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THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

**Testimony in Support of HB 1160
Maryland Pathway to Nursing Program and Advisory Committee – Establishment**

Good afternoon, Chairman Peña-Melnyk and honorable members of the committee. Thank you for this opportunity to present **HB 1160 Maryland Pathway to Nursing Program and Advisory Committee –Establishment**. This bill is brought to you as a response to the severe nursing shortage that we have discussed and begun to address this session. The bill offers both a short and long-term solution by establishing a pathway to becoming a nurse with wrap-around services that will ensure a greater success rate.

The underlying theme throughout our committee's work is the nursing shortage. We cannot move forward with improving health outcomes, addressing health disparities, and making our health system efficient without addressing the nursing shortage.

I know that everyone in this Committee is committed to supporting opportunities to uplift each and every Marylander and help them to advance. By helping individuals in their efforts to advance their education and career prospects, we are supporting those individuals, their families, and their communities.

This bill brings both of those goals together. The Maryland Pathways to Nursing Program supports nursing students early in their education career, increasing the likelihood that they will successfully complete their degrees and enter the nursing profession.

I decided to introduce this bill when I learned about the high rate of attrition for nursing students. With nursing schools full, we cannot afford to lose one student. Yet attrition rates among nursing students is about 25%, with even higher rates for Black and brown students.

The research shows attrition rates for nursing students is high because nursing students are older with more family obligations including childcare and elder care. Being older, they are also likely working. Many nursing students work their way through school as certified nursing assistants (CNAs). While their CNA experience enriches their education, it also creates logistical challenges because of clinical schedules. This situation is clearly explained in a blog post at [We need to fix the broken nursing career pathway—here's how \(newamerica.org\)](http://www.newamerica.org).

The Maryland Pathways to Nursing will provide individualized support to nursing students at the beginning of their nursing education, as they complete the path from CNA to licensed practical nursing (LPN). After becoming LPNs, they can practice and contribute to the nursing field. They are also well-positioned to continue their education pathway to become registered nurses (RNs).

This innovative program has a precedent in Maryland. Just a few months ago, Baltimore County Executive Johnny Olszewski launched the Public Health Pathways Program, based on similar principles in this bill. We have a representative from Baltimore County to discuss the implementation of that Program.

HB 1160 starts with the building blocks of the Maryland Pathway to Nursing Program. An advisory committee – comprised of nursing educators, community colleges, HBCUs, health industry leaders, and most importantly nursing students – will advise the Secretary of Health on the structure of the program. Contingent on funding, the Program will launch at two or more community colleges in diverse geographic areas. From the initial experience, the Department of Health will continue to work with stakeholders to determine how to scale the program successfully across all regions of Maryland.

Thank you for your consideration and the Committee's partnership in addressing Maryland's workforce shortage. I respectfully request a favorable report.



We need to fix the broken nursing career pathway—here's how

BLOG POST

By [Iris Palmer](#)

April 5, 2021

For many, nursing seems like the perfect career pathway.

It is all so logical. Someone with only a high school diploma can become a certified nursing assistant (CNA) in six to twelve weeks. Then, they can use that experience to become a licensed practical or vocational nurse (LPN) in about ten months. After that, with only another one to two years of community college education, they can become a registered nurse (RN).

It makes sense. And it just doesn't work for the vast majority of people.

A study in California found that only about **20 percent of CNAs** went on to get a higher level educational credential, and only around 10 percent became registered nurses within six years.

Unfortunately, CNAs are undervalued and **face poor working conditions**. The majority of nursing assistants work in nursing homes. And these CNAs are almost **four times** more likely to be injured on the job than the typical U.S. worker. CNAs in nursing homes had the **highest** occurrences of non-fatal workplace injuries of any industry in 2016.

They also are terribly underpaid. The average yearly wage for a nursing assistant was **only around \$30,000** in 2019 with an hourly wage of around \$14.00.

Work hours are patchworks of part-time work coupled with **demanding stretches** of overtime. CNAs have very little control over their **schedules**. The low wages mean that almost 20 percent of CNAs who work in nursing homes **live below the poverty line**, and 40 percent rely on public assistance. These conditions lead to **high turnover rates** and little time, energy, and money to pursue further education.

It is tempting to see the quick training and high demand for CNAs as a path out of poverty. It was the most common training program offered through the federal **Health Profession Opportunity Grants** (HPOG) for just that reason. But

while the programs offered through HPOG had a healthy completion rate, only about 3 percent of the graduates pursued further education, and CNAs had the worst wage outcomes of all of the other popular training programs except home health aides. The grants turned out to be a publicly funded pathway to an underpaid, undervalued job.

We need to improve CNA job quality and create viable pathways for them to progress to an LPN and even an RN.

If we fail to do so, we do a disservice to the largely Black and Brown single mothers who become CNAs with the intention to progress to more stable practical and registered nursing careers. **Over half** (53 percent) of CNAs are people of color, with over one-third of CNAs identifying as Black whereas **75 percent** of RNs are white. There are some clear ways to start to address this.

First, we must improve job quality. CNA positions in nursing homes and home health are mostly funded by the government. Of the nursing home industry's \$116 billion in annual revenue, **73 percent** is paid for by public programs, primarily Medicare and Medicaid.

That means the federal and state governments can ensure these vital caregivers are paid more and provided decent working conditions. Reimbursement rates for long term care should be increased which--partnered with a state **wage pass-through law**--would result in more money going to the caregivers. It is also possible to show employers that better working conditions for CNAs result in less turnover and a better return on investment over all. That was what **Monroe Community College** in New York did, resulting in their CNA class being paid while they trained, a slightly higher starting wage, and more scheduling control.

Monroe is also working to create a pathway for the CNAs to actually progress to LPN. They are helping their cohort plan for taking on additional academic responsibilities--including strategies to reduce overtime hours while maintaining financial stability.

They are also currently designing an LPN program that will be part-time while participants work and be offered at the job site. Most importantly, they will be supporting the cohort through the process.

By improving job quality and education pathways for CNAs, employers, policymakers, and colleges can make this promise of stackable career pathways in nursing a reality.

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