

MICROFILM DIVIDER

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



ROLL NUMBER

DESCRIPTION

2241

2001 SENATE HUMAN SERVICES

SB 2241

2001 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2241

Senate Human Services Committee

Conference Committee

Hearing Date January 22, 2001

Tape Number	Side A	Side B	Meter #
1	X	X	
January 29, 2001 3	X		2.6
January 30, 2001 2		X	4.7
Committee Clerk Signature <i>Russ Kolodziejchuk</i>			

Minutes:

The Senate Human Services Committee was called to order by Senator Lee and the hearing was opened on SB 2241.

SENATOR SOLBERG introduced the bill and supports it. It is time to be more flexible by reducing education requirements. We are not diminishing requirements for RN just putting it where it is needed. SENATOR MATHERN: If 2114 passes are you still in favor of this bill?

SENATOR SOLBERG: Yes.

SENATOR BOWMAN supports this bill. This is about nurses coming to ND to practice.

Continuing ed is far more beneficial than another year in college. We need to make some kind of adjustment. SENATOR LEE: Do you support continuing ed in 2114? SENATOR BOWMAN:

Yes.

SENATOR TALLACKSON supports bill. This came from LTC Homes and hospitals. There is a nursing problem. Minnesota nurses couldn't work in ND. I support continuing ed. This is an economic development bill.

REPRESENTATIVE FROSETH supports bill. (Written testimony) SENATOR MATHERN: Why did you introduce this bill to change 4 years to 3 years when there are nurse openings for LPN. REP. FROSETH: This bill changes both RN and LPN requirements.

JERRY JUREMA, Heart of America Medical Center, Rugby, supports bill (Written testimony).

SENATOR MATHERN: Do you see the need for this provisions in terms of LPN's? MR.

JUREMA: Yes, I do. I have, with this program, put 11 people in the program and I will be waiting 3 years before they are ready to come in. SENATOR MATHERN: I compliment you

for putting that program together for LPN's; are you thinking about that sort of thing for RN's?

MR. JUREMA: No, there is a possibility, but just for the LPN program the cost was \$60,000 and the financial costs are great. SENATOR KILZER: Is your organization an HMO? Yes.

How does your pay scale compare with neighboring and adjoining institutions? MR. JUREMA: From a survey across the state and a study of large hospitals and we compare within 2-3% of the

larger hospitals. SENATOR KILZER: Do you feel that the HMO form that you use has any effect on the crisis? MR. JUREMA: No, the HMO doesn't really affect staffing at the hospital.

SENATOR ERBELE: Do you have an increased pay scale for the LPN, the ASSOC. Or the

Baccalaureate. MR. JUREMA: We have written job descriptions for each level and created a pay scale. RN has 5 levels of pay scale; there is a difference between hospital and nursing home.

We outlines the duties and asked, 'Can you perform them?'. SENATOR POLOVITZ: How are

you adjusting to the crisis? MR. JUREMA: We have diversified - Apartments, Basic Care,

Long Term Care, Wellness Program. My nursing home is loosing about \$400,000 a year because

I cannot put enough people into it. My hospital and other programs make money. The offset of that is a deficit of \$100,000 per year and that comes out of my depreciation and that means in the future I will not be able to afford new equipment or replace something. I'm shorting my future my employees for the future to have the equipment to work with. This bill provides more opportunity to hire. It will open the door to solving some of my problems.

KIMBER WRAALSTAD, President and CEO of Presentation Medical Center in Rolette County, supports bill. (Written Testimony)

KANDACE ALBAUGH, CNA in local nursing home, supports bill. (Written testimony)

SHEILA WEILER, RN at Medcenter One, supports bill. (Written testimony) SENATOR

MATHERN: Are salaries adequate? MS. WEILER: It may be an issue with some, but I did not become a nurse to become rich. This is a choice by individuals.

NANCY GRIFFIN, Rolette, supports bill. One year LPN - have young family, long way to go back to school, expense would be difficult for me.

AMELDA GRANT, Rolette, LPN one year 1991 obtained BRN at Grand Forks. Nursing is hands on profession. You become a good nurse - Does not take a 4 year degree to make you a nurse.

SHERYL ONGSTAD supports bill.

Opposition:

DR. ELIZABETH NICHOLS, Dean of the College of Nursing at UND, opposes the bill.

(Written testimony) SENATOR MATHERN: How many graduates do you have? DR.

NICHOLS: About 90 per year. SENATOR MATHERN: If we doubled that, what would

happen to salaries in ND. DR. NICHOLS: They wouldn't go up due to competition. There

would be less pressure to raise salaries. There are 140 applicants for 88 positions. We fill our

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Senate Human Services Committee

Bill/Resolution Number SB 2241

Hearing Date January 22, 2001

classes every year. SENATOR KILZER: What programs do the Reservations have with their community colleges. Are those graduates LPN's? DR. NICHOLS: Fort Berthold and United Tribes have two year and we do work with them. Fort Totten doesn't have a program but they have courses for pre-nursing.

CONSTANCE KALANEK, Executive Director of the ND Board of Nursing, opposes the bill.

(Written Testimony) SENATOR KILZER: CEU's are expensive. Can you earn your CEU?

MS. KALANEK: There are a number of mechanisms to continuing education. Self-study programs, academic credit is more expensive, workshops. There are various ways to do that.

SENATOR KILZER: Are workers able to earn CEU's by going to a noon conference at their facility or anything like that? MS. KALANEK: If program is approved the Medical Asso. Or

another credited agency. SENATOR ERBELE: How are 2114 and 2241 affected? DR.

KALANEK: I would hope the two bills are not impacted.

MARY J. SMITH, RN, MS opposes bill. (Written testimony)

RANDA OLSON opposes bill as a junior nursing student. Keep our nursing grads here. We are confident when the understanding is evident they will stay.

Neutral position:

MIKE HILLMAN, University system, Vice Chair of Academic Affairs, will not be taking a position on bill. The Chancellor concluded that it is the systems responsibility to implement nursing programs that meet the requirements defined by the legislative assembly and the State Board of Nursing, not to determine what those requirements should be.

The hearing was closed on SB 2241..

January 29, 2001, Tape 3, Side A, Meter 2.8

DR. TED KLEIMEN, Dr. Of the Day from Fargo, issued concernsa with nurse supply.

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Senate Human Services Committee
Bill/Resolution Number SB 2241
Hearing Date ~~January 22, 2001~~

1-29-01

Discussion ensued. The committee was adjourned.

January 30, 2001, Tape 2, Side B, Meter 4.3

Discussion resumed. SENATOR MATHERN moved amendments. Remove the overstrike on baccalaureate or an assoc. SENATOR KILZER seconded the motion. Roll call vote carried 6-0. SENATOR KILZER moved a DO NOT PASS. SENATOR FISCHER seconded it. Roll call vote carried 5-1. SENATOR MATHERN will carry the bill.

FISCAL NOTE
 Requested by Legislative Council
 02/06/2001

REVISION

Bill/Resolution No.: SB 2241

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				\$0		\$0
Expenditures				\$57,625		
Appropriations				\$0		

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 proposed definitions for LPN and RN would increase the state's administrative costs for higher education associated with creating new educational programs, transitioning the present two levels of entry to the proposed levels in this bill, recruiting faculty, seeking appropriate accreditation and the costs of having lower enrollment until the programs are accredited.

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.*

None

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.*

For the Board of Nursing, this bill would require a total reconstruction of administrative

rules for educational programs, a committee to develop the rules, and a .5 FTE staff position to visit the revised programs. Meeting expenses for board and committee members approximate \$14,265.00. Cost of rule promulgation - \$3500.00. Cost of Masters prepared staff position - \$20,000.00, Cost of Site visits for program approval (\$1500.00 per program) - \$19,500.00.

A major fiscal impact of this bill would be to the University System for restructure or closure of the current nursing programs.

The University System has submitted the following statement: "SB2241 may negatively impact enrollment in the baccalaureate nursing programs at UND, DSU, and NDSU. The extent of this impact on the enrollment is difficult to predict, but if substantial, it could jeopardize the enrollments to the extent that the programs are not longer viable."

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.

The board of nursing does not receive state funding. Revenues are obtained from licensure fees.

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

FISCAL NOTE
 Requested by Legislative Council
 02/01/2001

Bill/Resolution No.: SB 2241

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				\$0		\$0
Expenditures				\$57,625		
Appropriations				\$0		

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 proposed definitions for LPN and RN would increase the state's administrative costs for higher education associated with creating new educational programs, transitioning the present two levels of entry to the proposed levels in this bill, recruiting faculty, seeking appropriate accreditation and the costs of having lower enrollment until the programs are accredited.

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.*

None

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.*

For the Board of Nursing, this bill would require a total reconstruction of administrative rules for educational programs, a committee to develop the rules, and a .5 FTE staff position to visit the revised programs. Meeting expenses for board and committee members approximate \$14,265.00. Cost of rule promulgation - \$3500.00. Cost of Masters prepared staff position - \$20,000.00, Cost of Site visits for program approval (\$1500.00 per program) - \$19,500.00.

A major fiscal impact of this bill would be to the University System for restructure or closure of the current nursing programs. Have requested but have not yet received this information from the University System.

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.*

The board of nursing does not receive state funding. Revenues are obtained from licensure fees.

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

Date:

Roll Call Vote #:

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

Senate HUMAN SERVICES Committee

Subcommittee on _____

or

Conference Committee

Legislative Council Amendment Number _____

Action Taken Amendment

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:

Roll Call Vote #: 2

Date: 1/30/01

2001 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2241

Senate HUMAN SERVICES Committee

Subcommittee on _____
or
 Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Not Pass

Motion Made By Sen Kilzer Seconded By Sen Fischer

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

Total (Yes) 5 No 1

Absent 0

Floor Assignment Sen Mathern

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

REPORT OF STANDING COMMITTEE (410)
February 2, 2001 12:12 p.m.

Module No: SR-19-2216
Carrier: T. Mathern
Insert LC: 10429.0101 Title: .0200

REPORT OF STANDING COMMITTEE

SB 2241: Human Services Committee (Sen. Lee, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends **DO NOT PASS** (5 YEAS, 1 NAY, 0 ABSENT AND NOT VOTING). SB 2241 was placed on the Sixth order on the calendar.

Page 2, line 17, remove the overstrike over "~~a-baccalaureate~~" and insert immediately thereafter "or"

Renumber accordingly

2001 TESTIMONY

SB 2241

Testimony on SB ²²⁴¹~~1245~~

By Rep. Glen Froseth

Mrs. Chairman

~~Mr. Chairman~~ and members of the committee, I'm Rep. Glen Froseth from District 6, representing Bottineau, Renville and a portion of Ward Counties.

I appear before you today in support of SB 2241 and ask for your favorable recommendation.

First, let me commend the excellent profession of nursing in North Dakota. As a co-sponsor of this bill, I am not in any way, implying that we do not have the finest nursing professionals in the nation.

I am a co-sponsor because I believe the shortage of nurses in North Dakota has reached the critical stage . . . especially in rural North Dakota. Many of our nursing care facilities are being forced to leave beds empty because they cannot find nurses to adequately staff their facilities. Not a day goes by that we cannot pick up any newspaper in the state and see ad after ad in the help wanted columns for nurses of all degrees.

Daily news media across the state, carry story after story about the shortage of nurses. Just recently, Jan. 11th in fact, the Bismarck Tribune carried a headline story crying "Nursing shortage is getting worse". The story not only told of the circumstances in North Dakota, but across the nation, as a whole. The story noted that 40 percent of nursing homes have stopped admitting new residents due to shortage of nurses and certified assistants. The story expounds that "the shortage will only get worse" unless something is done soon.

The October 15th edition of the Minot Daily News carried a comprehensive story on the nursing profession, and a statement from the long-term care association noted that "we are spending so much time recruiting, it's hard to deliver care, so it really is at a crisis point right now"

The Minot Daily story noted in a survey of 59 nursing homes taken in August of 2000, openings include 405 certified nursing assistants, 59 licensed practical nurses, 44 registered nurses, 93 dietary, 31 housekeeping, 11 laundry, 27 activity personnel. The survey also noted if all nursing homes had been surveyed the total number of shortages would be about 1,000 personnel.

Other statistics brought forth were that half the RNs in the nation will reach retirement age in the next 15 years; U.S. nursing school enrollment has dropped by 20%; more than 1.7 million nurses will be needed in the U.S. by 2020, but only 635,000 will be available based on current trends; jobs for RNs will grow by 23% by the year 2006.

These are just a few of the reasons I support SB 2241 and feel we cannot wait another 2-years to face a worsening situation. We must assure that the residents of this great state will have the medical attention they need. We need to do something Now!

I ask for your favorable consideration to SB 2241.

Thank You.

*Supports
Abstract 2114*



Josette Hayes
<JosetteHayes@merit
care.com>

To: "ksolberg@state.nd.us" <ksolberg@state.nd.us>
cc:
Subject: SB 2241 and SB 2114

01/19/2001 03:49 PM

I am an RN (associate degree) employed at Meritcare hospital in Fargo who is strongly in support of the 2 proposed bills, SB 2114 and 2241. We at Meritcare are currently facing a nursing shortage as well and as you know we are the largest hospital in this area. Myself and 6 other associate degree RN's, Sandy Stetz RN, Ruth Lofgren RN, Pam Marchand RN, Bernie Storey RN, Ken Lassouire RN and Rose Rodacker RN would love to be in Bismarck on Monday but are unable due to our work schedules. Please add us to the list as big supporters on this issue. Many of us are considering other options outside of ND if forced to complete our bachelor degree for a multitude of reasons, ranging from financial to family related. We will all be anxiously awaiting the outcome of these proposed bills. Thanks for your support!!

Sincerely,
Josette Hayes RN

National Organization for Associate Degree Nursing

ABOUT ASSOCIATE DEGREE NURSING

Position Statement in Support of Associate Degree as Preparation for the Entry-level Registered Nurse

Associate degree nursing (ADN) education provides a dynamic pathway for entry into registered nurse (RN) practice. It offers accessible, affordable, quality instruction to a diverse population. Initiated as a research project in response to societal needs, ADN education is continually evolving to reflect local community needs and current health care trends. ADN graduates are prepared to function in multiple health care settings, including community practice sites.

Graduates of ADN programs possess a core of nursing knowledge common to all nursing education routes. They have continuously demonstrated their competency for safe practice through National Council Licensure Examination for Registered Nurses (NCLEX-RN) pass rates. These nurses provide a stable workforce within the community. The majority of ADN graduates are adult learners who are already established as an integral part of the community in which they live. They exhibit a commitment to lifelong learning through continuing education offerings, certification credentialing, and continued formal education.

Nurses prepared at the ADN level are caring, competent, and committed health care providers who fill a vital need in local communities. Accordingly, the National Organization for Associate Degree Nursing supports ADN preparation as the entry level into registered nursing.

Background Facts

The development of ADN education had its inception in 1952 as the result of a research project conducted by Mildred Montag. The project sought to (1) alleviate a critical shortage of nurses by decreasing the length of the education process to two years and (2) provide a sound educational base for nursing instruction by placing the program in community/junior colleges. In 1958, the W.K. Kellogg Foundation funded the implementation of the project at seven pilot sites in four states (Haase, 1990).

The success of this radically new approach to educating registered nurses has been phenomenal. Supportive data:

1. The number of ADN programs has escalated from seven in 1958 to 868 in 1994 (National League for Nursing, 1996).
2. ADN education is cost effective and accessible to a diverse population.
 - most ADN programs are located in community/junior/technical colleges
 - annual resident tuition (American Association of Community Colleges, 1997):
 - \$1,820 for students in ADN programs in community colleges
 - \$2,930 for students in baccalaureate programs in public higher education institutions

Reasonable cost and proximity of ADN programs to the community enhances access for adult learners, males, married students, and minority populations.

3. ADN programs prepare the largest number of new graduates for RN licensure. In 1995, 58,749 (61%) nursing graduates out of a total of 97,052 were from ADN programs (National League for Nursing, 1996).
4. ADN programs have a high rate of success on the first attempt to pass the NCLEX-RN. National pass rates for the three types of nursing programs for 1996-97 are indicated below: (National Council of State Boards of Nursing, 1996-1997)

- ADN—88%.
 - Diploma—90%.
 - Baccalaureate—85%.
5. Of the 2.5 million RN population in 1996, over 66% are ADN graduates (NLN, 1996).
 6. According to a National League for Nursing (NLN) Report, 1994 ADN graduates functioned in a variety of settings with 22% working outside the hospital (NLN, 1996).
 7. ADN graduates possess the competencies needed by registered nurses. They function as providers of care, managers of care, and members within the discipline of nursing. Graduates of ADN programs demonstrate skills in critical thinking, communication, patient teaching, delegation, and computer usage. They provide quality nursing care in a cost effective, caring manner. ADN graduates are patient-focused in the delivery of care, collaborative in their working relationships, and accountable for their decisions and actions.
 8. ADN graduates are actively recruited by service providers. Employers hire ADN graduates because they are
 - confident,
 - knowledgeable,
 - skilled for RN positions.
 9. ADN programs are responsive to changing health care delivery systems. Examples of curricula changes to increase community focus:
 - The Community College-Nursing Home Partnership Project funded by W.K. Kellogg was initiated to enhance the preparation of ADN graduates for work with an increasing elderly population, as well as to manage and delegate to unlicensed personnel (Sherman, 1993).
 - NLN's Vision for Nursing Education (199) promoted inclusion of community learning experiences by all levels of nursing education. Associate degree educators rapidly identified the needs in their communities and offered learning experiences with individuals and families in community settings (Mueller, 1995).
 10. ADN graduates are lifelong learners. They continue to expand knowledge and skills through
 - continuing education offerings,
 - practice,
 - credentialing,
 - formal enrollment in degree programs.

Summary

ADN education was developed through careful research to relieve a shortage of registered nurses. As the only nursing education program based on research, it has been highly successful. ADN graduates now account for a majority of the RN workforce. Many of these individuals would never have been able to become registered nurses without the access afforded by the community college system. Registered nurses educated in ADN programs are sought-after employees who provide quality nursing care. In many rural areas, service agencies depend almost entirely on ADN graduates to staff their facilities. Registered nurses educated in ADN programs have proved their worth and capability as health care providers. To ensure that ADN graduates continue to function effectively, ADN curricula are continually evolving based on changing health care needs within local communities. ADN programs have excelled in meeting community health care needs in the past and are exceedingly capable of meeting those needs in the future.

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curricula to meet evolving healthcare delivery system needs. *Nurse Educator*, 20(6), 23-28.

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**NATIONAL ORGANIZATION for ASSOCIATE DEGREE
NURSING**

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American Association of Community Colleges

AACC Policy Statement

One Dupont Circle, NW, Suite 410, Washington DC 20036-1176

AACC Board Statement on Associate Degree Nursing

BACKGROUND STATEMENT

The Board of Directors of the American Association of Community Colleges believes that the Associate Degree in Nursing (ADN) provides the competencies required for educational preparation into the registered nursing profession. Among the nurses employed in 1997, over 60% graduated as Associate Degree Nurses (ADNs) from two year postsecondary community, technical or junior colleges.

A key feature that sets Associate Degree Nursing apart from other programs is the fact that Associate Degree nursing faculty can quickly incorporate the new, dynamic health care changes and reflect them in the nursing curriculum. Associate Degree Nursing programs remain on the forefront of nursing practice and successfully graduate large numbers of nurses to meet the healthcare needs of the public.

Historically, to address the variety of changes and challenges in health care delivery, ADN programs have responded by redesigning and updating their curriculum to accommodate current and future trends in nursing, changes in the student population and health care consumer as well as innovations in adult education.

Therefore, the Board of Directors of the American Association of Community Colleges believes that the Associate Degree in Nursing:

1. Increases the available number of registered nurses qualified to meet the changing health care needs of the people in the United States;
2. Provides historically underserved populations with affordable access to the nursing profession;
3. Ensures an increased number of registered nurses practicing are available in a variety of health care settings including long term care facilities, clinics, home health agencies, hospitals and other competency-based facilities; and,
4. Provides students with a community-based professional nursing degree.
5. Provides the nation with a cost- and time-efficient delivery system for a critical sector of the health care industry.

AACC BOARD RESOLUTIONS

Whereas, from 1952 to 1999, the majority of newly licensed registered nursing students have graduated from Associate Degree in Nursing Programs offered at community, technical, and junior colleges throughout the nation; and

Whereas, associate degree nursing graduates, who have been licensed as registered professional nurses throughout the nation, are on a daily basis making significant contributions to the health care delivery system of the nation; and

Whereas, it is essential for the future of our communities to ensure that historically underserved populations continue to have affordable access to the nursing profession; and

Whereas, registered nurses who have graduated from Associate Degree Programs have demonstrated competency in nursing specialty roles and have consistently performed well on certification exams should not be restricted from certification in specialty areas; and

Whereas, many different groups periodically attempt to change the present minimum educational qualifications for all candidates for licensure as registered nurses;

Be It Therefore Resolved, by the Board of Directors of the American Association of Community Colleges that the Board of Directors endorses continued recognition of the successful attainment of an Associate Degree in Nursing as a minimum educational requirement to sit for the licensure exam (RN-NLCEX) and to be eligible for the interstate compact for multi-state licensure in the United States;

Be It Therefore Resolved, that the Board of Directors strongly supports continuing to provide affordable access to historically underserved populations; and,

Be It Therefore Resolved, that the Board of Directors continues to support competency-based Associate Degree Nurses.

Adopted by the Board of Directors April 2000

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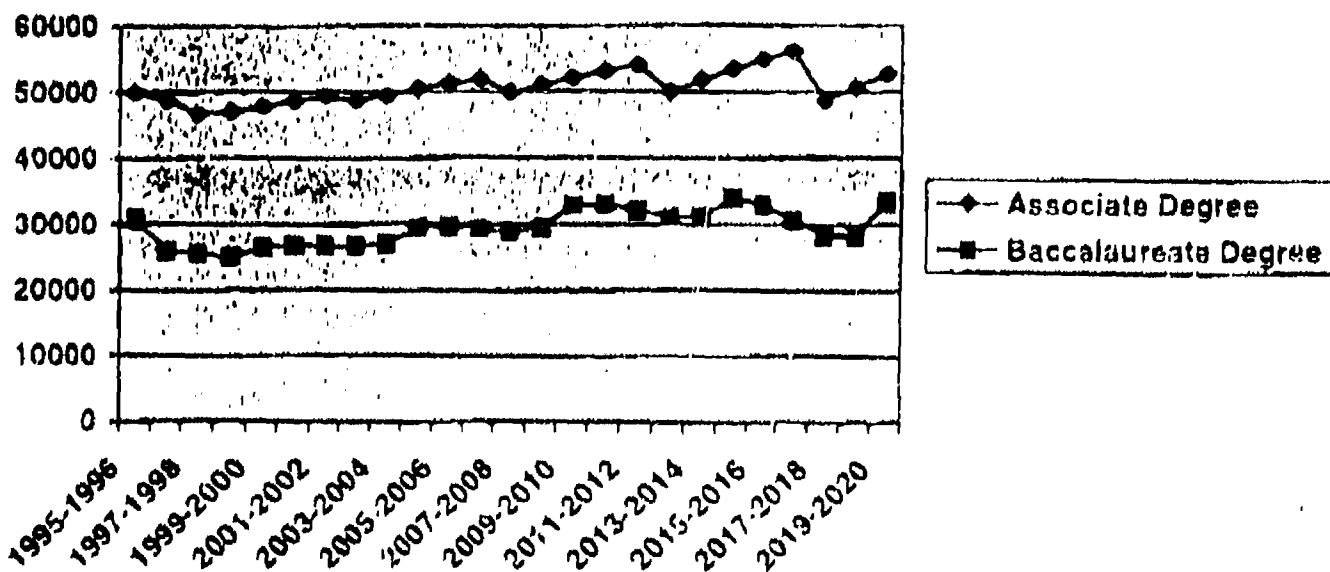
Associate Degree Nursing: Professionals Filling a Critical and Growing Need

Associate degree nursing (ADN) has become a large, trusted and vital component of the healthcare delivery system in the United States. Of the 2.5 million RNs in the workforce in 1996, over 66 percent were ADN graduates. The number of ADN programs has grown from the original seven pilot sites funded by the W.K. Kellogg Foundation in 1958 to 868 programs in 1994.

The growth of the programs, in direct response to need, ADN programs developed to provide a shortage of nurse. By decreasing the length of the education program to two years, to ensure a sound education base and quality of instruction, the programs were placed in nearby and affordable community colleges. Because nursing graduates are largely drawn from local communities, they have a vested interest in the well being of their home towns and provide an integral and dynamic education.

The accessibility and reasonable cost of ADN programs ensure continued growth. According to projections by the Division of Nursing, Health Resources & Services Administration, ADN programs will continue to provide the healthcare system with the majority of RNs over the next 20 years.

**Fig. 1 Projected Number of Graduates
From Basic Nursing Education Programs
1995-1996 to 2019-2020**



Competency, Quality and Caring

The National Council of State Boards of Nursing determines the requirements for registered nursing practice based on work-related research. ADN programs have proven successful in educating registered nurses (RN), as reflected in the consistently high rate of success on the first attempt to pass the registered nursing exam, the NCLEX-RN. According to the National Council of State Boards of Nursing, AD nursing candidates have outperformed BS candidates each of the past five years, as shown in Table 1.

Table 1 Percent Passing NCLEX-RN by Type of Candidate

	Total 1998	Total 1997	Total 1996	Total 1995	Total 1994
Associate Degree	85.0%	88.1%	88.9%	91.0%	91.4%
Baccalaureate Degree	84.6%	86.7%	85.9%	88.7%	87.9%

The quality of nursing depends on more than just academic achievement. ADN graduates possess the competencies needed to perform successfully as registered nurses. They function as care providers, managers, and members within the discipline of nursing. ADN program graduates demonstrate skills in critical thinking, communication, patient teaching, delegation, and computer usage. They are patient focused in the delivery of care, collaborative in their working relationships, and accountable for their decisions and actions. ADN students are heavily engaged in clinical experience. ADN faculty manage the student clinical experience to ensure that students demonstrate an integration of academic and clinical skills.

Adapting to Local Needs

Healthcare has shifted its focus from illness and disease to health promotion and disease prevention. The field also has shifted from using predominantly hospital-delivery systems to providing healthcare delivery in community and home settings. Nurses, institutional providers, and insurance companies have progressed beyond providing only acute and crisis intervention to actively seeking health promotion and prevention modalities for the patient/client and their families.

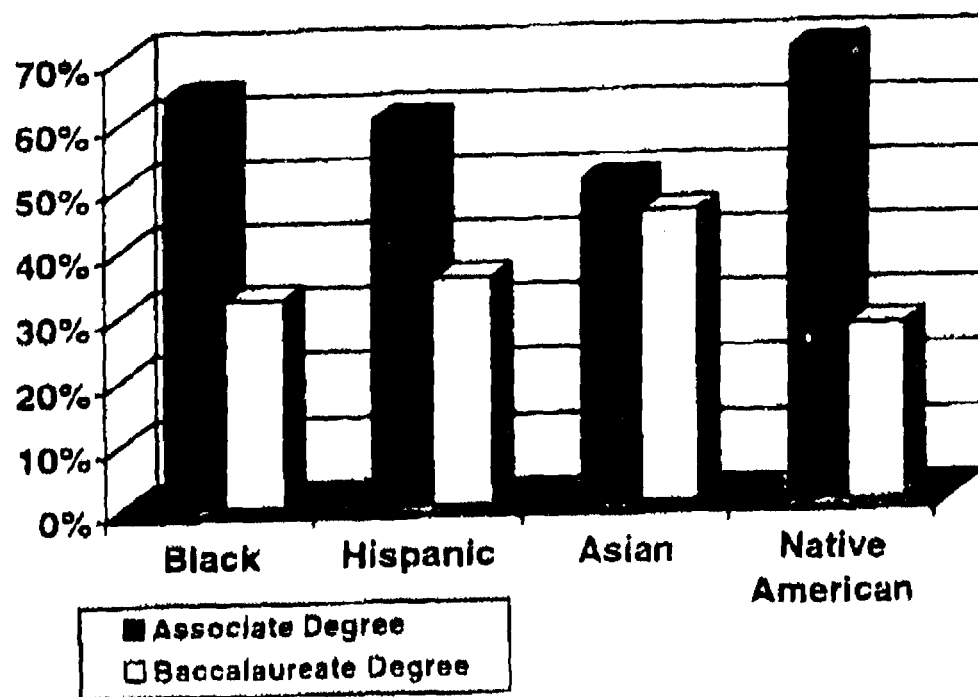
ADN education is continually evolving to reflect local needs and current health care trends by redesigning and updating curricula to reflect those trends. Competitive and compound elements in client care and healthcare systems continue to drive changes in the common core of nursing practice and in associate degree nursing education. With support from the National Organization for Associate Degree Nursing, the National League for Nursing will publish revised competencies for associate degree nursing graduates in late

summer 1999. These competencies reflect the changes in healthcare delivery and the increasing complexity of competencies required for nursing practice.

Diverse Professionals to Reflect Diverse Communities

The accessibility and affordability of community colleges have opened the door of nursing education for a diverse student population that includes adult learners, single parents, and minority populations. Of the racial minority students admitted to basic RN programs in 1994-95, the majority were admitted to ADN programs.

Fig. 2 Percent Distribution of RNs in Each Minority Group by Education Program, 1994



In many rural areas, service agencies depend almost entirely upon ADN graduates to staff their facilities. The Idaho Commission on Nursing and Nursing Education (ICNNE) recently issued a position statement recognizing that "Idaho nursing education and credentialing should provide the 'full spectrum' of competent practitioners. The needs of the population in the rural state make it important to have multiple levels of nursing providers."

Learning for Life

ADN graduates are lifelong learners. Graduates continue to expand knowledge and skills through continuing education offerings, in-service training, credentialing, and enrollment in degree programs. Many states have educational articulation for ADN graduates to continue on for a baccalaureate degree without testing to prove competence and without repetition of previous content. More than 35,700 RNs are in RN to BSN programs. ADN programs have excelled in meeting community healthcare needs and are exceedingly capable of meeting those needs in the future.

MEMORANDUM OF UNDERSTANDING**BETWEEN**

**THE AMERICAN ASSOCIATION OF COMMUNITY COLLEGES,
THE ASSOCIATION OF COMMUNITY COLLEGE TRUSTEES,
THE NATIONAL ORGANIZATION FOR ASSOCIATE DEGREE NURSING
AND
THE VETERANS HEALTH ADMINISTRATION,
DEPARTMENT OF VETERANS AFFAIRS**

December 18, 2000

This Memorandum of Understanding (MOU) is made this date in the city of Washington, D.C. by and between the Veterans Health Administration (VHA) of the Department of Veterans Affairs (VA) and the American Association of Community Colleges (AACC), the Association of Community College Trustees (ACCT), and the National Organization for Associate Degree Nursing (N-OADN). AACC will serve as the point of contact for the AACC, ACCT and N-OADN with VHA.

Whereas VHA is a Federal health care system that employs approximately 36,000 registered nurses to assist it in carrying out its statutory missions of providing compassionate, high quality care to veterans enrolled in its health care plan; conducting medical research; providing education and training to physicians, nurses and a wide range of other health care professionals; and supporting the Department of Defense and National Disaster Medical System;

Whereas AACC is a national voice for community colleges and for educational programs leading to the associate degree in nursing, providing policy guidance for associate degree nursing programs and allied health programs;

Whereas ACCT represents the appointed and elected officials that govern the nation's community colleges and serve as the bridge between those institutions and the communities they serve;

Whereas N-OADN is the national leader and advocate for associate degree registered professional nursing, advocating for associate degree nursing education and practice, and promoting collaboration in charting the future of health care education and delivery;


Whereas collaboration between VHA and AACC, ACCT, and N-OADN can serve the essential goal of providing associate degree nurses for VHA workforce needs, and assisting these nurses with continued career growth and development;

Whereas VHA seeks to create and expand non-traditional educational programs that will offer its nursing workforce innovative academic opportunities, foster educational programs that target local and individual student needs, and offer such programs in convenient settings;

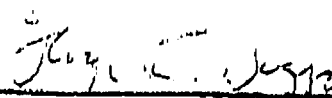
Therefore, the parties agree to the following:

- 1) To hold quarterly meetings to exchange information on topics of mutual concern;
- 2) VHA will share information with AACC, ACOT, and N-OADN on proposed policy changes that impact nursing offered at community colleges, and community colleges will have the opportunity to review and comment on these changes prior to their finalization;
- 3) To work jointly to optimize the essential role that associate degree nursing plays in responding to the health care delivery needs of the Department of Veterans Affairs;
- 4) To work in concert to ensure that the VHA, AACC, ACCT, and N-OADN maximize continuing education and training opportunities for VHA health care personnel offered at associate degree-granting institutions by helping to publicize such opportunities;
- 5) To work to ensure that the standing of associate degree nurses is appropriately maintained in VHA's efforts to enhance the educational and employment opportunities of its nursing workforce, and that associate degree nurses continue to have appropriate opportunities for advancement within the VA health care system and;
- 6) To ensure a collaborative environment among the parties, regularly exchange informational materials, and seek opportunities for officials of the various organizations to participate in meetings and other official organizational events.

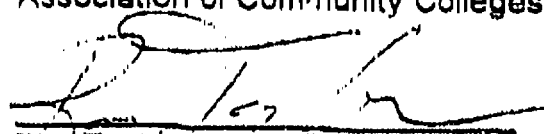
In witness thereto, the parties hereunto affix their seals . . .



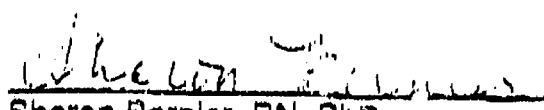
 Thomas L. Garthwaite, MD
 Under Secretary for Health
 Department of Veterans
 Affairs



 George R. Boggs, PhD
 President and CEO, American
 Association of Community Colleges



 Ray Taylor, EdD
 President and CEO, Association
 Of Community College Trustees



 Sharon Bernier, RN, PhD
 President-Elect, National
 Organization for Associate Degree
 Nursing

RN Associate Degrees Awarded in 1998-99 ⁽¹⁾

	Male	Female	Total
Nonresident Alien	33	195	228
Black non-Hispanic	375	3,728	4,103
American Indian or Alaskan Native	53	324	377
Asian or Pacific Islander	271	1,267	1,538
Hispanic	416	2,284	2,700
White non-Hispanic	3,969	30,450	34,419
Race/ethnicity Unknown	125	733	858
Total	5,242	38,981	44,223

Source: National Center for Education Statistics, Integrated Postsecondary Education Data System "Completions" data file

(1) Preliminary estimate based on data not yet edited by E.D.

RN Baccalaureate Degrees Awarded in 1998-99 ⁽¹⁾

	Male	Female	Total
Nonresident Alien	35	230	265
Black non-Hispanic	272	2,940	3,212
American Indian or Alaskan Native	32	222	254
Asian or Pacific Islander	204	1,278	1,482
Hispanic	291	1,404	1,695
White non-Hispanic	3,010	24,865	27,875
Race/ethnicity Unknown	87	750	837
Total	3,931	31,689	35,620

Source: National Center for Education Statistics, Integrated Postsecondary

(1) Preliminary estimate based on data not yet edited by E.D.

Senator Judy Lee
Chairman Senate Human Services

Re: Senate Bill 2241

Chairman Lee and Senate Committee Members,

I ask that you Support SB 2241. Currently, healthcare has two significant issues; first is staffing and the second is reimbursement. I am here today to ask that you expand my opportunities to hire licensed professional nursing staff. Quality of care is in direct relationship to staffing. I need licensed qualified individuals to take care of patients and residents.

I am told that 40% of the nursing home facilities in North Dakota have limited admissions because of staffing. I operate one of these facilities.

I am asking for an opportunity to be on par with 49 other states in recruiting and hiring licensed RN's and LPN's. I am not against education, we at Heart of America Medical Center support on going education. Currently we have over \$80,000 on our books in school loans. We have also started an LPN program to meet our needs. This year a consortium of thirteen facilities has joined together to provide regional education to individuals who want to advance their careers.

I am asking that the requirements used by every other state be offered in North Dakota. That is, if an individual passes the National and the State boards for their profession that they be allowed to practice in North Dakota with no further requirements.

According to the National Organization for Associate Degree Nursing and the National League of Nursing in 1996, there were 868 Associate Degree Nursing (ADN) programs in 1994.

According to the National Council of State Boards of Nursing 1996-1997 the success rate of ADN's passing the NCLEX-RN on the first attempt was 88%. Diploma RN's rate was 90%.

One last piece of information from the League of Nursing, of the 2.5 million RN population in 1996, 66% are ADN's graduates.

I am not here to tell you by expanding the opportunities to hire ADN's with no restriction will eliminate my staffing problems. I am here to ask you to provide me additional opportunities to hire individuals that are employed in other states and are providing quality of care.

I am asking that you support SB 2241 to provide the state of North Dakota an opportunity to attract licensed qualified individuals in the profession of nursing. I believe that this is economic development by meeting the needs of the state both in employment and providing quality of care to the residents of North Dakota.


Jerry B. Jurena
Heart of America Medical Center

Senator Lee and Members of the Human Services Committee -

Thank you for the opportunity to address you this morning. I am here to speak in support of Senate Bill 2241. My name is Kimber Wraalstad and I am the President and CEO of Presentation Medical Center, a 54-bed hospital, 48-bed nursing home and rural health clinic located in Rolette County..

Four years ago, I stood before this Committee to speak in favor of Senate Bill 2304, a bill that would also have repealed the current nursing education standards. At that time I spoke about the difficulty in recruiting and retaining nursing staff. Those issues remain today! Yet they are further heightened as a nursing shortage is being experienced all over the world. Other states and Canadian provinces have been attempting to expand their education programs to provide one year education for LPN's and two year education for RN's. However, during the last 14 years, the State of North Dakota has maintained the highest educational requirements for nurses. North Dakota is the only state, THE ONLY STATE, in the United States AND the provinces of Canada that requires the education standards of a Registered Nurse to be a BSN degree and the education requirements of an LPN to be a two-year Associates Degree. The State of North Dakota and its citizens should no longer remain an island in regard to nursing education standards.

The Statement of Policy in the North Dakota Nurse Practices Act indicates that "The Legislative Assembly finds that the practice of nursing is directly related to the public welfare of the citizens of the State of North Dakota. It is subject to regulation and control in the public interest to assure that qualified, competent practitioners and high quality standards are available."

Is North Dakota the only state or province that promotes qualified and competent practitioners and high quality standards? If the educational standards equate to high quality care, then why has North Dakota not been the object of study after study, highlighting and quantifying the benefits of our educational standards. I have not seen research papers that have proved that the quality of care is increased substantially to patients and residents who are receiving care from LPNs who have a two-year Associates Degree and RNs who have a four-year BSN degree. If it were true that the provision of care were substantially better, I believe that all the

other states would have also proceeded with changing their education requirements.

Providing quality care requires staff! We must have enough caring staff available to provide for the needs of our patients and residents. During periods of generalized nursing shortage, it is extremely difficult for small rural facilities to recruit adequate numbers of nursing staff. There are opportunities available in larger North Dakota cities and other states. In the past, Presentation Medical Center has recruited nurses from Canada, however, Canada is experiencing a significant nursing shortage and we have not been successful in recruiting a Canadian in the past three years. We are currently attempting to recruit a nurse from the Philippines. The Immigration and Naturalization Service recently denied our request for a Visa because we had not proved that having a Baccalaureate Degree was the minimum requirement for entry as a Registered Nurse. Even though we sent them a copy of the requirements to become a Registered Nurse in North Dakota, the Immigration and Naturalization Service still stated that "The Occupational Outlook Handbook, 1996-97 Edition, published by the Department of Labor states on page 174 . . . "There are three major educational paths to nursing: Associates degree (A.D.N.), diploma, and bachelor of science degree in nursing (B.S.N.). A.D.N. programs offered by community and junior colleges, take about 2 years." About two-thirds of graduates in 1993 were from A.D.N. programs . . . Additionally, the Handbook indicates that attempts to raise the educational standards for a registered nursing license to a baccalaureate degree in nursing have not been successful." Obviously the Department of Labor has not heard about North Dakota.

During times of shortage, existing staff members have to work double shifts, extra weekends and much overtime to maintain our high standards of care. In times of frustration, I have heard nurses comment that all they wanted was "a live body with two hands and a brain cell." In other words, they want staff. We are coming to the point where we will not have enough care available, let alone high quality care, because we will not be able to recruit to the rural areas. It continues to be my goal for our facility, to provide the highest quality care possible for patients and residents, but that is becoming an increasing challenge because of the overall nursing shortage. We have found that the best recruitment strategy is to encourage the development of our own staff.

Presentation Medical Center does have a "grow your own philosophy." During the last six

years, I have encouraged several individuals to pursue a career in nursing and Presentation Medical Center has assisted ten staff members in furthering their education. We are trying to provide assistance to those employees who are committed to our organization and communities. Our employees benefit by furthering their education with tuition assistance and we benefit by having an employee we can add to the schedule. We also benefit because these individuals are interested in their career, in learning new ideas and sharing that information with colleagues. Unfortunately, with the education requirements as they currently exist in North Dakota, they are not able to come back and be added to the schedule for at least 3 to 4 years. This makes the "grow your own philosophy" difficult to implement.

I would now like to address the economic impact that the North Dakota education standards have on our own citizens. Allow me to provide you with five real life examples. Lori Martinson, Nancy Griffin and Sandra Parisien are LPNs employed with Presentation Medical Center. They began their employment as Certified Nurse Assistants or (CNAs) and decided to continue their education to become LPNs. They all continued to work while they went to school and I am proud to say that all three of these women received their Associates Degree in Nursing and are currently working in our nursing home as LPNs. However, if these women had lived and attended school in any of the other fifty states, they would have been eligible to become a Registered Nurse. In our facility, there is approximately a \$4.00 an hour or \$8,000 a year salary difference and that does not include benefits. All three of these women are married with children and I'm sure this money could be well used for the benefit of their families. Why are they being penalized because they choose to live and work in North Dakota? Why are we economically penalizing our own citizens?

Actually, the economic impact is even greater because they could have been on our schedule and working as LPNs in half the time than it actually took them. For example, Sheryl Ongstad and Sara Bonn are employees who are currently attending school to become LPNs. It is projected that it will take them three years to accomplish this goal. Again, had they lived in another state, they could complete the education requirements to become an LPN in one and a half years. This estimate allows them to go to school part time and continue working. They would then be paid as LPNs rather than CNAs, also approximately a \$4.00 an hour difference. In any other state, if they choose to continue their education and receive an Associates Degree in Nursing they would be able to work as Registered Nurses. This would allow them to increase their salary by approximately \$16,000 a year. Whereas in North Dakota, they will have an \$8,000 increase in salary for the same amount of education.

As a State, we support economic development. Why don't we support economic development for our own citizens? Why is the State of North Dakota significantly different from all other states and provinces?

Again, I ask you, why is North Dakota acting as an island? It is not in the benefit of this state, it is not in the benefit of the citizens for whom we are all striving to care and it is definitely not a benefit to our staff. Have we forgotten that North Dakota is a rural state and yet we have the most stringent educational requirements? Perhaps more important, have we forgotten the needs of our own citizens; those people who have become our patients, residents and staff?

I urge you to consider the necessity of requiring the educational standards as they currently exist in the Nurse Practices Act and would suggest that the educational standards presented in Senate Bill 2241 are reasonable and prudent.

I thank you for the opportunity to speak with you today and I would be happy to address any questions.

Hi, My name is Kandace Albaugh I'am a CNA of five yrs at a local nursing home.

I have come to the time in my life where I would like to advance in the health care field as an RN.

I'am aware that other states offer a 2 year RN diploma. Where as I would prefer to reside in ND, as lifetime resident, My family and I are considering moving across the border to SD where there is a 2 year nursing diploma course work offered. As we all know there is a shortage of qualified RN's and this is not expected to improve. How to attract people and retain nurses are of importance in the health care industry. I believe the focus needs to be on education, financial, and organizational factors. I also believe by supporting the 2 year RN diploma courses at community and junior colleges in ND this would draw attention of the media and public eye improving the perception of the nursing profession. The numbers of students entering nursing colleges today has steadily decreased. Budget cuts in educational programs has decreased the number of people who can enter a nursing program, in additon women have more opportunity today and are making greater advances in other professions with better pay and working conditions, also the 4 year course has prompted the younger generation interest in nursing to move to other states to obtain a 2 year degree. I also believe that other health care faculty workers would take more interest in upgrading their knowledge and skills in the nursing profession with the 2 year course, because it would be more practical time and financial wise. An aging work force is also a problem, the average age of a practicing nurse is ⁵¹⁻⁵⁵ years old. *older*

Employers have not valued the nurse graduate in the past, a missed opportunity to rebuild a qualified work force. In 1998 there were over two thousand entry level RN programs. There are three major educational paths to nursing, the associates degree in nursing (ADN), bachelor of science degree in nusing (B.S.N.), and the diploma ADN programs offered by community and junior colleges, which take approx. 2 years. Generally licensed graduates of any of the three program types qualify for entry level positions as staff nurses. Many diploma ADN trained nurses enter bachelors programs to prepare for a broader scope of nursing practices. There will always be a need for traditional hospital nurses. As stated in an article about nursing shortage earthquakes are a natural phenomena, RN shortages are not. By supporting the two year RN course we can hopefully put a handle on the deterioration of nursing shortages we are now witnessing.

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NEXT FIGURE

January 21, 2001

SENATE HUMAN SERVICES COMMITTEE
SB 2241

CHAIR LEE AND MEMBERS OF THE COMMITTEE:

My name is Sheila Weller. I am appearing today on behalf of myself. I am a registered nurse at Medcenter One in Bismarck where I work in the Renal Dialysis unit (RDU). I am currently practicing in North Dakota on a transitional license.

I graduated from Bishop Ryan High School in Minot in 1990. At the time I attended the University of North Dakota in Grand Forks and was on a waiting list that was four years long to get into their baccalaureate program for nursing. After investigating other Bachelor of Science in Nursing (BSN) programs in North Dakota, I realized that other universities had similar waiting lists. I then enrolled at Presentation College of Nursing in Aberdeen, South Dakota where I graduated with an Associate's Degree of Science in Nursing (ASN), in 1995.

After moving to Kansas, I worked in a regional hospital on a medical surgical unit. Nine months after starting this job, I became a charge nurse for my unit. After moving to Denver, Colorado, I worked on an orthopedics unit, and after two months I was a charge nurse and preceptor for my unit. I then accepted a job in acute renal dialysis. These patients are often very critical, and need specialized care. I love the work that I do.

Two years later, I moved back to Bismarck, where I have worked in the Medcenter One RDU for two and one half years. I have been the clinical care coordinator of the RDU for the past year and a half. I was offered this position ahead of RN's with 20 years of experience, 12 of that in the RDU, and ahead of RN's with BSN's.

I would like to tell you how the current law affects my life. I know have to go back to school to finish my BSN degree. I recently enrolled in a nursing program where I am taking a health assessment course. The course focuses on concepts that I have mastered. I spend part of two days a week attending classes for information and skills that I already have. For example, we are now learning to take blood pressure readings. Further, I have had to reduce my hours slightly at work, and my co-workers have to schedule their shifts around my class time. School will cost me roughly \$3,000 to \$4,000, with classes and books, etc. I also sacrifice time with my family, and have postponed buying a house and starting a family of my own because of my obligations to work, and now school. These classes will not further my career, but only allow me to keep doing the job I am currently doing.

In Colorado I was making approximately \$60,000 a year. Now, I am required to go to school and make less money. I will make \$35,000 to \$40,000, with much of that coming from overtime hours created by shortages in nurses. In Denver, I could make more

money and would not have to go to school. Many days, it is difficult to justify staying in North Dakota. North Dakota is the only state to require a BSN.

I believe a change in the law, accomplished by this bill, would invite other North Dakota natives back home, or at least not bar their return. It also allows RN's with ASN's from other states the ability to practice in North Dakota. If this bill is defeated, I believe it will affect health care. According to a recent article in the Minot Daily News, the median age of RN's in North Dakota is approximately 50 years of age. It is estimated that almost half of those RN's are due to retire in the next 5 years. At that time, North Dakota will face a severe shortage of nurses. Already, many health care facilities have been forced to offer sign on bonuses, especially in the eastern part of the state and small towns all across the state. Here, up to \$100 per shift extra is offered, when facilities are short of staff, and additional RN's are needed. Overtime and all of the extra money increase costs to health care facilities and eventually to the general public. Extra hours facilitate nurse burnout and can decrease the quality of patient care.

Additionally, I understand that there has been an attempt to amend another bill that would allow me to keep my transitional license with the condition that I complete a certain number of continuing education units (CEU's). CEU's are costly, are not usually reimbursed to the employee by the health care facility, take up a significant amount of time, and usually don't focus on specialty nursing units. I have passed the NCLEX exam, which is the exact same boards the BSN's complete. Hospitals do continuing education specific to their specialty units and I would much rather focus on patient care and subjects of concern to me that will impact my patients.

Madam Chair and members of the committee, I strongly urge a do pass recommendation on this bill.

If you have any questions, I will be happy to try to answer them. THANK YOU FOR YOUR TIME AND CONSIDERATION.

January 22, 2001

Chairman Lee, Senators. My name is Elizabeth Nichols, I am a registered nurse from Grand Forks, a member of the Board of Directors of the North Dakota Nurses Association and the Dean of the College of Nursing at the University of North Dakota. I am here to speak in opposition to Senate Bill ~~2014~~²²⁴¹, a bill to repeal the educational standards for nursing in North Dakota.

Since 1987, North Dakota has required that individuals be educated at the associate degree for licensure as an LPN and at the baccalaureate degree for licensure as an RN. This requirement has not hurt North Dakota, in fact, is a success story. I have many opportunities to visit with nurses in other states and each time, we are praised for having these standards. As our population ages, as health care becomes increasingly complex, as individuals must be very ill to enter the health care system, it makes no sense to reduce the educational requirements. It is not a service to the citizens to give them lesser prepared nurses when they need the best.

Let me offer several points that show that our licensure requirements have not been a detriment to training and retaining a nursing workforce. These data are from recently released federal data from the bureau of Labor Statistics, Bureau of the Census, Division of Nursing supplemented with data from the ND Board of Nursing.

- North Dakota ranks 3rd. highest in the nation in its ratio of RNs to population.
- ND has 1288 RNs per 100,000 population, compared to 798 per 100,000 nationally. 65% of these people are employed full-time
- The number of RNs increased 11% between 1988 and 1996 while the state's population decreased 1%.
- ND ranked 2nd. highest among the states in the per capita employment of LPNs with 498 LPNs per 100,000 population. This is 1.5 times the national rate of 249 per 100,000.
- In ND there were 40 LPNs for every 100 RNs employed in the state compared to the national ratio of 32 for each 100.
- In ND the number of FTE RNs working in hospitals increased 21% between 1992 and 1998 while the number of inpatient days declined 17%. The result was a 45% increase in the ratio of full-time equivalent RNs to inpatient days, compared to a 26% increase in the ratio nationwide.

As you can see, North Dakota fares better than the rest of the nation in its supply of RNs and LPNs. Our educational requirements are not the problem.

Accessibility to education is sometimes cited as a problem, particularly in rural areas. The nursing education programs are working hard on this.

There are seven baccalaureate and six associate degree nursing programs in ND. All but two of the state universities in North Dakota offer nursing programs, and these two will be offering

nursing education through the state-wide LPN program that is being developed. All of the RN programs articulate with the LPN programs because they all grant academic credit. RN programs are being delivered by outreach to areas where there are not RN programs. For example, Minot State is going to deliver its program to Williston, University of Mary has a program with significant advanced placement. UND is working to get its program on-line.

Preliminary results from an ongoing study of the effect of nursing staffing patterns on patient care outcomes, of which North Dakota is a participant, showed an increased level of satisfaction amongst the nurses in this state as compared to nurses in other states. This has been attributed to the professionalism of our nurses, a factor that comes from our educational standards and professional focus of the programs. I dare say you will also find that there is less inclination in our nurse population to engage in union activities as a way to resolve work place problems. I think you would find states that have high union activity also have a lower proportion of nurses prepared at the levels we have in North Dakota.

The shortage of nurses is a national and international problem. Reduction of standards will not result in nurses moving to North Dakota. At UND we survey our graduates for employment location, salary, and satisfaction with their education. All indicate that the baccalaureate education is absolutely necessary because of the responsibilities and the critical clinical decision making skills necessary in the complex health care system. We also informally ask what attracts them to a particular job. The answers are first of all, salary, fringe benefits, and sign-on bonuses. Next come working conditions – that is being able to work in a specialty unit of choice, choice of shifts, and a support structure for the new graduate. Our post-graduate surveys show that the graduates that leave the state make significantly more money than those who stay in North Dakota. Salary and location are issues.

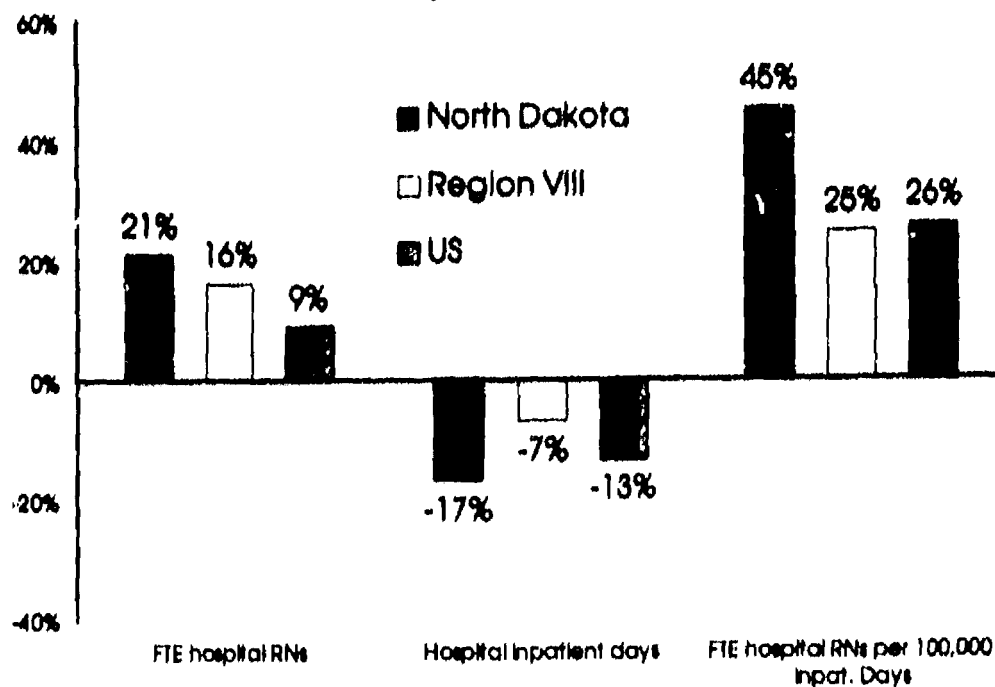
Thank you for this opportunity to present this testimony.

On behalf of the North Dakota Nurses Association and the faculty of the College of Nursing at UND, I urge you to defeat this bill.

NURSING

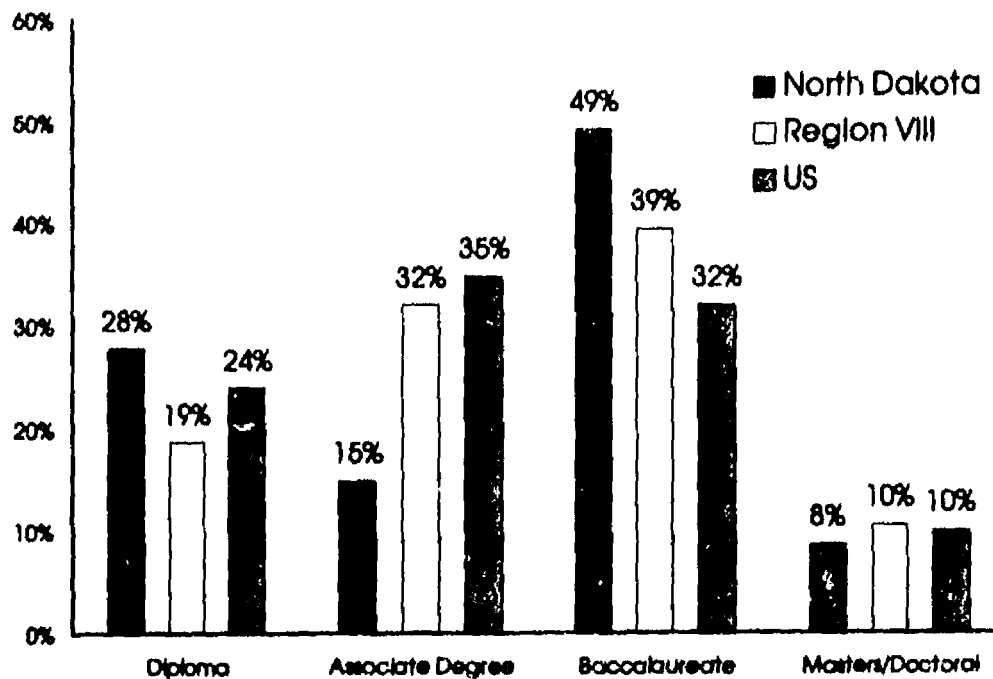
- √ There were 7,243 licensed registered nurses (RNs) in North Dakota in 1996; 6,902 were employed in nursing.
- √ There were 1068.9 RNs per 100,000 population in North Dakota in 1996, significantly more than the national average of 798.
- √ The RN workforce in the West North Central Census Division aged significantly between 1988 and 1996. The percentage of RNs 40 years and older increased from 44% in 1988 to 59% in 1996.
- √ In 1996, the majority of RNs employed in nursing in the West North Central Census Division were non-Hispanic white (96.6%). Only 1% were Black/African American, less than their percentage in the general population (5.3%).
- √ The number of RNs in North Dakota increased 11% between 1988 and 1996 while the state's population declined 1%. The result was a 12% growth in RNs per capita, compared to a 20% growth nationwide.
- √ The majority (60%) of RNs in the West North Central Census Division who were employed worked in hospitals in 1996. As a result, metropolitan areas with a concentration of hospital beds were likely to have a relatively high ratio of RNs per capita.
- √ In North Dakota, the number of full-time equivalent RNs working in hospitals increased 21% between 1992 and 1998 while the number of inpatient days declined 17%. The result was a 45% increase in the ratio of full-time equivalent RNs to inpatient days, compared to a 26% increase in the ratio nationwide.
- √ In 1996, 49% of RNs employed in nursing in North Dakota had a Baccalaureate degree; 28% had a Nursing diploma; 15% had an Associate degree; and 8% had a Masters/Doctoral degree.
- √ Between 1991-92 and 1996-97, the vast majority of nursing degrees awarded in North Dakota were Baccalaureate degrees and there were no Associate degrees awarded in nursing in the state during that period.
- √ In 1996-97, 95.9% of the RN degree recipients in North Dakota were non-Hispanic white. Approximately 3% were American Indian/Alaskan Native, slightly less than the percentage in the state's general population (4.6%).

Percent change in FTE hospital RN employment, hospital inpatient days & FTE hospital RN employment per inpatient day, 1992-1998



Source: American Hospital Association.

Highest nursing-related educational attainment of RNs employed in nursing, 1996



Source: Division for Nursing.

LICENSED PRACTICAL/VOCATIONAL NURSES (LPNs)

- √ North Dakota ranked 2nd highest among the states in the per capita employment of Licensed Practical/Vocational Nurses (LPNs), with 434.3 LPNs per 100,000 population which is more than 1.5 times the national rate of 249.3 per 100,000. North Dakota ranked 38th in the number of LPNs employed in 1998 with 2,770 workers.
- √ Over two thirds of all LPNs in the United States in 1999 worked in institutional settings (35.9% working in hospitals and 34.8% working in nursing and personal care facilities).
- √ The vast majority of LPNs in the United States were non-Hispanic white (73% in 1999) and female (94.9% in 1998). Nationally, Black/African Americans were over represented in the profession (18%) compared to their presence in the population as a whole (12%). By contrast, Hispanic/Latinos were underrepresented (5%) compared to their presence in the population (11% in 1999).
- √ Most recipients of LPN degrees in North Dakota in 1997 were non-Hispanic white (94%) and female (93%).
- √ In North Dakota, there were 40 LPNs for every 100 RNs employed in the state. This is significantly higher than the national ratio of 32 LPNs employed for every 100 RNs.

LPNs, 1998

	North Dakota	Region VIII	US	ND rank
LPNs	2,770	17,500	673,790	38/50
Per 100,000 population	434.3	198.9	249.3	02/50
Per 100 RNs	40.1	25.5	31.8	11/50
Percent female	-	-	94.9%	-

Source: Bureau of Labor Statistics; Bureau of the Census; Division for Nursing.

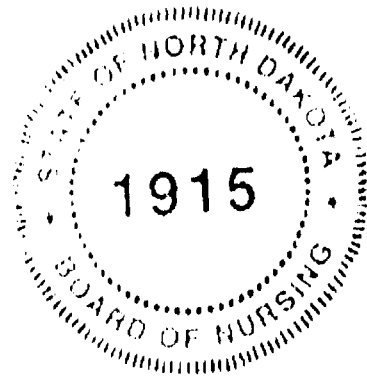
Note: Data for RNs drawn from the 1996 National Sample Survey.

The abbreviation LPN, or Licensed Practical Nurse, is used herein to refer to both LPNs and LVNs, or Licensed Vocational Nurses.

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ANNUAL REPORT

July 1, 1999 - June 30, 2000

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The **PRAIRIE
ROSE**

December 2000, January, February 2001

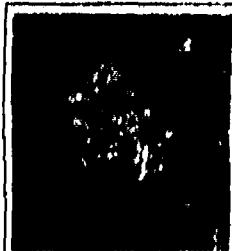
THE JOURNAL OF THE NORTH DAKOTA NURSES ASSOCIATION

**American Nurses Association Celebrates Signing of
Needlestick Prevention Law
Leaders Join President Clinton for Bill Signing**

Washington, DC—Leaders of the American Nurses Association (ANA) praised President Clinton and Vice President Gore for their support of groundbreaking legislation that will protect nurses and other health care workers from needlestick injuries. ANA President Mary E. Foley, MS, RN, and Massachusetts Nurses Association President Karen Daley, MPH, RN, who became an outspoken proponent of such legislation after she contracted HIV and hepatitis C from a needlestick, joined President Clinton for the bill signing ceremony in the Oval Office.

The legislation was passed by Congress after a long campaign to educate the public and lawmakers by the ANA and its constituents

WY and Harry Reid (D-NV) and in the House by Reps. Cass Ballinger (R-NC) and Major Owens (D-NY). This legislation, which drew strong bipartisan support, provides for needlestick protections under the Occupational Safety and Health Administration (OSHA).



**Karen Daley
participant in White
House bill signing
ceremony, Karen was
convention in April.**

"Nurses across the nation are rejoicing," said Foley. "For so long we have advocated for this legislation, knowing the impact it would have on nurses across the country. This legislation will save countless lives." Registered nurses (RNs) and other health care workers face the risk of needlestick injury every day—exposing themselves to potentially lethal bloodborne pathogens such as human immunodeficiency virus (HIV) and hepatitis C. The prevention of

the House approved this legislation on Oct. 1 and the Senate passed it on Oct. 29.

The Needlestick Safety and Prevention Act was introduced in the Senate by Sen. James Jeffords (R-VT), Edward Kennedy (D-MA), Michael Enzi (R-

WY) and Harry Reid (D-NV) and in the House by Reps. Cass Ballinger (R-NC) and Major Owens (D-NY). This legislation, which drew strong bipartisan support, provides for needlestick protections under the Occupational Safety and Health Administration (OSHA).

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HealthSouth Hospitals of Las Vegas is expanding and growing and in need of Registered Nurses. We currently have a 70 bed Acute Rehabilitation Hospital, finishing the construction of a 70 bed Long Term Acute Care Hospital and breaking ground for a 60 bed Acute Rehabilitation Hospital in the southern part of Las Vegas (Henderson). Las Vegas is the fastest growing city in America today with 1,000 new residents coming to the valley every month. If you are looking for sunny days, dry weather, cool nights, and no state income taxes, then, Las Vegas is for you. HealthSouth Hospitals of Las Vegas offers competitive salaries, benefits, a relocation package, a reputation as the quality of patient care leader in the valley, reduced caseloads, continuing education and the clinical opportunity for patient/family education not seen in a long time. Over the next 12 months we will be hiring over 100 Registered Nurses, and we are looking for RN's who have ICU experience, rehabilitation experience, and/or acute care experience. We welcome new graduates, as well. If you want to work for one of the fastest growing areas in the country, the fastest growing company in the valley, and the leader in health care, then, send your resume to HealthSouth Rehabilitation Hospital of Las Vegas, 1250 S. Valley View, Las Vegas, NV 89102 or you can call us at (702) 877-8898 or fax resume to 702-159-3530.



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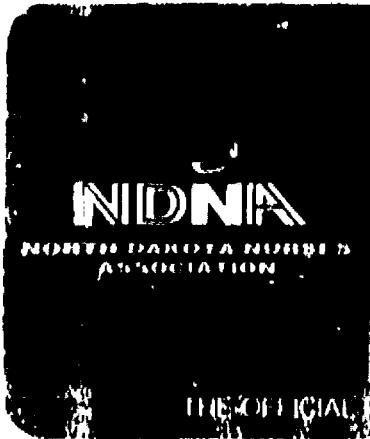
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THE OFFICIAL PUBLICATION OF THE NORTH DAKOTA NURSES ASSOCIATION

Vol. 69 Number 4

December 2000, January, February 2001

Bonnie Selzler Hailed to JCAHO Inventory Committee

Bonnie Selzler, Ph.D., RN, has been appointed to represent the National Association of State Mental Health Directors (NASMHD) on a hospital professional and technical advisory committee of the Joint Commission on Accreditation of Healthcare Organizations. She will provide expertise in mental health areas such as licensure, scope of practice and supervisory standards.



Bonnie Selzler

Ms. Selzler, Bismarck, is the Assistant Director of Mental Health Services, North Dakota Department of Human Services.

NDNA JOB SEARCH SERVICE KEEPS THE MONTH

The North Dakota Nurses Association has opened a new Job Search Service for North Dakota nurses. With increasing numbers of nursing jobs available, the NDNA Job Search Service provides a quick, convenient way for nurses to locate information about available positions in a wide geographic area.

The service is free and easy to access through the NDNA web site. When a nurse finds a position of interest, she or he can e-mail the facility directly from the Job Search Service site. If a nurse wishes to learn more about a particular facility, a direct link to that facility's web site will also be available.

NDNA Executive Director Sharon Moos, describes the NDNA Job Search Service as still being in the "beginning" phase. She expects the next six to eight months will be spent working on building up the number of job listings on the NDNA

The North Dakota Nurse: An Endangered Species???

We are hearing a lot these days, both locally and nationally, about a shortage of nurses. There will, no doubt, be a number of bills in the 2001 North Dakota Legislature attempting to ease a rising anxiety about adequate numbers of nurses. These anxieties are not ill founded. Nurses currently comprise 78% of licensed direct health care providers in North Dakota. A decrease in nurses, actual or anticipated, is cause for concern. However, before seeking legislative solutions to perceived problems, it is important to clarify the facts. North Dakota currently ranks third among all states in the number of registered nurses per 100,000 residents. The national average is 708 RNs per 100,000 residents. Last year (1999), North Dakota had 1072 RNs per 100,000 residents. In numbers of nurses, North Dakota is currently well above the national average.



positions throughout the state of North Dakota. Future plans will include listing nursing positions from all states in the upper mid-west region.

Check out the NDNA Job Search Service on the NDNA web site @www.ndna.org
It is for all North Dakota nurses and it is fast, free, and confidential.

NUMBER OF RNs PER 100,000 RESIDENTS	
North Dakota	1072
United States (average)	708

Despite these numbers, some health care facilities in the state are having difficulty in obtaining nursing staff. Facility administrators are blaming the problem to be a "shortage" of nurses. The fact is, in North Dakota, geography and working conditions play a much more significant role in the current interpretation of a "nursing shortage" than the number of licensed nurses. For the past ten years, we have witnessed an exodus of rural residents into the larger cities of the state. This exodus has also included licensed nurses. Sixty-five percent of the registered nurses in North Dakota now live in four major urban areas (Fargo, Bismarck, Grand Forks and Minot) with another 10% clustered in the Dickinson, Williston and Jamestown areas, all of which have Colleges of Nursing and larger medical facilities. Sixty-five percent of the total number of licensed practical nurses in the state also reside in these same "urban" areas. Only twenty-five percent of North Dakota's registered nurses live in rural areas. Of this group, many are choosing to drive longer distances to work in the larger urban facilities because of better pay, more benefits or guaranteed hours. For health care facilities in rural locations, geography can be translated into "nursing shortage."



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Karen Macdonald Appointed to ANCC Commission on Certification

Karen Macdonald, RN, FNP, has been appointed to a two-year term on the American Nurses Credentialing Center (ANCC) Commission on Certification. The Commission on Certification is responsible for all ANCC certification and recertification activities. Responsibilities of the Commission include: setting certification program policy, establishing boards and committees on certification, content expert panels, other expert panels, advisory groups, and work groups.



Karen Macdonald

Ms. Macdonald, a resident of Moffit, is a long time member of the North Dakota Nurses Association and has served at the national level of the American Nurses Association. She is a Family Nurse Practitioner, employed by Medcenter One Bismarck and serving the rural North Dakota communities of Linton, Steele and Hazelton.

Distribution of ND Nurse Workforce	
Fargo	28%
Bismarck	19%
Minot	8%
Grand Forks	11%

(Continued to page 3)

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