

Committee Meeting

of

SENATE HEALTH, HUMAN SERVICES, AND SENIOR CITIZENS COMMITTEE

"Testimony on the New Jersey Nursing Initiative, a project of the Robert Wood Johnson Foundation and the New Jersey Chamber of Commerce Foundation"

LOCATION: Committee Room 4
State House Annex
Trenton, New Jersey

DATE: May 28, 2009
10:00 a.m.

MEMBERS OF COMMITTEE PRESENT:

Senator Joseph F. Vitale, Chair
Senator Loretta Weinberg, Vice Chair
Senator Robert M. Gordon
Senator Thomas H. Kean Jr.
Senator Robert W. Singer



ALSO PRESENT:

Eleanor H. Seel
Elizabeth Boyd
Office of Legislative Services
Committee Aides

Jillian Hudspeth
Senate Majority
Committee Aide

Victoria Brogan
Senate Republican
Committee Aide

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SENATOR JOSEPH H. VITALE, (Chair): Good morning, everyone.

If I could ask those who need to be seated to please sit; and to just remind you all to turn off your cell phones, and BlackBerries, and any other devices you may have. If you need to take a call, please step out into the hallway.

Good morning again.

And to our panel and others who are here today, I wanted to thank you for coming.

And to my fellow Committee members, for rearranging your schedules to be here to listen to members of the public and the professionals about the valuable role that New Jersey plays, and all those who are assembled here today play, on this nursing initiative.

Nurses are a vital part of our healthcare system. And this Committee made our commitment clear this past October when we unanimously passed Senate Bill 626, which established the Nurse Faculty Redemption Loan Program. The purpose of the Program is to address the current and projected critical shortage of nurse faculty in this state by providing an incentive for people to enter the nursing education programs for the purpose of becoming nursing faculty. The Program will provide loan forgiveness for graduate students who have completed an approved degree in exchange for full-time employment as nurse faculty following the completion of the graduate degree program.

Despite passing the bill, we understand that we must still deal with the issue of the nursing faculty shortage. We look forward to hearing

your analysis concerning why we have a nurse faculty shortage and what we can do not only as a Committee, but as a State, to address that shortage.

Before we begin, I wanted to commend the Robert Wood Johnson Foundation on their vision for the New Jersey Nursing Initiative Program by bringing together a diverse group of stakeholders and by engaging the business community through the State Chamber of Commerce. You recognized that solving this nursing faculty shortage is not just one group's problem, it is all of our problems. And we will bring together some different perspectives to the table, hopefully, to solve it.

We look forward to working with the New Jersey Nursing Initiative to solve this problem and to ensure that New Jersey citizens have the highly qualified nurses they need, both in our schools as faculty and as professionals in our hospitals, nursing homes, and medical centers.

With that, I would like to welcome Mary Ann Christopher, the President of the Visiting Nurse Association of Central Jersey, and her colleagues. Ms. Christopher comes to us today in her capacity as the Chair of the National Advisory Committee for the New Jersey Nursing Initiative.

Mary Ann will introduce the panelists to our Committee before they speak. And after each person testifies, obviously members will have an opportunity to ask questions.

I wanted to thank Mary Ann and the group assembled here today. We know you've worked together in the past on various nursing initiatives. And the nursing shortage, of course, is directly related to our nurse faculty shortage. And we've talked about this issue for years. And we've seen the Dean here, as well -- several years ago at the school -- having the same discussion. And hopefully today we'll be able to really make it

much more clear, in terms of the direction we all should take as a State and as stakeholders in this issue.

So thank you again for being here, and to the members as well.

We'll do a roll call first, and then we'll proceed.

MS. SEEL (Committee Aide): Senator Singer.

SENATOR SINGER: Here.

MS. SEEL: Senator Kean. (no response)

Senator Baroni. (no response)

Senator Allen. (no response)

Senator Whelan. (no response)

Senator Rice. (no response)

Senator Redd. (no response)

Senator Gordon.

SENATOR GORDON: Here.

MS. SEEL: Senator Weinberg.

SENATOR WEINBERG: Here.

MS. SEEL: Senator Vitale.

SENATOR VITALE: Here.

Mary Ann, thank you very much. Please begin.

M A R Y A N N C H R I S T O P H E R: Thank you, Chairman Vitale, Vice Chair Weinberg, and every member of this Committee for hosting this hearing.

I am Mary Ann Christopher, President and CEO of the Visiting Nurse Association of Central Jersey, the largest VNA in the state, and among the largest in the nation.

We recognize and appreciate that you have invited us here at a time of extraordinary challenge for our State, most notably the difficult job of finalizing a budget that both stabilizes our State finances and advances critical priorities.

We recognize that one priority for this Committee has been to ensure access to quality, affordable care for all New Jerseyans, and we commend you for all that you have done so vigorously to advance this goal.

We are here because we believe there is a major hurdle as you continue to promote this outcome. I have been a registered nurse for 30 years, so every day I see, firsthand, the extraordinary contributions that nurses make across the lifespan. And I can tell you, from that personal experience, that if we do not address the nurse faculty shortage we will confront a nursing shortage that will reduce access to care, erode quality, weaken our healthcare delivery system, and impact negatively the health of our communities.

Every day I see nurses extending the gifts of their profession. I see nurses protecting mothers and babies at risk in Asbury Park, and nurse practitioners providing primary care access in schools in Woodbridge. I see nurses providing critical public health and preventative services in Red Bank, and a nurse caring for a homebound patient with diabetes who would otherwise be struggling alone. I see nurses introducing telehealth intervention to seniors with congestive heart failure to prevent unnecessary rehospitalization; and hospice nurses who provide palliation, anticipatory guidance, and emotional support to patients at end-of-life.

I am so proud to head the National Advisory Committee, an expert panel that is guiding the project we unveil today, the New Jersey

Nursing Initiative. And with us today are other members of that Committee: Sonia Delgado, Mary Wachter, Linda Wurtz, Former Congressman Bob Franks, Nelson Tuazon, Dr. Susan Walsh, and Penelope Lattimer.

The New Jersey Nursing Initiative's goal is to ensure that all patients and all communities have access to nursing care and intervention. The best way -- indeed, the only way -- to do that is to put more nurse faculty in place to prepare the next generation of nurses. So that is, quite simply, what the New Jersey Nursing Initiative will do.

I am honored that you, Mr. Chairman, and the Robert Wood Johnson Foundation have invited me to be with you today. You will hear from expert witnesses who will share data and compelling personal experiences that speak to the value and the importance of this Initiative. This project is about ensuring that those who wish to enter the nursing profession can do so. It is possible because of the extraordinary commitment of the Robert Wood Johnson Foundation and the New Jersey Chamber of Commerce, who have come together to support all of us in this state.

To tell you more about the specifics of the Initiative, we have seven witnesses. It is my privilege to introduce the first, Dr. Risa Lavizzo-Mourey, as President and CEO of the Robert Wood Johnson Foundation. She leads the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans. In addition to being one of our nation's leading healthcare experts, Dr. Lavizzo-Mourey continues to treat patients, part-time, at a community health center in New Brunswick, New Jersey.

RISA LAVIZZO-MOUREY, M.D.: Thank you.

Chairman Vitale, Vice Chair Weinberg, Senators, we appreciate you taking the time to hear us today as we talk about this important issue. There are workforce issues here in New Jersey.

As you heard, I'm Dr. Risa Lavizzo-Mourey, the President and CEO of the Robert Wood Johnson Foundation. We are based right here in New Jersey. We're the largest foundation in New Jersey and the largest philanthropy nationwide that is devoted exclusively to improving health and health care. Assuring that all Americans have stable and affordable health care is a key part of our mission, and we recognize that nurses are an absolutely critical part of providing the high-quality, patient-centered care that we all deserve.

As you know, we are based here in New Jersey and, therefore, have a special commitment to our home state. We're proud to say that we have more than 150 programs that are active right now in New Jersey. They include programs that increase the quality of cardiac care in our hospitals, programs that increase the efforts to improve childhood development in Trenton, and planned initiatives to reverse the epidemic of childhood obesity.

Since our inception in 1972, we've had a deep and long-term commitment to nursing. Through our programs, we've worked to strengthen the nursing workforce, to apply nurses' extensive knowledge and expertise in health and health care to the challenges that we face in this state and nationwide, and to advance nurses as leaders so that they can inform our policy and our community practices.

One of the many examples that I could cite is one that goes back to 1980, when our nation's hospitals were then, again, facing a shortage. We chose to focus, at that time, on the problem underlying that shortage, the working conditions that nurses face. Our initiative then was aimed at improving the work environment in order to keep nurses on the job so that they could continue to do what they want to do and what they do so well -- give the best possible care to their patients.

We have continued our efforts to tackle the multiple challenges that the nursing profession is facing. And we understand that it's going to take a strategic approach and a long-term view if we're going to solve the workforce shortage in nursing and the other problems facing the profession. It's important to do this, because if we don't, it undermines the availability and the quality of care in New Jersey and across the nation.

Before I came to the Foundation, I had the privilege of practicing medicine in an academic setting. And there I made house calls with a nurse practitioner. And you've already heard that I continue to volunteer at a clinic in New Brunswick -- the Chandler Clinic -- where I see firsthand the quality and vital role that nurses play in delivering health care.

Nurses care for patients. They have the skill and compassion that is needed to do that. But they do much more. There's a significant body of evidence that documents how nurses' powerful insights into today's challenges provide additional information on how to improve access to insurance, how to address the rising costs of health care and the disparities in health care, and most importantly how to address issues of safety and quality in-patient care.

That is why the Robert Wood Johnson Foundation places such a high priority on nursing and nursing workforce issues. As we look at this field, we see a crisis. It's a crisis in real time, because there's a significant mismatch between the workforce that's in place right now, and the workforce that's in the pipeline, and the needs that we're going to face as our healthcare system continues to change and as our demographics change.

The Baby Boomers are aging. And Baby Boomers, as they become geriatric in age, are going to have more chronic conditions and more healthcare needs that will grow dramatically. The nursing workforce is critically needed to deliver those, and this workforce is shrinking. The large percentage of nurses who are leaving their jobs because they're of retirement age will create a deficit that's going to take decades to rebuild. These seasoned nurses have the knowledge of what the next generation needs, but they're not able to train the next generation because we don't have enough nursing faculty to do that. We have people who want to become nurses, but we don't have the faculty to train them. And if we don't solve this problem, patient care and patients in the future will suffer.

So right now, we're facing a conundrum. With this economic downturn, there are places that are laying off nurses and it appears as if the workforce shortage is lessening. But let me tell you, that is not the case. And let me explain.

At the present time, more and more older nurses are postponing retirement or even coming back out of retirement because their spouses have lost their jobs or because they've seen their retirement savings collapse. And as a result, it looks as if the ranks of nurses have actually increased because we see declining vacancies in nursing positions. That's why we're

here today. Because there's a real danger that if we just focus on this short-term easing of the nursing shortage in some communities, we're going to get the false impression that there's a solution to the problem, and it's already been applied. We have not done that. Layoffs and older nurses returning to the workforce will postpone the problem. But unless we act now in New Jersey and across the nation, we're going to be heading for a nursing catastrophe that will affect us all. If we ignore this looming nursing crisis, it will be at our peril. That I can assure you. It will be nothing less than reckless for us to avert our eyes and pretend that the problem doesn't exist.

The statistics paint a grim picture. There's a report that was recently released by the New Jersey Collaborating Center on Nursing at Rutgers that finds that the average registered nurse in this state is a 50 year old woman who works more than 10 hours a day. More than half of New Jersey's RNs, that's 54 percent, are between the ages of 46 and 60. That means that nearly a third of our nursing workforce is going to reach retirement age within the next decade. This report also tells us that the New Jersey nursing schools cannot close this gap because they do not have enough faculty to train the next generation of nurses.

Now, as the affects of this recession wear off -- and they will wear off -- the stark demographic reality will become clear, and we will see that New Jersey will not have enough nurses in the upcoming years. By 2025, the number of New Jersey residents who will be 65 years or older will increase by 39 percent. That means one in seven of our residents will be eligible for the kind of care I deliver as a geriatrician. And I can tell you that I'm especially mindful that older patients require additional services.

So we need to have solutions now, and solutions that put more faculty in place to prepare the next generation of nurses. That is why it is my great pleasure to announce this exciting program that I think has the potential to transform the workforce in this state. It's called the New Jersey Nursing Initiative. Its tag line is, "So a nurse will be there for you." Our goal, simply put, is to transform nursing education so that we will have the well-prepared, diverse nursing faculty and educated nurses to meet this looming demand for nursing care.

This is a major initiative of the Robert Wood Johnson Foundation. It's a five-year, \$22 million investment. And we are particularly proud that the New Jersey Chamber of Commerce is going to be our partner in that. It recognizes that business and the economy is essential in this effort, and that we can only thrive as a state if our healthcare systems thrive, and that nurses are a critical part of those healthcare systems.

The New Jersey Nursing Initiative is led by the distinguished woman to my left, Susan Bakewell-Sachs, who, as you know, is the Dean and Professor of Nursing at the School of Nursing, Health, and Exercise Science at The College of New Jersey. She has been a perinatal nurse for more than 30 years, has taught at the baccalaureate and master's degree levels. And you will hear from her in just a minute about some more details of the Initiative.

But first I do want to join Ms. Christopher in acknowledging and thanking our National Advisory Committee, many of whom are here today. They are led by Mary Ann Christopher. And I also want to

acknowledge and thank our Trustee, Thomas Gorrie, who is here to show the Trustees' tremendous support for this program as well.

We expect that the New Jersey Nursing Initiative is going to be part of the solution to the nursing workforce challenge that this state faces. And we expect that New Jersey, in turn, is going to be a model and a leader for the nation. We aim to ensure that in this state there will be a nurse for you when you need one.

There is substantial research that bears out the compelling evidence that nurses are a critical part of improving health care. An Institute of Medicine report showed that of all healthcare professionals, nurses are most likely to intercept medical errors which, by the way, cost hospitals \$3 billion annually.

So you can see why, as a Foundation, we have taken a long view to help solve the problems that lie ahead. We see this as part of our responsibility. And we know that, as lawmakers, you see taking a long view as your responsibility. Therefore, we thank you for your time this morning and for the serious work and consideration that you have given to the Nursing Initiative over the years. We hope that you will invite us back some time in the future to give you an update on this important Initiative. And we want you to know that at the Robert Wood Johnson Foundation, we do consider the Nursing Initiative and the mandate to improve the nursing workforce as a critical part of what we do. And you have our commitment to build the next generation of nurses. Because no matter what we do with health reform, if we do not have nurses to deliver the care, we won't have high-quality care, nor will we have an economy that can thrive and prosper.

Again, thank you. We appreciate your effort and your inviting us here today.

And now I am going to turn it over to my colleague.

Any questions for me before I--

SENATOR VITALE: I think what we'll do is, we'll let the panel make their statements, and then we'll ask the members if they have any comments or questions. This way we can get everyone's comments out there and move the process forward.

DR. LAVIZZO-MOUREY: Thank you, Mr. Chair.

SENATOR VITALE: Thank you very much.

Dean.

S U S A N B A K E W E L L - S A C H S, Ph.D.: Thank you, Chairman Vitale, Vice Chair Weinberg, and all of the Senators on this Committee for holding this hearing.

Nursing workforce issues, as you are hearing, are critically important to New Jersey's health, now and in the future. I commend you for examining this issue now, the work you have already done toward nursing, and before today's nurse faculty shortage leads to tomorrow's crisis: a registered nurse shortage that will harm quality of patient care in our state.

Thank you also to Dr. Lavizzo-Mourey and to the Robert Wood Johnson Foundation for doing so much to address this issue in New Jersey, and devoting resources to solutions in New Jersey and nationally. I want to specifically recognize Dr. Susan Hassmiller, your Senior Advisor for Nursing, who was instrumental in developing the New Jersey Nursing Initiative.

As you know, I am Susan Bakewell-Sachs, Director of the New Jersey Nursing Initiative and Dean of the School of Nursing, Health, and Exercise Science at The College of New Jersey. I would like to recognize a few of the experts who are in the audience, including college presidents Barbara Gitenstein from The College of New Jersey and Michael Adams from Fairleigh Dickinson University; and our stellar New Jersey Nursing Initiative work group chairs; Aileen Holmes, Noreen D'Angelo, Geri Dickson, Gloria McNeal, and Barbara Wright; in addition, the Faculty Preparation Program's schools and scholars who are also here today.

We are here to address an issue of tremendous importance to everyone in this state who is a patient, may be a patient, or expects to need health care in the coming years -- in other words, all of us. I'll begin by sharing some stark numbers. According to the New Jersey Collaborating Center for Nursing's Fall 2008 survey data, there are 567 full-time nurse faculty working in the state. Their average age is 55, and 74 of them are expected to retire within the next five years. More than half of our nursing schools already limit student capacity due to limited faculty lines and the ability to fill vacancies. For doctorally prepared faculty in particular, it can be challenging for schools to find qualified applicants. Unless we take action, this will become worse.

The nurse faculty pipeline is at the center of a looming registered nurse shortage that should alarm us all. Nurse faculty must have at least a master's degree in nursing, and four-year colleges and universities need nurses with doctorates. But nurses tend to practice first and get advanced degrees later. In addition, they are more likely to pursue graduate study part-time, due to lack of scholarship funds. The average age of nurses

at completion of the doctoral degree is 46 years, compared to 33 years for those in other disciplines. It takes nurses an average of 8.3 years to complete their doctorates compared to 6.8 years for others. The median time span for nurses to proceed from master's degree to a doctoral degree is 15.9 years. Therefore, few practicing nurses have the qualifications to teach. Only 9 percent have master's degrees, and just 1 percent of registered nurses have earned a doctorate.

Because nurses tend to continue their education later in life, and because of demand for nurses with master's degrees and doctorates in practice settings, as well as in academia, nurse faculty may not have long, full-time teaching careers. The mean age of nurse faculty prepared at the master's level is 49 years, nationally. The mean age of nurse faculty prepared at the doctoral level is age 54. That's also a national statistic. This is a significant problem at a time when we lack the nurse faculty we need to prepare the next generation of nurses, as you have heard.

We need to attract younger nurses to faculty roles. And that is one of the things that the New Jersey Nursing Initiative will do. Investing in the advanced education of younger nurses offers a longer-term payback as nurse faculty. Younger nurse faculty will be able to teach longer and will prepare many more of the nurses our state and our country need.

That's one reason I am very proud to be the Program Director of the New Jersey Nursing Initiative, which we are launching here today. I'd like to provide some details focusing on the four main components of the program.

First: The New Jersey Nursing Initiative Faculty Preparation Program. This is a program led by Nicholas Pelzer of the Robert Wood

Johnson Foundation. It will produce at least 46 new nurse faculty for the state. We call them Robert Wood Johnson Foundation New Jersey Nursing Scholars. They're being selected now, and you will hear from one of them shortly. Each scholar receives full tuition and fees, a \$50,000 per year stipend, and a laptop computer. These full-time graduate students will complete master's and doctoral degrees, and commit to work as nurse faculty in New Jersey for a minimum of three years after graduation. In this way, our Faculty Preparation Program will directly fill nurse faculty positions and hopefully expand the number of available seats at New Jersey schools of nursing. It also is working to develop, implement, and evaluate new curricula that will provide students at the master's and doctoral levels with the education and expertise they need to pursue careers as nurse faculty. We expect the curricula to become a model for the country.

Second, the Initiative is engaging diverse partners, including business and government leaders, who have a stake in ensuring that our healthcare system has enough registered nurses to provide the care the Garden State needs. These partners will help develop policy, lead local and regional collaborative efforts, and identify funding to ensure that there are faculty to educate the nurses for the future. Our strategic working groups have the charge to create innovative approaches to increase faculty capacity; make New Jersey nurse faculty a preferred career for nurses; lead focused policy initiatives; increase sustainable funding; and build local, regional, and statewide collaboration. We will also focus on developing creative strategies to increase nurse education capacity.

Third, to help students interested in pursuing nursing -- in pursuing, find nursing programs with seats available. In 2010, the New

Jersey Nursing Initiative will begin developing and piloting a centralized, online application service that will allow prospective students to complete a single application and send it to the schools of nursing across the state. This is part of a national effort being spearheaded by the American Association of Colleges of Nursing, and New Jersey is one of the lead states for this program. We have invited nursing program deans and directors to confer with us as we pilot this groundbreaking tool that will help keep qualified nursing candidates in our state.

Fourth, we have a comprehensive Web site, www.njni.org. This was launched yesterday. It features key information on New Jersey nursing, news, data, emerging issues, and more. I encourage you to visit the site to view profiles of some of our state's remarkable nurse faculty and more, and to come back often to see the updates in rich materials that will be posted there.

As you know from Dr. Lavizzo-Mourey, the slogan for the New Jersey Nursing Initiative is, "So a nurse will be there for you." We all hope that will be the case for ourselves and our families. Right now, New Jersey is on a path to have a smaller nursing workforce than we will need in coming years. A nurse won't be there for many of us unless we change course very quickly and increase our capacity to educate nurses.

I want to conclude by warning all of us not to be distracted or lulled into complacency by the current recession. We face a serious nurse faculty shortage right now, today. Applications for nursing remain strong but have slowed in the past two years compared to three to five years ago. This is nationally and regionally. The College of New Jersey, for example, for the entering nursing class of 2009, had 440 applicants for 60 seats. The

same is true at nursing schools across this state because the programs are at or above capacity. Turning qualified applicants away, combined with a temporary easing of the nursing shortage due to the recession, is creating a false view of the situation. In fact, we do face a critical shortage of nurse faculty and nurses, just as Baby Boomer nurses are beginning to retire.

The result will be a serious and avoidable shortage of registered nurses that will jeopardize health care for all of us, from children with health problems to women with high-risk pregnancies; from people in middle age who are beginning to develop preventable diseases to seniors with multiple chronic conditions or who need palliative, end-of-life care.

We can avoid this crisis, and the New Jersey Nursing Initiative is committed to helping the State do so.

Thank you.

SENATOR VITALE: Thank you, Dean.

Mary Ann, why don't you introduce the next--

Senator Weinberg, did you want to ask a question now, or do you want to wait until--

SENATOR WEINBERG: Thank you, Mr. Chairman.

First of all, I would like to thank you for convening this hearing and helping the Legislature and the State of New Jersey cast a much-needed spotlight on this growing problem.

I'm not sure that anybody on this panel can answer this, but I'm going to throw the question out anyway.

First of all, any of us who have ever had a child; visited a doctor's office; been in a hospital or had a loved one as a patient in a hospital; or taken care of a frail, elderly person at home-- Each of us knows

the importance of the nursing profession in helping us get well, raise our children, and all the other issues in quality of life. And we have been informed about the waiting list at nursing schools.

One of the issues that I've been told about, really anecdotally, is that the salaries of nursing faculty are, by and large, less than the salaries of other faculty members. And would I be surprised since it's mostly a woman's profession? Absolutely not. I would not be surprised to find that out. But I'm wondering if you have any statistics on that or can comment on that at all.

DR. BAKEWELL-SACHS: One of the areas of focus for one of our working committees -- our strategic committees -- in fact, the committee that's focused on making the nurse faculty role a preferred career -- has a specific focus on getting at the heart of what the data show with regard to that very question.

We are concerned about equity and parity. And we do intend to look at those data -- collect those data, and look at those data, and know the very specific answer to that question.

MS. CHRISTOPHER: We also have a university professor who will be addressing that issue further, Dr. Tony Forrester.

SENATOR VITALE: After you're done answering your question, just turn off your mike so that everyone can hear. When both mikes are on, it knocks one out.

Senator Gordon, you wanted to ask a question.

SENATOR GORDON: Thank you, Mr. Chairman.

I also would like to thank everyone for being here and helping us deal with this really important policy issue.

I have a question somewhat related to Senator Weinberg's, as it relates to salaries.

You've talked about how you're going to create incentives for nurses to enter a training program ostensibly to become teachers. I'm wondering whether there's a problem on the demand side in that Ph.D. nurses, nurses with master's degrees have other opportunities that are more lucrative. My impression is that they can find opportunities in the pharmaceutical industry, as senior managers in hospitals. And I'm just wondering whether we're going to deal with this problem, unless we address the compensation issue. We could be creating a lot of highly trained people who are just going to be captured by the private sector and not filling those faculty spots unless we propose some kind of requirement that they teach for a while.

I wonder if someone could address that.

DR. BAKEWELL-SACHS: The basic problem is that we don't have enough master's and doctorally prepared nurses for all the demand. So we have demand for those nurses in practice, and we have demand for those nurses in academia. Nurse faculty have expansive roles. They teach, obviously; they conduct research. Many of us do practice as well. So we do certainly know that there is a significant difference in terms of faculty salaries and industry salaries, which is not unique to nursing but is something, again, that we are going to be looking at and focus on as part of this effort.

But the fundamental problem is, we simply -- with only 1 percent of nurses having earned doctorate, and 8 percent of nurses with

master's degrees, we cannot meet the demand on the practice side or on the academic side.

DR. LAVIZZO-MOUREY: And if I might add, there is an additional component to this.

When you talk to people who have committed to be educators, teachers, there's a tremendous satisfaction that they derive from doing that. That's why they went into it. What we're finding is that the opportunity costs, the costs that they have to incur in order to get that doctorate -- and then also have, perhaps, a lower salary once they join the faculty -- becomes an insurmountable barrier. That's why this program, which helps to decrease some of the costs -- the opportunity costs of getting that Ph.D., which is required in order to be a nursing faculty -- we think will be a major -- have a major positive impact in reducing the barrier.

In addition, we know that there's a long period of time that nurses take to get the Ph.D., in part because they're working at the same time. And so by decreasing the amount of time and the financial burden, we think that we can help to address some of the real differential that there is, and probably may well always be, in what someone can make in academia versus in industry.

That said, it is part of the program that people who receive these resources will commit to teach here in New Jersey for three years.

SENATOR VITALE: One second, Senator Singer.

I just want to ask one quick follow-up question on the faculty -- or on the salary issue.

How does the average faculty salary stack up against salaries for other faculty at our universities -- law school, business school, chemistry, all the others? Is there a study, or do you have kind of a general knowledge?

DR. BAKEWELL-SACHS: That is part of the study that we will be doing. It's part of the program.

SENATOR VITALE: My sense is that-- I know that nursing salaries have, over the years, traditionally been lower -- given the responsibilities that nurses have -- lower than their peers in private industry and elsewhere, given the level of responsibility. So I would make that assumption in that -- to the Senator's point earlier-- What nurses are earning at the end of 10 or 20 years of bedside and what they're offered as a member of faculty at a university or school could be less than what they were earning at the end of their time at a hospital. So the financial incentives aren't there, and the parity issues, obviously, have to be addressed.

We have all found -- and we all know this as members, and others here today, that women, and this (indicating) man, who get into the nursing business, don't do it for the money; but they still have to support themselves and their families, and make an honest and decent living. So that's something to be considered.

Senator Singer.

SENATOR SINGER: Two questions, Mr. Chairman.

First question really is-- I know this is a private initiative -- the \$22 million. Are you planning to introduce legislation to make the State match it? (negative response)

No, you're not. I'm disappointed with that.

SENATOR VITALE: Would you like to sponsor that bill?

SENATOR SINGER: If you do it with me, I will. Absolutely.

Second of all, one of my concerns is about the nursing situation concerning faculty. It's not so much the private institutions but the public institutions that are unionized. Have you been talking to the unions about waivers? Because as you know, in the State colleges, and universities, and schools, that's all driven by union contract. And if you're going to pay people at a scale to attract them, you would have to do that through the unions. Have you been doing that at all?

MS. CHRISTOPHER: Let me just-- What we'd like to do -- to Senator Vitale's question and your own -- is-- Part of this initiative, as Susan had detailed, really addresses many of the questions that you have. But because we're launching it today, we haven't considered all of those data elements, in terms of a final report. So we commit to you to coming back with some of those. We actually do have, as one of our speakers -- not the next panel, but the one after that -- who is a university professor in a unionized environment. And I think we'd like to hold those questions until he actually provides his testimony, if that would be acceptable.

SENATOR VITALE: Thank you, Senator.

Mary Ann, would you continue with introducing our next speaker?

Will you be remaining for a bit?

DR. BAKEWELL-SACHS: Yes.

SENATOR VITALE: Good, because we'll have additional questions.

Thank you very much.

Thank you, doctor.

MS. CHRISTOPHER: That was just an attempt to give you a broad brush at what the initiative seeks to accomplish. And now we have with us two speakers who will address why the business community has embraced this as one of their primary commitments.

So it's my pleasure at this point to introduce Joan Verplanck, President of the New Jersey Chamber of Commerce and a partner in the New Jersey Nursing Initiative, who will explain why this is a priority for the Chamber.

Joan.

JOAN VERPLANCK: Thank you, Mary Ann.

Thank you, Chairman Vitale, Vice Chair Weinberg, and members of this Committee for allowing me to make the business case for increasing the number of nurse educators in New Jersey. It is a high priority for our business community.

My name is Joan Verplanck. I'm President of the New Jersey Chamber of Commerce, an advocacy organization in Trenton that works to create an environment in which New Jersey's businesses can grow and thrive. A climate that is friendly to business, we believe, will lead to economic prosperity that will benefit all of our state's citizens.

A number of factors threaten to undermine our state's business climate, and the cost of health care is high on that list. As individuals, we know that quality health care is extremely expensive, even for those of us who have full insurance coverage. As employers, we pay an ever higher premium for that care. Healthcare costs are the single highest cost driver of

business today, and the high price of health insurance prevents many of our businesses from flourishing.

Lawmakers around the country are currently engaging in a debate over how to overhaul our nation's healthcare system so that it works better for employers and employees. One way to do that here in New Jersey and across the nation is to ensure that hospitals and other care settings have an adequate supply of nurses. The largest segment of the healthcare workforce, nurses play a key role in maintaining employee health and wellness, and in providing workers and their families with a wide range of health services at all stages of their lives.

Unfortunately, we're moving in the wrong direction when it comes to our nation's supply of nurses. Experts predict an unprecedented shortfall of nurses in the next decade. And the problem is expected to be especially acute here in New Jersey. The shortage couldn't come at a worse time. As Baby Boomers age, they are placing greater demands than ever on our nation's healthcare system.

The current economic downturn may have temporarily eased the shortage in some areas, but it won't bridge the gap between the shrinking supply of nurses and the rising demand for their services. What does this mean for businesses? Put simply, a greater likelihood of failure.

Already, the annual cost to businesses of poor health care quality per covered employee is \$1,900. Each year, inadequate care costs businesses as many as 45 million avoidable sick days, the equivalent of 180,000 full-time employees calling in sick every day for a full year. This costs employers more than \$7 billion a year in lost productivity. That staggering price tag will increase as nurses become scarcer, and the quality

of care deteriorates as a result. And that will translate into lower productivity and higher absenteeism in the workplace.

For employers, the bottom line is this: Businesses will have an even harder time staying profitable, an already difficult challenge in an inhospitable business climate. If the nurse shortage is not reversed, our state's already struggling economy will suffer even more. A robust and dynamic nursing workforce is key to business productivity, worker health, and the economic development the State needs,

The good news is that the shortage can be curbed, and even reversed, by training more nurses to fill the shoes of those preparing to leave the profession. But right now, nursing schools do not have enough faculty to train the nurses we need to meet the projected demand. As a result, nursing schools are turning away thousands of qualified, aspiring nurses. The shortage of nurse educators is only expected to grow as nurse faculty age along with the rest of the nursing workforce. In New Jersey, the average age of a New Jersey member, as was stated before, is 55.

We in the business community recognize that hiring more nurse educators to train the next generation of nurses is the kind of real-world solution we need. That is why we at the Chamber are helping to lead the New Jersey Nursing Initiative, which will provide dozens of New Jersey faculty who can train the next generation of nurses in our state. We are delighted to work with the Robert Wood Johnson Foundation on this essential Initiative, and grateful for its support and the incredible service it is doing for New Jersey.

Sensible efforts like the New Jersey Nursing Initiative are a way to help our employers, employees, and citizens prosper in a highly uncertain future.

Thank you.

SENATOR VITALE: Thank you, Joan.

MS. CHRISTOPHER: And our next speaker is Jeff Scheininger, President of Flexline/US Brass & Copper Corporation, a small business in Linden, New Jersey. And he also chairs the New Jersey Chamber of Commerce's Health Care Reform Committee.

So we're delighted, Jeff, that you're here.

J E F F R E Y C. S C H E I N I N G E R: Thank you, Mary Ann.

Mr. Chair, Ms. Vice Chair, and members of this Committee, I'm here today to discuss why it is important to our State's small businesses that we address the nurse faculty shortage, so we can avert a nursing shortage that will damage our State's healthcare system.

It may not be entirely clear why a nursing faculty shortage is a threat to the small businesses of New Jersey. Please allow me to elaborate.

As Mary Ann said, my name is Jeff Scheininger, and I'm President of Flexline/US Brass & Copper Corporation. Flexline is a small manufacturer of industrial hose products, located in Linden. I am your typical small business owner. I employ about 20 employees. And as you know, 35 percent of New Jersey's workers are employed by firms of this size. Like most small business owners, I am very concerned about our healthcare system. I am concerned because I care about the health and well-being of my employees and their families, and I am concerned because

I am the one who pays for their health insurance, an expenditure that consumes an enormous and growing chunk of my company's profits.

My health insurance expenditures for my employees and their dependents have grown to almost 30 percent of my pre-tax profits. Every year, I anxiously await notification from my health insurance carriers as to what this year's rate increase will be. I must tell you that this annual ritual has become one of my least favorite and, in fact, most dreaded events. I am regularly stunned at the size of these increases and, more often than not, begin the process of finding new carriers, changing co-pays, and rearranging the benefits package. It is difficult to pay the health insurance premiums for my employees and their families and still afford to give raises, or retirement benefits, or anything else for that matter.

The escalating cost of health insurance is a huge issue for small businesses. I make sure that my employees and their families are covered, but it is increasingly difficult. I was unable to raise the price of my products between 1997 and 2004 because of competition from China -- the so-called *China factor*. But during that time, my firm's health insurance costs doubled.

Smaller companies are, by definition, more personal. So I tend to get involved with navigating the healthcare system in ways that leaders of larger companies probably don't. I see the impact of quality care on my employees and their families, and I devote a good deal of time to helping my employees navigate the twists and turns of health insurance policies and ensuring that our plan pays for what they are obligated to cover. I want to make sure they are getting what I am paying for, and so do the thousands of

other business owners in this state who go to great lengths to provide their employees with quality healthcare coverage.

And quite frankly, my employees will not get quality care, at any price, no matter what form universal coverage eventually takes, if the serious nursing shortage that is coming down the road undermines the quality of patient care that nurses provide and that constitutes the bedrock of the healthcare delivery system. Nurses who are overworked and stretched thin are unable to provide patients with quality care. That translates into longer hospital stays, more sick time, and even more substantial healthcare costs and, therefore, ever-rising insurance premiums. Family members who must perform nursing-type duties while their loved ones are in the hospital are not on the job performing the duties they are paid to do. Inadequate health care translates into sicker employees who are less productive when they are on the job and more likely to take days off to care for themselves or their family members. Believe me, sick, absent, worried employees are not good employees.

The 32 percent of our state's total population that constitutes the small business community -- the employees, the employers, the owners, the vendors, our customers -- and I'm not including our family members in that figure -- alike -- have a significant stake in healthcare reform. That is why I have volunteered for the past five years to chair the New Jersey Chamber of Commerce's Health Care Reform Initiative. This Initiative efforts comprehensive health policy proposals at the State level that increase coverage, make our employees healthier, and encourage productivity improvements that lower healthcare costs.

Our Committee supports efforts to computerize health records. We actively support corporate health and wellness programs, and specific tort reforms aimed at increasing the amount of money spent on healthcare and not on litigation.

I strongly believe that we must move quickly to curb and reverse the looming nursing shortage. I stand before you today as someone who is proud to be part of the Chamber. I can say that I understand and business understands that the nurse faculty shortage is not someone else's problem, it is our problem. The Robert Wood Johnson Foundation knows this, the New Jersey Chamber of Commerce knows this, and New Jersey's businesses know it.

I am proud to be part of the solution.

Thank you for your time.

SENATOR VITALE: Thank you, Jeff.

We're pleased that you're part of the Initiative, as well -- that you still continue to serve on that subcommittee with the Chamber.

Joan, thank you very much for your leadership on this issue.

It's probably the first time, in recent memory at least, that -- I know you've been involved for quite some time -- the business community has really come together on a number of healthcare issues. It's really affecting all of us, whether it's costs, whether it's workforce development. It's all those issues, and access as well.

Thank you, again, for your leadership and being a partner in that.

Senator Gordon, did you have any--

SENATOR GORDON: No.

SENATOR VITALE: Thank you.

You'll still be here.

And we have another panel coming up and additional questions after.

Thank you.

MS. CHRISTOPHER: Thank you.

And now we actually have Dr. Tony Forrester, from the University of Medicine of New Jersey, who will share his perspective, and address some of the questions that the members of the Committee had about compensation and also the involvement of labor in the initiative. So I'm sure that will be important for you to hear.

And we also have -- I'm delighted that we have Maria Torchia LoGrippo with us, who is actually one of the first nurse faculty scholars. So she is really the initiative personified and embodied. We're delighted.

So we'll start with Maria, let her offer her perspectives on what she represents for the future of nursing; and then Dr. Forrester will address your other concerns and some of his own perspectives.

Thank you.

MARIA TORCHIA LOGRIppo: I would like to start by thanking you all for giving me the opportunity to speak about a priceless gift I have received from the Robert Wood Johnson Foundation and the New Jersey Nursing Initiative: the opportunity to pursue my dream to become a tenured nursing professor, a position that will let me teach, conduct research, and provide and improve patient care. I am deeply grateful for this gift and truly honored to be here today to testify about

what it will mean to me, my family, and the many others throughout the profession.

My name is Maria Torchia LoGrippe, and I teach undergraduate adult nursing courses at the College of Nursing at Seton Hall University, in a quaint town just 14 miles from Manhattan. I love my job as a full-time nursing professor, because it lets me combine my passion for teaching, patient care, and research; and it also lets me be a mom -- an ideal career to still work and be able to care for my own family.

Since I started teaching, I began asking myself: Could I ever achieve my dream to further my education and earn a doctoral degree so I can be a nurse leader and advance in the profession? Until this month, enrolling in a Ph.D. program had simply not been an option. I have two young children to care for, and our family relies on my income as a full-time professor to make ends meet. Unfortunately, we cannot afford to give up my salary if I were to become a student again.

But what seemed impossible only a few months ago is now a reality, thanks to the Robert Wood Johnson Foundation and the New Jersey Nursing Initiative's Faculty Preparation Program. Imagine my delight earlier this month when I received the news that I was to be the recipient of a full tuition waiver in the doctoral program at Seton Hall University, a stipend of \$50,000 a year to help cover our family's living expenses while I am a student, and a new laptop to boot. I didn't become a nursing teacher for the money, but it feels like I've hit the nursing jackpot.

For me, the scholarship is a dream come true. I have always wanted to be a nurse. Ever since I was a little girl, I had shared my story with many to become a nurse and wanting to care for sick people. It is a

dream passed on to me from my mother who worked for decades as a secretary in an obstetrician and gynecologist's office. My mother never managed to realize her dream to become a nurse because of her limited education and finances. But given this amazing opportunity from the Robert Wood Johnson Foundation, I will be able to achieve my goal of becoming a nursing professor.

My parents had always wanted the best for me. They wanted me to reach my full potential. They made deep sacrifices so I could have a first-rate, private-school education. I studied hard, got good grades, and was admitted to Georgetown University. I could afford this education because of contributions from my parents and a combination of scholarship grants and a work-study program. I enrolled in the School of Nursing at Georgetown University and was on my way to realizing my dream, as well as my mother's.

As a college student in the nation's Capital during the early 1990s, I developed a keen interest in healthcare policy. I followed the debate over healthcare reform with great interest, watched lawmakers argue the finer points of policy in the public galleries of the House and Senate, and attended congressional hearings as part of our coursework. I soon realized that policymakers have a much greater impact on the nation's individual health than nurses do. And scholarly research, I discovered, was a way that I could influence policy. A policy wonk was born.

Upon graduation from Georgetown, I stayed in D.C. and interned at the National Institutes of Health, where I developed a deeper appreciation for the professional nurse's role in biomedical research. In 1993, I returned to my home in South Jersey and began working at the

Hospital of the University of Pennsylvania. There I began practicing medical/surgical nursing, and quickly enrolled in a master's program. I began my studies in nursing administration at the University of Pennsylvania, where I met true leaders in the education of nurses. Along with rigorous coursework, and the dedication and support of knowledgeable faculty, I gained the necessary tools to promote and advance the profession. I continued working in the clinical setting and also, at that time, discovered an innate talent for teaching, as I mentored new nurses in my role as a critical care nurse. It was working with new nurses that my career trajectory took a turn toward academia. I realized that as a nursing educator, I would be able to combine my love for nursing, my affinity for teaching, and my interest in research, and be able to give back to a profession that had given so much.

After spending several years in a variety of roles in clinical practice, I took an opportunity in 2005 to teach an adjunct course at Drexel University and later that year took a full-time position in the College of Nursing at Seton Hall University. And this is where I hope to stay after I earn my doctorate. As a professor, I hope to influence the state of our nation's health care and improve patient outcomes by passing my clinical knowledge on to the next generation of nurses and by pursuing scholarly research that will help future nurses become agents of change in healthcare reform.

I am excited to move into the next phase of my professional life, and I take heart in the knowledge that I will be able to play a small role in curbing, and even reversing, the looming nursing shortage in New Jersey and nationwide by helping train the next generation of nurses.

As other speakers have said, supporting nursing education is critical. Supporting nursing education means providing quality nursing educational programs that will meet the enormous projected demands for nursing services.

I want to thank the Robert Wood Johnson Foundation for giving me the opportunity to be part of the solution. And I want to thank members of the Committee for letting me speak today about how I will do that.

Thank you.

SENATOR VITALE: Thank you very much. That was a great story.

MS. CHRISTOPHER: And now we have with us one of the great mentors of many students and a leader in our field in nursing education -- in fact, the nation -- Dr. Tony Forrester, from the University of Medicine and Dentistry of New Jersey.

DAVID ANTHONY FORRESTER, Ph.D.: Thank you very much, Mary Ann.

Good morning.

Thank you for the opportunity to testify here today.

In the interest of time, I've been asked to abbreviate my testimony. But I assure you all of my words have been provided to the Committee in print.

My name is Tony Forrester. I'm a registered nurse. I hold an earned Ph.D. in research theory development in nursing. I'm also a Fellow of the National League for Nursing's Academy of Nursing Education. I've been a nurse for 35 years and a nurse educator for 30 years. I've taught at

Rutgers University College of Nursing, Pace University's Leinhard School of Nursing, and now I've been at UMDNJ -- University of Medicine and Dentistry of New Jersey -- School of Nursing for 21 years, first as the Associate Dean for the new school and now as a tenured full professor. My areas of specialization in nursing practice are in adult emergency/trauma, critical care, and psychiatric/mental health nursing.

Being a nurse and a nurse faculty member is one of the greatest jobs in the world. I love my work. I love teaching the next generation of nurses, I love the impact I have on young nurses and on the patients they will care for. I love being part of this profession. Nursing education provides a great way to make a living. It has been good for me and for my family. It has helped give us rich, fulfilling lives. I love that as a nurse I learn so much about the human condition and am witness to the profound passages of human experience from birth to death; and help individuals stay healthy, recover from illness, live higher quality lives with chronic illness, and even help them cope with dying. As a nurse, I contribute to the betterment of the public's health. No other profession can magnify the good you can do for society the way nursing can. And by teaching young nurses, I am able to multiply my impact a thousand fold.

As a nurse, I can work anywhere in the United States, or the world for that matter. There is always a need for nursing services, and that need will continue to grow in the years ahead. In fact, there is a desperate need for more people in this field. If we had enough faculty and space at UMDNJ, I am confident that we could triple our enrollment at every level of nursing programming.

We are turning away qualified applicants, young people who want to do this work, have the intelligence and the talent for this work, and can make a difference through nursing. We're turning them away because we have limited faculty to teach them. That's a terrible shame, especially given the expected growth and demand for health care and the severe shortage of nurses.

Unless we put more nurse faculty in place, the public health will suffer. Acute care hospitals are about providing nursing care. If you are hospitalized, it is because you need nursing care. Having fewer nurses leads to negative patient outcomes, more complications, and higher mortality rates.

Some say one of the hurdles to addressing the nurse faculty shortage is related to faculty salaries. I cannot speak for all, but I have served as a Member of the Board of Governors for the UMDNJ Chapter of the American Association of University Professors. This is our bargaining unit. I attribute the competitive salaries offered at UMDNJ to the acknowledgement among those within our University of market conditions and the importance of fair compensation.

Let me also mention one other important role that nurses play and is often overlooked. From natural or man-made disasters, to H1N1 -- or swine flu -- and food poisoning, emergency preparedness depends on nurses. The more well-educated nurses we have, the safer we are as a state and, in fact, as a country. If we care about emergency preparedness, we have to care about solving the nursing shortage that lies ahead. And the only way to solve it is to produce more nurse faculty to prepare the next generation of expert nurses.

Not for a single minute have I ever regretted choosing nursing as a career. Being a nurse faculty member has changed my life and, because of it, I have changed others' lives. And I feel very lucky, and my colleagues in nursing education feel the same way. So I applaud the New Jersey Nursing Initiative and thank the Robert Wood Johnson Foundation and the New Jersey Chamber of Commerce for leading it. Creating more opportunities for more young people to become nurse faculty is good for them, it's good for their families, it's good for our healthcare system, good for New Jersey, and good for the country.

Thank you.

SENATOR VITALE: Thank you very much, David.

Any questions?

Senator Weinberg.

SENATOR WEINBERG: I'm wondering-- Dr. Forrester, you've heard some of the earlier questions.

DR. FORRESTER: Yes.

SENATOR WEINBERG: Do you have any comments on nurse faculty salaries as they compare to other disciplines?

DR. FORRESTER: You'll just have to get me to try to stop talking about it. (laughter)

In the 30 years I've been in higher education, I've observed deans and directors of nursing programs be, oftentimes, in the paradoxical position of negotiating with their central administrators for additional salary funds to recruit and retain high-quality faculty.

We've been creative over the years too. I don't know about my colleagues in other universities, but at UMDNJ we actually have-- Of the

eight colleague schools at UMDNJ, the School of Nursing is the only one that has an incentivized faculty practice plan that is actually codified into the contract and is therefore protected by contract. This faculty practice plan allows faculty colleagues to negotiate for faculty effort in practice, to do research, and take on other consultation roles for a fee for service. These moneys are paid back into the school's faculty practice plan and benefit the development, typically, of more junior faculty, and it's also shared with a faculty participant. So it offers faculty salary augmentation. It also improves the quality of our faculty's teaching in the classroom and clinical practicum situations. So there are ways of addressing this.

SENATOR VITALE: Senator Gordon.

SENATOR GORDON: Thank you.

Throughout academia, the Ph.D. is generally viewed as the union card for even a junior teaching position. I'm wondering just how essential a Ph.D. is for a classroom presence -- whether it might make sense to adjust the requirements for a faculty slot, whether replacing that additional degree with additional years of experience, for example -- that can be -- in part of the students. I'd be interested in your thoughts on that.

DR. FORRESTER: It's an excellent question. The Ph.D. in nursing is a research credential. And we, I believe, are in agreement in higher education and nursing that without the Ph.D. credential, we would not be as well-suited to generate the knowledge base that the discipline depends on. Nursing is an evidence-based practice discipline, and it requires an evolving and growing body of knowledge. That cannot be produced without a cadre of doctorate-prepared faculty who are expert researchers.

SENATOR VITALE: Thank you, Senator.

Senator Singer.

SENATOR SINGER: Thank you.

I would just like to go back to the issue concerning pay scale. Have you discussed with -- paying them off the scale because of the shortage? In other words, have the unions agreed that they would be willing to talk about that? Or is it necessary to take money and endow chairs, which takes them out of that realm of things?

DR. FORRESTER: It's rarely been necessary to step out of the pay range in the School of Nursing -- at least at my institution. Our faculty contract with UMDNJ does provide for that though. So the deans of the colleague schools, including the School of Nursing, do have some latitude in providing for higher salaries.

SENATOR SINGER: Yes, but that's just in UMDNJ. I hope you're looking past that. I know in the community colleges, that's not the case. And remember, you have a lot of nursing schools in the community colleges. So are we reaching out beyond just UMDNJ and saying, "We've got to deal with this issue, college by college, to make sure we have this universal around the state?" Because what's happening right now, as you know, there are large waiting lists in these schools. And because they haven't been able to get faculty, they're not going to open up more classes because they can't attract the faculty.

MS. CHRISTOPHER: I guess, so we understand that the solution is being looked at more broadly than just at UMDNJ, I would like to ask Susan Bakewell-Sachs to also speak to the issue.

Susan, you're going to have to move up here to be able to do that.

SENATOR VITALE: She needs to move up, because there's a mike here -- the recording device.

MS. CHRISTOPHER: You have to move up because of the recording device.

SENATOR VITALE: In fact, why don't we have--
Is Fred West here?

MS. CHRISTOPHER: Yes.

SENATOR VITALE: We'll bring them all up together.

MS. CHRISTOPHER: So while Susan is addressing that, we'll have Fred get in place.

SENATOR VITALE: Exactly. It's our final panel too.
Thank you.

DR. BAKEWELL-SACHS: We had a broad focus within our efforts when we planned the New Jersey Nursing Initiative. We do have faculty from community colleges, from the four-year senior public colleges, from UMDNJ, and from Rutgers -- as well as the private, independent colleges -- on our committees. We will be engaging in, again, a more universal conversation about this. Right now, as you heard from Dr. Forrester, and what I can tell you from The College of New Jersey, we have opportunities within our individual institutions to offer competitive salaries for nursing faculty within the union contracts as they now exist. There obviously is a lot of conversation that we have planned with regard to this overall issue.

And going back to your question earlier with regard to the data, we do intend to look very closely at comparative data. Because there are two issues here really. One is the industry/academic difference, and the other is parity across disciplines -- across professional disciplines. I think you raised the school of business and lawyers.

So looking across the professional disciplines, and parity and equity there; as well as the difference between the academy and industry.

SENATOR SINGER: But I think that what I've heard from the industry, and from my knowledge of it, is the big problem is that of course you want to attract the brightest and best of teachers. But what they can make comparably -- and not at pharmaceutical companies, I'm talking about in the industry itself, as in hospitals and things like that -- is so much higher than they can in the teaching profession.

What I'm concerned about is, you might have to go off the normal scale of professors within that system and pay them some additional moneys to be able to attract them to come out of the field into teaching -- to do that. Are you looking at that perspective also?

DR. BAKEWELL-SACHS: That would certainly be part of the overall conversation.

SENATOR VITALE: Thank you, Senator.

MS. CHRISTOPHER: And we certainly appreciate, Senator Singer, you're kind of highlighting this perspective for us. It has been a large part of our discussions for the two years prior to the launch. And we'll bring it back to the working group that is examining that so your perspectives can be heard.

So we appreciate that.

Thank you.

SENATOR SINGER: Through the Chair, there's just one more thing I'd like you to take a look at also. We have got to streamline the approval process with new schools of nursing. The process is a lengthy process and too long a process. I think when you're looking at things, you can look at that and discuss that also. It should be an easy, smooth transition into getting a school of nursing open if you want to do that -- to encourage some of the four-year universities and schools within the state to do so. And I think that's something you can talk about in the industry and talk about in general. And I hope you look at that aspect also. We want to encourage more colleges to produce a school of nursing -- four-year school of nursing; we want to make sure that that process is a simplistic process and easy process to do. So I hope you'd consider that also.

MS. CHRISTOPHER: And we certainly assure you of that. And that's the reason that the Robert Wood Johnson Foundation established a national advisory committee for this initiative and, frankly, for all of their initiatives. Because they do believe that a diversity of thought, both within the profession and outside the profession, are important. We're finding new ways in the journey to really address this issue. So we take very seriously your input. And we'll bring it back and vet it in the appropriate committee.

SENATOR SINGER: The only reason why I say that is because I'm on the board of a university that just went for it. And it's a lengthy, lengthy process that I believe can be shortened and made more streamlined to help encourage other colleges to go to four-year nursing schools. We need more schools, as you know. Your waiting lists show you

need more schools. Let's encourage the colleges and universities to go in that direction by making a simple, easy way to do it.

MS. CHRISTOPHER: Thank you. We appreciate that.

And now it's my pleasure to introduce our final witness, who is Fred West, an Assistant Principal at the Ocean Township High School, in Oakhurst, New Jersey. He is a friend and neighbor to me, and I am so pleased that he is joining with us today to share his very personal and compelling experience with nursing.

So thank you.

F R E D W E S T: Good morning, everybody.

It is indeed my privilege to be here this morning.

Thank you to the members of the Committee for the chance to share the incalculable value of our nation's nurses. I've witnessed firsthand, recently, how dedicated, compassionate, and skilled nurses can make all the difference. In my case, our nurses allowed my mother-in-law to maintain her health and dignity, through her courageous but brief battle with liver cancer, to the greatest extent possible.

This is an important hearing for our State and our country. And I'm honored to tell you my story.

My wife Kathi and I are both educators in the Township of Ocean Schools with a combined range of experience of 78 years, although I know I look much younger. (laughter) I'm an Assistant Principal in charge of discipline at Ocean Township High School, and my job is never boring. It's a very diverse town of about 28,000 people near the Jersey Shore. I've known and worked with nurses all my adult life. My sister is a nurse. And I supervised our five school nurses for six years, as some of my

administrative experience. From these extraordinary individuals I gained an understanding of the hard work that is nursing and a deep appreciation for the care they give their patients.

My understanding and appreciation of the value of nursing deepened in August of '07, when my healthy, spunky, independent, 90-year-old mother-in-law noticed a growth in her abdomen. Soon after, she was diagnosed with liver cancer. We went to Sloan-Kettering. Her surgeon planned to remove the tumor October 2, 2007. We were adjacent to the operating room when the surgeon came out and said a sonogram performed earlier that morning revealed that the tumor had grown around the portal vein of the liver, and surgery was now contraindicated, and she would not have survived it. We were devastated, frustrated, confused, scared.

He gave us two options: chemotherapy and radiation on a 90-year-old, or going home to let mom's disease follow its natural course. Being a very private person, living alone, she wanted to be in her home. We were shocked.

In my work, I'm expected to handle the unexpected. But I'll tell you, ladies and gentlemen, my skill set wasn't prepared for this. Thank God my wife is Mary Ann's husband's teaching partner. So I called St. Mary Ann. (laughter) "St. Mary Ann, what do I do?" She connects me with Marjorie Forgang, the Director of the Visiting Nurse Association of Central Jersey's Hospice Program. We had no idea what hospice was. We were still confused, devastated, and scared to death.

We learned what a hospice program was. Marjorie guided us through the process and stayed in touch with us the entire time. Shortly thereafter we were introduced to Peggy Lasoff, Registered Hospice Nurse.

She met with Kathi and her mother for a complete nursing assessment in my mother-in-law's little home. Then she met with the entire family. She told us she could help her manage her pain and maximize the quality of life that she had remaining.

Using their holistic approach, she utilized resources from their interdisciplinary team that included nursing, home health aides, therapists, social workers, and spiritual counselors. Mom's care was centered on our family's wishes. In the five months that VNA staff cared for Kathi's mom, they brought nothing but compassion and comfort to her. For our family, they were as close to angels as one could ever imagine.

Peggy arranged for my mother-in-law to have a certified home health aide, whose name, ironically, was Betty Love. Ms. Love could not have been more aptly named. She first began providing care for my mother-in-law in February of '08, three times a week for two hours each time. She provided comfort, she bathed her, she dressed her, and she was a great friend and ally. She kept a close eye on the status of her health and comfort, and replenished supplies and medications as needed. For my mother-in-law, visits from Peggy and Betty were more than the sum of those parts -- they offered consolation and companionship at the most emotionally challenging time in her life.

Their help also meant a great deal to my wife, our two adult daughters, and of course to me. Incredibly, Peggy was able to anticipate how the disease would progress, discuss it with us ahead of time, and get us ready for the next developmental stage of this horrific experience. She was able to manage my mother-in-law's pain and other symptoms. Without the services of these visiting nurses, my wife would have had to take a leave of

absence from her job to care for her mom, and she would have had no relief from the demanding physical and emotional work of caring for a dying parent. I would have lost both my wife and my mother.

My daughters and I also benefited tremendously from the relief the nurses provided. I felt that one of the most important lessons for my daughters to learn was that you didn't have to go through this difficult time alone. Being my daughters, they feel as though they have to do it all themselves.

Peggy was able to assess all our needs and recommend the appropriate intervention, ranging from additional nursing care, increased home health aide assistance, scheduled visits from social workers, emotional support, and family guidance.

As my mother-in-law's condition deteriorated, she arranged for continuous care: three sessions of eight hours each or two sessions of 12 hours each, around the clock, with licensed practical nurses in my mother-in-law's home to ensure that she was comfortable all of the time. Knowing that she was receiving this care allowed our family to take a little time together to dine out, sleep in our own beds on occasion, and some time to mend our souls.

Kathi's mom passed away last June, after five months in the care of Peggy and her colleagues at the Visiting Nurses Association of Central Jersey. Watching her die was a horrific experience for our family. We were comforted by the fact that she was able to spend her last months at home with the people she loved the most. That would never have been possible if we were not able to rely on the nurses and hospice team that work for Mary Ann.

Their skill, support, and compassion enabled my mother-in-law to pass in peace and comfort, and helped my family share this journey together. And we'll be eternally grateful.

In closing, I can only hope that while others experience the loss -- that when others experience the loss of a family member or face death, as we all will, they're able to do so with the guiding hand of a nurse like Peggy. I share the concern that the looming shortage means a nurse will not be there for everyone who needs them in the future.

That's why I'm here today to offer my full support for efforts like the New Jersey Nursing Initiative, which will help ensure that nurses will be there for all of us.

This journey, ladies and gentlemen, is not one you want to take by yourself, regardless of your position in life, your wealth, or your perceived status, what you drive, where you live. This is one devastating experience where we all need assistance. And I hope there will be a nurse for me when I need one.

Thank you.

SENATOR VITALE: Thank you, Mr. West. I appreciate your personal story. It means a lot to the Committee, and to you as well. I'm glad it worked out the way it did.

Thank you.

Any members have any questions?

If I could, I have just a couple of questions for a couple of members of the panel. If I could ask Dr. Lavizzo-Mourey to come back up to the front table.

Thank you, Mr. West.

And Dean, I guess, I wanted to ask both of you maybe the same question -- one can answer it.

I remember, going back to 1998, 1999, when the Legislature matched a grant from the Robert Wood Johnson Foundation to provide some funding to Rutgers University New Brunswick to build their new nursing school, because the existing one was sort of like a frat house. It was a small, little, modest building. If you put a keg of beer on the front lawn and a Greek symbol, it would look like one. But it worked for what they needed it for. But if it were not for the generosity of the Foundation, and the match from the Legislature, I don't know if there would be a new School of Nursing at Rutgers.

And at the time, there seemed to be -- certainly not now, but then -- there was a reluctance on behalf of the University to expand their program. The comment was then -- not now, but then -- "We do enough for the nursing issue in New Jersey. We're not going to solve the nursing shortage alone."

And it wasn't my intent to have Rutgers solve it by themselves. And today I'm proud to say that the University has done a great job in meeting that demand under the leadership of those who are committed to the program.

It occurs to me that this is more than -- and I know they will study this issue as well -- the cost of expanding nursing programs or beginning one anew in a school. There is, as I understand it, a ratio -- a maximum ratio of students per faculty member. So it is that -- and I don't know what the number is. Maybe you can share that with me. Part of the problem, again, is that you can't have 40 students in a classroom. You can

only have so many per faculty member. Can you share with us that number?

DR. LAVIZZO-MOUREY: I'm not going to be able share with you the ratio.

But I would like to talk a little bit about what we see is the future. Because there are ratios that may exist -- and I'll let my colleagues speak to that. But we also know that the way that nurses get educated in the future is going to change. And part of what this initiative does, part of what you see of the new building at Rutgers, is a greater dependence on things like simulation labs, and the ability to use technology in a way that we simply have to use it if we're going to not only expand the pool of nurses, but also make our next generation of nursing faculty and nurses able to deal with the complexity of health care and community health for the future.

So I think that the answer to your question is, in part: Can we change the ratio? But an even greater part of the answer to your question is: How are we going to change how we train our nurses in the future -- to use technology differently, and to be able to expand where they can get that training so that we aren't just limited to the four walls of a particular institution?

SENATOR VITALE: Dean, can you address the ratio question?

DR. BAKEWELL-SACHS: The ratio is a clinical education ratio. So it's when a faculty member is with students in a live clinical setting. That ratio is one faculty member for a maximum of 10 students.

So it limits, in the classroom side, by the number of clinical faculty and clinical placements that you have to place students.

And so I agree with what Dr. Lavizzo-Mourey is saying with regard to looking at the future of nursing education and how we might be maximizing and utilizing technology and other pedagogies that will facilitate nursing education. There are also-- Dr. Gloria McNeal, who chairs the Innovative Program Delivery advisory group and work group, is looking specifically at best practices, nationally and in New Jersey, with regard to nursing education to facilitate some of these very conversations, and to be able to create some pilot work that we will conduct next year to bring some of those changes to New Jersey.

SENATOR VITALE: I wasn't suggesting that we increase the ratio. I was just trying to understand what the ratio was. So that does affect, in some ways, the number of students you can have in a classroom -- in the clinical setting at least. But it's sort of both. It's sort of a chicken or egg issue -- that we don't have enough students in the classroom learning nursing because we don't have enough faculty. For a long time, everyone thought that it was a lack of interest. But when you look at schools like Rutgers, and Seton Hall, and even the community colleges that offer the associate programs, there are waiting lists longer than this table. So it's not for lack of interest, it's for lack of the ability for schools to handle the capacity and to provide the necessary faculty.

Will we also, as part of the Initiative, study the issue of access -- meaning that we certainly want to grow the workforce? But also, is there an access issue for students that goes beyond the issue of necessary faculty to meet the demand? Is that part of-- Because it's not inexpensive to expand

a nursing program or to create a new nursing program. And so we look at issues-- We again use the example of the law schools, or the business schools, or the department of molecular biology, whatever -- what those costs are. How do we-- Do you find, or will you-- Do you see a general lack of interest in expanding nursing programs in some of our schools, or a greater-- Let me put it to you differently. Is there a greater emphasis on other disciplines, whether it's in the medical field, or in the business field, or in law, or research?

DR. BAKEWELL-SACHS: I don't know that I can speak generally to that in an accurate way. Obviously, there is an enormous issue, nationally, in health sciences. There is a national issue with regard to nursing education. There is a national issue with regard to medical education, producing enough healthcare professionals, a diverse enough workforce that mirrors our society, matching the knowledge and skill set of our health professionals with the needs of society and the growing populations of individuals with chronic illness, young and old.

I think that we certainly are going to be working with the college presidents of all of the colleges in the state with regard to this issue. The centralized application service that I mentioned earlier will allow us to know about the individual applicants. And eventually it will allow us to know where there might be seats that are unfilled so that we can maximize enrollments. Because it may be that we are underutilizing some of our seats at present. We just don't fully know that.

There are exemplars that we will create here in New Jersey that will be exported to the rest of the country. And there are exemplars and pilot work being done nationally that we will bring here to New Jersey as

well. So we're going to be looking very, very broadly at these issues and comprehensively as well. Because we are facing such a critical issue.

SENATOR VITALE: Senator Singer.

MS. CHRISTOPHER: And if I can also just follow up on that-- We understand -- and I think your questions all raise this -- there are multiple constituencies that need to be engaged around the table, around this issue, and certainly labor, university presidents are among them. And you have our assurance that they have already been invited to the table.

But as the work groups develop their strategies, if there are certain issues that need to be highlighted and awareness broadened, we are committed to doing that.

SENATOR SINGER: I think, Joe, in today's role of economies, you can't open a new nursing school unless you have a sponsor. And that's something we also have to look to create. There has to be a sponsorship of either a medical center or somebody who is sponsoring that nursing school to offset the costs. Because, you know, the first two years are more academic and not hands-on for the nursing school -- four-year degree. And that's easy to absorb into a university or college. It's the second two years that start to get very costly to them. So if they don't have that sponsorship, someone who is going to endow that particular thing, it's very difficult to get colleges and universities to want to open up a new school of nursing. So part of this might be looking, also, for potential partners in this that will be willing to be part and parcel for some of these colleges and universities, to encourage them to do that.

SENATOR VITALE: I know that you will be looking at a number of creative ways to address this issue. And those of us on this

Committee, and individually, will be very interested in learning some of those initiatives. We have always had this discussion. For a long period of time I have addressed this issue. But now we're doing it in a way that really is coordinated with a number of stakeholders. It is very important.

I don't know if you have any additional questions.

Senator Weinberg.

SENATOR WEINBERG: Not a question, a comment or maybe a little commercial.

We have a bipartisan Women's Legislative Caucus made up of both Assembly and Senate, of both Democrats and Republicans, all of whom are women. We've increased our members in the Legislature, thankfully.

SENATOR VITALE: Was there a men's group? (laughter)

SENATOR WEINBERG: I'll tell you what it has to do with this. Don't look at me like that. (laughter)

This has been a topic of conversation at the Women's Legislative Caucus, in terms of the nursing profession, it being predominantly a women's profession -- access to it, as well as, generally, access to health care. So I just wanted to tell our Chairperson that you have -- that you'd be delighted to hear it -- that you have a large, bipartisan group of women out there who are anxious to support these kinds of initiatives and are also educating themselves.

SENATOR VITALE: Thank you.

SENATOR WEINBERG: Thank you.

SENATOR VITALE: Thank you, Senator.

Lastly, there's just one last question. I know there is legislation that's been introduced in both Houses that would establish -- it would be "B.S.N. in 10." Are you familiar with that at all, Mary Ann, doctor, Dean? Do you want to offer an opinion?

I guess I know we are trying to, of course, grow our own faculty over time. And Rutgers recently, in the last couple of years, hired a recruiter -- a good thing -- to go out and to recruit outside the borders of New Jersey to bring faculty back to our state, specifically back to Rutgers. Not every state is doing that, but we're all feeding on one another and picking our -- trying to just pick faculty members from different states to come here, which is not productive for anyone. And there isn't a guarantee they'll stay or even come.

So the issue of the "B.S.N. in 10" is to force those with an associate's degree to eventually -- these are all prospective, of course -- get their B.S.N. in 10. And then from there they can go on to their master's and then etc.

I know it's a difficult-- There are some philosophical disagreements in the education community about that issue. But it would seem to me, at least, that it would make sense if, as we go forward, you look at that, as well, as part of the Initiative.

DR. LAVIZZO-MOUREY: As a private foundation, of course, we can't comment on specific legislation. But suffice it to say that this is a complex issue, as we've heard from the questions and comments from members of the Committee. It is going to take a multipronged approach. And we at the Foundation appreciate the suggestions and ways of dealing with it.

I'll let my colleagues comment specifically, if they'd like, on the legislation. But I do want to thank you for your comments and your questions. We will take all of those back.

MS. CHRISTOPHER: We consider a range of issues. We know that this is not one issue. It's not just a nurse faculty issue, although that's our purpose in being here today to launch this specific Initiative. But certainly within the context of the broader nursing issue-- Nursing leaders across the state -- separate, certainly, from the Foundation, and to some extent because we respect the fact that theirs is not a lobbying effort -- we're examining "B.S.N. in 10" and what it means in terms of establishing nursing on the professional platform that we feel is critical to its future moving forward.

SENATOR VITALE: Well, on behalf of the Committee and its members, I want to thank you all for coming out today, and for your commitment to nursing in New Jersey and the well-being of all of our citizens. We look forward to partnering with you in the future.

And thank you, again, to the Foundation, to the Chamber, for their partnership -- and everyone else who has assembled here today. Thank you for your interest.

Thank you very much.

MS. CHRISTOPHER: Thank you, all, for your time at this time.

Thank you.

SENATOR VITALE: Meeting is adjourned.

(MEETING CONCLUDED)