Nursing Shortage Draws "Hill" Attention

by Christian G. Downs

The ability to attract and retain qualified oncology nurses is extremely difficult. In fact, many health care analysts view the coming nursing shortage as a potentially devastating health care crisis.

The provider community has voiced its concerns to the nation's lawmakers, who are taking action. The House Ways and Means Health Subcommittee has asked the General Accounting Office (GAO) to report by late June on how the supply of nurses is affecting providers, and particularly hospitals.

Nancy Johnson (R-Conn.), Ways and Means Health Subcommittee chairwoman and cancer care advocate, has asked the GAO to look into the broad issue of a nursing shortage and to focus specifically on several areas. First, are the shortages regional, related to wages, or involve demographic changes, such as women going into other fields? Second, are the shortages related to the type of service offered by the hospital? Some analysts believe that no shortages exist in those health care specialties that are perceived to be less demanding, while shortages are common in more taxing fields, such as emergency care and inpatient surgery.

Additionally, the Congressional Research Service (CRS) has released a report that indicates "the fall off in the growth rate (for nurses) could be particularly steep between 2005 and 2008, when especially large numbers of baby-boom RNs...will start reaching 55 years of age—an age at which RNs have historically begun to reduce their labor participation."

This trend noted by the CRS seems also to pertain to oncology nursing. Many providers, both in the physician office and in the hospital setting, are concerned that the nursing shortage may slow down recent advancements in cancer treatment. As therapies become more and more complex, the need will arise for high-quality, well-trained oncology nurses to advocate and support the patient.

The CRS report indicates that employers may try to attract more nurses into the profession by increasing wages. However, the report warns, "these actions could take some time to make themselves felt and their effects could be dampened by alternative career paths now open to women."

The report should be available online at www.gao.gov after June 30, 2001.

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HCFA BUDGET INCREASES AND REFORM

At a recent hearing on Capitol Hill, four former HCFA* administrators advocated that the agency should receive an increase in funding from 10 to 100 percent over current budget allocations. Former administrators Nancy Ann Min DeParle, Bruce Vladeck, Gail Wilensky, and William Roper believe the increase in funds is necessary to address the agency's understaffing, old and ineffective information systems, and insufficient resources.

The Bush administration has asked for a 5 percent increase in allocations to HCFA over the next budget cycle.

The former administrators also maintained that HCFA is suffering from growing responsibilities while lacking the legislative and regulatory flexibility providers and beneficiaries need. Over the past several years, congressional leaders have heard numerous complaints from both providers and beneficiaries about the agency. HCFA has been woefully underfunded and pressed to handle several very complex regulations. Both providers and beneficiaries may find HCFA easier to work with if the agency were adequately staffed and funded.

Thomas Scully, HCFA's newly appointed chief, said in a June 4 speech that an administrative reform package for HCFA will be released soon, followed by a Medicare reform bill sometime this summer. The HCFA administrative plan would consist of some of the reforms contained in S. 452, the Medicare Education and Regulatory Fairness Act, as well as many of the ideas included in a May 15 letter from House Ways and Means Health Subcommittee Chairwoman Johnson and subcommittee ranking member Pete Stark (D-Calif.).

In the letter, Reps. Johnson and Stark addressed necessary changes to HCFA's management structure, contractor oversight, and drug/biologic coverage policy, among other issues. One suggestion is to add staff within HCFA to be a "direct point of accountability" when dealing with regional office activities and to be charged with reviewing the activities to identify inconsistencies that need policy attention.

Another suggestion is to require intermediaries and carriers to move to a single set of local medical review policies (LMRPs) for each state and each metropolitan area that overlaps several states.

*As of June 14, 2001, HCFA has a new name: The Centers for Medicare and Medicaid Services, or CMS.