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EXTEND SUNSET FOR LICENSING CANADIAN NURSES

House Bill 5329 as introduced First Analysis (12-9-03)

Sponsor: Rep. Artina Tinsley Hardman Committee: Health Policy

THE APPARENT PROBLEM:

Michigan has experienced a shortage of qualified health professionals for several years, but the shortage of registered nurses has been particularly acute. Many Michigan hospitals and health care facilities tried recruiting nurses from Canada, but found that the process was too lengthy and difficult to use to fill critical openings. Generally speaking, foreign applicants for nursing licenses must first receive a temporary license and then pass the Commission on Graduates of Foreign Nursing Schools (CGFNS) test in order to qualify to take the National Council Licensure Examination (NCLEX) required for licensure. The CGFNS test is offered only three times per year and reputedly has a very high failure rate; a temporary licensee in Michigan who takes and fails the exam loses his or her temporary license immediately. These and other obstacles allegedly had, in the past, led well qualified nurses and other health care professionals from Canada to avoid the hassles altogether and seek licensure in states whose procedures were less cumbersome.

Public Act 441 of 2002 created an expedited process by which health care professionals who are licensed, registered, or credentialed by a Canadian province that maintains standards similar to Michigan can apply for licensure. (For more information, see the House Legislative Analysis Section's analysis of enrolled House Bill 4994 of 2002 dated 6-25-02.) However, the alternative licensure criteria will sunset (or expire) on January 1, 2004. According to many metro-area health care facilities, hiring health care professionals from Canada has drastically reduced shortages in their facilities, especially in regards to nurses. However, they point out that there are still shortages in some physician specialties and for pharmacists, physical and occupational therapists, laboratory and radiology technicians, and others, as well as a continuing need for registered nurses.

Those in the health care industry have requested that the sunset be extended another three years so that quality health care can still be delivered in the state.

THE CONTENT OF THE BILL:

The bill would amend the Public Health Code to extend, until January 1, 2007, an alternative means of satisfying certain requirements for licensure for health professionals licensed to practice a health profession in a province of Canada. Currently, this provision will expire January 1, 2004.

MCL 333.16186

FISCAL IMPLICATIONS:

According to the House Fiscal Agency, the bill would have no fiscal impact to either the state or any local units of government. (12-4-03)

ARGUMENTS:

For:

According to information supplied by the Michigan Health and Hospital Association, the bill would continue to provide reciprocity to health professionals licensed, registered, or certified by a province of Canada with substantially equivalent standards. Michigan has been frustrated in recruiting health professionals from Canada because of the lengthy and cumbersome process required by the health code. The bill would extend the waiver so that Canadian nurses will not have to take the Commission on Graduates of Foreign Nursing Schools examination. This test is offered three times a year, and is only part of the process that the health code would otherwise make nurses trained and licensed in Canada undergo before being able to work in Michigan. The expedited process created by Public Act 441 of 2002, set to expire January 1, 2004, has enabled many Michigan hospitals and health care facilities to fill chronic staffing shortages with

qualified nurses and other health professionals. According to committee testimony, these individuals are highly trained and skilled. The bill represents good public policy; passage would ensure that Michigan patients will continue to have access to and receive quality health care.

Against:

With the unemployment rate in Michigan so high, it seems that more needs to be done to employ Michigan residents.

Response:

According to committee testimony, the expedited licensing process for Canadian health care professionals has not displaced Michigan practitioners. It has, however, enabled some hospitals to reduce nurse shortages approximately 20 percent to 8 percent. In addition, hundreds of nurses will be lost annually in future years to retirement, meaning that shortages will continue to occur. Wayne State University has an accelerated nursing program for persons who already have a college degree, but a lack of resources to fund faculty positions has forced the university to limit Also, wages, benefits, and work enrollment. conditions can make nursing and other health professions less desirable as a career choice. The bill would not cure the underlying reasons for the shortages of health care professionals in the state's health care facilities, but it does enable recruitment of Canadian professionals to help in the delivery of health care services while long-term solutions are being explored.

POSITIONS:

William Beaumont Hospital supports the bill. (12-3-03)

Detroit Medical Center supports the bill. (12-3-03)

Henry Ford Health System supports the bill. (12-3-03)

The Michigan Health & Hospital Association (MHA) supports the bill. (12-3-03)

A representative of the Michigan Nurses Association testified in support of the bill. (12-3-03)

A representative of the Oakwood Healthcare System testified in support of the bill. (12-3-03)

A representative of St. John Health testified in support of the bill. (12-3-03)

A representative of Ascension Health testified in support of the bill. (12-3-03)

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.