OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

OCT 12 2011

The Honorable C.W. Bill Young
Chairman
Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The enclosed report responds to the National Defense Authorization Act for Fiscal Year 2010, section 525(d)(4), which requires the Secretary of Defense to submit to the Committees on Armed Services of the Senate and House of Representatives a report on the DoD undergraduate nurse training pilot program, including a description of the program selected to be undertaken, the program's goals, and any additional legal authorities that may be needed to undertake the program. This report was due 270 days after enactment. An interim report was submitted in January 2011, promising the final report by August 2011. This issue falls under the purview of the Under Secretary of Defense for Personnel and Readiness and I have been asked to respond. I apologize for the delay in submitting this response.

This final report, which was developed in coordination with the Military Services and the Uniformed Services University of the Health Sciences, provides a description of DoD's proposal to optimize existing authorities to meet the Department's requirement for nurses in the Armed Forces, an overview of the impact existing incentive programs have had on recruitment of fully qualified nurses, and the plan to undertake the recommended proposal.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

Jo Ann Rooney
Principal Deputy

Enclosure:
As stated

cc:
The Honorable Norman D. Dicks
Ranking Member

OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

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OCT 12 2011

The Honorable Joe Wilson
Chairman
Subcommittee on Military Personnel
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

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Ranking Member

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OCT 12 2011

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Chairman
Committee on Appropriations
United States Senate
Washington, DC 20510

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Vice Chairman

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OCT 12 2011

The Honorable Jim Webb
Chairman
Subcommittee on Personnel
Committee on Armed Services
United States Senate
Washington, DC 20510

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Ranking Member

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Chairman
Committee on Appropriations
U.S. House of Representatives
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Ranking Member

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OCT 12 2011

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Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

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United States Senate
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The Honorable John McCain
Ranking Member

DEPARTMENT OF DEFENSE UNDERGRADUATE NURSE TRAINING PROGRAM

REPORT TO CONGRESS

PREPARED BY:
ASSISTANT SECRETARY OF DEFENSE (HEALTH AFFAIRS)

IN COORDINATION WITH
FEDERAL NURSING SERVICE CHIEFS
ARMY, NAVY, AIR FORCE
AND
DEAN, GRADUATE SCHOOL OF NURSING, UNIFORMED SERVICES UNIVERSITY

Preparation of this study/report cost the
Department of Defense a total of approximately
$64,452 dollars in Fiscal Years 2010-2011

Fall 2011

UNDERGRADUATE NURSE TRAINING PROGRAM

REPORT TO CONGRESS

FALL 2011

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EXECUTIVE SUMMARY

The Fiscal Year 2010 (FY10) National Defense Authorization Act (NDAA), Section 525, as amended, required the Secretary of Defense to submit a report to the Committees on Armed Services of the Senate and House of Representatives on the pilot program that would be undertaken to establish an undergraduate nurse training program under which participants will earn a baccalaureate nursing degree and serve as a member of the Armed Forces. The statute provided several options. The Secretary of Defense: 1) may establish a DoD School of Nursing; 2) may enter into an agreement with one or more academic institutions to establish and operate an undergraduate program; or 3) may use any other authority available to develop the DoD undergraduate nurse training program. The FY10 NDAA also required that an implementation report be submitted 270 days following enactment on the pilot program. An interim report was submitted in August 2010 promising the final report by summer 2011. The interim report indicated DoD intention at that time to conduct the pilot program under the second option provided in the statute – academic partnerships in three locations. The estimated cost of this program was approximately $45 million.

This final implementation report provides a review and analysis of the status of recruitment of nurses into the Armed Forces. The military Services and Department of Defense have determined that the more advisable course is to conduct the pilot project under the third option provided in the statute – using other authorities available to meet Service-determined nurse requirements for fully qualified BSN-educated nurses. In FY 2010, the use of such authorities already accomplished the nurse accession increase goal specified in the legislation. Therefore, DoD intends to proceed to optimize existing programs designed to access fully

qualified nurses into the Armed Forces in lieu of establishing an expensive new test program. This report identifies internal and external factors affecting the Department's ability to meet its nurse requirements, as well as actions that will be enhanced to optimize existing partnerships between the military Services and academic schools of nursing. It also discusses the Department's need for flexibility and scalability in identifying the numbers of graduates that are required on an annual basis to meet Service-specific mission goals. Finally, it demonstrates the positive outcomes resulting from previous Congressional actions impacting the Services ability to recruit and retain qualified nurses.

INTRODUCTION

The FY10 NDAA, Public Law 111-84, 28 October 2009, contains Section 525 (hereafter, "Sec. 525"), "Department of Defense Undergraduate Nurse Training Program." The law required the Secretary of Defense to submit a plan to establish an undergraduate nurse training program under which participants would earn a baccalaureate nursing degree (BSN) and serve as a member of the Armed Forces. The NDAA provided several options. The Secretary of Defense 1) may establish a DoD School of Nursing; 2) may enter into an agreement with one or more academic institutions to establish and operate an undergraduate program under which participants would earn a nursing degree and serve in the Armed Forces, or 3) may use any other authority available to develop the DoD undergraduate nurse training program.

Sec. 525 further required the Secretary of Defense to submit a report within 270 days following enactment to the Committees on Armed Services of the Senate and House of

Representatives on the pilot program. An interim report was submitted in August 2010 promising the final report in the summer 2011. This final report responds to that requirement.

To ensure that the Department's, as well as the military Services', equities were considered, a preliminary Work Group (WG) of all stakeholders was established. Led by a senior representative from each of the military Services' Nurse Corps, a representative from the Uniformed Services University of the Health Sciences (USUHS), and a representative from the Office of the Assistant Secretary of Defense (Health Affairs) (OASD(HA)), the WG produced a collaborative Report to Congress (RTC) outlining the decision to establish a Tri-Service Nurse Academic Partnership (TSNAP) program to increase nurses in the Armed Forces. This 180-day report, which provided the initial plan for the concept of operations and implementation of a TSNAP program was submitted in August 2010 in compliance with the FY10 NDAA requirement.

The preliminary WG also identified the need for an expanded WG to sufficiently and comprehensively address all relevant DoD equities. The Under Secretary of Defense (Personnel and Readiness) (USD(P&R)) chartered the effort, and the WG convened in February 2011. In early meetings, the group agreed the overarching goal of this legislation was to assist the DoD requirement to recruit fully qualified Bachelor of Science educated nurses (BSN) to serve in the armed forces. The group also identified that internal and external factors such as the Secretary of Defense's guidance to generate efficiency savings by reducing overhead costs, improving business practices, or culling excess or troubled programs,[1] and the protracted economic recession affecting the Nation needed to be considered in the development of the course of action.

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[1] Statement on Department Budget and Efficiencies, Secretary of Defense Robert M. Gates, The Pentagon, Thursday, January 06, 2011. (http://www.defense.gov/speeches/speech.aspx?speechid=1527):

Despite increases in both recruiting and retention, the current nursing shortage is predicted to continue in the future.[2] As baby-boomers age, the need for skilled nurses will expand, not lessen. Despite the current easing of the shortage due to the recession and current state of the economy, a rapidly aging workforce is a primary contributor to the future projected shortage.[3] These phenomena combined with the current nursing professor shortage[4] and the fact that nursing schools across the country are limiting student capacity at a time when the need for nurses continues to grow, make the future look rather bleak with regard to the shortage. The military most likely will experience increased competition to hire nurses with the civilian sector. The military will need to maintain, and likely increase, current funding for retention and recruitment bonuses already providing a good return on investment. For example, the military saw a positive response when bonuses and stipends were raised in FY07 and FY08, as evidenced by more applicants applying to the programs. In addition, the implementation of Title 37, United States Code, Section 335 should provide the Services with the flexibility and scalability to maintain a bonus structure to recruit qualified applicants. Current and proposed future bonus structures are less expensive in both human and monetary capital than the academic partnership proposal. Marginal increases in funding can be budgeted more easily through the current programs with oversight than establishing a new program from the ground up. Bonus increases per individual student would be less in total than implementing a new, untested, pilot program.

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[2] Kuehn, BM. No End in Sight to Nursing Shortages. *Journal of the American Medical Association.* 298 (2007): 1623-1625.

[3] Buerhaus, PI et al. The Recent Surge in Nurse Employment: Causes and Implications. Health Affairs. 28 (2009): w657-668.

[4] American Association of Colleges of Nursing, (http://www.aacn.nche.edu/media/FactSheets/NursingShortage.htm). Accessed 23 May 2011.

The profession of nursing will continue to feel the pressure of shortages in the near future and military nursing needs to continue to recruit and retain highly skilled nurses.[5] Current programs in place are sufficient to maintain the number of nurses necessary to carry out military missions. The individual Services have met their allotted nursing goals for the past several years, even prior to the fiscal crisis staring in 2008. Rather, the military Services maintain accession programs for medical professionals in the Departments of the Air Force, Army, and Navy. As a result, the option of establishing a Department of Defense School of Nursing, even under the USUHS, was considered but was in direct contravention to the Secretary's guidance on efficiencies.

BACKGROUND

The military has faced challenges to access and maintain adequate numbers of nurses to provide quality care since the Army, Navy, and Air Force Nurse Corps were established in 1901, 1908, and 1949, respectively. Throughout the years, during peace and war, in times of economic prosperity or scarcity, a multitude of recruitment and retention strategies were implemented to maintain the necessary nursing workforce. Strategies focused on financial and educational initiatives have been optimized in meeting desired nursing end-strength with relatively good success.

Today, the challenge to meet requirements is complicated by the Department's unique needs and a national projection of a shrinking nursing workforce. Military nurses face unique stressors a typical civilian nurse does not have to face, such as deployments and frequent moves.

[5] American Association of Colleges of Nursing, (http://www.aacn.nche.edu/media/FactSheets/NursingShortage.htm), Accessed 23 May 2011.

Over 275,000 practicing RNs are over the age of 60 according to the 2008 National Sample Survey of Registered Nurses. The current economic recession has kept in the workforce nurses who might otherwise have retired and pulled others from part-time status into full-time employment. A secondary effect has been reduced employment opportunity for new nursing graduates. On July 2, 2009, the U.S. Bureau of Labor Statistics (BLS) reported the healthcare sector of the economy is continuing to grow, despite the recession, with more nursing jobs expected to be created in the next decade, more than in any other single profession. Registered Nurses (RNs), especially those with a BSN, will be in high demand to fill the majority of these positions, as they are the largest component of the healthcare workforce. The BLS projects that nearly 600,000 new RN jobs will be created by 2018. By the year 2020, the nursing shortfall is predicted to reach 30% nationwide, with the civilian, federal, and military sectors each competing for these limited nursing resources.

Universities are currently besieged by more applicants than there are available seats in traditional baccalaureate nursing programs. According to one study done by the American Association of Colleges of Nursing (AACN), U.S. nursing schools turned away 67,563 qualified applicants from baccalaureate and graduate nursing programs in 2010 due to budget constraints and an insufficient number of faculty, clinical sites, classroom space, and clinical preceptors. Almost two-thirds of the nursing schools responding to the survey pointed to faculty shortages as a reason for not accepting all qualified applicants into entry-level baccalaureate programs.[6] Many of those turned away from four-year programs may enter the profession through two-year programs at community colleges, and then may opt to continue their education and obtain the BSN through "RN to BSN" pathway programs.

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[6] Tracy, C and Fang, D. Special Survey on Vacant Faculty Positions for Academic Year 2010-2011. American Association of Colleges of Nursing presentation. http://www.aacn.nche.edu/IDS/pdf/vacancy10.pdf.

In 2009, when this legislation was enacted, the impacts of a nursing shortage were clearly visible to both the Department and the private sector. From 2000 to 2005, the mean military nursing vacancy rate increased from 1.4% in FY 2000 to 6.8% in FY 2005. This increase resulted in the overall mean number of open billets per military Service increasing from 45 in FY2000 to 239 in FY2005, with a total resultant deficit of over 716 nurses in 2005 for the three Services combined. Despite military recruitment goals that were consistently set lower than the numbers required to fill all available billets, the mean percentage of recruitment goals met dropped drastically from FY2000 (87.5%) to FY2005 (65.3%), with the steepest decline starting in FY2004.

Recruiting fully qualified nurses for the Armed Forces remains a significant challenge for the Department. Statistics compiled with information from the Health Manpower Personnel Data System (HMPDS) for FY2001 through 2010, displayed in the table below, reflect the historical data on nurses in the Department. It substantiates Congress' interest in the Department's ability to recruit qualified nurses, providing the catalyst for this legislation.

	DOD Nursing Data									
RN Position Information	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
*Billets Available	10,534	10,536	10,360	10,452	10,270	10,211	10,122	9,732	10,082	10,060
*Billets Filled	10,111	10,192	10,016	9,876	9,554	9,392	9,333	9,438	9,682	10,126
% Billets Filled	96.0%	96.7%	96.7%	94.5%	93.0%	92.0%	92.2%	97.0%	96.0%	100.7%
Vacancy Rate	4.0%	3.3%	3.3%	5.5%	7.0%	8.0%	7.8%	3.0%	4.0%	-0.7%
*Total RN's	10,111	10,192	10,016	9,876	9,554	9,392	9,333	9,438	9,682	10,126
*Separated from service (Losses)	1,093	846	898	941	1,079	1,124	1,012	935	821	761
Turnover Rate	10.8%	8.3%	9.0%	9.5%	11.3%	12.0%	10.8%	9.9%	8.5%	7.5%
Number of Open Billets	423	344	344	576	716	819	789	294	400	-66
**Recruitment Goal	771	840	809	870	824	1037	1007	954	982	1006
*Actual Recruitment (Gains)	617	612	673	629	567	964	953	1040	1065	1205
% Recruitment Met	80.0%	72.9%	83.2%	72.3%	68.8%	93.0%	94.6%	109.0%	108.5%	119.8%

However, it also clearly demonstrates positive outcomes resulting from the execution of incentive programs to address the Department's nursing shortage. These results are attributed to the continued funding support provided by Congress for accession programs, the local recruiting activities of military recruiters and military nurses, and the continued positive public perception

of service to our country. The successes of these programs are dependent on continued Congressional funding support, at least to the current levels.

In the context of the positive changes in military Service data presented above and guidance from the Secretary of Defense, the next portion of this report will describe how existing Department nurse training programs, coupled with Congressional support and funding of incentives for nurses, has achieved the accession goals of Section 525 of the FY10 NDAA without incurring new costs that would be required to establish an untested pilot program.

DESCRIPTION OF THE RECOMMENDED PROGRAM

To meet the intent of this legislation and comply with guidance provided by the Secretary of Defense, details of the recommended program follow:

- The military Services and the Department of Defense will use the other well-established authorities available to meet Service-determined nurse requirements for fully qualified BSN-educated nurses; specifically, the authority to optimize existing programs designed to access fully qualified nurses into the Armed Forces in lieu of establishing a new, and untested, pilot program.
    - Based on a review of recruitment outcomes, the Department increased its percentage of *recruitment met* by 39% for the five-year period of FY2006 – 2010 when compared to the five-year period of FY2001 – 2005.
    - The *average recruitment gains* for DoD for the period of FY2006 – 2010 was 1,045 nurses per year. This reflects an increase of 68.8% when compared to the average gain of 619 nurses per year during the period of FY2001-2005.

- These gains are largely attributed to increases in accession bonuses. During FY2001 – 2005, the DoD paid an average accession bonus of $8,000. For the period of FY2006 – 2010, that average DoD accession bonus was $23,000, an increase of 188%.

- This legislation also prompts the Department to establish stronger relationships with academic institutions as a strategy to meet recruiting requirements, and nursing leadership across the military Services understand the importance of this requirement. Through the development of this initiative, the Services have been encouraged to expand and explore new affiliations with civilian educational institutions by offering clinical rotations in the military environment when feasible and in turn, partnering with the rich clinical opportunities for skill proficiency in their local community settings.
  - The Air Force has partnered with several medical centers as well as universities for student training where both the civilian institutions and military facilities host each other's students to optimize the educational opportunities available in each setting. Additionally, their nurse transition program (for newly commissioned nurses) is designed around four centers of excellence, three of which are civilian hospitals, which have strong partnerships with local nursing schools.

  Each Service has established multiple training affiliation agreements (TAAs) at many sites that are proximate to military installations. The Army Nurse Corps has over 275 existing partnerships with academic institutions designated as progressive or host schools where students are enrolled in nursing schools and Army ROTC programs, 15 partnerships for the Funded Nursing Education Program (FNEP), 45 partnerships for the Army Enlisted Commissioning Program, and 23 partnerships

for the Army Nursing Candidate Program (ANCP). The Navy Nurse Corps has prospective nurses attending academic institutions who are enrolled in nursing programs and Navy ROTC programs. Nursing students expected to join the Navy are in many institutions between two programs. The Navy's Medical Enlisted Commissioning Program (NMECP) has 146 students in 85 institutions and the Navy Nurse Candidate Program (NNCP) has 85 students in 72 different schools. The Navy's Reserve Officer Training Corps Nurse Corps option has 221 students at 47 institutions and its Seaman to Admiral Program has 43 students in 18 programs.

The number of partnerships continues to increase annually as we recruit students at a variety of academic institution through various accessions programs. The Department recognizes that as the military Services continue to build these programs and civilian partnerships, the dual benefits are being realized with joint training efficiencies and positive public relations for recruiting.

GOALS OF THE TRI-SERVICE ACADEMIC PARTNERSHIP PROGRAM

The major goals of the program are:

- Optimize existing programs to fill each Service with fully qualified BSN-prepared nurses.
- Comply with the Secretary of Defense's guidance to generate efficiency savings by reducing *overhead costs*, improving business practices, *or culling excess or troubled programs* (establishing a new program, as stated in one option within the NDAA, would be counter to that guidance).

- Enhance and strengthen existing partnerships between the military Services and academic schools of nursing to increase visibility and awareness of career options for serving as a nurse in the Armed Forces.
- Support the IOM recommendation (2010) to increase the percentage of BSN-prepared nurses by 80% by 2020. Increased accessions will come from academic partnerships with RN-BSN programs and could potentially reduce the length of time, complexity and expenses associated with current new graduate accession programs, as well as increase the experience level of nurses. Accessing experienced RNs who are graduating from BSN completion programs does not require the clinical placements and student/faculty ratios that are necessary in traditional four-year baccalaureate programs, thus reducing the need for DoD to support retiree recalls to act as faculty to aid in program expansion.

ADDITIONAL LEGAL AUTHORITIES

The DoD was directed to address any additional legal authorities needed to undertake a pilot program in its Implementation Report. No additional legal authorities are needed.

CONCLUSION

The military Services and the Department of Defense will use existing authorities to meet Service-determined nurse requirements for fully qualified BSN-educated nurses; specifically, the authority to optimize existing programs designed to access fully qualified nurses into the Armed

Forces in lieu of establishing a new, and untested, pilot program. DoD leadership acknowledges that today's nursing shortage will continue to be an issue requiring the attention of leaders in both the public and private sectors. This recommended solution is a fiscally responsible method of recruiting fully qualified nurses by *optimizing* existing relationships with our academic partners and fully leveraging the success of accession bonuses. This will allow the military Services to sustain the current trends for recruiting and retaining qualified nurses to serve in the Armed Forces as well as be a competitive employer into the future.

ATTACHMENT A

NDAA 2010, Section 525

SEC. 525. DEPARTMENT OF DEFENSE UNDERGRADUATE NURSE TRAINING PROGRAM.

(a) REVISION OF CURRENT SCHOOL OF NURSING AUTHORIZATIONS.—

(1) REPEAL OF ESTABLISHMENT WITHIN UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES.—Section 2117 of title 10, United States Code, is repealed.

(2) ESTABLISHMENT AS DEPARTMENT OF DEFENSE SCHOOL.—Chapter 108 of such title is amended by adding at the end the following new section:

''§ 2169. School of Nursing: establishment

''(a) ESTABLISHMENT AUTHORIZED.—The Secretary of Defense may establish a School of Nursing.

''(b) DEGREE GRANTING AUTHORITY.—The School of Nursing may include a program that awards a bachelor of science in nursing.

''(c) PHASED DEVELOPMENT.—The Secretary of Defense may develop the School of Nursing in phases as determined appropriate by the Secretary.''.

(3) CLERICAL AMENDMENTS.—

(A) CHAPTER 104.—The table of sections at the beginning of chapter 104 of such title is amended by striking the item relating to section 2117.

(B) CHAPTER 108.—The table of sections at the beginning of chapter 108 of such title is amended by adding at the end the following new item:

''2169. School of Nursing: establishment.''.

(b) AUTHORITY TO ESTABLISH UNDERGRADUATE NURSE TRAINING PROGRAM.—

(1) IN GENERAL.—Chapter 101 of title 10, United States Code, is amended by adding at the end the following new section:

''§ 2016. Undergraduate nurse training program: establishment through agreement with academic institution

''(a) ESTABLISHMENT AUTHORIZED.—(1) To increase the number of nurses in the armed forces, the Secretary of Defense may enter into an agreement with one or more academic institutions to establish and operate an undergraduate program (in this section referred to as a 'undergraduate nurse training program') under which participants will earn a nursing degree and serve as a member of the armed forces.

''(2) The Secretary of Defense may authorize the participation of members of the other uniformed services in the undergraduate nurse training program if the Secretary of Defense and the Secretary of Health and Human Services jointly determine the participation of such members in the program will facilitate an increase in the number of nurses in the other uniformed services.

''(b) GRADUATION RATES.—An undergraduate nurse training program shall have the capacity to graduate 25 students with a bachelor of science degree in the first class of the program,

50 in the second class, and 100 annually thereafter.
''(c) ELEMENTS.—An undergraduate nurse training program shall have the following elements:
''(1) It shall involve an academic partnership with one or more academic institutions with existing accredited schools of nursing.
''(2) It shall recruit as participants qualified individuals with at least two years of appropriate academic preparation, as determined by the Secretary of Defense.
''(d) LOCATION OF PROGRAMS.—An academic institution selected to operate an undergraduate nurse training program shall establish the program at or near a military installation. A military installation at or near which an undergraduate nurse training program is established must—
''(1) be one of the ten largest military installations in the United States, in terms of the number of active duty personnel assigned to the installation and family members residing on or in the vicinity of the installations; and
''(2) have a military treatment facility with inpatient capability designated as a medical center located on the installation or within 10 miles of the installation.
''(e) LIMITATION ON FACULTY.—An agreement entered into under subsection (a) shall not require members of the armed forces who are nurses to serve as faculty members for an undergraduate nurse training program.
''(f) MILITARY SERVICE COMMITMENT.—The Secretary of Defense shall encourage members of the armed forces to apply to participate in an undergraduate nurse training program. Graduates of the program shall incur a military service obligation in a regular or reserve component, as determined by the Secretary.''.
(2) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by adding at the end the following new item:
''2016. Undergraduate nurse training program: establishment through agreement with academic institution.''.
(c) UNDERGRADUATE NURSE TRAINING PROGRAM PLAN.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and House of Representatives a plan to establish an undergraduate nurse training program in the Department of Defense in accordance with the authority provided by section 2169 of title 10, United States Code, as added by subsection (a), section 2016 of such title, as added by subsection (b), or any other authority available to the Secretary.
(d) PILOT PROGRAM.—
(1) PILOT PROGRAM REQUIRED.—The plan required by subsection (c) shall provide for the establishment of a pilot program to increase the number of nurses serving in the Armed Forces.
(2) IMPLEMENTATION AND DURATION.—The pilot program shall begin not later than July 1, 2011, and be of not less than five years in duration.
(3) GRADUATION RATES.—The pilot program shall achieve graduation rates at least equal to the rates required for the undergraduate nurse training program authorized by section 2016 of title 10, United States Code, as added by subsection (b).

(4) IMPLEMENTATION REPORT.—Not later than 270 days after the date of the enactment of this Act, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and House of Representatives a report on the pilot program, including a description of the program selected to be undertaken, the program's goals, and any additional legal authorities that may be needed to undertake the program.

(5) PROGRESS REPORTS.—Not later than 90 days after the end of each academic year of the pilot program, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and House of Representatives a report specifying the number of nurses accessed into the Armed Forces through the program and the number of students accepted for the upcoming academic year.

(6) FINAL REPORT.—Not later than one year before the end of the pilot program, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and House of Representatives a report specifying the number of nurses accessed through the program, evaluating the overall effectiveness of the program, and containing the Secretary's recommendations regarding whether the program should be extended.

(e) EFFECT ON OTHER NURSING PROGRAMS.—Notwithstanding the development of undergraduate nurse training programs under the amendments made by this section and subsection (d), the Secretary of Defense shall ensure that graduate degree programs in nursing, including advanced practice nursing, continue.

(f) EFFECT ON OTHER RECRUITMENT EFFORTS.—Nothing in this section shall be construed as limiting or terminating any current or future program of the Department of Defense related to the recruitment, accession, training, or retention of nurses

ATTACHMENT B

NDAA 2011, Section 551

SEC. 551. ENHANCEMENTS OF DEPARTMENT OF DEFENSE UNDERGRADUATE NURSE TRAINING PROGRAM.

(a) CLARIFICATION OF DEGREE COVERED BY PROGRAM.—Subsection (a) of section 2016 of title 10, United States Code, is amended by striking ''a nursing degree'' and inserting ''a bachelor of science degree in nursing''.

(b) GRADUATION RATES OF TRAINING PROGRAMS.—Subsection (b) of such section is amended by inserting ''in nursing'' after ''bachelor of science degree''.

(c) LOCATION OF PROGRAMS.—Subsection (d) of such section is amended to read as follows:

''(d) LOCATION OF PROGRAMS.—(1) An academic institution selected to operate an undergraduate nurse training program shall establish the program at or near a military installation that has a military treatment facility designated as a medical center with inpatient capability and multiple graduate medical education programs located on the installation or within reasonable proximity to the installation.

''(2) Before approving a location as the site of an undergraduate nurse training program, the Secretary of Defense shall conduct an assessment to ensure that the establishment of the program at that location will not adversely impact or displace existing nurse training programs, either conducted by the Department of Defense or by a civilian entity, at the location.''.

(d) PILOT PROGRAM.—

H. R. 6523—84

(1) IMPLEMENTATION.—Paragraph (2) of section 525(d) of the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111–84; 123 Stat. 2287; 10 U.S.C. 2016 note) is amended by striking ''July 1, 2011'' and inserting ''December 31, 2011''.

(2) GRADUATION RATES.—Paragraph (3) of such section is amended—

(A) by striking the ''The pilot program shall achieve'' and inserting ''The goal of the pilot program is to achieve''; and

(B) by striking ''nurse training program'' and inserting ''nurse training programs''.

ATTACHMENT C

Military Services Health Manpower Personnel Data System Reports

Army:

RN Position Information	US Army Nurse Corps									
	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
*Billets Available	3,381	3,400	3,392	3,415	3,415	3,406	3,393	3,332	3,517	3,565
*Billets Filled	3,250	3,170	3,213	3,157	3,089	3,134	3,241	3,367	3,592	3,947
% Billets Filled	96.1%	93.2%	94.7%	92.4%	90.5%	92.0%	95.5%	101.1%	102.1%	110.7%
Vacancy Rate	3.9%	6.8%	5.3%	7.6%	9.5%	8.0%	4.5%	-1.1%	-2.1%	-10.7%
*Total RN's	3,250	3,170	3,213	3,157	3,089	3,134	3,241	3,367	3,592	3,947
*Separated from service (Losses)	322	369	301	317	359	367	314	281	255	252
Turnover Rate	9.9%	11.6%	9.4%	10.0%	11.6%	11.7%	9.7%	8.3%	7.1%	6.4%
Number of Open Billets	131	230	179	258	326	272	152	-35	-75	-382
**Recruitment Goal	333	367	373	385	375	430	392	405	423	489
*Actual Recruitment (Gains)	294	291	344	334	312	412	421	407	480	607
% Recruitment Met	88.3%	79.3%	92.2%	86.8%	83.2%	95.8%	107.4%	100.5%	113.5%	124.1%
Direct Accessions NOT Reflected in Previous Years										
Benefit Information										
Accession Bonus	$5,000	$5,000	$5,000	$10,000	$15,000	$15,000	$15,000	$15,000	$15,000	$15,000
Education Debt Reduction	122	112	108	186	180					
% recruited using educ. debt reduction	41.5%	38.5%	31.4%	55.7%	57.7%	0.0%	0.0%	0.0%	0.0%	0.0%
Internal Advancement Programs	53	51	41	45	57	70	53	76	59	68
% recruited using internal advancement	18.0%	17.5%	11.9%	13.5%	18.3%	17.0%	12.6%	18.7%	14.4%	11.2%
Minimum Retention Bonus Amount	$6,000	$6,000	$6,000	$6,000	$6,000	$15,000	$5,000	$5,000	$5,000	$5,000
Maximum Retention Bonus Amount	$15,000	$15,000	$15,000	$20,000	$20,000	$40,000	$40,000	$40,000	$40,000	$50,000

Instructions: Provide information in dark yellow highlighted areas

***Data Source:** Health Manpower Statistics annual reports published by the Defense Manpower Data Center (DMDC) from information compiled by the automated Health Manpower and Personnel Data System (HMPDS).

****Data Source:** Information for FY06 obtained from official Army Testimony to the Committee on Armed Services Subcommittee on Military Personnel

Accession Program	FY06		FY07		FY08		FY09		FY10	
							Number	Percent		
Army ROTC	152	41.8%	143	40.86%	158	35.57%	127	27.5	214	36.58%
AMEDD Enlisted Commissioning Program	70	19.5%	53	15.14%	75	16.00%	72	15.7	58	12.52%
Army Nurse Commissioning Program	3	0.8%	15	4.57%	19	4.00%	19	4.1	22	3.76%
Funded Nurse Education Program	[redacted]						1	0.2	7	1.20%
Direct Commissions	135	37.9%	138	39.43%	212	44.43%	241	52.4	273	46.54%
TOTAL	359	100.0%	350	100.00%	475	100.00%	460	100%	585	100.00%

The Army Nurse Corps has implemented numerous actions to promote recruitment. These include: the Army Enlisted commissioning Program (AECP), in which Soldiers receive their current pay and allowances during school, plus up to $10,000 annually for tuition, fees, and books. The Army Nurse Commissioning Program (ANCP) provides a $10,000 bonus in split disbursement and a monthly stipend of $1,000 during the months the student is enrolled in school. The Funded Nurse Education Program (FNEP) provides up to $11,500 per year for tuition, books, and fees and provides full pay and allowances at the participant's current grade. For direct commissions, a direct accession may be eligible for a sign-on bonus of $20,000 for a three-year commitment and $30,000 for a four-year commitment. In addition, the individual

may qualify for up to $120,000 to repay his/her nursing school loans. Under the three-year program, an individual could receive up to $40,000 annually for qualifying education loans. The individual may opt to accept both the accession bonus of $10,000 and the Active Duty Health Professions Loan Repayment Program (ADHPLRP) for a six-year commitment.

The Army Nurse Corps has over 275 existing partnerships with academic institutions designated as progressive or host schools where students are enrolled in nursing schools and Army ROTC programs. For the Funded Nursing Education Program (FNEP), the ANC has partnerships with 15 Schools of Nursing, for the Army Enlisted Commissioning Program, 45 Schools of Nursing, and for the Army Nursing Candidate Program (ANCP), 23 Schools of Nursing. The number of partnerships continues to increase annually as we recruit students at a variety of academic institution through our various accessions programs.

Navy:

	US Navy Nurse Corps									
RN Position Information	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
*Billets Available	3,169	3,174	3,176	3,176	3,098	3,092	3,063	2,899	3,114	3,060
*Billets Filled	3,147	3,157	3,108	3,036	2,934	2,829	2,803	2,795	2,814	2,833
% Billets Filled	99.3%	99.5%	97.9%	95.6%	94.7%	91.5%	91.5%	96.4%	90.4%	92.6%
Vacancy Rate	0.7%	0.5%	2.1%	4.4%	5.3%	8.5%	8.5%	3.6%	9.6%	7.4%
*Total RNs	3,147	3,157	3,108	3,036	2,934	2,829	2,803	2,795	2,814	2,833
*Separated from service (Losses)	259	240	267	295	295	337	283	257	257	208
Turnover Rate	8.2%	7.6%	8.6%	9.7%	10.1%	11.9%	10.1%	9.2%	9.1%	7.3%
Number of Open Billets	22	17	68	140	164	263	260	104	300	227
Recruitment Goal	100	90	73	91	99	250	258	247	275	227
*Actual Recruitment (Gains)	95	90	72	59	55	232	257	249	276	227
% Recruitment Met	95.0%	100.0%	98.6%	64.8%	55.6%	92.8%	99.6%	100.8%	100.4%	100.0%
Direct Accessions NOT Reflected in Previous Years										
Benefit Information										
Accession Bonus	$5,000	$5,000	$5,000	$10,000	$15,000	$ 20,000	$ 30,000	$ 30,000	$ 30,000	$ 30,000
Education Debt Reduction	158	190	177	170	160	20	21	20	10	0
% recruited using educ. debt reduction	166.3%	211.1%	245.8%	288.1%	290.9%	8.6%	8.2%	8.0%	3.6%	0.0%
Internal Advancement Programs	65	41	52	64	56	42	39	53	58	47
% recruited using internal advancement	68.4%	45.6%	72.2%	108.5%	101.8%	18.1%	15.2%	21.3%	21.0%	20.7%
Minimum Retention Bonus Amount	Not authorized		$8,000	No Retention Bonuses Use Incentive Pay						
Maximum Retention Bonus Amount			$10,000							
CRNA Minimum Incentive Amount (no obligation)	Unable to locate On HA Website			6000	$ 6,000	$ 20,000	$ 20,000	$ 20,000	$ 20,000	$ 20,000
CRNA Maximum Incentive Amount (no obligation)				20000	$ 25,000	$ 40,000	$ 40,000	$ 40,000	$ 40,000	$ 40,000
RN ISP Minimum Incentive Amount (no obligation)	Not Authorized							$ 5,000	$ 5,000	$ 5,000
RN ISP Maximum Incentive Amount (no obligation)								$ 20,000	$ 20,000	$ 20,000

Instructions: Provide information in dark yellow highlighted areas.

*Data Source: Health Manpower Statistics annual reports published by the Defense Manpower Data Center (DMDC) from information compiled by the automated Health Manpower and Personnel Data System (HMPDS)

Accession Program	FY06	FY07	FY08	FY09	FY10
NROTC – Nurse Option	14.8%	22.4%	15.4%	14.0%	15.0%
Seaman to Admiral-21	8.3%	11.0%	5.7%	7.6%	3.6%
Medical Enlisted Commissioning Program	18.3%	15.3%	21.5%	20.1%	19.0%
Direct Accession	33.5%	26.7%	32.9%	28.4%	39.3%
Nurse Candidate Program	20.9%	23.9%	22.8%	28.4%	19.4%
Reserve Recall	3.5%	0.8%	0.8%	1.1%	3.2%
Inter-Service Transfer	0.9%	0.0%	0.8%	0.0%	0.4%
TOTAL	100%	100%	100%	100%	100%

The Navy Nurse Corps (NC) Active Component (AC) is manned at 92% with 2,733 nurses currently serving around the world. Navy NC has achieved 100% Active Component recruiting goals from 2007 to present. Reserve Component (RC) recruiting is currently at 87% of the FY11 goal which is up from 20-30% in the most recent previous years. This Reserve Component recruiting success is largely attributed to targeting specific undermanned communities with meaningful bonuses beginning in FY11. The top two direct accession programs that are favorably impacting Active Duty recruiting efforts include the Nurse Accession Bonus (NAB), and the Nurse Candidate Program (NCP). The NAB continues to offer a $20,000 sign-on bonus for a three-year commitment and $30,000 for a four-year commitment; and NCP, tailored for students who need financial assistance while attending school, provides a $10,000 sign-on bonus and $1,000 monthly stipend.

Air Force:

	US Air Force Nurse Corps									
RN Position Information	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
*Billets Available	3,984	3,962	3,792	3,861	3,757	3,713	3,666	3,501	3,451	3,435
*Billets Filled	3,714	3,865	3,695	3,683	3,531	3,429	3,289	3,276	3,276	3,346
% Billets Filled	93.2%	97.6%	97.4%	95.4%	94.0%	92.4%	89.7%	93.6%	94.9%	97.4%
Vacancy Rate	6.8%	2.4%	2.6%	4.6%	6.0%	7.6%	10.3%	6.4%	5.1%	2.6%
*Total RN's	3,714	3,865	3,695	3,683	3,531	3,429	3,289	3,276	3,276	3,346
*Separated from service (Losses)	512	237	330	329	425	420	415	397	309	301
Turnover Rate	13.8%	6.1%	8.9%	8.9%	12.0%	12.2%	12.6%	12.1%	9.4%	9.0%
Number of Open Billets	270	97	97	178	226	284	377	225	175	89
**Recruitment Goal	338	383	363	394	350	357	357	302	284	290
*Actual Recruitment (Gains)	228	231	257	236	200	320	275	384	309	371
% Recruitment Met	67.5%	60.3%	70.8%	59.9%	57.1%	89.6%	77.0%	127.2%	108.8%	127.9%
Direct Accessions NOT Reflected in Previous Years										
Benefit Information										
Accession Bonus	$5,000	$5,000	$5,000	$10,000	$15,000					
Education Debt Reduction	37	29	120	153	56					
% recruited using educ. debt reduction	16.2%	12.6%	46.7%	64.8%	28.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Internal Advancement Programs	3	3	4	12	4					
% recruited using internal advancement	1.3%	1.3%	1.6%	5.1%	2.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Retention Bonus	154	142	135	151	123					
Minimum Retention Bonus Amount	$6,000	$6,000	$6,000	$6,000	$6,000					
Maximum Retention Bonus Amount	$15,000	$15,000	$15,000	$20,000	$25,000					

Instructions: Provide information in dark yellow highlighted areas.

***Data Source:** Health Manpower Statistics annual reports published by the Defense Manpower Data Center (DMDC) from information compiled by the automated Health Manpower and Personnel Data System (HMPDS).

****Data Source:** Information for FY06 - FY10 obtained from official Air Force Testimonies to the Subcommittee on Defense, United States Senate

Accession Programs	FY06 # (% of goal)	FY07 # (% of goal)	FY08 # (% of goal)	FY09 # (% of goal)	FY10 # (% of goal)
Recruiting Service Direct Commission	319/357 (89%)	255/355 (72%)	226/325 (70%)	228/275 (83%)	296/290 (102%)
Fully Qualified	unknown	unknown	unknown	118	126
Nurse Transition Program	unknown	unknown	unknown	110	170
Other Commissioning Programs	unknown	64	76	58	114
Health Professions Scholarship Program	unknown	0	7	10	22
Health Professions Scholarship Program-USAFA	unknown	0	0	0	2
Airman Education & Commissioning Program	unknown	4	22	12	9
Airman Scholarship & Commissioning Program	unknown	0	1	0	0
Direct Enlisted Commissioning Program	unknown	6	6	3	4
Nursing Enlisted Commissioning Program	unknown	0	2	5	45
Interservice Transfers	unknown	2	0	0	0
Competitive Category Transfers	unknown	1	3	0	0
AFROTC	unknown	51	35	28	32

In addition to the recruiting programs shared by all Services, the Air Force's Nurse Enlisted Commissioning Program (NECP) proves a valuable means for growing our corps from within, with an opportunity for 50 students a year. The Incentive Special Pay Program remains the largest incentive for the Air Force with over 1,157 agreements signed in 2010. The Air Force Medical Service uses a variety of financial incentive programs to aid the recruitment of healthcare professionals. The Health Professions Scholarship Program (HPSP) provides selected individuals with payment of tuition, books, and fees as well as a $1900+ monthly stipend in exchange for an active duty service commitment based on the length of the scholarship. Another tool, the Health Professions Loan Repayment Program (HPLRP) provides up to $40,000 for selected individuals with a Service commitment dependent on amount of loan. The Nurse Enlisted Commissioning Program (NECP) provides active-duty enlisted personnel the opportunity to earn a bachelor's degree in a high-need academic field. Students enrolled in the program continue to receive their current pay and allowances, plus a tuition and fees scholarship for up to $15,000 per year, as well as a textbook allowance of $600 per year. Additionally, for direct accessions, a Nurse Accession Bonus (NAB) of $30,000 is offered to selected individuals for a 4-year commitment. If taken with HPLRP, the bonus is $20,000 and is for a 6-year commitment.

It is recognized that monetary incentives have their limitations in a competitive environment and the value in civilian partnerships at both the medical facility and the University levels is valuable for the continued recruitment of Bachelor's prepared nurses. The Air Force has partnered with several medical centers as well as universities for student training where both the civilian institutions and military facilities host each other's students to optimize the educational opportunities available in each setting. The Air Force has established multiple training affiliation agreements (TAAs) at many of their sites. In addition, the nurse transition program for new nurses is designed around four centers of excellence, 3 of which are civilian hospitals and all have strong partnerships themselves with local nursing schools. As the AF continues to build these programs and civilian partnerships, the benefits are being realized with joint training efficiencies and positive public relations for recruiting.

As seen in the data above presented for each Service, the success of recruiting is dependent on a careful balance between multiple programs; fully qualified and new graduates. A recruiting strategy that is too dependent on a new graduate entry program does not provide for the clinical leadership and mentorship of these individuals, nor the fact that replacement at the mid

management level is needed. A single focus would also undermine other critical programs offering the diversity and varied nursing perspective to ensuring synergy and progress within nursing practice. While the Service's current recruiting success may be limited with changes in the civilian healthcare sector, the most significant and critical support currently provided by Congress is with the bonuses, special pays, and scholarship options.