

112TH CONGRESS
1ST SESSION

S. 53

To express the sense of the Senate concerning the establishment of Doctor of Nursing Practice and Doctor of Pharmacy dual degree programs.

IN THE SENATE OF THE UNITED STATES

JANUARY 25 (legislative day, JANUARY 5), 2011

Mr. INOUE (for himself and Mr. REED) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To express the sense of the Senate concerning the establishment of Doctor of Nursing Practice and Doctor of Pharmacy dual degree programs.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Doctor of Nursing
5 Practice and Doctor of Pharmacy Dual Degree Program
6 Act of 2011”.

7 **SEC. 2. FINDINGS.**

8 The Senate makes the following findings:

1 (1) The terms dual, joint, double, or combined
2 degrees are used interchangeably, and such terms
3 mean students working for 2 different and distinct
4 degrees in parallel, completing 2 degrees in less time
5 than it would take to complete each degree sepa-
6 rately.

7 (2) The overall purpose of the innovative cross
8 cutting dual or joint degree nursing programs is to
9 prepare nurses to expand the traditional scope of
10 nursing practice, with the goal of strengthening
11 health care teams.

12 (3) The American Association of Colleges of
13 Nursing (AACN) 2009 survey of schools of nursing
14 documents that there are over 100 nursing schools
15 that offer dual degree programs of which 74 are
16 MSN/MBA programs, 34 are MSN/MPH programs,
17 10 are MSN/MHA programs, 5 are MSN/MPA pro-
18 grams, 4 are MSN/MDIV programs, and 3 are
19 MSN/JD programs.

20 (4) There is currently no dual degree program
21 that combines nursing and pharmacology.

22 (5) Recently, the University of Hawaii at Hilo
23 has explored the option of nursing and pharmacy
24 partnering to meet the needs of the changing health
25 care field.

1 **SEC. 3. SENSE OF THE SENATE.**

2 It is the sense of the Senate that—

3 (1) there should be established a Doctor of
4 Nursing Practice (DNP) and Doctor of Pharmacy
5 (PharmD) dual degree program;

6 (2) the development of a joint degree in nursing
7 and pharmacology should combine a Doctor of Nurs-
8 ing Practice (DNP) with a Doctor of Pharmacy
9 (PharmD);

10 (3) such a dual degree program would improve
11 patient outcomes;

12 (4) through such a dual collaborative role,
13 health providers will be better able to meet the
14 unique needs of rural communities across the age
15 continuum and in diverse settings;

16 (5) such a dual degree program—

17 (A) would enhance collaboration between
18 Doctors of Nursing Practice and physicians re-
19 garding drug therapy;

20 (B) would provide for research concerning,
21 and the implementation of, safer medication ad-
22 ministration;

23 (C) would broaden the scope of practice for
24 pharmacists through education and training in
25 diagnosis and management of common acute
26 and chronic diseases;

1 (D) would provide new employment oppor-
2 tunities for private physician or nurse-managed
3 clinics, walk-in clinics, school clinics, or clinics
4 at institutions of higher education, long-term
5 care facilities, Veteran Administration facilities,
6 hospitals and hospital clinics, hospice centers,
7 home health care agencies, pharmaceutical com-
8 panies, emergency departments, urgent care
9 sites, physician group practices, extended care
10 facilities, and research centers; and

11 (E) would assist in filling the need for pri-
12 mary care providers with an expertise in geri-
13 atrics and pharmaceuticals; and

14 (6) additional research and evaluation should be
15 conducted to determine the extent to which grad-
16 uates of such a dual degree program improve pri-
17 mary health care, address disparities, diversify the
18 workforce, and increase quality of service for under-
19 served populations.

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