

Educating Future Nurses Act

Clinical education is essential to preparation of our nation's Advanced Practice Registered Nurse (APRN) pipeline, yet persistent shortages of clinical sites are hampering the nursing workforce pipeline.

The Health Resources and Services Administration (HRSA) projects a shortage of 70,610 primary care physicians by 2038 and notes that specialty shortages may be eased by greater use of nurse practitioners (NP). NPs are already doing much of this work with more than 374,000 working in primary care as of 2024. However, NPs cannot graduate without supervised clinical hours, and the cost of those hours limits how many students hospitals and community sites will accept.

In fact, **the U.S. will be short 8 percent of the nursing hours patients need by 2028**. Rural areas will be hit much harder than cities with a 24% shortfall outside metro areas, compared to 5% inside them. At the same time, jobs for NPs, nurse anesthetists, and nurse midwives are expected to grow 36 percent between 2025 and 2035, opening about 32,200 positions every year. Whether those jobs get filled, and whether anyone fills them in rural communities, depends on how many nurses can get the clinical training they need.

Medicare paid an estimated \$21.2 billion for physician graduate medical education in FY2023, making it the largest federal source of GME. **Unfortunately, despite APRNs playing an increasingly pivotal role in our nation's health care system, Medicare currently provides no funding for graduate nursing education.**

H.R. 10410 would create a permanent National Graduate Nurse Education Program in Medicare to expand clinical education and training support for APRNs. This legislation:

- Requires written partnerships between nursing schools, eligible hospitals, and community providers with at least half of training in community-based settings.
- Reimburses hospitals for the reasonable cost of clinical education for APRN students.
- Pays only for growth in APRN education above each school's average number of APRN graduates in 2024 and 2025 ensuring that federal investments help train additional APRNs.
- Builds on a successful Affordable Care Act GME demonstration that increased APRN enrollment by 54% and graduations by 67%.

As demand for health care continues to grow, particularly in rural and underserved communities, the nation needs to ensure that qualified nurses have access to the clinical training required to become APRNs. H.R. 10410 would help address this critical bottleneck by investing in additional clinical training capacity and preparing more APRNs to enter the workforce and care for patients where they are needed most.

Sources: H.R. 10410 and CRS bill summary, congress.gov | CRS, Medicare Graduate Medical Education, 2025 | CMS, Graduate Nurse Education Demonstration Final Evaluation | HRSA Bureau of Health Workforce: Physician Workforce Projections 2023–2038, State of the Primary Care Workforce 2025, CHGME FY2025 awards.

Facts at a Glance

\$21.2B Medicare GME payments for physician residency training, FY2023 (CRS).

Projected shortage of **70,610 primary care physician** by 2038 (HRSA).

50% minimum share of clinical education the bill requires in non-hospital, community-based settings.

Projected RN shortfall of **24% in nonmetro areas** in 2028, versus 5% in metro areas (HRSA).

Projected growth of **36%** in NP, CRNA, and CNM employment (32,200 projected annual openings for those roles), 2025–2035 (BLS).

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