders at the college had been unable to find credentialed faculty to teach. After discussions, I learned that they would be willing to fund my education through Perkins grants and allow me the time to complete my degree. Though this was a costly endeavor for the college, it met the college's need to having an appropriately credentialed faculty member. I left my job at TAMC to pursue my education and to teach.

I can honestly say that without the help I received I still would not have my degree. The classes I attended were filled with students in similar situations. Some had quit their jobs, while many others were trying to work full time and attend school full time. There were very few grants or financial aid opportunities available for most students. Additionally, I am aware of many nurses who today would love to have the opportunity I had. They would like to return to school but simply cannot afford to leave their jobs or to lose their health insurance benefits. Consequently, the shortage of nursing faculty will continue to contribute to the shortage of nurses at the bedside. Without qualified teachers, we cannot produce qualified nurse graduates.

Now, after finally graduating with a master's degree, I have begun to look at doctoral programs. I am again faced with the same problem: how to continue to work and pay for my education. In the late 1990s, government budgets were more extensive; now the money needed to fund my doctoral education simply is not available. Though I am fortunate enough to meet the educational requirements for teaching in community colleges, my aspirations to teach at the university level will not be fulfilled without some type of external assistance.

SENATE

MARY R. CATHCART, DISTRICT 7, CHAIR
MARGARET R. ROTUNDO, DISTRICT 21
KARL W. TURNER, DISTRICT 26

STAFF

OFFICE OF FISCAL AND PROGRAM REVIEW
5 STATE HOUSE STATION, ROOM 226
AUGUSTA, MAINE 04333-0005
TELEPHONE (207) 287-1635
FAX- (207) 287-6469



HOUSE

JOSEPH C. BRANNIGAN, PORTLAND CHAIR
RICHARD H. MAILHOT, LEWISTON
SCOTT W. COWAGER, HALLOWELL
BENJAMIN F. DUDLEY, PORTLAND
SEAN FAIRCLOTH, BANGOR
HANNAH PINGREE, NORTH HAVEN
RICHARD W. ROSEN, BUCKSPORT
S. PETER MILLS, CORNVILLE
H. SAWIN MILLET Jr., WATERFORD
JULIE ANN O'BRIEN, AUGUSTA

STATE OF MAINE
ONE HUNDRED AND TWENTY-FIRST LEGISLATURE
COMMITTEE ON APPROPRIATIONS AND FINANCIAL AFFAIRS

May 1, 2003

Ms. Lisa Harvey-McPherson
OMNE - Nursing Leaders of Maine
126 Western Avenue
Augusta, ME 04330

Dear Ms. Harvey-McPherson:

The Joint Standing Committee on Appropriations and Financial Affairs understands that your organization will be conducting a nursing graduate capacity study and submitting your findings to the Legislature's Joint Standing Committee on Education and Cultural Affairs. We appreciate OMNE - Nursing Leaders of Maine taking on this effort and ask that the findings also be provided to our Committee.

Please contact us should you have any questions regarding this correspondence

Signed on behalf of the Members of the Joint Standing Committee on Appropriations and Finance Affairs by:

Mary R. Cathcart,
Senate Chair

Joseph C. Brannigan,
House Chair

cc: Members, Joint Standing Committee on Appropriations & Financial Affairs
Members, Joint Standing Committee on Education and Cultural Affairs
Joy O'Brien, Secretary of the Senate
Millie MacFarland, Clerk of the House
David Boulter, Executive Director
Teen Griffin, Manager, Legislative Information Office
Grant Pennoyer, Director, OFPR
Jim Dionne, Principal Analyst, OFPR.
Diane Pruett, Committee Clerk