Sequestration: Examining the Impact on America’s Nursing Workforce

As mandated by the Budget Control Act of 2011 [P.L. 112–25], automatic, across-the-board cuts to federal discretionary spending will begin January 2, 2013 if Congress and the President do not pass alternative legislation. Sequestration is projected to cut funding for non-exempt, non-defense discretionary programs by 8.2%.¹ These programs are vital to maintaining and improving the health and well-being of our nation. Nursing programs are no exception. Federal programs that support the education and training of America’s nurses will suffer a tremendous blow under sequestration, and could impact the ability to improve access to care.

According the Bureau of Labor Statistics’ (BLS) Employment Projections 2010-2020, an additional 1.2 million nurses will be needed to address the demand in the workforce by 2020.² Factors contributing to this unprecedented need include changes to the national healthcare agenda, our nation’s demographics, and trends in the nursing workforce. Transformations in our healthcare system are expected to increase the number of medically-insured Americans by approximately 32 million.³ These individuals, coupled with an aging Baby Boomer population exacerbate the growing demand for nursing services, particularly in primary care and chronic disease management. Moreover, the Health Resources and Services Administration (HRSA) reports that over one million of the nation’s 2.6 million practicing registered nurses are over the age of 50, and within this population, more than 275,000 nurses are over the age of 60.⁴ The anticipated retirement of these nurses will create a significant deficit in the workforce.

Sequestration’s Impact on Nursing Education and Training

The Nursing Workforce Development programs (Title VIII of the Public Health Service Act) have supported the education and training of America’s nurses for nearly 50 years. The Title VIII programs aid in increasing the pipeline of nursing students at all educational levels and bolstering the number of nurse faculty. Moreover, these programs provide assistance to practice settings, such as Nurse-Managed Health Clinics, to ensure patients receive critical access to nursing care. The following calculations are based on the reported number of students supported by Title VIII programs for academic year 2010-2011 in HRSA’s Fiscal Year (FY) 2013 Congressional Budget Justification⁵ and reflect a sequestration of 8.2% outlined in the Office of Management and Budget’s (OMB) Report Pursuant to the Sequestration Transparency Act of 2012.¹

An 8.2% cut to the Nursing Workforce Development programs would result in:

- **4,129 fewer nurses and nursing students** supported through all of the Title VIII Nursing Workforce Development programs.
- **1,011 fewer participants** in the Title VIII Advanced Education Nursing and Nurse Anesthetist Traineeship programs, which would impact access to primary and acute care provided by advanced practice registered nurses.
- **978 fewer nurses, nursing students, faculty, and other health professionals** delivering care to the elderly, disabled, and chronically ill who are supported by the Title VIII Comprehensive Geriatric Education program.

• **872 fewer underrepresented and disadvantaged nursing students** supported through the Title VIII Nursing Workforce Diversity Program.

• **487 fewer K-12 students** supported through the Title VIII Nursing Workforce Diversity Program, which recruits underrepresented minorities to the nursing profession.

• **645 fewer training opportunities for nurses pursuing graduate-level education** through the Title VIII Advanced Nursing Education program.

• **399 fewer participants** in the Title VIII Nurse Education, Practice, Quality, and Retention program, which help schools of nursing, academic health centers, nurse-managed health clinics, and healthcare facilities strengthen programs that provide training opportunities and innovative models for nursing practice.

• **127 fewer faculty members** available to educate future generations of nurses through the Title VIII Nurse Faculty Loan Program at a time when faculty vacancies severely limit nursing school enrollment. **Nursing schools were forced to turn away 75,587 qualified applications** from entry-level baccalaureate and graduate nursing programs in 2011 due primarily to faculty vacancies.  

• **96 fewer nurses** participating in the Title VIII Nursing Education Loan Repayment program and over **8% fewer students receiving assistance** through the Title VIII Nursing Scholarship program at a time when the cost of higher education continues to rise.

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**Sequestration’s Impact on Healthcare Research**

In Fiscal Year 2012, federal dollars for the National Institutes of Health (NIH) extramural research program provided funding for 50,000 research projects and training awards executed by over 300,000 researchers at more than 2,600 institutions.  

Research studies performed by NIH examine all major aspects of health care, including breakthrough treatments, new diagnostics, patient outcomes, and quality of life measures. According to OMB, NIH’s FY 2012 budget of $30.711 billion would be subject to an 8.2% sequester, totaling $2.518 billion. An additional $150 million in mandatory budget authority would be succumb to a 7.6% cut ($11 million). The total cut to NIH under OMB’s projections would equal $2.529 billion. This would mark a devastating blow to America’s ability to discover breakthroughs that would improve health and quality of life.

As one of the 27 institutes comprising NIH, the National Institute of Nursing Research (NINR) provides the foundation of evidence-based nursing practice—the gold standard of modern nursing care. Nurse scientists at NINR investigate and promote initiatives that improve the health and wellness of individuals, families, and communities across all settings. Advancements in preventive care resulting from NINR’s mission to target disease processes plaguing our nation’s population, including diabetes, obesity, cardiovascular disease, and respiratory illness are essential in the national effort to reduce healthcare expenditures. Sequestration would affect the critical work put forth by NINR and limit progress of this vital national endeavor.

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