Progress and Precision:
The NCSBN 2018 Environmental Scan

> *We always overestimate the change that will occur in the next two years and underestimate the change that will occur in the next ten. Don't let yourself be lulled into inaction. —Bill Gates*

Introduction

The annual National Council of State Boards of Nursing (NCSBN) Environmental Scan provides regulators and other nursing leaders with a current, comprehensive portrait of nursing in the United States, including emerging issues and challenges. It describes the current state of nursing and where we are headed, and it asks questions about our readiness to enter the modernized era of health care. As you are reading it, ask yourself: Are we ready to take nursing to the next level? Are educators ready to evaluate their curricula and incorporate new content? Are regulators ready to accept present and future challenges of mobility, workforce, confidentiality issues, new treatment methods, advancements in scope of practice, and, potentially, fresh approaches to opioid addiction? Are state legislators willing to take the necessary steps to pass legislation to modernize regulation and to be an important part of this transformation? Modernization of health care cannot adequately be achieved without the participation of nursing, and a new era of nursing depends on a contemporary and revitalized regulatory system. The environmental scan is present and future based and reflects substantial professional, social, and political changes needed for regulators and other nursing leaders to keep pace with potential health care system transformations.

The U.S. Nursing Workforce in 2018 and Beyond

Nursing is at the heart of health care. Sufficient numbers of nurses at all levels and the ability to forecast and plan for shortages is integral to safe and quality patient care. For this reason, NCSBN has acted to ensure that researchers have the data required to monitor future workforce needs. In 2017, NCSBN collaborated with the National Forum of State Nursing Workforce Centers to conduct a national workforce study to assess and describe the current RN and LPN workforce (in press). The findings data will be published in the July 2018 issue of the *Journal of Nursing Regulation*.

Individual boards of nursing (BONs) are also collecting workforce data with licensure renewals, which are being deposited into NCSBN's National Nursing Workforce Repository. When all boards can provide these data, nursing will have a profound and accurate database, including population data, with which to analyze the workforce and make predictions.

It is expected that 2018 will be a historic and landmark year for nursing regulation and the nursing workforce. The enhanced Nurse Licensure Compact (eNLC), nursing regulation's newest licensure model, was officially implemented on January 19, 2018. Currently adopted by 29 states, the eNLC enables nurses to receive a multistate license in their state of residence with the privilege to practice in all other states that joined the compact. The eNLC increases public protection as it: (a) mandates specific nursing licensure requirements for participating states; (b) provides improved access to care through greater workforce mobility, allowing nurses to migrate to locations with the greatest need and job availability; (c) enhances telehealth nursing, which can expand the workforce into shortage areas; and, (d) perhaps most importantly, mobilizes nursing care quickly, efficiently, and safely during a disaster. For military spouses who are nurses and who may have to frequently move and change jobs, the eNLC offers an opportunity for many to move without being relicensed. In addition, nurses with compact/multistate licenses have the flexibility to care for patients across state borders without the time and expense of obtaining additional licenses.

Registered Nurses and Licensed Practical/Vocational Nurses

In 2018 and beyond, workforce mobility will be vital for patients' access to care and nurses' access to jobs as studies predict both shortages and surpluses in the nursing workforce. Currently, the number of employed registered nurses (RNs) per population in each state varies widely, from fewer than 700 RNs per 100,000 population in Nevada to over 1,500 RNs per 100,000 in the District of Columbia (U.S. Department of Labor, Bureau of Labor Statistics. 2017a; U.S. Census Bureau, 2017). Other states with approximately 700 RNs per 100,000 people are California, Georgia, Oklahoma, and Utah. Conversely, South Dakota (1,402 per 100,000), Massachusetts (1,250 per 100,000), and Delaware (1,189 per 100,000) have the highest ratios of employed RNs per population along with the District of

Columbia. Appendix B provides a detailed portrayal of the distribution of RNs and licensed practical nurses/vocational nurses (LPNs/VNs) across the country.

The ratio of employed LPNs/VNs is between 65 and 70 per 100,000 people in Alaska, Oregon, and Utah and over 400 per 100,000 in Arkansas and Louisiana (U.S. Department of Labor, 2017a; U.S. Census Bureau, 2017). States with shortages include Maine and most of the western states except for California, which has slightly more VNs per 100,000 population than its neighboring states. (Figure 1 provides a broad comparison of the numbers of RNs and LPNs across the country.)
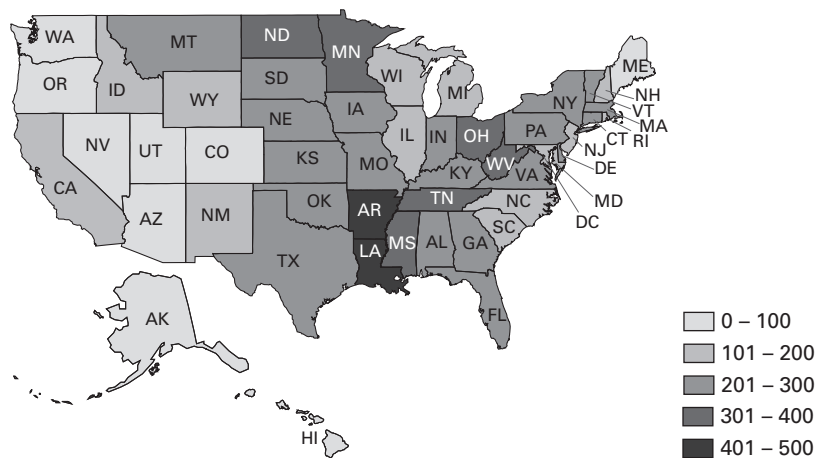
FIGURE 1

RN and LPN/VN Employment by State*
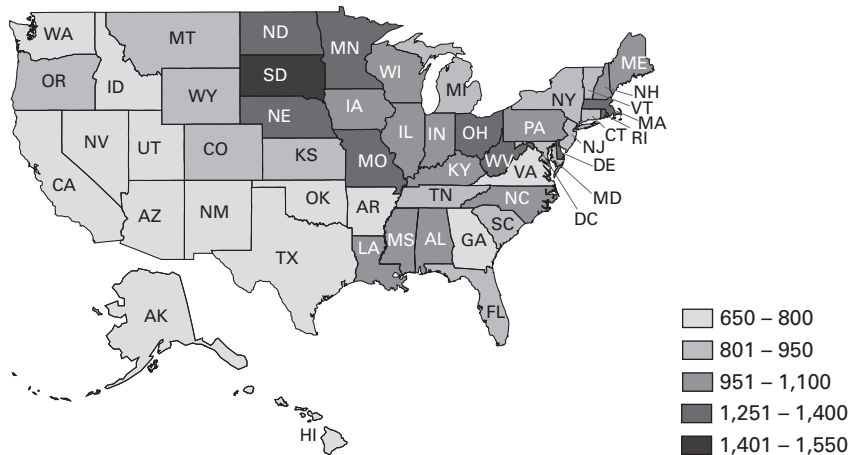
*Employed RNs and LPN/VNs per 100,000 people by state
Source: U.S. Department of Labor, 2017; U.S. Census Bureau, 2017.

A number of studies published in 2017 indicated that the nursing workforce needs will continue to fluctuate according to state and region of the country. In 2017, the Health Resources and Services Administration (HRSA) released national projections for the U.S. nursing workforce through 2030 (HRSA, 2017a). Projections made from the Health Workforce Microsimulation Model used nurse data from the American Community Survey along with information reflecting the economy and labor markets. The model estimated the growth in RN supply (39%) will outpace the growth in RN demand (28%) by 2030 resulting in an excess of almost 300,000 RNs nationally. For LPNs, the growth in supply is estimated to be 26% while the growth in demand is expected to be 44%. This imbalance could result in national-level shortage of 151,000 LPNs by 2030; however, the report indicates a shortage of this magnitude is unlikely because LPNs can be educated relatively quickly.

According to the HRSA report (2017) inequitable distributions of nurses exist across states. Seven states are projected to have a RN shortage, and 33 states are projected to have a LPN shortage by 2030. The greatest shortages of RNs are predicted in California, Texas, New Jersey, and South Carolina. Texas and Pennsylvania are expected to have the greatest LPN shortages. Florida, Ohio, Virginia, and New York could expect a surplus of RNs. A LPN surplus is projected for Ohio and California. HRSA's proposed solution is optimal