MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION
SFN 2053 (2/85) 5M

ROLL NUMBER

DESCRIPTION

1360

2001 HOUSE HUMAN SERVICES

HB 1360

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1360

House Human Services Committee

❑ Conference Committee

Hearing Date January 31, 2001

Tape Number	Side A	Side B	Meter #
Tape 2	X		0 to 4250
Committee Clerk Signature	Connie Easton		

Minutes:

Chairman Price, Vice Chairman Devlin, Rep. Dosch, Rep. Galvin, Rep. Klein, Rep. Pollert, Rep. Porter, Rep. Tieman, Rep. Weiler, Rep. Weisz, Rep. Cleary, Rep. Metcalf, Rep. Niemeier, Rep. Sandvig

Chairman Price: Open hearing on HB 1360.

Rep. Jensen: Introduced HB 1360 at the request of the Board of Nursing.

Chairman Price: This is not the only medical provider shortage we are looking at, do you have any thoughts on that?

Rep. Jensen: Certainly this is just one part of the puzzle.

Rep. Gulleson: I would like to provide my support. There is a great shortage of nursing. I think a center for nursing would bring all these issues together.

Chairman Price: Is there not the emphasize in the universities for nursing programs the way there used to be?

Rep. Gulleson: This session there are a couple of issues that are really hot, funding for teachers and the nursing shortage.

Rep. Galvin: There is already a Board of Nursing, is there not?

Rep. Gulleson: Right now the board does licensure, they don't do data collection.

Rep. Devlin: I would think that would be something the State Board of Nursing would provide.

Rep. Gulleson: This would be something else that could be added.

Mary Smith: President, Nurses Association. (See support of HB 1360 in written testimony.) Offered amendment to the bill. I am speaking on behalf of the Nurses Association and I am here to talk about the need to develop a plan to ensure an adequate supply of nurses in North Dakota.

Rep. Pollert: Why couldn't the current Board of Nursing have their own advisory counsel in order to address these issues?

Mary Smith: We are looking at data the Board of Nursing is not collecting.

Rep. Niemeier: Do you think this center could make an impact on nurses salaries?

Mary Smith: We would look at this issue.

Chairman Price: Explain the associations function. What incentives does the profession look for as an association to keep members in North Dakota?

Mary Smith: In terms of our membership we do collect basic data such as educational level of the member that is joining, where they live, where they work. Those kinds of issues.

Chairman Price: How large is the membership?

Mary Smith: About 10% of the nurse population.

Rep. Niemeier: Is it true that the nursing school has enrollment limits?

Mary Smith: Yes, we admit 32 students per year.

Rep. Niemeier: Are there waiting lists?

Mary Smith: Yes, we have offered a variety of ways to address some of those issues.

Rep. Weisz: Is there anything from preventing you from sitting down with the medical providers to settle this issue.

Mary Smith: No.

Rep. Weisz: Wouldn't this legislation open those same questions as you presented as far as data base work related issues?

Mary Smith: This is a new center we are developing and I am not able to answer some of your questions.

Senator T. Mathern: I am here in support of this bill. There is considerable debate in the Senate regarding nursing issues in North Dakota. Passage of this bill would add creditability to debates we have in the future about nursing care in North Dakota. I encourage you to pass this bill.

Constance Kalanek: Executive Director, North Dakota Board of Nursing. (See written testimony.) The North Dakota Board of Nursing believes the data base center is a proactive approach to project future needs in the work place. The board appreciates your support of HB 1360.

Rep. Porter: What currently would stop Board of Nursing from doing this project?

Constance Kalanek: At this point in time we do not have enough staff, administrative support, or the dollars to implement this center. Currently our only funding is licensure.

Rep. Porter: The bill could really state "to give authority to the Board of Nursing" to do the data management and study the problem and authorize them to raise nursing licenses by $15 a year in order to fund this.

Constance Kalanek: Certainly that would be a possibility. Right now we're looking at a $10 increase per renewal cycle.

Rep. Porter: With this $10 fee increase, what is licensing cost now?

Constance Kalanek: The current license renewal fee for the registered nurse is $60. The increase would be $70 and that is for a two year renewal cycle.

Rep. Porter: Part of the discussion stems around the nursing shortage in rural North Dakota, and also it comes back to wages. Where would you see additional funding coming from to provide increase in salaries?

Constance Kalanek: Rather than focusing on just salaries, work force issues also need to be addressed from the employee's perspective.

Rep. Weisz: Why aren't health care providers already doing this, it is a benefit to them. I am curious why there is silence on the part of the health care providers.

Constance Kalanek: There seems to be a resistance in disclosing some of that information. They aren't governed by open records. The Board of Nursing is governed by open records. So obtaining this information has been problematic.

Chairman Price: Do you know how much data BRAD has regarding some of these shortage situations or level of care?

Constance Kalanek: I don't have this information.

Rep. Metcalf: The last sentence of your testimony it says "the committee consider expansion of the data center to include all health care professionals". If center was expanded to include this information, would this board have input? Would they take that data from all professional or would they consider that each health profession would have their separate board?

Constance Kalanek: I would defer to Nurses Association for answering your question.

Mary Smith: Response to Rep. Metcalf's question. No information is available at this time.

Jessie Lapp: Junior Nursing Student. (See written testimony.) I am concerned about the future of myself and all other nursing students. We urge a DO PASS.

Porter Rep.: What would keep you in North Dakota?

Jessie Lapp: Mainly my family and small town atmosphere.

Rep. Porter: What would make you move to say move to Elgin - would you go there if you needed a job?

Jessie Lapp: Depends on salary and what benefits they offer.

Chairman Price: Close hearing on HB 1360

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1360 A

House Human Services Committee

☐ Conference Committee

Hearing Date February 7, 2001

Tape Number	Side A	Side B	Meter #
Tape 1	X		0 to 1620
Committee Clerk Signature	Connie Easton		

Minutes:

COMMITTEE WORK: (All Committee Members Present.)

CHAIRMAN PRICE: HB 1360.

REP. PORTER: HB 1360 deals with the ongoing situation of rural under employment, and it deals with not only one specific sector of the population, but many sectors of the population. In looking at what is to be accomplished through this study, the Board of Nursing could easily undertake some of these responsibilities and get this done for their particular sector. I proposed some amendments to 1360. The $140,000 fiscal note and being almost $40,000,000 in the hole with the budget, I know that this is not going to be a very high priority from the Appropriations standpoint. I do realize there is a concern out there with this employment sector, and something needs to be done. The easiest thing to do would be to give the Board of Nursing the authority to do exactly what they want to do. Instead of creating a new board or a new center for nursing,

just allow the Board of Nursing to address the issues of supply and demand for nurses and all the issues that are currently on this. (Explained amendments.) I would present that for discussion.

CHAIRMAN PRICE: (Discussed amendments.)

REP. KLEIN: In 1196 we're putting a study in there that addressed rural elderly problem - $241,000. Are they addressing this in that bill as part of that?

CHAIRMAN PRICE: Only as it pertains to the elderly.

REP. PORTER: 1196 also has the loan program for rural communities.

CONSTANCE KALANEK: Executive Director, N.D. Board of Nursing. (Discussed Rep. Porter's proposed amendments and asked for consideration in other areas: recognition board and renewal activities, recognize in the studies both the review and study the nursing education requirements in North Dakota and to study nursing shortage, change in license fee, and adding an accountability section.) The Board of Nursing will report on the progress of the study to the Interim Budget Committee on Health Care and will provide a final report in 2007 Legislative Assembly.

REP. PORTER: In the accountability section, I would hate to think that we waited for six years to get the first answer of what is going on. Maybe there should be a report that is submitted annually to Legislative Council to talk about the progress.

CONSTANCE KALANEK: That certainly would be fine.

CHAIRMAN PRICE: My earlier understanding with you was that the progress would be something in the interim. I think Legislative Council would be a better wording in case we don't have a Budget Committee on Health Care. Dr. Kalanek, are you comfortable with the bill?

CONSTANCE KALANEK: Yes.

CHAIRMAN PRICE: What are the wishes of the committee?

REP. WEISZ: I would like to move the amendments.

REP. KLEIN: Second

CHAIRMAN PRICE: Further discussion? All in favor of amendment signify by say Aye (14 Yes). Also committee, I talked with Dr. Kalanek about the fact that we have the rural needs assessment and possibly they would be able to help with that in providing on areas for the long-term care. We have an amended bill, what are your wishes?

REP. CLEARY: I move a DO PASS.

REP. METCALF: Second.

CHAIRMAN PRICE: Discussion?

REP. NIEMEIER: The North Dakota Nurses Association apparently hasn't had any input in these changes. Should we be hearing from them?

CHAIRMAN PRICE: Because they put the board right in the middle of it, is the reason Dr. Kalanek is here.

CHAIRMAN PRICE: Further discussion? Seeing none I will have the clerk read the roll on a **DO PASS as amended.**

14 YES 0 NO 0 ABSENT CARRIED BY REP. WEISZ

FISCAL NOTE

Requested by Legislative Council
03/16/2001

Bill/Resolution No.:

Amendment to: Engrossed HB 1360

1A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	1999-2001 Biennium		2001-2003 Biennium		2003-2005 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures				$165,000		$165,000
Appropriations				$165,000		$165,000

1B. **County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

1999-2001 Biennium			2001-2003 Biennium			2003-2005 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2. **Narrative:** *Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.*

The establishment of a Data Center to implement a nursing needs study requires an administrator plus technical support for data collection and analysis. Board of Nursing will use request for proposal (RFP) process for the nursing needs studies.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*
   A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

Non-revenue producing

   B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

Administrator - .5 FTE, Research Project Director - .5 FTE, Technical Support - 1 FTE

9 Board Member per diem plus expenses

   C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and*

appropriations.

May increase licensure or registration fees up to $15.00 to support the research project and reimburse board for actual expenses.

The board may also research other possible sources of funding for the project .

Name:	Constance B Kalanek	**Agency:**	ND Board of Nursing
Phone Number:	(701) 328-9777	**Date Prepared:**	03/16/2001

FISCAL NOTE

Requested by Legislative Council
02/09/2001

Bill/Resolution No.:

Amendment to: HB 1360

1A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	1999-2001 Biennium		2001-2003 Biennium		2003-2005 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures				$165,000		$165,000
Appropriations				$165,000		$165,000

1B. **County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

1999-2001 Biennium			2001-2003 Biennium			2003-2005 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2. **Narrative:** *Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.*

The establishment of a Data Center requires an administrator plus technical support for data collection and analysis. Board of Nursing will use request for proposal (RFP) process for the nursing needs studies.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*
   A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

non-revenue producing

   B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

Administrator - .5 FTE

Research Project Director - .5 FTE

Technical Support - 1 FTE

9 Board member per diem plus expenses

   C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, of the effect*

on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.

$15.00 increase in licensure or registration fee to support research project and reimburse board for actual expenses.

Name:	Constance B Kalanek	**Agency:**	ND Board of Nursing
Phone Number:	(701) 328-9777	**Date Prepared:**	02/12/2001

FISCAL NOTE

Requested by Legislative Council
01/22/2001

Bill/Resolution No.: HB 1360

Amendment to:

1A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	1999-2001 Biennium		2001-2003 Biennium		2003-2005 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures	$0	$0	$140,000		$140,000	
Appropriations	$0	$0	$140,000		$140,000	

1B. **County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

1999-2001 Biennium			2001-2003 Biennium			2003-2005 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2. **Narrative:** *Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.*

The establishment of a Data Center requires an administrator plus technical support for data collection and analysis.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*
   A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

non-revenue producing

   B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

Administrator - .5 FTE

Technical Support - 1 FTE

10 Board member per diem plus expenses

   C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and*

appropriations.

$140,000 - This would be a new appropriation.

Name:	Constance B Kalanek	**Agency:**	ND Board of Nursing
Phone Number:	328-9781	**Date Prepared:**	01/26/2001

Adopted by the Human Services Committee
February 7, 2001

VR
2/7/01

HOUSE AMENDMENTS TO HB 1360 HOUSE HS 2-8-01

Page 1, line 1, replace "provide for a North Dakota center for" with "create and enact a new section to chapter 43-12.1 of the North Dakota Century Code, relating to a study of" and after "nursing" insert "needs"

Page 1, line 4, replace "**North Dakota center for nursing**" with "**Nursing needs study**" and replace "North Dakota center for nursing" with "board may"

Page 1, line 5, remove "shall"

Page 1, line 6, replace "primary goals for the center are to" with "board"

Page 1, line 7, replace "Develop" with "May develop"

Page 1, line 11, replace "Convene" with "May convene"

Page 1, line 13, replace "center" with "board"

Page 1, line 17, replace "Enhance and promote recognition, reward, and renewal activities for nurses by" with "May review and study the nursing educational requirements in this state.

4. May study the nursing shortage in this state and the implications for rural communities.

5. May increase any license or registration fees imposed by the board up to fifteen dollars to reimburse the board for actual expenses incurred under this section.

6. Shall report annually on the progress of the study, if undertaken, to the legislative council and shall provide a final report to the sixtieth legislative assembly."

Page 1, remove lines 18 through 24

HOUSE AMENDMENTS TO HB 1360 HOUSE HS 2-8-01

Page 2, remove lines 1 through 30

Renumber accordingly

Date: 2-7-01
Roll Call Vote #: 1

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1360

House Human Services Committee

☐ Subcommittee on _____
or
☐ Conference Committee

Legislative Council Amendment Number _____

Action Taken Move Amendments

Motion Made By Rep. Weisz Seconded By Rep. Klein

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price - Chairman	✓		Audrey Cleary	✓	
William Devlin - V. Chairman	✓		Ralph Metcalf	✓	
Mark Dosch	✓		Carol Niemeier	✓	
Pat Galvin	✓		Sally Sandvig	✓	
Frank Klein	✓				
Chet Pollert	✓				
Todd Porter	✓				
Wayne Tieman	✓				
Dave Weiler	✓				
Robin Weisz	✓				

Total (Yes) 14 No 0

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 2-7-01
Roll Call Vote #: 2

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1360

House Human Services Committee

☐ Subcommittee on

or

☐ Conference Committee

Legislative Council Amendment Number

Action Taken DO PASS as amended

Motion Made By Rep. Cleary Seconded By Rep. Metcalf

Representatives	Yes	No	Representatives	Yes	No
Rep. Clara Sue Price, Chairman	✓		Rep. Audrey Cleary	✓	
Rep. William Devlin, V, Chairman	✓		Rep. Ralph Metcalf	✓	
Rep. Mark Dosch	✓		Rep. Carol Niemeier	✓	
Rep. Pat Galvin	✓		Rep. Sally Sandvig	✓	
Rep. Frank Klein	✓				
Rep. Chet Pollert	✓				
Rep. Todd Porter	✓				
Rep. Wayne Tieman	✓				
Rep. Dave Weiler	✓				
Rep. Robin Weisz	✓				

Total (Yes) 14 No 0

Absent

Floor Assignment Rep. Weisz

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1360: Human Services Committee (Rep. Price, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1360 was placed on the Sixth order on the calendar.

Page 1, line 1, replace "provide for a North Dakota center for" with "create and enact a new section to chapter 43-12.1 of the North Dakota Century Code, relating to a study of" and after "nursing" insert "needs"

Page 1, line 4, replace "**North Dakota center for nursing**" with "**Nursing needs study**" and replace "North Dakota center for nursing" with "board may"

Page 1, line 5, remove "shall"

Page 1, line 6, replace "primary goals for the center are to" with "board"

Page 1, line 7, replace "Develop" with "May develop"

Page 1, line 11, replace "Convene" with "May convene"

Page 1, line 13, replace "center" with "board"

Page 1, line 17, replace "Enhance and promote recognition, reward, and renewal activities for nurses by" with "May review and study the nursing educational requirements in this state.

4. May study the nursing shortage in this state and the implications for rural communities.

5. May increase any license or registration fees imposed by the board up to fifteen dollars to reimburse the board for actual expenses incurred under this section.

6. Shall report annually on the progress of the study, if undertaken, to the legislative council and shall provide a final report to the sixtieth legislative assembly."

Page 1, remove lines 18 through 24

Page 2, remove lines 1 through 30

Renumber accordingly

2001 SENATE HUMAN SERVICES

HB 1360

2001 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1360

Senate Human Services Committee

❑ Conference Committee

Hearing Date February 20, 2001

Tape Number		Side A	Side B	Meter #
	1		B	39.7
	2	X		
February 21, 2001	1	X		34.3
March 7, 2001	3	X		
Committee Clerk Signature		Carol Kolodejchuk		

Minutes:

The hearing on HB 1360 was opened.

REPRESENTATIVE ROXANNE JENSEN, sponsor, introduced the bill and supports it. This bill is introduced as a result of concerns over a predicted nursing shortage. It is a study to develop strategies, and make recommendations on how best to make an adequate nurse work force in ND.

REPRESENTATIVE GULLESON, cosponsor, supports bill as study now. We need background on how much training is needed and where the shortages in rural areas are, as well as hospitals and clinics. SENATOR MATHERN: cosponsor, supports bill. The press reported that in a debate on the floor the other day, I had said there was no shortage of nurses. I want to clarify to the committee that I believe there is not enough nursing services available to all our citizens. My concern was more that to solve the shortage was not a matter of the credential at that time that we were talking about. I believe there is a shortage and this bill would help us get the facts and have

some data available to us to make sure we have just as many nurses as we need in Fargo or Wishek.

MARY SMITH, Ass't Professor of Nursing, Minot State University, supports bill (Written testimony) SENATOR KILZER: On page 2 of your testimony, how many did you survey? MS. SMITH: We sent the survey to 800 and 40% was the rate of return. SENATOR MATHERN: By taking out line 17 on page one, you have lost the purpose? MS. SMITH: You are correct.

CONSTANCE KALANEK, Executive Director of the ND Board of Nursing, supports bill with House amendments. (Written testimony) SENATOR MATHERN: noted that the salaries are not enough and now you are taxing yourself to study this concern. DR. KALANEK: Yes.

SENATOR LEE: Additional fee only for time of study would be by suggestion.

SENATOR FISCHER: Will the fees raise enough to complete the study? DR. KALANEK: Yes, the study will be consultative rather than employed. SENATOR POLOVITZ: Are you looking for grants? DR. KALANEK: That could be a consideration This bill was changed so extensively in the House that the Board has not had an opportunity to react to all the House amendments.

JAYEL SCHMAUTZ, nursing student, supports bill with written testimony.

No opposition.

The hearing was closed on HB 1360

February 21, 2001, Tape 1, Side A, Meter 34.3.

After discussion SENATOR MATHERN was appointed to work of amendments to the engrossed bill. The committee recessed.

March 7, 2001, Tape 3, Side A

The committee was called to order by Vice-Chairman KILZER.

Discussion was held on HB 1360. SENATOR MATHERN presented amendments regarding the nurses taxing themselves. It allows them to solicit grants from public or private sources for the purpose of implementing this section. It will help them to pay for this study. SENATOR MATHERN moved the amendments 10396.0201 SENATOR POLOVITZ seconded it. Roll call vote carried 5-0-1. The vote will be held open for SENATOR LEE to report her vote.

SENATOR FISCHER moved a DO PASS AS AMENDED. SENATOR ERBELE seconded the motion. Roll call vote carried 5-0-1 and is being held open for SENATOR LEE. SENATOR FISCHER will carry the bill.

10396.0201
Title.

Prepared by the Legislative Council staff for
Senator T. Mathern
March 6, 2001

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1360

Page 1, line 22, after the period insert "May apply for, solicit, accept, and expend any contribution, grant, or gift made available from public or private sources for the purpose of implementing this section.

7."

Renumber accordingly

Date: 3/2/01

Roll Call Vote #: 1

2001 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1360

Senate HUMAN SERVICES Committee

☐ Subcommittee on _____

or

☐ Conference Committee

Legislative Council Amendment Number _____

Action Taken 1039b.0201

Motion Made By Sen Mathern Seconded By Sen Polovitz

Senators	Yes	No	Senators	Yes	No
Senator Lee, Chairperson	✓		Senator Polovitz	✓	
Senator Kilzer, Vice-Chairperson	✓		Senator Mathern	✓	
Senator Erbele	✓				
Senator Fischer	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 3/7/01

Roll Call Vote #: 2.

2001 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1360

Senate HUMAN SERVICES Committee

☐ Subcommittee on _____

or

☐ Conference Committee

Legislative Council Amendment Number 10396.0201

Action Taken Do pass as amended ~~& rerefer~~

Motion Made By Sen Fischer Seconded By Sen Erbele

Senators	Yes	No	Senators	Yes	No
Senator Lee, Chairperson	✓		Senator Polovitz	✓	
Senator Kilzer, Vice-Chairperson	✓		Senator Mathern	✓	
Senator Erbele	✓				
Senator Fischer	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment Sen Fischer

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1360, as engrossed: Human Services Committee (Sen. Lee, Chairman) *recommends* **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1360 was placed on the Sixth order on the calendar.

Page 1, line 22, after the period insert "May apply for, solicit, accept, and expend any contribution, grant, or gift made available from public or private sources for the purpose of implementing this section.

7."

Renumber accordingly

2001 TESTIMONY

HB 1360

Testimony HB 1360
January 31, 2001

Good Morning Chairman Price and members of the House Human Services Committee. My name is **Mary Smith**. I am an **Assistant Professor of Nursing at Minot State University and President of the North Dakota Nurses Association.** I am **speaking on behalf of the Nurses Association** and I am here this morning to talk about HB 1360 and the need to develop a plan to ensure an adequate supply of nurses in North Dakota.

As you are well aware, health care is big business in North Dakota. In 1998 nearly 12% of North Dakota's workforce was employed in the health sector. North Dakota ranks second in the country in per-capital health services employment. Between 1988 and 1998 health services employment in the state grew 27% while the state's population declined by 3%. The resulting net per capita growth in health service sector employment in North Dakota was 31% which greatly exceeds the national growth rate of 23%. Within North Dakota's health service sector, the largest group of employees are licensed nurses and unlicensed assistive personnel who provide direct patient care under the supervision of licensed nurses.

According to the US Bureau of Labor Statistics employment for nurses will grow faster than the average for all occupations in the United States through the year 2008. The Federal Division of Nursing projects that beginning in approximately 2010, demand for nurses, registered nurses in particular, is expected to outstrip the nation's supply. Recent projections published in the Journal of American Medicine cited research that by 2020, the nation's supply of RNs will be 20% below expected requirements.

Factors contributing to a shortage of nurses include:

- An increasingly elderly population creating more demands on the nation's health care system
- Growing numbers of hospitalized elderly who are more acutely ill
- Technological advances in the practice of nursing requiring more highly skilled nurses than in the past. *Unlike past shortages, when employers hired RNs virtually regardless of their degree preparation, today's climbing demand for registered nurses requires not simply more RNs...but RNs of the right types and right*

educational and skill mix to handle the more complex demands of today's patient care.

- Aging of the nursing workforce as well as the faculty members preparing the workforce. *The Journal of American Medicine cited in June 2000 that within the next ten years 40% of the national RN workforce will be older than 50 years of age causing a serious shortage as this group begins to retire.*
- An inadequate supply of young people choosing a nursing career. *While North Dakota has not seen a significant decline in the number of nursing school enrollments, nationally enrollments in nursing programs are down 5%.*
- Growing concerns over stressful and or unsafe working conditions in understaffed hospitals and health care facilities.

HB 1360 seeks to identify and address issues surrounding the supply and demand for nurses in North Dakota. It calls for creation of a Center for Nursing to establish and maintain a database on both current and projected nursing workforce needs. It is modeled after a Nursing Center established by the Nebraska Legislature in 1999 to develop a plan to help alleviate the nursing shortage in that state. The center would have a board with 8 members appointed by the Governor and representing various segments of the health care industry. Included on the board would be nurse leaders representing the hospital industry, long term care, nursing education and nursing research. This board would work with a multi-disciplinary advisory council that would include other health care providers, business leaders, consumers, legislators and educators to review and comment on the nursing workforce data that would be collected and analyzed by the center. The advisory council would also recommend changes and strategies to maintain adequate numbers of nurses in the state. The nursing center board would work with the advisory council to develop strategies for implementation of the recommendations and evaluate and report their findings to the public and the legislature.

There is a great deal of discussion about a nursing shortage in North Dakota. I know the Minot Daily News ran a story this past fall about shortages in the Minot area. Several weeks ago the Bismarck Tribune headlined with a story about the nursing shortage in Bismarck citing 14 open nursing positions at a local hospital. We believe this points to the need for information about the nurse workforce on a statewide basis. Currently, local

providers with open nursing positions are driving the discussion of a nursing shortage in the state. Certainly if a facility is limiting admissions because they don't have enough nurses, they are experiencing a shortage. But when a local health care facility declares it has a nursing shortage, have they looked at the actual number of available licensed nurses in their service area? Or, are they declaring a shortage exists because local nurses are choosing to drive to other hospitals where wages are higher, benefit packages are more lucrative or working conditions more favorable?

Currently all evidence points to pockets of nursing shortages and a maldistribution of nurses between urban and rural areas in North Dakota. National data (Health Resources and Service Administration) does not indicate that North Dakota is currently experiencing a general statewide shortage of nurses. Quite to the contrary, this data indicates that North Dakota has the third highest number of registered nurses per 100,000 population and the second highest number of licensed practical nurses per capita in the United States. North Dakota has 1069 registered nurses per 100,000 population. Compare this to California with 566 or the national average of 798. (Source: Division for Nursing; Bureau of the Census)

A perception of a severe nursing shortage driven by individual institutions reporting open nursing positions has the potential to lead to hasty and unwise decisions that are not in the long term interests of maintaining an adequate supply of nurses. A center for nursing would allow for a statewide perspective on this critical issue. It would bring nurse leaders from across the state together to look for workable solutions. The multi-disciplinary advisory council would lend the voices of education, business, legislators, other providers and consumers in seeking solutions to this complex issue.

HB 1360 has a small appropriation attached. This would cover the costs of the center's board (per-diem and mileage) and a contractual arrangement with the North Dakota Board of Nursing for administrative staff support. When deliberating this bill and the appropriation, I ask you to remember the serious nature of a prediction of an increasingly severe national nursing shortage, the significance of the health services sector in North Dakota's economy and that nurses comprise the largest group of employees within the state's health services sector and most significantly the critical role that nurses play in caring for the health needs of North Dakota citizens.

AMENDMENT TO HB 1360

Page 1, line 23

a. Five members, at least three of whom must be registered nurses and at least one of whom must be a licensed practical nurse, one of whom is recommended by the North Dakota board of nursing, one of whom must be a representative of the hospital industry, and one of whom must be a representative of the long-term care industry.

NORTH DAKOTA BOARD OF NURSING

919 S 7th St., Suite 504, Bismarck, ND 58504-5881

Web Site Address: http://www.ndbon.org
Telephone # (701) 328-9777
Nurse Advocacy # (701) 328-9783
Fax # (701) 328-9785

HUMAN SERVICES COMMITTEE

TESTIMONY RELATED TO HB 1360

Chairperson Price and members of the Human Services Committee, my name is Constance Kalanek, Executive Director of the North Dakota Board of Nursing.

On behalf of the board, I wish to offer testimony in support of HB 1360 relating to a North Dakota center for nursing. The focus of my testimony is on the intent of the bill.

The North Dakota Board of Nursing believes the Data Center for nursing is a proactive approach to project future needs in the workforce. This bill will provide resources to assist the major interested parties to develop innovative and creative methods to solve the nursing workforce issues that face North Dakota in the 21st century.

North Dakota nurses have a strong history of working collaboratively to solve problems related to nursing education and practice. The development of a Data Center could create unique partnerships and collaboration among nursing organizations and other health care groups in North Dakota.

The North Dakota Board of Nursing believes that same enthusiasm, energy, and commitment will be used to solve the future workforce issues. The board will provide aggregate information as requested from the project researchers from the board's licensure database. The database can delineate the licensed nurses by number of hours employed, gender, ethnicity, educational levels, employment settings, major practice areas, and type of nursing position.

This Data Center is exciting because it will bring nursing education and practice together to identify the future health care needs of our citizens. The major outcome of the center is to help the existing and future workforce by recommending changes to adjust to the future health care needs.

CONCLUSION

Thank you for giving me the opportunity to provide testimony on behalf of the North Dakota Board of Nursing. The Board appreciates your willingness to consider a proactive approach to identification of workforce issues in North Dakota and your support for HB 1360. The board would also like to suggest the committee consider expansion of the Data Center to include all health care professions.

I am now open for questions.

To: Representative Price, Chair
Representative Porter

From: Constance B. Kalanek Ph.D., RN

Date: February 8, 2001

RE: HB 1360

Thank you for making the amendments to HB 1360. Certainly, if the North Dakota Board of Nursing had been given the opportunity to provide input on this bill, similar language would have been suggested to North Dakota Nurses Association.

The board request consideration on the additional amendments:

1. **Delete the current number 3.**
   The rationale for this amendment:
   Recognition awards for exemplary practice is the responsibility of the North Dakota Nurses Association and employers and is not within the mission of the Board.
2. **Divide the proposed number 4 into two parts.**
   For example,
   Review and study the nursing educational requirements in North Dakota.
   Study the nursing shortage in North Dakota and the implications for rural communities.
3. **Proposed amendment to Section number 2:**
   Suggest change: The North Dakota Board of Nursing may increase the license fee up to <u>fifteen dollars</u> biennially to reimburse actual expenses.

4. **Suggest adding an accountability section:**

   For example: The North Dakota Board of Nursing will report on the progress of the study to the Interim Budget Committee on Health Care and will provide a final report to the 2007 Legislative Assembly.

Thank you for consideration of these proposed amendments.

January 29, 2001

Jessie Lapp
505 West Indiana Ave. #1
Bismarck, ND 58504
701-223-0920

33119 117th Street
Eureka, SD 57437
605-284-2081

Chairperson Price and members of the House Human Services Committee:

Our names are Staci Strand, Jessie Lapp, Heather Nelson, Rachel Peterson, and Jenna Doll. We are Junior Nursing students at the University of Mary. We strongly urge a DO PASS ON HOUSE BILL 1360.

We are coming to you today out of concern for our futures and for the future of all other nursing students'. We understand that this is not a nursing shortage issue as much as it is a nursing maldistribution issue. However, in the near future it could become a shortage issue and a major concern for nurses and patients as well.

We understand that the Nursing Center Bill goal is to alleviate a potential Nursing shortage in North Dakota by establishing and maintaining a database on nursing supply and demand in North Dakota and in the future.

As soon-to-be graduates, we are concerned that our futures will take us away from our state and our families. This is due to other states offering increased salaries, increased benefit packages, and schedules that are more flexible. Our Bachelor's Degree in Nursing makes us a prime target for out-of-state facilities to recruit us.

The Nursing Center Bill will bring awareness to the state as to the real reason why we will have a nursing shortage in North Dakota some day. It is important for anyone affected by the Nursing shortage to understand the primary cause of the problem and how it will affect the quality of care given to our patients.

Patient's quality of care should be the main priority of every health care facility. This bill will provide information regarding adequate staffing in order to provide the best quality of care to our patients. Adequate staffing will not only provide quality care to our patients, but safety to our patients as well as to us.

We want to thank you for your time and again strongly urge a DO PASS ON HOUSE BILL 1360.

Respectfully submitted,

Staci Strand, Rachel Peterson, Heather Nelson, Jessie Lapp, Jenna Doll

Staci Strand, Rachel Peterson, Heather Nelson, Jessie Lapp, and Jenna Doll

TESTIMONY HB 1360

MARY SMITH, PRESIDENT
NORTH DAKOTA NURSES ASSOCIATION

February 20, 2001

Good morning Chairman Lee and members of the Senate Human Services Committee. My name is Mary Smith. I am an Assistant Professor of Nursing at Minot State University and President of the North Dakota Nurses Association. I am speaking on behalf of the Nurses Association and I am here this morning to testify in support of HB 1360 and the need to develop a plan to ensure an adequate supply of nurses in North Dakota.

As members of the Senate Human Services Committee you are well aware that health care is big business in North Dakota. In 1998 nearly 12% of North Dakota's workforce was employed in the health sector. North Dakota ranks second in the country in per-capita health services employment. Between 1988 and 1998 health services employment in the state grew 27% while the state's population declined by 3%. The resulting net per capita growth rate in health service sector employment in North Dakota was 31% which greatly exceeded the national growth rate of 23%. Within North Dakota's health sector, the largest group of employees are licensed nurses and unlicensed assistive personnel who provide direct patient care under the supervision of licensed nurses.

According to the U.S Bureau of Labor Statistics employment for nurses will grow faster than the average for all occupations in the United States through the year 2008. The Federal Division of Nursing projects that beginning in approximately 2010, demand for registered nurses is expected to outstrip the nation's supply. Recent projections published in the Journal of the American Medical Association cited research that by 2020 that nation's supply of RNs will be 20% below expected requirements.

Factors contributing to a shortage of nurses include:

- An increasingly elderly population creating more demands on the nation's health care system.
- Growing numbers of hospitalized elderly who are more acutely ill.
- Technological advances in the practice of nursing requiring more highly skilled nurses than in the past. Unlike past shortages, when employers hired RNs virtually

regardless of their degree preparation, today's climbing demand for registered nurses requires not simply more RNs.... but RNs of the right types and right educational and skill mix to handle the more complex demands of today's patient care.

- Aging of the nursing workforce as well as the faculty members preparing the workforce. The Journal of the American Medical Association cited in June 2000 that within the next ten years 40% the national RN workforce will be older than 50 years of age causing a serious shortage as this group begins to retire.
- An inadequate supply of young people choosing a nursing career. While North Dakota has not seen a significant decline in the number of nursing school enrollments, nationally enrollments in nursing programs are down 10%.

Growing concerns over stressful and or unsafe working conditions in understaffed hospitals and health care facilities is also a significant factor in a shortage of nurses. Available data indicates that approximately 52% of the licensed registered nurses in North Dakota are employed on a full time basis. The majority of the remaining 48% are employed between 600-1000 hours a year. This means that nearly half of the licensed RNs in North Dakota are choosing, for whatever reason, less than full time employment. In December (2000) the North Dakota Nurses Association conducted a survey of registered nurses employed in staff nurse positions (those who provide direct patient care), in hospitals and long term care facilities, regarding their perceptions of working conditions and the quality and safety of patient care. The responses were sobering and may, at least in part, explain why some nurses are choosing less than full time employment. Fifty-four percent of respondents indicated that staffing within their facility was inadequate both in numbers and skill levels of personnel. Eighty-three percent indicated they are "skipping meals and breaks to care for patients". Eighty-five percent reported working voluntary or involuntary overtime hours. Forty-one percent indicated they felt powerless to affect changes within their workplace and thirty-five percent reported leaving work "discouraged and saddened" by what they could not provide for their patients.

HB 1360 seeks to identify and address issues surrounding both the current and projected supply and demand for nurses in North Dakota, including issues of education, recruitment, retention and utilization of the state's nursing workforce. The Board of

Nursing would have the opportunity to establish a statewide data base on current and projected numbers of nurses, to develop a strategic plan to help alleviate a nursing shortage in the state and to convene a multi-disciplinary advisory group to make recommendations and develop strategies to maintain adequate number of nurses.

I know that you have heard a great deal of discussion in the past weeks about nursing shortages. The first week of the legislative session the Bismarck Tribune headlined a story about the nursing shortage in Bismarck citing 14 open nursing positions at a local hospital. We believe this points to the need for information about the nurse workforce to be studied on a statewide basis. Currently local providers with open nursing positions are driving the discussion of a nursing shortage in the state. Certainly if a facility is limiting admissions because they don't have enough nurses, they are experiencing a shortage. But when a local health care facility declares it has a nursing shortage, have they looked at the actual number of available licensed nurses in their service area? Or are they declaring a shortage exists because local nurses are choosing to drive to other hospitals where wages are higher, benefit packages are more lucrative or working conditions more favorable? The perception of a severe nursing shortage driven by individual institutions reporting open nursing positions has the potential to lead to hasty and unwise decisions that are not in the long term interests of maintaining an adequate supply of nurses. HB 1360 would bring a statewide perspective to this critical issue. It would allow leaders in the nursing community to look for workable solutions and the multi-disciplinary advisory group would lend the voices of education, business, legislators, other providers and consumers in seeking solutions to this complex issue.

When deliberating this bill, I ask you to remember the serious nature of the prediction of a national nursing shortage, the significance of the health service sector in North Dakota's economy and most importantly , the critical role that licensed nurses play in caring for the health care needs of North Dakota citizens.

I ask for the Committee's support of HB 1360.

NORTH DAKOTA BOARD OF NURSING

919 S 7th St., Suite 504, Bismarck, ND 58504-5881

Web Site Address: http://www.ndbon.org
Telephone # (701) 328-9777
Nurse Advocacy # (701) 328-9783
Fax # (701) 328-9785

HUMAN SERVICES COMMITTEE

TESTIMONY RELATED TO HB 1360

Chairperson Lee and members of the Human Services Committee, my name is Constance Kalanek, Executive Director of the North Dakota Board of Nursing.

On behalf of the board, I wish to offer testimony in support of HB 1360 relating to a study of nursing needs.

The North Dakota Board of Nursing believes this bill is a proactive approach to project future needs in the workforce and study the educational requirements in the state. This bill will provide resources to assist the major interested parties to develop innovative and creative methods to solve the nursing workforce issues that face North Dakota in the 21st century.

North Dakota nurses have a strong history of working collaboratively to solve problems related to nursing education and practice. The development of research projects and round table discussions could create unique partnerships and collaboration among nursing organizations, health care providers, business, education and consumers in North Dakota.

The North Dakota Board of Nursing believes that same collaboration and commitment will be used to solve the future workforce issues. The board will provide aggregate information as requested by the project researchers from the board's licensure database. The board envisions the coordination of this study with other proposed and current projects or studies. It expects the major outcome will be to assist the existing and future workforce by recommending changes to adjust to the future health care needs.

This possibility of beginning to research and discuss the nursing shortage as well as the ever controversial education requirements in place in ND is exciting because it will bring all interested groups to the table to identify the future health care needs of our citizens.

CONCLUSION

Thank you for giving me the opportunity to provide testimony on behalf of the North Dakota Board of Nursing. The Board appreciates your willingness to consider a proactive approach to identification of workforce issues in North Dakota and your support for HB 1360.

I am now open for questions.

February 20, 2001

Jayel Schmautz
N152, 7500 University Drive
Bismarck, ND 58504
(701) 255-5621

TESTIMONY FOR SENATE HUMAN SERVICES COMMITTEE FOR HOUSE BILL 1360. A BILL FOR AN ACT TO PROVIDE FOR A NORTH DAKOTA CENTER FOR NURSING: AND TO PROVIDE AN EXPIRATION DATE.

Madame Chair and members of the Human Services Committee:

My name is Jayel Schmautz and I am a junior nursing student at the University of Mary. I am speaking on behalf of four other nursing students and myself. We strongly recommend a do pass on House Bill 1360.

Currently, North Dakota is not believed to be experiencing a nursing shortage, but rather a maldistribution of nurses. We believe this bill may help prevent a potential nursing shortage in the future. It may also assist nursing graduates to view where the potential areas of need for nurses in North Dakota exist.

This bill allows members of a selected interdisciplinary group of professionals to collaborate, identify, and strategize to correct problems facing nursing in North Dakota in the future. Thus, both consumers and suppliers of health care in North Dakota will benefit.

Because of North Dakota's excellent nursing educational requirements, other states are heavily recruiting our graduates. This bill will help determine the number of North Dakota graduates that are leaving our state.

I am planning to graduate from the University of Mary with a Bachelor's degree in nursing next year. I am not able to tell you if I plan to stay in North Dakota when I

graduate. However, some of the factors that I may consider when making my choice are competitive salaries, benefits, sign on bonuses, and loan forgiveness. I do think that the North Dakota Nursing Center is an important first step towards keeping graduates in the state of North Dakota. Therefore, we strongly urge a do pass on House Bill 1360.