Policy Strategies for Addressing Current Threats to the U.S. Nurse Workforce

	Prevent Workforce Losses	Boost Supply
Federal Efforts	• CMS rule changes to establish minimum staffing • Financial penalties for excessive workloads • AHRQ & NIOSH grants • Reduce or eliminate regulatory burdens	• Fund the National Healthcare Workforce Commission • Invest in nursing schools and faculty
State Efforts	• Implement mandatory patient-to-nurse ratios • Prohibit mandatory overtime • Loan repayment programs • Grants for hospitals for childcare, onsite graduate school, safer workplaces	• Eliminate restrictive scope of practice for Advanced Practice Nurses • Targeted scholarships & tuition support

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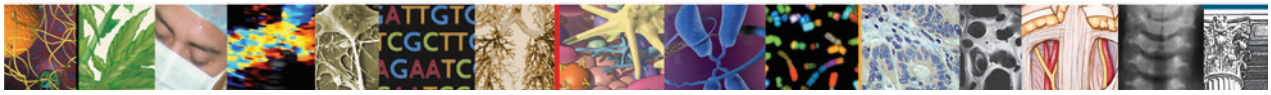

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Perspective

Policy Strategies for Addressing Current Threats to the U.S. Nursing Workforce

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The Covid-19 pandemic has made it clear that without enough registered nurses, physicians, respiratory therapists, pharmacists, and other clinicians, the U.S. health care system cannot function. Weaknesses in health care staffing are of particular concern when it comes to the workforce of registered nurses, which could well see a mass exodus as the Covid-19 pandemic eases in the United States and the economy recovers. In a 2021 national survey conducted by the American Association of Critical-Care Nurses, 66% of respondents reported having considered leaving the profession, a percentage that is much higher than previously reported rates. Unsafe work environments — which predated the pandemic — are a key contributor to intentions to leave. Clinicians, health system executives, and policymakers have issued calls to address this crisis, but there has been little in the way of tangible federal or state policy action to prevent workforce losses or to build capacity.

Although it may comfort hospital executives to imagine a post-Covid future in which nurses are again willing to accept positions at local pay scales, such a scenario is unlikely to come about anytime soon. Historically, nurses have reduced their working hours or left the workforce during economic growth periods and returned during recessions, when family incomes fall.[1] Nurses may again choose reduced employment as Covid-19 pressures ease and economic conditions improve. Moreover, nurses reported pervasive unsafe working conditions before the pandemic, and during Covid, they have cited a range of stressors and traumatic experiences, including furloughs, a lack of adequate protective equipment, increased violence, excessive workloads, and reduced support services. Pressures on the nursing workforce may therefore only worsen as Covid-19 subsides.

State and federal policy solutions could prevent workforce losses and increase the supply of nurses (see table). Although there are challenges and opportunities for the nursing workforce throughout health care settings, hospitals are a particularly important area of focus.

Preventing the loss of current nurses is an essential component of shoring up the hospital nursing workforce. We contend that there isn't a shortage of nurses, but a shortage of hospitals that provide nurses with safe work environments and adequate pay and benefits. At the federal level, the Centers for Medicare and Medicaid Services (CMS) could

Federal and State Policy Approaches to Supporting Nurse Staffing in the United States.*

Type of Support	Policies
Preventing losses	
Federal	CMS rules to establish safe staffing ratios for hospitals Financial penalties for exceeding safe workloads Funding for AHRQ to test innovations in health care delivery systems Funding for NIOSH to test interventions that improve safety for health care workers Rulemaking to reduce or eliminate onerous regulatory standards and expectations from accrediting bodies
State	Implementation of mandatory maximum patient-to-nurse ratios Prohibition of mandatory overtime Loan-repayment programs Incentives for hospitals to provide child care, on-site graduate school, and other programs to retain experienced nurses Innovation grants for hospitals to develop programs establishing safer, more supportive work environments
Increasing supply	
Federal	Appropriation of funds for the National Health Care Workforce Commission Investment in nursing education and nurse educators by means of loan-forgiveness programs, a nurse faculty corps program, or expansion of the CMS Graduate Nurse Education demonstration project
State	Legislation to eliminate restrictive scope-of-practice regulations and increase access to care Investment in schools to increase the supply of nurses and nurse educators (e.g., by implementing targeted scholarships or tuition support for nursing students or nurse educators)

* AHRQ denotes Agency for Healthcare Research and Quality, CMS Centers for Medicare and Medicaid Services, and NIOSH National Institute for Occupational Safety and Health.

publish regulations, similar to recently announced policies governing skilled nursing facilities, that specify standards (including maximum patient-to-nurse ratios) for ensuring safe nursing care — and could establish financial penalties for hospitals that violate these regulations. Data supporting increased nurse staffing have been available for decades.[2]

Another federal strategy centers on investing in reimagined, safer health care systems. Congress could appropriate funds to the Agency for Healthcare Research and Quality to support investigator-initiated grants focused on developing new, scalable care-delivery models that are designed to improve outcomes for patients and clinicians. The National Institute for Occupational Safety and Health could expand testing of protective equipment and strategies for improving health care workers' well-being. Data are needed on care-delivery models that keep patients safe and on approaches for promoting joy and safety in clinical work.

Regulatory bodies, including CMS and CMS-approved accreditors, such as the Joint Commission, could scale back regulations and standards that add to nursing workloads. Although some regulations were temporarily eased during the pandemic, new rulemaking could eliminate especially burdensome provisions that aren't essential to patient safety. For example, clinical-documentation burden is a frequently cited source of job dissatisfaction and burnout. Documentation requirements, which are interpreted in various ways by different hospitals, could be minimized to reduce burnout and attrition.

States have more flexibility than the federal government when it comes to enacting legislative and regulatory changes to improve work environments and prevent losses in the nursing workforce. In the absence of federal action in this area, state legislation promoting safer nurse-staffing practices — such as laws establishing mandatory patient-to-nurse ratios — is an evidence-based intervention to support patient safety and reduce the likelihood of nurse departures. Studies have reported improved nurse staffing, improved job satisfaction among nurses, and improved patient outcomes in California after the state enacted legislation prohibiting mandatory overtime for nurses and establishing maximum patient-to-nurse ratios.[3] Many U.S. hospitals continue to require nurses to work overtime hours, however, and few have mandated staffing ratios. Legislatures in some states have introduced bipartisan bills similar to California's law that would restrict mandated overtime and implement maximum staffing ratios. When considered at a national scale, mandated staffing ratios face implementation hurdles, since coordination would be required to distribute the nursing workforce equitably throughout the country. But such policies would most likely prevent workforce losses and boost the number of entrants into the profession.

Policies could also support career development among nurses. Studies have documented the negative effects of Covid-19 on the careers of women in particular. Approximately 90% of U.S.

nurses are women, and many of them have faced pressures related to family care during the pandemic, amid school and child-care facility closures. To ease nurses' household burdens, states could offer loan-repayment programs and offset nursing school tuition debt. They could also provide grants or tax benefits to hospitals offering on-site child care, after-school care, or comprehensive dependent-care programs. Finally, states could offer innovation grants to hospitals to develop safer, more supportive workplaces or fund new initiatives to support on-site graduate-school and professional-development programs designed to retain experienced nurses.

Preventing workforce losses is important, but so is increasing the supply of nurses. The United States lacks access to real-time workforce data and expert guidance for evaluating those data and for advising policymakers on workforce shortages. The National Health Care Workforce Commission was authorized as part of the Affordable Care Act, but Congress never funded it. Appropriating funds for this commission would strengthen the country's ability to respond to the current threat to nurse staffing and prepare for future ones.

A key factor constraining the supply of nurses derives from structural barriers within nursing education. Being hired as a nursing school faculty member requires having an advanced degree, but expert nurses rarely accept faculty positions because salaries are higher for practice roles. Faculty shortages, among other factors, limit nursing school enrollments; over the past decade, schools turned away between 47,000 and 68,000 qualified applicants annually.[4] Federal policies could loosen the nursing bottleneck. For example, policymakers could increase financial incentives to recruit nurse educators, expand nursing school loan-forgiveness programs, fund grants for hospitals and nursing schools to share expert nurses as clinician-educators, and develop a nurse faculty corps program to raise salaries in regions with shortages of nurses. Creative financial incentives, such as tuition-remission programs or programs that provide loans at low interest rates, could encourage prospective students to choose nursing careers. Pipeline programs and partnerships among high schools, technical schools, and universities could permit emergency medical technicians, certified nursing assistants, and armed forces corpsmen or medics to apply clinical work hours toward nursing degrees and qualify for targeted scholarships supported by state or federal funds. Expansion of the CMS Graduate Nurse Education demonstration project could substantially increase the number of qualified nurse practitioners, who could also serve as clinical nursing faculty.

State legislation that eliminates onerous scope-of-practice regulations for advanced practice providers would enable nurse practitioners, including midwives, to practice independently and could increase access to health care. In Michigan, Senate Bill 680 would implement these reforms, thereby allowing nurse practitioners to prescribe tests, medications, and services. This bill could increase the state's supply of clinicians and potentially attract nurses planning to pursue advanced degrees.

Threats to the nursing workforce aren't new, and neither are proposals to address them.[5] Although policies aimed at individual components of this problem could be helpful, a comprehensive package of federal, state, and local efforts would probably be the most effective approach for averting health care system dysfunction and adverse outcomes. We believe federal and state policies should both prevent the loss of current nurses and increase the supply of nurses. Without timely investments in the nursing workforce, the United States may have enough hospital beds for seriously ill patients, but not enough nurses to deliver essential, safe care.

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