



PennState Health

**House Majority Policy Committee Hearing
December 1, 2021**

*Michele Szkolnicki, RN, FACHE, CMPE
Senior Vice President and Chief Nursing Officer
Penn State Health Milton S. Hershey Medical Center*

Good morning Chairman Caser, Representative Mehaffie, and members of the House Majority Policy Committee. My name is Michele Szkolnicki. I am a registered nurse and the Chief Nursing Officer at Penn State Health Milton S. Hershey Medical Center.

I am concerned for our patients. I am concerned for the current state of healthcare. I am concerned for my fellow healthcare providers. I am concerned for the nursing profession.

Nursing is in a Perfect Storm of unprecedented and difficult challenges.

The existing nursing shortage

Nursing has been in various stages of shortage for several decades. However, within the last decade, the shortage has intensified with the aging of the baby boomers – one third of the nursing workforce will retire within the next 10-15 years.

The COVID Pandemic

During 2020 with the beginning of the COVID-19 pandemic, we faced dire workforce shortages with the tremendous influx of very sick patients; along with severely limited PPE to protect ourselves against an unknown and invisible enemy while having little, known defenses. The pandemic accelerated the number of nurses quitting the workforce and retiring early. Thank God for those who stayed. They are heroes.

The Delta Variant

Just when things were beginning to settle down and some normalcy was returning, came the explosion of the Delta variant, which brought about a new surge of COVID patients who were younger and sicker. This new surge is in addition to a rise of non-COVID patients who have delayed their care because of the pandemic and are seeking care for advanced disease or deferred surgical procedures. Hospital beds are full, emergency rooms are packed, and access to care has been significantly compromised. The constant inflow of patients continues to weigh heavy on a depleted staff of nurses and other healthcare professionals that tries to meet patient healthcare needs.

Bone tired, frustrated, and burned out, nurses continued to leave the profession.

Price gouging of temporary staffing travel agencies

Nursing vacancy rates are increasing precipitously and hospitals are doing everything we can to retain and recruit them so that we can continue to care for our patients: extra bonuses for extra shifts, referral and retention bonuses, sign-on bonuses, free food and other amenities; as well as turning to nurse staffing and traveler agencies for help. But hospitals can't compete with the exorbitant rates that travel staffing agencies are able to pay nurses. This issue has a two-fold impact:

1. Staffing agencies are taking advantage of this difficult situation by vastly increasing their rates to two to three times or more the pre-pandemic rates at the expense of patients and the hospitals that treat them. Hospitals have no choice but to pay these excessive rates because of their dire workforce needs.
2. Perhaps an even more dire threat to hospital staffing levels than nurses leaving nursing is the lure of big money from travel agencies. Nurses are leaving hospitals and taking jobs with travel-staffing companies; earning two or three times the amount they used to earn being part of a hospital staff. Travel nursing used to require that nurses travel away from home and it was this difficulty that justified the premium pay. These days, a nurse can pick up a travel assignment and work for a hospital within driving distance from their home.

As nurses leave, hospitals try to recruit for replacements but applications have all but dried up. So hospitals turn to agencies to fill gaps. This creates resentment among the employed nurses who are working alongside nurses earning much more. It feels unfair and creates distrust in an organization, which causes more nurses to consider leaving. It is a perpetual, wicked cycle that is killing staff morale.

The nursing shortage is a national health crisis that has been fueled by COVID. As this pandemic continues and burnout intensifies, nurses will continue to be at risk for leaving their beloved profession. Nurses are exhausted by the unrelenting workloads, they are heartbroken with inner conflict and turmoil caused by their inability to provide the highest quality care in the current situation, they are distraught as unvaccinated patients continue to become gravely ill, and they are sorrowful when these patients die as their nurse holds their hand.

What we need to do now:

1. Grant money is needed to support hospitals to bring in more nurses and temporary nurses. Hospitals cannot keep up with competing hospitals and temporary staffing agencies offering signing bonuses and three times the pre-pandemic hourly wage. Hospitals need help in stabilizing the nursing workforce and this will require immediate funding.
2. Stop the price gouging of travel nursing agencies. Nurse travel agencies are poaching nurses by offering once-in-a-lifetime opportunities to make a great deal of money, and business for these agencies has never been better. Although nurse travel agency work is arguably paid a premium because of the need of the nurse to travel, their fees are increased by two to three times or more and they are using the pandemic to take advantage of patients and hospitals to increase their profits. The conduct of the travel agencies is exacerbating the nursing shortage.
3. Change international nurses to tier 1 immigration status (they are currently at tier 4). Currently, Federal policy is a barrier for recruitment of nurses from other countries.
4. Relief from regulatory constraints that interfere with the ability to recruit and retain nurses. These constraints range from licensure barriers for nurses licensed in other states, to laborious documentation requirements from payers and regulatory agencies that take the nurse away

from direct patient care. A continuation and sustained refinement of regulatory waivers would be a platform for obtaining this relief.

What we need to do in the future:

1. Support to bring more nurses into the field. It is time to end this decades-long nursing shortage. Access to nursing education needs to be easier, and supported. Consideration of loan repayment programs for nurses, similar to the existing Teacher Loan Forgiveness Program, but with immediate benefit once a nurse begins working as a direct patient care nurse, would remove many barriers to people entering this profession.
2. Support to bring more nursing faculty into the field. According to the American Association of the Colleges of Nursing, 80,000 qualified nursing school applicants were rejected in 2019 because of a lack of teaching staff.
3. Public campaigns that tout the importance of the nursing profession: there is a need to revise, in the public's eye, how nurses are valued. Although Nursing is proud to have been ranked as the most trusted profession over the past 20 years, there is a lack of understanding of what nurses do and their value is usually defined in relation to the physician.
4. Continue to deliberately support nursing after this pandemic is over. Due to COVID, we are looking at possibly the largest PTSD epidemic since WWII. The legacy of COVID for nurses is trauma that will persist long after this pandemic has passed and the mental health of nurses and other healthcare professionals must be prioritized.

Leadership in this pandemic has come from unsung healthcare professionals; physicians, respiratory therapists, hospital personnel, and nurses; working outside of the spotlight to save lives.

Thank you for the opportunity to share our thoughts on this critically important issue. I would be happy to address any questions you may have at this time.