

**Senate Bill 1224 with House committee
amendments
First Analysis (5-30-00)**

**Sponsor: Sen. John J.H. Schwarz, M.D.
House Committee: Health Policy
Senate Committee: Health Policy**

THE APPARENT PROBLEM:

The state of Michigan currently has a serious shortage of nurses, especially registered professional nurses (RNs). The shortage is particularly acute in specialty areas such as critical care, pediatrics, emergency, and surgical services. Enrollment in nursing schools has been decreasing for the last five years, and the shortage is expected to continue for several more years. To maintain necessary staffing ratios, some hospitals and health facilities have been hiring RNs from Canada. The training that Canadian nurses receive is comparable to that of Michigan's nursing schools. The problem lies in the length of time for a Canadian nurse to receive the credentialing that is required to work in Michigan.

The Michigan Board of Nursing requires all foreign-educated nurses to be certified by the Commission on Graduates of Foreign Nursing Schools (CGFNS) before taking the state board exam. The CGFNS application process involves a credential review, a qualifying exam of nursing knowledge, and a demonstration of English proficiency. This certification by CGFNS is only offered three times a year; therefore, it is not unusual for it to take four to six months for a Canadian nurse to complete the CGFNS certification process. This delay, in addition to taking the state board exam, seriously hampers hospitals from recruiting and hiring the number of nurses needed to adequately staff their facilities. Legislation has been requested by some in the medical community to allow a Canadian RN to be hired temporarily while the RN completes the CGFNS certification process and sits for the state board exam.

In a related matter, some feel that a nursing shortage could remain a problem for many years unless the contributory factors to the shortage are identified and recommendations made to rectify the problems. To that end, it has been suggested that a commission be formed to research the current nursing shortage and make recommendations to resolve it.

THE CONTENT OF THE BILL:

The bill would amend the Public Health Code (MCL 333.16181) to allow the Board of Nursing to grant a temporary license to a registered professional nurse (RN) from Canada. Under the bill, until October 1, 2004, the board could grant a nonrenewable, temporary license to a licensed Canadian RN who was applying for a license to practice in Michigan. A temporary license would expire on the earliest of the following:

- One year after the date of issuance.
- The date the applicant was notified that he or she failed the Commission on Graduates of Foreign Nursing Schools qualifying exam.
- The date the applicant was notified that he or she failed the National Council Licensure Examination.
- The date the applicant was issued a license as a registered professional nurse under Article 15, entitled "Occupations".

Currently, \$2 of each annual license fee goes to the Nurse Professional Fund. The code specifies that revenue in the fund can only be expended in the following manner: not more than one-third for a continuing education program, not more than one-third to perform research and development studies to promote and advance nursing, and not less than one-third to establish and operate a nursing scholarship program. The bill would require the Department of Consumer and Industry Services, pursuant to the above provision for research, to form a commission to research and make recommendations on the current and future needs of a professional nursing workforce in Michigan. The commission would consist of representatives from the Board of Nursing, the Michigan Nurses Association, and the general public. A report of the commission's findings would have to be given to the legislature no later than October 1, 2003.

HOUSE COMMITTEE ACTION:

The House Health Policy Committee adopted an amendment to add a sunset date and another calling for the creation a commission to study the current and future needs of a professional nursing workforce in the state.

FISCAL IMPLICATIONS:

Fiscal information is not available.

ARGUMENTS:

For:

Michigan is experiencing a shortage in available registered professional nurses, or RNs. A registered professional nurse provides the highest level of skilled nursing and typically provides a supervisory role for licensed practical nurses (LPNs), competency-evaluated nurse assistants (CENAs), and other staff members. A hospital’s or other health facility’s ability to provide quality health care to consumers is affected by its ability to hire and maintain sufficient RNs on staff. One reason offered to explain the current staffing shortage is the aging of the nurse pool. Many nurses have already entered retirement, and approximately one-third of all nurses are between the ages of 40 and 50 years old. Other nurses have simply left the profession, citing low pay and poor benefits, forced overtime, working with chronic staff shortages, and having to oversee an increasing number of unlicensed personnel. Cyclical nursing shortages have occurred before, but with a documented decrease in nursing school enrollment for several years, this shortage could last for 20 years or more. The bill would call for the creation of a commission to research the current crisis; this should lead to solid information that will provide a basis for sound recommendations to ease the current effects as well as provide long range initiatives to plan for future needs. In the meantime, creating a temporary license by which nurses from Canada can be hired immediately, instead of waiting until they complete the Commission on Graduates of Foreign Nursing Schools certification process and state nursing board exam, will provide a stop-gap measure that will help ease the current crunch.

Against:

The Michigan Board of Nursing is one of the largest professional boards and well able to provide oversight and guidance of a study to research the current nursing shortage. Further, though the Department of Consumer and Industry Services can use up to one-third of the

Nurse Professional Fund to fund research and development studies to promote and advance the nursing profession, expenditures would reduce the available monies for scholarships that could bring more people into the profession. If funds are spent on studying a shortage that everyone concedes exists, there would be less money to use for scholarships to actually provide more nurses.

POSITIONS:

The Michigan Nurses Association supports the House committee version of the bill. (5-26-00)

The Detroit Medical Center submitted written testimony indicating support for the bill. (5-19-00)

Ascension Health submitted written testimony indicating support for the bill. (5-24-00)

Providence Hospital and Medical Centers submitted written testimony indicating support for the bill. (5-25-00)

St. John Health System submitted written testimony indicating support for the bill. (5-25-00)

Analyst: S. Stutzky

■This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.