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2003 HOUSE HUMAN SERVICES

HB 1245

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2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 1245

House Human Services Committee

☐ Conference Committee

Hearing Date 1-22-03

Tape Number	Side A	Side B	Meter #
1	X		0-60.2
1		X	0.2-43.5
Committee Clerk Signature	Sharon Renfrew		

Minutes:**CHAIR PRICE:** Opened hearing on HB 1245

REP. KEISER (Sponsor of bill): Bill is designed to transfer the regulation of nursing education from the state licensing board to the higher education system or to the national nursing accreditation programs in nursing. This is a quality issue.

REP. WEISZ: How many states have this curriculum?

REP. KEISER: Does not know nor does he want to speculate.

MARY SMITH (Pres. of ND Nurses Assoc..): Supports with written testimony.

REP. PORTER: Which higher education institution is MedCenter through?

SMITH: Through a vocational board.

REP. AMERMAN: Who does the board consist of and do they other responsibilities other than licensing?

SMITH: Other responsibilities, but there are representatives here who will speak to that.

KAREN MacDONALD: Supports with written testimony.

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REP. PRICE: In the amendment, will it address issues concerning the transitional licensing?

SMITH: Believes the amendment will negate the issues. Will definitely license people who graduate from programs.

REP. AMERMAN: Was there a study done on nurses needs?

SMITH: The study was actually a workforce issue. They are still data-gathering. This is not a workplace issue.

REP. KREIDT: If you get a nursing degree and go to on to a PA or NP?

SMITH: Regulated by different boards. Not the nursing board?

REP. PORTER: Who regulates the advanced programs?

SMITH: Regulated by various associations. All have national accreditation, but law.

REP. DEVLIN: The licensing board is on record that continuing education does not promote safety? When was that on the record?

SMITH: Can provide that information for the committee.

POTTER: Pointed out areas of concern via e-mail about page 1, lines 21 and 22, and then page 2, lines 19-21. Would this be going backwards rather than forwards?

SMITH: Does not believe the Board of Higher Ed will go backwards.

REP. NIEMEIER: Has heard concerns about clinicals. Will that change if the Board of Higher Ed takes over?

SMITH: Does not believe that is the focus of this bill.

REP. PORTER: How do we proceed if this issue is nurse v. nurse?

SMITH: Nurses do not always agree. It's not a turf battle. This is a battle of how best to lead nursing into the 21st Century.

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DONNA THIGPEN (former nurse): Supports with written testimony.

REP. AMERMAN: How can 2 and 4 year degrees be the same? Do you get the same care?

THIGPEN: The 4 yrs have other classes, for example, leadership and problem solving.

SHARON ETMAT (Lake Region): In support of bill. There is a shortage of nurses, yet ND students go over to MN to get their education in two years. This is unfair to ND.

REP. DEVLIN: This bill does not make a change between 2 or 4 years of education.

ETMAT: This makes it more permissive. Then the institutions have to make the case that the curriculum is meeting the needs so the students pass the exam.(end of tape 1, side A)

DR. CONNIE KALANEK (Exec Dir. of the Brd of Nursing): Opposes with written testimony

REP. WEISZ: No one educated in a foreign country can practice here?

KALANEK: Now have a licensed exam. Understand that they are not approved by higher education or accredited.

REP. DEVLIN: There seems to be a difference of opinion on section 2. Can you talk about the differences?

KALANEK: Believe the definition lowers the standards of the minimum requirements.

REP. DEVLIN: What special interests would the Nurses Assoc. have to lower the standards?

KALANEK: They represent a small number of nurses.

REP. SANDVIG: Can we afford to wait to do something about the shortage problem?

KALANEK: It's a distribution issue. Will make study results available as soon as she gets something.

REP. PORTER: Duplication in approval process. What is the site process and the fees charged to the education programs?

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KALANEK: The cost of the salary for the nurse who does the site visits as well as the other duties she does is covered by the $200.

REP. PORTER: How often is the site visited and charged the fee? And what is done to assure public safety that isn't performed through a national accreditation process, which both are through the same organization (the safety and accreditation).

KALANEK: Approval by board is 2-4 years. When a site visit is conducted, a report is provided to board. The clinical studies are part of process.

REP. PORTER: Where does the accreditation process differ?

KALANEK: It's an 8-10 yr.. process. Require interim reports. While the board is look at public safety and protection and they are looking at meeting standards at a certain level.

REP. PORTER: If nursing is the only area of health care that regulates itself though a board, are the other programs wrong then?

KALANEK: No. Pharmacy (NDSU) requires national accreditation, however, but then they also have additional requirements of their board.

PORTER: Should all of health care go back to their boards and take the approval from higher education? Should we not just do them one way or the other?

KALANEK: Nursing is different in terms of clinical experience. Safety is the issue.

MARY ANNE MARSH (Chair of the Dpt of Nursing @ Dickinson State): Opposes with written testimony.

REP. PRICE: How many slots are available for RNs and LPNs?

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MARSH: Available, but doesn't have it today? When asked by Rep. Potter how she sees this to be a problem with recruiting when our students leave, she questioned how many of those who leave go to NWTC in Moorhead.

REP. KREIDT: In 1985, the requirements for 2yr and 4 yr. programs were put into effect. When that was done, it was said ND would be a leader and other states would follow. That hasn't happened. Can the board explain why?

MARSH: Some schools may only be 2yr, but they make the students take other classes before being accepted, so they are going to school longer.

REP. NIEMEIER: Is there any encouragement given to your graduates concerning the geographical issue of the shortages?

MARSH: Have not done the best to recruit.

REP. AMERMAN: If they only had to take 2 yr. to be registered, would the medical community think they weren't worth as much and pay them less?

MARSH: Yes, this is a concern.

REP. DEVLIN: We all voted for nursing scholarships during the last session and resents her previous statement that there aren't enough scholarships for nurses. Marsh stands corrected.

(Committee broke to move rooms)

SALLY PETERSON, (Pres of ND Long-term Care Assoc..): Supports with written testimony and attachments (article)

REP. PRICE: What is the situation for your members? Where they be for nurses in 5 yrs?

PETERSON: 66% turnover of CNAs. 30% turnover for nurses in the state. 2/3 of the facilities said they were in a staffing crisis. After the scholarship bill, the CNA turnover is down to 44%.

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LPN went up and RN went down. Went over the figures of appropriated funds for scholarships and grants for nursing in response to Rep. Devlin's question.

REP. KREIDT: Can our nurses go to other states to work? Peterson declined to answer because she did not know. She knows of it being tougher to come into the state to work.

ARNOLD THOMAS (Pres of ND Health Care Assoc..): Supports with written testimony.

REP. WEISZ: Would someone who gets a foreign degree be eligible for licensing?

THOMAS: Sponsors did not intend to restrict them, but would be willing to amend to fix it.

REP. AMERMAN: Do the nurses from the Philippines have a 4 yr. course? What background? Thomas did not know, but knows they are licensed by the Board of Nursing to practice in ND

BRUCE BOWERSOX (Administrator of Hillsboro Medical Center): Supports the bill. Hillsboro has benefited from HB 1196 (scholarships). Through a study, found that if people start in long-term care, they have an opportunity to continue in long-term by going back to school. Already have people working in health care, yet if they can't go back to school within state, they will go elsewhere and may not return. In response to Rep. Price's question, the current employees are getting their advanced training all over (examples of Wahpeton, Mayville, and Southwest Tech for just one student).

DONNA THIGPEN: (in response to earlier question from Rep. Kreidt as to whether or not our students can work in other states): There is a national reciprocity agreement so does not believe they would be denied.

LINDA WURTZ (AARP ND): Opposes with written testimony.

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REP. POLLERT: AARP is represented in all 50 states. Are the nurses in the other 49 states jeopardizing their senior citizens? In response, she does not believe so, but feels other states have different systems.

REP. PORTER: Does not see anywhere in the bill that the standards of LPNs or RNs will be reduced and is wondering where she is seeing it? How does she feel about the other health professionals that do not have a licensing board? How can she say it "would" and then say "if" or "may." And if that is what AARP thinks, are we doing the other professions wrong by leaving them accountable to the State Board of Higher Education

WURTZ: Sees changing the standards in education would be detrimental to direct care. Did not want to comment on doing the other professions wrong.

REP. SANDVIG: Questioned if AARP wouldn't be more concerned with the lack of nurses. Wurtz said that ND is not as bad off as the rest of the nation. Rep. Sandvig noted many of the people now going into nursing are older. Questioned if they wouldn't have the skills from life that would come with the 4yr degree. Wurtz stills sees with concerns since medicine is not like it was in years prior. Rep. Sandvig then questioned if all AARP members understand the bill. Wurtz noted that AARP did not survey them on this bill.

REP. POLLERT: Is the quality of care in the surrounding states better or worse. Wurtz did not know. What did reps from AARP in surrounding states have to say? Wurtz said she has not heard specific statements from neighboring states.

REP. PORTER: Are you saying the nurses who come from other states give a lesser standard of patient care than someone else? Wurtz said she is more concerned about our standards and that they stay where they are.

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REP. PRICE: The shortage has caused some in long-term care facilities to leave their communities. Is AARP giving equal weight to the fact that some have to go over 100 miles to find nursing home? Wurtz said they would see this as a separate issue. But feels the standard of care is more important than the community they live in.

PAUL RICHARD (Gen. Counsel for MeritCare Health System): Opposes with written testimony.

REP. PRICE: What is would be your reaction if amended to match the physicians (see testimony relating to physician licenses? Richard said this would be fine. Is your position of the board or of management? Richard said it was management.

ANNE ELIASON (practicing RN): Opposes with written testimony.

CHAIR PRICE: Requested for nursing institutions to provide list of requirements.

ALISON STULL (RN): Opposes with written testimony.

JACK RYDELL (RN): Opposes with written testimony.

PHIL BAIRD (Dean of Vocational Academics Programs at United Tribes): Opposes with written testimony of Dr. David Gipp. Concerned with changes and policies and how they would affect Native Americans. Haven't been consulted with the making of this bill and the changes.

REP. PRICE: Do you have a two year program? Yes. (answered by Evelyn Orth of United Tribes) Rep. Price wanted clarification that United Tribes feels that the Board of Higher Ed would automatically lower the requirements of education. Orth replied that the concern would be that if given a choice of a 2 yr. LPN program or a 2 yr. RN program, students would choose the RN program, which United Tribes does not have.

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BRANDI BARTA (student at the U of Mary): Opposes with written testimony.

CHAIR PRICE called for other written testimony to be submitted.

MICHEL HILLMAN (Vice Chancellor for Academic Affairs of NDUS/State Board): The Board and Universities are not taking a position on this bill because of the controversy. Passed out reciprocity report between ND and MN.

REP. PRICE: Asked Hillman to address the question asked to Paul Richard concerning wording of physician licenses. Programs are all reviewed. New programs have to be accepted. And most have accreditation requirements too.

REP. DEVLIN: Wanted clarification on testimony. Since the universities are not taking a position, everyone who testified today (ie. the nursing students) were actually representing themselves and their personal beliefs, not the universities. Hillman agreed. Rep. Devlin then asked what makes everyone believe that passing this bill would create the State Board of Higher Ed to lower their standards of nursing education. Hillman said the board has a reputation for high standards. Test results say 2 yr. students do just as well as 4 yr. students on the licensing exam. So if you assume the exam is a good measure of quality, they you can say you have comparable quality. Believes that if the numbers are correct, the Board of Higher Ed may want to review whether or not we have policies that encourage our students to leave the state for the degree and then come back just as qualified with a two year degree.

REP. POLLERT: Concerning the numbers at NW Tech, is that the number of ND students at NW Tech? Hillman responded that yes, 200 ND students

REP PRICE: How does UND select the curriculum? The curriculum is set within the boundaries of the accreditation. Board accepts that it's accredited.

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HILLMAN: Asked for clarification on NW Tech. Dr. Kalanek responded that NW Tech is a 2 yr. LPN program. Half of the licensed LPNs go through that program and are licensed in ND.

CHAIR PRICE: Closed hearing on HB 1245

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2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1245

House Human Services Committee

☐ Conference Committee

Hearing Date February 4, 2003

Tape Number	Side A	Side B	Meter #
1	x		32.1 - 48.6
Committee Clerk Signature	Sharon Renfrew		

Minutes: Committee Work

Connie Kalanek, ND Board of Nursing handed out some amendments and to explain them. Also stated they continue to oppose the bill.

Karen MacDonald handed out amendments (yellow sheet) which is the amendment they spoke of earlier and amendments (blue sheet) which is addressing other concerns.

Arnold Thomas, ND Healthcare Assoc. presented amendments to the committee stating these are employer specific.

Shelly Peterson stated she is working with Mr. Thomas in drawing up the amendments.

Rep. Devlin wanted to know if the ND Medical Assoc. take a position last week on 1245?

Answer: Mr. Thomas understood they did, but did not know what it was.

Ended committee work.

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2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB1245

House Human Services Committee

☐ Conference Committee

Hearing Date 2-12-03

Tape Number	Side A	Side B	Meter #
2	XX		31.8--41.9

Committee Clerk Signature Sharon Rayfield

Minutes: **Chair Price:** Take up HB1245. The nurses can't come to an agreement. I have an issue with the Board of Nursing tells the university what the student-teacher ratio should be. That is going a bit far.

Rep. Porter: It came up that 16 years ago, when the law was changed, allowed the Board of Nursing to say that an RN was a degree program and an LPN was an AS program. That legislation went through 50 legislatures. That has created a huge barriers around the state of ND. They regret the other 49 states did not get this legislation accomplished. This came out during the hearing. I don't foresee that the educational standard in ND is going to change. I see that if someone is working in a rural area and wants to keep working as a CNA and wants to become a nurse, there are distance programs available. That person can take that course and then go somewhere in ND and do the clinical. If they leave ND to do clinical, and come back as RN with less than 4 year degree, they become transitional nurses and are licensed. The only part that is changing is that they can do their clinic al's in the state. It addresses the clinical component that is

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missing. Also, addresses the unfair treatment of two different nurses. This shouldn't be. An RN is an RN and should all be required to have continuing education. Medicine changes.

Chair Price: I have not seen the amendments that were to be drafted. Hold this over.

Adjourned

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2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1245

House Human Services Committee

☐ Conference Committee

Hearing Date February 17, 2003

Tape Number	Side A	Side B	Meter #
1	x		0.5 - 17.3
Committee Clerk Signature	Sharon Ringsaw		

Minutes: Committee Work

Rep. Porter explained the amendments and made a motion to move the amendments, second by Rep. Kreidt.

Rep. Niemeier wanted to know if continuing education was the same for all nurses in credit hours. Answer: yes

Rep. Devlin noted that Legislative Council doesn't have a lot of experience with immigrants and having trouble coming up with the right language, so there will be more clarifying language coming.

Rep. Niemeier stated that the transitional license are going to be phased out by 2005 and would like a further explanation and the rationale on that.

Answer by Rep. Porter: With the changes made previously in the bill that deal with a accreditation process of who comes into the state, as long as the individual is trained through an accredited college, that has transferable credits, then they can practice in ND. Right now they

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can practice in ND with what's called a transitional license which puts a 30 hr continuing education requirement on top of their license so they are not looked upon as the same kind of nurse as a 4 yr. degree nurse. With the changes in the bill recognizing an accredited school then in 2005 the transitional license won't be necessary.

Rep. Weisz, clarification on continuing education requirements, the word is it will be up to the Board of Nursing to decide how many hours and what type. Answer: yes

Rep. Price: When they take Boards, are they Nationals Board or does Boards differ for each State?

Answer by Dr. Kalanek: They are all the same.

Rep. Wieland: Is there still an area where they all don't agree?

Answer by Rep. Porter: Yes, areas that amend Section 3 (wording difference between the Board of Nursing and the Nurses Assoc. "a board accrued") and Section 4 (wording difference between the Board of Nursing and the Long Term Care and Health Care Assoc. and the ND Nurses Assoc.)

Rep. Niemeier asked Dr. Kalanek: In Section 4, Page 4, Line 4 where they have "the board may not restrict the offering in this states of nursing programs accredited by these two federal programs" have there been some issues apparent there?

Dr. Kalanek: Programs that have not met additional requirements _____ in ND were not or did not provide these programs, such as (cannot hear the tape, its too muffled)

VOTE on Amendments: 13 - 0 - 1 Amendments Passed

Rep. Devlin made a motion for DO PASS as Amended, second by Rep. Sandvig

VOTE: 12 - 1 - 0 Rep. Devlin to carry the bill.

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FISCAL NOTE

Requested by Legislative Council
04/16/2003

Amendment to: HB 1245

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.*

	2001-2003 Biennium		2003-2005 Biennium		2005-2007 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues				$0		$0
Expenditures				$37,000		$23,000
Appropriations						

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

2001-2003 Biennium			2003-2005 Biennium			2005-2007 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.*

We do not believe this bill as amended will significantly impact revenue or expenditures. The expenditures indicated above include the costs of amending administrative rules as a result of the proposed changes in the Practices Act. The tracking for mandatory continuing education will significantly increase workload, resulting in a impact on FTE's and expenditures.

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.*

We estimate there will be four rule promulgation proceedings in 2003-05 biennium in order to amend all rules affected by this bill. Cost of rule promulgation is estimated at $2500.00 each. We anticipate an increase in FTEs to monitor continuing education requirements at .5 FTE for Professional staff ($20,000) and .25 FTE admininstrative staff ($3,000). A mailing to all current licensees will be required for notification of contact hour requirements in the 2003-05 Fiscal year, at an approximate cost of $4,000.

   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 ND Board of Nursing does not receive general funding. The board operations are funded through nurse licensure fees and appropriated through NDAC Section 54-44-12. The only source of increased revenue is to increase licensure fees when necessary.

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10/3/03
Date

The Conference Committee amendments do not change the fiscal note.

Name:	Constance B Kalanek	**Agency:**	ND Board of Nursing
Phone Number:	(701) 328-9781	**Date Prepared:**	04/16/2003

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FISCAL NOTE

Requested by Legislative Council
03/26/2003

Amendment to: HB 1245

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.*

	2001-2003 Biennium		2003-2005 Biennium		2005-2007 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues				$0		$0
Expenditures				$37,000		$23,000
Appropriations						

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

2001-2003 Biennium			2003-2005 Biennium			2005-2007 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.*

We do not believe this bill as amended will significantly impact revenue or expenditures. The expenditures indicated above include the costs of amending administrative rules as a result of the proposed changes in the Practices Act. The tracking for mandatory continuing education will significantly increase workload, resulting in a impact on FTE's and expenditures.

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.*

We estimate there will be four rule promulgation proceedings in 2003-05 biennium in order to amend all rules affected by this bill. Cost of rule promulgation is estimated at $2500.00 each. We anticipate an increase in FTEs to monitor continuing education requirements at .5 FTE for Professional staff ($20,000) and .25 FTE admininstrative staff ($3,000). A mailing to all current licensees will be required for notification of contact hour requirements in the 2003-05 Fiscal year, at an approximate cost of $4,000.

   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 ND Board of Nursing does not receive general funding. The board operations are funded through nurse licensure fees and appropriated through NDAC Section 54-44-12. The only source of increased revenue is to increase licensure fees when necessary.

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LaCosta Rickbord 10/3/03
Operator's Signature Date

Name:	Constance Kalanek	**Agency:**	ND Board of Nursing
Phone Number:	(701) 328-9779	**Date Prepared:**	03/27/2003

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LaCosta Rickford 10/3/03
Operator's Signature Date

FISCAL NOTE

Requested by Legislative Council
02/19/2003

Amendment to: HB 1245

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.*

	2001-2003 Biennium		2003-2005 Biennium		2005-2007 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues				$0		$0
Expenditures				$10,000		$0
Appropriations						

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

2001-2003 Biennium			2003-2005 Biennium			2005-2007 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.*

We do not believe this bill as amended will significantly impact revenue or expenditures. The expenditures indicated above include the costs of amending administrative rules as a result of the proposed changes in the Practices Act. The monitoring of nursing education programs would be significantly reduced, however, the tracking for mandatory continuing education will significantly increase workload, resulting in a neutral impact on FTE's and expenditures.

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.*

We estimate there will be four rule promulgation proceedings in order to amend all rules affected by this bill. Cost of rule promulgation is estimated at $2500.00 each.

   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 ND Board of Nursing does not receive general funding. The nursing education program approval process and FTEs are funded through nurse licensure fees and appropriated through NDAC Section 54-44-12.

Name:	Constance B Kalanek, PhD, RN	**Agency:**	ND Board of Nursing
Phone Number:	(701)328-9779	**Date Prepared:**	02/19/2003

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LaCosta Rickford 10/3/03
Operator's Signature Date

FISCAL NOTE

Requested by Legislative Council
01/13/2003

Bill/Resolution No.: HB 1245

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.*

	2001-2003 Biennium		2003-2005 Biennium		2005-2007 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues				($52,800)		($52,800)
Expenditures				($74,353)		($81,461)
Appropriations						

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

2001-2003 Biennium			2003-2005 Biennium			2005-2007 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.*

In our limited research, many applicants that are currently eligible for licensure in ND have graduated from programs that do not meet the qualification of NDCC 43-12.1-08 (7) as stated in this bill. We estimate half of the individuals currently endorsed and a number of applicants licensed by examination would not be eligible for ND licensure under this revision thus resulting in a loss of initial licensure fee revenue.

The fiscal effect of eliminating nursing education approval from the Board of Nursing as proposed in NDCC 43-12.1-08 (7) would result in the loss of .5 FTE and the expenses of the program approval process.

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.*

Initial licensure fees would be decreased. According to 43-12.1-08 (7), the state would not be able to license many out of state applicants, as well as Canadian and foreign educated nurses. We estimate the loss of revenue to be 50% of our current budgeted income for this line item, which is $52,800.00 per biennium.

   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.*

The loss of program approval would have a negative effect on expenditures. The current budget amount for nursing education is $74,353.00 per biennium, which includes .5 FTE plus $5000.00 expenses per biennium related to program approval 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*

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LaCosta Rickford 10/3/03
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budget. Indicate the relationship between the amounts shown for expenditures and appropriations.

The ND Board of Nursing does not receive general funding. The nursing education program approval process and FTE is funded through nurse licensure fees and appropriated through NDAC Section 54-44-12.

Name:	Constance B Kalanek, PhD, RN	**Agency:**	ND Board of Nursing
Phone Number:	(701)328-9779	**Date Prepared:**	01/17/2003

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LaCosta Rickford 10/3/03
Operator's Signature Date

30394.0102
Title.

Prepared by the Legislative Council staff for
Representative Keiser
February 3, 2003

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1245

Page 1, line 1, remove "subsection 10 of section 15-20.4-02,"

Page 1, remove lines 5 through 9

Page 2, line 26, overstrike ""Transitional practical nurse license" means a license issued by the board to a"

Page 2, overstrike lines 27 through 31

Page 3, line 1, overstrike "11."

Page 3, line 7, replace "meets the minimum standards for nursing education programs" with "is located in an institution of higher education and that offers transferable credit, if those students are preparing for initial licensure as registered nurses or licensed practical nurses"

Page 4, line 3, replace "Accept for licensure the graduates of" with "With respect to programs that are not accredited by a board-recognized national nursing accreditation organization, establish standards for and approve"

Page 4, line 4, replace "are approved by the state board of higher education or" with "prepare students for initial licensure"

Page 4, remove line 5

Page 4, line 6, remove "academic settings and offer transferable credit"

Page 4, line 7, after "8." insert "Identify and publish a list of national nursing accreditation organizations that are recognized by the board for accrediting nursing education programs leading to initial licensure."

9. Accept for licensure graduates of nursing education programs that have received approval by the board or which are accredited by board-recognized national nursing accreditation organizations.

10. Accept for licensure graduates of foreign nursing programs. A graduate of a foreign nursing program shall submit to the board an evaluation of the full nursing education program academic record from a board-recognized national credential's evaluation service which verifies that the program was academic in nature. The evaluation under this subsection must be in English or translated into English.

11."

Page 4, line 8, overstrike "9." and insert immediately thereafter "12."

Page 4, line 10, overstrike "10." and insert immediately thereafter "13."

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Operator's Signature Date

Page 4, line 12, overstrike "11." and insert immediately thereafter "14."

Page 4, line 13, overstrike "12." and insert immediately thereafter "15."

Page 4, line 15, overstrike "13." and insert immediately thereafter "16."

Page 4, line 16, overstrike "14." and insert immediately thereafter "17."

Page 4, line 18, overstrike "15." and insert immediately thereafter "18."

Page 4, line 19, overstrike "16." and insert immediately thereafter "19."

Page 4, line 22, overstrike "17." and insert immediately thereafter "20."

Page 4, line 24, overstrike "18." and insert immediately thereafter "21."

Page 4, line 25, overstrike "19." and insert immediately thereafter "22."

Page 4, line 28, overstrike "20." and insert immediately thereafter "23."

Renumber accordingly

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LaCosta Rickford 10/3/03

Operator's Signature Date

30394.0105
Title.0200

Prepared by the Legislative Council staff for
Representative Devlin
February 14, 2003

VK
2/17/03
1of2

HOUSE AMENDMENTS TO HOUSE BILL NO. 1245 **HS 2-18-03**

Page 1, line 1, after "to" insert "create and enact a new subsection to section 43-12.1-10 and a new section to chapter 43-12.1 of the North Dakota Century Code, relating to transitional nurse licensure and continuing education; to" and remove "subsection 10 of section 15-20.4-02,"

Page 1, line 3, after "programs" insert "; and to provide for application"

Page 1, remove lines 5 through 9

HOUSE AMENDMENTS TO HB 1245 HS 2-18-03

Page 3, line 6, overstrike "Students" and insert immediately thereafter "A student"

Page 3, line 7, replace "that meets the minimum standards for nursing education programs" with "preparing for initial or advanced licensure as a registered nurse or licensed practical nurse which is located in an institution of higher education that offers transferable credit"

Page 3, line 26, remove the overstrike over "~~education and~~"

HOUSE AMENDMENTS TO HB 1245 HS 2-18-03

Page 4, line 3, replace "Accept for licensure the graduates of" with "Establish standards for"

Page 4, line 4, replace "that are approved by the state board of higher education or" with "leading to licensure and collaborate with nursing education program approval organizations and accreditation organizations. The board may not restrict the offering in this state of nursing programs accredited by the national league for nursing accrediting commission, or the commission on collegiate nursing education"

Page 4, remove line 5

Page 4, line 6, remove "academic settings and offer transferable credit"

Page 4, line 8, overstrike "Establish standards for assessing the competence of licensees and registrants"

Page 4, line 9, overstrike "continuing in or returning to practice" and insert immediately thereafter "Approve for licensure graduates of nursing education programs that are recognized by the board or that are accredited by national nursing program accreditation organizations that are recognized by the board. However, a graduate of a nursing education program that is not located in the United States, Canada, or the United States' possessions or territories must have a baccalaureate degree in order to be licensed as a registered nurse. The board may not restrict the offering in this state of nursing programs accredited by the national league for nursing accrediting commission, incorporated, or the commission on collegiate nursing education"

Page 6, after line 26, insert:

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Operator's Signature Date

"**SECTION 5.** A new subsection to section 43-12.1-10 of the North Dakota Century Code is created and enacted as follows:

An individual who holds a license as a transitional practical nurse or a transitional registered nurse on August 1, 2003, may renew that license for the 2004 licensure year. Effective with the 2005 licensure year, the board may not renew transitional licenses.

SECTION 6. A new section to chapter 43-12.1 of the North Dakota Century Code is created and enacted as follows:

Continuing education requirements. The board shall adopt rules requiring every nurse licensed in the state to fulfill continuing education requirements. Before the board may renew a license, the licensee shall submit evidence to the board establishing that all continuing education requirements prescribed by the rules adopted by the board have been met. The continuing education requirements must be the same for all nurses, regardless of the type of nurse or the level of education.

SECTION 7. APPLICATION. The licensure requirements of section 6 of this Act are effective beginning with the 2005 licensure year."

Renumber accordingly

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LaCosta Rickford 10/3/03
Operator's Signature Date

Date: February , 2003
Roll Call Vote #:

2003 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HB[redacted] 1245

House HUMAN SERVICES Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken DP as Amended

Motion Made By Rep Devlin Seconded By Rep. Sandvig

Representatives	Yes	No	Representatives	Yes	No
Rep. Clara Sue Price - Chair 9	✓		Rep. Sally Sandvig 2	✓	
Rep. Bill Devlin, Vice-Chair 1	✓		Rep. Bill Amerman 11	✓	
Rep. Robin Weisz 6	✓		Rep. Carol Niemeier 8	✓	
Rep. Vonnie Pietsch 10	✓		Rep. Louise Potter 4	✓	
Rep. Gerald Uglem 7	✓				
Rep. Chet Pollert 12	✓				
Rep. Todd Porter 3	✓				
Rep. Gary Kreidt 5	✓				
Rep. Alon Wieland 13		✓			

Total (Yes) 12 No 1

Absent 0

Floor Assignment Rep. Devlin

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

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Operator's Signature Date

REPORT OF STANDING COMMITTEE (410)
February 18, 2003 12:40 p.m.

Module No: HR-31-3074
Carrier: Devlin
Insert LC: 30394.0105 Title: .0200

REPORT OF STANDING COMMITTEE

HB 1245: Human Services Committee (Rep. Price, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (12 YEAS, 1 NAY, 0 ABSENT AND NOT VOTING). HB 1245 was placed on the Sixth order on the calendar.

Page 1, line 1, after "to" insert "create and enact a new subsection to section 43-12.1-10 and a new section to chapter 43-12.1 of the North Dakota Century Code, relating to transitional nurse licensure and continuing education; to" and remove "subsection 10 of section 15-20.4-02,"

Page 1, line 3, after "programs" insert "; and to provide for application"

Page 1, remove lines 5 through 9

Page 3, line 6, overstrike "Students" and insert immediately thereafter "A student"

Page 3, line 7, replace "that meets the minimum standards for nursing education programs" with "preparing for initial or advanced licensure as a registered nurse or licensed practical nurse which is located in an institution of higher education that offers transferable credit"

Page 3, line 26, remove the overstrike over "~~education and~~"

Page 4, line 3, replace "Accept for licensure the graduates of" with "Establish standards for"

Page 4, line 4, replace "that are approved by the state board of higher education or" with "leading to licensure and collaborate with nursing education program approval organizations and accreditation organizations. The board may not restrict the offering in this state of nursing programs accredited by the national league for nursing accrediting commission, or the commission on collegiate nursing education"

Page 4, remove line 5

Page 4, line 6, remove "academic settings and offer transferable credit"

Page 4, line 8, overstrike "Establish standards for assessing the competence of licensees and registrants"

Page 4, line 9, overstrike "continuing in or returning to practice" and insert immediately thereafter "Approve for licensure graduates of nursing education programs that are recognized by the board or that are accredited by national nursing program accreditation organizations that are recognized by the board. However, a graduate of a nursing education program that is not located in the United States, Canada, or the United States' possessions or territories must have a baccalaureate degree in order to be licensed as a registered nurse. The board may not restrict the offering in this state of nursing programs accredited by the national league for nursing accrediting commission, incorporated, or the commission on collegiate nursing education"

Page 6, after line 26, insert:

"**SECTION 5.** A new subsection to section 43-12.1-10 of the North Dakota Century Code is created and enacted as follows:

An individual who holds a license as a transitional practical nurse or a transitional registered nurse on August 1, 2003, may renew that license for

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Operator's Signature Date

the 2004 licensure year. Effective with the 2005 licensure year, the board may not renew transitional licenses.

SECTION 6. A new section to chapter 43-12.1 of the North Dakota Century Code is created and enacted as follows:

Continuing education requirements. The board shall adopt rules requiring every nurse licensed in the state to fulfill continuing education requirements. Before the board may renew a license, the licensee shall submit evidence to the board establishing that all continuing education requirements prescribed by the rules adopted by the board have been met. The continuing education requirements must be the same for all nurses, regardless of the type of nurse or the level of education.

SECTION 7. APPLICATION. The licensure requirements of section 6 of this Act are effective beginning with the 2005 licensure year."

Renumber accordingly

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10/3/03
Date

2003 SENATE HUMAN SERVICES

HB 1245

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Operator's Signature Date

2003 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1245

Senate Human Services Committee

☐ Conference Committee

Hearing Date March 11, 2003

Tape Number	Side A	Side B	Meter #
1	X		0 - end
		X	0 - end
2	X		0 - 4590
Committee Clerk Signature	Donna L Kramer, Clerk		

Minutes:

SENATOR JUDY LEE opened the public hearing for HB 1245 and the description was read.

Roll call was read. All were present.

REPRESENTATIVE KEISER introduced HB 1245 relating to transitional nurse licensure and continuing education and relating to nursing education programs; and to provide for application. He stated there had a significant number of hearings in the House regarding this bill. Made many changes. (Meter # 0 - 120)

REPRESENTATIVE DEVLIN as one of the sponsors testified in support of the bill. (Written testimony) (Meter #123 - 609)

SENATOR O'CONNELL testified in favor of the bill. (Meter #698 - 777)

MARY SMITH, President of the North Dakota Nurses Association, testified in support of the bill. (Written testimony and copy of proposed amendments) (Meter #850 - 1369)

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10/3/03
Date

KAREN MACDONALD spoke in behalf of the North Dakota Nurses Association and in support of HB1245. Committee member questions and responses regarding amendments ... academic standards ... (Written testimony with proposed amendments) (Meter 1370 - 3340)

DONNA THIGPEN, President of BSC, speaking as a former nurse and sharing her views in favor of HB 1245. (Written testimony with information about associate degree nursing) (Meter # 3342 - 3952)

Questions from committee and responses from Donna Thigpen regarding standards ... lesser pass rate on the baccalaureate degree than on the associate ... foreign people - baccalaureate degree ... BSC nursing program ... LPN changing? ... need for advanced degree nurses ... enhance rural nursing ... reduce standards ... (Meter # 3960 - 5130)

SHARON HART, President of North Dakota State College of Science, testified stating HB 1245 has the potential to significantly change the way nursing education is conducted in North Dakota for years to come. There are many aspects of this bill that are positive in nature, however, one provision may prove to be detrimental in the long run. (Written testimony) (Tape 1, Side A, Meter # 5201 - end and Side B, Meter # 0 - 85)

ARNOLD THOMAS, President of North Dakota Healthcare Association, appeared in support of the bill. He stated the nursing profession should regain self regulatory activities. (Meter # 133 - 490)

Questions from committee and responses regarding higher education providing accredited 1 year ... students in another state ... exam different than curriculum ... training programs provide thresholds ... exam hasn't changed in years ... education has changed ... two education options

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10/3/03
Date

except in ND ... exam is the same in all states ... hospitals value higher education ... ND only state with 4-year RN and 2-year LPN ... adjust the direction needed ... (Meter # 502 - 1001)

SHELLY PETERSON, President of the North Dakota Long Term Care Association, offered testimony in support. Questions from committee and responses from Shelly Peterson regarding whether 1 year LPN training sufficient ... type and length of programs ... foreign nurses trained in English ... people leaving state - due to number of slots available in colleges in ND ... (Written testimony) (Meter # 1002 - 2452)

CONNIE KALENK, Executive Director of the North Dakota Board of Nursing, offered testimony in opposition to HB 1245 relating to the proposed revisions to the Nurse Practices Act. Board of Nursing members voted unanimously to oppose this legislation. Committee members questions and responses regarding amendments ... national licenseure requirements ... RN and LPN same exam ... need for a different level of nurse ... certain number of higher education ... need for advanced practice in ND ... (Written testimony) (Meter # 2554 - 5185)

MARY ANNE MARSH, from Dickinson and Chair of the Department of Nursing at Dickinson State University, testified in opposition. Committee questions and responses regarding continuing education ... (Written testimony) (Tape 1, Side 2, Meter # 5219 - end and Tape 2, Side A, Meter 0 - 662)

JACK RYDELL, RN from the Fargo-Moorhead area, testified in opposition to HB 1245. (Written testimony) (Meter # 662 - 1226)

REPRESENTATIVE SEVERSON, EMT from Cooperstown, testified in favor of HB 1245. Understand there are lots of issues ... ND only state in nation that has a requirement on nursing education ... (Meter # 1351 - 1595)

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MARY JAGIM, North Dakota Emergency Nurses Association State President and lobbyist, testified in opposition. Questions and responses from Mary regarding example of 2-year graduate from MN who did not work out ... recommend planned outline with Dr. Kalenk ... continue to offer the best ... ND has right goal ... nurse at the beside - responsibility and 2 years is not enough ... (Written testimony) (Meter # 1700 - 2720)

HELEN MELLAND, Associate Professor of Nursing at UND and President of North Dakota Board of Nursing, testified in opposition to proposed revisions. Committee questions and responses from Dr. Melland regarding issue of mandatory continuing education ... changing the law ... (Written testimony) (Meter # 2726 - 3787)

TEREE RITTENBACH, Practicing Gerontological Nurse Practitioner in a long term care facility, testified in opposition to HB 1245. Questions by committee and responses regarding seeing change in long-term care ... competition in education ... amendments not clear cut ... (Written testimony) (Meter # 3828 - 4489)

SENATOR LEE closed the public hearing. (Meter # 4590)

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LaCosta Rickford 10/3/03
Operator's Signature Date

2003 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1245

Senate Human Services Committee

☐ **Conference Committee**

Hearing Date March 19, 2003

Tape Number	Side A	Side B	Meter #
2	X		4340-end
2		X	0-2200

Committee Clerk Signature

Minutes:

Senator J. Lee opened the discussion on HB1245. All committee members are present.

Heard from people that are concerned about the two year LPN program compared to the two year Associates Degree program. Is concerned about the two-year LPN programs that are currently in place.

Karen McDonald, member of Nurses Association (mtr #4449) - Nothing will happen until the Board of Nursing would look at any new rules. This bill still allows them to set the standards for nursing education. The bill as it stands now does not diminish the current education standards for nursing education programs that are in place.

Senator J. Lee (mtr #4580) - If this happens, why would someone sign up for a two-year LPN program when they could sign up for a two-year Associate Degree program.

Ms. McDonald (mtr #4620) - Sometimes length is not the deciding factor. One-year LPN programs are locational in nature, there is no transferable college credit, and not as desirable

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LaCosta Rickford 10/3/03
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employees as two-year LPN programs. Have experienced same process with RN programs since the early 1940's. Other choices involved with these programs other then length.

Senator J. Lee (mtr #4717) - Sees the biggest challenge to the two-year LPN program being the Associate Degree program. Why would they chose two-year LPN program when they can go to a two-year associate RN program.

Ms. McDonald (mtr #4754) - Feels we need to look to our neighbors to the west. Recapped the Montana program. Continued discussion on the differences in the different programs. Bill as it will be if you accept our amendments, will not change the Board of Nursing authority to set standards for nursing education programs.

Connie Kalanek (mtr #5044) - Concurs with Ms. McDonald, that the bill itself does not change the standard. Feels the intent of the legislature is that there is the potential for the rules to be compromised, that would lower the standards. Talked about her experience in teaching LPN's that entered into a different program. Feels the scope of practice for the LPN would have to change if we move towards a lesser prepared LPN.

Senator J. Lee (mtr #5330) - Really struggling with the one-year LPN program. When you need to work longer to be a plumber than to be an LPN.

Senator Fischer (mtr #5364) - Regarding transferring, you are saying that an Associate Degree from Wahpeton would not be able to transfer into NDSU in a four-year degree.

Ms. Kalanek (mtr #5414) - Feels they would be able to transfer in. There would have to be accommodations.

Senator Fischer (mtr #5453) - Second question, regarding the programs and NDSU and UND and their size. Concerned about leaving four-year degrees in place, people with high grade point

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averages can not get into NDSU. We seem to be turning people away. Cited example of person with 3.6 GPA that had to go to Minnesota for four-year degree.

Ms. Kalanek (mtr #5582) - Talked about her experience at Dickinson State and Medcenter One where they did admit students that had been rejected by NDSU and UND.

Senator Brown (mtr #5682) - Wondering about the shortage of nurses, how severe is the shortage in ND compared to the rest of the country.

Ms. Kalanek (mtr #5723) - Some of that information provided in previous testimony. Depending on data looked at we are 3rd or 4th highest in the nation in terms of numbers of nurses per patient population. We are not a designated shortage area according to HERSA. Where the people are the nurses are.

Senator Brown (mtr #5875) - Explain what being number three is, that is not as severe a shortage as other places? Or is it more severe, is being 'one' bad?

Ms. Kalanek (mtr #5916) - Clarified the date, largest number of nurses per 100,000 population. We are in pretty good shape.

General back and forth discussion between Senator J. Lee, Senator Brown and Ms. Kalanek.

Tape 2, Side B

Senator Fischer (mtr #44) - Getting to the education thing, would hope that a lot of young women and men that decide to go into nursing, would want to pass one or two years and go on to advanced practice. As young people go into the nursing field, do you feel the four-year degree is in jeopardy?

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Ms. Kalanek (mtr #190) - No, I don't think it is in jeopardy, some of it is choice. Talked about the various choices, who takes advantage of the programs, the academic ability of students and gave examples.

Ms McDonald (mtr #325) - Would like to see and LPN 1 and LPN 2. Is a difference in the scope of practice. Talked about the differences in duties and education. NDNA also would like to see enrollments enlarged at the Universities.

Senator Brown (mtr #585) - Can Madam Chair, buy into LPN 1 and LPN 2?

Senator J. Lee - First time I've heard.

Senator Brown (mtr #620) - Given information received in the past few months, that is the idea I have come up with. Is not a new issue.

Arnold Thomas (mtr #669) - There is no national exam to differentiate 1 and 2.

At this time there are two means of entering nursing, RN can go for 2 year or 4 year program, for the LPN can do a 1 year or 2 year option. In the real world the LPN 1 would not fit anywhere.

Senator Brown - Is not shortage in nursing here now.

Mr. Thomas (mtr #764) - We require a more stringent obligation for people who chose to stay in ND for an educational objective, than for other people transferring in. Talked about entry issues and licensing.

Ms. McDonald (mtr #844) - Agrees with Mr. Thomas, legislature is the wrong place to debate educational requirements. The Board of Nursing, can do that. RN's need an exam to test the competency to take to employers.

Senator J. Lee (mtr #927) - Talked about the need for a different exam. Question regarding the amendments, are they all here. Reviewed the amendments she had prepared in her name.

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Senator Polovitz (mtr #1234) - Is this bill related to the study? Will that study have an effect on what we are doing?

Senator J. Lee (mtr #1280) - Doesn't think so. Talked about how they would proceed with the amendments on this bill. Referenced pg 3 of one of the amendments and reviewed. Moved to pg. 4 of amendment and reviewed. Reviewed the remainder of the amendment.

Ms. McDonald (mtr #1663) - We have no objections to the amendment but would agree with the Board of Nursing.

Ms. Kalanek (mtr #1725) - Referred to Dr. Harts amendments. Talked about a change that she wanted.

General discussion about the amendment and some of the changes people wanted. Senator J. Lee also continued with her review of each section of the amendment.

Senator J. Lee (mtr #2200) - Closed the discussion on HB1245 and adjourned the meeting.

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2003 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1245

Senate Human Services Committee

☐ Conference Committee

Hearing Date March 24, 2003

Tape Number	Side A	Side B	Meter #
1	X		0 - 4800
Committee Clerk Signature	Donna Kramer, Clerk		

Minutes:

SENATOR JUDY LEE opened the committee discussion for HB 1245 relating to the nursing education program. Roll call had been read - all senators present.

SENATOR BROWN read through the proposed amendments as Senator Lee had to leave for a few minutes.

SENATOR LEE had returned and finished reviewing the proposed amendments prepared by the Legislative Council staff, consulting with Dr. Connie Kalenk, Executive Director of the North Dakota Board of Nursing, and Karen Macdonald, with North Dakota Nurses Association, both of whom had been helping with the changes in the amendments. (Meter # 633 - 1206)

SENATOR LEE asked for committee discussion on the amendments that had been presented.

SENATOR POLOVITZ: Could we have a synopsis of what today's changes are in the bill with the amendments - a general statement.

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SENATOR LEE: The house bill had a ton of changes. The amendments early on in this return to what we already have, but currently in law as far as the Nurse Practice Act, education standards and that kind of stuff. ... out of state programs ... notifying the Board ... continuing review with explanations and comments by Karen Macdonald and Dr. Kalenk. ... what it really does is eliminate the requirements for a baccalaureate degree for nurses and an associate degree for licensed practical nurses. ... (Meter # 1231 - 1628)

KAREN MACDONALD: This does not eliminate the requirements for the baccalaureate degree for registered nurses. It eliminates the uneven treatment of people who came in from out-of-state. The Board still retains the authority to set the standards for nursing education and collaborate with nursing organizations. ... The bill does three things: (1) Eliminates the transitional license; (2) eliminates the inability of out-of-state programs who are not baccalaureate or associate degree from coming in to offer clinical experiences within the state; and (3) eliminates the word "oversight" for programs that do not lead to licensure such as Masters Degree .... Board has jurisdiction over all nursing education programs leading to licensure. (Meter # 1635 - 1790)

LESLIE OLIVER: On behalf of ND Long Term Care Association, we agree with your interpretation. (Meter # 1797 - 1850)

CONNIE KALENK: I do believe the Board retains the authority for setting the rules in terms of standards for nursing education program .... (Meter #2071 - 1999)

SENATOR LEE: One of the things that I struggle with the most, I just cannot believe that you can really get a good LPN in a one-year program. And if we continue to have a 2-year program, then why would somebody go for a two-year associate degree LPN program when they could go

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for a 2-year diploma RN program. .... By doing it the way we're doing it, we are allowing 1-year LPN programs ... (Meter # 2000 - 2060)

CONNIE KALENK: Safety factor that has been inserted is they must be located in an institution of higher education that offers transferable credits ... (Meter # 2071 - 2104)

Continued discussion with Senator Lee, Connie Kalenk and Karen MacDonald regarding transitional licensing. (Meter # 2105 - 2220)

ARNOLD THOMAS, of the North Dakota Healthcare Association, referred to the terms 'may or shall" ... (Meter # 2221)

CONNIE KALENK: Read from the statute regarding the transitional license ... "may be" was used. (Meter # 2270)

Continued discussion regarding licensing ... shortage of nurses ... goals ... standards being lowered ... another rung on the ladder ... credits being applicable ... (Meter # 2271 - 3342)

SENATOR LEE: Stated to the committee that the amendments were in front of them.

SENATOR POLOVITZ: Is there a general agreement between all concerned ... (Meter # 3370 - 3410)

CONNIE KALENK: The Board of Nursing is supportive of the bill with the amendments if they are adopted as Senator Lee and Senator Brown presented. ... The directors of all the programs are also supportive of the amendments and if they are adopted will support the bill. ... Do not believe the bill is ideal, but I think it is something we can work with ... (Meter #3420 - 3496)

SENATOR BROWN: I'm not convinced ... that higher education will stay the same. ... (Meter # 3500 - 3554)

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SENATOR FAIRFIELD: Interesting. One of the rationale given for this is trying to avoid future legislative action. ... are we going to be revisiting this? (Meter # 3565 - 3714)

SENATOR POLOVITZ: Legislation should change. ... Hopefully, that this is a step in the right direction ... can be corrected at the next legislative session ... (Meter 3722 - 3763)

SENATOR FAIRFIELD: My point. We're trying to do this so we didn't have to come back. ...

SENATOR LEE: ... It is the only health care profession which has standards in statutes ... (Meter # 3798 - 3805)

SENATOR POLOVITZ made a motion to MOVE AMENDMENTS as prepared by the Legislative Council.

SENATOR FAIRFIELD seconded the motion.

Roll call read. 6 in favor.

SENATOR LEE handed out the amendments prepared by Dr. Kalenk.

CONNIE KALENK: Reviewed her amendments. She said that in speaking with the nursing program administrators, they do support an articulation process. There is a process in place in terms of general education requirements that are transferable from institution to institution. ... will need to do so more investigation.

SENATOR LEE: Credits are transferable as much as possible. Continued discussion with Dr. Kalenk regarding credits being transferred. (Meter # 3970 - 4265)

SENATOR LEE stated that the committee needed to look at this bill seriously ... by adding "rung to the ladder" in adding associate degree RNs and other programs for LPNs to be considered by the Board as part of the nursing structure in North Dakota.

SENATOR POLOVITZ made motion to DO PASS AS AMENDED.

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SENATOR FISCHER seconded the motion.

Roll call read. 4 yeas 2 nays.

SENATOR LEE will be the carrier. (Meter # 4545)

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Operator's Signature Date

30394.0201
Title.

Prepared by the Legislative Council staff for
Senator J. Lee
March 7, 2003

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1245

Page 3, line 6, replace "A" with "Upon notification of the board, a"

Page 4, line 6, remove the overstrike over "~~Periodically review and approve~~" and remove "Establish standards for"

Page 4, line 7, replace "licensure and collaborate with nursing education program" with "initial or advanced licensure."

Page 4, line 8, remove "approval organizations and accreditation organizations."

Page 4, line 10, after the underscored comma insert "incorporated,"

Page 4, line 13, remove the overstrike over "~~Establish standards for assessing the competence of licensees and registrants~~"

Page 4, line 14, remove the overstrike over "~~continuing in or returning to practice~~" and remove "Approve for licensure graduates of nursing"

Page 4, remove lines 15 through 18

Page 4, line 19, remove "have a baccalaureate degree in order to be licensed as a registered nurse" and remove the underscore under the period

Page 4, line 22, underscore the period

Page 7, line 13, replace "An" with "The board shall issue a licensed practical nurse license or a registered practical nurse license to each"

Page 7, line 14, replace", may renew that license for the 2004 licensure" with ". A newly issued license under this section replaces the transitional license."

Page 7, remove lines 15 and 16

Page 7, line 22, remove "The"

Page 7, remove lines 23 and 24

Renumber accordingly

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LaCosta Rickford 10/3/03
Operator's Signature Date

30394.0203
Title.

Prepared by the Legislative Council staff for
Senator J. Lee
March 21, 2003

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1245

Page 1, line 1, after the first "new" insert "section to chapter 15-10, a new" and after "43-12.1-10" insert a comma

Page 1, line 2, after the second "to" insert "nursing education articulation,"

Page 1, line 3, after "licensure" insert a comma

Page 1, after line 6, insert:

"**SECTION 1.** A new section to chapter 15-10 of the North Dakota Century Code is created and enacted as follows:

Nursing education articulation. The state board of higher education shall establish a nursing education articulation process for licensed practical nurses and registered nurses who wish to obtain baccalaureate degrees in nursing from institutions under the control of the board."

Page 7, line 25, replace "6" with "7"

Renumber accordingly

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Operator's Signature Date

30394.0202
Title.0300

Prepared by the Legislative Council staff for
Senate Human Services
March 21, 2003

3-24-03

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1245

Page 3, line 6, replace "A" with "Upon notification of the board, a"

Page 4, line 6, remove the overstrike over "~~Periodically review and approve~~" and remove "Establish standards for"

Page 4, line 7, after "to" insert "initial or advanced" and remove "and collaborate with nursing education program"

Page 4, line 8, remove "approval organizations and accreditation organizations"

Page 4, line 10, after the underscored comma insert "incorporated,"

Page 4, line 11, after "education" insert "if the programs meet the same or equivalent education standards required by the board for North Dakota programs"

Page 4, line 13, remove the overstrike over "~~Establish standards for assessing the competence of licensees and registrants~~"

Page 4, line 14, remove the overstrike over "~~continuing in or returning to practice~~" and remove "Approve for licensure graduates of nursing"

Page 4, remove lines 15 through 21

Page 4, line 22, remove "commission on collegiate nursing education"

Page 7, line 13, replace "An" with "The board shall issue a licensed practical nurse license or a registered nurse license to each"

Page 7, line 14, replace ", may renew that license for the 2004 licensure" with ". A newly issued license under this section replaces the transitional license."

Page 7, remove lines 15 and 16

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LaCosta Rickgard 10/3/03
Operator's Signature Date

Date: 03-24-03
Roll Call Vote #: [redacted] 1

2003 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1245

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken To Amend.

Motion Made By Sen. Polovitz Seconded By Sen. Fairfield

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee - Chairman	✓				
Senator Richard Brown - V. Chair.	✓				
Senator Robert S. Erbele	✓				
Senator Tom Fischer	✓				
Senator April Fairfield	✓				
Senator Michael Polovitz	✓				

Total (Yes) 6 No 0

Absent

Floor Assignment

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

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Operator's Signature Date

Date: 03-24-03
Roll Call Vote #: 2

2003 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1245

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Do Pass as amended.

Motion Made By Sen. Polovitz Seconded By Sen. Fischer

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee - Chairman	✓				
Senator Richard Brown - V. Chair.		✓			
Senator Robert S. Erbele	✓				
Senator Tom Fischer	✓				
Senator April Fairfield		✓			
Senator Michael Polovitz	✓				

Total (Yes) 4 No 2

Absent

Floor Assignment Sen. Lee

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

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Operator's Signature Date

REPORT OF STANDING COMMITTEE (410)
March 25, 2003 11:13 a.m.

Module No: SR-53-5660
Carrier: J. Lee
Insert LC: 30394.0202 Title: .0300

REPORT OF STANDING COMMITTEE

HB 1245, as engrossed: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (4 YEAS, 2 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1245 was placed on the Sixth order on the calendar.

Page 3, line 6, replace "A" with "Upon notification of the board, a"

Page 4, line 6, remove the overstrike over "~~Periodically review and approve~~" and remove "Establish standards for"

Page 4, line 7, after "to" insert "initial or advanced" and remove "and collaborate with nursing education program"

Page 4, line 8, remove "approval organizations and accreditation organizations"

Page 4, line 10, after the underscored comma insert "incorporated,"

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2003 HOUSE HUMAN SERVICES

CONFERENCE COMMITTEE

HB 1245

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2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1245

House Human Services Committee

☑ Conference Committee

Hearing Date 4-7-03

Tape Number	Side A	Side B	Meter #
1	x		42.5-61.6
1		x	0.0-13.3
Committee Clerk Signature	Sharon Seyfrau		

Minutes:Representative Devlin: called the conference committee to order on HB 1245.

Representative Devlin, Senator Lee, Senator Erberle, Senator Fairfield, Representative Weisz, Representative Sandvig were present.

Senator Lee: on page 3 there was a request that the phrase "upon notification of the board" be added to section 2, and the reason is, that students that are enrolled in North Dakota programs those names are submitted by the educational facility to the board of nursing, but this just adds to people enrolled in out of state programs, the students would be responsible for notifying the board. In section 5 on page 7, eliminates transitional license, makes it more clear and education requirements must be the same, no matter what type of nurse or level of education. the feeling of the committee that in the other professions that I am aware the continuing education types of classes and so forth are really managed by the board and they might not have the same requirements for each type of nursing program for each type of nursing education, they all would have to have continuing education requirements, but have them be identical for each field of

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nurses should be something that should be addressed by the board. On page 4, at the request of Sharon Heart, the President of the State College of Science added amendment, on what the board is, there are some concerns from Dr. Kalanek, that she just discovered that we are jeopardizing the accreditation by the DPI, and there are 6 other states that have accreditation as well, so it is not just a degree thing.

Senator Lee: I also got e-mail messages from a women involved with nurses education in Devils Lake, and her concern was is that there be time allowed for the North Dakota schools to get up to speed because the ones coming in from out of state who are already doing these kind of programs will be able to step in right away, she was very concerned about the disadvantage that the North Dakota schools will probably be in, if the out of states would be able to come in right away with different set of credentials and requirements

Representative Devlin: this will take us a day or two to work through a couple of issues. We don't have a particular problem with the board of nursing doing it, we just want to make sure that if you are a nurse one place, you can be a nurse in North Dakota.

SIDE B

Representative Devlin: Nurses are opposing the board of Higher Education.

senator Lee: I'm not suggesting it go back that direction, I just want to find something that everyone will be happy.

Representative Devlin: I assume that it will take about a year for the board of nursing to go through the rule making process.

Senator Erberle: are we too quick in pulling out the transitional license that it is going to take a year or more to develop the program?

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Represenative Devlin: it will be OK there is enough time.

Reprentative Weisz: continuing education, do you think there is a rationale that should be made that there should be different hours between the LPN and the RN?

Senator Lee: I think that that is a possibility actually, and the board understands as well as the nurses association that there is a desire on the part of the legislators that there be continuing education.

Representative Weisz: I think our rationale for doing this was the fact that there weren't any required difference in continuing education.

Senator Lee: does that mean the same class for everybody, I think it could be construed that way. Maybe what we have to do is figure out what we mean to say and tune it up a little bit.

Senator Lee: I visited briefly with the CRNA's on Friday night and they do have requirements for continuing education as a part of the licenser, do we want to match this level, their concern was they would have to take additional training.

Representative Devlin: your just talking about the regular nurses license that everyone in the state gets your not establishing a certain one for somebody that had a transitional license and now have a new license with a different name.

Senator Lee: we eliminate transitional license.

Representative Weisz: if we can clarify that we are not setting hours but that we want to make sure that the hours are the same in each class that it is impossible to discriminate against.

Representative Sandvig: I thought the reason was that we wanted to make sure the board of nursing didn't put additional educational requirements excessive on RN's.

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Representative Devlin: we essentially want to make sure that the rule making process moves ahead so that in a years time they have that done and the nurse education have through December to get that.

Penny Weston: they are already in place, you just need to say they now apply to everybody.

Senator Lee: I'm hoping again that section 7 apply, they are going to be a RN and a LPN after August 1, 2003 this year, but the education rules will not begin for 1 year, so the way that it is written I don't have a problem with.

Meeting adjourned.

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2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1245

House Human Services Committee

☑ Conference Committee

Hearing Date 4-9-03

Tape Number	Side A	Side B	Meter #
1	x		7.1-22.2
Committee Clerk Signature	Sharon Renfrow		

Minutes: Representative Devlin: called the conference committee to order on HB 1245.

Representative Devlin, Representative Weisz, Representative Sandvig, Senator Lee, Senator Fairfield, Senator Erberle were present.

Senator Lee: handed out amendments, first of all I want to let you know that I asked about removing that phrase about meeting North Dakota standards, does that mean that the board is obligated to license people that come in with shorter courses then we are happy with in N.D. I did send a message to Dr. Kalanek asking about that. so beyond that we have what was originally on page 3 which was "upon notification of the board that the out of state students would be required to notify the board of nursing. And on page 4 that phrase would be omitted, but would not effect our accreditation then on page 7, we took out on line 13 "an individual hold a license" and make that 2003-2004.

Representative Weisz: to make clear as we had discussed, does section 7 have until 2004?

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Senator Lee: we haven't said out of state programs can't come in here. What I thought I had asked for and I'm sorry that I missed it, I thought what we were doing is that Section 7 would apply and what we don't have in here anything that would limit out of state programs beginning for a year.

Representative Weisz: where are we extending transitional?

Representative Devlin: lines 7 through 11, is there anything else that we missed that we talked about?

Senator Lee: page 6, remove overstrikes in 7-11, and what ever it takes to say that there is a one year delay in our of state programs.

Representative Weisz: implementation date

Senator Lee: Dr. Kalanek, could you answer a question, could you tell us if those 2 accreditation boards have such standards that we would not have out of state 6 month LPN, ut be accredited by those boards and we would be stuck with them, we want to be sure that they would be comparable to N.D. programs but without Dr. Hart's language in there.

Dr. Kalanek: the accreditation criteria require board approval for any state, and so that state would approve the program and of course it is available to have it accredited, and so if it is accredited then it would need to be according to the language as I understand it, they could not be restricted from coming into the state.

Senator Lee: I think Representative Devlin, the concern that Dr. Hart has, was that the board would not approve any program that wasn't meeting the current standard, I don't think that vocational colleges concern, are that they want shorter courses then what they would consider professionally appropriate to come in and compete with them.

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Representative Weisz: just to clarify, your saying that any other state were to approve the program is accredited at the national level?

Dr. Kalanek: no, can be approved by a board, but then the program will apply for the additional status of accreditation.

Senator Lee: can it go back to having different language but the same concept about meeting the standards of North Dakota programs, so we are giving the North Dakota programs one year to get on board unless they have the one year LPN class? It is fine to have a level playing field, but I don't think they should have an advantage time wise that some people that will short sighted think is a benefit. If we trust our colleges to put in good programs and they are going to be working with the board of Nursing on how that will work, I would be comfortable with what collectively in North Dakota we come up with as a one year LPN program, but I'm not crazy about letting the other guys in with something that is a lot shorter and telling our licensing people that they have to take it even if it doesn't meet the criteria that the North Dakota people have to. We are protecting the health of the citizens of N.D., we are making sure that the programs we are offering here are going to be quality programs.

Representative Weisz: I agree with Senator Lee.

Representative Devlin: let's adjourn the meeting until further notice due to a minority party caucus.

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2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1245

House Human Services Committee

☐ Conference Committee

Hearing Date 4-9-03

Tape Number	Side A	Side B	Meter #
1	x		26.4-61.5
1		x	0.0-15.0
Committee Clerk Signature	Sharon Kaufman		

Minutes: Chairman Devlin: called the conference committee meeting to order on HB 1245.

Representative Devlin, Representative Weisz, Representative Sandvig, Senator Lee, Senator Erbele, Senator Fairfield were present.

Representative Devlin: Senator Lee you had indicated that Dr. Kalanek had provided some answers for us on a couple of questions we have.

Dr. Kalanek: the first question in terms of the establishment of new programs with the requirement in rules that the board be notified 18 months in advance of that possibility and the board providing the feasibility study, so extending it 1 year really doesn't provide an accomidation for the nursing program here.

Representative Weisz: will out of state schools have to give 18 months notification also?

Dr. Kalanek: NO, leave page 5 in to equal to or exceed to that language in, it conflicts and so what the requirements meet, if you leave in #3 on the next page there is conflict.

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You can't leave one and reinstate the other they both should go. So my question is what do we do for the new applicants that come in, what requirements do they need or meet?

How do I license them when they come into this state, do they get transitional licensing or as regular registered nurses?

Representative Weisz: and I'll disagree and we have talked about that except what happens in that interim when you give our North Dakota schools time to get up to speed, are you going to be able to issue a license, for an out of state that is not meeting the educational standards that are currently in place, how do we handle that period of time, I would agree on August 1st, or transitionally or if you have a license.

Dr. Kalanek: licensed as regular RN's.

Representative Weisz: what we were looking at is allowing time for North Dakota schools to get a program excepted, so everyone is on a level playing field.

Dr. Kalanek: 18 month time would be a benefit. One year is quite minimal.

Represnetative Devlin: why does it take 18 months?

Donna Thigpen: board curriculum requires it.

Senator Lee: I have concerns, we know what we want to do, but not sure the bill does it. the accreditation entities, helps us to understand that they accredit programs based on the accreditation criteria for the state in which the program is offered. So every state may be different, this is not necessarily the way we want it to be, but the way it is worded it says that.

Representative Devlin: maybe we have to give the board the authority to not let anyone into the state that is under what ever the national average is for clinical or months I'm not sure and I don't know what the answer is.

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Senator Lee: I am reluctant to put in specifics about the requirements in the statute unless there really a good point of reference, those are the kind of things that belong in rules, but the board should have some authority to determine whether or not these programs are going to be adequate and also the board has viewed this session as a revival meeting in some ways. I hope someone in this group can figure out how we can allow the board to have some minimum criteria required, to get the graduates licensed by North Dakota standards.

Representative Weisz: maintained the board approving the program the nurses have , we would have to see what the intent of Legislature is. Medical Association language is very clear they approve licenser.

Senator Lee: I think is unfair to ask any board to have the responsibility for particular action, in this case the health and well being of people cared for by these nurses, to have the responsibility and not the authority, I would prefer to allow the people that have the responsibility of doing this to do it as well as they possibly can and if it doesn't seem to be happening the way we foresaw it happening we will have a very different view of this 2 years from now, I know the House has a whole lot more heart burn about these issues then the Senate has, but we do better than that for teachers. I would like the board to have the power and the authority whether or not the programs coming in are going to providing adequate programs.

the students are going to go wherever there is a program, I would like the board to have the responsibility.

Representative Devlin: what are you going to do with the people that come in during that next year?

Senator Lee: they are going to get that full license but there going to have to the year after.

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Representative Weisz: I guess for a lot of us we thought that setting those 2 national organizations that set a standard, now we find out that is not the case, it shifts the issue, you guys can establish a criteria.

Senator Lee: national organizations are a threshold hopefully that you have to cross in order to work as a nurse but any thing beyond that is up to each nurse.

Dr. Kalanek: as of 2002 all exams are Masters degrees that is part of the requirement.

Representative Devlin: I'm not as comfortable Senator Lee as you are with this, but enough members of the committee are.

Dr. Kalanek: when the UND program approached the board for board approval of student exemption did not allow their clinical in North Dakota, now with the way the revision is written allows them to take their clinical. Now the law has changed and the board will be able to provide that opportunity for those students to take the course over the Internet.

Shelly Peterson: we would support what Senator Lee is saying, I think the problem area is on page 4 lines 6 thorough 11, eliminate the new stuff that is underlined, and put in intent language, and would develop in 1 or 2 years standards.

Representative Weisz: I'm not sure if we need intent language, if board blows it I guess we will be back in 2 years and there will be a price to pay, I don't see where we need to specify.

Dr. Kalanek: I also would like to say in the broad context of looking at lowering educational requirements we must also look at the standards of practice that are currently in place and my overall goal in this whole process, that we use that nursing need study to base the changes in the standard of practice and curriculum that will be coming forward, it needs to be data driven. You can't do in 1 year that you can do in 2 years.

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Arnold Thomas: in the some long range scope and practice of this vision is currently underway of the board of nursing, linking the two together we will never get to the implementation of 1245, it would be a delay.

Representative Weisz: redefining that practice is a different issue, my understanding would be that I'm Not meaning for them to change scope and practice, they need to come up with a curriculum that they can approve, if we need to address the issues, that needs to change fine that's what the study is for.

Senator Lee: there is a connection because the scope and practices is very specific about what a LPN and a RN are permitted to do and if you are going to have a 2 year course instead of a 4 year course there are some things you are not going to know how to do, you may be able to pass the exam for being a RN but we are requiring more from our RN's in North Dakota, I think what the unintended consequence of this whole thing is that we have come to anticipate and take for granted certain levels of competency on the part of LPN's and RN's in North Dakota and that is going to drop, and the people that are hiring these folks are going to find that they aren't getting the kind of nurses that they had before, and I think that they may think that its going to happen but it will, because they are getting more then what they bargained for in the same sense, we are looking at the watering down of the capability of nurses.

Shelly Peterson: in agreeing on transitional nurses being licensed as regular nurses, that means those nurses are coming from backgrounds and programs and studies from a great variety, and so we are accepting them into the state, if we are excepting the transitional nurses, the regular nurse now and she or he has come from a variety of different programs then waiting for a study isn't beneficial in delaying.

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Senator Lee: somebody who graduates from a 1 year medical program is not the same, it will be a long cold day when I'm convinced that the 2 year program will ever be as good as a 4 year one.

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2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1245

House Human Services Committee

☑ Conference Committee

Hearing Date 4-10-03

Tape Number	Side A	Side B	Meter #
1	x		0-55.0
Committee Clerk Signature	Sharon Lenfest		

Minutes: Chairman Devlin: called the conference committee to order on HB 1245.

Representative Devlin, Representative Weisz, Representative Sandvig, Senator Lee, Senator Erberle, Senator Fairfield.

Representative Devlin: be fore we get started let us clear up a couple of misconceptions that the board members had yesterday. This is from the board of Nursing I think the misconception was among some people was that North Dakota candidates for the National Nursing test had to have 85 % to pass and some other states had to have a 65% to pass, that is not how it works, all nurses take the national either pass or fail, 85% and 65% may be referring to 85% of the students who have passed it or only 65% of the students. Another thing that came out and we may have to have somebody talk on this, but there was some questions on whether the 2 National accreditation groups had standards and they both have established standards and other criteria.

Dave Peske: The board of Medical Examiners they require a physician to pass a standardized national test to become licensed so they don't have any input locally or in the state of North

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Dakota in terms of exact curriculum that is offered at the school of medicine the School of Medicine is accredited by a National body, they know what type of education they need to prepare a physician students for to be licensed physicians, in the past was a 3 step National test and so that's the type of curriculum they offer, curriculum itself in North Dakota is developed by a medical curriculum committee consisting of faculty, along with some student input as well and that goes to an Associate or Academic Dean and then the Dean is responsible to the Dean of School of Medicine and the buck stops with him. This medical school relies a lot on the 3rd or 4th year going out into the community, but the licensing board on my understanding has no direct type line into the creation of the course work.

Senator Lee: it occurs to me we had talked earlier about the fact that there are educators who objected to that kind of format for nurses education.

Representative Devlin: when the bill was originally came in, the plan was to find the curriculum set by the board of higher education there was great opposition on the House side from nurses educators around the state.

Senator Lee: is there anybody in the room that would have an idea.

Karen Latham, Dean, Medcenter One College of Nursing: part of the issue is the board of Nursing approval is mandated for life insurance, across the country and without board of nursing approval of our program our students wouldn't be able to leave the state and take their licenser with them, they unanimously agreed as well that level of standards and providing that level of standards added to the quality of our program.

Senator Lee: apparently the licenser for nurses is just addressed differently, then nationally then it might be for other health professions, because the board of nursing has aspired to approve the

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curriculum in order to be licensed in any state, and that would not be true in other health care professionals.

Jennifer Clark,LC: I would certainly be happy to discuss the guts of this bill. One of the things I did in the definition section, you will find being amended in 1245, is I removed educational requirements, I also took those educational requirements out of advanced practice registered nurse and your specialty registered nurse and I put them some where else and the reason I did that is every time you change these things you have your educational standards follows. Another step I took in the definitions was I removed the definition of transitional nurses, the purpose for doing that come August 1, 2003 your not going to have them anymore. the next change I made was in the exemption where you have your student nurses, kept that language the same as what we done in the Senate side. In Section 3 significant changes I made, this has become one of the longest section in the code, because every time you direct the board to do something, you slip it into their duties, I took out your provisions relating to standards practice, education and application and put them in their own section. and then I created a new section on Nursing education programs and I'm speculating that this is where of your energy is going to go. And the board shall establish standards for instate nursing education programs. Licenser by examination, it would provide that the Board approve nursing education program and say that if instate program is approved if it is an out of state program the board needs to adopt standards to establish what would be those qualifications and those standards must provide that if an out of state program is equal to the North Dakota program, it needs to be approved, if it is less then equal to us, the board needs to evaluate that program, and determine whether they want to issue an examination for that individual and they would need to consider whether that out of state program is accredited by the

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National organization, the second section of your licenser pertains to that licenser by that endorsement, that would be good enough for us, I inserted that educational requirement language regarding that advanced practice registered nurse and the specialty practice.

Representative Weisz: on your language where you talk about the minimum 12 months, and less then 2 years, will that allow if you added an accelerated program make academic year in 10 months? Will that allow for that?

Jennifer Clark: by putting an academic year adds a little bit of flexibility, it would probably be valuable to clarify that language.

Representative Devlin: I know one of the colleges in North Dakota have an accelerated program, we just want to make sure we are not blocking them out with saying 12 months 24 months and that is it.

Senator Lee: part of the discussion in my own mind about the education is there is more then one thing, if somebody is doing 12 hour classes, 12 hour days, 6 days a week, and they are getting all of the stuff in that is equivalent to language as long as the board can determine that, but it doesn't apply so much to the associate and baccalaureate degree programs, because they are really in place. So people that are working can take these classes, and work towards there baccalaureate degree, I think another concern and this is something that we cannot necessarily address in this bill, but as we move to some of those shorter courses, some of the classes are going to be bit more vocational then academic in nature, and they are all not going to be able to transfer and shouldn't through a academic program, and I'm thinking back to the olden days, when it took 3 to 3 ½ years to get a degree, because there classes didn't transfer, now we can't in my opinion to

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obligate the board to recognize classes in what is more of a vocational then a baccalaureate program without knowing that those classes are equivalent, I don't know how to fix it.

Its really important that we think about this, I don't know if we can really do anything about this, but I don't think it would be right to say that credits from one of those programs have to transfer into a academic program if they are really not academically equivalent courses.

Nursing is a gray area.

Representative Weisz: they ought to be able to transfer, if they can't transfer, it will be a waste if you want to continue on, we don't want to detour people from moving on.

Senator Lee: my question is concerning the feasibility study that was mentioned yesterday and the current procedure requires that and my question had to do with the purpose of the feasibility study because I think that a program that is established by educational institutions, should succeed or fail on its own and its not for the board of nursing to worry about whether or not there will be enough students coming out of that class as going into it.

Dr. Kalanek: the rules in nursing program have been effect since 1996, we've had 1 program that utilized these rules, since that time other then that it has been used very little, the purpose as I understand, in terms of the feasibility study, first of all its the very thing that a good administrator would look at regardless if its a requirement that comes to the board, just as the availability of health care facilities for clinical, the real need according to me, is a good administrator. The Board of Nursing does not establish a state wide curriculum for the nursing program, we do not micro manage, we set the concept.

Representative Weisz: Page 5, section 6, subsection 2 does that apply to out of state programs?

Would board of Nursing have approval?

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Jennifer Clark: your talking about the licenser examination, and your looking at subdivision 2 a 2 , if there is somebody providing a nursing education in the state, that program needs to be approved by the board, so we have that piece of it.

Representative Devlin: some of us can see the concept of students going out of state to be educated, we want to come back to North Dakota, for whatever reason they went to college out of state, that was not recognized by our board .they couldn't come back and take the test here, they would probably stay out of state.

Senator Lee: if taking National Exam, I think it would be likely that the majority of those people even if they plan to come back to North Dakota, in any field would be likely to take that exam in location where they studied with reciprocity. I would think we would rather be further ahead.

Representative Devlin: it is a little different then the house approved but I think what the language does is they will always take the test in whatever state they were educated in.

Representative Weisz: some of the concern is if they took their board exams in another state they were probably going to stay there.

Representative Devlin: I assume that there is no North Dakota college to offer an accelerated program that is less then 1 year? I could be wrong I don't know that, I just want to make sure.

Senator Lee: In 2005, there are institutions in North Dakota that see an appropriate place for an accelerated program, they could come and request that in 2005 as well, I think that is just another option for all of us to think about, it will take a while to get this all going anyway, and I would like not to dilute standards, to much, I could live with the equivalent I guess. If there is people that could really convince the board and us that they could provide an adequate program, I would rather step just a little more cautiously into this.

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Representative Weisz: there is probably a little legal room in the language on how you define academic year, so I'm guessing if someone has 11 months in, is not exactly how you would define an academic year. It will be back I a couple of years, I guess.

Representative Devlin: Is there anyone here from Dickinson? Dickinson we were told had an accelerated program, does anyone know the details on this, that was are concern, that was what we were trying to make sure we weren't' stepping on something they were already offering.

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2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1245

House Human Services Committee

☐ Conference Committee

Hearing Date April 11, 2003

Tape Number	Side A	Side B	Meter #
1	x		0.0 - 35.9

Committee Clerk Signature Sharon Lenfesty

Minutes: Conference Committee

Rep. Devlin, Rep. Weisz, Rep. Sandvig, Senator J. Lee, Senator Erbele, & Senator Fairfield all present.

Rep. Devlin: My understanding Senator Lee, most of the players we've heard from today didn't like the part of us putting the 12 month because they really think that should be within the power of the Board of Nursing and hasn't been in code since 77 from my understanding and we don't have any problem with that, its just a question of getting it taken back out. Does everyone agree we should use Jennifer's amendments as a starting point, because they seem to flow better or do you want to go back to.

Yes by the committee.

Rep. Devlin: That would be on page 4, subsection 5, its just a question of how much of it we need. Section 5, subsection 1, does anyone have a problem with that. No, that's okay. How about #2?, that's okay too. Eliminate 3 & 4. Yes.

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Jennifer Clark of L.C.: If I understand you correctly, you'd take out all of the guidance as far as standards and allow the Board to deal with it appropriately? Answer: Yes.

Jennifer: One note on subsection 1, and I don't think its substantive but it probably, it may help and that's on the very last sentence I would include the word approve. I don't think its substantive, I think its accomplished. Somebody brought it to my attention that perhaps the Board would like to have approve in, "the board shall approve, review and re-approve nursing education programs in the State". Kind of a house keeper.

Rep. Devlin: Any objections?

Sen. Fairfield: deleting 3 & 4, so where are we then if there will be no mention anywhere, what does that do, what is the impact then for the concerns that were raised about the minimum?

Sen. J. Lee: It would allow the Board to determine that the programs we're covering adequately that would be standards that need to be met, they would be responsible. We learned yesterday that the Board of Nursing have to approve the programs in each State in order for the licenses to be able to be considered in each place. So we're confident that the Board can do it. The reason I think part of that was in there in the first place, we have a group of nurses who want the education out of the statute, we have a requirement that the Board of Nursing approve the academic programs and we have some legislators who at least earlier in the session were uncomfortable with the Board having any responsibility to do that approval. So where does that leave standards? So now what we're doing is coming back to the idea that the Board will approve the program and they have been directed to collaborate with these other entities and they understand that we all want to have this on expedited form. So there is a comfort level.

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Sen. Fairfield: So in a nut shell what we're doing is not only placing responsibility but authority as well and trusting that they will understand legislative intent. Answer: Right. And that is where it will be.

Rep. Devlin: I don't know Sen. Fairfield that any of the players in the room disagree with that, its probably Legislators on our side that have more problem with that. Another issue and we are not quite sure how to address this but it is still a concern on the House side is we want to give the ND colleges some time to get up and running before somebody starts offering a course over the Internet from out of state. We've thrown around different dates, I guess the last one was suggested that somebody may want to do something as early as summer school of 2004. So we were thinking about limiting access from out-of-state programs, that doesn't limit the people that have got their degree that are coming into the State, that's going to be allowed July of this year and we're just talking about somebody offering a long distance learning program from out-of-state in competition as it would be from instate nursing programs, so it wouldn't allow that before April 1, 2004. That date is flexible but we did that because of the summer school dates and give students and everyone. If the Board has approved a program or an expansion of a program at one of our schools starting with the Summer of 2004, we want them to be able to do that and we don't somebody coming in a week from Thursday with a program from out-of-state taking all the students.

Jennifer Clark: Does everybody have a comfort level of what the term "program provided in the state means"?. Because when you _____ you may need physically provide, they are here providing courses, an individual standing on our soil vs. somebody signing on the Internet from ND, Singapore, some place and receiving instruction from an individual located at Phoenix or

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Singapore or St. Petersburg, etc. and how are you going to restrict what somebody is signing onto?

Rep. Weisz: What I am reading in the language, maybe I'm not but when it says a program may not be provided in the State, that means the person taking the program is physically in the State. The program could be coming from the Internet over Singapore for all we know. The Board establishes the standards for that, and if the Board doesn't approve it.

Jennifer Clark: I anticipate the problem and maybe its not a problem, I just want to bring that to your attention and if its within your comfort level, its fine with me.

Sen. J. Lee: Mr. Chairman, how does the Board know about the Internet programs?

Rep. Devlin: I would think that the student who was thinking about long distance learning would make sure that there was one that was acceptable to the Board in the State that they would practice in.

Jennifer Clark & Sen. Lee: They may not want to practice here.

Rep. Weisz: If you take this on line course and they go to sit for their exams here in the State, the Board of Nursing has not approved that program, they are out of luck.

Jennifer Clark: Two different issues, providing a program in the State and accepting that program to sit for our exams. Two different issues, related, but two different steps. Is my understanding of how this is drafted.

Rep. Weisz: Yes, except I doubt anyone is going to police the Internet to decide if someone offering a program in the State that is not approved. The only real policing is gonna be if that individual decides to try to sit for a license here in the State and finds out its not approved by the

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Board. I would agree it says it may not be provided so legally Mardi Gra University can't provide the program to a resident of ND maybe because its not approved. I doubt anybody going to care from the stand point if it isn't gonna affect that or if he wants to move down to New Orleans and get licensed then I guess that's their business. That person tried to take the exam in the State and the Board is going to say "I'm sorry, that's a non approved program and you can't sit of the exam".

Rep. Devlin: Concern expressed early on from at least one of the colleges wasn't so much as the Internet where someone offering a course but maybe somebody from a bordering town, Moorhead, Crookston or whatever opening a program in Grand Forks or something. I think was more of the concern than the Internet thing, that they wanted time to be geared up and running before what goes off in the State. And maybe its a non issue, maybe we don't even have to deal with it, that was a concern that was expressed early on in the House.

Sen. Lee - suggestion from Jennifer because I see the opportunity for ambiguity.

Jennifer Clark: When I used the term provided, what was in my mind was somebody specifically entering to and is providing a service. I thought it would be overwhelming for the Board to have to go out and find every program that a students taking and might it appropriate to say physically, physically located or when I read provided in the State, I wouldn't have interpreted it to go out to the Internet, because its not provided in the State, but if somebody thinks that means provided in the State and that your intent to include it, I think you may be well advised to clarify that term in some manner.

Rep. Devlin: I think in my mind, the only thing we're probably really dealing with here is somebody that has actually got a presence teaching classes in the State. I think the Internet is

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probably a non issue as far as we're concerned because there is no way to police that. The concern was and maybe not a concern, I haven't visited with that particular person but at that time they were more concerned about somebody coming across the border and opening up a class in 3 months.

Jennifer Clark: If they are based in our State and shooting out to the world, they would be physically located in our State, would be my argument.

Rep. Weisz: But she saying that we cannot, the student in ND would not be able to take courses over the Internet from say the University of MN.

Sen. Lee: Lets talk about Good Sam.

Jennifer Clark: We as a Board, our State Board, that's not jurisdictional, that was what my understanding is when I wrote that and if you mean something different, maybe we need to clarify it.

Rep. Devlin: Our only concern was I think that if they were going to move from a neighboring town school, SD, MN or whatever and opening up one is Fargo, Grand Forks or whatever. It would give them a little bit of time, give the Board authority not to grant that for so much time to allow our schools to get up, that was only intent.

Rep. Weisz: That's dealing with the delay, I'm talking about who is going to be able to sit for the boards here now in ND.

Jennifer Clark: That's going to be flipped over onto initial licensure and registration on page 5 and my understanding is, if you've received your education in the State, that's adequate. Because if you received it in the State, it was approved. Then you have a second class of individuals who received their education out of the State and then it needs to be Board approved institution and

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then there is a little bit of guidance then, some of the things they need to consider, and take into account.

Rep. Devlin: I don't think we are going to be able to restrict the Internet at all.

Rep. Weisz: I'm not trying to, that's not my point. My concern in section 5 is that we were going to end up restricting it and I wanted to make sure that we weren't because they can just go to another state, get licensed and come back anyway.

Jennifer Clark: I will check with Legislative Council to clarify a physical presence in our State.

Rep. Devlin: And there may not be feeling on this committee to give the local colleges that protection, that was a concern on the House side.

Sen. Lee: Somebody in Central ND is working at a Long Term Care facility and wants to take classes through the interactive network offered through the Good Sam network out Sioux Falls or wherever, that program is going to end up allowing them to take their license exam in SD or ND or wherever they want to take it. But the license exam once its taken will give them a degree out of SD because that's the origin of that program, at least that's the way I understand it. Then the person with the license that originated out of SD can then be transferred to ND but I don't think that ND has the right to approve the SD program even though there are Internet sites in ND at which the classes will be given.

Jennifer Clark: Approved for purposes of providing an education program, they probably don't have jurisdiction but when you come to take the exam, its possible they could take the ND exam, if the Board approves it.

Sen. Lee: They could approve it if we are section 6, but they don't have the right to approve the program because there is no base in ND. That's how I understand it.

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Rep. Weisz: My point is that indeed I want them to able to, if the Board approves that program that they can sit the exam here in ND and don't have to play the game of going to SD, sit for the exam then turn around and get licensed here in ND. If we're gonna license them anyway, the Board has final approval to obviously not except any Mickey mouse programs. I just want to make it clear that if I am taking the Good Sam program on the Internet or whatever and the Board looks at it and says yes, they approve it, I can take the exam in ND, I don't have to drive across the boarder, take the exam.

Rep. Devlin: And we want them to be able to take the clinical in ND also.

Rep. Weisz: Jennifer again, section 5, looking at the language, you define a nursing education program that can't be provided in the State. You interpret that, that is an actual physical pred? Is that your interpretation? I just want to be clear, if that's correct then I don't have any conflicts then section 6 takes care of. In section 6, still giving the ability to say well that Internet site out of Singapore isn't gonna let you sit for the Boards here in ND.

Rep. Devlin: If Rep. Weisz and Sen. Lee have comfort level with Jennifer's language, I have no problem with it.

Rep. Weisz & Sen. Lee: We have no problem, we're okay.

Rep. Sandvig: I have a question on the continuing education. Some concerns between that and what the Senate had put in there.

Rep. Weisz & Sen. Lee: We went back to the Senate's language didn't we, yes we did and that's what is deleted the requirement that they all be identical.

Rep. Devlin: The other issue that the House had is in the administrative rules code, it spells out the whole deal that if a school is considering establishing a nursing education program they may

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submit to the Board the statement of intent at least 18 months in advance expecting opening date, then the school shall conduct a feasibility study. There is a whole laundry list for the things the school has to do, 13 of them in fact. We're all comfortable with that but what we're not comfortable with is the 18 months in advance and I know Dr. Kalanek spoke about that yesterday and it came on before she was involved, but I think the House would like to see the timing removed because we think the schools will be able to move quicker than the 18 months. We'd like to just say "a school considering establishing a nursing education program may submit to the board a statement of intent in advance of the expected opening date and then they have to include all these things and the Board can review them. It's just that one paragraph Sen. Fairfield, everything else stays the same. The school if they are going to do that, they shall have the feasibility to stipe a program, all the things that Dr. Kalanek talked about yesterday. The only thing we thought was 18 months in advance time table was too long.

Rep. Fairfield: So far in this bill what we're saying or what our intent is that we are going to trust that the Board is going to make these changes and adhere to our intent. Yesterday Dr. Kalanek said that they were planning on reviewing and changing these so I guess my question is, I guess your suggestion is that we now put this in code, that we shorten this time period.

Rep. Devlin: Or else direct that the administrative rules be changed, just for this one area because the rule making process is going to take them 9 months before they get done. I'm assuming that some of these ND schools are going to be coming a lot quicker and I just think that the 18 month in advance is

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Rep. Fairfield: And obviously the Board is comfortable with doing this? Answer: They said they were going to review it, they didn't say they were going to change. Would you like to ask Dr. Kalanek? Answer: Yes

Sen. Fairfield: My question is, yesterday when you were testifying you said that this would be under review and that there would be refreshment consideration of changes, there probably would be changes to this section, would you just remind me of what you actually said yesterday or what your plans are?

Dr. Kalanek: It's probably on tape, but in the time that I've been at the Board it has not taken 18 months, that's the outside limit in terms of, the Board wants to be notified of a new program. But once they've been notified and all the substantive information has been to the Board, those programs have been approved expeditiously. We've worked with programs that they've been short in one area or the other to get. It isn't that they have to wait 18 months, if they send notification, they submit everything then we say okay well you will have to wait, we don't, if the Board thinks their up to speed and ready to be implemented they can be.

Sen. Fairfield: If it doesn't take that long, do you foresee any problems with shortening that period of time as the chair suggests to 9 months.

Rep. Devlin: Sen. Fairfield, I'm not talking about their __ due process, I'm just saying that the schools are not going to have 18 months in advance to submit this under what we are trying to get them to do. The Board is going to take as long as they need, I'm not arguing that, if it takes them 18 months that's fine, I don't think it does from what Dr. Kalanek says, I'm just saying this language says, they have to submit that intent at least 18 months in advance. I'm saying they need to submit their intent in a timely fashion, if the board takes 18 months that's because the

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Board needed 18 months to review it and I understand that. I just want to get rid of that they have to submit it 18 months in advance because I don't think that is possible in what we are trying to do in the next years time.

Dr. Kalanek: Certainly some language could be adopted in regard to a reasonable time frame. I know there are some individuals in the room that worked on the subcommittee to develop those education rules. Dr. Latham was on that subcommittee along with some people that were here yesterday and perhaps Karen has some comment why the 18 month time frame adopted.

Karen Latham: Its' been in rules and regulations since before 1993 when I was on that subcommittee and before the early 1980's it was already in rules.

Rep. Devlin: My understanding in visiting with other players in this said it was probably originally put in just to prevent a knee jerk reaction that we got a shortage of nurses today so we better start a new program tomorrow morning. This is a little different than that, I mean I see the ads of Merit Care and the nursing shortage in the State, I just think that if they have submit 18 months in advance that's not realistic. What the Board would be taking, I have not problem with that. I would prefer that they just submit it to the Board

Sen. Lee: I would too, I would prefer that there would be something that indicates that there is no time frame and just submit as _____, we can do it that way.

Jennifer Clark: Given the extensive research I've done on this, it says the Board may, an education program may submit to the Board at least 18 months in advance. If someone hired me to represent them, the first thing I'd say is "this is discretionary". The rule may be less than perfect to start with and the Board may want to consider, if they are going to require that, they should say shall. They should probably revisit this anyway. If you want me to change it

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legislatively, I will speak with John Walstad, but my instinct is your going to want to put something in here where we talk under education program section that says the Board can't put pre, can't put a limitation on how far in advance they need to do it, to submit it, not to say the Boards limited in

Rep. Devlin: No, we don't want to do that.

Jennifer Clark: I can put some language in there.

Rep. Devlin: We think the school that's planning the nursing program would be awful foolish not to submit it to the Board of Nursing under the may

Jennifer Clark: I'm guessing if a program came in dragging its feet might take 2 years but if they come in with their ducks in a row, it may take them 6 months. I can insert language and would do it under the nursing education programs under section 5.

Sen. Fairfield: Housekeeping thing on page 5 at the top, talking about new language of registered nurse and include evidence of collaborative agreement with a license physician, my question was whether that class should all with the CRNA language we passed saying they didn't have to have a collaborative agreement, so that was my only question.

Jennifer Clark: Spoke with John Walstad and if there's been a change in legislation to this subsection, he doesn't have the authority to change that, but having said that, I did a review of our ability that's been introduced in the sections they are affecting and I didn't see anything that specifically addressed this piece and I think Dr. Kalanek said it will. I think that was an exemption relating to the nurse practices act, this wouldn't have any affect on it. No conflicts right now.

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Jennifer Clark: One of comments is and some of its housekeeping in nature and some of its more than housekeeping its in response to some phone calls I've received since our meeting yesterday. One that I think is housekeeping is on page 2, subdivision e, we talked about health care practitioners licence under Title 43. Would there be any concern if I changed that to a health care practitioner license under the laws of the State. The reason is because I know we got extra techs and people strewn throughout the code and if what the intent here is to say medical health care provider who's licensed in the state, I would that would better accomplish it. The next one is on page 3, under subsection 2, it was brought to my attention that some of these organizations don't exist anymore and they talk about who needs to be consulted and collaborated with. My recommendation is just to say after collaborating and consulting with ND Nursing Assoc. and other affected parties. The language probably in its entirety probably isn't required but at least it would be up to date if we did that. Changes over on Section 5 on page 4, on page 5 subsection 4, I may have gone too far on the (3) when I inserted or territory and Dr. Kalanek brought that to my attention that that is not what was intended. Perhaps I should remove that.

Rep. Devlin: Who are you trying to get at with territory or where did that come from?

Answer: I grabbed it from (4) right underneath it. Turns out I was probably wrong.

Sen. Lee: I have a question, I know in some of the other stuff we've looked at, for example with division it says US or Canadian schools because they are comparable but some of the discussions are about, there's a program in the US Virgin Islands, those would be territories so I guess the question would be whether or not those schools are generally acceptable or are we looking at, like Sen. Fischer says he's getting his law degree from watching Law & Order and getting it through the Bahamas Law school, do we have the same kind of situation with territories and

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perhaps we do where they are not good programs, but the medical board does approve any US or Canadian school, but I don't think it says ___.

Dr. Kalanek: It just must be approved by the Board. The way this is written and administratively we would need to react to it. When it says meeting the State or Territory any, its not talking about our State, its talking about all states or territories. So if a program came in from the Marianna Islands, their territory, the way its written here we would look at the requirements in place in the Marianna Islands, we would not look at the requirements that are in place in this state. So that is a flip flop interpretation, so if you would respectfully I would submit that you say our State or ND and remove territory. And we do not accept the licensing exam in Canada, the CNEX exam is not accepted here.

Rep. Devlin: Jennifer the other thing, some of the heartburn that I've had through my e-mail system is getting rid of this statement of policy at the beginning and there is all kind of

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2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1245

House Human Services Committee

☑ Conference Committee

Hearing Date April 14 , 2003

Tape Number	Side A	Side B	Meter #
1	x		0.0 - 16.5

Committee Clerk Signature Sharon Lengfax

Minutes: **Last Conference Committee !**

Rep. Devlin, Sandvig, Weisz, Senator J. Lee, Erbele & Fairfield all present.

Rep. Devlin: Jennifer would you please explain what we did and some of us will explain why and then we will go from there.

Jennifer Clark: I'm kinda going to have to hop between two different versions because there was an 06 version that was never distributed, we went to an o7. 07 is what you have before you. I think the first substantive change your going to come across is on page 2, section 3 & 4. These are you exemptions to the nurse practices act, we split it up so we have two provisions relating to student nurses. One of the provisions relates to student nurses of instate education program and section 4 pertains to student nurses of out-of-state nursing programs. The language relating to out-of-state nursing programs is very similar to the language that you had in the bill. It requires written notification, requires notification on the nursing program and it requires that that program be approved a board of nursing. Not the ND Board of Nursing probably the Board of Nursing

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which that program is being offered. The next section is brand new, section 5 qualification of board members, the underscored language is the new language relating to qualification of board members and if I can also bring your attention to the application section on the very last page, provides that the changes your making to the qualifications of any vacancy filed are simply filled after July 31, 2003.

Rep. Devlin: Sen. Lee would you like to address those proposed changes.

Sen. Lee: I would be happy to Mr. Chairman. There were several people at home who are either advanced practice or baccalaureate degree nurses who have expressed a concern to me about that fact that the Board of Nursing is comprised certainly of good and honorable people but they are primary from an academic setting and they have indicated their strong interest in seeing some representation from people who actually are doing hands on nursing. So this would just say that when vacancies occur following July 31st of this year that we would be working towards having a majority of the RN's, or 5 RN's so there would eventually be 3 RN's that are actively engaged in practice in a nurse station setting. It might be a long term care facility, a hospital, a clinic or wherever it might be and 3 LPN's too eventually would be, no one would be replaced but at the time that they can see come about a new appointments will be made that they would be made to include people who are actively engaged in that kind of practice, so that's the reason for that. Yes, its something we haven't heard from before but its I think something that a fair number of nurses have expressed that concern to me and I think its important to have in there. So there it is.

Jennifer Clark: Section 6 of this hog house, I think the only change we are making here is under 2 (b), this relates to the adoption of rules, house keeping here its my understanding some of m these nurse organizations have changed their name, so essentially it says when adopting rules,

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the board needs to collaborate and consult with _____ association and other _____ parties. I believe that is consistent with administering the nurse practices act. The next change would be on the nursing education program in section 7. There's been discussion at the last meeting of taking out the term of education except that end the language relating to the equivalent of the academic and there's also clarification under subsections 2 & 3 of subdivision a clarifies that your program can be 4 or more years. Your program can be 2 or more years, your not limiting the maximum education, your putting a floor on what the minimum should be.

Rep. Devlin: A couple explanations due here with one on the equivalent, we assumed 2 academic years of study was the right language, but we've been told there's some schools have blocked programming, so we just wanted to make sure they were covered. The other situation I noted there's people on both sides of the issue on whether the specific academic standards should be in the bill, but I feel after discussing it with other people on administrative rules that it has to be there for the next 2 years, because all of these rules have to be based on something. And when the administrative rules committee gets it before and we need something specific to look at and say this is what the adoptive rule is based on. Two years from now it will probably come out because then the rules will be done but I think for the 2 years the administrative rules committee and the Board itself when they have the hearing process they can say this is specifically what the Legislature intended, the administrative rules committee will go through the same, this is specifically in there, did the rules make - meet clear legislative intent and that is why it in there. I believe it will only be in there for 2 years, but I believe it has to be in there now.

Jennifer Clark: The only other change in that provision in letting nursing education and there's a sentence on sub 1, the board does not require statement of intent as part of the approval process

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under this section and that was in response to this committee's request in leading to an 18 month statement of _____. Not intended to change the length of time required to approve a program.

Rep. Devlin: I did have some input from the Board that they have moved rather quickly in the past on this, our only concern was, I think we all felt we had to give them the time they needed but we didn't see a reason why the schools to notify them 18 months in advance. That was all we were trying to pull out, the Board will move as quickly as possible I'm sure.

Sen. Lee: By doing this it will sort of nullify that 18 month advance requirement, because that was what we were trying to do is allow the Board to be able to do its work but not have to wait 18 months for the process to be ended.

Jennifer Clark: The next change relating to nursing practice standards and one of the things I've done is taken off the language regarding having the board collaborate and consult because that's a given if they are going to adopt rules. Clarify that the nursing practice standards has those rules. Then your next change is going to be on your initial licensure and registration provision which begin on page 5 roll over to 6 & 7. Again it was clarified here that when your talking about the board establishing standards, ____ take the exam that that will be by rule and accordingly there will be need consultation to take place. We changed the language here a bit (committee to read to themselves).

Rep. Devlin: I think the thing we were hearing here was that we want to make sure the programs that are being offered meet the requirements of the State where they are located and also they are nationally credited. The board may add some additional requirements when they adopt the rules of standards/establishing standards but we'll just have to see how that goes for the 2 years. The feeling on this one is pretty wide, there is some that feel that there should be no, that the ND

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Board should have no approval on out-of-state programs and there is some that feel that they should have all the possible approval on out-of-state programs and this is essentially saying they have to look at whether they are credited by one of the national groups or whether they are approved by their home state and whatever else the Board sees fit to put in for establishing standards for their approval, they will have to do that and the Legislature will have to look back next session and see what they intended.

Jennifer Clark: The next change on page 6 subdivision b, in (3) we've over struck the states written in ND to clarify which state we are referring to. And that the housekeeping measure in (4) we've taken out the word "territory". The reason we did that is if you look up the definition of state in our century code, they've got a great definition of what our territories are. So no reason to put that there. Doesn't mean its disappearing. Under the renewal language, section 9 on page 7, a little bit of housekeeping here. Its the conversation regarding the term renewal vs. re-activation and clarified if your license lapsed and your otherwise in good standing, the correct term is reactivate ____ of what the Boards doing. So we incorporated those changes. I've carried that through some other sections when we talk about renewal - activation. There's a brand new section relating to violations and penalties, that is section 13 on page 8. This section is in law right now, some of the changes are housekeeping and another change was at the request of the Board. Currently the statute reads "violation of this chapter is a class b misdemeanor", brought to our attention that should read "violation of this section". As a legislative council housekeeping one of the things we do is say if you willfully violate it otherwise ___ liability crime that's not really what you intend. And we've also included the class of registered individuals unlicensed assisted person. My interpretation is putting this in here isn't gonna make

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a big difference with existing practice because right now its in violation with chapter of a class b misdemeanor and the chapter says if your providing a license with this persons services violation. My perception, that's a housekeeping. I think that's it.

Rep. Devlin: There was another section that was over struck, it was number 13 on page 3 originally. Maybe 05 version, anyway the language over struck was that the Board has the authority to discipline applicants licensing and registering for violating this chapter, it was over struck and we weren't sure why but the authority for that exact thing exists according to Jennifer in 43.12.1 13, 14, & 15. So its already in law so that's why we didn't put it back in this particular section. We want them to have that authority and they still do.

Rep. Devlin: I got an e-mail from somebody wondering why we were taking the Boards authority to do that and we aren't, its already in other sections of law so wasn't needed here.

Rep. Devlin: Questions from the committee?

Rep. Sandvig: Can I ask the Nurses Association a question? Answer: Yes

Rep. Sandvig: The new language under nurses education program

Sharon Moos: The Nurses Association would prefer to have the decision made by the profession which in this case would be the Board of Nursing and not have it in statute.

Rep. Devlin: Rep. Sandvig, there is no question we all understand what both sides are on and that has been our position all along and the Board's position has been different, but as we reviewed this _____ in administrative rules, _____ much fair intent in the language as possible have to view it 2 years from now, I would gladly cosponsor your bill to take that out, because after that I don't think we'll need it.

Rep. Devlin: Committee what are your wishes?

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Sen. Lee: I move the bill as amended. The senate recede from the senate amendments and we further amend, second by Rep. Weisz.

Rep. Devlin: Discussion. Seeing none, poll the committee.

Sharon Renfrow, Clerk:

Chairman Devlin - Yes	Sen. J. Lee - Yes
Rep. Weisz - Yes	Sen. Erbele - Yes
Rep. Sandvig - No	Sen. Fairfield - No

VOTE: 4 - 2 - 0

Majority Rules it passes.

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30394.0204
Title.

Prepared by the Legislative Council staff for
Senator J. Lee
April 9, 2003

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1245

That the Senate recede from its amendments as printed on page 1106 of the House Journal and pages 912 and 913 of the Senate Journal and that Engrossed House Bill No. 1245 be amended as follows:

Page 3, line 6, replace "A" with "Upon notification of the board, a"

Page 4, line 6, remove the overstrike over "~~Periodically review and approve~~" and remove "Establish standards for"

Page 4, line 7, after "to" insert "initial or advanced" and remove "and collaborate with nursing education program"

Page 4, line 8, remove "approval organizations and accreditation organizations"

Page 4, line 9, after "state" insert "or withhold approval"

Page 4, line 10, after the underscored comma insert "incorporated,"

Page 4, line 13, remove the overstrike over "~~Establish standards for assessing the competence of licensees and registrants~~"

Page 4, line 14, remove the overstrike over "~~continuing in or returning to practice~~" and remove "Approve for licensure graduates of nursing"

Page 4, remove lines 15 through 21

Page 4, line 22, remove "commission on collegiate nursing education"

Page 7, line 13, replace "An" with "The board shall issue a licensed practical nurse license or a registered nurse license to each"

Page 7, line 14, replace "2003, may renew that license for the 2004 licensure" with "2004. A newly issued license under this section replaces the transitional license."

Page 7, remove lines 15 and 16

Page 7, line 22, remove "The"

Page 7, remove lines 23 and 24

Renumber accordingly

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LaCosta Rickgord 10/3/03
Operator's Signature Date

30394.0205
Title.

Prepared by the Legislative Council staff for
Senator J. Lee
April 10, 2003

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1245

That the Senate recede from its amendments as printed on page 1106 of the House Journal and pages 912 and 913 of the Senate Journal and that Engrossed House Bill No. 1245 be amended as follows:

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to create and enact four new sections to chapter 43-12.1 of the North Dakota Century Code, relating to nursing education, practice standards, licensure, and continuing education; to amend and reenact sections 43-12.1-01 and 43-12.1-02, subsection 2 of section 43-12.1-04, sections 43-12.1-08, 43-12.1-09, 43-12.1-10, and 43-12.1-11 of the North Dakota Century Code, relating to education and licensure of nurses; to provide for application; and to provide an expiration date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Section 43-12.1-01 of the North Dakota Century Code is amended and reenacted as follows:

43-12.1-01. ~~Statement of policy~~ Scope. 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 and is subject to regulation and control in the public interest to assure that qualified, competent practitioners and high quality standards are available. The legislative assembly recognizes that the~~ practice of nursing is continually evolving and responding to changes within health care patterns and systems ~~and recognizes the existence of~~. There are overlapping functions within the practice of nursing and other providers of health care.

SECTION 2. AMENDMENT. Section 43-12.1-02 of the North Dakota Century Code is amended and reenacted as follows:

43-12.1-02. Definitions. In this chapter, unless the context ~~or subject matter~~ otherwise requires:

1. "Advanced practice registered nurse" means ~~a person~~ an individual who holds a current license to practice in this state as an advanced practice registered nurse ~~and either has a graduate degree with a nursing focus or has completed the educational requirements in effect when the person was initially licensed~~.

2. "Board" means the North Dakota board of nursing.

3. "Licensed practical nurse" means ~~a person~~ and individual who holds a current license to practice in this state as a licensed practical nurse ~~and either has an associate degree with a major in nursing or has completed the educational requirements in effect when the person was initially licensed~~.

4. "Nurse" means ~~any person~~ an individual who is currently licensed as an advanced practice registered nurse, registered nurse, or licensed practical nurse.

5. "Nursing" means the performance of acts utilizing specialized knowledge, skills, and abilities for people in a variety of settings. ~~Nursing~~ The term

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includes the following acts, which may not be deemed to include acts of medical diagnosis or treatment or the practice of medicine as defined in chapter 43-17:

a. The maintenance of health and prevention of illness.

b. Diagnosing human responses to actual or potential health problems.

c. Providing supportive and restorative care and nursing treatment, medication administration, health counseling and teaching, case finding and referral of ~~persons~~ individuals who are ill, injured, or experiencing changes in the normal health processes.

d. Administration, teaching, supervision, delegation, and evaluation of health and nursing practices.

e. Collaboration with other health care professionals in the implementation of the total health care regimen and execution of the health care regimen prescribed by a health care practitioner licensed under title 43.

6. "Prescriptive practices" means assessing the need for drugs, immunizing agents, or devices and writing a prescription to be filled by a licensed pharmacist.

7. "Registered nurse" means ~~a person~~ an individual who holds a current license to practice in this state as a registered nurse ~~and either has a baccalaureate degree with a major in nursing or has completed the educational requirements in effect when the person was initially licensed~~.

8. "Specialty practice registered nurse" means ~~a person~~ an individual who holds a current license to practice in this state as a specialty practice registered nurse ~~and has the educational preparation and national certification within a defined area of nursing practice~~.

9. ~~"Transitional practical nurse license" means a license issued by the board to a person who meets all of the requirements for licensure by endorsement as a licensed practical nurse, except the educational requirements.~~

~~10.~~ ~~"Transitional registered nurse license" means a license issued by the board to a person who meets all of the requirements for licensure by endorsement as a registered nurse, except the educational requirements.~~

~~11.~~ "Unlicensed assistive person" means an assistant to the nurse who regardless of title is authorized by the board to perform nursing interventions delegated and supervised by a licensed nurse.

SECTION 3. AMENDMENT. Subsection 2 of section 43-12.1-04 of the North Dakota Century Code is amended and reenacted as follows:

2. ~~Students~~ Upon notification of the board, a student practicing nursing as a part of a ~~board-approved~~ nursing education program preparing for initial or advanced licensure as a registered nurse or licensed practical nurse which is located in an institution of higher education that offers transferable credit.

SECTION 4. AMENDMENT. Section 43-12.1-08 of the North Dakota Century Code is amended and reenacted as follows:

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43-12.1-08. ~~Powers and duties~~ Duties of the board. The board shall regulate the practice of nursing ~~to assure that qualified competent practitioners and high quality standards are available~~. Regulation of the ~~profession~~ practice of nursing must ensure that ~~no~~ a person may not practice or offer to practice nursing or use titles of advanced practice registered nurse, specialty practice registered nurse, registered nurse, licensed practical nurse, or unlicensed assistive person, or titles of a similar nature which denote the practice of nursing to the general public unless licensed or registered as provided in this chapter. The board shall:

1. Enforce ~~the provisions of~~ this chapter. ~~The board has all of the duties, powers, and authority specifically granted by and necessary for the enforcement of this chapter.~~

2. Adopt rules necessary to administer this chapter after collaborating and consulting with the North Dakota nurses association, North Dakota licensed practical nurses association, and other nursing specialty groups.

3. Appoint and employ a ~~qualified~~ registered nurse to serve as executive director and approve any additional staff positions necessary to administer this chapter.

4. Establish fees and receive all moneys collected under this chapter and authorize all expenditures necessary to conduct the business of the board. Any balance of fees after payment of expenditures must be used to administer this chapter.

5. ~~Establish qualifications for nursing licensure and registration.~~

~~6.~~ ~~Establish standards for nursing education and practice and:~~

   ~~a. Collaborate and consult with the appropriate nursing organizations and other affected parties in the establishment of the standards; and~~

   ~~b. Consult with the medical profession in the establishment of prescriptive practice standards for advanced practice registered nurses. Prescriptive practices must be consistent with the scope of practice of the advanced practice registered nurse and include evidence of a collaborative agreement with a licensed physician.~~

~~7.~~ ~~Periodically review and approve nursing education programs.~~

~~8.~~ ~~License and register applicants and renew and reinstate licenses and registrations.~~

~~9.~~ ~~Establish standards for assessing the competence of licensees and registrants continuing in or returning to practice.~~

~~10.~~ Collect and analyze data regarding nursing education, nursing practice, and nursing resources.

~~11.~~ 6. Issue and renew limited licenses to individuals requiring accommodation to practice nursing.

~~12.~~ 7. Establish confidential programs for the rehabilitation of nurses with workplace impairments.

~~13.~~ ~~Discipline applicants, licensees, and registrants for violating this chapter.~~

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~~14.~~ 8. Establish a nursing student loan program funded by license fees to encourage ~~persons~~ individuals to enter and advance in the nursing profession.

~~15.~~ 9. Establish a registry of ~~persons~~ individuals licensed or registered by the board.

~~16. Collaborate and consult with the North Dakota nurses association, North Dakota licensed practical nurses association, and other nursing specialty groups prior to the adoption of rules.~~

~~17.~~ 10. Report annually to the governor and nursing profession regarding the regulation of nursing in the state.

~~18.~~ 11. Conduct and support projects pertaining to nursing education and practice.

~~19.~~ 12. Notify the board of pharmacy on an annual basis, or more frequent basis if necessary, of advanced practice registered nurses authorized to write prescriptions.

~~20.~~ 13. Adopt rules to allow nurses licensed by another state to receive short-term clinical education in North Dakota health care facilities.

SECTION 5. Two new section to chapter 43-12.1 of the North Dakota Century Code are created and enacted as follows:

Nursing education programs.

1. The board shall establish standards for in-state nursing education programs leading to initial or advanced licensure. A nursing education program may not be provided in this state unless the board has approved the program. The board shall review and reapprove nursing education programs in this state.

2. The board shall collaborate and consult with the appropriate nursing organizations and other affected parties in establishing standards under this section.

3. The standards established under this section for a program leading to licensure as a licensed practical nurse:

   a. Must allow for a program that offers less than two academic years of course study.

   b. May not allow for a program that offers less than one academic year of course study.

4. The standards established under this section for a program leading to licensure as a registered nurse:

   a. Must allow for a program that offers less than four academic years of course study.

   b. May not allow for a program that offers less than two academic years of course study.

Nursing practice standards. The board shall establish standards for nursing practice. In establishing these standards, the board shall collaborate and consult with the appropriate nursing organizations and other affected parties. The board shall consult with the medical profession in the establishment of prescriptive practice

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standards for advanced practice registered nurses. Prescriptive practices must be consistent with the scope of practice of the advanced practice registered nurse and include evidence of a collaborative agreement with a licensed physician.

SECTION 6. AMENDMENT. Section 43-12.1-09 of the North Dakota Century Code is amended and reenacted as follows:

43-12.1-09. ~~Licensure--Registration~~ Initial licensure and registration.

1. The board shall license and register nursing applicants. The board shall adopt rules establishing qualifications for initial nursing licensure and registration.

2. Each applicant who successfully meets the requirements of this section is entitled to initial licensure or registration as follows:

~~1.~~ a. An applicant for licensure by examination to practice as a registered nurse or licensed practical nurse shall:

~~a.~~ (1) Submit a completed application and appropriate fee as established by the board~~;~~.

~~b.~~ (2) Submit an official transcript showing completion of an in-state nursing education program or a board-approved out-of-state nursing education program preparing for the level of licensure sought~~; and~~. The board shall establish standards for the approval of out-of-state nursing education programs. These standards for out-of-state programs must take into consideration whether the program is accredited by the national league for nursing accrediting commission, incorporated, or the commission on collegiate nursing education. Additionally, these standards for out-of-state programs must provide for approval of an out-of-state program that meets the same or equivalent educational standards required of in-state programs.

~~c.~~ (3) Pass an examination approved by the board.

~~2.~~ b. An applicant for licensure by endorsement to practice as a registered nurse or licensed practical nurse shall:

~~a.~~ (1) Submit a completed application and appropriate fee as established by the board~~;~~.

~~b.~~ (2) Submit an official transcript showing completion of a nursing education program ~~equal to or exceeding the requirements for nursing education programs in place in this state at the time the applicant qualified for initial licensure;~~ preparing for the level of licensure sought.

~~c.~~ (3) Submit proof of initial licensure by examination with the examination meeting the state or territory requirements for licensure examinations in effect at the time the applicant qualified for initial licensure~~; and~~.

~~d.~~ (4) Submit evidence of current unencumbered licensure in another state or territory or meet continued competency requirements as established by the board.

~~3. If an applicant for licensure by endorsement does not meet the educational requirements for the appropriate level of licensure as established by the~~

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~~board, a transitional license may be issued. A transitional license may be issued and renewed according to board rules. Renewal requires proof of progression towards meeting the academic requirements or thirty hours of continuing education.~~

~~4.~~ c. An applicant for licensure as an advanced practice registered nurse shall:

~~a.~~ (1) Submit a completed application and appropriate fee as established by the board~~;~~.

~~b.~~ (2) Submit evidence of appropriate education and current certification in an advanced nursing role by a national nursing organization meeting criteria as established by the board~~; and~~. An advanced practice registered nurse applicant must have a graduate degree with a nursing focus or must have completed the educational requirements in effect when the applicant was initially licensed.

~~c.~~ (3) Possess or show evidence of application for a current unencumbered registered nurse license.

~~5.~~ d. An applicant for licensure as an advanced practice registered nurse who completed an advanced nursing education program and was licensed or certified in advanced practice by another state before January 1, 2001, or who completed an advanced nursing education program and was licensed or certified as a women's health care nurse practitioner by another state before January 1, 2007, may apply for and receive an advanced practice license if that ~~person~~ applicant meets the requirements that were in place in this state at the time the applicant qualified for initial advanced practice licensure in that state.

~~6.~~ e. An applicant for unlicensed assistive person registration shall:

~~a.~~ (1) Submit a completed application and the appropriate fee as established by the board; and

~~b.~~ (2) Provide verification of appropriate training, evidence of certification or evaluation in the performance of basic nursing interventions.

~~7.~~ f. An applicant for licensure as a specialty practice registered nurse shall:

~~a.~~ (1) Submit a completed application and appropriate fees as established by the board~~;~~.

~~b.~~ (2) Submit evidence of appropriate education and current certification in a specialty nursing role by a national nursing organization meeting criteria as established by the board~~; and~~. A specialty practice registered nurse applicant must have the educational preparation and national certification within a defined area of nursing practice.

~~c.~~ (3) Possess or show evidence of application for a current unencumbered registered nurse license.

SECTION 7. AMENDMENT. Section 43-12.1-10 of the North Dakota Century Code is amended and reenacted as follows:

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43-12.1-10. ~~License--Registration~~ Renewal of license or registration.

1. ~~A~~ The board shall renew a current license to practice as an advanced practice registered nurse, specialty practice registered nurse, registered nurse, or licensed practical nurse ~~must be issued~~ upon proof that the ~~applicant~~ licensee submits a renewal application, submits the appropriate fee established by the board, and meets all requirements for licensure. If a ~~person~~ licensee does not renew a license before ~~its expiration date~~ the license expires, the board shall reinstate that license ~~may be reinstated~~ if that ~~person~~ licensee meets the reinstatement requirements set by the board.

2. ~~An~~ The board shall renew the registration of an unlicensed assistive person ~~may renew registration upon submission of~~ if the registrant submits a renewal application, the appropriate fee established by the board, and documentation of competency by the employer or evidence of certification or evaluation. A lapsed unlicensed assistive person registration may be renewed upon submission of the application, payment of the appropriate fee established by the board, and documentation of competency or evidence of certification or evaluation.

SECTION 8. A new section to chapter 43-12.1 of the North Dakota Century Code is created and enacted as follows:

(Effective through September 30, 2003) Transition from transitional nurse licenses. Before October 1, 2003, the board shall issue a licensed practical nurse license or a registered nurse license to each individual who holds a license as a transitional practical nurse or a transitional registered nurse on August 1, 2003. A newly issued license under this section replaces the transitional license.

SECTION 9. A new section to chapter 43-12.1 of the North Dakota Century Code is created and enacted as follows:

Continuing education requirements. The board shall adopt rules requiring every nurse licensed under this chapter to fulfill continuing education requirements. Before the board may renew a license, the licensee shall submit evidence to the board establishing that the required continuing education requirements have been met.

SECTION 10. AMENDMENT. Section 43-12.1-11 of the North Dakota Century Code is amended and reenacted as follows:

43-12.1-11. Duties of licensees and registrants. Each ~~person~~ individual licensed or registered by the board shall provide information requested by the board at the time of renewal. Each ~~person~~ individual licensed or registered by the board shall report to the board any knowledge of the performance by others of those acts or omissions that are violations of this chapter or grounds for disciplinary action as set forth in section 43-12.1-14. Each licensee or registrant shall report to the board any judgment or settlement in a professional or occupational malpractice action to which the licensee or registrant is a party. Any person, other than a licensee or registrant alleged to have violated this chapter, participating in good faith in making a report, assisting in an investigation, or furnishing information to an investigator, is immune from any civil or criminal liability that otherwise may result from reporting required by this section. For the purpose of any civil or criminal proceeding the good faith of any person required to report under this section is presumed.

SECTION 11. APPLICATION. The license renewal requirements of section 9 of this Act are effective beginning with the 2005 licensure year."

Renumber accordingly

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30394.0207
Title.

Prepared by the Legislative Council staff for
Conference Committee
April 14, 2003

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1245

That the Senate recede from its amendments as printed on page 1106 of the House Journal and pages 912 and 913 of the Senate Journal and that Engrossed House Bill No. 1245 be amended as follows:

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to create and enact a new subsection to section 43-12.1-04 and four new sections to chapter 43-12.1 of the North Dakota Century Code, relating to nursing education, practice standards, licensure, and continuing education; to amend and reenact sections 43-12.1-01 and 43-12.1-02, subsection 2 of section 43-12.1-04, sections 43-12.1-06, 43-12.1-08, 43-12.1-09, 43-12.1-10, 43-12.1-11, and 43-12.1-15 of the North Dakota Century Code, relating to education and licensure of nurses; to provide a penalty; to provide for application; and to provide an expiration date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Section 43-12.1-01 of the North Dakota Century Code is amended and reenacted as follows:

43-12.1-01. ~~Statement of policy~~ Scope. 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 and is subject to regulation and control in the public interest to assure that qualified, competent practitioners and high quality standards are available. The legislative assembly recognizes that the~~ practice of nursing is continually evolving and responding to changes within health care patterns and systems ~~and recognizes the existence of~~. There are overlapping functions within the practice of nursing and other providers of health care.

SECTION 2. AMENDMENT. Section 43-12.1-02 of the North Dakota Century Code is amended and reenacted as follows:

43-12.1-02. Definitions. In this chapter, unless the context ~~or subject matter~~ otherwise requires:

1. "Advanced practice registered nurse" means ~~a person~~ an individual who holds a current license to practice in this state as an advanced practice registered nurse ~~and either has a graduate degree with a nursing focus or has completed the educational requirements in effect when the person was initially licensed~~.

2. "Board" means the North Dakota board of nursing.

3. "Licensed practical nurse" means ~~a person~~ an individual who holds a current license to practice in this state as a licensed practical nurse ~~and either has an associate degree with a major in nursing or has completed the educational requirements in effect when the person was initially licensed~~.

4. "Nurse" means ~~any person~~ an individual who is currently licensed as an advanced practice registered nurse, registered nurse, or licensed practical nurse.

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5. "Nursing" means the performance of acts utilizing specialized knowledge, skills, and abilities for people in a variety of settings. ~~Nursing~~ The term includes the following acts, which may not be deemed to include acts of medical diagnosis or treatment or the practice of medicine as defined in chapter 43-17:

   a. The maintenance of health and prevention of illness.

   b. Diagnosing human responses to actual or potential health problems.

   c. Providing supportive and restorative care and nursing treatment, medication administration, health counseling and teaching, case finding and referral of ~~persons~~ individuals who are ill, injured, or experiencing changes in the normal health processes.

   d. Administration, teaching, supervision, delegation, and evaluation of health and nursing practices.

   e. Collaboration with other health care professionals in the implementation of the total health care regimen and execution of the health care regimen prescribed by a health care practitioner licensed under ~~title 43~~ the laws of this state.

6. "Prescriptive practices" means assessing the need for drugs, immunizing agents, or devices and writing a prescription to be filled by a licensed pharmacist.

7. "Registered nurse" means ~~a person~~ an individual who holds a current license to practice in this state as a registered nurse ~~and either has a baccalaureate degree with a major in nursing or has completed the educational requirements in effect when the person was initially licensed~~.

8. "Specialty practice registered nurse" means ~~a person~~ an individual who holds a current license to practice in this state as a specialty practice registered nurse ~~and has the educational preparation and national certification within a defined area of nursing practice~~.

9. ~~"Transitional practical nurse license" means a license issued by the board to a person who meets all of the requirements for licensure by endorsement as a licensed practical nurse, except the educational requirements.~~

~~10.~~ ~~"Transitional registered nurse license" means a license issued by the board to a person who meets all of the requirements for licensure by endorsement as a registered nurse, except the educational requirements.~~

~~11.~~ "Unlicensed assistive person" means an assistant to the nurse who regardless of title is authorized by the board to perform nursing interventions delegated and supervised by a ~~licensed~~ nurse.

SECTION 3. AMENDMENT. Subsection 2 of section 43-12.1-04 of the North Dakota Century Code is amended and reenacted as follows:

2. Students practicing nursing as a part of ~~a board approved~~ an in-state nursing education program.

SECTION 4. A new subsection to section 43-12.1-04 of the North Dakota Century Code is created and enacted as follows:

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Upon written notification to the board by an out-of-state nursing program, a student practicing nursing as a part of a nursing education program preparing for initial or advanced licensure as a registered nurse or licensed practical nurse which is approved by a board of nursing and is located in an institution of higher education that offers transferable credit.

SECTION 5. AMENDMENT. Section 43-12.1-06 of the North Dakota Century Code is amended and reenacted as follows:

43-12.1-06. *Qualifications of board members.*

1. Each registered nurse must be an eligible voting resident of this state, possess an unencumbered registered nurse license under this chapter, and be currently engaged in practice as a registered nurse. A majority of the members under this subsection must be actively engaged in practice in a nurse-patient setting.

2. Each licensed practical nurse must be an eligible voting resident of this state, possess an unencumbered practical nurse license under this chapter, and be currently engaged in practice as a licensed practical nurse. A majority of the members under this subsection must be actively engaged in practice in a nurse-patient setting.

3. Each public member must be an eligible voting resident of this state and have no employment, professional license, or financial interest with any health care entity.

4. Each member appointed to the board shall maintain the qualifications for appointment for the duration of the appointment. The governor may remove any member of the board for cause upon recommendation of two-thirds of the members of the board.

SECTION 6. AMENDMENT. Section 43-12.1-08 of the North Dakota Century Code is amended and reenacted as follows:

43-12.1-08. ~~Powers and duties~~ Duties of the board.

1. The board shall regulate the practice of nursing ~~to assure that qualified competent practitioners and high quality standards are available~~. Regulation of the ~~profession~~ practice of nursing must ensure that ~~no~~ a person may not practice or offer to practice nursing or use titles of advanced practice registered nurse, specialty practice registered nurse, registered nurse, licensed practical nurse, or unlicensed assistive person, or titles of a similar nature which denote the practice of nursing to the general public unless licensed or registered as provided in this chapter.

2. The board shall:

~~1.~~ a. Enforce ~~the provisions of~~ this chapter. ~~The board has all of the duties, powers, and authority specifically granted by and necessary for the enforcement of this chapter.~~

~~2.~~ b. Adopt rules necessary to administer this chapter after collaborating and consulting with North Dakota nursing associations and other affected parties.

~~3.~~ c. Appoint and employ a ~~qualified~~ registered nurse to serve as executive director and approve any additional staff positions necessary to administer this chapter.

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~~4.~~ d. Establish fees and receive all moneys collected under this chapter and authorize all expenditures necessary to conduct the business of the board. Any balance of fees after payment of expenditures must be used to administer this chapter.

~~5. Establish qualifications for nursing licensure and registration.~~

~~6. Establish standards for nursing education and practice and:~~

~~a. Collaborate and consult with the appropriate nursing organizations and other affected parties in the establishment of the standards; and~~

~~b. Consult with the medical profession in the establishment of prescriptive practice standards for advanced practice registered nurses. Prescriptive practices must be consistent with the scope of practice of the advanced practice registered nurse and include evidence of a collaborative agreement with a licensed physician.~~

~~7. Periodically review and approve nursing education programs.~~

~~8. License and register applicants and renew and reinstate licenses and registrations.~~

~~9. Establish standards for assessing the competence of licensees and registrants continuing in or returning to practice.~~

~~10.~~ e. Collect and analyze data regarding nursing education, nursing practice, and nursing resources.

~~11.~~ f. Issue and renew limited licenses to individuals requiring accommodation to practice nursing.

~~12.~~ g. Establish confidential programs for the rehabilitation of nurses with workplace impairments.

~~13. Discipline applicants, licensees, and registrants for violating this chapter.~~

~~14.~~ h. Establish a nursing student loan program funded by license fees to encourage ~~persons~~ individuals to enter and advance in the nursing profession.

~~15.~~ i. Establish a registry of ~~persons~~ individuals licensed or registered by the board.

~~16. Collaborate and consult with the North Dakota nurses association, North Dakota licensed practical nurses association, and other nursing specialty groups prior to the adoption of rules.~~

~~17.~~ j. Report annually to the governor and nursing profession regarding the regulation of nursing in the state.

~~18.~~ k. Conduct and support projects pertaining to nursing education and practice.

~~19.~~ l. Notify the board of pharmacy on an annual basis, or more frequent basis if necessary, of advanced practice registered nurses authorized to write prescriptions.

~~20.~~ m. Adopt rules to allow nurses licensed by another state to receive short-term clinical education in North Dakota health care facilities.

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SECTION 7. Two new sections to chapter 43-12.1 of the North Dakota Century Code are created and enacted as follows:

Nursing education programs.

1. The board shall adopt rules establishing standards for in-state nursing education programs leading to initial or advanced licensure. A nursing education program may not be provided in this state unless the board has approved the program. The board shall approve, review, and reapprove nursing education programs in this state. The board may not require a statement of intent as part of the approval process under this section.

2. The standards established under this section for a program leading to licensure as a licensed practical nurse:

   a. Must allow for a program that offers two or more academic years of course study or the equivalent;

   b. Must allow for a program that offers less than two academic years of course study or the equivalent; and

   c. May not allow for a program that offers less than one academic year of course study or the equivalent.

3. The standards established under this section for a program leading to licensure as a registered nurse:

   a. Must allow for a program that offers four or more academic years of course study or the equivalent;

   b. Must allow for a program that offers less than four academic years of course study or the equivalent; and

   c. May not allow for a program that offers less than two academic years of course study or the equivalent.

Nursing practice standards. The board shall adopt rules establishing standards for nursing practice. The board shall consult with the medical profession in the establishment of prescriptive practice standards for advanced practice registered nurses. Prescriptive practices must be consistent with the scope of practice of the advanced practice registered nurse and include evidence of a collaborative agreement with a licensed physician.

SECTION 8. AMENDMENT. Section 43-12.1-09 of the North Dakota Century Code is amended and reenacted as follows:

43-12.1-09. ~~Licensure--Registration~~ Initial licensure and registration.

1. The board shall license and register nursing applicants. The board shall adopt rules establishing qualifications for initial nursing licensure and registration.

2. Each applicant who successfully meets the requirements of this section is entitled to initial licensure or registration as follows:

   ~~1.~~ a. An applicant for licensure by examination to practice as a registered nurse or licensed practical nurse shall:

      ~~a.~~ (1) Submit a completed application and appropriate fee as established by the board~~;~~

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~~b.~~ (2) Submit an official transcript showing completion of an in-state nursing education program or a board-approved out-of-state nursing education program preparing for the level of licensure sought~~; and~~. The board shall adopt rules establishing standards for the approval of out-of-state nursing education programs. These standards for out-of-state programs must include consideration of whether the program is accredited by the national league for nursing accrediting commission, incorporated, or the commission on collegiate nursing education and whether the program meets the requirements of the state in which the program provided.

~~c.~~ (3) Pass an examination approved by the board.

~~2.~~ b. An applicant for licensure by endorsement to practice as a registered nurse or licensed practical nurse shall:

~~a.~~ (1) Submit a completed application and appropriate fee as established by the board~~;~~.

~~b.~~ (2) Submit an official transcript showing completion of a nursing education program ~~equal to or exceeding the requirements for nursing education programs in place in this state at the time the applicant qualified for initial licensure;~~ preparing for the level of licensure sought.

~~c.~~ (3) Submit proof of initial licensure by examination with the examination meeting ~~the state~~ North Dakota requirements for licensure examinations in effect at the time the applicant qualified for initial licensure~~; and~~.

~~d.~~ (4) Submit evidence of current unencumbered licensure in another state ~~or territory~~ or meet continued competency requirements as established by the board.

~~3. If an applicant for licensure by endorsement does not meet the educational requirements for the appropriate level of licensure as established by the board, a transitional license may be issued. A transitional license may be issued and renewed according to board rules. Renewal requires proof of progression towards meeting the academic requirements or thirty hours of continuing education.~~

~~4.~~ c. An applicant for licensure as an advanced practice registered nurse shall:

~~a.~~ (1) Submit a completed application and appropriate fee as established by the board~~;~~.

~~b.~~ (2) Submit evidence of appropriate education and current certification in an advanced nursing role by a national nursing organization meeting criteria as established by the board~~; and~~. An advanced practice registered nurse applicant must have a graduate degree with a nursing focus or must have completed the educational requirements in effect when the applicant was initially licensed.

~~c.~~ (3) Possess or show evidence of application for a current unencumbered registered nurse license.

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~~5.~~ d. An applicant for licensure as an advanced practice registered nurse who completed an advanced nursing education program and was licensed or certified in advanced practice by another state before January 1, 2001, or who completed an advanced nursing education program and was licensed or certified as a women's health care nurse practitioner by another state before January 1, 2007, may apply for and receive an advanced practice license if that ~~person~~ applicant meets the requirements that were in place in this state at the time the applicant qualified for initial advanced practice licensure in that state.

~~6.~~ e. An applicant for unlicensed assistive person registration shall:

~~a.~~ (1) Submit a completed application and the appropriate fee as established by the board~~; and~~.

~~b.~~ (2) Provide verification of appropriate training, evidence of certification or evaluation in the performance of basic nursing interventions.

~~7.~~ f. An applicant for licensure as a specialty practice registered nurse shall:

~~a.~~ (1) Submit a completed application and appropriate ~~fees~~ fee as established by the board~~;~~.

~~b.~~ (2) Submit evidence of appropriate education and current certification in a specialty nursing role by a national nursing organization meeting criteria as established by the board~~; and~~. A specialty practice registered nurse applicant must have the educational preparation and national certification within a defined area of nursing practice.

~~c.~~ (3) Possess or show evidence of application for a current unencumbered registered nurse license.

SECTION 9. AMENDMENT. Section 43-12.1-10 of the North Dakota Century Code is amended and reenacted as follows:

43-12.1-10. ~~License - Registration -~~ Renewal of license or registration - Reactivation.

1. ~~A~~ The board shall renew a current license to practice as an advanced practice registered nurse, specialty practice registered nurse, registered nurse, or licensed practical nurse ~~must be issued~~ upon proof that the ~~applicant~~ licensee submits a renewal application, submits the appropriate fee established by the board, and meets all requirements for licensure. If a ~~person~~ licensee does not renew a license before ~~its expiration date~~ the license expires, the board shall reactivate that license ~~may be reinstated~~ if that ~~person~~ licensee meets the reactivation requirements set by the board.

2. ~~An~~ The board shall renew the registration of an unlicensed assistive person ~~may renew registration upon submission of~~ if the registrant submits a renewal application, the appropriate fee established by the board, and documentation of competency by the employer or evidence of certification or evaluation. A lapsed unlicensed assistive person registration may be ~~renewed~~ reactivated upon submission of the application, payment of the appropriate fee established by the board, and documentation of competency or evidence of certification or evaluation.

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SECTION 10. A new section to chapter 43-12.1 of the North Dakota Century Code is created and enacted as follows:

(Effective through September 30, 2003) Transition from transitional nurse licensees. Before October 1, 2003, the board shall issue a licensed practical nurse license or a registered nurse license to each individual who holds a license as a transitional practical nurse or a transitional registered nurse on August 1, 2003. A newly issued license under this section replaces the transitional license.

SECTION 11. A new section to chapter 43-12.1 of the North Dakota Century Code is created and enacted as follows:

Continuing education requirements. The board shall adopt rules requiring every nurse licensed under this chapter to fulfill continuing education requirements. Before the board may renew or reactivate a license, the licensee shall submit evidence to the board establishing that the required continuing education requirements have been met.

SECTION 12. AMENDMENT. Section 43-12.1-11 of the North Dakota Century Code is amended and reenacted as follows:

43-12.1-11. Duties of licensees and registrants. Each ~~person~~ individual licensed or registered by the board shall provide information requested by the board at the time of renewal or reactivation. Each ~~person~~ individual licensed or registered by the board shall report to the board any knowledge of the performance by others of those acts or omissions that are violations of this chapter or grounds for disciplinary action as set forth in section 43-12.1-14. Each licensee or registrant shall report to the board any judgment or settlement in a professional or occupational malpractice action to which the licensee or registrant is a party. Any person, other than a licensee or registrant alleged to have violated this chapter, participating in good faith in making a report, assisting in an investigation, or furnishing information to an investigator, is immune from any civil or criminal liability that otherwise may result from reporting required by this section. For the purpose of any civil or criminal proceeding the good faith of any person required to report under this section is presumed.

SECTION 13. AMENDMENT. Section 43-12.1-15 of the North Dakota Century Code is amended and reenacted as follows:

43-12.1-15. Violation - Penalties. ~~A person may not~~ It is a class B misdemeanor for a person to willfully:

1. Buy or sell, fraudulently obtain, or furnish any questions and answers used in the licensing examination for nurses, or assist others in the performance of these acts.

2. Buy or sell, fraudulently obtain, or furnish any record ~~which~~ that might enable ~~a person~~ an individual to obtain a license in this state or assist others in the performance of these acts.

3. Practice as an advanced practice registered nurse, a specialty practice registered nurse, a registered nurse, ~~or~~ a licensed practical nurse, or an unlicensed assistive person through use of a transcript from a school of nursing, diploma, certificate of registration, license, or record which was fraudulently created or obtained.

4. Practice as an advanced practice registered nurse, a specialty practice registered nurse, a registered nurse, ~~or~~ a licensed practical nurse, or an unlicensed assistive person as defined by this chapter unless licensed to do so.

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5. Conduct any education program preparing ~~a person~~ an individual for nursing licensure or registration unless the program has been approved ~~or accepted~~ by the board.

6. Employ a person to practice nursing or perform nursing interventions unless the person is licensed or registered by the board.

~~Any violation of this chapter is a class B misdemeanor.~~

SECTION 14. APPLICATION. Section 5 of this Act applies to any vacancy filled after July 31, 2003. The license renewal and reactivation requirements of section 11 of this Act are effective beginning with the 2005 licensure year."

Renumber accordingly

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Roll call

REPORT OF CONFERENCE COMMITTEE
(ACCEDE/RECEDE)

Bill Number SB 1245 (, as (re)engrossed):

Your Conference Committee HOUSE HUMAN SERVICES

For the Senate:		**For the House:**	
Sen. J. Lee	✓	Rep. Devlin	✓
Sen. Erbarle	✓	Rep. Weisz	✓
Sen. Fairfield	✓	Rep. Sandvig	✓

recommends that the (SENATE/HOUSE) (ACCEDE to) (RECEDE from)

the (Senate/House) amendments on (SJ/HJ) page(s) _____ --

____ and place _____ on the Seventh order.

____ , adopt (further) amendments as follows, and place _____ on the Seventh order:

having been unable to agree, recommends that the committee be discharged and a new committee be appointed.

((Re)Engrossed) _____ was placed on the Seventh order of business on the calendar.

DATE: 4/7/03
CARRIER: Rep. Devlin

LC NO. of amendment
LC NO. of engrossment
Emergency clause added or deleted
Statement of purpose of amendment

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Operator's Signature Date

Roll Call

Met 2 times

REPORT OF CONFERENCE COMMITTEE
(ACCEDE/RECEDE)

Bill Number SB 1245 (, as (re)engrossed):

Your Conference Committee HOUSE HUMAN SERVICES

For the Senate:		**For the House:**	
Sen. J. Lee	✓✓	Rep. Devlin	✓✓
Sen. Erbele	✓✓	Rep. Weisz	✓✓
Sen. Fairfield	✓✓	Rep. Sandvig	✓✓

recommends that the (SENATE/HOUSE) (ACCEDE to) (RECEDE from)

the (Senate/House) amendments on (SJ/HJ) page(s) _____ --

____ and place _____ on the Seventh order.

____ , adopt (further) amendments as follows, and place _____ on the Seventh order:

having been unable to agree, recommends that the committee be discharged and a new committee be appointed.

((Re)Engrossed) _____ was placed on the Seventh order of business on the calendar.

DATE: 4/9/03
CARRIER:

LC NO. of amendment
LC NO. of engrossment
Emergency clause added or deleted
Statement of purpose of amendment

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LaCosta Rickgord 10/3/03
Operator's Signature Date

Roll Call

REPORT OF CONFERENCE COMMITTEE
(ACCEDE/RECEDE)

Bill Number HB 1245 (, as (re)engrossed):

Your Conference Committee House Human Services

For the Senate:		**For the House:**	
Sen. J. Lee	✓	Rep. Devlin	✓
Sen. Erbele	✓	Rep. Weisz	✓
Sen. Fairfield	✓	Rep. Sandvig	✓

recommends that the (SENATE/HOUSE) (ACCEDE to) (RECEDE from)

the (Senate/House) amendments on (SJ/HJ) page(s) _____ --

____ and place __HB 1245___ on the Seventh order.

____ , adopt (further) amendments as follows, and place _____ on the Seventh order:

having been unable to agree, recommends that the committee be discharged and a new committee be appointed.

((Re)Engrossed) __HB 1245_____ was placed on the Seventh order of business on the calendar.

DATE: 4/10/03
CARRIER: Rep. Devlin

LC NO. of amendment
LC NO. of engrossment
Emergency clause added or deleted
Statement of purpose of amendment

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Operator's Signature

10/2/03
Date

Roll Call

REPORT OF CONFERENCE COMMITTEE
(ACCEDE/RECEDE)

Bill Number HB 1245 (, as (re)engrossed):

Your Conference Committee House Human Services

For the Senate:		For the House:	
Sen. J. Lee	✓	Rep. Devlin	✓
Sen. Erbele	✓	Rep. Weisz	✓
Sen. Fairfield	✓	Rep. Sandvig	✓

recommends that the (SENATE/HOUSE) (ACCEDE to) (RECEDE from)

the (Senate/House) amendments on (SJ/HJ) page(s) _____ --

____ and place __HB 1245___ on the Seventh order.

____ , adopt (further) amendments as follows, and place _____ on the Seventh order:

having been unable to agree, recommends that the committee be discharged and a new committee be appointed.

((Re)Engrossed) __HB 1245_____ was placed on the Seventh order of business on the calendar.

DATE: 4/10/03
CARRIER: Rep. Devlin

LC NO. of amendment
LC NO. of engrossment
Emergency clause added or deleted
Statement of purpose of amendment

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Prepared by the Legislative Council staff for
Conference Committee
April 14, 2003

Conference Committee Amendments to Engrossed HB 1245 - 04/14/2003

That the Senate recede from its amendments as printed on page 1106 of the House Journal and pages 912 and 913 of the Senate Journal and that Engrossed House Bill No. 1245 be amended as follows:

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to create and enact a new subsection to section 43-12.1-04 and four new sections to chapter 43-12.1 of the North Dakota Century Code, relating to nursing education, practice standards, licensure, and continuing education; to amend and reenact sections 43-12.1-01 and 43-12.1-02, subsection 2 of section 43-12.1-04, sections 43-12.1-06, 43-12.1-08, 43-12.1-09, 43-12.1-10, 43-12.1-11, and 43-12.1-15 of the North Dakota Century Code, relating to education and licensure of nurses; to provide a penalty; to provide for application; and to provide an expiration date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Section 43-12.1-01 of the North Dakota Century Code is amended and reenacted as follows:

43-12.1-01. ~~Statement of policy~~ Scope. 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 and is subject to regulation and control in the public interest to assure that qualified, competent practitioners and high quality standards are available. The legislative assembly recognizes that the~~ practice of nursing is continually evolving and responding to changes within health care patterns and systems ~~and recognizes the existence of.~~ There are overlapping functions within the practice of nursing and other providers of health care.

SECTION 2. AMENDMENT. Section 43-12.1-02 of the North Dakota Century Code is amended and reenacted as follows:

43-12.1-02. Definitions. In this chapter, unless the context ~~or subject matter~~ otherwise requires:

1. "Advanced practice registered nurse" means ~~a person~~ an individual who holds a current license to practice in this state as an advanced practice registered nurse ~~and either has a graduate degree with a nursing focus or has completed the educational requirements in effect when the person was initially licensed~~.

2. "Board" means the North Dakota board of nursing.

3. "Licensed practical nurse" means ~~a person~~ an individual who holds a current license to practice in this state as a licensed practical nurse ~~and either has an associate degree with a major in nursing or has completed the educational requirements in effect when the person was initially licensed~~.

4. "Nurse" means ~~any person~~ an individual who is currently licensed as an advanced practice registered nurse, registered nurse, or licensed practical nurse.

5. "Nursing" means the performance of acts utilizing specialized knowledge, skills, and abilities for people in a variety of settings. ~~Nursing~~ The term includes the following acts, which may not be deemed to include acts of

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medical diagnosis or treatment or the practice of medicine as defined in chapter 43-17:

a. The maintenance of health and prevention of illness.

b. Diagnosing human responses to actual or potential health problems.

c. Providing supportive and restorative care and nursing treatment, medication administration, health counseling and teaching, case finding and referral of ~~persons~~ individuals who are ill, injured, or experiencing changes in the normal health processes.

d. Administration, teaching, supervision, delegation, and evaluation of health and nursing practices.

e. Collaboration with other health care professionals in the implementation of the total health care regimen and execution of the health care regimen prescribed by a health care practitioner licensed under ~~title 43~~ the laws of this state.

6. "Prescriptive practices" means assessing the need for drugs, immunizing agents, or devices and writing a prescription to be filled by a licensed pharmacist.

7. "Registered nurse" means ~~a person~~ an individual who holds a current license to practice in this state as a registered nurse ~~and either has a baccalaureate degree with a major in nursing or has completed the educational requirements in effect when the person was initially licensed~~.

8. "Specialty practice registered nurse" means ~~a person~~ an individual who holds a current license to practice in this state as a specialty practice registered nurse ~~and has the educational preparation and national certification within a defined area of nursing practice~~.

9. ~~"Transitional practical nurse license" means a license issued by the board to a person who meets all of the requirements for licensure by endorsement as a licensed practical nurse, except the educational requirements.~~

~~10.~~ ~~"Transitional registered nurse license" means a license issued by the board to a person who meets all of the requirements for licensure by endorsement as a registered nurse, except the educational requirements.~~

~~11.~~ "Unlicensed assistive person" means an assistant to the nurse who regardless of title is authorized by the board to perform nursing interventions delegated and supervised by a ~~licensed~~ nurse.

SECTION 3. AMENDMENT. Subsection 2 of section 43-12.1-04 of the North Dakota Century Code is amended and reenacted as follows:

2. Students practicing nursing as a part of ~~a board approved~~ an in-state nursing education program.

SECTION 4. A new subsection to section 43-12.1-04 of the North Dakota Century Code is created and enacted as follows:

Upon written notification to the board by an out-of-state nursing program, a student practicing nursing as a part of a nursing education program preparing for initial or advanced licensure as a registered nurse or licensed

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practical nurse which is approved by a board of nursing and is located in an institution of higher education that offers transferable credit.

SECTION 5. AMENDMENT. Section 43-12.1-06 of the North Dakota Century Code is amended and reenacted as follows:

43-12.1-06. Qualifications of board members.

1. Each registered nurse must be an eligible voting resident of this state, possess an unencumbered registered nurse license under this chapter, and be currently engaged in practice as a registered nurse. A majority of the members under this subsection must be actively engaged in practice in a nurse-patient setting.

2. Each licensed practical nurse must be an eligible voting resident of this state, possess an unencumbered practical nurse license under this chapter, and be currently engaged in practice as a licensed practical nurse. A majority of the members under this subsection must be actively engaged in practice in a nurse-patient setting.

3. Each public member must be an eligible voting resident of this state and have no employment, professional license, or financial interest with any health care entity.

4. Each member appointed to the board shall maintain the qualifications for appointment for the duration of the appointment. The governor may remove any member of the board for cause upon recommendation of two-thirds of the members of the board.

SECTION 6. AMENDMENT. Section 43-12.1-08 of the North Dakota Century Code is amended and reenacted as follows:

43-12.1-08. ~~Powers and duties~~ Duties of the board.

1. The board shall regulate the practice of nursing ~~to assure that qualified competent practitioners and high quality standards are available~~. Regulation of the ~~profession~~ practice of nursing must ensure that ~~no~~ a person may not practice or offer to practice nursing or use titles of advanced practice registered nurse, specialty practice registered nurse, registered nurse, licensed practical nurse, or unlicensed assistive person, or titles of a similar nature which denote the practice of nursing to the general public unless licensed or registered as provided in this chapter.

2. The board shall:

~~1.~~ a. Enforce ~~the provisions of~~ this chapter. ~~The board has all of the duties, powers, and authority specifically granted by and necessary for the enforcement of this chapter.~~

~~2.~~ b. Adopt rules necessary to administer this chapter after collaborating and consulting with North Dakota nursing associations and other affected parties.

~~3.~~ c. Appoint and employ a ~~qualified~~ registered nurse to serve as executive director and approve any additional staff positions necessary to administer this chapter.

~~4.~~ d. Establish fees and receive all moneys collected under this chapter and authorize all expenditures necessary to conduct the business of

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the board. Any balance of fees after payment of expenditures must be used to administer this chapter.

~~5. Establish qualifications for nursing licensure and registration.~~

~~6. Establish standards for nursing education and practice and:~~

~~a. Collaborate and consult with the appropriate nursing organizations and other affected parties in the establishment of the standards; and~~

~~b. Consult with the medical profession in the establishment of prescriptive practice standards for advanced practice registered nurses. Prescriptive practices must be consistent with the scope of practice of the advanced practice registered nurse and include evidence of a collaborative agreement with a licensed physician.~~

~~7. Periodically review and approve nursing education programs.~~

~~8. License and register applicants and renew and reinstate licenses and registrations.~~

~~9. Establish standards for assessing the competence of licensees and registrants continuing in or returning to practice.~~

~~10.~~ g. Collect and analyze data regarding nursing education, nursing practice, and nursing resources.

~~11.~~ f. Issue and renew limited licenses to individuals requiring accommodation to practice nursing.

~~12.~~ g. Establish confidential programs for the rehabilitation of nurses with workplace impairments.

~~13. Discipline applicants, licensees, and registrants for violating this chapter.~~

~~14.~~ h. Establish a nursing student loan program funded by license fees to encourage ~~persons~~ individuals to enter and advance in the nursing profession.

~~15.~~ i. Establish a registry of ~~persons~~ individuals licensed or registered by the board.

~~16. Collaborate and consult with the North Dakota nurses association, North Dakota licensed practical nurses association, and other nursing specialty groups prior to the adoption of rules.~~

~~17.~~ j. Report annually to the governor and nursing profession regarding the regulation of nursing in the state.

~~18.~~ k. Conduct and support projects pertaining to nursing education and practice.

~~19.~~ l. Notify the board of pharmacy on an annual basis, or more frequent basis if necessary, of advanced practice registered nurses authorized to write prescriptions.

~~20.~~ m. Adopt rules to allow nurses licensed by another state to receive short-term clinical education in North Dakota health care facilities.

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SECTION 7. Two new sections to chapter 43-12.1 of the North Dakota Century Code are created and enacted as follows:

Nursing education programs.

1. The board shall adopt rules establishing standards for in-state nursing education programs leading to initial or advanced licensure. A nursing education program may not be provided in this state unless the board has approved the program. The board shall approve, review, and reapprove nursing education programs in this state. The board may not require a statement of intent as part of the approval process under this section.

2. The standards established under this section for a program leading to licensure as a licensed practical nurse:

   a. Must allow for a program that offers two or more academic years of course study or the equivalent;

   b. Must allow for a program that offers less than two academic years of course study or the equivalent; and

   c. May not allow for a program that offers less than one academic year of course study or the equivalent.

3. The standards established under this section for a program leading to licensure as a registered nurse:

   a. Must allow for a program that offers four or more academic years of course study or the equivalent;

   b. Must allow for a program that offers less than four academic years of course study or the equivalent; and

   c. May not allow for a program that offers less than two academic years of course study or the equivalent.

Nursing practice standards. The board shall adopt rules establishing standards for nursing practice. The board shall consult with the medical profession in the establishment of prescriptive practice standards for advanced practice registered nurses. Prescriptive practices must be consistent with the scope of practice of the advanced practice registered nurse and include evidence of a collaborative agreement with a licensed physician.

SECTION 8. AMENDMENT. Section 43-12.1-09 of the North Dakota Century Code is amended and reenacted as follows:

43-12.1-09. ~~Licensure--Registration~~ Initial licensure and registration.

1. The board shall license and register nursing applicants. The board shall adopt rules establishing qualifications for initial nursing licensure and registration.

2. Each applicant who successfully meets the requirements of this section is entitled to initial licensure or registration as follows:

   ~~1.~~ a. An applicant for licensure by examination to practice as a registered nurse or licensed practical nurse shall:

      ~~a.~~ (1) Submit a completed application and appropriate fee as established by the board~~;~~.

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~~b.~~ (2) Submit an official transcript showing completion of an in-state nursing education program or a board-approved out-of-state nursing education program preparing for the level of licensure sought~~; and~~. The board shall adopt rules establishing standards for the approval of out-of-state nursing education programs. These standards for out-of-state programs must include consideration of whether the program is accredited by the national league for nursing accrediting commission, incorporated, or the commission on collegiate nursing education and whether the program meets the requirements of the state in which the program is provided.

~~c.~~ (3) Pass an examination approved by the board.

~~2.~~ b. An applicant for licensure by endorsement to practice as a registered nurse or licensed practical nurse shall:

~~a.~~ (1) Submit a completed application and appropriate fee as established by the board~~;~~.

~~b.~~ (2) Submit an official transcript showing completion of a nursing education program ~~equal to or exceeding the requirements for nursing education programs in place in this state at the time the applicant qualified for initial licensure;~~ preparing for the level of licensure sought.

~~c.~~ (3) Submit proof of initial licensure by examination with the examination meeting ~~the state~~ North Dakota requirements for licensure examinations in effect at the time the applicant qualified for initial licensure~~; and~~.

~~d.~~ (4) Submit evidence of current unencumbered licensure in another state ~~or territory~~ or meet continued competency requirements as established by the board.

~~3. If an applicant for licensure by endorsement does not meet the educational requirements for the appropriate level of licensure as established by the board, a transitional license may be issued. A transitional license may be issued and renewed according to board rules. Renewal requires proof of progression towards meeting the academic requirements or thirty hours of continuing education.~~

~~4.~~ c. An applicant for licensure as an advanced practice registered nurse shall:

~~a.~~ (1) Submit a completed application and appropriate fee as established by the board~~;~~.

~~b.~~ (2) Submit evidence of appropriate education and current certification in an advanced nursing role by a national nursing organization meeting criteria as established by the board~~; and~~. An advanced practice registered nurse applicant must have a graduate degree with a nursing focus or must have completed the educational requirements in effect when the applicant was initially licensed.

~~c.~~ (3) Possess or show evidence of application for a current unencumbered registered nurse license.

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~~5.~~ d. An applicant for licensure as an advanced practice registered nurse who completed an advanced nursing education program and was licensed or certified in advanced practice by another state before January 1, 2001, or who completed an advanced nursing education program and was licensed or certified as a women's health care nurse practitioner by another state before January 1, 2007, may apply for and receive an advanced practice license if that ~~person~~ applicant meets the requirements that were in place in this state at the time the applicant qualified for initial advanced practice licensure in that state.

~~6.~~ e. An applicant for unlicensed assistive person registration shall:

~~a.~~ (1) Submit a completed application and the appropriate fee as established by the board~~; and~~.

~~b.~~ (2) Provide verification of appropriate training~~,~~ or evidence of certification or evaluation in the performance of basic nursing interventions.

~~7.~~ f. An applicant for licensure as a specialty practice registered nurse shall:

~~a.~~ (1) Submit a completed application and appropriate ~~fees~~ fee as established by the board~~;~~.

~~b.~~ (2) Submit evidence of appropriate education and current certification in a specialty nursing role by a national nursing organization meeting criteria as established by the board~~; and~~. A specialty practice registered nurse applicant must have the educational preparation and national certification within a defined area of nursing practice.

~~c.~~ (3) Possess or show evidence of application for a current unencumbered registered nurse license.

SECTION 9. AMENDMENT. Section 43-12.1-10 of the North Dakota Century Code is amended and reenacted as follows:

43-12.1-10. ~~Licenses--Registration--~~ Renewal of license or registration - Reactivation.

1. ~~A~~ The board shall renew a current license to practice as an advanced practice registered nurse, specialty practice registered nurse, registered nurse, or licensed practical nurse ~~must be issued upon proof that~~ if the ~~applicant~~ licensee submits a renewal application, submits the appropriate fee established by the board, and meets all requirements for licensure. If a ~~person~~ licensee does not renew a license before ~~its expiration date~~ the license expires, the board shall reactivate that license ~~may be reinstated~~ if that ~~person~~ licensee meets the reactivation requirements set by the board.

2. ~~An~~ The board shall renew the registration of an unlicensed assistive person ~~may renew registration upon submission of~~ if the registrant submits a renewal application, the appropriate fee established by the board, and documentation of competency by the employer or evidence of certification or evaluation. A lapsed unlicensed assistive person registration may be ~~renewed~~ reactivated upon submission of the application, payment of the appropriate fee established by the board, and documentation of competency or evidence of certification or evaluation.

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SECTION 10. A new section to chapter 43-12.1 of the North Dakota Century Code is created and enacted as follows:

(Effective through September 30, 2003) Transition from transitional nurse licenses. Before October 1, 2003, the board shall issue a licensed practical nurse license or a registered nurse license to each individual who holds a license as a transitional practical nurse or a transitional registered nurse on August 1, 2003. A newly issued license under this section replaces the transitional license.

SECTION 11. A new section to chapter 43-12.1 of the North Dakota Century Code is created and enacted as follows:

Continuing education requirements. The board shall adopt rules requiring every nurse licensed under this chapter to fulfill continuing education requirements. Before the board may renew or reactivate a license, the licensee shall submit evidence to the board establishing that the required continuing education requirements have been met.

SECTION 12. AMENDMENT. Section 43-12.1-11 of the North Dakota Century Code is amended and reenacted as follows:

43-12.1-11. Duties of licensees and registrants. Each ~~person~~ individual licensed or registered by the board shall provide information requested by the board at the time of renewal or reactivation. Each ~~person~~ individual licensed or registered by the board shall report to the board any knowledge of the performance by others of those acts or omissions that are violations of this chapter or grounds for disciplinary action as set forth in section 43-12.1-14. Each licensee or registrant shall report to the board any judgment or settlement in a professional or occupational malpractice action to which the licensee or registrant is a party. Any person, other than a licensee or registrant alleged to have violated this chapter, participating in good faith in making a report, assisting in an investigation, or furnishing information to an investigator, is immune from any civil or criminal liability that otherwise may result from reporting required by this section. For the purpose of any civil or criminal proceeding the good faith of any person required to report under this section is presumed.

SECTION 13. AMENDMENT. Section 43-12.1-15 of the North Dakota Century Code is amended and reenacted as follows:

43-12.1-15. Violation - Penalties. ~~A person may not~~ It is a class B misdemeanor for a person to willfully:

1. Buy or sell, fraudulently obtain, or furnish any questions and answers used in the licensing examination for nurses, or assist others in the performance of these acts.

2. Buy or sell, fraudulently obtain, or furnish any record ~~which~~ that might enable ~~a person~~ an individual to obtain a license in this state or assist others in the performance of these acts.

3. Practice as an advanced practice registered nurse, a specialty practice registered nurse, a registered nurse, ~~or~~ a licensed practical nurse, or an unlicensed assistive person through use of a transcript from a school of nursing, diploma, certificate of registration, license, or record ~~which~~ that was fraudulently created or obtained.

4. Practice as an advanced practice registered nurse, a specialty practice registered nurse, a registered nurse, ~~or~~ a licensed practical nurse, or an unlicensed assistive person as defined by this chapter unless licensed to do so.

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5. Conduct any education program preparing ~~a person~~ an individual for nursing licensure or registration unless the program has been approved ~~or accepted~~ by the board.

6. Employ a person to practice nursing or perform nursing interventions unless the person is licensed or registered by the board.

~~Any violation of this chapter is a class B misdemeanor.~~

SECTION 14. APPLICATION. Section 5 of this Act applies to any vacancy filled after July 31, 2003. The license renewal and reactivation requirements of section 11 of this Act are effective beginning with the 2005 licensure year."

Renumber accordingly

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REPORT OF CONFERENCE COMMITTEE
(ACCEDE/RECEDE)

Bill Number SB 1245 (, as (re)engrossed):

Your Conference Committee HOUSE HUMAN SERVICES

For the Senate:			**For the House:**		
Sen. J. Lee	yes	✓	Rep. Devlin	yes	✓
Sen. Erbele	yes	✓	Rep. Weisz	yes	✓
Sen. Fairfield	NO	✓	Rep. Sandvig	NO	✓

recommends that the (SENATE/HOUSE) (ACCEDE to) (RECEDE from)

the (Senate/House) amendments on (SJ/HJ) page(s) 1106 --

____ and place HB 1245 on the Seventh order.

✓ adopt (further) amendments as follows, and place HB 1245 on the Seventh order:

having been unable to agree, recommends that the committee be discharged and a new committee be appointed.

((Re)Engrossed) HB 1245 was placed on the Seventh order of business on the calendar.

DATE: 4/[illegible]/03
CARRIER: Rep. [illegible] - Devlin.

LC NO. of amendment
LC NO. of engrossment
Emergency clause added or deleted
Statement of purpose of amendment

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REPORT OF CONFERENCE COMMITTEE

HB 1245, as engrossed: Your conference committee (Sens. J. Lee, Erbele, Fairfield and Reps. Devlin, Welsz, Sandvig) recommends that the **SENATE RECEDE** from the Senate amendments on HJ page 1106, adopt amendments as follows, and place HB 1245 on the Seventh order:

That the Senate recede from its amendments as printed on page 1106 of the House Journal and pages 912 and 913 of the Senate Journal and that Engrossed House Bill No. 1245 be amended as follows:

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to create and enact a new subsection to section 43-12.1-04 and four new sections to chapter 43-12.1 of the North Dakota Century Code, relating to nursing education, practice standards, licensure, and continuing education; to amend and reenact sections 43-12.1-01 and 43-12.1-02, subsection 2 of section 43-12.1-04, sections 43-12.1-06, 43-12.1-08, 43-12.1-09, 43-12.1-10, 43-12.1-11, and 43-12.1-15 of the North Dakota Century Code, relating to education and licensure of nurses; to provide a penalty; to provide for application; and to provide an expiration date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Section 43-12.1-01 of the North Dakota Century Code is amended and reenacted as follows:

43-12.1-01. ~~Statement of policy~~ Scope. 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 and is subject to regulation and control in the public interest to assure that qualified, competent practitioners and high quality standards are available. The legislative assembly recognizes that the~~ practice of nursing is continually evolving and responding to changes within health care patterns and systems ~~and recognizes the existence of~~. There are overlapping functions within the practice of nursing and other providers of health care.

SECTION 2. AMENDMENT. Section 43-12.1-02 of the North Dakota Century Code is amended and reenacted as follows:

43-12.1-02. Definitions. In this chapter, unless the context ~~or subject matter~~ otherwise requires:

1. "Advanced practice registered nurse" means ~~a person~~an individual who holds a current license to practice in this state as an advanced practice registered nurse ~~and either has a graduate degree with a nursing focus or has completed the educational requirements in effect when the person was initially licensed~~.
2. "Board" means the North Dakota board of nursing.
3. "Licensed practical nurse" means ~~a person~~ an individual who holds a current license to practice in this state as a licensed practical nurse ~~and either has an associate degree with a major in nursing or has completed the educational requirements in effect when the person was initially licensed~~.
4. "Nurse" means ~~any person~~ an individual who is currently licensed as an advanced practice registered nurse, registered nurse, or licensed practical nurse.

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5. "Nursing" means the performance of acts utilizing specialized knowledge, skills, and abilities for people in a variety of settings. ~~Nursing~~ The term includes the following acts, which may not be deemed to include acts of medical diagnosis or treatment or the practice of medicine as defined in chapter 43-17:

   a. The maintenance of health and prevention of illness.

   b. Diagnosing human responses to actual or potential health problems.

   c. Providing supportive and restorative care and nursing treatment, medication administration, health counseling and teaching, case finding and referral of ~~persons~~ individuals who are ill, injured, or experiencing changes in the normal health processes.

   d. Administration, teaching, supervision, delegation, and evaluation of health and nursing practices.

   e. Collaboration with other health care professionals in the implementation of the total health care regimen and execution of the health care regimen prescribed by a health care practitioner licensed under ~~title 43~~ the laws of this state.

6. "Prescriptive practices" means assessing the need for drugs, immunizing agents, or devices and writing a prescription to be filled by a licensed pharmacist.

7. "Registered nurse" means ~~a person~~ an individual who holds a current license to practice in this state as a registered nurse ~~and either has a baccalaureate degree with a major in nursing or has completed the educational requirements in effect when the person was initially licensed~~.

8. "Specialty practice registered nurse" means ~~a person~~an individual who holds a current license to practice in this state as a specialty practice registered nurse ~~and has the educational preparation and national certification within a defined area of nursing practice~~.

9. ~~"Transitional practical nurse license" means a license issued by the board to a person who meets all of the requirements for licensure by endorsement as a licensed practical nurse, except the educational requirements.~~

10. ~~"Transitional registered nurse license" means a license issued by the board to a person who meets all of the requirements for licensure by endorsement as a registered nurse, except the educational requirements.~~

11. "Unlicensed assistive person" means an assistant to the nurse who regardless of title is authorized by the board to perform nursing interventions delegated and supervised by a ~~licensed~~ nurse.

SECTION 3. AMENDMENT. Subsection 2 of section 43-12.1-04 of the North Dakota Century Code is amended and reenacted as follows:

2. Students practicing nursing as a part of ~~a board approved~~ an in-state nursing education program.

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SECTION 4. A new subsection to section 43-12.1-04 of the North Dakota Century Code is created and enacted as follows:

Upon written notification to the board by an out-of-state nursing program, a student practicing nursing as a part of a nursing education program preparing for initial or advanced licensure as a registered nurse or licensed practical nurse which is approved by a board of nursing and is located in an institution of higher education that offers transferable credit.

SECTION 5. AMENDMENT. Section 43-12.1-06 of the North Dakota Century Code is amended and reenacted as follows:

43-12.1-06. Qualifications of board members.

1. Each registered nurse must be an eligible voting resident of this state, possess an unencumbered registered nurse license under this chapter, and be currently engaged in practice as a registered nurse. A majority of the members under this subsection must be actively engaged in practice in a nurse-patient setting.

2. Each licensed practical nurse must be an eligible voting resident of this state, possess an unencumbered practical nurse license under this chapter, and be currently engaged in practice as a licensed practical nurse. A majority of the members under this subsection must be actively engaged in practice in a nurse-patient setting.

3. Each public member must be an eligible voting resident of this state and have no employment, professional license, or financial interest with any health care entity.

4. Each member appointed to the board shall maintain the qualifications for appointment for the duration of the appointment. The governor may remove any member of the board for cause upon recommendation of two-thirds of the members of the board.

SECTION 6. AMENDMENT. Section 43-12.1-08 of the North Dakota Century Code is amended and reenacted as follows:

43-12.1-08. ~~Powers and duties~~ Duties of the board.

1. The board shall regulate the practice of nursing ~~to assure that qualified competent practitioners and high quality standards are available~~. Regulation of the ~~profession~~practice of nursing must ensure that ~~no~~ a person may not practice or offer to practice nursing or use titles of advanced practice registered nurse, specialty practice registered nurse, registered nurse, licensed practical nurse, or unlicensed assistive person, or titles of a similar nature which denote the practice of nursing to the general public unless licensed or registered as provided in this chapter.

2. The board shall:

~~1.~~ a. Enforce ~~the provisions of~~ this chapter. ~~The board has all of the duties, powers, and authority specifically granted by and necessary for the enforcement of this chapter.~~

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~~2.~~ b. Adopt rules necessary to administer this chapter after collaborating and consulting with North Dakota nursing associations and other affected parties.

~~3.~~ c. Appoint and employ a ~~qualified~~ registered nurse to serve as executive director and approve any additional staff positions necessary to administer this chapter.

~~4.~~ d. Establish fees and receive all moneys collected under this chapter and authorize all expenditures necessary to conduct the business of the board. Any balance of fees after payment of expenditures must be used to administer this chapter.

~~5. Establish qualifications for nursing licensure and registration.~~

~~6. Establish standards for nursing education and practice and:~~

~~a. Collaborate and consult with the appropriate nursing organizations and other affected parties in the establishment of the standards; and~~

~~b. Consult with the medical profession in the establishment of prescriptive practice standards for advanced practice registered nurses. Prescriptive practices must be consistent with the scope of practice of the advanced practice registered nurse and include evidence of a collaborative agreement with a licensed physician.~~

~~7. Periodically review and approve nursing education programs.~~

~~8. License and register applicants and renew and reinstate licenses and registrations.~~

~~9. Establish standards for assessing the competence of licensees and registrants continuing in or returning to practice.~~

~~10.~~ e. Collect and analyze data regarding nursing education, nursing practice, and nursing resources.

~~11.~~ f. Issue and renew limited licenses to individuals requiring accommodation to practice nursing.

~~12.~~ g. Establish confidential programs for the rehabilitation of nurses with workplace impairments.

~~13. Discipline applicants, licensees, and registrants for violating this chapter.~~

~~14.~~ h. Establish a nursing student loan program funded by license fees to encourage ~~persons~~individuals to enter and advance in the nursing profession.

~~15.~~ i. Establish a registry of~~persons~~ individuals licensed or registered by the board.

~~16. Collaborate and consult with the North Dakota nurses association, North Dakota licensed practical nurses association, and other nursing specialty groups prior to the adoption of rules.~~

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~~17.~~ l. Report annually to the governor and nursing profession regarding the regulation of nursing in the state.

~~18.~~ k. Conduct and support projects pertaining to nursing education and practice.

~~19.~~ l. Notify the board of pharmacy on an annual basis, or more frequent basis if necessary, of advanced practice registered nurses authorized to write prescriptions.

~~20.~~ m. Adopt rules to allow nurses licensed by another state to receive short-term clinical education in North Dakota health care facilities.

SECTION 7. Two new sections to chapter 43-12.1 of the North Dakota Century Code are created and enacted as follows:

Nursing education programs.

1. The board shall adopt rules establishing standards for in-state nursing education programs leading to initial or advanced licensure. A nursing education program may not be provided in this state unless the board has approved the program. The board shall approve, review, and reapprove nursing education programs in this state. The board may not require a statement of intent as part of the approval process under this section.

2. The standards established under this section for a program leading to licensure as a licensed practical nurse:

   a. Must allow for a program that offers two or more academic years of course study or the equivalent;

   b. Must allow for a program that offers less than two academic years of course study or the equivalent; and

   c. May not allow for a program that offers less than one academic year of course study or the equivalent.

3. The standards established under this section for a program leading to licensure as a registered nurse:

   a. Must allow for a program that offers four or more academic years of course study or the equivalent;

   b. Must allow for a program that offers less than four academic years of course study or the equivalent; and

   c. May not allow for a program that offers less than two academic years of course study or the equivalent.

Nursing practice standards. The board shall adopt rules establishing standards for nursing practice. The board shall consult with the medical profession in the establishment of prescriptive practice standards for advanced practice registered nurses. Prescriptive practices must be consistent with the scope of practice of the advanced practice registered nurse and include evidence of a collaborative agreement with a licensed physician.

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SECTION 8. AMENDMENT. Section 43-12.1-09 of the North Dakota Century Code is amended and reenacted as follows:

43-12.1-09. ~~Licensure--Registration~~ Initial licensure and registration.

1. The board shall license and register nursing applicants. The board shall adopt rules establishing qualifications for initial nursing licensure and registration.

2. Each applicant who successfully meets the requirements of this section is entitled to initial licensure or registration as follows:

~~1.~~ a. An applicant for licensure by examination to practice as a registered nurse or licensed practical nurse shall:

~~a.~~ (1) Submit a completed application and appropriate fee as established by the board~~;~~.

~~b.~~ (2) Submit an official transcript showing completion of an in-state nursing education program or a board-approved out-of-state nursing education program preparing for the level of licensure sought~~; and~~. The board shall adopt rules establishing standards for the approval of out-of-state nursing education programs. These standards for out-of-state programs must include consideration of whether the program is accredited by the national league for nursing accrediting commission, incorporated, or the commission on collegiate nursing education and whether the program meets the requirements of the state in which the program is provided.

~~c.~~ (3) Pass an examination approved by the board.

~~2.~~ b. An applicant for licensure by endorsement to practice as a registered nurse or licensed practical nurse shall:

~~a.~~ (1) Submit a completed application and appropriate fee as established by the board~~;~~.

~~b.~~ (2) Submit an official transcript showing completion of a nursing education program ~~equal to or exceeding the requirements for nursing education programs in place in this state at the time the applicant qualified for initial licensure;~~ preparing for the level of licensure sought.

~~c.~~ (3) Submit proof of initial licensure by examination with the examination meeting ~~the state~~ North Dakota requirements for licensure examinations in effect at the time the applicant qualified for initial licensure~~; and~~.

~~d.~~ (4) Submit evidence of current unencumbered licensure in another state ~~or territory~~ or meet continued competency requirements as established by the board.

~~3. If an applicant for licensure by endorsement does not meet the educational requirements for the appropriate level of licensure as established by the board, a transitional license may be issued. A transitional license may be issued and renewed according to board rules. Renewal requires proof of~~

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~~progression towards meeting the academic requirements or thirty hours of continuing education.~~

~~4.~~ c. An applicant for licensure as an advanced practice registered nurse shall:

~~a.~~ (1) Submit a completed application and appropriate fee as established by the board~~;~~.

~~b.~~ (2) Submit evidence of appropriate education and current certification in an advanced nursing role by a national nursing organization meeting criteria as established by the board~~; and~~. An advanced practice registered nurse applicant must have a graduate degree with a nursing focus or must have completed the educational requirements in effect when the applicant was initially licensed.

~~c.~~ (3) Possess or show evidence of application for a current unencumbered registered nurse license.

~~5.~~ d. An applicant for licensure as an advanced practice registered nurse who completed an advanced nursing education program and was licensed or certified in advanced practice by another state before January 1, 2001, or who completed an advanced nursing education program and was licensed or certified as a women's health care nurse practitioner by another state before January 1, 2007, may apply for and receive an advanced practice license if that ~~person~~ applicant meets the requirements that were in place in this state at the time the applicant qualified for initial advanced practice licensure in that state.

~~6.~~ e. An applicant for unlicensed assistive person registration shall:

~~a.~~ (1) Submit a completed application and the appropriate fee as established by the board~~; and~~.

~~b.~~ (2) Provide verification of appropriate training~~;~~ or evidence of certification or evaluation in the performance of basic nursing interventions.

~~7.~~ f. An applicant for licensure as a specialty practice registered nurse shall:

~~a.~~ (1) Submit a completed application and appropriate ~~feee~~ fee as established by the board~~;~~.

~~b.~~ (2) Submit evidence of appropriate education and current certification in a specialty nursing role by a national nursing organization meeting criteria as established by the board~~; and~~. A specialty practice registered nurse applicant must have the educational preparation and national certification within a defined area of nursing practice.

~~c.~~ (3) Possess or show evidence of application for a current unencumbered registered nurse license.

SECTION 9. AMENDMENT. Section 43-12.1-10 of the North Dakota Century Code is amended and reenacted as follows:

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43-12.1-10. ~~License - Registration -~~ Renewal of license or registration - Reactivation.

1. ~~A~~ The board shall renew a current license to practice as an advanced practice registered nurse, specialty practice registered nurse, registered nurse, or licensed practical nurse~~must be issued upon proof that~~ if the ~~applicant~~licensee submits a renewal application, submits the appropriate fee established by the board, and meets all requirements for licensure. If a ~~person~~ licensee does not renew a license before ~~its expiration date~~ the license expires, the board shall reactivate that license ~~may be reinstated~~ if that ~~person~~ licensee meets the reactivation requirements set by the board.

2. ~~An~~ The board shall renew the registration of an unlicensed assistive person ~~may renew registration upon submission of~~ if the registrant submits a renewal application, the appropriate fee established by the board, and documentation of competency by the employer or evidence of certification or evaluation. A lapsed unlicensed assistive person registration may be ~~renewed~~ reactivated upon submission of the application, payment of the appropriate fee established by the board, and documentation of competency or evidence of certification or evaluation.

SECTION 10. A new section to chapter 43-12.1 of the North Dakota Century Code is created and enacted as follows:

(Effective through September 30, 2003) Transition from transitional nurse licenses. Before October 1, 2003, the board shall issue a licensed practical nurse license or a registered nurse license to each individual who holds a license as a transitional practical nurse or a transitional registered nurse on August 1, 2003. A newly issued license under this section replaces the transitional license.

SECTION 11. A new section to chapter 43-12.1 of the North Dakota Century Code is created and enacted as follows:

Continuing education requirements. The board shall adopt rules requiring every nurse licensed under this chapter to fulfill continuing education requirements. Before the board may renew or reactivate a license, the licensee shall submit evidence to the board establishing that the required continuing education requirements have been met.

SECTION 12. AMENDMENT. Section 43-12.1-11 of the North Dakota Century Code is amended and reenacted as follows:

43-12.1-11. Duties of licensees and registrants. Each ~~person~~ individual licensed or registered by the board shall provide information requested by the board at the time of renewal or reactivation. Each ~~person~~ individual licensed or registered by the board shall report to the board any knowledge of the performance by others of those acts or omissions that are violations of this chapter or grounds for disciplinary action as set forth in section 43-12.1-14. Each licensee or registrant shall report to the board any judgment or settlement in a professional or occupational malpractice action to which the licensee or registrant is a party. Any person, other than a licensee or registrant alleged to have violated this chapter, participating in good faith in making a report, assisting in an investigation, or furnishing information to an investigator, is immune from any civil or criminal liability that otherwise may result from reporting required by this section. For the purpose of any civil or criminal proceeding the good faith of any person required to report under this section is presumed.

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SECTION 13. AMENDMENT. Section 43-12.1-15 of the North Dakota Century Code is amended and reenacted as follows:

43-12.1-15. Violation - Penalties. ~~A person may not~~ It is a class B misdemeanor for a person to willfully:

1. Buy or sell, fraudulently obtain, or furnish any questions and answers used in the licensing examination for nurses, or assist others in the performance of these acts.

2. Buy or sell, fraudulently obtain, or furnish any record ~~which~~ that might enable ~~a person~~ an individual to obtain a license in this state or assist others in the performance of these acts.

3. Practice as an advanced practice registered nurse, a specialty practice registered nurse, a registered nurse, ~~or~~ a licensed practical nurse, or an unlicensed assistive person through use of a transcript from a school of nursing, diploma, certificate of registration, license, or record ~~which~~ that was fraudulently created or obtained.

4. Practice as an advanced practice registered nurse, a specialty practice registered nurse, a registered nurse, ~~or~~ a licensed practical nurse, or an unlicensed assistive person as defined by this chapter unless licensed to do so.

5. Conduct any education program preparing ~~a person~~ an individual for nursing licensure or registration unless the program has been approved ~~or accepted~~ by the board.

6. Employ a person to practice nursing or perform nursing interventions unless the person is licensed or registered by the board.

~~Any violation of this chapter is a class B misdemeanor.~~

SECTION 14. APPLICATION. Section 5 of this Act applies to any vacancy filled after July 31, 2003. The license renewal and reactivation requirements of section 11 of this Act are effective beginning with the 2005 licensure year."

Renumber accordingly

Engrossed HB 1245 was placed on the Seventh order of business on the calendar.

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2003 TESTIMONY

HB 1245

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THE NORTH DAKOTA NURSES ASSOCIATION

SUPPORTS HB 1245

- Nurses are the only licensed health care profession in North Dakota whose educational requirements are the responsibility of a state licensing board.

- ALL nursing education programs in North Dakota are located within institutions of higher education.

- Nursing education programs should be regulated by higher education and national professional accreditation bodies not by a state licensing board.

- All RN nursing education programs in North Dakota have voluntarily sought and received national professional accreditation in addition to the extensive program approval process currently required by the state licensing board.

- Oversight of nursing education programs by a state licensing board is obsolete and a duplication of effort when nursing education programs are in higher education settings and nationally accredited by a professional accreditation organization

- The responsibility of a licensing board is to protect the public from unsafe licensed practitioners. The responsibility of higher education is to insure a quality professional education.

- North Dakota nursing students consistently score above the national average on licensure exams because of the excellence of North Dakota's institutions of higher education.

- Professional educators within the state's higher education system working in concert with national professional accreditation organizations can provide appropriate oversight to insure quality nursing education programs in North Dakota.

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BACKGROUND INFORMATION ON HB 1245

The North Dakota Nurses Association is proactively seeking to (1) end the legislative debate on nursing education by transferring responsibility for regulation of nursing education from a state licensing board to institutions of higher education with national professional accreditation and (2) eliminate the duplication that currently exits in the system.

Nurses are the only licensed health care providers in North Dakota whose educational requirements are mandated by a state licensing board. The educational requirements of physicians, pharmacists, occupational therapists and physical therapists are the responsibility of national professional accrediting organizations and institutions of higher education. All nursing education programs in North Dakota are located in institutions of higher education and nearly 100% are accredited by national professional nursing education accrediting organizations. It is time to move regulation of nursing education out of a state licensing agency and into higher education institutions with national professional accreditation. This is the same model that is used for oversight of the educational requirements of other health care professions. It puts individuals with expertise in education, including doctorally and master's prepared nurse educators, in charge of the educational requirements to adequately prepare competent practitioners.

This model also ends duplication of services. All of the RN education programs in the state (and all but one of the LPN education programs) have voluntarily went through a rigorous and lengthy process to obtain accreditation by national nursing education accreditation organizations. However, the state licensing board still requires these nursing education programs to meet their "approval". Staff positions within the licensing board have been created and funded for this purpose and nursing programs are charged a fee for this mandatory approval process. In 2002 the state licensing board staff went through the intensive process of obtaining accreditation by the U.S. Department of Education as an approved accreditor of nursing education programs DESPITE the fact that nearly 100% of the state's nursing education programs already had accreditation from national accrediting organizations approved by the U.S. Department of Education.

HB 1245 does not seek to move the responsibilities of the state licensing board into the higher education system. Rather it seeks to eliminate the duplication that exists within the current system and establish the same model of regulation and oversight of professional education that exists for other licensed health care providers in the state.

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TESTIMONY HB 1245
January 21, 2003
House Human Services Committee

Mary Smith, President
ND Nurses Association

Chairman Price, members of the House Human Services Committee, my name is Mary Smith and I am the current President of the North Dakota Nurses Association.

The Nurses Association has chosen to move forward with legislation to remove oversight of nursing education from the ND Board of Nursing. This was not done with any sense of animosity towards the ND Board of Nursing. The Board of Nursing is a state licensing board whose responsibility is licensing nurses and protecting the public from unsafe practice by licensed nurses. The current system of having a state licensing board responsible for professional educational requirements is outmoded and inefficient.

We have studied the state's health care environment, the current political environment, discussed the issue with members of the nursing community as well as other health care associations and representatives of the state's higher education system and believe we are acting in the best interest of the state's nurses and the future of nursing education.

I am a nurse educator at Minot State University. I believe North Dakota has very high quality nursing education programs because of the quality of the higher education institutions in this state and the advanced education and expertise of the faculty in these nursing education programs. It is the expertise of professional educators within higher education that has resulted in North Dakota nursing students consistently scoring above the national average on licensure exams. It is time to turn over responsibility for nursing education requirements to professional educators, institutions of higher education and national professional accrediting bodies.

Nurses are the only licensed health care professionals in North Dakota whose education requirements are the responsibility of a state licensing board. The

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professional education of physicians, pharmacists, occupational therapists, physical therapists as well as others, is the responsibility of the higher education system and national professional accreditation organizations.

All nursing programs in the state are located within institutions of higher education. We believe these institutions are committed to providing a high quality of professional education and to graduating physicians, pharmacists, occupational therapists, physical therapists and nurses who are safe, competent health care practitioners who can meet the demands of the workplace.

Since 1985 the North Dakota Nurses Association has asked for and received the support of the ND Legislature in maintaining high educational standards for nursing education in North Dakota. We believe it is now time that responsibility for nursing education be given to professional educators and institutions of higher education. We ask for your support in this endeavor.

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Testimony - House Bill 1245

January 22, 2003

Good morning, Chairman Price, members of the House Human Services Committee.

My name is Karen Macdonald, I am a registered nurse and nurse practitioner, and a member of the North Dakota Nurses Association. I speak on their behalf as well as my own regarding House Bill 1245.

To make sure we are all understanding the current situation that prompted this bill, I am going to briefly review the history of nursing in North Dakota. Nurse training programs have been located in hospitals from the time of Florence Nightengale, the founder of modern nursing. Nurse training programs were started in the Dakota territory with St. John's in Fargo the first, and St. Alexius Hospital in Bismarck not far behind. There was a rapid proliferation of schools in North Dakota. As hospitals were started, nurse training programs were also started in order to assure an adequate workforce. At that time, nurses did not graduate and stay in the hospital to work, but went into homes to provide nursing care. So a nursing student was a valuable asset to the hospital, providing the care of the patients under supervision of maybe one trained nurse who also served as instructor. Programs were of varying length, some charged students tuition, some paid the students a stipend. There was no consistency and some programs were very short, some up to four years in length. Graduates were called "trained" nurses, but there was no regulation or registration and a concern existed that one "trained nurse" might not have the same skills or abilities as another "trained nurse". A group of these trained nurses organized in 1912, forming the North Dakota Nurses Association, the very organization I represent. They were concerned about these issues of training programs, their length, who was responsible for teaching. They developed a plan to approach the North Dakota Legislature and ask for a registration law, a law that required nursing programs to meet certain criteria, and graduates of those programs could then be "registered". That would provide some public protection, as the public would know that a "registered" nurse had certain training. The initial law was enacted in 1915, forming the Board of Nurse Examiners, whose responsibilities were to visit and approve the hospital based training

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programs. You need to keep in mind that in 1915, women did not have the right to vote, and women did not work outside the home after marriage, so this was a monumental achievement.

Nurse training programs were surveyed by these first board members, and many were approved, others were closed. The graduates of those programs approved were allowed to "register" with the Board of Nursing Registration and could be called "Registered Nurses". It was the mid twenties before a licensing examination was developed, but the name of my profession has continued - I am a Registered Nurse.

The original law was amended throughout the years, but in 1977, the Legislature adopted an amended nurse practices act, one that called for "high standards" of nursing. The American Nurses Association, our parent organization, established a goal in 1978 that 10% of states would implement "baccalaureate" education for registered nurses by 1985, and offered grants and funding to states that were interested. Following several years of meeting with many state and local entities, NDNA applied for a grant and was funded. The meetings continued and culminated with a request to the state licensing board in 1984, to promulgate education rules that reflected one standard of education for registered nurses, one standard for licensed practical nurses with both standards requiring academic settings and transferable academic credit.

At that time there were only three diploma nursing programs in the state. One had already made plans to join with an associate degree program to establish a baccalaureate program in Fargo. There were four practical nursing programs, all vocational in nature, but interestingly, three were located in state institutions that had just been transferred to the control of the Board of Higher Education. Those institutions would now offer academic, rather than vocational credit.

I had the pleasure of meeting with the Board of Higher Education at that time, they were as perplexed as probably some of you are - how could one system have two types of professional nursing programs leading to the same level of licensure? (NDSU and Dickinson both had associate degree RN programs and UND and Minot State offered baccalaureate degrees - and all leading to the same RN licensure) Without their work with the various state-supported institutions to standardize offerings, I doubt that the licensing board could have achieved what

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they did - promulgate rules calling for baccalaureate education for registered nurses and associate degree education for practical nurse.

Let me remind you that the two remaining diploma programs did not simply acquiesce - in fact they had a legislator ask the Attorney General for an opinion as to whether or not the regulatory board had the authority to close diploma programs. The response was yes, the regulatory board through legislative action had the power to dictate the standards and could close certain types of programs. Those two programs then had legislation introduced to place the diploma and vocational education programs within the practices act so they could not be closed. This was the first bill - in 1985 - in a series of bills that have been introduced every legislative session since then to negate this power of the regulatory authority. In fact, those same programs did sue the regulatory agency for usurping legislative authority. That lawsuit went to the ND Supreme Court with the opinion issued that the legislature did have the right to delegate to the regulatory agency the setting of standards for nursing education programs. And each subsequent bill introduced was based on that opinion, that what the Legislature gave, the Legislature could take away.

Each session, the legislature has been faced with this issue, and each session, you have responded to organized nursing and kept those standards intact. But some members of the legislature have told our organization that this is getting harder, particularly since no other state has achieved the same distinction. Six states applied for and received grants to work towards baccalaureate entry, only North Dakota succeeded. No state has achieved what we did. What was a wonderful accomplishment for nursing in 1984, is now an oddity. Several bills have weakened the achievement by allowing nurses not educated at these levels to endorse in and work along side nurses prepared in North Dakota. Let me assure you, with the projected nursing shortage that is predicted to be of a magnitude we have never seen, there is little evidence to suggest movement towards a similar achievement in other states.

So our dilemma is twofold: how to ensure that nursing education is obtained in academic settings with transferrable credit; and secondly, how to end the constant debate in the legislative

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arena. The mission of the NDNA, since it's inception in 1912 has been to influence public policy. Public policy dictates that professions are allowed to self-govern as long as they do so in the public's interest, not the professions.

All nursing education programs in North Dakota are located in institutions of higher education. North Dakota nursing students consistently score above the national average on licensure examinations because of the excellence of North Dakota's institutions of higher education, both private and public.

Other states do not enjoy the advantages of having 100% of their nursing programs within higher education. They continue to have nursing education programs in multiple types of settings outside of higher education including even the extreme of 6 month "starter programs" for licensed practical nurses located in high schools in Arizona.

It is for this reason, that all nursing education programs in ND are in institutions of higher education, that oversight of nursing education can be safely and efficiently carried out by the higher education system. Removing oversight of nursing education from a state licensing board would end duplication that is found in the current system.

All RN education programs and all but one of the LPN programs in the state have voluntarily went through an intensive and lengthy process to obtain accreditation by national nursing education accrediting organizations. However, the state licensing board still requires these nationally accredited nursing education programs to meet their "approval" Staff positions within the licensing board have been created and funded just for the purpose of approving nursing education programs within the state. Nursing education programs are charged a fee by the licensing board for this mandatory approval process. In 2002 the state licensing board completed an intensive two-year process of obtaining accreditation by the U.S. Department of Education as an approved accreditor of nursing education programs despite that fact that nearly 100% of the state's nursing education programs already had accreditation from national accrediting organizations approved by the U.S. Department of Education.

The U.S. Department of Education does not accredit educational institutions or programs. They

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publish a list of nationally recognized accrediting agencies that the U.S. Secretary of Education determines to be reliable authorities as to the quality of education provided by institutions of higher education and the higher education programs they accredit. All colleges and universities in North Dakota are accredited by North Central Regional accreditation which is recognized by the Department of Education and all nursing education programs (with the exception of one) within these colleges and universities are approved by the National League of Nursing and Commission on Collegiate Nursing Education which are recognized by the Department of Education as approved accreditors of nursing education programs.

The National Council of State Boards of Nursing is a federation of state nurse licensing boards, and in their position paper on approval of nursing education programs and in reference to duplication they state:

> *"The efficiency and cost effectiveness of the dual system is currently being questioned in light of increased pressure on nursing education programs, approval bodies, and accreditation bodies to develop processes which are timely and cost-effective in protecting the public."*

That paper further states:

> *"the mechanism of recognizing (national) accreditation was identified as being more cost effective for state boards of nursing and for schools of nursing, more efficient in use of time by state boards of nursing, and more user friendly for nursing education programs than conducting a separate and distinct review by the board of nursing"*

I'd like to go through the proposed legislation section by section.

SECTION 1: this section is from the statutes of the Board of Vocational Education, which governs all post-secondary educational institutions not governed by the Board of Higher Education. There is a current exemption for schools of nursing regulated by the professional licensing agency, this amendment would change the language to exempt those programs under the control of the state board of higher education. The BVE still has some control over schools with independent charters, such as University of Mary, United Tribes, and this would not change,

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but I would not anticipate any required action since all of the private academic institutions are approved by the appropriate regional accrediting agencies and have national accreditation.

SECTION 2: This section amends the definitions for licensed practical nurse and registered nurse to take out the required degrees. This is the area that is of most concern to nurses, but has the least effect as definitions are only to assist in telling us what the specific words mean or what the context is in the rest of the law.

SECTION 3: This amendment changes the exemption for students, and is consistent with the proposed change in that nursing students in nursing programs would continue to be exempt from the practice act, but since the programs would be either governed by the Board of Higher Education or nationally accredited, the term "board approved" is not needed. Opponents will tell you that this will be safety issue, that the professional licensing board needs to have jurisdiction over programs to make sure students are practicing safely. There is no reason to believe that the board of higher education would allow programs to be unsafe, particularly when it is their liability insurance that covers these programs. .

SECTION 4: This is the actual amendment we are proposing, and it changes the powers of the licensing board by deleting "nursing education" but then adds criteria for licensure (#7). This defines to whom the board can issue licenses. Those who meet the criteria, "graduates of programs that are in academic settings and offer transferable credit" are eligible for licensure. Those are those simple but powerful criteria - graduates of programs that are in academic settings and offer transferable credit. All state supported programs are currently approved by the board of higher education - with steps that begin on campus with course and program approval, and leads through the process of oversight by the Board of Higher Education. - This does not require any changes. It is revenue neutral for the board of higher education, requiring no change in how the board of higher education currently reviews nursing education programs. I spoke earlier about the multiple reveiw process involved, in having two state agencies review the same programs, along with national nursing accrediting agencies conduct similar reviews. The private institutions are all nationally accredited as well.

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SECTION 5: This section again restates how the licensing board would evaluate candidates for licensure, and removes the transitional license category, since it would no longer be needed. The licensing board would accept out of state candidates for licensure, and would not need to require continuing education. As an aside, the NDNA has approached the licensing board several times requesting mandatory continuing education for all nurses. The licensing board has gone on record as believing it does not facilitate safer nursing practice, so not requiring continuing education for these individuals should not be problematic. Perhaps you would want to query the licensing board as to the nature of disciplinary action for the transitional licensee's? Are they indeed in need of mandatory continuing education to make sure they are safe practitioners?

In summary, Nurses are the only licensed health care providers in North Dakota whose educational requirements are mandated by a state licensing board. The educational requirements of physicians, pharmacists, occupational therapists, physical therapists, etc. are the responsibility of the national professional accrediting organizations and institutuions of higher education.

HB 1245 does not seek to transplant the responsibilities of the state licensing board into the higher education system. Rather it seeks to eliminate the duplication that exists within the current system and establish the same model of regulation and oversight of professional education that exists for other licensed health care providers in this state.

This has been a lengthy testimony but I hope you have gained some insight into why the NDNA has brought this bill forward. I would be very happy to answer any questions that you might have.

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Testimony on HB 1245
Human Services Committee
By Donna S. Thigpen
Wednesday, January 22, 2003

Good Morning, Chairman Price and Members of the Human Services Committee. For the record, my name is Donna Thigpen. I am here today not as President of BSC. I am speaking as a former nurse.

I would like to state that my testimony today doesn't represent the position of the ND State Board of Higher Education nor my institution. I hold a bachelor's and a master's degree in nursing. I was a practicing nurse for five years. I taught nursing for ten years, three years in a baccalaureate program and seven years in an associate degree program. I also spent five years as a member of the North Carolina Board of Nursing.

Today I am sharing my views with you based on my nearly 20 years of experience as a registered nurse.

We currently have wonderful baccalaureate nursing education programs in North Dakota and I personally believe, when possible, that a baccalaureate degree is a good route to licensure as a registered nurse. But it is not the only route. Many older, place bound individuals (mostly women) cannot devote the amount of time or money needed to pursue a four-year degree.

There is another answer: the associate degree for RNs and a one-year program for LPNs. This is the route in 49 other states. This route coupled with articulation agreements between associate degree and baccalaureate degree programs which would allow those individuals to continue their nursing education in ladder programs would, I believe, best serve the students who want to be nurses and the agencies and hospitals that need nurses.

The following facts make a strong case for asking you to support passage of HB 1245.

In North Dakota:

- Based on the 2002-2003 Reciprocity Report, last year 200 plus students left North Dakota to go to schools in Minnesota to pursue an associate degree in nursing.
- These 200 students are eligible to take the license exam to become RNs.
- If they choose to return to ND, they can be licensed here by paying a fee and taking less than one week of additional training (30 hours to be exact).
- We currently require a four-year degree in North Dakota. We are losing students and we require twice the time and money for ND students to become registered nurses.
- Changing the degree requirements would hopefully help us to retain those students in ND and maybe they would help alleviate the nursing shortages in the 20 small towns where some of them grow up.

Nursing education at the national level:

- North Dakota is the only state in the nation that requires a baccalaureate degree to become a registered nurse (4 years vs. 2 years everywhere else)

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- North Dakota is the **only** state in the nation that requires an associate degree to become a licensed practical nurse (2 years here vs. 1 year everywhere else)
- Associate degree nursing programs prepare the largest number of new graduates for RN licensures (approximately 60% of all RNs are associate degree graduates)
- In other states where graduates of associate degree programs and baccalaureate programs take the same national exam to become licensed as RNs, associate degree nursing programs have a high rate of success on first attempt to pass the national licensure exam. A comparison will show an 88% pass rate for associate degree nurses and only an 85% pass rate for baccalaureate degree nurses. Let me emphasize that they take the same exam which tests for preparedness to begin the practice of nursing.

In the accreditation process:

- Nursing programs are approved by SBHE and most have national accreditation.
- Accreditation by ND's Board of Nursing is an unnecessary, expensive duplication of effort for programs and the board.

In summary, I urge passage of HB 1245 because:

- It will help retain students in North Dakota.
- It will reduce time and money needed to become a RN or LPN in North Dakota.
- It will help alleviate the shortage of nurses in small towns.
- It will bring ND in line with licensure requirements in the other 49 states.
- It will eliminate unnecessary duplication in the accreditation process for nursing programs and thus save money without decreasing the quality of nursing education.

Additional information is attached to my testimony. The documents elaborate the issue at hand and provide you with the detailed information summarized in my testimony. These documents are:

- National Organization for Associate Degree Nursing – About Associate Degree Nursing
- RN Associate and Baccalaureate Degrees Awarded in 1998-99
- American Association of Community Colleges Policy Statement
- Association of Community College Trustees Resolution

Thank you for your time and attention. I will be happy to answer questions.

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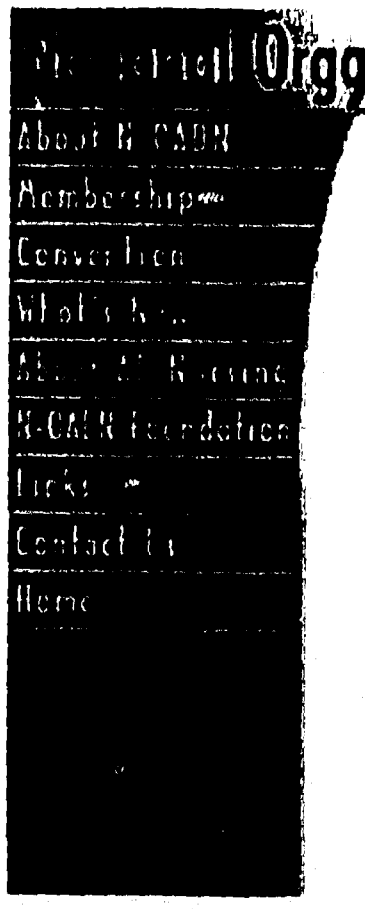

ABOUT ASSOCIATE DEGREE NURSING

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)

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- 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 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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NATIONAL ORGANIZATION for ASSOCIATE DEGREE NURSING

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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.

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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

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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-NCLEX) 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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RESOLUTION
ASSOCIATE DEGREE NURSING PROGRMS

To Be Brought Before the Senate
September 20, 2002
Association of Community College Trustees

WHEREAS, Associate Degree nurses are fully qualified for practice as professional registered nurses as evidenced by the NCLEX-RN licensure exam; and

WHEREAS, Associate Degree nurses have the demonstrated skills and critical thinking abilities to provide high-quality patient care; and

WHEREAS, the nation faces profound nursing shortages that jeopardize patient care and healthcare delivery; and

WHEREAS, there are continuing efforts to devalue and differentiate Associate Degree Nursing from Baccalaureate Degree Nursing programs;

NOW THEREFORE, BE IT RESOLVED, that ACCT will strongly oppose all efforts to lower the status of Associate Degree Nurses by:

1. Opposing any and all plans for differentiated levels of practice for professional registered nurses providing primary patient care;
2. Supporting all policies and incentives for Associate Degree Nursing programs to provide entry into the practice of nursing for people who would not otherwise have an opportunity and to ease nursing shortages;
3. Advocating for opportunities for Associate Degree Nurses to continue their education and encourage articulation agreements and guaranteed transfer agreements so that Associate Degree Nursing graduates can transfer their lower division credits toward BSN and MSN degrees when appropriate;
4. Enlisting the support of the nation's health care systems to write statements in support of Associate Degree Nursing and provide funds to help support the expansion of Associate Degree Nursing programs through endowed faculty chairs, student scholarships, and increased access to clinical facilities;
5. Strongly opposing any and all practices and policies designed to exclude representatives from community colleges in discussions about nursing education;
6. Working to ensure that Associate Degree Nursing programs receive a proportional share of government funds that are provided for nursing education; and
7. Encouraging ACCT member boards to adopt policies designed to empower their administration and nursing faculty to work proactively at the local and state levels to support ACCT's positions regarding Associate Degree Nursing programs.

Passed September 20, 2002

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Testimony on HB 1245
House Human Services Committee
January 21, 2003

Chairman Price and members of the House Human Services Committee, thank you for the opportunity to testify on HB 1245. My name is Shelly Peterson, President of the North Dakota Long Term Care Association. On behalf of our members, I wish to offer testimony in support of HB 1245. This is the first time we have joined with the North Dakota Nurses Association in together supporting legislation affecting nursing. It is a relief and pleasure to be on the same side of the professional association representing nursing in this state.

We support that North Dakota nursing education programs be regulated by higher education and national professional accreditation bodies. Our priority interest lies in the proposed definition of licensed practical nurse and registered nurse. These definitions allow increased options and opportunities for becoming a nurse in North Dakota. If this legislation passes we look forward to working with the Higher Education System in North Dakota to promote additional educational opportunities to achieve RN and LPN status.

We believe this is the right legislation for North Dakotans and through it more individuals will consider nursing education in North Dakota. Last fall we conducted a member survey on nursing education and the standards to become a nurse in North Dakota. As you may recall, we've struggled with this issue over the past years. In the survey, 98% of our members recommended we work to create more options for becoming a nurse. HB 1245 is the legislation that will pave the way for us to achieve this goal.

Thank you again for the opportunity to testify in support on HB 1245. We urge a "DO PASS" from you. I would be happy to answer any questions you may have.

Shelly Peterson, President
North Dakota Long Term Care Association
1900 North 11th Street
Bismarck, ND 58501
(701) 222-0660

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Growing Our Own

An innovative nursing program helps staff answer God's call.

By Joyce Terveen

Danielle Schaeffer has worked for more than 10 years as Activity Director at the Good Samaritan Center in Scotland, S.D. She also fills in shifts as a Certified Nursing Assistant. When she considered going to school for her nursing degree, she thought she'd have to quit her job.

"You need to go during the day and several times a week. There really were no other options. I have three children," says Schaeffer, who lives on a farm near Utica, S.D., with her husband, Wesley, and children ages 4, 7 and 12. "It's not like I could just pick up and move."

Thanks to the pairing of the Good Samaritan Society's Distance Learning Network (DLN) and the University of South Dakota's Internet nursing curriculum, Schaeffer is able to work

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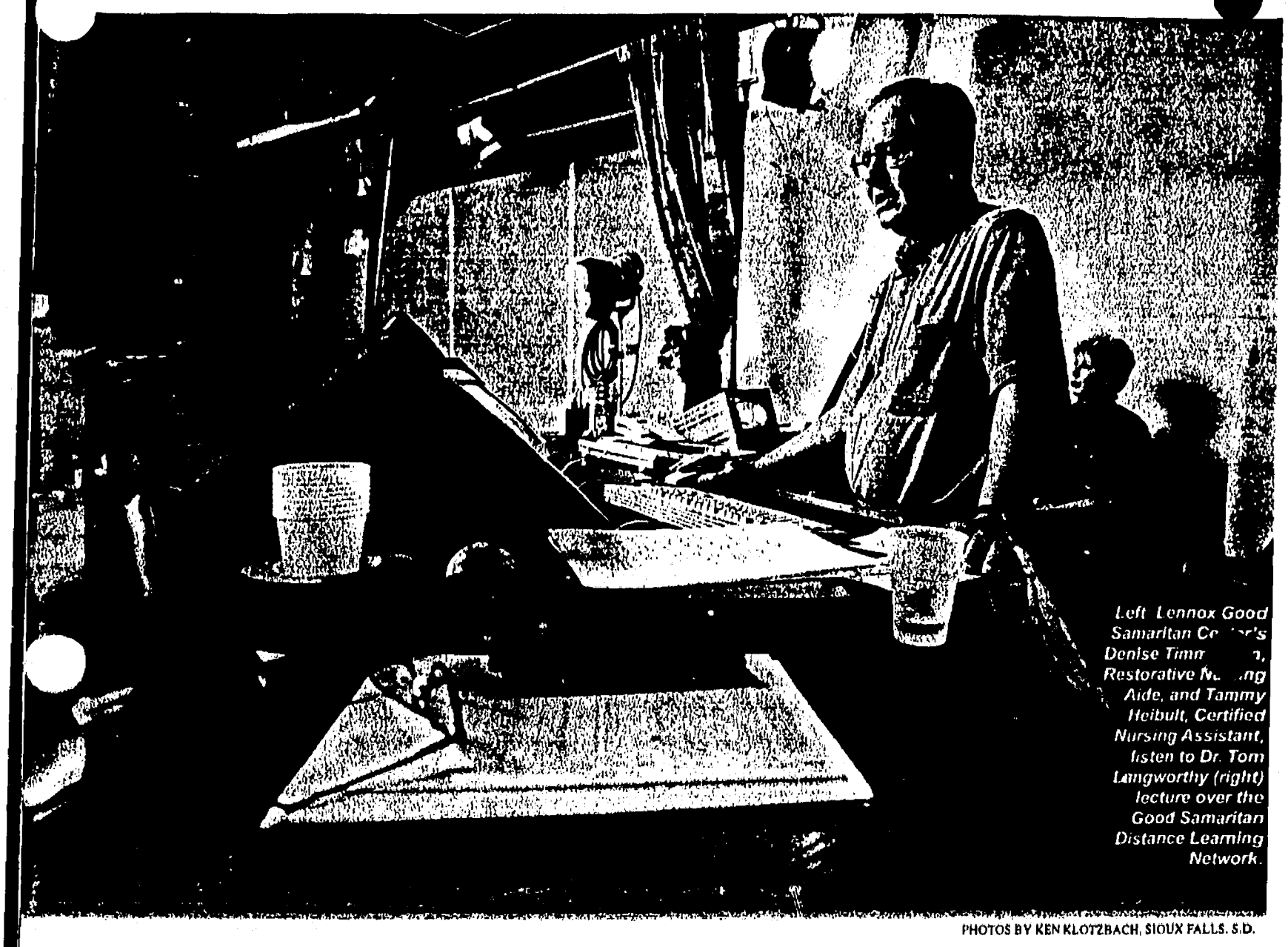

Left: Lennox Good Samaritan Center's Denise Timmerman, Restorative Nursing Aide, and Tammy Heibult, Certified Nursing Assistant, listen to Dr. Tom Langworthy (right) lecture over the Good Samaritan Distance Learning Network.

PHOTOS BY KEN KLOTZBACH, SIOUX FALLS, S.D.

full time, stay in her community and work toward her associate degree in registered nursing. She expects to graduate in May of 2003 from USD's Associate Degree RN program and seek a position as an RN at the Good Samaritan center where she now works or at one nearby.

Starting in the fall of 2002, a $772,000 federal grant will allow GSS and USD to expand this innovative program to include hundreds of Society employees not only in South Dakota and southern Minnesota, but also in northern Minnesota, North Dakota, Nebraska, Iowa and Kansas. The funding through the Rural Telemedicine Grant Program will not only give Good Samaritan workers the opportunity to advance their education, but will also help nursing homes deal with a national shortage of nurses, says Dr. Neal Eddy, Vice President for Learning and Strategic Integration with GSS.

After gathering input from the Society, USD nursing department chair June Larson worked with Sen. Tom Daschle's office for 15 months in putting together the GSS-USD proposal. Sen. Tim Johnson also

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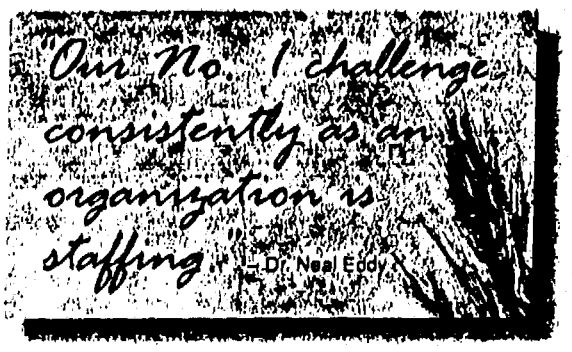
ıped secure the appropriation for the grant, Larson says. The grant was made available through the Office for the Advancement of Telehealth, a program of the Health Resources and Services Administration within the U.S. Department of Health and Human Services. The goal of the rural telehealth program is to promote the use of telecommunications to deliver health care and to provide educational services in rural areas.

The American Health Care Association estimates that in June 2001 there were 114,000 vacant nursing positions in nursing homes across the nation. Eighteen percent of the vacancies were for staff RNs. The same survey showed 1,443 staff RN vacancies in nursing homes in South Dakota, North Dakota, Minnesota, braska, Iowa, Kansas and Missouri.

"Our No. 1 challenge consistently as an organization is staffing," Eddy says about GSS, which serves more than 200 communities in 25 states. The majority of those communities are smaller than 10,000 people.

Finding an RN to fill a position in a nursing home can be challenging in a nation that is experiencing a shortage of nurses, says Dean Mertz, Vice Pesident of Human Resources for the Society. "It's difficult to locate people who want to relocate to rural communities," Mertz says. A position may go unfilled for a couple days or several months, meaning existing staff in a nursing home may need to work overtime hours to cover all shifts. Sometimes nursing homes hire temporary nurses to get by until they find someone.



Nursing homes compete with hospitals for RNs, and even nursing homes in metro areas can have difficulty competing with hospital wages when filling nursing vacancies, Mertz says. Students from traditional nursing schools are more likely to take jobs with hospitals in larger cities than move to small communities.

The GSS-USD project is appropriately named "Growing Our Own" and is designed to recruit employees who are already at work in the small communities. The promise of continuing education will be an excellent recruiting tool, helping nursing homes retain employees and benefiting those employees by offering a career path, according to Mertz.


James Zajicek, Control Room Director for the DLN, orchestrates the action during the broadcast.

The employees already working in nursing homes often have family ties to the community and have had limited educational opportunities. Given the opportunity to advance their education, these employees are more likely to stay in those communities, Mertz says. Employees may receive up to two-thirds of the cost of tuition paid by scholarships through the Hoeger Scholars program and the centers where they work.

The partnership between GSS and USD uses the satellite technology of the DLN based at Society headquarters in Sioux Falls, S.D., to deliver anatomy, microbiology and other required nursing courses to students right in the skilled nursing centers where they work.

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Dr. Tom Langworthy prepares for class in the Good Samaritan Distance Learning Network studio

A new way of teaching

University of South Dakota professor Dr. Tom Langworthy scrawls on the blackboard and paces about the room in his traditional microbiology classes. As an instructor in USD and Good Samaritan's nursing degree completion program, he's had to learn to teach to 22 students he cannot see.

"I had never lectured to a TV camera before," Langworthy says. "Now I look forward to it."

Langworthy prepares props ranging from PowerPoint slides to Petri dishes for his lectures that are beamed through satellite technology twice weekly to GSS employees around the region through Good Samaritan's Distance Learning Network. The students are GSS employees working on registered nursing degrees and because of a federal grant, GSS and USD are able to expand their project from South Dakota and southern Minnesota to northern Minnesota, Iowa, North Dakota, Nebraska and Kansas. Langworthy's microbiology class, meeting from 3 to 6 p.m. twice a week, is a course GSS students need as they pursue their degrees through USD's Associate Degree RN program.

"I could punch out, walk down the hallway and go to class," Schaeffer says about the convenience of her class offered from 3 p.m. to 6 p.m. a couple afternoons a week. In addition to the DLN classes, the students take nursing degree courses available through USD's Internet and correspondence program. Clinical courses involving hands-on work are set up through nearby medical centers.

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"Thank goodness for GSS. Honestly, if it weren't for them, I couldn't do this," says Dawn Andersh, 36, a Certified Nursing Assistant at the Good Samaritan Center in Wagner, S.D. Andersh completed the microbiology course this summer and starts the USD nursing program in September. She, like other GSS employees, attends class in a room at the nursing center that is equipped to downlink the satellite feed from the GSS studio in Sioux Falls, S.D.

"It's a nice program. It's hectic. I'm busy all the time between work, homework and little league games," says Andersh, a wife and a mother of a 2-year-old and a 9-year-old.

Tammy Heibult, 31, a CNA at the Good Samaritan Center in Lennox, S.D., says she appreciates not having to drive farther for her classes. "It's not easy, but it is nice. After microbiology I can still get over to the ball game that starts at 6:30," says Heibult, who has a 7-year-old and a 10-year-old.

Andersh and Heibult are the kind of individuals that the GSS and USD "Grow Our Own" project is designed to reach, says June Larson, Nursing Department Chair for USD. "They are all working and we know this program is too demanding for them to work and go to school full time.

continued on page

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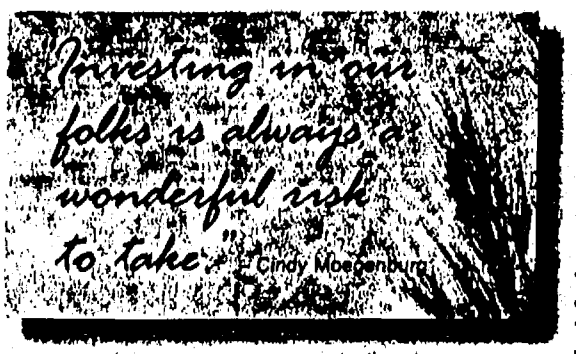
he federal grant will allow USD and GSS to hire more staff to help deliver the program to more students throughout the Midwest. Many employees around the region are already asking for information packets about the project, says Sonia Bury, Department Director of Learning Services for GSS.



Some 400 employees throughout the six states have attended informational meetings about the educational offering, says Margot Hood-Rogers, who will serve as Project Coordinator.

"These are people who are committed to their communities. They have family. They have extended family. Their lives are there so this is a wonderful opportunity for them," Hood-Rogers says.

Kelly Vig, 42, a Licensed Practical Nurse for nearly 22 years at North Central Good Samaritan Center in Mohall, N.D., plans to check out the program. Mohall is 19 miles from the Canadian border and about 47 miles from Minot State University, where Vig says she could have worked on a RN degree. Driving time, winter weather and a family convinced her otherwise. The convenience of the DLN and USD plan is appealing, says the mother of two. "I may have to quit reading library books and start reading chemistry books," she says with a laugh.

Vig's coworker Lois Titus, 44, an LPN and a mother of nine children, also likes the idea of furthering her education close to home. "I think it's a great incentive and a great morale booster," she says.

Cara Zephier, 25, a Certified Nursing Assistant at the Good Samaritan Center in Wagner, S.D., had hoped to go to nursing school in Sioux Falls, but family ties and the need for child care for her 2-year-old and 7-year-old sons make staying in Wagner a better option.

"They told me I could get classes here. I think that's good. I have a lot more babysitters down here," Zephier says.

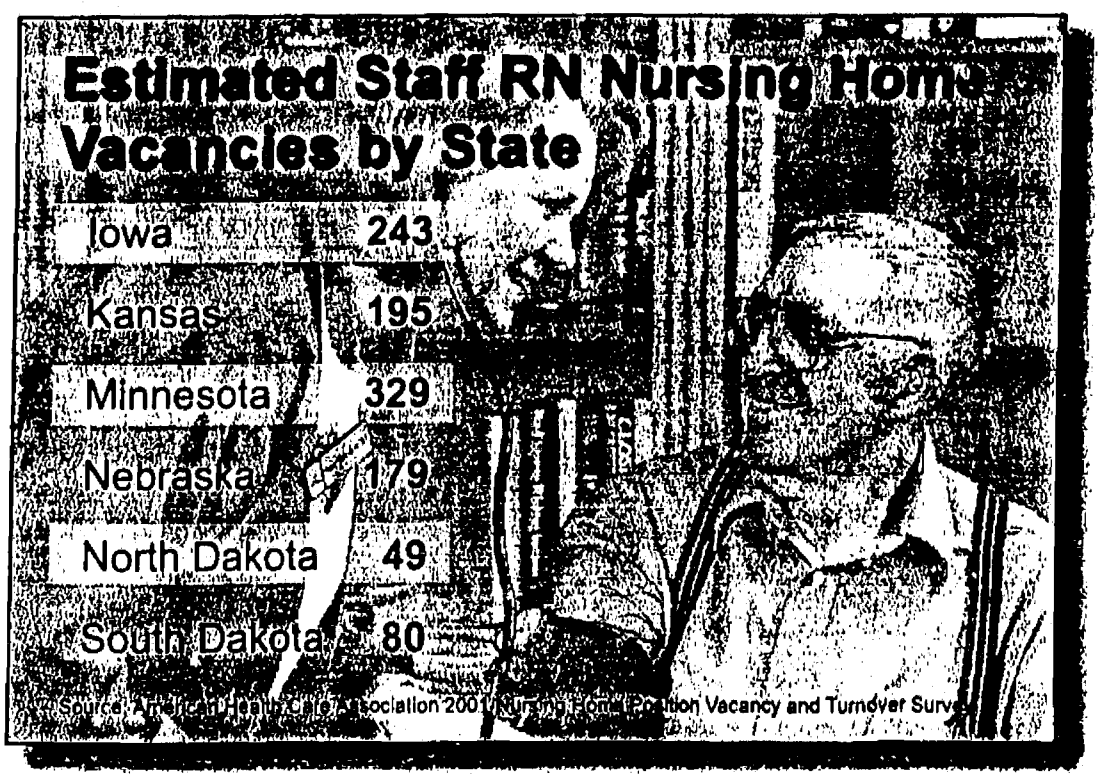
Michele Juffer, Administrator of the 73-bed center in Wagner, says she has had seven employees take the nursing classes through DLN.

"If we are doing what God calls us to do, our lives are better," Juffer says. "Some people say 'I want to be a nurse,' but somehow they get sidetracked. We are helping with God's calling," Juffer says about the GSS-USD program.

Juffer occasionally has had to hire temporary RNs to fill in vacancies, and though they do good work, she says, the "growing your own" philosophy will benefit employees, the nursing centers and communities.

"When you know you are taking care of your old school teacher or taking care of your best friend's grandma, there's a tie to the community," she says.

Good Samaritan employees in those communities may not have a lot of options for more education, but once they are trained, they are less likely to leave, says June Larson, who chairs the nursing department at USD.



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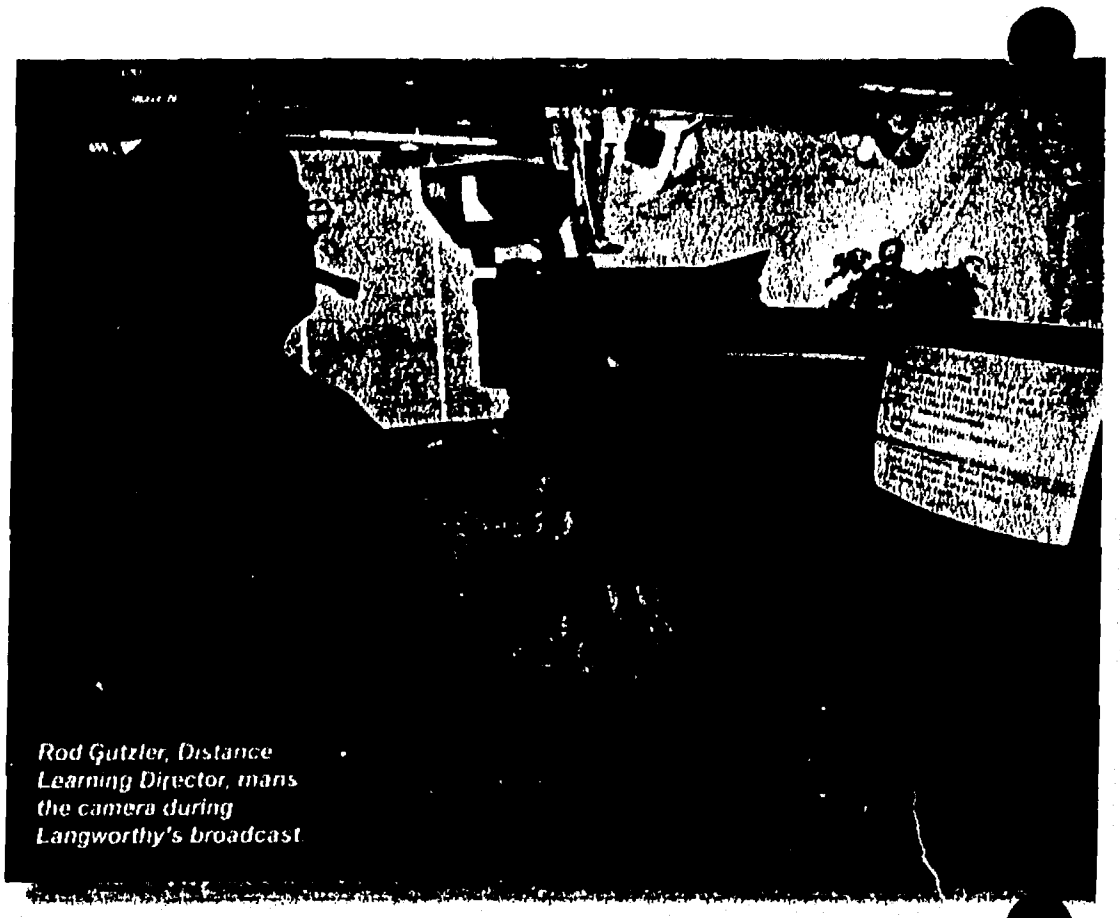

Rod Gutzler, Distance Learning Director, mans the camera during Langworthy's broadcast

.rson, along with Dr. James Beddow, Good Samaritan's former Vice President of Learning, first saw the potential of USD and GSS combining their resources. USD initially developed its online curriculum with the help of a $500,000 U.S. Department of Commerce grant. The program is designed to help reach nontraditional students in rural areas, which makes it a perfect fit with GSS, Larson says. Larson and Beddow's foresight led to a pilot project in the fall of 2000 with 22 students from South Dakota nursing homes. The southern Minnesota region was added in 2001 with 27 new students.

Five GSS students from the pilot project will graduate as associate degree RNs next May, Larson says. They will find jobs that pay $14-$16 hour and up, a sizeable increase in the $7 to $10 an hour salaries they may have been earning as CNAs, GSS officials say. As RNs, they will still be involved with resident care, but they'll also be responsible for delegating tasks to CNAs and other workers, Larson says.

The "Grow Our Own" program is innovative, Larson says. "This is not really a common thing across the country," she says. Some schools in other parts of the country are starting to look at what USD is doing, she says. Project officials say while the GSS-USD project is starting out with a limited number of states, it has the potential to expand. However, USD and GSS will need to look for additional sources to fund the program beyond the 18-month grant, officials say.

. GSS-USD project still needs approval from the South Dakota Board of Nursing and boards in other participating states. Gloria Damgaard, Interim Secretary with the S.D. Board of Nursing, says she expects that officials will be able work out an approval agreement in the near future. Larson says work is being done to get approval in other states as well.

"I think it's a wonderful opportunity to be able to offer to our staff members," says Good Samaritan Regional Director Randy Fitzgerald, who oversees 21 centers in Kansas and Missouri.

Health care is at a crucial point in the battle to find enough nurses, says Cindy Moegenburg, Vice President of Regional Operations for GSS. One nursing school in Minnesota had to turn away 40 students in one semester because it did not have enough instructors, Moegenburg says. GSS and USD's cooperative venture deals with a crisis that will be with this country for years to come, she says.

South Dakota nursing schools graduated 376 RNs in 2001. A Colleagues in Caring Project survey of employers in South Dakota during 2000-2001 showed that 92 percent of long-term care facilities experienced shortages with nurses. Most hospitals, clinic and home health care agencies also noted difficulty in hiring nurses.

Moegenburg began her career with Good Samaritan as an RN before becoming an administrator. "It's a rich opportunity for the Society and for local communities. It's still pretty new to us all," Moegenburg says about the project. "But investing in our folks is always a wonderful risk to take." ■

Joyce Terveen is a freelance writer in Adrian, MN.

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AARP North Dakota

House Human Services Committee

Representative Price, Chair
January 22, 2003

Regarding HB 1245

Madam Chair, members of the Human Services Committee. My name is Linda Johnson Wurtz, I am Associate State Director for AARP North Dakota. AARP opposes House Bill 1245.

AARP North Dakota opposes the action of HB 1245 as it would reduce the standards of direct care in our state. As the level of care needed for the elderly in later life becomes more critical, we need professionals who are prepared to meet the needs of those patients.

Medical advances have been wonderful and care of the sick is improving, but it is also becoming more complex, drugs are more plentiful and interactions more complicated. This is not the time to reduce the standards of education for our health care workers who deal with these issues.

Out of concern for our members and all of North Dakota's aging population, AARP North Dakota urges your do-not-pass recommendation on HB 1245.

Thank you.

107 West Main Avenue, Suite 125 | Bismarck, ND 58501 | 701-221-2274 | 701-255-2242 fax | 1-877-434-7598 TTY
James G. Parkel, President | William D. Novelli, Executive Director and CEO | www.aarp.org

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House Bill No. 1245
Testimony by
Arnold R. Thomas, President
North Dakota Healthcare Association

Under current law, the board of nursing regulates entry into the practice of nursing.

The board of nursing has determined that schools of nursing in North Dakota must offer four year programs.

Here is an example of how this policy works.

Susie wants to be a nurse. Susie goes to UND. After four years, Susie graduates and sits for the national license exam.

Meanwhile, Mary does not want to spend four years in university. Mary goes to school in Minnesota. In two years, Mary sits for the **same** national license exam.

After Mary gets her license in Minnesota, she can transfer her license to North Dakota. Mary and Susie are eligible for the same job.

House Bill 1245, gives higher education officials the option of offering not only a four year nursing program, but also a two year nursing program - or other programs that meet national standards.

This additional flexibility will help the state meet its future manpower challenges in the area of nursing.

The North Dakota Healthcare Association is very pleased that the North Dakota Nurses Association has taken the lead on this issue. We support House Bill 1245 and ask for a do pass.

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NORTH DAKOTA BOARD OF NURSING

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Nurse Advocacy # (701) 328-9783
Fax # (701) 328-9785

HUMAN SERVICES COMMITTEE

TESTIMONY RELATED TO HB 1245

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

On behalf of the board, I wish to offer testimony in opposition to HB 1245 relating to the proposed revisions to the Nurse Practices Act 43-12.1. Board of Nursing members voted unanimously to oppose this legislation.

During the 57th Legislative Session ***NDCC Section 43-12.-08.2 Nursing Needs Study*** law was passed and subsequently took effect 2001. That particular piece of legislation was heard in this committee and passed overwhelming in the house and the senate. In working with this committee at that time, my understanding was that the results of the NNS would initiate policy recommendation to the Board of Nursing and to the legislature. As many of you are aware, the North Dakota Board of Nursing contracted with the University of North Dakota Center for Rural Health to address issues of supply and demand for nurses. The study is well underway. The timeline for the research is attached. The Board is anticipating the completion of the bulk of the research by June 30, 2004. At that time, the project will be tracking trend data based on the preliminary results. The fiscal impact on the Board and the licensee has been substantial. We expect the overall cost will be $275,000 and then additional amounts to annually to maintain a workforce data center for nursing.

Thus my overall purpose in discussing this particular piece of legislation is that the work of this project has only begun and one of the major pieces is to review and study the nursing educational requirements in North Dakota. This data is now being collected and will continue to be collected and analyzed during the next 1/1/2 years. The data is not yet available to base decisions for such sweeping changes.

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ELIMINATION OF NORTH DAKOTA BOARD OF NURSING PROGRAM APPROVAL:

The removal of the North Dakota Board of Nursing oversight of the nursing education programs from the Board and transfer the authority to the North Dakota Board of Higher Education is of grave concern to the Board and should be of grave concern to the citizens of North Dakota.

Concerns and thoughts we have regarding this legislation are outlined below:

- The mission of the BON is public safety. One way this mission is accomplished is through the approval process of nursing education programs in the state. Qualified Board staff, who are either masters or doctorally prepared professional nurses, conduct on site as well as review programs' self studies. Recommendations for program approval are then made to BON members who make all decisions based on the mission of assuring quality nursing care to North Dakota's citizens through the regulation of nursing education, licensure, and practice.

- North Dakota Board of Nursing members and staff keeps abreast of new and developing trends in education on a national level through the National Council State Boards of Nursing so as to insure that North Dakota programs remain on the "cutting edge."

- The North Dakota Board of Nursing is a recognized accreditor of associate, baccalaureate, and master's degree nursing programs by the United States Department of Education and has regulated nursing education and practice since 1915.

- The high standard of our programs is evident by the outcome of an extremely high percentage of graduates from programs in the state who pass the licensure examination on their first attempt.

- The cost of regulating nursing education is currently funded through nurse licensure fees not tuition or general fund monies.

OVERVIEW OF NURSING EDUCATION ENROLLMENT

The enrollment in the nursing programs is very stable in North Dakota. For your information the RN and LPN enrollment are included in the following table:

	1998	2000	2002
RN Enrollment	720	722	895
LPN Enrollment	327	382	1210

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The North Dakota Board of Nursing Annual Report and Enrollment report are available for additional information if you should desire.

Unlike the rest of the nation we have a stable faculty and are not experiencing a shortage. The current nursing programs are well established and staffed by well-qualified faculty. There are two part-time, master's degree faculty openings in the five Associate programs and five full-time doctoral level and two part-time master's degree openings at the Baccalaureate level. Three of the doctoral level openings are at University of North Dakota.

It does **not** seem logical to have a board of non-nurses overseeing nursing education when knowledge of the discipline is so critical to adequately assess our educational programs. I am concerned this potential legislation is not based on the mission of public safety, but rather the needs or issues of a few special interest groups.

Bottom line, the Nursing Needs Study is progressing. This legislation related to the length of educational programs in North Dakota is premature. We would hope our current standards would be maintained until we have data to drive any decision to make such as change. Regarding the removal of BON approval of nursing education programs in the state, we do not believe that legislation was developed with the best interest of the citizens of North Dakota in mind.

The NDBON has identified the following technical problems with this legislation. The board's legal council is present and will respond to legal questions if any should arise.

Chapter 15-20.4 Postsecondary Educational Institutions. This legislation under subsection 10 of section 15-20.4-02 exempt "schools of nursing regulated under chapter 43-12.1. The question to be asked is: Who regulates the nursing programs in the publicly funded institutions? There does not seem to be a provision for transfer of responsibility for the regulation of the nursing programs.

- **Section 1. Amendment.** The proposed change removes North Dakota Board of Nursing approval for nursing education programs. The Board of Nursing currently approves five programs not governed by the BHE and includes Jamestown College, University of Mary, United Tribes Technical College, Medcenter One College of Nursing and Northwest Technical College (Minnesota). How would these programs educate students without consistent standards for program approval?

  The North Dakota Board of Nursing does not receive general funding. The nursing education program approval process and staff of the BON

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is funded through nurse licensure fees and appropriated through NDAC Section 54-44-12. This does not appear to be a cost incentive since it is funded through fees already.

- **Section 2. Amendment. 43-12.1-02 Definitions.** This proposed change lowers the current standard of an associate degree for the LPN and baccalaureate degree for the RN. The Board of Nursing is unanimously opposed to lowering the education standards.

- **Section 3. Amendment.** This amendment exempts any and all nursing students to practice in this state. This provision would allow any student from any program whether they are approved or accredited or neither to have clinical practice in North Dakota. Who would set the standard and how would the organizations that provide clinical experience to students have assurance that the safety of the patient will be foremost? What are the minimum standards?

Section 4. Amendment. Powers and duties of the board. Sub 7. In our research, many applicants that are currently eligible for licensure in North Dakota have graduated from programs that do not meet the qualifications of NDCC 43.12.1-08(7) as stated in this bill. We estimate half of the individuals currently endorsed and a number of applicants licensed by examination would not be eligible for North Dakota licensure under this revision thus resulting in a loss of initial licensure fee revenue as well as contributing to the shortage of nurses. This change would prevent the state from licensing many out of state applicants, as well as Canadian and foreign educated nurses. We estimate the loss of revenue to be substantial. Are the vocational programs in Minnesota considered an academic setting? Do they offer transferable credit?

Graduates other than those from North Dakota could not be licensed in North Dakota as accreditation entities are not programs. They are accrediting bodies or organizations, secondly they are not in academic settings, and finally they do not offer transferable credit.

- There are some major differences between approval and accreditation. State boards of nursing approve nursing programs for minimal standards of practice and from the point of view of public protection with a focus on issues such as student/faculty ratios, faculty qualifications, and clinical agencies Because of this, the criteria from state boards of nursing must be met, rather than being met at different levels, as is the case with accreditation. Staff of boards of nursing monitor and sanction nursing programs through statutory authority. The professional accreditation process, however, focuses on the quality and integrity of nursing programs. Thus, as a BON site visitor

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one takes on the major role of a regulator for the purpose of safeguarding the public.

- State Boards of nursing are in the unique position of being able to demonstrate great awareness of statewide nursing education needs, while accreditation is a national process. State Board of nursing do this at very little cost to nursing programs. The fee for a site visit is $200, while the private accreditation can be quite costly.

- **Section 5. Amendment.** 43-12.1-09 Licensure-Registration. Elimination of the board approval for licensure by examination would prevent graduates of North Dakota programs from taking the licensing examination in Minnesota. Minnesota law requires that the applicant have graduated from a board of nursing approved program.

- All programs currently educating students would lose program approval and accreditation. The rule promulgation process has taken 12-18 months at a minimum. If this were to pass the promulgation and approval process for the programs would delay the education of nurses in North Dakota at a time in which we expect the highest number of retirements to occur.

For your review, I have included data on current status of RN & LPNs in North Dakota and the Executive Summary of the Hospital and Long-Term Care Facility, Director of Nursing Survey Preliminary Results: Focus on Demand. The proposed timeline for the Nursing Needs Study is also attached.

In summary, the North Dakota Board of Nursing will continue to critically evaluate the implication this change in regulation of nursing education programs would make for the citizens of ND.

The Board prides itself in making decision based on public safety that is truly data driven. And I hope common sense will prevail when you consider this piece of legislation in its totality.

Thank you for the opportunity to present testimony. I am now open to questions.

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North Dakota Board of Nursing
Current Process for Program Approval

1. In 2002, North Dakota BON obtained the prestigious accreditation by US Department of Education as an approved accreditor of master's, baccalaureate, and associate degree nursing education programs in North Dakota.

2. In contrast to the North Dakota University System, the mission of the North Dakota Board of Nursing is public safety.

3. The process has worked well and is cost effective. North Dakota programs consistently score above the national average on pass rate for the NLCEX® Licensure Examination.

4. This change effectively removes oversight of nursing from the nursing profession. North Dakota BON has well- qualified staff for on-site and paper review visits.

5. College and University Nursing Education Administrators support the current system.

6. Diverting the approval of nursing education to the University System will not take nursing education out of the legislative arena but rather will give control to University System and the Presidents. It actually will throw it into the appropriations and budget process even more so.

7. Not all nursing programs are accredited by a national organization, in fact new programs can not be accredited until they have graduated at least one class.

8. National accreditation organizations such as CCNE and NLNAC rely on the Boards of Nursing for the minimum requirements to be met. Every effort is made to make joint site visits with these organizations.

9. Forty-nine Member Boards are responsible for program approval. The Board of Regents in New York state is accredited by the US DOE for approval of nursing education programs.

10. Board is continuously evaluating the process and plans rule revisions and new chapters (distance ed) for 2003-2004. This would be a collaborative effort between the North Dakota Board of Nursing and College and University Nursing Education Administrators.

Please contact Dr. Kalanek or the staff if you have further questions.

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NORTH DAKOTA DATA
RN & LPN
2002 UPDATE

According to the federal Bureau of Health Professions, there was a national shortfall of 110,000 nurses in 2000, about six percent of the current nursing workforce of 1.9 million. By 2020, the number of nurses is expected to rise to only 2 million but an estimated 2.8 million will be needed, resulting in a shortfall of nearly 30 percent. Factors driving the growth in demand include an 18 percent increase in population, a larger proportion of elderly persons, and medical advances that heighten the need for nurses. North Dakota continues to have one of the highest numbers of nurses per population. According to the 2001 Census Data, ND has 1,786 nurses per 100, 000 populations.

The Nursing Needs Study (43-12.1-08.2) was passed by the 2000 Legislation Session in an effort obtain information for decision-making and planning directed towards meetings the nursing needs of the citizens of rural North Dakota and ultimately improve the health of those communities. The North Dakota Board of Nursing (www.ndbon.org) entered into an agreement with the University of North Dakota Center for Rural Health in 2001 to study the nursing shortage and address the supply and demand for nurses in this state. The nursing shortage is a key issue for state policymakers in determining whether the supply of nurses, both RN and LPN, can meet the health care needs of state residents.

The Scope of Work includes the ability to establish and maintain a data base on nursing supply and demand in the state, including future projections; study the nursing shortage in ND with particular attention to workforce implications for rural communities; and present analyzed data to groups of representatives of the citizens of ND.

EMPLOYMENT STATUS. The total of RNs nationally is 2,696,540, a minimal increase from 1996 to 2000. These totals reflect a 5.4% increase since 1996 on the national level (the lowest ever increase in a four year period). Also, according to a study by Dr. Peter Buerhaus and colleagues published in the Journal of the American Medical Association (June 14, 2000), the U.S. will experience a 20% shortage in the number of nurses needed in the U.S. health care system by the year 2020. This translates into a shortage of more than 400,000 RNs nationwide.

North Dakota saw a significant increase of registered nurses from 1987 to 1997 of 1,215 nurses but only an increase of ninety-one (91) registered nurses from 1997-2001.

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TABLE 1. LICENSED NURSES IN NORTH DAKOTA
(By Year)*

YEARS	1967	1977	1987	1997	2001
Registered Nurses	3832	5641	7086	8301	8392
Licensed Practical Nurses	937	2708	3128	3162	3179

*Source: North Dakota Board of Nursing Database.

GEOGRAPHICAL DISTRIBUTION. Of great significance to rural North Dakota is that 5,247 (63%) of the RNs live in eight of the fifty-three counties. The remaining 3,145 (34%) RNs are divided amongst the other 45 counties. The table below depicts the total number of RNs and LPNs in the most populous counties of North Dakota and totals 49% of all nurses in the state.

TABLE 2. NURSING EMPLOYMENT
FOUR COUNTIES
2001*

Burleigh	1208	1175	97%	269	246	91%
Cass	1793	1738	97%	534	520	97%
Grand Forks	733	709	97%	250	237	95%
Ward	621	596	96%	223	214	96%

*Source: North Dakota Board of Nursing Database.

TABLE 3. NORTH DAKOTA NURSES
INFORMATION ON PRACTICE
AND EDUCATION*

2001 ND Board of Nursing Statistics	RN	LPN
Percentage of Females	94%	97%
Average Age	44	42
RNs holding a bachelor's degree or higher in nursing	66%	N/A
LPNs holding an associate degree in nursing	N/A	50%
Percentage working Full-time	52%	52%
Percentage working Part-time	44%	43%
Percentage working in hospitals	52%	28%
Percentage working in Long-Term Care	11%	31%

*Source: North Dakota Board of Nursing Database.

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DEMOGRAPHICS. The percentage of nurses employed remains steady from 1996, at which time 96% of the RNs and 95% of the LPNs reported working full or part time. Of great concern to the Board is the number of nurses working part-time—almost one-half! There are minimal numbers of unemployed, currently licensed nurses in North Dakota.

Undoubtedly, North Dakota's population is aging. However, the median age in 2000 was 36.2 while the national average age of a registered nurse in 2000 was 45.2 years (HRSA). In North Dakota, where active practice is a requirement for licensure, the average age as of 2001 was 44 for the RN and 42 for the LPN.

EDUCATION. Statewide the highest education level achieved by the RN is 21% diploma; 14% associate degree; 54% Baccalaureate degree; and 11% have achieved a master's degree or doctorate.

Accordingly, across North Dakota 47.6% of the LPNs hold an associate degree in nursing. The remainder holds a vocational certificate as a practical nurse. Of great significance is the fact that over 75% of currently licensed nurses are educated in North Dakota and practice in North Dakota.

*Bureau of Health Professions, Health Resources and Services Administration (HRSA)

TABLE 4. NORTH DAKOTA EDUCATED NURSES EMPLOYED 2001*

RN	5927	77%	1655	21%	119	2%
LPN	2182	76%	700	24%	3	.001%

*Source: North Dakota Board of Nursing Database.

ENROLLMENT. In North Dakota, since 1996 the number of RN graduates have steadily declined over a five year period with an overall 15% decrease. However, the number of LPN graduates has continued to grow since 1996 with a 39% increase during that five-year time frame. The number of graduates from the two Master's Degree programs has also dropped steadily from 65 in 1996 to 48 in 2002, a decline of 26%.

Original: 2000
Updated: November 02

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Date: November 20, 2002

To: House and Senate Members of State Budget Committee on Health Care

From: Patricia L. Moulton, Ph.D. and Mary K. Wakefield, Ph.D., R.N.

Subject: Executive Summary- North Dakota Hospital and Long Term Care Facility Director of Nursing Survey Preliminary Results: Focus on Demand

The North Dakota Legislature passed a bill (Chapter 43-12.1-08.2) in the last legislative session mandating the North Dakota Board of Nursing to address issues of supply and demand for nurses including issues of recruitment, retention and utilization of nurses through a Nursing Needs Study. The ND Board of Nursing contracted with the Center for Rural Health at the University of North Dakota to conduct this study. Enclosed is the executive summary of a report of the preliminary findings of the North Dakota Hospital and Long term Care Facility Director of Nursing Survey. These study findings are the first set of data produced in response to this act. This report was presented November 14, 2002 before a panel of stakeholders in Bismarck, ND. Additional findings from surveys now underway will be forwarded to you early next year. If you desire a full copy of the report or have any questions, please contact Dr. Patricia Moulton at either (701)777-6781 or pmoulton@medicine.nodak.edu or Dr. Mary Wakefield at (701)777-3848 or mwake@medicine.nodak.edu.

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North Dakota Hospital and Long-term Care Facility
Director of Nursing Survey Preliminary Results: Focus on Demand
Executive Summary

Background

The North Dakota Nursing Needs study initiated in May 2002, was designed 1) to provide a more accurate picture of the RN and LPN workforce in both rural and urban areas of North Dakota, 2) to compare these data with existing national data and 3) to inform policy.

The project began with 1) an examination of existing data sets, surveys and reports regarding national and North Dakota nursing workforce to provide a snapshot of national and state activities and trends in nursing workforce, 2) existing data was then assessed for gaps or potential inconsistencies in order to determine what additional information was needed and 3) formulate questions regarding nursing workforce to direct data collection efforts. These five questions were:

1. Is there a shortage of registered nurses and licensed practical nurses in North Dakota?
2. If so, what are the characteristics of the shortage, in terms of severity, types of affected facilities and geographic distribution?
3. What are the causes of the shortage and institutional strategies to address these shortages?
4. What are the projections for adequacy of the RN/LPN workforce through the year 2010?
5. What are the implications of a nursing shortage for public policy in North Dakota?

To answer these five questions, four projects are underway during the first year of the Nursing Needs Study.

1. **Director of Nursing (DON) Survey**
   The first project is a survey that was mailed to all hospital and long-term care facilities (including nursing homes and basic care facilities) in North Dakota (total of 172 facilities). This survey was developed using national surveys and a North Dakota survey. Two versions of this survey were developed: one appropriate for hospital DONs, the other appropriate for long-term care facility DONs. This survey was also modified and sent to all of the clinics, public health and home health care facilities in North Dakota.

2. **RN and LPN Survey**
   The second project is a survey of RNs and LPNs. This survey designed to examine recruitment and retention issues was sent to a 20% stratified sample of RNs and LPNs throughout the state

3. **Nurse and Nursing Student Focus Groups**
   The third project involves conducting several focus groups separately with students and nurses throughout the state. The nursing focus groups will center on determining job satisfaction and identifying changes that could encourage nurses to work in North Dakota facilities, particularly those nurses from rural areas. A select number of hospital and long-term care facilities in both urban and rural areas in North Dakota will be represented. The nursing focus groups will include both RNs and LPNs and will be

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conducted later this year. The focus groups with nursing students addressed issues such as the reasons for choosing the nursing profession and whether they plan to work in North Dakota. Many of the student focus groups have been completed, with the remainder projected to be completed by the end of this year. Students within a select number of nursing programs throughout the state were represented.

4. **Faculty Survey**
   The fourth project will include a survey of nursing education program faculty and questions will include their views on their program's capacity to educate a sufficient number of nurses, faculty demographics, job satisfaction, reasons that students choose to work in North Dakota and what changes may fortify the nursing workforce as a whole.

Findings from Project 1: Hospital and Long Term Care Demand for RNs and LPNs

This report includes preliminary results from the Hospital and Long-term Care Director of Nursing survey. This survey was designed to assess nursing workforce demand and the characteristics of potential shortages in North Dakota health care facilities. To better understand current nursing workforce a survey was sent to the Nursing Directors at all hospitals and long-term care facilities (nursing homes and basic care facilities) in North Dakota. This survey was developed to provide a comprehensive picture of the nature of nursing employment and potential shortages throughout the state and to enable comparisons to be drawn between hospitals and long-term care facilities; rural and urban areas and North Dakota and national data. All Directors of Nursing of the 47 Hospitals in the state were surveyed; 40 facilities completed and returned questionnaires, yielding a response rate of roughly 85%. All Directors of Nursing of the 125 Long Term Care Facilities (nursing homes and basic care) in the state were surveyed, 89 facilities responded yielding a response rate of roughly 71%. Generally, a response rate of 60% in survey research is considered adequate.

The results were divided into nine areas (scheduling, nurses participation in decision making, tuition reimbursement, recruitment, exit interviews, clinical training, staffing, effects of vacancies and suggested solutions by respondents).

- **Scheduling Issues**
  Most of the responding hospitals (72%) and long-term care facilities (68.5%) offer shifts of varying length with the majority offering eight or twelve hour shifts. Very few facilities utilized mandatory overtime (5.0% hospitals, 7.9% long term care facilities) which is viewed as an important issue for nursing retention.

- **Nurse Participation in Decision Making**
  Less than half (45% hospitals, 39.3% long term care) of the facilities have a formal representation structure in place for nurses to participate in decision making which is viewed as an important workforce issue. This percentage is lower than what was found in the Robert Wood Johnson Study (Kimball & O'Neil, 2002) which was 76% of the hospitals surveyed.

- **Tuition Reimbursement Issues**
  Many of the responding facilities offer some form of tuition assistance or reimbursement (70% hospitals, 61.8% long term care). Over half of the hospitals allowed tuition

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reimbursement for LPN (55%), RN (62.5%) and MSN/PhD (55%) programs. Over half of the long term care facilities also reimbursed for education programs for LPN (50.6%) and RN (51.7%) but only a few facilities reimbursed for MSN/PhD (19.1%) education programs. Fewer than half of the facilities reimbursed nurses for continuing education (32.5% hospitals, 34.8% long term care) and single courses (45% hospitals, 24.7% long term care). Urban facilities (hospitals and long term care facilities) reimbursed for continuing education credits and for single courses most frequently. Many of the facilities required a minimum service commitment after graduation as a condition for tuition reimbursement.

- **Recruitment Issues**
  Most of the hospitals (85%) and over half of the long term care facilities (60.6%) reported having difficulty recruiting RNs. Over half of the hospitals (60%) and long term care facilities (62.9%) reported difficulty in recruiting LPNs. Many of the facilities reported using some recruitment/retention strategy for RNs and LPNs. Hospitals reported using pay increases, student loan repayment and flexible scheduling, whereas the long term care facilities reported using pay increases, flexible scheduling and health insurance as strategies for RNs. For LPNs the hospitals most frequently used pay increases, shift rotations and scholarships and the long term care facilities used pay increases, flexible scheduling, health insurance and scholarships.

- **Exit Interview Issues**
  The most frequent reasons for nurses leaving hospitals and long term care facilities were reported as more money, relocation and another nursing position.

- **Clinical Practice Issues**
  Most of the hospitals offered clinical practice for RN students (85%). Less than half of the hospitals offered clinical practice for LPN students (47.5%) and less than half of the long term care facilities offered clinical practice to RNs (31.5%) and LPNs (14.6%). Some of the hospitals reported that they would be able to increase the number of RN practice positions (45%) whereas fewer hospitals reported being able to increase the number of LPN practice positions (28%). Very few long term care facilities reported that they would be able to increase the number of RN (14%) or LPN (14%) practice positions.

- **Staffing Issues**
  There was a small increase in the number of terminations and resignations across facilities from 2000 to 2001. A small percentage of facilities have utilized temporary staff. Many facilities had vacancy rates that indicated a shortage (i.e. vacancy rates that are greater than 6%). The effects of RN vacancies in hospitals included higher costs to deliver care, more cross-training and among long term care facilities an increase in the number of LPN and a reduction in the number of RNs to provide direct patient care. The effects of LPN vacancies on hospitals included higher costs to deliver care, cross training and an increase in the number of patients assigned to LPN. For long term care facilities LPN vacancies has resulted in the substitution of part-time, per diem or temporary LPNs for full-time LPNs and higher costs to deliver care.

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NORTH DAKOTA NURSING NEEDS STUDY REVISED TIME LINE
PROJECT YEAR 01 (2002-2003)

	2003					
	Jan	**Feb**	**Mar**	**Apr**	**May**	**Jun**
Project 1: Facility Surveys						
1) Write Facility Report- All surveys	****					
2) Disseminate Report to Advisory Comm/Internet		****				
Project 2: Licensed Nurse Survey						
1) Data Entry Licensed Nurse Survey	****					
2) Data Analysis of Licensed Nurse Survey		****	****	****		
3) Write Licensed Nurse Survey Report					*****	
4) Disseminate Report to Advisory Comm/Internet						****
Project 3: Student and Nursing Focus Groups						
1) Data Entry Student Focus Groups	**					
2) Data Analysis Student Focus Groups	**					
3) Collect Data Nursing Focus Groups		****	****			
4) Data Entry Nursing Focus Groups				****		
5) Data Analysis Nursing Focus Groups					**	
6) Write Focus group report					****	
7) Disseminate Report to Advisory Comm/Internet						****
Project 4: Faculty Survey						
1) Collect Faculty Survey Data- 2 mailings	*****					
2) Data Entry Faculty Survey		****				
3) Data Analysis Faculty Survey			****			
4) Write Faculty Survey Report				****		
5) Disseminate Report to Advisory Comm/Internet					****	
Write Year 01 Final Report/Disseminate including Projections						****

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NORTH DAKOTA NURSING NEEDS STUDY PROPOSED TIMELINE
PROJECT YEAR 02 (2003-2004)

	Jul	Aug	2003 Sep	Oct	Nov	Dec	Jan	Feb	Mar	2004 Apr	May	Jun
Project 1: Facility Survey												
1) Development of facility survey	****											
2) Collect Facility Data-2 mailings		****	****									
3) Data entry of Facility survey				****								
4) Data analysis of Facility survey					****							
5) Write Report						****						
6) Disseminate report to advisory committee/Internet							****					
Project 2: Licensed Nurses Survey												
1) Revise survey		****										
2) Collect Licensed Nurses Data- 2 mailings			****	****								
3) Data entry of Licensed Nurses Survey					****							
4) Data analysis of Licensed Nurses Survey						****	****	****	****			
5) Write Report										****		
6) Disseminate report to advisory committee/Internet											****	
Project 3: Student Survey												
1) Development of student survey	****											
2) Collect student survey- 2 mailings		****	****									
3) Data entry of student survey				****								
4) Data analysis of student survey					****							
5) Write report						****						
6) Disseminate report to advisory committee/Internet							****					
Project 4: Education Faculty Focus Groups												
1) Development of Focus groups				****								
2) Collect Faculty focus group data					****	****	****					
3) Data entry of Faculty focus group data								****				
4) Data analysis of Faculty focus group data									****			
5) Write report										****		
6) Disseminate report to advisory committee/Internet											****	
Write Year 02 Final Report/Disseminate												****

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NORTH DAKOTA NURSING NEEDS STUDY
Year 02 (2003-2004) Proposed Projects

Project 1: Facility Survey

Survey to be sent to all healthcare facilities focusing on vacancy and turnover rates to establish trend data, additional new questions as determined by results from year 01 hospital, long-term care, clinic, public health and home health care facility surveys. Surveys will also include questions about advanced level nurses.

Project 2: Licensed Nurse Survey

Revise year 01 survey as needed based on results and send to a 20% sample of RNs/LPNs and advanced level nurses to provide trend data including new questions as determined by results from year 01 Licensed Nurse Survey.

Project 3: Student Survey

This survey will be sent to all students in RN and LPN programs and students in all graduate nursing programs. Questions will center on career goals and working in North Dakota.

Project 4: Education Faculty Focus Groups

This will consist of small focus groups including education program faculty. This will include focus groups with four RN and four LPN programs throughout the state. Questions will examine training capacity (faculty and students), matriculation issues and recruitment and retention issues (faculty and students).

HUMAN SERVICES COMMITTEE

TESTIMONY RELATED TO HB 1245

Chairperson Price and members of the Human Services Committee, my name is Mary Anne Marsh, Chair of the Department of Nursing at Dickinson State University.

On behalf of the College and University Nursing Education Administrators, I wish to offer testimony on HB1245 relating to the proposed revisions to the Nurse Practices Act 43-12.1.

The College and University Nursing Education Administrators (CUNEA) is comprised of the Deans and Chairs of the nursing education programs across the state. We represent both public and private schools, including Dickinson State University, Jamestown College, MedCenter One College of Nursing, Minot State, ND State College of Science, Tri-College Nursing Consortium at Fargo, United Tribes Technical College, University of Mary, University of ND and Williston State College. We administer a variety of nursing education programs including those that prepare LPNs at the associate level and RNs at the bachelor's level. In addition, masters' level education for nurses is provided at Tri-College, University of Mary and UND. Also, UND recently added nursing education at the doctoral level.

House Bill 1245 has the potential to be devastating to nursing and nursing education. The wording is vague and its effects are unknown and potentially far-reaching. CUNEA ***STRONGLY urges a DO NOT PASS on this bill.*** The original intent of the proposal, when it was investigated by a group of North Dakota Nurses Association members, was to provide a mechanism to remove the challenge of entry into practice, (levels of nursing education) from the legislative arena.

The bill makes two drastic changes to nursing in North Dakota – it removes accountability for nursing education from the Board of Nursing AND it removes the levels of nursing education required for students educated in North Dakota. (The 2-year associate degree for an LPN and the 4 year bachelor's degree for RNs.)

Our rationale for our "DO NOT PASS" recommendation, is as follows:

- The majority of our nursing education programs are accredited by national accrediting agencies. National accreditation is a voluntary process sought by schools of nursing to demonstrate their quality. Formal accreditation does NOT replace the need for approval by the Board of Nursing; rather, national accreditation supplements approval by the Board of Nursing. Schools of nursing accredited by the National League for Nursing Accrediting Commission must provide evidence of their programs' appropriateness of legal requirements and scope of practice, inclusive of Board of Nursing regulations.

- The BON standards for nursing education programs are more stringent than those of national accrediting agencies. If this bill passes, and accountability for nursing education is shifted to the State Board of Higher Education, (SBHE) or national accrediting agencies, it is unclear what will happen to these current standards. It is highly unlikely the national accrediting agencies will take them on – it is currently not in their realm of accountability. We doubt the State Board of Higher Education will do so either, as they do not review and approve programs to individual, specific criteria such as these standards. We have heard from the

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majority of our campus administrators that accountability for nursing education should REMAIN with the Board of Nursing and NOT be transferred to the State Board of Higher Education or another entity.

- We strongly feel that nursing should govern itself – we are a profession, and professions do that for themselves!

- Contrary to the original intent of this bill, that is, to remove nursing issues from the legislative arena, we predict *more* nursing education issues will be placed before the legislature in upcoming sessions, as Higher Education issues are commonly dealt with in the legislature.

- You will hear from nurses who made this proposal that "entry into practice was done away with in the last legislative session", when the legislature adopted the option for a transitional nurse to obtain 30 CEU's *or* meet the formal educational requirements. This simply is NOT TRUE. Retention of the existing educational requirements will not impede nurses moving into the state. Nurses who move from out-of-state to ND have the option to ***either*** seek formal education OR obtain 30 CEU's every two years to renew their nursing license.

- The individuals advocating for passage of this bill will tell others they do NOT want to see the educational standards for nursing education lowered. This bill does exactly that. It strikes out these educational requirements. Furthermore, individuals initiating and supporting this bill will immediately vie for the establishment of nursing programs to educate nurses at lower levels – they have said so publicly.

- There has been little to no study of the ramifications of this bill on students and nursing programs. The implications for our graduating students may be severe. This bill may jeopardize their ability to take the licensure examinations in other states. For example, the Minnesota Board of Nursing mandates graduates from a, "nursing board approved program" in order to take the licensing exam. If this bill passes, our students – some of them even living in Minnesota – would be barred from testing in Minnesota. This has potential economic impact on North Dakota as programs in the Red River Valley recruit students from western and central Minnesota.

- This bill may also jeopardize our graduates who want to pursue masters and doctoral-level education. Many graduate programs require a signed statement from their dean or chair verifying Board of Nursing approval status of the students' undergraduate program.

- The ramification on existing nursing education programs is the potential for the emergence of other nursing programs at lower educational standards and competition for clinical learning sites.

Replacement of sociate degree practical nurse programs with one-year, certificate programs will be detrimental for our Long Term Care facilities. They value associate degree LPNs who have advanced skill training and education. If programs are reduced in length by 50%, this advanced education will be eliminated. In meetings to discuss this bill, LTC representatives repeatedly said, "Leave the 2-year prepared LPN alone – they are *invaluable* in the LTC setting". IF this bill passes, it will only be a matter of time, before these two-year programs are phased out.

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- This is NOT the time to be lowering nursing educational standards! The nurse is the healthcare professional who is with the patient "24 hours a day, 7 days a week", and in some facilities the ONLY professional healthcare provider in the facility. Nurses need to be thoroughly prepared to critically think, and provide quality, effective care. Physical Therapists are currently moving to the DOCTORAL level of education for its practitioners – it is already at the master's level! Pharmacists are ALREADY at the doctoral level! Occupational Therapists are moving to the doctoral level as well! Nurses, who constantly do nursing care as well as physical therapy, occupational therapy patient cares, and administer many drugs SHOULD NOT be less-educated!

- Nursing education is provided in formal academic settings and students receive transferable credit for the courses they take. Our graduates ARE able to articulate from one program to another; students who graduate from an associate LPN program can articulate to a bachelor's program to become an RN; a bachelor's prepared RN can transfer to one of the master's programs in the state to become an advanced practitioner and NOW, with the establishment of the doctoral program at UND, nurses can pursue a terminal degree in nursing! The academic and transferability aspects of this bill are not new to our system. We have them.

Nursing should be in front of you NOT arguing whether or not accountability for nursing education should be removed from the Board of Nursing and whether or not we should LOWER educational standards. We should be looking at the nursing needs in our state and the nursing NEEDS of our citizens. "Nursing" should be here in front of you asking for more monies to support individuals wanting to be a nurse! Currently the Board of Nursing "Scholarship / Loan Program" for nursing students is ONLY funded by a portion of the license-renewal fees paid by nurses in this state! In the last session the legislature developed programs to financially support prospective dentists – WE should be doing the same for nurses!

To meet the needs for nursing education and to provide for our rural areas' "grow your own" model of nursing education, the MAJORITY of the nursing education programs in North Dakota ARE CURRENTLY providing outreach programs! The campuses absorb the costs to distance-deliver these programs that cannot be recouped from students' tuition/fees alone. "Nursing" should be here advocating for these distance programs and the necessary funding for them! We should be working together to support nursing education to meet the needs of the healthcare facilities across the state and more so, to ensure that the nursing needs of each and every citizen of ND are met!

We strongly urge you to NOT SUPPORT HB 1245!

Thank you for giving me the opportunity to provide testimony. I am now open to questions.

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Human Services Committee
Representative Clara Sue Price, chairman
January 22, 2003

My name is Elizabeth Nichols. I am a registered nurse from Grand Forks. My address is 2200 S. 29th. Street, #92-S., Grand forks, 58201. I am speaking in opposition to HB 1245.

Chairperson Price, Committee members: First I want to thank you for accepting this written testimony. My responsibilities in Grand Forks preclude my presence at these hearings.

I have been practicing nursing for almost 40 years. I received my basic nursing education in a diploma (hospital) program. I spent the next five years completing the baccalaureate degree, because even in 1964, I knew I needed a bachelor's degree to provide me the knowledge and skill to realize my potential as a nurse. It was not an efficient route, financially, or academically. Were I to do it again, I would start out in a baccalaureate program.

HB 1245 is designed to do two things: remove the educational standards for nurse licensure and remove the oversight of nursing education in North Dakota from the responsibilities of the Board of Nursing. Neither of these actions is in the interest of the health, welfare, and safety of the citizens of North Dakota. North Dakota needs nurses who are well educated, who have a sound basis in the sciences, and who can communicate with other health professionals on an equal footing. Nurses are the only professionals known for their focus on the whole patient and family; they must remain a viable part of the health care team.

I urge a do not pass recommendation for the following reasons:

- A characteristic of a profession is that it is self-regulated. Health professions' education, nationally, is subject to professional regulation either through strong, prescriptive national accreditation standards such as that in pharmacy or state-level regulatory boards as is the model in nursing. Removing the oversight of nursing education from the North Dakota Board of Nursing will result in little or no professional oversight of basic nursing education as national nursing accrediting bodies look to state regulatory agencies for the basic, public-safety level of program operation. National voluntary accreditation focuses on quality improvement. It generally does not address minimum requirements that impact public safety such as student-faculty ratios in clinical settings, specifics of curriculum, or qualifications of individual faculty members.

- North Dakota would go from the state with the highest requirements for licensure to the state with the lowest. Health care is increasingly complex. Nurses are expected to make complex clinical judgments and assume enormous clinical responsibility. Nursing is not "doing what the doctor tells us to do". It involves independently assessing, identifying and planning appropriate care, providing and evaluating the impact of the care and revising and modifying the care as necessary. These are sophisticated skills. Nurses need more, not less, education.

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- North Dakota has an excellent system for nursing education with articulation between levels/programs. The current system is advantageous for both the citizens of North Dakota and the nurses themselves. The nurses receive nursing education grounded in sciences necessary for today's complex practice situations. They are educated in academic settings with well-qualified faculty. The credit they earn is readily transferrable. As citizens we, and our families, receive the quality of care that we want our loved ones to receive.

- National research data has shown that there is a relationship between educational preparation of nurses and medication errors. The better the preparation of the nurse, the less likely there are to be errors. And we all know that medication errors can be serious, if not deadly.

- Research has shown that baccalaureate-prepared nurses are more satisfied with their work. We also know that job satisfaction affects retention in the work force.

- Removing the educational requirements from the law and removing the Board of Nursing's jurisdiction over nursing education will not alleviate the nursing shortage in this state. The shortage is national and international is scope. In fact, North Dakota is experiencing less of a shortage than are most other states.

- The current nurse practices act does not prevent nurses without BS or ASPN degrees from being licensed in North Dakota. These nurses can retain their licenses indefinitely by completing 30 hours of continuing education credit each licensure period – a requirement, by the way, that is often lower than the relicensure requirements in their state of origin.

- The North Dakota Board of Nursing is in the final stages of rule-promulgation to enter the multi-state license compact. This provides another avenue to facilitate entry of nurses from compact states to practice in North Dakota.

- Removing the educational requirements will open the door to one-year LPN programs at a time when the long-term care professionals tell us they rely on the advanced skills and knowledge base of the two-year (ASPN) LPNs. They do not want to see their preparation and scope of practice reduced as would happen with just one-year of preparation.

- We have an adequate number of nursing education programs in North Dakota. LPN education is offered through outreach to many smaller communities. RN education is delivered by Minot State University to Williston, and UND is seeking federal and other grant funding to do outreach of RN education in eastern North Dakota. Last year, the existing North Dakota programs could have admitted more students, had there been the applicants. It is cheaper, faster, and better education, to fill, and expand if necessary, the nursing education programs we have than it is to set up new programs or promote out of state schools to "set up

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shop" in North Dakota. This latter situation results in North Dakota money being exported to these out of state schools.

- And finally, the wording of the proposed ammendments is such that only the graduates of North Dakota University System nursing programs will be eligible to write the NCLEX licensing exams in North Dakota. That is, graduates from the Tribal Colleges and our private institutions will not meet the specifications of the law. Nor will any graduates of out-of-state institutions.

In summary, I urge a do not pass recommendation for HB 1245. If passed, this would effectively dismantle an effective system of nursing education. It would not relieve the nursing shortage. It would not advantage the health and welfare of North Dakotans.

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HUMAN SERVICES COMMITTEE

TESTIMONY RELATED TO HB 1245
JANUARY 22, 2003

Chairperson Price and members of the Human Services Committee, my name is Richard Gessler, BSN, RN, Manager of Employment/Employee Relations. I am employed with Altru Health System in Grand Forks, ND.

On behalf of Altru Health System, I wish to offer testimony in opposition to HB 1245 relating to the proposed revisions to the Nurse Practice Act.

I wish to preface my comments by stating Altru's most obvious general concern. That is, that we presently find the status of nursing to be in a critical and fragile state locally, regionally and nationally. Given the delicate balance of increased demand for services and staff availability, we must be highly cautious with any changes to avoid contributing to an already serious problem projected to continue and worsen well into the future. The following are Altru Health System's primary concerns with HB 1245:

- The elimination of the ND Board of Nursing's oversight and authority to approve nursing education programs is of great concern to Altru. The clinical component of nursing education both in theory and practice make the Board of Nursing's involvement essential. The Board of Nursing's primary role is protection of the public. This responsibility to protect begins with evaluation and approval of curriculum designed to prepare individuals to deliver nursing care in a safe and competent manner.

  The excellent quality of the Board of Nursing's oversight of nursing education is reflected in North Dakota's consistently high licensing exam pass rate (92.5% in 2002).

- HB 1245 lacks the detail necessary for Altru to adequately evaluate the full extent of its impact. For example:

  1. Specifically, for what will the Board of Higher Education be responsible? Changes in administrative rules? Determining if nursing curriculum is commensurate with actual practice?

  2. What will be the level of nursing representation on the 49 member Boards? Will those with varied levels of education be represented (BSN, MSN, PHD)? Who appoints these Board members?

  3. What resources will be allocated to the Board of Higher Education to address nursing-specific issues? Will the public hearings employed by the Board of Nursing remain intact? Will there be a separate nursing education "arm" of the

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Board of Higher Education or will the nursing education approval process be diluted among the rest of the States educational entities?

- HB 1245 will result in reducing the minimum educational standard for entry into practice in North Dakota. Altru Health System is in strong opposition to this change given its potentially negative impact on patient care.

  Recently, a successful compromise addressing the entry into practice issue was entered into the administrative rules. This change provided "licensure by endorsement" applicants the option of either meeting academic requirements for entry into practice or in lieu of this, obtaining thirty (30) CEU hours within a specified time period. We believe this win/win compromise resolved the entry into practice issue for Altru and reflects the Board's flexibility and responsiveness to the industry.

Altru Health System is satisfied with the present Board of Nursing structure and processes and strongly encourages this committee to vote in opposition of HB 1245. The results of the Nursing Needs Study approved during the 57th Legislative Session will provide more objective and comprehensive data upon which to consider significant changes such as those proposed herein. Altru Health System also supports placing a hold on subsequent proposals pending the results of the Nursing Needs Study.

Thank you for providing Altru with the opportunity for testimony.

Richard M. Gessler

Richard M. Gessler, BSN, RN
Manager of Employment/Employee Relations
Altru Health System
Grand Forks, ND

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HB 1245

Chairperson Price and members of the Human Services Committee, my name is Roxane Case, Public member of the North Dakota Board of Nursing.

On behalf of the board, I wish to offer testimony in opposition to HB 1245 relating to the proposed revisions to the Nurse Practices Act 43-12.1.

I am not a nurse, and so my approach to this issue may be from an entirely different perspective from my other Board colleagues who are practicing nurses. I am on the board to put myself in the place of anyone who is or will be cared for by nurses. While the nurses on the board have the rich depth of knowledge about nursing practice.

The bottom line here, I think, as a board member we are looking at this from the mission statement perspective of "safety" and to others, it might be more about economics with quick fixes. I was appointed to the Board in 2002 and have been consistently impressed by the way the Board, assisted by the staff has carried out the work of ensuring safe nursing care.

The Nursing Needs Study was designed to give more information to the Board to assist them in their work. Though the process is well underway, the answers are far from being clear. I urge you to recommend a do not pass on HB 1245 to allow the Board to continue in the work of ensuring safe nursing care while aggressively pursuing answers to questions related to the educational levels of nurses and the patient outcomes.

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HUMAN SERVICES COMMITTEE

TESTIMONY RELATED TO HB 1245

Chairperson Price and members of the Human Services Committee, my name is Barb Ding. I am a Registered Nurse and am currently the Director of Nursing at Marian Manor HealthCare Center in Glen Ullin. In July of 2000, I was privileged to be appointed by Governor Hoeven to serve the citizens of North Dakota on the North Dakota Board of Nursing.

I wish to offer testimony in opposition to House Bill 1245 which relates to nursing education and the proposed revisions to the Nurse Practices Act.

The nursing shortage in North Dakota and nationwide is of great concern to many. I have been the Director of Nursing at Marian Manor for 33 years. Marian Manor is a rural, small town long-term care facility *without* a nursing shortage. I feel that one reason for this is because we have a very visionary administrator who has financially supported many Nurse Aides to become nurses and many of those individuals continue to work at our facility.

In the last legislative session, an avenue was opened for out of state nurses who did not meet North Dakota's educational requirements to continue to be licensed in North Dakota through the option of continuing education. This has not changed the face of the nursing shortage in North Dakota.

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The Board of Nursing was mandated during the last legislative session to address issues of supply and demand for nurses through a Nursing Needs study which is now in progress. It is very premature to make the decisions brought forth in House Bill 1245 when the outcomes of this study remain unknown. Preliminary findings from the study are just now being analyzed and disseminated.

In my current appointment on the North Dakota Board of Nursing, I have seen the Board of Nursing's dedication to continuously upgrade the quality of evaluating nursing programs. This service enhances the safety of care delivered to the citizens of North Dakota. The high quality of nursing program evaluation is evidenced by the recently acquired prestigious, national recognition from the US Department of Education. It is unfortunate that those, without intimate knowledge of this process, could possibly feel that the review and approval of nursing education should be moved to the Board of Higher Education.

It is truly unthinkable to me, that in this day of increased acuity with Long Term Care residents, that we would even consider allowing nursing education requirements to be decreased and diminished by this bill. You and I will soon be consumers of Long Term Care services. What quality of nurse do we want planning and delivering our care? Last Friday, I was sitting in an outpatient surgical area in Bismarck, visiting with two elderly ladies. I asked them, "Since there is a nursing shortage in this state and across the country, do you think we should make our nursing programs shorter so that we can get more nurses out in the work force sooner?" Both ladies looked at me like I was crazy and said, "Absolutely not!" Do the citizens of North Dakota want a less educated nurse that has Board of Education approval, rather than nursing oversight,

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or do they want a nurse, whose educational preparation is adequate, approved, and monitored by well educated prepared nurses, utilizing a proven, effective review system for public protection?

I have been a member of the North Dakota Nurses Association for my entire nursing career, and I, along with other members, do not agree with the Association's position to support this bill. As a Registered Nurse and citizen of North Dakota, I oppose this bill. It is my opinion that it will not benefit the citizens of North Dakota. It is detrimental in providing public safety in healthcare in North Dakota, including that of long-term care residents.

Thank you for the opportunity to present testimony.

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January 21, 2003

Chairman Price and Members of the Human Services Committee

My name is Bonnie Tomac and I have lived in North Dakota for the past 24 years. I am currently a Student Nurse enrolled at Medcenter One College of Nursing. I am here along with several of my classmates who oppose and question, House Bill 1245. As Junior Nursing students we are working very hard to become board certified nurses from a "nursing board approved program". Upon graduation many of us will stay in North Dakota but others may leave. We need to be certain the education we receive here will allow us to work wherever life takes us. Our question is will this bill put our approval for taking board examinations in other states in jeopardy?

We are also deeply concerned about the future of nursing care if House bill 1245 passes. As junior students we committed to achieving a **high level** of education so we may deliver a **high level** of care for our patients (your families) and for our communities. We question lowering the level of education for nurses to attract more people to the profession when at the same time we raise the salary of teachers to attract more people to that profession.

Thank you for your time

Bonnie Tomac SN
309 4th Ave NE
Mandan, ND. 58554
663-6905

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January 21, 2003

Dear Chairman Price and Members of the Human Services Committee,

My name is Brenda Whitman. I am a North Dakota native and a Registered Nurse with a Master's Degree in Nursing. My work experience includes 14 years in an acute care setting doing pediatric nursing, staff development and quality improvement. The last six years I have been a faculty member teaching first at the University of Mary and currently at Medcenter One College of Nursing. Although I am a member of NDNA, I disagree with their sponsorship of HB 1245.

I am very concerned about the implications of HB 1245. If implemented, there will be grave consequences for both graduates of our ND nursing programs and for healthcare consumers.

As you are aware, HB 1245 has two major components:

1) Entry into practice
2) Removing educational oversight from the ND Board of Nursing

The requirement of Baccalaureate-entry for RNs and associate-entry for LPNs is a major accomplishment for the profession of nursing and for every healthcare consumer. Other states are envious of this achievement and continue to work on making this standard a reality for their own states. Baccalaureate entry is especially important as our counter parts in OT, PT and pharmacy increase their entry into practice standard to the masters and PhD level. The American Association of Colleges of Nursing recognizes the baccalaureate degree in nursing as *minimal* preparation for professional practice. The National Advisory

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Council on Nurse Education and Practice recommends that by 2010 at least two-thirds of RNs hold baccalaureate or higher degrees.

Long term care and other proponents of this bill may say we have already diluted the baccalaureate pool by allowing RNs licensed in other states to choose between returning to school or obtaining continuing education hours. HB 1245 will drastically dilute the baccalaureate pool of nurses if we allow two and three year degree programs because there is only a limited number of people attracted to the nursing profession. *Will lowering the standards really draw in more students or will it simply lessen the skill level of registered nurses as a group?*

I am concerned about quality care. In this day and age, we need nurses who can critically think… who can function independently in community based sites… this requires a baccalaureate degree. Consider these research findings…

- Studies in at least seven states show that significantly higher levels of medication errors and procedural violations were committed by RN's with less education (Needleman, et al 2001 in a report by HRSA in conjunction with the Agency for Healthcare Policy and Research)
- Studies show that baccalaureate nursing students had higher critical thinking scores related to clinical decision-making than the AD or diploma nurses (Brooks & Shepard, 1990)
- Studies demonstrate that higher nurse staffing levels, particularly RN staffing correlate with a reduction in adverse outcomes (Milbank Memorial Foundation, 2001), further evidence show that nursing education level is a factor in patient safety and quality of care

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- A 1999 survey of Chief Nursing Officers from 44 hospitals indicated optimal staff mix of 71% baccalaureate-prepared nurses, 17% master-prepared,1-2% doctorate-prepared and 11% other levels of nursing preparation (Goode, et al. 2001). These same managers thought that baccalaureate nurses had better critical thinking skills than AD or diploma nurses. They also perceived the baccalaureate nurse to be less task oriented and as exhibiting more professional behaviors. Stronger leadership skills, more focus on continuity of care and outcomes and greater focus on communication skills, psychosocial components of care and patient teaching were also listed as perceived differences.
- Magnet hospitals have substantially higher number of baccalaureate RNs and some(eg.University of Colorado Hospital)hire only baccalaureate new graduate nurses
- By 2005, the VA system will require BSN or BA/BS for appointment or promotion beyond staff nurse level
- Military services require baccalaureate preparation for officer commission
- Since 2000, all nurses desiring voluntary certification in a specialty area of practice such as critical care, geriatric care, ect. are required to have a four year degree

When you or a family member is ill… wouldn't you like the best prepared nurse possible? In a rural state as ND we need nurses prepared to function safely and *independently* in community-based sites… the baccalaureate degree nurse is prepared for this role, an AD or diploma degree nurse is not. As an educator, I have difficulty envisioning what part of our curriculum could be deleted. How does one compress four years of education into two years? (I also know that long term care does not want to lose the two year prepared LPN). ***What is sacrificed? When we have a***

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teacher shortage, or an engineer shortage, should we reduce their educational requirements?

The baccalaureate entry into practice has not contributed to the shortage of RNs in ND and in fact, mal-distribution is the issue. Preliminary conclusions from the Nursing Needs Study (legislative mandated study) indicate that almost 1/3 of semi-rural and rural hospitals and ¼ of LTC facilities have recruitment difficulties. RNs and LPNs are leaving for other nursing positions, relocation or higher salaries. It is difficult to attract and retain nurses to small town North Dakota, regardless of educational requirements. There are 26 states with several associate degree RN programs that have overall nursing shortages, including Minnesota. *How many new nurses have we attracted into ND since the 2001 change of accepting 30 contact hours every 2 years in lieu of going back to school? Are the nurses pouring in now? How many of those recruited nurses have stayed?* I doubt there has been a significant difference in attracting nurses to the small towns of North Dakota by easing education requirements.

In summary, North Dakota has been a leader in nursing education preparation… resulting in higher quality care for its citizens. Let's not sacrifice baccalaureate-entry because misdistribution of resources.

In addition, I am also opposed to removing educational oversight from the Board of Nursing. Every other state (with the exception of Mississippi, which has the poorest nursing board exam passage rate in the US… and thus is trying to reverse their decision and New York which has a Board of Nursing operating under a New York Board of Regents to approve nursing programs) has educational oversight provided by the State Board of Nursing. If we delete

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Board of Nursing oversight, what will happen when a new and non-accredited private party wants to open a nursing education program? Would the Board of Higher Education have the expertise for close examination of content, process and evaluation of a private nursing program? The Board of Higher Education currently has little or no expertise regarding nursing curriculum so the Board of Nursing would essentially have to be remade within the Board of Education. *Does this rework make sense? How would quality be ensured for new programs that want to educate nurses?*

Other states require graduation from a board approved program in order for nurses to practice there… *we would be jeopardizing the ability of our graduates in nursing to work in other states.* The result would be forcing our students to get their training out of state so that they would be marketable around the country.

Because of the implications of this bill, I do not recommend amendments, *I recommend defeat.* **Let North Dakota be a leader in QUALITY, please recommend DO NOT PASS on HB 1245.**

Please contact me with any questions or concerns. Sources are available for data provided. Thank you for your consideration of these issues.

Sincerely,

Brenda Whitman

Brenda Whitman, RN, MSN
2225 Sherman Drive
Bismarck, ND 58504
223-5160 (H) 323-6905 (W)

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Study Citation Clarification

"Studies in at least seven states show that significantly higher levels of medication errors and procedural violations were committed by RN's with less education" was cited as Needlemen et al. 2001.

The actual citation and quote are as follows:

A Statement of Dr. Kathleen Ann Long
President of the American Association of Colleges of Nursing
Delivered to The Institute of Medicine
"Work Environment for Nurses and Patient Safety"

"There is mounting evidence that nurse staffing affects patient outcomes, with studies demonstrating that higher nurse staffing levels, particularly RN staffing, correlate with reduction of adverse outcomes (Needleman, Buerhaus, et al 2002; Provosnost, Dan, Todd, et al 2001; Dimick, Swodboda, et al 2001).

Further evidence shows that nursing education level is a factor in patient safety and quality of care. As cited in the report, *When Care Becomes a Burden,* released by the Milbank Memorial Fund in 2001, two separate studies conducted in 1996 - one by the state of New York and the other by the state of Texas - **clearly show that significantly higher levels of medication errors and procedural violations are committed by RNs with less education.** An additional five states have recently released similar findings (Degado, 2002)".

www.aacn.nch.edu Phone: 202-483-6930
This was faxed to the Center for Rural Health
(The emphasis in bold font is mine, not the author's)

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TESTIMONY IN OPPOSITION TO
HOUSE BILL NO. 1245

Submitted by David M. Gipp, President
United Tribes Technical College

North Dakota State Capitol, Bismarck, N.D.
Wednesday, January 22, 2003

This testimony is offered by the leadership of United Tribes Technical College (UTTC) in opposition to the provisions of HB 1245. The Human Services Committee is asked to defeat this bill. HB 1245 proposes to: 1) remove the level of nursing education required for students currently educated in North Dakota, and 2) move the regulation of nursing education programs from the Board of Nursing to the Board of Higher Education.

The following data provides sound rationale why this bill should be defeated:

1. Reducing the educational requirements for a Licensed Practical Nurse from a 2-year associate degree to a 1-year certificate program, and opening the opportunity for a 2-year associate Registered Nurse (RN) in North Dakota would eliminate the desire for students to enroll in an associate degree Practical Nurse program. The impact of this is enormous for nursing students and ND citizens. The acuity level of clients in health care facilities has risen significantly over the years, requiring nurses to meet that acuity challenge. A certificate Licensed Practical Nurse (LPN) would not have the same educational background to practice and perform procedures like the current Associate degree LPN (e.g. intravenous therapy, managing feeding tubes and tracheostomies). The certificate PN would be taught skills, but would lack the background for critical thinking. Consequently, employers would need to hire a higher ratio of RN staff.
Within the past five years, many rural Acute Care Hospitals have converted to Critical Access Hospitals. Critical Access Hospital rules do not require a Registered Nurse to be on duty at all times: 33-87-82.1-16. Nursing Services states "2. c. When no patients are in the facility, staffing must include at least a

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licensed nurse with a registered nurse on call and available within twenty minutes at all times". This could potentially have a certificate LPN (who is considered a licensed nurse) as the only nurse in the facility should they get emergency patients with a critical condition coming to their facility. A certificate LPN would not have the preparation to meet the challenges of serious emergencies.

Reducing nursing students educational requirements has a potential to affect the number of graduates who successfully pass the national licensure exam and enter nursing practice in North Dakota.

1. UTTC Licensure Exam Pass-Rates: UTTC associate Practical Nursing graduates have maintained a 100% pass rate on their national licensure exams, for the past four years. The program's national licensure pass rate was significantly lower when we had a certificate Practical Nursing program. (Refer to the attachment that identifies how the associate program improved UTTC national licensure exam pass rates). Lowering nursing educational requirements could have an impact on the numbers of available nurses for North Dakota health care facilities. North Dakota nursing graduates in both the Baccalaureate RN and Associate PN programs achieve a higher rate of success on their national licensure exams than their nursing colleagues in other states.
2. UTTC Graduates remain in North Dakota: 17 of 20 UTTC nursing graduates, from the classes of 2001 and 2002, began their nursing career in North Dakota. Three of these LPNs are enrolled in a Baccalaureate Nursing program in North Dakota.
3. UTTC Nursing Student Population: Current data from the UTTC Registrar's identified that 13 of the current 37 students taking nursing courses at UTTC came from states outside North Dakota to receive their nursing education. This number of out-of-state students enrolled in our nursing program has remained fairly consistent over the past few years. The opportunity to receive a quality education from a college with a history of student success is the prime motivator students enroll in the UTTC Practical Nursing program.

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Nursing needs to maintain educational standards equivalent with those of other health care professionals.

1. The educational requirements for health care colleagues in the practice of pharmacy, physical therapy, and occupational therapy are increasing to a doctorate level. Nurses are the health care professionals who are with clients in in-patient settings on a 24-hour a day, 7-days a week basis. Why would we want to lower our educational standard when the need for knowledge has increased along with technology?

Moving the regulation of nursing education programs from the Board of Nursing to the Board of Higher Education would not provide any significant gains, and would be an additional cost to the schools and the state.

1. Most Schools of Nursing in North Dakota are accredited by a national organization. These accrediting bodies award maximal approval for eight to ten years, which is a long interval without an onsite peer review. The Board of Nursing sends a nurse to conduct an onsite review at a maximum of every four years. The Board of Nursing also conducts a very comprehensive review, which is more stringent than our national accrediting bodies. Having nurses oversee nursing and at more frequent intervals promotes the safety for North Dakota citizens.
2. Should HB 1245 be passed, Schools of Nursing in North Dakota would need to have major curriculum changes. Major curriculum changes would trigger an onsite review, all of which would be costly to the schools in terms of the fees associated with an onsite review and faculty time.

In summary, United Tribes Technical College respectfully requests you defeat HB 1245, which proposes to change the nursing educational program requirements for North Dakota, and seeks to move the oversite of nursing education programs from the Board of Nursing to the Board of Higher Education. This bill does not serve the best interests of the people of North Dakota.

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United Tribes Technical College
Previous National Licensure Exam
Pass-Rate Before & After
Entry Into Practice Educational Standards

YEAR (Two test times available until CAT testing began)	Number of Candidates	PERCENTAGE PASSING
1979	8	75%
1980	7	71.4%
	9	66.7%
1981	10	66.7%
	12	50%
1982	1	0%
	5	80%
1983	14	79%
	10	40%
1984	1	100%
1985	11	73%
	5	80%
1986	7	57%
	2	50%
1987	9	57%
	2	50%
1988	3	100%
	1	0%
Educational Requirements Changed		
1991	4	100%
1992	4	100%
	4	75%
1993	7	85.7%
	1	0%
1994	27	81.5%

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Human Services Committee
Representative Clara Sue Price, Chair
January 22, 2003

My name is Paul F. Richard. I am General Counsel for MeritCare Health System, Fargo, North Dakota. I am a registered lobbyist for MeritCare Health System (Registration #142). My address is 3015 30th Avenue S.W., Fargo, ND, 58103. I am speaking in opposition to HB 1245.

In my view, what the Legislature is being asked to do through HB 1245 is a departure from accepted policy in North Dakota in regards to the establishment of the minimum education requirements for licensed professionals. Specifically, Sections 3 and 4 would delete the requirement that nursing education be approved by the Board of Nursing.

To my knowledge, the established precedent and historical policy in this State has been that the professional licensing boards are entrusted with the responsibility to establish the minimum threshold education criteria for the profession. The proposed amendments to North Dakota Century Code Chapter 43-12.1 would remove the Nursing Board's responsibility to approve education programs for individuals who seek nursing licensure in North Dakota. Based on a review of Title 43 of the North Dakota Century Code, you are being asked to approve a clear departure from established policy in this State.

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I have gone through Title 43 of the Century Code and have found several examples which support the conclusion that it is the historical policy of this State that professional licensing boards are to be entrusted with the responsibility to approve education requirements for licensure applicants. Some examples are as follows:

*Podiatry: NDCC Section 43-05-11 provides that applicants must "be a graduate of a podiatric medical school approved by the board based on its faculty, curriculum, facilities, accreditation by recognized national accrediting organization approved by the board, and other relevant factors."

*Chiropractic Medicine: NDCC Section 43-06-09 provides that applicants must have "a degree or a certificate proving enrollment in the last trimester of college received an approved and accredited college of chiropractic. An approved and accredited college of chiropractic within the meaning of this chapter is a college of chiropractic that is approved by the board and accredited by the council on chiropractic education or its successor."

*Pharmacy: NDCC Section 43-15-15 provides that applicants for licensure must be "graduate of a school or college of pharmacy recognized by the board as an approved school."

*Physicians and Surgeons: NDCC Section 43-17-18 provides that applicants for licensure must provide proof "that the

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applicant has been awarded a degree of doctor of medicine or doctor of osteopathy from a medical school located in the United States, its possessions, territories, or Canada, approved by the board or by an accrediting body approved by the board at the time the degree is conferred."

*Physical Therapist: NDCC Section 43-26-06 provides that applicants for licensure must have been "graduated by a school of physical therapy or a program of physical therapy assistant approved by the committee."

*Dentist: NDCC Section 43-28-11 provides that applicants must be "a graduate of a dental college recognized by the board."

*Veterinarians: NDCC Section 43-29-06 provides that applicants must be "a graduate of the veterinary course offered in a veterinary school, college, or university recognized by the board".

*Audiologist and Speech-Language Pathologists: NDCC Section 43-37-04 provides that applicants must "possess at least a master's degree or its equivalent in the area of speech-language pathology or audiology from an educational institution recognized by the board."

In each of the above situations, the reference to the "board" or "committee" is to the board or committee of examiners entrusted with the responsibility to issue licenses for the

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profession. None of the references are to the Board of Higher Education.

All of these examples establish that what you are being asked to do through the enactment of HB 1245 is a departure from established precedent and historical policy in North Dakota. Clearly, in each situation noted above, the North Dakota Legislature has seen the wisdom and value in entrusting the determination of minimum education criteria with the licensing board. Every licensing board in this State should be concerned with what you are being asked to do in this situation.

In summary, I strongly urge a <u>do not pass</u> recommendation on HB 1245 due to the fact that it is such a significant departure from established precedent and historical policy of the State of North Dakota.

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Chairperson Price and members of the Human Services Committee, my name is Anne Ellason.

Thank you for allowing me to testify. I wish to offer testimony in opposition to HB 1245 relating to the proposed revisions to the Nurse Practices Act 43-12.1.

As a practicing RN with a specialty certification from the ANCC in Nursing Continuing Education and Staff Development. I have been practicing registered nursing for over 17 years in a variety of capacities. I started my nursing practice in a state with lower educational standards than ND. I have seen first-hand the decrease in quality of care that comes with these lower standards.

In my previous experience in nurse management, when schools approached my unit to place students, I felt confident in those students; because I knew that the Board of Nursing was overseeing the overall quality of the nursing programs, and in fact mandates both faculty quality and faculty/student ratios to ensure safety. If this bill passed, and I was faced with the same decision, I don't know that I would feel comfortable risking my patient's safety. This bill goes way beyond reducing our educational standards; it reduces the safety net for our patients who are being cared for by nursing students. As Director of Nursing Education at a long term acute care hospital, I was able to go to the Board of Nursing with some concerns about nursing student, and I got an immediate and appropriate response which actually strengthened the nursing program in question.

And it all comes down to safety. If this bill passes, who will ensure the safe practice of nursing students? The Board of Higher Education does not have the mission of safety that the Board of Nursing has, it would be nearly impossible for them in terms of finances and expertise. It all boils down to safety- right now because of our high educational standards and oversight; we have what I believe is the safest care in the U.S. If this bill is passed, it will degrade the educational system to no particular standard. If we don't have standards to live up to, where will the quality go? Down.

In conclusion, I'd like to go on the record stating that it is a sad day for nursing when an advocate group like the NDNA introduces a bill that will further weaken nursing. As a member of NDNA, I had no idea that this bill was being considered, and I have a suspicion that most of the general membership did not either.

I strongly urge you to vote no on bill HB1245. I am open for questions.

Thank you.

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Jack Rydell

From: Jack Rydell
Sent: Tuesday, January 21, 2003 1:23 PM
To: 'wdevlin@state.nd.us'
Subject: FW: Opposition to HB 1245

I would like to encourage you to vote against HB 1245, which would remove Board of Nursing approval of nursing education programs and require that the Board of Nursing accept for licensure graduates of programs accredited nationally by the Baord of Higher Education.

This bill is not going to facilitate a nursing shortage or manpower issue that exists in the state of North Dakota. Nationally, we are experiencing a nursing shortage, largely because of work environment issues and salary issues. This has been well documented by studies done in the past several years. This bill does nothing to address those more critical issues. There are a multitude of nurses who are either not working in the state, or have chosen to work on a very part-time basis, largely because of both of these issues. Rather than the state spending it's very limited resources (particularly in this upcoming biennium) in shifting the oversight and regulation of nursing education to the Board of Higher Education, I suggest someone stepping forward with a more advantageous and directed legislation that actually focuses on the root of the problem, not the symptom of the problem.

I challenge this committee to ask themselves what other profession has approached **resolving** a manpower shortage by lowering the educational requirements for that profession. Has this been the approach to try entice physicians into our rural areas of North Dakota? Has this been the approach to entice educators into our rural areas of North Dakota, or dentists, to name a few. I would ask each of you to go to your nearest hospital or long term care facility and ask their director of nursing if the acuity of the patients they are caring for today is lower and requires less knowledge of their nursing professionals than it did 15 years ago when North Dakota took the leadership in implementing the four year nursing degree programs. If you find even one that tells you that the acuity has lessened and they need nurses with less of a knowledge base and nurses who are only task oriented and not critical thinkers who can problem solve independently, they will tell you they are not being truthful to you or themselves. This is not a time to be lower our education standards, and that is exactly what this bill is going to result in. There are already several university programs who are making preliminary plans to develop two and three year nursing programs, in anticipation that this bill passes through the legislature. This is not going to provide a higher level of health care for the citizens of our state. This will not improve the quality of patient outcomes that our public expect today when they seek healthcare.

What I would like to see happen, and would suggest as an alternatvie approach to work towards increasing the nursing pool in our state, is to increase the number of students our nursing schools could admit in any given year. My understanding is that most every nursing program in our state is turning away nursing applicants each year due to a "cap" or "quota" on the number of applicants they can accept. I would also encourage action be taken addressing some of the workplace issues that deter men and women from entering the nursing profession. Let's get to the root of the problem and bring legislation forward which tackles the root of the problem, rather than the obvious symptom of the problem. This is a band-aid approach to addressing an infection that is only going to continue to fester until the infection is resolved.

I would be happy to visit with any of you further about my concerns with this bill. I can be reached by email at jrydell@hmrv.org or my work at (701) 237-4629 or my home at (701)235-6537. I appreciate this opportunity to voice my opinion on this legislation.

Sincerely,

Jack Rydell, MSN, RN
6208 14th ST. North
Fargo, ND 58102

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House Human Services Committee. Chair: Clara Sue Price

Madame Chair and Representatives: Thank-you for the opportunity to speak before you today. My name is Alison Stull. I am a registered nurse from Dickinson. I teach nursing at Dickinson State University. I am here to enter a plea of "do not pass" for HB 1245 in behalf of myself and my nursing faculty colleagues at DSU.

Although we agree with the intent of this proposal, which is to remove nursing education requirements from discussion in the legislature, we cannot and will not support its passage. This bill, should it pass, will have dire effects on nursing education and the practice of nursing in the state of North Dakota. This bill seeks to remove the oversight of nursing education in North Dakota from the Board of Nursing. In addition, it eliminates our current education requirements for both Registered Nurses and Licensed Practical Nurses.

This bill should receive a **"do not pass"** from you because:

* Nursing education standards put forth by the Board of Nursing protect nursing education and the public through the establishment of criteria which address what is taught, where it is taught, who teaches it and how it is taught. Should nursing education occur without this oversight from the Board, it will lose its credibility and accountability to the public.

* The nursing programs at Dickinson State University are accredited by the National League for Nursing Accrediting Commission (NLNAC). This accreditation is voluntary. Board of Nursing approval, through meeting of nursing education standards, is mandatory. It is mandatory in order that the public be protected from substandard nursing education that leads to less-than-desirable nursing care. This bill removes this much needed protection by the Board of Nursing.

Section 3. Amendment on page 3, Line 7 makes reference to the "minimum standards for nursing education." We are unsure if this in reference to the current Board of Nursing nursing education standards or not. If not, who's standards are being referred to and then what becomes of the current Board of Nursing standards?

* As found by the NDNA Research Council, studies in at least seven states show that significantly higher levels of medication errors and procedural violations were committed by nurses with less than a baccalaureate degree. Further evidence shows that nursing education level is a factor in patient safety and quality of care.

* The National Advisory Council on Nurse Education and Practice (NACNEP) recommends that by 2010 at least two-thirds of all registered nurses hold baccalaureate degrees. Currently, North Dakota is the only state in the union which meets this recommendation. This bill, with its removal of education requirements for registered nurses, is in direct opposition of this national mandate and would seriously hinder the professional growth of nursing in North Dakota.

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* Dickinson State University currently has a two-year LPN program. We are told they are excellent practitioners who are heavily relied upon in the long-term-care industry. This bill would make it possible for a person to attain a substandard LPN education and then a license in one year's time. One year is not enough time to become the responsible, knowledgeable technical care provider so valued in our long-term-care facilities.

* Dickinson State University graduates working in other states often speak to the value of their baccalaureate education. They say they are much better prepared than those they are working with whose RN education resulted in associate degrees or diplomas. In fact, some graduates say "it is frightening to work with these less-prepared individuals".

* Two-year associate degree RN programs, the creation of which are being discussed as a direct result of this bill, will not benefit an employer in terms of a shorter time span before hire. In reality, due to "curriculum creep", it takes ADRN students three or more years to complete a program. Some schools require prerequisite courses to be completed prior to admission to the program. In addition, content added to the major has increased the time it takes to complete the degree, removing any time advantage this degree may have had in the first place.

* Dickinson State University nursing students, like those students on the eastern border of the state have access to schools in their neighboring states which provide one-year LPN and two-year RN preparation. They choose not to attend these out-of-state schools. In fact, twenty-one percent of our students are from these areas and choose to come to DSU because they can earn a baccalaureate degree here. The baccalaureate degree is recognized by students as being much more valuable and marketable than any other entry-level nursing degree.

* Recruitment and retention issues are quite affected by depopulation in North Dakota, particularly in the more rural areas of the state.

* Our current nursing education standards, regulated by the Board of Nursing, do not contribute to the shortage of RN's in North Dakota. Twenty-six other states, including Minnesota (which has associate degree RN programs) do have a nursing shortage. As found by the NDNA Research Council, North Dakota has 10% more nurses per 100,000 people than other states. In addition, the Council discovered through preliminary conclusions of the Nursing Needs Study (mandated by the 2001 legislature, HB1360) that only ¼ of our long-term-care facilities have recruitment difficulties and those difficulties are related more to nurses leaving for better salaries, relocation or another nursing position.

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SUPPORT NURSING EDUCATION STANDARDS

No shortage in North Dakota!

According to the US Department of Health and Human Services, (2002), North Dakota does not have a nursing shortage. (The American Nurse, 2002).

* ND continues to have one of the highest number of nurses per population. According to the 2001 Census Data, ND has 1,786 nurses per 100,000 population.

More students are seeking the BSN (Bachelor of Science in Nursing) degree.

* Nationally (1996-2000), the number of RNs who completed a BSN (4 year program) increased at a higher rate than those who completed a 2 year RN program.

* DSU nursing students: 79% are North Dakotans; 66% are from western ND who also have access to 2 year RN programs in Montana, and 21% are from out of state where two-year RN programs are available.

3. National Goals Support BSN.

The National Advisory Council on Nurse Education and Practice (NACNEP), (within the federal Bureau of Health Profession's, Division of Nursing) has recommended by 2010 at least two-thirds of all registered nurses hold ***baccalaureate or higher degrees.***

* This recommendation relates to the growing elderly population, changes in healthcare delivery, and advances in technology.
* Considering the recent federal mandate, "No Child Left Behind" affecting higher educational standards for teachers .... Why would North Dakota decrease nursing education standards?
* Nationally, 4 year RN students increased in number, over 2 year RN students.

Nursing education standards should be comparable to other healthcare disciplines.

* Pharmacists, dentists and physicians are educated at the doctoral level.
* Physical Therapists education is moving to the doctoral level in 2007.
* Occupational Therapists are moving to masters entry-level.
* Speech Therapists are also prepared at the graduate level for entry level professional education.

5. "Sicker-Quicker" Patient Syndrome Demands BSN prepared RN's!

Nurses are the health care provider present with the patient 24/7 and are accountable for patient care and to orchestrate patient's holistic care.

* Patient care is becoming more involved, the healthcare system is more complex and ever-increasing technology all increase the demand on nurses and the level of education necessary to deal with these changes and demands. More people with multiple chronic illnesses are living longer!
* The demand for nurses educated in critical-thinking, leadership & management, case management, health promotion and community-based care has escalated.

6. A decrease in the educational requirements would affect higher education.

Current Model	Proposed Model
RN - 4 Yr. Bachelor's	RN - 2 Yr Associate degree
LPN - 2 YR Associate degree	LPN - 1 Yr. Vocational degree

* Most likely, fewer students will seek the LPN degree if a 2-year RN degree is available.

* How does the nursing student develop critical thinking skills? It is not only important to teach students "HOW" to do a task, the nurse must be educated to understand "WHY" the task is done and "WHAT" they can anticipate happening based on their actions (both positive and negative outcomes that may occur). Students *must* critically think to problem solve.

* What content will be eliminated to prepare nurses in 50% of the time?

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7. **Patient Safety Becomes a Risk with less Educated Nurses!**
   - Promotion of patient safety is directly related to the nurses' level of competency. Per Health Care at the Crossroads, JCAHO: Greater numbers of RN's employed in a facility resulted in a 3-12% reduction in adverse outcomes for patients.

8. **Ruralness of North Dakota Demands BSN RN.**
   - In more rural areas, the RN may be the **only** health care provider available -- the educational level and preparation of the nurse becomes even more paramount.

9. **Emerging Bioterrorism Response**
   - The events of 911 have led to a heightened necessity to include content in undergraduate programs to enable nurses to respond to mass casualty situations and protect themselves as they meet the immediate needs of disaster victims.
   - In case of natural or inflicted disasters, nurses need to be prepared to serve effectively as a member of an emergency & disaster response team

10. **Factors Affecting Supply and Demand:**
   - Workplace environment, working conditions, staffing/scheduling, rewards/pay scale.
   - More opportunities for students in other disciplines.
   - Lack of opportunities for advancement (which are compounded without a baccalaureate degree).
   - Aging RN workforce.

In North Dakota:
   - Rural / urban location:
     63% of North Dakota RN's live in eight of the 53 counties; supply in rural areas is related to depopulation, not educational preparation.
   - Depopulation of youth in ND.
   - The number of nurses working part-time is almost ½ (ND Data RN & LPN 2002 Update).

Strategies to Strengthen Nursing Care in North Dakota

- Improve the workplace environment - redesign processes, improve staffing/scheduling, implement information / communication technology, empower nurse administrators, managers and staff nurses in decision making, reward and demonstrate the value of nurses.

- Retain practicing nurses by providing scholarships and loan forgiveness programs.

- Recruit more nurses:
  Fact: The nursing workforce is aging - by 2010 the average age of the working RN is expected to reach 50 years (Health Care at the Crossroads, JCAHO).
  - Support mechanisms to promote nursing as a profession in elementary and high schools.

- Provide for increased recruitment and retention of nursing faculty.

- Explore creative ways to deliver nursing education to all corners of the state via increased funding, faculty, teaching and clinical resources.

- Define more distinctly what a nurse - LPN and RN - can and cannot do. The type and amount of education a nurse has impacts skill and competency levels.

- Support the efforts of the last legislative session's establishment of the Board of Nursing, "Panel of Stakeholders" (independent body of nurses and healthcare stakeholders), to review research, study the issues and make recommendations for change related to nursing:
  - Supply and demand
  - Recruitment
  - Retention
  - Utilization of nurses

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10/3/03
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Chair Price and members of the Human Services Committee:

My name is Brandi Barta and I am from the rural area of Grafton, North Dakota. I am currently a student nurse at the University of Mary in the Harold Schafer Leadership Institute in Healthcare. I urge you to reject the house bill 1245 relating to nursing education programs because passing this bill will lower the standards for nursing education and will result in a decrease the quality of care given to the citizens of North Dakota. When oversight of educational programs is removed from the Board of Nursing, the nursing profession loses credibility as a profession. Also, passing this bill will result in removing peer review in North Dakota by allowing the Board of Higher Education, which is composed of the general population, none of which is as familiar with nursing as the Board of Nursing itself, to govern the nursing practice. The Board of Higher Education is not capable of making decisions that will affect the realm of nursing because they are not fully aware of what the nursing profession entails. Physical and Occupational Therapy programs focus on rehabilitative services for patients by assisting them to achieve their prior functioning level and those programs have their entry level of practice at a Master's degree and are planning to advance to a doctorate degree.

Registered nurses focus on saving lives and enhancing the quality of life by performing thorough holistic assessments and educating the patient regarding the treatments and medications they are receiving. They also act as an advocate for the patient and the family by relaying the concerns and wishes of the family to other healthcare professions. This morning we have heard testimony regarding the shortage of nurses in North Dakota and a potential solution for this shortage being reduction in the educational standards for nurses. Personally, as a student in a baccalaureate program, I cannot imagine trying to learn all that we need to know in anything less than four years! Patient acuity in the hospital is much higher than ever because of managed care; nurses therefore need to have exceptional effective thinking and assessment skills. If your mother was hospitalized in rural North Dakota and there is only one RN staffed for the night shift, would you want that nurse to have a two year or a four year degree? Anyone can learn the skills that are necessary but you also need the theory behind those skills. Research regarding nursing practice indicates that nurses with an associate degree are able to assist in collecting data and identifying problem areas in nursing. They only demonstrate awareness for the relevance of research in nursing. However, nurses with a baccalaureate degree can interpret and evaluate research, identify problem areas in nursing that need to be investigated and use nursing practice as a means of gathering data for refining and extending practice. They also apply established findings to the practice and share the findings with colleagues. Nurses with a baccalaureate degree have the critical thinking skills necessary to rationalize theories and concepts relevant to the skills they perform.

Passing this bill will jeopardize the education needed to become a professional nurse. This bill will do nothing to reduce the shortage of nurses in rural North Dakota. From my perspective of being a young native North Dakotan, it has nothing to do with educational preparation. The real issue in the rural nursing shortage is the quality of life—unless that nurse has a significant other in that rural area, why would they choose to move to a small

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rural setting. The only options for my area would be to own a small business, be a farmer, or work at a minimum wage job. A lot has been discussed about why young people leave ND. There are many reasons in addition to the above scenario. Why would a graduate of college, who on the average has student loans of $30,000 to $60,000, choose to stay here and work for a much lower wage than most other states offer? Along with the wage difference, many of these same positions also offer huge sign on bonuses and relocation expenses. It used to be true that the cost of living in ND was lower than in other states; however this is not true any longer. Living in the Bismarck area is very expensive—housing costs much more, property taxes are higher, gasoline prices on the average are 10-15 cents higher than many other states, and groceries cost more. Add this to lower wages and it is easy to figure out why young people leave.

The system works. North Dakota has excellent schools of nursing, and North Dakota citizens have excellent nursing care, some of the best in this country. I trust my faculty and fellow students with my family's lives. There is also a shortage of physicians, dentists, and many other health care providers. Should we lower their standard of education to alleviate the shortage? It is mind boggling to me that people with advanced degrees have testified today in support of lowering our educational preparation. This unnecessary change will endanger this public trust.

In conclusion, I strongly urge you to reject house bill 1245 relating to regulation of nursing education programs. Professional nurses must review nursing Education programs. This bill will affect the quality of care that is given to our citizens and it will hinder the learning process and education that is necessary to becoming a professional nurse.

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January 21, 2003

North Dakota House of Representatives
Human Services Committee
58th North Dakota Legislative Assembly
State Capitol
Bismarck, ND

Re: House Bill 1245

Dear Committee Members,

My name is Jo Burdick. I am a registered nurse,ND Nursing License # R18646. I have a master of science degree in nursing. My address is 1135 North 5th Street in Fargo, ND.

House Bill 1245, proposed by the North Dakota Nurse's Association (NDNA), as presented by its proponents, would move oversight and regulatory authority of nursing education away from the North Dakota Board of Nursing and move it to the North Dakota Board of Higher Education.

While I am an NDNA Board member, and supportive of the organization, I do not personally support HB 1245 as proposed. I offer this personal testimony because I feel that the legislation being proposed does not speak for nursing in this state. Some of the reasons I cannot support HB 1245 are as follows:

Proponents of this bill will propose that moving the oversight of nursing education to the Board of Higher Education would:
1. Eliminate political debate in the legislative arena regarding nursing education requirements.
2. Give nursing educators increased autonomy to manage their programs.
3. Allow nursing education to remain in Higher Education settings with transferable credit among nursing programs.

This proposed transfer of responsibility is flawed. There is no guarantee that moving this oversight will eliminate nursing issues from the legislature.

The ramifications of such a legislative change have not been adequately researched. In the 2001 Legislative Session, a bill was brought forward by NDNA to study nursing needs in the state. That research is currently being conducted by the North Dakota Board of Nursing, *The Nursing Needs Study*, and has not been completed. It does not make sense to make this kind of a transfer of power prior to analyzing this data.

There is no evidence that moving this oversight to the Board of Higher Education will help to meet the need for nurses in the rural areas across our state. North Dakota is fourth in the nation in its ratio of nurses per 100,000 population. The issue in North Dakota is one of mal-distribution. I am all in favor of helping to meet the needs of our state, for nurses today and in the future, but there is no evidence to support that the North Dakota Board of Nursing, working together with all nursing groups and organizations, could not accomplish this.

The proponents of this legislation have not communicated any plans to work with the Board of Higher Education to advocate baccalaureate degree education for registered nurses and associate degree education for licensed practical nurses in the state. Increasing the number of programs in the state may only prove to dilute the current pool of applicants to nursing programs.
Decreasing the educational standards of nurses in our state as their responsibilities increase is not the answer. This could mean a compromise to patient safety for the citizens of North Dakota.

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I urge you as a committee to recommend a "do not pass" for HB 1245.

I thank you for your time and consideration of this issue.

Sincerely,

Jo Burdick, MSN, RN

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To: Chairperson Price and members of the Human Service Committee

My name is Alicia Messmer. I was born and raised in Richardton ND. I have been living in Bismarck for the past four years while attending nursing school at the University of Mary. I would like to urge you to reject House Bill 1245 relating to nursing education programs. I am interested in this bill because I believe that it will lower our health care standards in this state, especially in rural areas like my home town, and will affect my ability to put my degree to use, after I complete school.

If this bill is passed I believe that the educational standards to practice as a registered nurse in this state will be lowered to require only a two year degree. With this lowering of educational standards, registered nurses will no longer have the time in their training for things like critical thinking classes, research, and self care techniques. I think that this will have a huge impact on the health care the citizens of our state receive, especially in places like my hometown and other small towns like the ones I hope to practice in after my education is completed. In these towns doctors are not immediately available there, the nurse needs to be the primary health care provider. In order to be able to handle emergency situations until a doctor can be called and arrive the nurse needs to be able to know what to do and act quickly. Without proper training in critical thinking, I don't feel that this is possible.

I feel that this bill will also affect me personally. I am getting married this summer, and after I finish school I plan to move to Fargo with my husband so that he can attend college there, before we find a place to settle down. I was hoping to find a job in a small town nearby, either in North Dakota, or in Minnesota. The state of Minnesota, however, will not allow me to take the boards in their state or practice nursing there if the

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educational program was not approved by a state board of nursing. This limitation may force us to move to another state where he can get the education he wants, and I can get the job that I want.

I hope that you will take these facts into consideration when you are voting on this bill and reject it. Making these changes would be detrimental to the future of health care in this state.

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Chairpersons and Members of House Service Committee

My name is Monica Peterson and I am a junior nursing student. I am originally from St. John, N.D, which is located in Rolette County. I am against bill 1245. I am interested in this bill because I am concerned with N.D Health Care.

I believe that this bill needs to be looked at longer. I do not believe that people know all the details and implications this bill contains. I know most people have not even heard about this bill. If they have heard of it, they do not realize how it could influence them in the future if it passes.

Since the bill is unclear and we have not had much time to prepare and review all the aspects of it, nurses and student nurses fear that it will reduce education requirements. If this bill were to reduce education for nurses, this would be a huge concern for us all. I believe that two years for a BSN degree in nursing is not enough. I have an Associate degree as a Medical Assistant. For that two-year degree I learned all skills and no rationale to why the procedures are done. With two years of school that would be all BSN, nurses would have time to learn. They would know the skills but have no idea to why they are doing procedures. I would not be confident with two years of education to perform all the tasks registered nurses have to do, I am sure if you were to follow a registered nurse around for one day you would feel the same way.

If I was a patient in the hospital or had a family member in the hospital, I would not feel comfortable having a registered nursing with only two years of education taking care of my family or myself. In urgent situations, is a nurse with only two years of education going to be able to have the skills to use critical thinking and decision-making?

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Operator's Signature

10/3/03
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I do not think that they would have time to learn these skills, and I believe these skills are essential for the benefit of the patient.

I would strongly urge you to not support this bill 1245.

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My name is Kelly Reinhart and I am currently a nursing major completing my third year of school. I am from Rock Springs, WY and have enjoyed the way of life in North Dakota. For this reason I have some ideas of why House Bill 1245 relating to nursing education should not be passed. My biggest concern about this bill is that the board of higher education will be overseeing our education. I feel that they don't have a firm understanding of what it takes to be a great nurse. I fear people that know nursing will not have control over our curriculum. It takes a special person to be a nurse. I think that a student can really tell if he/she wants to be a nurse by sticking through a tough and somewhat chaotic four-year nursing program. There has not been a time in my life when I have been busier and I know that this is due to the strong curriculum that I am involved in. It is these times that allow a person to know if nursing is really right for them. We don't want nurses out there that don't really want to be there. Keep in mind that it is these types of nurses that might be caring for you, your family or your friends.

Another concern that I have is that a two-year nursing program will be offered. The area of nursing requires knowledge from several different aspects of healthcare. Throughout my career as a student nurse we have learned skills from such professions such as physical therapy, pharmacology, occupational therapy, psychology and social work. To learn all of this within two years is nearly impossible. I am finding out that it is even hard trying to learn it all in four years. During my third year of school I have learned important decision making skills, important social skills and servant leadership. These two extra years of school are going to make me a well rounded person and enable me to have a better understanding of the patient in every aspect.

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Due to the introduction of this bill I feel that our career could be in jeopardy. The standards of nursing have potential to be lowered and the quality of care will diminish. A big reason that I came to North Dakota for school was the fact that to practice as a nurse I would have to have a bachelor of nursing degree. I was impressed at the high expectations and regards that this state has. If this bill passes I don't see how staying here to work would be any different than going out of state.

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To: Chairperson Price and members of Human Services Committee

My name is Jana Straud and I am from Sharon North Dakota, which is in Steele County. I am here to express my opinion on House Bill 1245 and why I strongly urge you to reject this bill. House Bill 1245 is dealing with the education for Registered and Licensed Practical Nurses and lowering the standards of education for practice as a nurse.

As a Nursing student in a Bachelor of Science degree program I feel appalled by this bill. I know that there is a shortage of nurses in North Dakota and in every other state. As of now North Dakota is one of the only states that still have entry into practice as a Registered Nurse a four-year program. That is a great quality of our state, in showing that we care about our patients treatments and our nurses knowledge. There are many critical decisions that need to be made by nurses and the decisions need to be made promptly. People's lives are at risk.

Bill 1245 stated that the passage of this bill would help the shortage of nurses in rural North Dakota. By changing the education requirements of nurses it will not help the shortage of nurses in the rural areas. Firstly, the opportunities for families aren't realistic to many families anymore. In small towns the opportunity for careers are scarce. Secondly, in rural areas there usually is only one nurse managing the clinic or healthcare facility. Who would want a nurse with only a two-year education to make critical decisions on a patient? Sometimes the Doctor will not be able to be there and than the patient cares are in the nurses hands. What if the nurses weren't taught how to treat the patient's health care issue? The nurse could than jeopardize the patients well being.

As a nursing student I know that nursing school is an extraneous program. I feel that in four years there is so much information to obtain and it is all so important. I don't

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understand how nurses could complete this program in two years with all the different areas that nurses can work in. I find it hard to believe that they are well prepared for those different areas of work. In nursing there is a high burn out rate and also a shortage. Many nurses don't stick in this career because they say they feel overwhelmed. Of course a nurse with a two-year degree is going to feel overwhelmed because of their lack of education. I feel that if we keep the four-year program we better prepare nurses so they aren't overwhelmed and stick with the profession.

Nursing is a great and honorable profession and I feel that nurse's standards should not be lowered and on the other hand nurses need more respect. I strongly urge you to reject House Bill 1245.

Thanks,

Jana L. Strand S.N

Jana L. Strand SN

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LaCosta Rickard 10/2/03
Operator's Signature Date

Testimony

Jaime Durand
Currently living in Bismarck, originally from Grafton ND
Against House bill 1245 relating to Nursing Education programs

Chairman Price and members of the Human Service Committee

My rational for asking you to decide against the House bill 1245

First of all I believe that by lowering our standards to the 2-year program there will be an increase in malpractice lawsuits. My reasons for believing this are because I am currently a Junior nursing student at the University of Mary and with all of our education so far, which is 2 and a half years I do not believe that I could go out and have the theory behind some of the practices I would be doing. I feel that students would be getting rushed to go out into the hospitals with out the critical knowledge that it takes. Such as certain medications, procedures, and emergency procedures. I also think that this bill will make nursing just one of those "easy degrees" many people will decide to go for nursing because it is only a 2-year degree.Many malpractices lawsuits happen because people are careless, well if students are getting put out in the hospitals before they are ready I think that is careless.

Secondly, I do not feel that nurses should be governed by people who are not nurses or even in the medical field themselves. With this bill passing nurses would be governed by the Board of Education. This really does not make sense because then the whole curriculum that people worked so hard on will have to be changed to fit the needs of the Board of Education. This also could cause there to be missed information. Things could be overlooked like ethics classes, research classes, and introduction to nursing classes. These things have helped me greatly in pursuing my nursing degree and I definitely would want my nurse to have these classes behind him/her.

Third I do not believe that passing this bill would help with the nursing shortage. I am from a rural area and I have seen for myself that it is not the amount of required education that is keeping nurses away; it is what the rural community has to offer. North Dakota is one of the only states that still offers the BSN program, which is 4-years and still they have the smallest amount of nursing shortage.

Thank you for taking the time to listen to my opinion
I urge you to vote NO on the House bill 1245

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My name is Robyn Mogard. I am originally from Deering, N.D., which is located in McHenry County. I am interested in House Bill No. 1245 relating to nursing education programs. Even though it is not clearly stated in the bill, I am concerned that if this bill is passed, the educational standards to become a registered nurse will be lowered.

I think it is extremely important for a registered nurse to attend four years of college to learn the theory behind skills being performed. Nurses not only need to know how to perform a procedure, but why they are performing it.

Other professions are raising their educational standards, such as occupational and physical therapies. If these professions only deal with certain aspects of the body and nursing deals with peoples' lives, why would the nursing educational standards be lowered?

Nurses need to implement critical thinking skills everyday. If the nursing educational requirements are lowered, there is definitely not enough time to acquire these skills that are absolutely essential in caring for the client. I fear that if these skills are not being learned, it could lead to more mistakes concerning health care issues due to poor judgement.

I strongly urge that you do not support House Bill No. 1245 relating to nursing education programs. It would not only affect nurses, but the entire community as well.

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I'm Jennifer Alexander from Mohall, North Dakota. I'm a junior nursing student at the University of Mary. I'm addressing House Bill No. 1245 relating to the nursing education program. I am asking you to reject this bill because it will lower our standards in our profession. Nurses save lives and I don't see how a person can get all the education and experiences in two years vs. four years. I know I would want someone with more education under their belt to take care of my family or me when faced with certain situations. A nurse with only a two-year degree won't know how to answer questions about what is going on due to the fact that all they will be taught is skills.

Also, Physical Therapy, Occupational Therapy, and Pharmacy degrees are now requiring doctorate degrees. What does that say for nursing? Nurses should require a four year degree because without proper knowledge, how can you address problems without knowing the makeup of the illness or disease.

How can a board made up of general people, tell us how much educational requirements and schooling we need to be a nurse. A board should be made up of doctors, nurses, and other healthcare professionals to come up with the requirements because they know what is best. To be a good nurse, you need good educational and schooling requirements.

Overall, I think this bill should be looked at more in depth. It was brought up fast and is being overlooked. I don't think all the areas in nursing are being addressed like they should. Every aspect of nursing needs to be looked at. I think that it should be left alone because North Dakota has intelligent nurses and it should be kept this way.

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Testimony

Alisha Hoffman
Currently living in Bismarck, originally from Campbell, MN
Against House Bill 1245 relating to Nursing Education program

Chairman Price and members of the Human Service Committee

My rational for asking you to decide against the House Bill 1245

I am concerned this bill will lead to the lowering of nursing standards. I am proud to be attending a four-year college, which offers one of the best nursing programs in this state. I came to North Dakota for the sole purpose of getting a superior education I felt I would not receive in Minnesota. I respect the four-year program that offers nurses a BSN degree. I want to become a competent nurse and I want to carry the title of a professional nurse. I feel this is an important title and this bill will take that away from future nurses. North Dakota expects its citizens to put forth their best effort. North Dakota raises the standards for nurses in other states. I would be disappointed if this bill is passed and I no longer have the advantage over other nurses.

I look up to other nurses and respect that they have my best interests at heart. I feel the State Board of Nursing has done an excellent job overseeing the nursing programs so far. I do not feel the ND Board of Higher Education will be able to make the best decisions for future nurses. I want the board to be able to relate to nurses and to understand our needs. The Board of Higher Education may not realize what courses will help make a good nurse. I feel they will not understand what nurses need in order to prepare them for taking care of people's lives.

Lastly, I do not agree with changing the amount of schooling from four years to two-year. I have already been in the nursing program for two and a half years and I could not imagine learning all there is to nursing in only two years. Nursing is not just skill, but also theory behind that skill. I could have stayed in Minnesota and been a nurse by now, but I opted to come to North Dakota and receive a well-rounded education.

Thank you for listening to my point of view
I urge you to vote NO on the House Bill 1245

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Testimony

Josh Smith
Currently living in Bismarck, originally from Lodgepole, SD
Against House bill relating to nursing education

Chairman Price and members of the Human Service Committee

My rationale for voting against bill 1245

First of all I don't think lessening the schooling will lead to more nurses coming to North Dakota. I think the increasing the pay would cause the nursing population in North Dakota to increase. I think that by cutting the educational time in half you decrease the knowledge of those future nurses. I am now a junior and I understand the responsibilities that nurses have. It isn't an easy job. You are required to know huge amounts of information. If you were to throw four years of education at me in two years I would have a hard time comprehending it at a professional level. Having four years of education allows you to build your knowledge of the human body steadily and allows you to expand on your previously learned knowledge.

North Dakota is the only state that requires a four-year degree to practice nursing. Automatically people seem to look at this as a bad thing. I think it's unique. It says that we think nursing is very important and that we care enough about people's health to make it mandatory to have four years of schooling to effectively care for people who are in need.

Thank you for taking time to listen to my opinion. I urge you to vote no on House bill 1245.

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Sarah Striefel
Anamoose, ND
January 21, 2003

My name is Sarah Striefel from Anamoose, ND. I am a junior nursing student, who is against House Bill No. 1245 which is related to nursing education programs. I feel that passing this bill, lowering the educational requirements, would also lower the professional standards of nursing. As other professions move up with their requirements for education, I feel this raises their professional standards.

Nurses need to be well rounded to give quality care to their patients. Nurses become well rounded by getting many different experiences; education plays a major role in this. The more years of educational training a nurse receives will help him or her to become well rounded and competent in the nursing field. The nurse will then have the knowledge to make the assessments of their patients that are needed to give the best quality care. I urge you to vote no.

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10/3/03
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My Name is Nicole Walth and I am a student at the University of Mary. I have lived in Bismarck for 13 years. I am concerned about House Bill number 1245. This bill relates to the nursing education programs currently run by the North Dakota Board of Nursing to be turned over to the Higher Board of Education. I am asking you to reject this bill. I do not believe that the Board of Education can understand the complexity of education needed by nursing students. I feel it would be in the best interest of students and patients alike that the education requirements remain in the care of the Board of Nursing to better meet North Dakota's needs.

My second area of concern is the thought that the nursing programs in North Dakota will turn into a two-year licensure program. While many medical professions such as Physical Therapy, Respiratory Therapy and Pharmacy are moving into more extensive educational programs, which require a BS, MS or PhD, we are reducing our education standards simply to produce more nurses. Quality and not quantity are the key concept here. Would you want someone who was rushed through a program and taught just basic skills taking care of you? Or would you rather have someone with critical thinking skill, who is able to rationalize and individualize your care needs?

I feel that this bill was introduced and brought forth very rapidly. I would ask you to allow more time for a further study of the effects this could have for the future of nursing. Allow the Board of Nursing to continue to control nursing and do what has always proven effective which as a result has brought forth intelligent, efficient nurses. Reject House Bill number 1245 and allow North Dakota to continue producing the kind of nurses that we pride ourselves on.

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House Bill 1245

Chairperson Price and members of the Human Services Committee:

My name is Tara Schwahn, and I am from Bismarck. I am a junior nursing student at the University of Mary here in Bismarck. I am against House Bill 1245 relating to the Nursing Education Programs.

The State Board of Nursing currently oversees the Nursing Education Programs in North Dakota. I feel this duty should not be removed from the State Board of Nursing and given to the ND Board of Higher Education. I believe nursing is a profession in which nurses should be governing nurses. The ND Board of Higher Education does not have the knowledge and skills needed to govern nursing programs in the state. They do not know the profession of nursing like the State Board of Nursing does.

In all probability, this bill will open the door to one-year Licensed Practical Nurse (LPN) and two-year Registered Nurse (RN) education programs. Many occupations, such as Physical Therapists, Occupational Therapists, and Pharmacists, are requiring students to have more education because there is so much information to know in the medical field. Why should registered nurses require less education? Nurses make up the greatest number of healthcare professionals. As nurses, we are dealing with a life. Do you want us to be guessing on your care? Less education may provide the proper skills and tasks a nurse requires, but nurses also have to be responsible for making critical decisions about patients' health. Less education doesn't prepare for that. There are many small towns in North Dakota that only have a registered nurse available for healthcare. When this registered nurse is the only one providing care, he/she needs to be the best educated to make the best possible decisions. Just knowing the basic nursing tasks is not enough. Nurses need to know the reasoning and rationale behind performing tasks. Complex medical and health issues demands more not less education. I urge you to vote against this bill.

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Operator's Signature

10/3/23
Date

January 22, 2003

Dear Members of Fifty-eighth Legislative Assembly,

My name is Chana Ereth, and I am from Mandan, North Dakota. I am currently obtaining my Bachelor of Science degree in nursing. I strongly believe that you should reject House Bill Number 1245.

I believe that this bill will only lower the standards of the nursing practice. Nursing is a very complex field that requires critical thinking, professionalism, and proficient communications skills. If we were to lower the educational requirements, many of the future nurses would not be trained in these essential skills of the profession. It is also well-known that we are facing a time when our community is suffering from more complex diseases than in previous times, which requires nurses to have more training to compensate for the increasing demand of its members. Graduates entering the nursing field would not have the qualifications needed to care for patients with increasingly complex medical conditions. Who will suffer most from this bill if it were to be passed? In my opinion it would be the patients. They would be the ones getting care from a nurse who would be less educated and prepared to deal with their complicated medical needs. Why should we as a nursing profession lower our standards, while other professionals are increasing their entry level into practice? Occupational therapists, physical therapists, and pharmacists are all raising their educational requirements to a Master degree or a Doctorate degree for entry into their profession. These professionals only deal with one aspect of patient care. Nurses cares for all of the patients medical needs, so why should we decrease the educational requirements?

I also believe that schools of nursing should not be regulated under the state board of higher education. The North Dakota State Board of nursing should remain governing these institutions. Nurses that have graduated from an accredited school of nursing know what is important concerning the educational requirements of nursing students. They have the experience that the State Board of Higher Education would not have. The members of the North Dakota State Board of Nursing know the daily challenges that nurse's today face on a daily basis. These people should be the ones that govern of nursing education, not a board with out any nursing experience.

I am strongly urging you to consider the valid points stated above and to vote no to House Bill number 1245.

Sincerely,

Chana Ereth

Chana Ereth

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LaCosta Rickford 10/3/03

Operator's Signature Date

HB 1245

My name is Sandra Boyack. I am a junior nursing student at the University of Mary. Originally, I am from Elbow Lake, Minnesota. I am writing to tell you to vote against HB 1245, related to nursing education programs. I am interested in this bill primarily because it will affect my post graduation choices.

By allowing the Board of Higher Education to take control of my future profession, the values and roles of all nurses would be compromised. It is impossible for a person who is not a nurse to understand the challenges that a nurse goes through every day. I would be appalled to know that a non-nursing board is creating all of the regulations for nursing in the state of North Dakota.

This bill is being pushed through the legislature way too fast. There hasn't been nearly enough time for anyone to realize all of the devastating implications this bill would produce if passed. Every other state in the nation has a Board of Nursing that oversees the regulations in that state. HB 1245, if passed, would greatly limit the opportunities for all of the nursing students in North Dakota. If I would choose to go back to Minnesota after graduation, I would not be able to take my licensure test due to the fact that my school is not regulated by a Board of Nursing. I, along with all student nurses, would not like to have many great job opportunities taken away.

Finally, a great effect of this bill would be to lower the education level of nurses in North Dakota. Knowing that many other professions are increasing their requirements for education, I would be mortified to know the profession I am so passionate about is lowering its standards. It would compromise the care of patients in all healthcare facilities in the state.

I urge you take these factors into consideration and vote NO on HB 1245.

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Dear Chairperson Price, members of the Human Service Committee,

My name is Karra Beerman from Power, Montana. Power is a small town of about 200 people so I am familiar with rural healthcare. I am against House Bill Number 1245 relating to nursing education programs.

I am currently enrolled as a nursing student in North Dakota. The reason I came to North Dakota for school was because of the quality of education that I am receiving here. However, I am unsure that I would be able to take my licensure exam in Montana if this bill were to pass. Most states require approval from the State Board of Nurses. North Dakota nursing students would no longer be approved by the Board of Nursing thus limiting where licensure could be obtained. I am very fond of North Dakota, but should I choose to go back to my home to practice nursing, I want the opportunity to do so. The passing of this bill may limit my options.

Another reason for my concern with this bill is that the decisions of nursing education would be determined by the Higher Education Board rather than the State Board of Nursing. I don't believe that the Higher Education Board would be able to determine the appropriate amount of education needed to be a nurse. The professionals of the nursing field would best determine the education needed. Since nursing is a very critical field, in which we deal with life and death issues, it is imperative that the education decisions are made carefully.

In conclusion, I urge you to vote no on this bill. This is a very critical issue that needs important consideration. Thank-you for your time.

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Chairperson Price and members of the Human Services Committee, my name is Sr. Mariah Dietz. Please do not pass House Bill 1245

I am a Benedictine Sister of Annunciation Monastery. Our home is located just 6 miles south of Bismarck. I am a nurse and have practiced in urban and rural settings, in a critical care unit, rural hospital, and in home health. As a nurse I am also an educator - first and foremost of patients - and now of student nurses. I love my profession and the opportunities it affords to serve the people of North Dakota.

Our sisters began a health care ministry when we were known as Dakota Territory. They served the health care needs in small towns throughout western North Dakota as well as here in Bismarck/Mandan. I grew up in western North Dakota and my heart is at home in this land. My desire to testify flows directly from my commitment to the people of the prairie.

I urge a **Do Not Pass on House Bill 1245** for several reasons.

My concerns about the bill are:

1. I learned of the possibility of House Bill 1245 on October 15th. I admit that at first blush I wondered if it would make a difference in our lives. Since that time I have visited with persons associated with Higher Education and those who work within the area of nursing. With each encounter I have increased uneasiness about the bill. On December 19th the North Dakota Nurses Association passed the resolution to initiate the bill (8 to 6). There was a legislative forum for interested nurses in January. At that time the bill was in legislative council so we still did not know what it said. Today, just a little more than a month after it left the NDNA Board it is before you. I feel a bit like I'm being rushed along with a famous, or infamous, windstorm. And I don't like the feeling. I don't need forever to make up my mind but enough time to consider all the ramifications. And this bill is fraught with ramifications. *Decisions of this magnitude must be well thought out.*
2. The definition of profession includes self-regulation. I am concerned about turning the educational standards of my profession over to someone who may not even know the Code of Nurses under which I practice. Nor would I be comfortable determining standards for another profession. *Nurses should govern nurses.*

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3. Last legislative session you charged the Board of Nursing to do a Nursing Needs Study. The study is underway. *It seems reasonable to allow the group to do their work before rushing in to make changes not based on accurate data.*
4. My heart aches for persons, particularly the elderly, in rural North Dakota. My father, during his last months, communicated with his health care provider via letter and phone because the distance for him to travel was too fatiguing. My dream is to have a health care provider that is close at hand for everyone in need. Those practicing nursing in rural North Dakota must be independent, excellent thinkers and problem solvers, and comprehensive care givers. *Nurses know best what is expected of them and therefore are able to determine their educational standards.*
5. I pay taxes in North Dakota - and may pay more before the end of this session – I believe we all agree that this issue is not about the shortage of nurses. We have six programs preparing RN's and 3 preparing LPN's in this state of 650,000 people (of which only 25% are younger than 18). Last year we prepared 252 RN's and 199 LPN's and an additional 95 students completed their BSN. That is a total of 546 first time nurses. North Dakota has the lowest shortage rate of all the states. The question is not more nurses *but how can we entice and retain them in rural North Dakota*. We do not need more programs nor can we afford them. Although the bill does not mention additional programs let me assure you it is in the mind of at least three agencies that are planning new programs as we speak.
6. I urge you to spend your time and money on ways to attract and retain nurses, teachers, farmers, ranchers, and others to our rural communities. I urge you to dedicate monies to long-term care facilities and rural hospitals so that they can pay a living wage to those who serve our family members. I urge you to promote professionalism in our young leaders. I urge you to *consider the real issues in providing health care.* Please vote no on House Bill 1245. Thank you.

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LaCosta Rickgard
Operator's Signature

10/3/03
Date

Chairperson Price and Members of the Human Service Committee, I am Rebecca Miller and I am from McVille, which is in Nelson County. I am currently attending school to become a professional nurse.

I want you to reject House Bill No 1245, which is related to Nursing Education program.

These are some of the reasons why I want you to reject the bill:

I know that Baccalaureate prepared nurses take care of all aspects of the patient and in order to care for them to the fullest of their ability I know that these nurses need to be well educated and well rounded. I know that they can only achieve this by having great educational standards. By moving the governance of nursing standards from the Board of Nursing to the Board of Higher Education the Bill opens up possibilities for lowering of nursing standards. Nursing care is becoming more and more complex everyday. Nurses know nursing and I don't want my professional standards or education determined by a math teacher any more than he or she would want me to set their standards.

I have spent time at the Anne Carlsen Center for Children as a clinical experience. And it was amazing to me the degree of responsibilities the registered nurses have since doctors are not there around the clock. I know that if it weren't for the registered nurses' baccalaureate degree they would not be able to read, interpret, or evaluate plan of care to these critically ill children or to aide in increasing their quality of care and life. One of the major responsibilities of these registered nurses is to assist in care if these children are longer able to breathe on their own. I have experienced how important my education is in order to properly care for these precious children with multiple medical needs and I know I would not be educated enough with out two years of theory and two years of clinical prior to this experience. A registered nurse needs to be very well educated and professional to care for these wonderful children.

It is truly not the educational standards or requirements to become a registered nurse in North Dakota that is causing a shortage in this state. North Dakota is the only state to require a Baccalaureate degree, but yet has the lowest shortage of nurses. It is what the state has to offer baccalaureate prepared nurses. I am moving back to the rural community upon my graduation. It is not because of what I am going to be offered, but because I know that registered nurses in North Dakota are well educated and that they truly care for their patients to the best of their ability. I know that when I need nursing care I want the nurses to be well educated and caring. By accepting this Bill I know that the standards of nursing are going to be lowered and so is the true love and care of the patients that nurses care for.

I strongly encourage you to reject this Bill and to keep nursing the wonderful profession that it is today.

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LaCosta Rickford 10/3/03
Operator's Signature Date

My name is Kali Golcoechea. I am from Hailey, ID and I attend the University of Mary for nursing. I am interested in the House Bill 1245 relating to nursing education programs, because it effects my options for my future as a nurse. I want you to reject this bill.

I first want to point out that this bill is being pushed way too fast. I believe it is important to take more time and fully investigate all angles of the outcome of this bill, for it will effect many people pursuing their career in nursing.

Secondly, the amendment of this bill makes it difficult for the nurses, like me, that are from out of state and attend school in North Dakota. I will not have the option to take my state boards in my own home state. If this bill passes you are going to lose many nursing students who are from out of state. No body will want to go to school in North Dakota because their options are limited. In the long run, the universities will suffer, because the students from out of state will no longer bring money into the universities.

Finally I want to stress the importance of education. To be a good nurse, you need a well-rounded education. I find it hard to believe that any individual can learn all they need to learn about nursing in two years. We need expert nurses out in the field and for this to happen we need to be well educated. This means that four years of nursing education should be required. By allowing an individual to become a RN after two years of education would only be lowering the standards of nursing. I find this amendment of this bill to be insulting to the current four year nursing requirements.

In conclusion, please, I urge you to vote against this amendment. There are better ways to keep people in North Dakota than to lower the standards of such an important medical career that deals with life and death situations daily.

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LaCosta Rickford
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10/3/03
Date

Hello my name is Cari Donnelly and I am from Miles City, Montana. I transferred to North Dakota two years ago to play basketball and finish my schooling in Nursing. I would like to see House Bill 1245 relating to the Nursing Education Program rejected because I am concerned about my professional options.

I am concerned about this bill because all through our schooling we are taught to take our time to make decisions and not be rushed to make one. I think that this bill has been very rushed because there are a lot of people who do not know about the bill and therefore they might not express their concern about it. This bill was brought to my attention due to one of my classes, other wise I may not have heard much about it. The Board of Nursing consists of nurses governing nurses, but the Board of Higher Education does not necessarily have people directly associated with the profession hence, they may not always make the best decision when it comes to the Nursing profession. What do members of the Board of Higher Education know about our professional standards? I feel that professions should set the standards not laymen and women. Another concern of mine is practice acts, because in some states the program must be approved by the Board of Nursing. I feel if this bill is passed it will limit those students who want to at least have the option to practice out of state. We should have the right to decide where we would like to work after completion of school. Is the state of North Dakota prepared for their students to go out of state for school because they don't want limited options?

In conclusion I urge you to reject House Bill 1245 in regards to my professional options.

Thank you for your time. Cari Donnelly

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LaCosta Rickford 10/3/03
Operator's Signature Date

LORRISSA WAGNER

2022 N 16 St.
Apt. #6
Bismarck, ND 58501
Phone (701) 355-4652

January, 22 2003

Dear Chairperson Price and members of Human Services Committee,

Hello, my name is Lorrissa Wagner. I am currently a nursing student at the University of Mary, but I am formerly from rural South Heart, ND population three hundred and fifty. I am writing to encourage you to vote against House Bill 1245 relating to nursing education. My interest in House Bill 1245 is due to my fear of the detrimental effect it will have on the future of a professional nurse in North Dakota, and the patients for whom they care. When I graduated from South Heart High School I had to make a decision about where I would attend college. I decided to stay in North Dakota due to the outstanding reputation and excellent educational programs available for an aspiring professional nurse. The outstanding reputation North Dakota has for its nursing professionals is due primarily to the bachelors of science in nursing educational requirement to become a registered nurse. North Dakota has advanced its nurses professionally with this requirement, and although the bill does not state specifically the educational requirements will be lowered it is an obvious next step. This bill is vaguely worded and has ramifications that are not well explained, and pose a great threat to both nurses and patients if it is allowed to pass.

In rural North Dakota it is essential that the nurse be as prepared as possible to serve the community. In many towns a registered nurse is the primary health care provider for that area. The nurse will be responsible for emergency situations that will impact a life or death outcome for that individual. The demand and responsibility of nurses is increasing rapidly especially in rural areas, therefore I do not believe it is time lower the amount of education a nurse receives. I understand there is a shortage of nurses nation wide, but under no circumstances is this the time to risk decreasing education requirements. For example, there is a shortage of teachers nation wide. Should we lower the educational requirements for teachers due to the shortage? Lowering education is not the answer for any professional shortage. Instead make these professions more attractive to young adults. How? Increase the availability scholarships, offer more loan reimbursement options, and increase salaries in these areas of shortage, and as a college student I guarantee youth will flock to these areas.

In addition, I also believe relieving the North Dakota Board of Nursing of the duty to set educational requirements for the nursing profession will sever the unity within the nursing profession that the Board of Nursing is responsible for upholding. Nursing is a profession and as nurses we should be allowed to govern ourselves this is what is expected of professionals within a profession.

In conclusion, I urge you to vote against House Bill 1245 in order to enhance the future of all professional nurses and the patients for whom they care.

Sincerely,

Lorrissa A. Wagner

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LaCosta Rickford 10/3/03
Operator's Signature Date

Chairperson Price and Members of the Human Service Committee:

I am Dawn McCarlson and I am from Bowdle, SD. I am interested in House Bill 1245 because I am a junior nursing student that is going to be greatly affected if this bill passes. I came to North Dakota because of the well-rounded Baccalaureate nursing degree this state offers. The Baccalaureate prepared nurse is well educated, well rounded, and shows professionalism at all times. If this bill passes, nursing education standards will no longer be set by the Board of Nursing but by the Board of Higher Education. Not a one nurse holds a position on the Board of Higher Education. We as nurses want our standards to be set by someone in our profession and there is no one better to set these standards than nurses themselves.

The nursing shortage in North Dakota is another topic we need to focus on. It is not the educational requirements and standards to become a registered nurse in North Dakota that is causing a nursing shortage in this state. It is what the state has to offer a baccalaureate prepared nurse. By passing House Bill 1245 through to quickly, we are not taking the time to think through all of the aspects that go along with this Bill. This Bill was first passed by NDNA on Dec 19th and now one month later it is in House. We obviously have not taken the time to consider every thing this entails.

In conclusion, I urge you reject House Bill 1245 related to nursing educational programs. I came to North Dakota because of the well-rounded education the Baccalaureate programs entail. By passing this bill through to quickly, we are not giving ourselves time to think through all of the aspects that go along with this Bill. It is truly not the educational standards and requirements that is causing this nursing shortage. I strongly urge you to reject this Bill and to keep the well-rounded Baccalaureate program that has attracted me to the state of North Dakota.

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LaCosta Rickford 10/3/03
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Chairperson Price and members of the Human Service Committee:

My name is Sara Masseth and I am currently a nursing student from Mandan, North Dakota. I would like you to reject House Bill No.1245 which would allow Higher Education to govern over the nursing curriculum in North Dakota. This bill would lead to a disastrous set of events for the nursing profession. There would be no standard level of education in the nursing programs and this could lead to ineffective nursing care. The Board of Nursing, which currently over sees the nursing curriculum, sets the standards for what each nursing student must achieve. The standards set are not only vital to the patients care but also to the safety and precautions that nurses must take. The Board of Nursing has set the standards high and it will continue to be this way unless Higher Education governs over nursing. This could lead to a decrease in the amount of education needed to become a RN.

Because North Dakota is losing its younger population at a steady rate, lowering the education level to become a RN, will not reduce the nursing shortage and will not keep nursing graduates in North Dakota. North Dakota does not offer the competitive wages that other states do. This bill was only introduced a month ago and it is not known to many people. It is too soon to make such a drastic change for the nursing profession in this short amount of time. I strongly urge you to vote no on House Bill No.1245.

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LaCosta Rickford 10/3/03
Operator's Signature Date

2002-2003 Reciprocity Report

SCHOOL	COURSE	COUNT OF SCHOOL	CITY
002335	RIVERLAND TECH, ALBERT LEA		
	TRUCK DRIVER	1	BISMARCK
	Total Attending this School	*1*	
002339	CENTRAL LAKES, BRAINERD		
	MACHINIST	1	FARGO
	PHOTOGRAPHY	1	FARGO
	Total Attending this School	*2*	
002373	ROCHESTER		
	ELEMENTARY EDUCATION	1	WEST FARGO
	UNDECIDED	1	FARGO
	Total Attending this School	*2*	
002385	NORTHLAND, THIEF RIVER FALLS		
	AVIATION	1	HANKINSON
	CRIMINAL JUSTICE	3	LANGDON
	CRIMINAL JUSTICE	1	PARK RIVER
	NURSING	1	GRAND FORKS
	NURSING	1	LANGDON
	UNDECIDED	1	TOWNER
	Total Attending this School	*8*	
002393	MINNESOTA SOUTHEAST TECH		
	INSTRUMENT REPAIR	1	MINOT
	Total Attending this School	*1*	
005263	MINNESOTA WEST (CANBY, GRANITE FALLS, JACKSON, PIPESTONE)		
	AUTO BODY	1	NORTHWOOD
	ELECTRICAL LINEMAN	1	GRAND FORKS
	ELECTRICAL LINEMAN	1	JAMESTOWN
	POWERLINE TECH	1	LISBON
	Total Attending this School	*4*	
005452			

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LaCosta Rickford 10/3/03
Operator's Signature Date

SCHOOL	COURSE	COUNT OF SCHOOL	CITY
	Total Attending this School	*4*	
005452	RIDGEWATER (HUTCHINSON, WILMAR)		
	VETERINARY	1	MINOT
	Total Attending this School	*1*	
005533	ST. PAUL		
	UNDECIDED	1	FARGO
	Total Attending this School	*1*	
005534	ST. CLOUD		
	GRAPHIC ARTS	1	WEST FARGO
	GRAPHIC ARTS	1	BISMARCK
	UNDECIDED	1	GRAND FORKS
	Total Attending this School	*3*	
005541	NORTHWEST TECH (BEMIDJI, EAST GRAND FORKS, MOORHEAD, WADENA, DETROIT LAKES)		
	ACCOUNTING	1	CARRINGTON
	ACCOUNTING	1	CAVALIER
	ACCOUNTING	14	FARGO
	ACCOUNTING	1	GLENFIELD
	ACCOUNTING	2	GRAFTON
	ACCOUNTING	15	GRAND FORKS
	ACCOUNTING	2	KINDRED
	ACCOUNTING	1	NORTHWOOD
	ACCOUNTING	1	PARK RIVER
	ACCOUNTING	1	PETERSBURG
	ACCOUNTING	2	WEST FARGO
	ACCOUNTING	1	MICHIGAN
	ADMINISTRATIVE ASSISTANT	5	FARGO
	ADMINISTRATIVE ASSISTANT	1	DEVILS LAKE
	ADMINISTRATIVE ASSISTANT	2	WEST FARGO
	ADMINISTRATIVE ASSISTANT	1	SANBORN
	ADMINISTRATIVE ASSISTANT	8	GRAND FORKS
	ADMINISTRATIVE SECRETARY	1	GRAND FORKS
	ADMINISTRATIVE SUPPORT	1	FORDVILLE
	ADMINISTRATIVE SUPPORT	2	GRAND FORKS
	ADMINISTRATIVE SUPPORT	2	FARGO

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Operator's Signature Date

SCHOOL	COURSE	COUNT OF SCHOOL	CITY
	ANATOMY	1	GRAND FORKS
	ARCHITECTURAL	1	HANKINSON
	ARCHITECTURAL	2	FARGO
	ARCHITECTURAL	1	EDMORE
	AUTO BODY	1	WATFORD CITY
	AUTO BODY	1	NEW ROCKFORD
	AUTO BODY	1	GRAND FORKS
	AUTO BODY	1	FREDONIA
	AUTO BODY	1	FARGO
	AUTO BODY	1	BISBEE
	AUTOMOTIVE	3	LARIMORE
	AUTOMOTIVE	1	BELCOURT
	AUTOMOTIVE	3	THOMPSON
	AUTOMOTIVE	1	RUGBY
	AUTOMOTIVE	1	MOORHEAD
	AUTOMOTIVE	1	KENMARE
	AUTOMOTIVE	1	OAKES
	AUTOMOTIVE	1	HATTON
	AUTOMOTIVE	10	GRAND FORKS
	AUTOMOTIVE	11	FARGO
	AUTOMOTIVE	1	EDMORE
	AUTOMOTIVE	2	WEST FARGO
	AUTOMOTIVE	1	BISMARCK
	BAND INSTRUMENT REPAIR	1	BISMARCK
	BASIC KEYBOARDING	1	FARGO
	BOOKEEPING	1	GRAND FORKS
	BROADCASTING/MEDIA COMM	1	ANETA
	BUSINESS	1	MINTO
	BUSINESS	1	MANVEL
	BUSINESS	7	GRAND FORKS
	BUSINESS	1	GRAFTON
	BUSINESS	5	FARGO
	BUSINESS	1	E GRAND FORKS
	BUSINESS	1	CASSELTON
	BUSINESS	1	CARRINGTON
	BUSINESS	1	BELCOURT
	BUSINESS	1	WALHALLA

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SCHOOL	COURSE	COUNT OF SCHOOL	CITY
	CADD	1	MANDAN
	CADD	1	MINTO
	CADD	1	KILLDEER
	CADD	1	JAMESTOWN
	CADD	2	FARGO
	CADD	1	DICKINSON
	CADD	1	CASSELTON
	CARDIOLOGY	1	NECHE
	CARDIOLOGY	7	GRAND FORKS
	CARDIOLOGY	1	GILBY
	CARDIOLOGY	2	FARGO
	CARDIOLOGY	1	EMERADO
	CARPENTRY	5	GRAND FORKS
	CARPENTRY	1	FORMAN
	CARPENTRY	1	KINDRED
	CARPENTRY	1	ROLLA
	CARPENTRY	1	STANLEY
	CARPENTRY	1	ROSS
	CARPENTRY	1	JAMESTOWN
	CARPENTRY	1	NORTHWOOD
	CARPENTRY	1	MANVEL
	CARPENTRY	1	LEEDS
	CARPENTRY	1	OAKES
	CARPENTRY	7	FARGO
	CARPENTRY	1	FREDONIA
	CARPENTRY	1	CANDO
	CHEF TRAINING	3	WES \RGO
	CHEF TRAINING	1	DEVILS LAKE
	CHEF TRAINING	1	PORTLAND
	CHEF TRAINING	1	HARWOOD
	CHEF TRAINING	1	GRAFTON
	CHEF TRAINING	6	FARGO
	CHILD CARE	4	GRAND FORKS
	CIVIL ENGINEERING	1	VALLEY CITY
	CIVIL ENGINEERING	1	MEKINOCK
	CIVIL ENGINEERING	1	BECKER
	CLINICAL LAB TECH	6	GRAND FORKS

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SCHOOL	COURSE	COUNT OF SCHOOL	CITY
	CLINICAL LAB TECH	1	WALHALLA
	CLINICAL LAB TECH	1	JAMESTOWN
	CLINICAL LAB TECH	1	GRAFTON
	CLINICAL LAB TECH	1	FARGO
	CLINICAL LAB TECH	1	DRAYTON
	CLINICAL LAB TECH	1	BURLINGTON
	CLINICAL LAB TECH	1	ARVILLA
	CLINICAL LAB TECH	1	MINOT
	COMMERCIAL ART	1	GRAND FORKS
	COMMERCIAL ART	1	WEST FARGP
	COMMERCIAL ART	1	LISBON
	COMMERCIAL ART	1	FARGO
	COMMERCIAL ART	1	CARRINGTON
	COMMERCIAL ART	1	WEST FARGO
	COMPUTER NETWORKING	2	FARGO
	COMPUTER ELECTRONICS	1	FARGO
	COMPUTER ENGINEERING	1	WEST FARGO
	COMPUTER NETWORKING	3	WEST FARGO
	COMPUTER NETWORKING	1	HARVEY
	COMPUTER NETWORKING	1	WIMBLEDON
	COMPUTER NETWORKING	1	BUFFALO
	COMPUTER NETWORKING	1	MANVEL
	COMPUTER NETWORKING	1	MAPLETON
	COMPUTER NETWORKING	15	GRAND FORKS
	COMPUTER NETWORKING	1	WALHALLA
	COMPUTER NETWORKING	1	GLENFIELD
	COMPUTER NETWORKING	15	FARGO
	COMPUTER NETWORKING	1	ENDERLIN
	COMPUTER NETWORKING	1	MINTO
	COMPUTER NETWORKING	1	BUXTON
	COMPUTER NETWORKING	1	BISMARCK
	COMPUTER NETWORKING	1	PINGREE
	COMPUTER NETWORKING	1	THOMPSON
	COMPUTER NETWORKING	1	CARRINGTON
	COMPUTER PROGRAMMING	2	WEST FARGO
	COMPUTER PROGRAMMING	1	THOMPSON
	COMPUTER PROGRAMMING	13	FARGO

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SCHOOL	COURSE	COUNT OF SCHOOL	CITY
	COMPUTER PROGRAMMING	1	CASSELTON
	COMPUTERS	3	MICHIGAN
	COMPUTERS	1	WEST FARGO
	COMPUTERS	1	MINOT
	COMPUTERS	2	LANGDON
	COMPUTERS	1	JAMESTOWN
	COMPUTERS	9	GRAND FORKS
	COMPUTERS	14	FARGO
	COMPUTERS	1	BELCOURT
	COMPUTERS	1	ARGUSVILLE
	COMPUTERS	1	ANAMOOSE
	COMPUTERS	1	MOHALL
	CONSTRUCTION	1	JAMESTOWN
	CONSTRUCTION	1	CASSELTON
	CONSTRUCTION	1	STRASBURG
	CONSTRUCTION	1	REYNOLDS
	CONSTRUCTION	1	ENDERLIN
	CONSTRUCTION	1	LARIMORE
	CONSTRUCTION	1	THOMPSON
	CONSTRUCTION	4	WEST FARGO
	CONSTRUCTION	9	FARGO
	CONSTRUCTION	1	GRAND FORKS
	CONSTRUCTION	1	KINDRED
	CONSTRUCTION	1	SHELDON
	CONSTRUCTION ELECTRICITY	1	SUTTON
	CONSTRUCTION ELECTRICITY	1	ANETA
	CONSTRUCTION ELECTRICITY	1	WILLISTON
	CONSTRUCTION ELECTRICITY	1	VELVA
	CONSTRUCTION ELECTRICITY	1	STARKWEATHER
	CONSTRUCTION ELECTRICITY	1	ST MICHAEL
	CONSTRUCTION ELECTRICITY	2	RUGBY
	CONSTRUCTION ELECTRICITY	1	HOPE
	CONSTRUCTION ELECTRICITY	1	HATTON
	CONSTRUCTION ELECTRICITY	4	GRAND FORKS
	CONSTRUCTION ELECTRICITY	1	GRAFTON
	CONSTRUCTION ELECTRICITY	1	GRACE CITY
	CONSTRUCTION ELECTRICITY	1	FORMAN

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LaCosta Rickford 10/3/03
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SCHOOL	COURSE	COUNT OF SCHOOL	CITY
	CONSTRUCTION ELECTRICITY	12	FARGO
	CONSTRUCTION ELECTRICITY	1	CAVALIER
	CONSTRUCTION ELECTRICITY	1	CASS
	CONSTRUCTION ELECTRICITY	1	WEST FARGO
	CONSTRUCTION MANAGEMENT	2	FARGO
	CONSTRUCTION MANAGEMENT	1	HOPE
	CONSTRUCTION MANAGEMENT	1	NOME
	CULANARY ARTS	2	FARGO
	CULINARY ARTS	1	LIDGERWOOD
	DENTAL ASSISTANT	1	WAHPETON
	DENTAL ASSISTANT	2	CARRINGTON
	DENTAL ASSISTANT	2	WEST FARGO
	DENTAL ASSISTANT	1	FESSENDEN
	DENTAL ASSISTANT	1	BISMARCK
	DENTAL ASSISTANT	12	FARGO
	DENTAL ASSISTANT	1	DICKINSON
	DENTAL ASSISTANT	1	LISBON
	DENTAL ASSISTANT	2	GRAND FORKS
	DENTAL ASSISTANT	1	HETTINGER
	DENTAL ASSISTANT	1	HORACE
	DENTAL ASSISTANT	1	LAKOTA
	DENTAL ASSISTANT	1	LAMOURE
	DENTAL ASSISTANT	1	LARIMORE
	DENTAL HYGIENE	3	WEST FARGO
	DENTAL HYGIENE	1	SHELDON
	DENTAL HYGIENE	1	SCRANTON
	DENTAL HYGIENE	1	PINGREE
	DENTAL HYGIENE	1	PARK RIVER
	DENTAL HYGIENE	2	NEW TOWN
	DENTAL HYGIENE	1	MAYVILLE
	DENTAL HYGIENE	1	MARTIN
	DENTAL HYGIENE	1	MAPLETON
	DENTAL HYGIENE	1	LANGDON
	DENTAL HYGIENE	1	HETTINGER
	DENTAL HYGIENE	1	GRAFTON
	DENTAL HYGIENE	3	GRAND FORKS
	DENTAL HYGIENE	1	CASS

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LaCosta Rickgard 10/3/03
Operator's Signature Date

SCHOOL	COURSE	COUNT OF SCHOOL	CITY
	DENTAL HYGIENE	3	BISMARCK
	DENTAL HYGIENE	16	FARGO
	DENTAL HYGIENE	2	DEVILS LAKE
	DENTAL HYGIENE	2	MINOT
	DENTAL HYGIENE	1	BELCOURT
	DIAGNOSTIC MEDICAL SONOGRAPH	1	NORTHWOOD
	DIESEL	1	HANNAH
	DIESEL	1	WEST FARGO
	DIESEL	1	GRAFTON
	DIESEL	4	FARGO
	DRAFTING	1	HORACE
	EARLY CHILDHOOD	1	GRAND FORKS
	ELECTRICAL	1	BISMARCK
	ELECTRICAL	1	WILLISTON
	ELECTRICAL	1	LIDGERWOOD
	ELECTRICAL	3	FARGO
	ELECTRICAL	7	GRAND FORKS
	ELECTRICAL LINEMAN	1	FARGO
	ELECTRICAL LINEMAN	1	CAVALIER
	ELECTRICAL LINEMAN	1	LANGDON
	ELECTRICAL LINEMAN	1	LANGDON
	ELECTRONICS	3	WEST FARGO
	ELECTRONICS	1	HANKINSON
	ELECTRONICS	1	GRAND FORKS
	ELECTRONICS	1	BISMARCK
	ELECTRONICS	1	DEVILS LAKE
	ELECTRONICS	6	FARGO
	ELECTRONICS	1	HARVEY
	ELECTRONICS	1	BOTTINEAU
	EMT	2	GRAND FORKS
	EMT	1	HILLSBORO
	ENGINEERING	2	FARGO
	ENGINEERING	1	LANSFORD
	ENGINEERING	1	MAPLETON
	ENGINEERING	2	WEST FARGO
	ENGINNERING	1	FARGO
	ENGLISH	1	GRAND FORKS
	FARM MANAGEMENT	1	WHEATLAND

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LaCosta Rickgord 10/3/03
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SCHOOL	COURSE	COUNT OF SCHOOL	CITY
	FARM MANAGEMENT	1	MEKINOCK
	FARM MANAGEMENT	1	GRAFTON
	FASHION MARKETIN(	1	LEEDS
	FASHION MARKETING	1	HURDSFIELD
	FASHION MARKETING	1	HILLSBORO
	FASHION MARKETING	1	BOTTINEAU
	FASHION MARKETING	1	DOUGLAS
	FASHION MARKETING	2	WEST FARGO
	FASHION MARKETING	3	FARGO
	FINANCE/CREDIT	1	LARIMORE
	FINANCE/CREDIT	1	MAYVILLE
	FINANCE/CREDIT	1	PORTLAND
	FINANCE/CREDIT	2	WEST FARGO
	FINANCE/CREDIT	1	LANGDON
	FINANCE/CREDIT	8	FARGO
	FINANCE/CREDIT	1	BEULAH
	FIRE TECHNOLOGY	1	EDGELEY
	FIRE TECHNOLOGY	3	WEST FARGO
	FIRE TECHNOLOGY	1	UNDERWOOD
	FIRE TECHNOLOGY	1	THOMPSON
	FIRE TECHNOLOGY	1	LEONARD
	FIRE TECHNOLOGY	1	SURREY
	FIRE TECHNOLOGY	1	MAYVILLE
	FIRE TECHNOLOGY	2	WILLISTON
	FIRE TECHNOLOGY	1	HAMPDEN
	FIRE TECHNOLOGY	10	GRAND FORKS
	FIRE TECHNOLOGY	13	FARGO
	FIRE TECHNOLOGY	1	DEVILS LAKE
	FIRE TECHNOLOGY	1	CROSBY
	FIRE TECHNOLOGY	1	CARSON
	FIRE TECHNOLOGY	2	BISMARCK
	FIRE TECHNOLOGY	1	FINGAL
	FIRE TECHNOLOGY	1	HOOPLE
	FIRE TECHNOLOGY	1	ALMONT
	FORESTRY	1	FARGO
	GENERALS	1	ENDERLIN
	GENERALS	1	HORACE

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LaCosta Rickford 10/3/03
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SCHOOL	COURSE	COUNT OF SCHOOL	CITY
	GENERALS	1	FARGO
	GENERALS	7	GRAND FORKS
	GRAPHIC ARTS	1	HARWOOD
	GRAPHIC ARTS	2	WEST FARGO
	GRAPHIC ARTS	1	AMBROSE
	GRAPHIC ARTS	1	OAKES
	GRAPHIC ARTS	2	MINOT
	GRAPHIC ARTS	2	HARVEY
	GRAPHIC ARTS	9	FARGO
	GRAPHIC ARTS	1	DEVILS LAKE
	GRAPHIC ARTS	1	COOPERSTOWN
	GRAPHIC ARTS	1	BEULAH
	HEALTH INFO TECH	3	FARGO
	HEALTH INFO TECH	1	BELCOURT
	HEALTH INFO TECH	1	BURLINGTON
	HEALTH INFO TECH	1	CAVALIER
	HEALTH INFO TECH	1	BISMARCK
	HEALTH INFO TECH	2	GRAND FORKS
	HEALTH INFO TECH	1	LARIMORE
	HEALTH INFO TECH	1	LISBON
	HEALTH INFO TECH	1	MADDOCK
	HEALTH INFO TECH	1	WEST FARGO
	HEALTH INFO TECH	1	GRAFTON
	HEALTIN INFO TECH	1	CASSELTON
	HEATING/AIR	1	MAYVILLE
	HEATING/AIR	6	GRAND FORKS
	HEATING/AIR	1	FORDVILLE
	HEATING/AIR	4	FARGO
	HEATING/AIR	1	EMERADO
	HEATING/AIR	1	COOPERSTOWN
	HEATING/AIR	1	CLIFFORD
	HEATING/AIR	1	CARPIO
	HEATING/AIR	1	PARK RIVER
	HEATING/AIR	1	ADAMS
	HEATING/AIR	2	BELCOURT
	HUMAN RESOURCES	1	CUMMINGS
	HUMAN RESOURCES	1	WEST FARGO

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SCHOOL	COURSE	COUNT OF SCHOOL	CITY
	HUMAN RESOURCES	1	ERIE
	HUMAN RESOURCES	1	GRAND FORKS
	HUMAN RESOURCES	8	FARGO
	INDUSTRIAL ELECTRONICS	2	GRAND FORKS
	INTERIOR DESIGN	1	GRAND FORKS
	INTERIOR DESIGN	1	LISBON
	INTERIOR DESIGN	1	FARGO
	INTERNET TECHNOLOGY	3	FARGO
	LAB TECH	1	GRAND FORKS
	LAB TECH	1	DUNSEITH
	LEGAL ADMIN ASSIT	1	FARGO
	LEGAL ADMIN ASST	1	RUGBY
	LEGAL ADMIN ASST	1	WEST FARGO
	LEGAL ADMIN ASST	6	FARGO
	LEGAL ADMIN ASST	1	LANGDON
	LEGAL ADMIN ASST	1	TOWNER
	LEGAL ADMIN ASST	1	LISBON
	LEGAL ADMIN ASST	1	JAMESTOWN
	LEGAL ASSISTANT	1	FARGO
	LEGAL OFFIC ASST	1	FARGO
	LEGAL SECRETARY	1	HILLSBORO
	LEGAL SECRETARY	2	WEST FARGO
	MANUFACTURING ENGINEERING	1	FARGO
	MANUFACTURING ENGINEERING	1	NEW ROCKFORD
	MARINE ENGINE TECH	1	GLENFIELD
	MARINE ENGINE TECH	1	FARGO
	MARKETING	1	EAST GRAND FOR
	MARKETING	2	FARGO
	MARKETING	1	KENMARE
	MECHANICAL TOOL TECHNOLOGY	1	JAMESTOWN
	MEDICAL	1	HETTINGER
	MEDICAL	1	FARGO
	MEDICAL	1	GRAND FORKS
	MEDICAL	1	MOORHEAD
	MEDICAL ADMIN SECRETARY	3	GRAND FORKS
	MEDICAL ADMIN SECRETARY	1	FARGO
	MEDICAL ASSISTANT	1	LARIMORE

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SCHOOL	COURSE	COUNT OF SCHOOL	CITY
	MEDICAL ASSISTANT	1	HATTON
	MEDICAL ASSISTANT	11	GRAND FORKS
	MEDICAL ASSISTANT	1	GRAFTON
	MEDICAL ASSISTANT	4	FARGO
	MEDICAL ASSISTANT	1	ENDERLIN
	MEDICAL ASSISTANT	1	WHEATLAND
	MEDICAL ASSISTANT	1	OSNABROCK
	MEDICAL LAB TECH	1	LITCHVILLE
	MEDICAL RECORDS	1	GRAFTON
	MEDICAL SECRETARY	1	GRAFTON
	MEDICAL SECRETARY	1	BELCOURT
	MEDICAL SECRETARY	5	FARGO
	MEDICAL SECRETARY	3	WEST FARGO
	MEDICAL SECRETARY	8	GRAND FORKS
	MEDICAL SECRETARY	1	JAMESTOWN
	MEDICAL SECRETARY	1	LARIMORE
	MEDICAL SECRETARY	1	MOHALL
	MEDICAL SECRETARY	1	STANLEY
	MEDICAL SECRETARY	2	THOMPSON
	MEDICAL SECRETARY	1	ENDERLIN
	MEDICAL TRANSCRIPTION	1	BUXTON
	MEDICAL TRANSCRIPTION	1	GRAFTON
	MEDICAL TRANSCRIPTION	4	GRAND FORKS
	MEDICAL TRANSCRIPTION	1	MAPLETON
	MEDICAL TRANSCRIPTION	1	OAKES
	MEDICAL TRANSCRIPTION	1	WEST FARGO
	MEDICAL TRANSCRIPTION	8	FARGO
	MICROCOMPUTER	1	MINOT
	MICROCOMPUTER	4	WEST FARGO
	MICROCOMPUTER	2	VALLEY CITY
	MICROCOMPUTER	1	LARIMORE
	MICROCOMPUTER	1	HILLSBORO
	MICROCOMPUTER	1	HARWOOD
	MICROCOMPUTER	13	GRAND FORKS
	MICROCOMPUTER	9	FARGO
	MICROCOMPUTER	1	BURLINGTON
	MICROCOMPUTER	1	WATFORD CITY

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LaCosta Rickford 10/3/03
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SCHOOL	COURSE	COUNT OF SCHOOL	CITY
	NEON TECHNOLOGY	3	FARGO
	NEON TECHNOLOGY	1	VALLEY CITY
	NURSING	1	HARWOOD
	NURSING	1	BUXTON
	NURSING	1	CASSELTON
	NURSING	3	CAVALIER
	NURSING	1	COOPERSTOWN
	NURSING	1	DRAYTON
	NURSING	1	EDGELEY
	NURSING	78	FARGO
	NURSING	1	FESSENDEN
	NURSING	1	FORDVILLE
	NURSING	59	GRAND FORKS
	NURSING	4	HATTON
	NURSING	1	HILLSBORO
	NURSING	2	HOOPLE
	NURSING	1	HORACE
	NURSING	1	LANGDON
	NURSING	1	LANKIN
	NURSING	1	LARIMORE
	NURSING	1	LISBON
	NURSING	1	MINOT
	NURSING	1	NORTHWOOD
	NURSING	7	GRAFTON
	NURSING	1	STIRUM
	NURSING	1	YPSILANTI
	NURSING	1	WHEATLAND
	NURSING	1	SHEYENNE
	NURSING	14	WEST FARGO
	NURSING	1	REYNOLDS
	NURSING	1	WALHALLA
	NURSING	1	VELVA
	NURSING	1	VALLEY CITY
	NURSING	1	BELCOURT
	NURSING	2	THOMPSON
	NURSING	1	ARDOCH
	NURSING	1	ROLETTE

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SCHOOL	COURSE	COUNT OF SCHOOL	CITY
	NURSING	2	PORTLAND
	NURSING	1	ORISKA
	NURSING	2	PARK RIVER
	OCCUPATIONAL THERAPY	1	HATTON
	OCCUPATIONAL THERAPY	1	MAYVILLE
	OCCUPATIONAL THERAPY	1	FOREST RIVER
	OCCUPATIONAL THERAPY	1	FARGO
	OCCUPATIONAL THERAPY	9	GRAND FORKS
	OURDOOR POWER EQUIP	1	FREDONIA
	OUTDOOR POWER EQUIP	1	HAZELTON
	OUTDOOR POWER EQUIP	1	KULM
	PARAMEDICINE	2	LARIMORE
	PARAMEDICINE	1	LANGDON
	PARAMEDICINE	9	GRAND FORKS
	PARAMEDICINE	1	GRAFTON
	PARAMEDICINE	1	NIAGARA
	PHARMACY TECH	1	PETERSBURG
	PHARMACY TECH	1	ANETA
	PHARMACY TECH	1	CAVALIER
	PHARMACY TECH	1	DICKINSON
	PHARMACY TECH	1	DRAYTON
	PHARMACY TECH	2	DUNSEITH
	PHARMACY TECH	3	GRAFTON
	PHARMACY TECH	15	GRAND FORKS
	PHARMACY TECH	1	LARIMORE
	PHARMACY TECH	1	NORTHWOOD
	PHOTOGRAPHY	1	WEST FARGO
	PLUMBING	1	JAMESTOWN
	PLUMBING	1	MICHIGAN
	PLUMBING	4	GRAND FORKS
	PLUMBING	1	FARGO
	PLUMBING	1	BUXTON
	POWER EQUIPMENT	1	FARGO
	PSYCHOLOGY	1	NORTHWOOD
	RADIOLOGY	1	DRAYTON
	RADIOLOGY	1	EMERADO
	RADIOLOGY	1	HARVEY

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SCHOOL	COURSE	COUNT OF SCHOOL	CITY
	RADIOLOGY	1	ENDERLIN
	RADIOLOGY	1	ARVILLA
	RADIOLOGY	2	BELCOURT
	RADIOLOGY	1	BISMARCK
	RADIOLOGY	1	CARRINGTON
	RADIOLOGY	13	FARGO
	RADIOLOGY	1	REYNOLDS
	RADIOLOGY	1	WEST FARGO
	RADIOLOGY	2	GRAFTON
	RADIOLOGY	1	VALLEY CITY
	RADIOLOGY	3	CAVALIER
	RADIOLOGY	2	PARK RIVER
	RADIOLOGY	1	NORTHWEEOD
	RADIOLOGY	1	MINOT
	RADIOLOGY	1	MANVEL
	RADIOLOGY	1	LISBON
	RADIOLOGY	1	LARIMORE
	RADIOLOGY	1	LAKOTA
	RADIOLOGY	1	HORACE
	RADIOLOGY	1	HAZEN
	RADIOLOGY	40	GRAND FORKS
	RADIOLOGY	1	LISGON
	RADIOLOGY	1	WASHBURN
	REFRIGERATION	1	FARGO
	REFRIGERATION	1	WEST FARGO
	REFRIGERATION	1	MINOT
	REFRIGERATION	1	WAHPETON
	REFRIGERATION/AIR	1	ADAMS
	REFRIGERATION/AIR	2	FARGO
	REFRIGERATION/AIR	1	PORTLAND
	RESPIRATORY CARE	2	CAVALIER
	RESPIRATORY CARE	1	DEVILS LAKE
	RESPIRATORY CARE	1	JAMESTOWN
	RESPIRATORY CARE	1	VALLEY CITY
	RESPIRATORY CARE	6	GRAND FORKS
	ROBOTICS	1	HETTINGER
	SALES/MARKETING	1	HANNAFORD

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SCHOOL	COURSE	COUNT OF SCHOOL	CITY
	SALES/MARKETING	1	ANETA
	SALES/MARKETING	1	BISBEE
	SALES/MARKETING	1	BURLINGTON
	SALES/MARKETING	1	CAVALIER
	SALES/MARKETING	1	CHRISTINE
	SALES/MARKETING	1	COOPERSTOWN
	SALES/MARKETING	1	CRYSTAL
	SALES/MARKETING	1	DRAYTON
	SALES/MARKETING	1	ENGLEVALE
	SALES/MARKETING	24	FARGO
	SALES/MARKETING	2	GRAFTON
	SALES/MARKETING	1	HANKINSON
	SALES/MARKETING	1	PARK RIVER
	SALES/MARKETING	1	HOOPLE
	SALES/MARKETING	1	HOPE
	SALES/MARKETING	1	HORACE
	SALES/MARKETING	1	INKSTER
	SALES/MARKETING	1	LANGDON
	SALES/MARKETING	1	LISBON
	SALES/MARKETING	1	OAKES
	SALES/MARKETING	1	PAGE
	SALES/MARKETING	1	UNDERWOOD
	SALES/MARKETING	3	WEST FARGO
	SALES/MARKETING	21	GRAND FORKS
	SALES/MARKETING	1	VENTURIA
	SIGN LANGUAGE	1	BROOKLYN PARK
	SURGICAL TECH	1	WASHBURN
	SURGICAL TECH	1	REYNOLDS
	SURGICAL TECH	1	PAGE
	SURGICAL TECH	1	NIAGARA
	SURGICAL TECH	1	MINTO
	SURGICAL TECH	7	GRAND FORKS
	SURGICAL TECH	2	GRAFTON
	SURGICAL TECH	4	FARGO
	TECHNICAL SUPPORT SPECIALIST	1	PEMBINA
	TELECOMM ENGINEER TECH	1	SAWYER
	TELECOMMUNICATIONS	2	CARRINGTON

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SCHOOL	COURSE	COUNT OF SCHOOL	CITY
	TELECOMMUNICATIONS	1	STEELE
	TELECOMMUNICATIONS	1	ROLLA
	TELECOMMUNICATIONS	1	MINOT
	TELECOMMUNICATIONS	1	MAYVILLE
	TELECOMMUNICATIONS	1	JAMESTOWN
	TELECOMMUNICATIONS	1	GRAND FORKS
	TELECOMMUNICATIONS	4	DEVILS LAKE
	TELECOMMUNICATIONS	1	BEULAH
	TELECOMMUNICATIONS	1	FARGO
	TRUCK DRIVER	1	THOMPSON
	TRUCK DRIVER	1	PORTLAND
	TRUCK DRIVER	1	NOONAN
	TRUCK DRIVER	3	GRAND FORKS
	TRUCK DRIVING	4	GRAND FORKS
	UNDECIDED	1	EMERADO
	UNDECIDED	1	THOMPSON
	UNDECIDED	1	NEKOMA
	UNDECIDED	1	MINTO
	UNDECIDED	1	MANVEL
	UNDECIDED	1	LANGDON
	UNDECIDED	1	HOPE
	UNDECIDED	23	GRAND FORKS
	UNDECIDED	2	FARGO
	UNDECIDED	1	DRAYTON
	UNDECIDED	1	CARRINGTON
	UNDECIDED	1	BELCOURT
	UNDECIDED	3	GRAFTON
	VIDEO PRODUCTION	1	MERCER
	WEBSITE DESIGN	1	CAVALIER
	WELDING	11	GRAND FORKS
	WELDING	1	MCHENRY
	WELDING	1	BUXTON
	WELDING	1	CAVALIER
	WELDING	1	DEVILS LAKE
	WELDING	1	FARGO
	WELDING	1	JAMESTOWN
	WELDING	1	HILLSBORO

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SCHOOL	COURSE	COUNT OF SCHOOL	CITY
	WELDING	1	FARGO
	WELDING	1	DEVILS LAKE
	WELDING	1	ARDOCH
	WELDING	1	CAVALIER
	Total Attending this School	*1363*	
005544	ALEXANDRIA		
	ADMINISTRATIVE ASSISTANT	1	RUGBY
	CARPENTRY	1	MINOT
	CHILD CARE	1	FARGO
	CHILD CARE	1	FARGO
	COMMERCIAL ART	1	PARK RIVER
	COMPUTER NETWORKING	1	MINOT
	COMPUTER NETWORKING	1	MANVEL
	COMPUTERS	1	OAKES
	COMPUTERS	1	DRAYTON
	COMPUTERS	1	ABERCROMBIE
	ELECTRICAL POWER GENERATION	1	THOMPSON
	FLUID POWER	1	MCCLUSKY
	FLUID POWER	3	WILLISTON
	GRAPHIC ARTS	1	WILLISTON
	GRAPHIC ARTS	1	LISBON
	INTERIOR DESIGN	1	MAPLETON
	INTERIOR DESIGN	1	LANGDON
	INTERIOR DESIGN	1	HAZEN
	INTERIOR DESIGN	1	FARGO
	LAW ENFORCEMENT	2	FARGO
	LAW ENFORCEMENT	2	HARWOOD
	LEGAL ADMIN ASST	1	WILLISTON
	NURSING	1	GRAND FORKS
	SMALL ENGINE REPAIR	2	FARGO
	TRUCK DRIVER	1	CAVALIER
	WELDING	1	WATFORD CITY
	Total Attending this School	*30*	
005757	LAKE SUPERIOR (DULUTH)		
	FIRE TECHNOLOGY	1	SAWYER

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SCHOOL	COURSE	COUNT OF SCHOOL	CITY
	Total Attending this School	*1*	
007350	ANOKA/HENNEPIN		
	SURGICAL TECH	1	VELVA
	Total Attending this School	*1*	
010402	DAKOTA COUNTY, ROSEMOUNT		
	INTERIOR DESIGN	1	GRAND FORKS
	Total Attending this School	*1*	
010491	HENNEPIN TECH		
	AUTOMOTIVE	1	WILLISTON
	FIRE TECHNOLOGY	1	MCKENZIE
	GRAPHIC ARTS	1	MINOT
	PHOTOGRAPHY	1	MINOT
	Total Attending this School	*4*	
010546	CENTURY, WHITE BEAR LAKE		
	CHEMICAL DEPENDENCY	1	MANDAN
	ENGINEERING	1	BISMARCK
	LAW ENFORCEMENT	1	ST PAUL
	MEDICAL	1	BISMARCK
	ORTHOTICS	1	FARGO
	RADIOLOGY	1	FARGO
	UNDECIDED	1	GRAND FORKS
	Total Attending this School	*7*	
Grand Total		*1430*	

2001-2002 TOTAL = 1632

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HUMAN SERVICES COMMITTEE

TESTIMONY RELATED TO HB 1245

Chairperson Price and members of the Human Services Committee, my name is Claudia Dietrich RN, Board Member of the North Dakota Board of Nursing. I am a former nurse educator and currently am an Adult Nurse Practitioner. I am a Director of Surgical Services at a major medical center.

On behalf of the board, I wish to offer testimony in opposition to HB 1245 relating to the proposed revisions to Nurse Practices Act 43-12.1

North Dakota has the highest nurse-licensing standards in the nation. **THAT'S GOOD.**

North Dakota currently ranks third from the top in the ratio of nurse to population. **THAT'S GOOD.**

North Dakota's nursing education system work's well and is serving as a model for other states. **THAT'S GOOD.**

North Dakota's pass rate for first time writers of the licensing exams at both the practical and professional levels is consistently above the national average. We usually rank in the top 3-5 states. **THAT'S GOOD.**

NURSING SHORTAGE

The nursing shortage is real, but it is based on more than numbers. In fact North Dakota ranks **third** in the nation of states with the greatest numbers of Registered Nurses per 100,000 residents. (BON Database 2002)

- Growing demand in acute care coupled with an older population demands more caregivers. The most efficient system of healthcare requires the correct mix of education and experience among the providers. As director of the surgical services I strive to have the right mix of staff – RN, LPNs, Tech, MD, CRNAs.
- Educational preparation becomes crucial during times of shortages. Nurses need the critical thinking to work smarter, and the leadership ability to supervise the unlicensed assistive personnel (UAP). In the operating room (OR) we have UAPs who function under the supervision of RNs. It is critical these individuals have the skills to supervise and direct the care of an operating room.
- Reduction of education standards will not solve the nursing shortage. There is a national and international shortage; therefore it is unlikely that a reduction of standards would cause a flood of available nurses into ND. An example of

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10/3/03
Date

this is the Nurse Mentorship program established by my facility has enticed a number of new graduates to work for this health care system and stay in North Dakota. Keep in mind, of great significance is the fact that over 75% of currently licensed nurses are educated in North Dakota and practice in North Dakota.

When I was appointed by Governor Schafer to the Board of Nursing I was required to take an oath to protect the public and serve the citizens of North Dakota. I have strived to accomplish that oath and also to abide by *The mission of the North Dakota Board of Nursing is to assure North Dakota citizens quality nursing care through the regulation of standards for nursing education, licensure and practice.*

- The patients are not only sicker, but have shorter in-patient stays requiring a nurse who is adept at patient education, decision-making skills and a knowledge of community resources to plan for discharge with the clients and families. In fact many of the surgical cases that are performed each day are discharged the very same day. Nurses must be accomplished, efficient practitioners.

Healthcare is in a constant state of change with impetus coming from many different agendas. Since the days of Florence Nightingale, nurses have had an increasing knowledge base of health concepts. Outstanding nurses are essential within the healthcare arena.

- For the safety of the citizens of North Dakota during this time of nursing shortage, our nurses need to be better equipped for practice, not educated at a lower level or with fewer standards.

Thank you for giving me the opportunity to provide testimony on behalf of the North Dakota Board of Nursing.

I am now open for questions.

REFERENCES

North Dakota Board of Nursing, (2002). *Current Database.* 919 So. 7th St., Bismarck, ND 58504.

North Dakota Populations are estimates from State Data Center, Fargo, ND. (November 2000).

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NORTH DAKOTA BOARD OF NURSING

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

To: House Human Services Committee

From: North Dakota Board of Nursing
Constance B. Kalanek PhD., RN

Re: North Dakota Board of Nursing position and proposed amendment to HB 1245
Response to NDNA Proposed Amendment to HB 1245

Date: February 3, 2003

The North Dakota Board of Nursing met on February 3, 2003 and approved the attached position statement and proposed the amendments to HB 1245. For your review, the Board's response to the proposed amendments offered by North Dakota Nurses Association is also attached. Thank you in advanced for your thoughtful deliberations on HB 1245.

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NORTH DAKOTA BOARD OF NURSING'S POSITION REGARDING HB 1245

HB 1245

- HB1245 will strip the regulatory authority of the Board of Nursing to approve nursing education programs and transfer this responsibility to board of higher education. The staff and board members who currently conduct reviews of the nursing programs are masters and doctorally prepared nurses with specialty in nursing education. Professional nurses with specialized knowledge will protect the public through the review of the 12 nursing programs and the hundreds of clinical sites.

- In the 57th Legislative Session, the ND BON was given responsibility for NDCC 43-12-08.2 NURSING NEEDS STUDY. The project is just completing year one of data collection. Passage of HB1245 would negate the current work of the Nursing Needs Study and arrest any future work which could make a real difference in this healthcare shortage. The data from this study will provide health care with the information needed to make decisions relative to nursing.

- HB1245 will lower standards of nursing education at a time when consumers are more ill when they come for services. A higher level of skill, not lower is essential for safe nursing practice.

North Dakota Board of Nursing position:

The Board is opposed to HB 1245 relating to the proposed revisions to the Nurse Practices Act 43-12.1. Board of Nursing members voted unanimously to oppose this legislation. The Board is urging a DO-NOT-PASS recommendation for this bill.

The Board offers the following amendments to the proposed legislation:

1. Sections 1, 2, and 3 HB 1245 be deleted in their entirety.

2. Section 4 be renumbered as Section 1.
   - Subsection 6 : reinsert **education and**
   - Subsection 7: replace current language with **7. Periodically review and approve nursing education programs and collaborate with other nursing educational program approval/accreditation bodies.**

3. Delete Section 5 of HB 1245.

Approved by North Dakota Board of Nursing 2/3/03

The mission of the North Dakota Board of Nursing is to assure North Dakota citizens quality nursing care through the regulation of standards for nursing education, licensure and practice.

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To: House Human Services Committee

From: Helen Melland PhD., RN
Constance B. Kalanek PhD., RN

Re: NDNA Proposed Amendment to 1245

Date: February 3, 2003

After review of the proposed amendments we are of the belief that this proposal is an effort to fix the shortcomings of a poorly constructed piece of legislation.

- **The amendments do not address Section 1. Amendment of HB 1245**. The original piece of legislation removes North Dakota Board of Nursing approval of nursing education programs. This is extremely problematic and is totally unacceptable. The removal of board oversight remains in the bill. Please note in the narrative provided by NDNA a statement suggests the North Dakota Board of Higher Education is gone—it is not. It remains in Section 1. Amendment (10), page 1 of the bill.
- **Section 3. Amendment**. The student exemption currently in the Nurse Practices Act allows for students in board approved programs to have clinical experience in North Dakota clinical settings. *The proposed first and second amendment would provide nursing students being prepared at the ADRN level to complete clinical in North Dakota, i.e the USD program. The second amendment, may in fact prevent students in graduate programs such as Texas Wesleyan, University of North Dakota Master's program, and Tri-college Graduate Students from completing clinical in North Dakota because they are not being prepared for initial licensure.*
- **Section 4. Amendment.** This attempt is an example of trying to fix something that is not broken. The challenge to the proponents of this bill it to identify an instance where the Board has not judicially followed the law and the rules related to it's jurisdiction over nursing education. Where is data to support a change of this magnitude? If the legislature has an issue with the way the North Dakota Board of Nursing operationalizes its authority over the nursing programs, then I encourage those issues to be handled at the policy level with the members of the BON.

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The following conclusions seem fairly obvious upon review of second amendments 7-10:

- **New # 7: Eliminates program approval.** Provides for the Board to establish standards for nursing education programs for initial licensure and approval of nursing programs. The question then, "Is how can a Board that does not have jurisdiction over nursing education establish standards"? Would anyone care? Does this make the Nurse Practices Act permissive?
- **New #8**: This is policy and does not rise to the level of law.
- **New #9**: **NDCC 43-12.1-09 Licensure- Registration** The current section (now in place) permits the applicant who is entitled to initial licensure to apply for licensure. If that applicant meets the requirements the North Dakota Board of Nursing makes the applicant either becomes eligible to take the NCLEX® examination or if the licensee by endorsement (coming in from another state) meets the requirements for licensure that individual they will be processed. The North Dakota Board of Nursing **does not "accept for licensure"**. The NDNA summary also states the BON accepts NY graduates. I believe they are meaning the Excelsior College graduates. The Board only accepts the bachelor's degree from EC, not the ADRN.

- **New # 10**: This is extremely confusing. What is to be accomplished? Currently the foreign graduate is issued a certificate by the Commission on Graduates of Foreign Nursing(CGFNS). This is a safety net for North Dakota citizens! In order to receive the certificate the transcript is reviewed and they must also pass an English proficiency examination (TOEFL). The graduates do not submit an English translation of the transcript but rather submit an original transcript sent directly from the university with the degree posted and original CGFNS certificate. This is also a safety net for North Dakota citizens (NDAC 54-02-01-09).

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North Dakota Nurses Association

HOUSE BILL 1245

PROPOSED AMENDMENTS 1/26/03

Section 1. DELETE AMENDMENT

Section 2. Previous amendment submitted to Legislative Council on 1-22-03 for Section 2

Section 3. AMENDMENT

2. Students practicing nursing as part of a ~~board-approved~~ nursing education program preparing for initial licensure as registered nurse or licensed practical nurse and located in an institution of higher education and offers transferable credit.

Section 4. AMENDMENT,

43-12.1-08. **Powers and duties of the board.**

7. ~~Periodically review and approve~~ Establish standards for nursing education programs leading to initial licensure and approve such programs until such time as the nursing education program ~~s~~ is accredited by a national nursing accreditation organization .

(renumber)

8. Identify and publish a list of national nursing accreditation organizations recognized by the board for nursing education programs leading to initial licensure.

9. Accept for licensure the graduates of nursing education programs that have received initial approval by the board or are accredited by national nursing accreditation organizations recognized by the board.

10. Accept for licensure graduates of foreign nursing programs who submit an English translated evaluation of the full nursing education program academic record from a board-recognized national credential's evaluation service verifying that the program was academic in nature .

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Section 2

43-12-1.02 Definitions.

~~9. "Transitional practical nurse license" means a license issued by the board to a person who meets all of the requirements for licensure by endorsement as a licensed practical nurse, except the educational requirements.~~

~~10. "Transitional registered nurse license" means a license issued by the board to a person who meets all of the requirements for licensure by endorsement as a registered nurse, except the educational requirements.~~

Texas NA Nurses Assoc.

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Physicians Dedicated to the Health of North Dakota

NORTH DAKOTA
MEDICAL ASSOCIATION

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Jacob Kerbaugh, MD
Grand Forks
AMA Delegate

Bruce Levi
Executive Director

David Parke
Director of
Governmental Relations

Leann Tschider
Director of Membership
Office Manager

February 5, 2003

Honorable Clara Sue Price
Chair, House Human Services Committee
North Dakota Legislative Assembly
Bismarck, ND 585805

Dear Representative Price,

The North Dakota Medical Association held a combined meeting of its Board, House of Delegates and Commission on Legislation on February 1, 2003. At that meeting, a position was taken to support HB 1245 as introduced, relating to nursing education.

Please let me know if you have any questions.

Sincerely,

Bruce Levi

Bruce Levi

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NORTH DAKOTA BOARD OF NURSING

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To: North Dakota House Human Services Committee
Representative Price

From: North Dakota Board of Nursing
Constance B. Kalanek PhD., RN, Executive Director
Helen Melland, PhD., RN, President

Date: February 7, 2003

RE: HB 1245

The North Dakota Board of Nursing met on February 7, 2003 and approved the attached position statement and proposed the amendments to HB 1245. The Board met with the North Dakota Nurses Association, North Dakota Health Care Association, College and University Nursing Education Administrators, and North Dakota Long Term Care Association and has come to consensus in several areas:

- Delete Section 1
- Section 2: Adopt the amendments proposed by the NDNA for definitions.
- Section 3 & 4: The language differs however we believe that substantively both NDNA and the Board agree the BON will continue to be responsible for the regulation of nursing education in North Dakota. The Board believes that amendments number 8-9 are inherent in other powers & duties of the Board and requirements for licensure by examination and endorsement. However, in the spirit of cooperation will agree to include both in Section 4.
- The North Dakota Board of Nursing did not reach consensus with the other organizations on Section 5 of the bill. The Board continues to oppose lowering the nursing education standards for both the LPN and the RN.

Thank you in advance for your thoughtful deliberations on HB 1245

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NORTH DAKOTA BOARD OF NURSING'S POSITION REGARDING HB 1245

HB 1245

- HB1245 will strip the regulatory authority of the Board of Nursing to approve nursing education programs and transfer this responsibility to board of higher education. The staff and board members who currently conduct reviews of the nursing programs are masters and doctorally prepared nurses with specialty in nursing education. Professional nurses with specialized knowledge will protect the public through the review of the 12 nursing programs and the hundreds of clinical sites.

- In the 57th Legislative Session, the ND BON was given responsibility for NDCC 43-12-08.2 NURSING NEEDS STUDY. The project is just completing year one of data collection. Passage of HB1245 would negate the current work of the Nursing Needs Study and arrest any future work which could make a real difference in this healthcare shortage. The data from this study will provide health care with the information needed to make decisions relative to nursing.

- HB1245 will lower standards of nursing education at a time when consumers are more ill when they come for services. A higher level of skill, not lower is essential for safe nursing practice.

North Dakota Board of Nursing position:

The Board is opposed to HB 1245 relating to the proposed revisions to the Nurse Practices Act 43-12.1. Board of Nursing members voted unanimously to oppose this legislation. The Board is urging a DO-NOT-PASS recommendation for this bill in its current form.

The Board offers the following amendments to HB 1245:

1. Section 1 be deleted.
2. Section 2 Support definitions of # 3. LPN and #7.RN. Delete # 9 & 10: definitions of Transitional practical nurse license and Transitional registered nurse license.

Rationale: Upon review of the Nurse Practices Act in 1987 and 1992 the following definitions were in place:

"LICENSED PRACTICAL NURSE' MEANS ONE WHO HAS MET ALL REQUIREMENTS FOR LICENSURE AND HOLDS A CURRENT LICENSE TO PRACTICE IN THIS STATE AS A LICENSED PRACTICAL NURSE.

"REGISTERED NURSE" MEANS ONE WHO HAS MET ALL LEGAL REQUIREMENTS FOR LICENSURE AND HOLDS A CURRENT LICENSE TO PRACTICE IN THIS STATE AS A REGISTERED NURSE.

3. Section 3: Amendment: Retain current language and add

Students practicing nursing as part of a board approved nursing education program **preparing for licensure as a registered nurse or licensed practical nurse or advanced practice registered nurse located in an institution of higher education that offers transferable credit.**

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4. Section 4:
Subsection 6 : reinsert **education and**
Subsection 7: replace current language with **7. Establish and approve standards for nursing education programs leading to licensure and collaborate with nursing educational program approval/accreditation organizations.**
(Renumber)
Subsection **8: identify and publish a list of national nursing program accreditation organizations recognized by the board leading to licensure.**
Subsection 9: **Approve for licensure graduates of nursing education programs recognized by the board or are accredited by national nursing program accreditation organizations recognized by the board.**

5. Section 5:
Subsection 1b: reinsert **board approved**
Subsection 2b: reinsert **equal to or exceeding the requirements for nursing education programs in place in this state at the time the applicant qualified for initial licensure.**
Subsection 3: reinsert in its entirety.

Approved by North Dakota Board of Nursing 2/7/03

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Amendments - House Bill 1245
North Dakota Nurses Association
2/11/03

Section 1: consensus to delete.

Section 2: 43-12.1.02. Definitions.

Consensus to accept, but need to be clear that it includes the following amendments submitted to Legislative Council prior to 2/4/03 as well as the amendments to #3 and #7.

~~9. "Transitional practical nurse license" means a license issued by the board to a person who meets all of the requirements for licensure by endorsement as a licensed practical nurse, except the educational requirements.~~

~~10. "Transitional registered nurse license" means a license issued by the board to a person who meets all of the requirements for licensure by endorsement as a registered nurse, except the educational requirements.~~

Section 3: 43-12.1-04. Exemptions.

2. Students practicing nursing as a part of ~~a board approved~~ nursing education program preparing for initial or advanced licensure as a registered nurse or licensed practical nurse and located in an institution of higher education and offering transferable credit.

We do not accept the retention of the phrase *board-approved* as proposed by the Board of Nursing as that language would not allow out-of-state, innovative, or on-line programs specifically targeted to rural areas.

Section 4: Powers and Duties of the Board.

We do not accept retention of word *education* in #6, believing that the establishment of the educational standards needs to include recognition of national accreditation such as other regulatory boards practice.

7. ~~Periodically review and approve nursing education programs~~ Establish standards for nursing education programs leading to initial and advanced licensure and approve such programs unless the nursing education program is accredited by a national nursing accreditation organization. If the program is accredited by a national nursing accreditation organization, the board shall deem such programs as approved and may require periodic reports from the program during the period of accreditation.

8. Identify and publish a list of national nursing accreditation organizations

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recognized by the board for nursing education programs leading to initial or advanced licensure.

2. Approve for licensure the graduates of nursing education programs that are approved by the board or are accredited by national nursing accreditation organizations recognized by the board.

Section 5. 43-12.1-09. Licensure - Registration.

Keep amendments in original bill to allow out-of-state graduates to be licensed without restriction in North Dakota. This is consistent with the deletion of the amendments in Section 2, and the change in the amendment in Section 3. These individuals are currently licensed as "transitional" licensees but there is no transition as they are not required to meet North Dakota's education requirements. This allows licensure without prejudice to out-of-state programs.

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Nurses Assoc.	Bnd of Nursing	Long Term Health Care Assoc.
Section 1 – delete	Section 1 – delete	Section 1 - delete
Section 2 – Amendments #3. deletions in bill #7. deletions in bill #9. delete #10. delete	Section 2 – amendments #3. deletions in bill #7. deletions in bill #9. delete #10. delete	Section 2 – Amendments #3. insert "and at a minimum, holds a diploma or certificate of graduation..... #7. insert "and at a minimum holds an associate of arts degree in nursing from.....
Section 3. Amend as follows: Students practicing nursing as a part of a board-approved nursing education program preparing for initial or advanced licensure as a registered nurse or licensed practical nurse and located in an institution of higher education that offers transferable credit.	Section 3. Amend as follows: Students practicing nursing as a part of a board approved program preparing for licensure as a registered nurse or licensed practical nurse or advanced practice registered nurse located in an institution of higher education that offers transferable credit.	Not addressed.
Section 4. #6. (agree to retain "education and" #7. Establish standards for nursing education programs leading to initial and advanced licensure and approved such programs unless the nursing education is accredited by a national nursing program accreditation organization. If the program is	Section 4. #6. retain "education and" so the line reads "Establish standards for nursing education and practice and: #7. Establish and approve standards for nursing education programs leading to licensure and collaborate with nursing education program approval/accreditation organizations.	Section 4. #6. Not addressed. #7. Accept for licensure the graduates of nursing education programs that are accredited by national nursing program accreditation organizations which are in academic settings and offer transferable credit, provided however, the board may

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accredited by a national nursing program accreditation organization, the board shall deem such programs as approved and may require periodic reports from the program during the period of accreditation. #8. Identify and publish a list of national nursing program accreditation organizations recognized by the board for nursing education programs leading to initial or advanced licensure.	8. Identify and publish a list of national nursing program accreditation organizations recognized by the board leading to licensure.	not restrict nursing programs accredited by the National League for Nursing Accrediting Commission from being offered in this state. only approves less than Bac program #8. not addressed.
9. approve for licensure the graduates of nursing education programs that are recognized by the board or are accredited by national nursing program accreditation organizations recognized by the board.	9. approve for licensure graduates of nursing education programs recognized by the board or are accredited by national nursing program accreditation organizations recognized by the board.	9. not addressed.
Section 5. #1. Retain language in bill that deletes requirements for transitional license and allows the board to accept applicants for licensure that submit an official transcript showing completion of a ~~board-approved~~ nursing education program preparing for the level of licensure sought.	Section 5. #1. Retain original language.	
#2. retain language for applicants for licensure by endorsement that requires "completion of a nursing education program ~~equal to or exceeding the requirements for nursing education programs in place in this state at the time the applicant qualified for~~	#2. retain original language	

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~~itial licensure~~ preparing for the level of ensure sought:		
3. delete in it's entirety (provision for censing an applicant by endorsement not eeting the education requirements by transitional" license, renewal requires rogression toward degree or 30 hours of ontinuing education.	#3. retain original language for transitional license.	

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10/3/03
Date

Testimony: Engrossed House Bill 1245
Senate Human Service Committee
March 11, 2003

Chairperson Lee and members of the Human Service Committee, my name is Teree Rittenbach. I am a practicing Gerontological Nurse Practitioner in a long term care facility in Jamestown and a nurse educator at Jamestown College and the University of Mary. I am speaking today in opposition to the Engrossed HB 1245.

My testimony this morning will address two primary points. One relates to my role as a nurse practitioner in long term care and the second to my experiences in nursing education.

Point #1: Increasing complexity of healthcare needs seen in the residents of long term care and increasing competencies expected of the nurse.

My role as a nurse practitioner in a long term care facility requires a tremendous amount of collaboration with the nurses. I am dependent on their knowledge, skills and abilities as they utilize their assessment, decision making and prioritization abilities to determine when it is necessary to contact me about pertinent changes seen in the residents. These nurses are asking questions about potential drug interactions, lab values that need to be addressed, subtle changes in behavior that could indicate an infection and many more issues that arise daily in the care of the older adult. They are not only managing care for groups of residents but they are also responsible for delegating and overseeing care tasks of the certified nurse aids.

Over the last two decades while working in long term care I have seen an increase in the complexity of the residents' conditions and in the nursing care necessary to care for these individuals. At the same time there are ever increasing demands that regulatory bodies are placing on long term care facilities and their staff. The increase in role competencies in long term care are also reflected in our entire healthcare system. Every three years a national job analysis study is conducted to determine the standard necessary for passing the licensure exam for nurses. The study examines the necessary competencies that the graduate nurse is EXPECTED to have when entering the workforce. These analyses have consistently resulted in an elevation of the standard necessary to assure a minimum level of safe care. In North Dakota we appreciate a high pass rate of our nursing graduates. This means that for our citizens these nurses are able to provide safe, competent care and that we are able to move these graduates to the work force in an expedient manner. For each graduate that fails this licensure exam, it delays their entry into the workforce by at least 3 months.

Point #2: There is an incredible amount of competition within the healthcare system. There is competition for educational experiences and perhaps most importantly there is competition for our nurses.

There is a perception that if we had more programs, shorter educational programs, or perhaps more convenient programs in nursing education we would be able to provide an adequate amount of nurses for this state. There are two major flaws with this perception. 1. We already have a situation within our nursing education programs that provides real challenges in providing the necessary clinical experiences for our students. Five years ago Jamestown College had to decrease the number of applicants accepted into our program, in order to provide the necessary clinical experiences for each student. There is a great deal of competition for learning experiences among the existing programs 2. We currently have an educational system in this state that provides an ample number of nurses to more than fill the healthcare needs of North Dakota. The difficulty that exists in this state is not a new problem to this legislative body. Our bright, well-prepared college graduates are leaving this state to accept positions in healthcare

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facilities around the country. They are in demand! This fall Cancer Centers of America sent a jet to Jamestown, North Dakota to take 8 of our senior nursing students to their facility in Illinois (only 1 hour from Chicago where there are a number of nursing programs). Why to North Dakota? Why Jamestown College students? Their answer: "we believe that the quality of education and preparation in this state is exceptional. We want your graduates." There is no question in my mind as I read the Engrossed HB 1245 that it threatens one of the most valuable assets we have....a well-prepared nurse! In closing, I urge you to oppose a bill that at best will only provide more challenges for our health care system, numerous questions related to the quality of nursing education we provide and most importantly will jeopardize a valuable resource in this state....competent nurses to provide the quality healthcare that our citizens deserve.

Thank-you for seriously examining the implications this bill may have on the citizens of North Dakota and for hearing my testimony this morning.

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Testimony: Engrossed House Bill 1245
Senate Human Services Committee
March 11, 2003

Chairperson Lee and members of the Human Services Committee, my name is Dr. Helen Melland, RN. I am currently employed as an associate professor of nursing at UND and also serve as President of the North Dakota Board of Nursing. On behalf of the Board, I wish to offer testimony in opposition to Engrossed HB 1245 relating to the proposed revisions to the Nurses Practices Act 43-12.1.

As a regulatory board, the Board of Nursing is charged with the mission of protecting the public from unsafe nursing care. The current Nurse Practices Act goes a long way to insure that the public is protected from unsafe care because of the board approval process of nursing education programs and the educational standards defined in the act. Engrossed HB1245 threatens both those processes. The bill gives the board the authority to establish standards for nursing education programs but this is not enough to assure we have quality programs. The Board must also have the authority to monitor the quality of these programs through the approval process - which is not in the bill. National program accreditation, which is included in the bill, is not the same as state approval. National accreditation is a voluntary, peer review process and does not focus on public safety issues such as student/faculty ratios in clinical settings, as does state approval.

This bill would open the door for one year LPN and 2 year RN educational programs in North Dakota. In my role as a member of the Board of Nursing, I have had several directors of nursing in long term care settings express concern about the bill stating they have no room in their agencies for a practical nurse with one year of education. LPN's frequently assume charge positions in these settings and have the responsibility for the care of complex elderly clients who often cannot speak for themselves. These directors of nursing understand the care needs of the residents and understand a nurse needs more than one year of education to manage the care of the vulnerable elderly. We require a masters degree of an audiologist to check our hearing, yet would consider a one year educational program adequate to prepare someone to manage the care for a group of our elderly. This does not make sense.

Some say why should North Dakota have higher educational standards than other states. I say "why not?" I believe North Dakotans, especially because we are so rural and need nurses in rural settings who can think critically and problem solve on their own, deserve better educated nurses than elsewhere

If this bill passes, students from out of state programs who do not meet our educational standards will be allowed to come into North Dakota for clinical learning experiences. This is problematic in that clinical learning facilities are already at a premium in the state. I was informed last week by a director of a practical nursing program that they have had to limit the number of students at an outreach site of their program because there are no more clinical learning opportunities at a major medical center in that town. There are many sites in rural settings for students to learn basic nursing skills; these skills can be learned in long term care settings. But, it is in the larger,

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more urban clinical settings that students learn to care for adult medical surgical patients, critical care patients, obstetrical, and pediatric patients where there is simply no more room for additional nursing programs.

There already is an adequate number of nursing education programs in North Dakota with five practical nurse programs and seven registered nurse programs currently approved. These programs are also reaching out to distant and rural students. Williston State College delivers outreach education to practical nurse students in Bottineau, Rugby, Devils Lake, Minot, Grafton, and Langdon. North Dakota State College of Science in Wahpeton has satellite locations in Ashley, Rugby, and Fargo. UND is awaiting word on federal funding for an outreach program for LPN's to become RN's in eastern North Dakota. These nursing education programs had the capacity for more nursing students in 2002 had they applied. As is evident, there are a multitude of educational opportunities and sites for those who wish to become nurses in the state. They may have to do some travel from home, but I would ask you, would you expect physical therapy or pharmacy students to be able to obtain their entire education from the comfort of their own home? We have an obligation to make education accessible and affordable, but no education is without sacrifice on the part of the student. I believe our educational system is accessible. Changing the law to allow and promote out of state programs to move into North Dakota will only result in more tuition dollars being exported from the state and decreasing the potential student pool for current North Dakota programs.

One way to protect the public from unsafe nursing care is to assure that students who are educated in North Dakota are given the best possible education. We have evidence that our programs are indeed high quality. Our graduates consistently score in the top five states in the nation on the licensing exam. As an educator, I have frequent contact with recruiters from some of the largest medical centers in the country begging our graduates to come work for them. I hear again and again, "your graduates are the best!" Why would we want to change an educational system that is working so well?

Finally, the argument has been made that this bill will help with the nursing shortage in North Dakota. When considering the shortage, it is important to remember this is a national and international crisis. In fact, the shortage of nurses is not as acute in North Dakota as elsewhere. The U.S. Department of Health and Human Services in 2002 did not even label North Dakota as a shortage state. I understand there are unfilled nursing positions especially in rural North Dakota settings, but I believe those vacancies have as much to do with rural, economic issues as nursing issues.

As is obvious, there are many issues and complexities within this bill which have resulted in the North Dakota Baord of Nursing voting to unanimously oppose the bill. There are amendments to the bill which have been approved by representatives of the Board of Nursing, the North Dakota Nurses Association, and the College and University Nurse Educators. We are interested in continuing dialogue on those amendments as you consider this bill.

Thank you for the opportunity to present testimony. I am now open to questions.

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Senator Judy Lee
Senate Human Services Committee
HB 1245

My name is Mary Jagim. I am the 2003 North Dakota Emergency Nurses Association State President and am registered lobbyist #576 for ND ENA . My address is 5622 Bishops Blvd, Fargo, ND, 58104. I am speaking in opposition of HB 1245.

I have spent a considerable amount of time reviewing this bill and discussing it with nursing colleagues throughout the state. The intent of the bill has appeared to be to diminish control regarding education and standards of practice from the Board of Nursing. The primary function of the Board of Nursing is to protect the public by ensuring that licensed nurses in North Dakota meet high quality and educational standards necessary for their role. It is difficult to understand how reducing their power to control education and practice would be beneficial for the public.

Currently our nursing program graduates demonstrate consistently high success rates on the licensing exam with a passing rate in 2000 of 95% (National Council of State Boards of Nursing) in comparison to our neighboring states of South Dakota and Minnesota with overall passing rates in the 80s. Our graduates are also very bright with strong critical thinking skills and a solid clinical knowledge base. Based on the recruiting practices in the area we know they are sought after by hospitals and agencies all over the country. Our nurse to patient ratio is among the highest (4th) in the country at 1,096 RNs/100,000 population according to the 2000 HRSA National Sample Study of Registered Nurses. And we also have the highest percentage of BSNs in the country at 51%. It is a system that isn't broke. By passing a bill that has been a point of controversy and confusion among the nursing profession in the state, what can we anticipate as expected outcomes?

From the statistics we have seen from states who have not set the same standards in place that North Dakota has, namely the other 49 states, their nurse to patient ratios are worse, their shortage numbers are significant, and their percentage of BSNs who are able to function in primary care, critical care, leadership, and management roles are considerably lower. By removing some of the control of nursing education from the Board of Nursing, programs of lower educational standards, namely 2 yr RN or 1 yr LPN, may enter and compete with existing nursing programs. The offering of these programs in other states has not proven to increase their ratio of nurses, only decrease the number of BSNs available. As a nurse manager who hires nurses for an acute care area, the emergency department, this greatly concerns me. I have attempted to hire 2 year new graduates from Minnesota programs for positions in our department and they have consistently not experienced the success of our baccalaureate graduates of North Dakota programs. The acuity of patients being cared for in acute care, long term care and home care continues to increase and

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the role grows in complexity with each year. Decreasing a nurse's educational background the opportunity to develop essential critical thinking knowledge is a disservice to the nurse and the patient.

Establishing entry into practice in North Dakota was not only historical but is a goal sought after by nursing around the country. We have been able to achieve the model system all others strive to duplicate. Just because they didn't follow, doesn't mean it was the wrong choice.

Are their improvements to our system that could be made to further reach out to rural areas and increase our pool of nurses in North Dakota – absolutely. The nursing workforce study being done at UND is already providing us with necessary data that the nursing professional leaders in North Dakota need to further evaluate and develop a joint vision for our future that will meet the needs of our citizens as well as the professional nurse. That action should be done as a joint venture to create a positive global plan. Please do not pass this divisive, confusing bill that will not solve any of the issues it's proponents promise.

Please vote a Do Not Pass on HB 1245

Thank you

Mary Jagim, RN,BSN,CEN

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"Kirsten Friedt"
<kfriedt@ableinc.net>
03/10/2003 03:04 PM

To: <jlee@state.nd.us>
cc:
Subject: Engrossed House Bill 1245

Dear Senator Lee:

I am emailing you to say I am opposed to Engrossed House Bill 1245 Revisions to the Nurse Practices Act. I am unclear of the intent of the original bill. It now has many amendments to it that create even more confusion. I question what the bill is supposed to accomplish, particularly with the added amendments. First the Board of Higher Education was to regulate nursing education, then this appeared to be returned to the Board of Nursing with stipulations as to who they must work with and allow in to accredit nursing education programs. Who really will be regulating and approving nursing programs? As a Registered Nurse in this state I feel the Board of Nursing should continue to regulate nursing programs as they have been doing. Our nursing programs are the future of our profession and the future of quality health care within our state.

The original bill removed the current entry into practice levels, the amendments remove the transitional license, and place higher education requirements on nurses from outside North America wanting to practice in our country. Why would we have different expectations from certain groups of nurses? Shoulun't all nurses practicing in our state have uniform education standards and expectations? Can nurses who have been out of practice due to illness, family obligations, etc simply return? Or worse yet, do they have no choice as to either work despite adverse personal situations or never return to nursing?

I further question the reliability of continuing education to ensure competency with the nursing profession. I was part of a committee of nurses formed by the Board of Nursing that discussed and made recommendations to the Board of Nursing on this very topic. There was little research available to support mandated continuing education. Mandating continuing education increases the operating expenses of the Board of Nursing to regulate continuing education hours. This in turn will result in higher licensing fees. Will the nurse or the employer be expected to pay for continuing education? Will employers be able to fiscally manage the cost of sending all their nurses to continuing education? Will they be able to cover the shifts left open when nurses attend continuing education? In my field of nursing, Developmental Disabilities, educational opportunities for nurses are typically expensive, with most offerings being help out of state. My employer is a non-profit community based facility. We employ three full-time nurses. For all of us to attend mandated continuing education would not only be costly but would create staffing difficulties within our facility as well as potentially decrease education opportunities for others in the agency. **The final emphasis to this is that the people we support will suffer from lack of nursing coverage during our absence.**

Let common sense prevail, oppose HB 1245.

Sincerely,

Kirsten M. Friedt, RN, CDDN

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Thank you for opportunity to testify. My name is Anne Eliason. As a practicing Registered Nurse with a specialty certification from the ANCC in Nursing Continuing Education and Staff Development, I have been practicing for over 17 years in a variety of capacities. I started my nursing practice in a state with lower educational standards than ND. I have seen first-hand the decrease in quality of care that comes with these lower standards.

Seventeen years ago, as a senior nursing student, I fought for North Dakota's entry into practice. The rest of the states did not follow our lead, but just because they still license associate degree nurses, it seems absurd that we should turn around and jump off the proverbial cliff with the rest of the nation. It is a sad thing that here I am, once again, fighting to retain the quality of care for our state's patients through baccalaureate education for their nurses. Since my graduation in 1985, nursing has only become incredibly more complex. For example, the numbers and classes of drugs have increased exponentially which means that adverse effects and drug interactions are much more likely. Nurses are the health care professionals who are at the bedside with these patients 24/7. They must be able to understand and anticipate problems while communicating them to other members of the health care team.

We don't have nearly the same number of problems in ND, as in the rest of the U. S. and we have 60% BSN or higher degree nurses. It is my understanding that many associate degree programs don't even have separate courses for pharmacology and pathophysiology. When you train someone to do a job, you get a technician, when you educate someone you get a professional with critical thinking skills who can do more than follow a laundry list of tasks. Even some of my colleagues who graduated years ago from associate programs agree that in this health care reality, more education is certainly needed.

As Orientation Coordinator for a major healthcare system in this state, I have seen the orientation time for new registered nurses shrink. Other professions like physicians, physical and occupational therapists do not have their inexperienced graduates out in the work environment immediately. Each of these disciplines have internships, some a year in length for these newcomers to become more practiced and knowledgeable in a supervised environment. Unfortunately, nursing does not have this option. I do not believe that two years of education is adequate for such a complex role on the health care team. With all do respect to educators, why should a Registered Nurse have less education than a Kindergarten Teacher? I just don't get it!

Personally, I feel that it is reprehensible that some board members of the NDNA feel the need to write this awful bill. I have to question why the supposedly pro-nurse NDNA is playing the willing pawn for the Health Care Association and the Long Term Care Association. What is the motive for these organizations to want to see the decrease in nursing education so badly? I just can't believe that they really think that it will increase the number of nurses in rural areas. However, it could keep nurse's salaries low! Low cost nursing care would be great for all of them, but what about the patient or resident?

I strongly urge you to vote no on bill HB1245. Thank you.

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Dear Senator Lee and Human Services Committee members,

My name is Jack Rydell and I am a Registered Nurse working in the Fargo-Moorhead area. I am speaking as a professional nurse but also as a 15 year member of the North Dakota Nurses Association, currently serving as the President of District 4. I am opposed to HB 1245 in it's current form, and encourage your voting NO to this bill.

The original intent of HB 1245 was to move the oversight of nursing education out of the jurisdiction of the Board of Nursing to the Board of Higher Education. Although it was unspoken, the primary intent of this bill was to take control of nursing education out of the hands of the Board of Nursing and move it to a venue that would open opportunities for lower requirements for nursing licensure. Specifically, providing opportunities for 1 year LPN and 2 or 3 year RN programs. While I understand the struggles some of the rural communities of North Dakota face on a daily basis trying to fill vacant nursing positions in their local health care facilities, now is not the time to be lowering our educational standards and requirements for nursing education in an effort to get "bodies" into these facilities to provide health care.

In this age of advanced technology, longevity of our residents, and increased acuity and complexity of the patients entering the various health care settings in our state, we need to ensure that we are providing the most competent health care professionals possible to our communities. Currently, we are in the enviable position of having only bachelor prepared programs in our state for Registered Nurses, and two year programs for Licensed Practical Nurses. Some 17 years ago, The North Dakota Nurses Association, in conjunction with the North Dakota Board of Nursing, worked hard to take a lead role in our country to establish what is now referred to as "entry into practice", which requires the 4 year baccalaureate nursing preparation. Other states have tried hard to accomplish what we accomplished, but have been unsuccessful. This is one of the few times North
Dakota has been able to be a leader in this country, and has successfully maintained this for 17 years. Our state enjoys some of the highest rates for nurses successfully completing their nursing boards in the country, which I attribute to the high standards we have established in our nursing education programs. While there may be a mal-distribution of nurses in our state, lowering the educational standards is not the approach to fixing this problem. I would like to suggest looking for other opportunities to facilitate getting baccalaureate prepared nurses in the more rural areas of our state, such as increasing the number of nursing students being admitted into existing programs in our state. I would also like to challenge our organization, along with the Board of Nursing and the colleges of nursing, to look for opportunities for distance education such as was done by the UND Masters in Nursing Program from which I graduated. Section 3, items 7 and 10 imply that a nursing program is a nursing program is a nursing program. I disagree, and believe our exceptional success rate on State Nursing Boards in this state demonstrates this is not the case. I also believe the Transitional Licensure component of our existing law, as outlined in the originals bill in section 4, item 3, and Section 5 is serving us well and should not be deleted. This was accepted in our last legislative session as a means to support currently licensed nurses who are transferring into North Dakota to continue to work, with the understanding of demonstrating continuing education.

Please help us maintain our state's high level of competent licensed LPNs and RNs. Allow us to continue to benefit from the high quality of health care we enjoy, and continue to be a leader in nursing education in the country.

Thank You.
Jack Rydell

Jack Rydell, MSN, RN
6208 14th St. North
Fargo, ND 58102

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SENATE HUMAN SERVICES COMMITTEE

TESTIMONY RELATED TO HB 1245

Chairperson Lee and members of the Human Services Committee, my name is Mary Anne Marsh, I am from Dickinson, ND and I am the Chair of the Department of Nursing at Dickinson State University. I am also the Chair of the College and University Nursing Education Administrators (CUNEA) organization.

On behalf of CUNEA, I wish to offer testimony in OPPOSITION to HB1245 relating to the proposed revisions to the Nurse Practices Act 43-12.1.

CUNEA is comprised of the Deans and Chairs of the nursing education programs across the state. We represent both public and private schools, including Dickinson State University, Jamestown College, MedCenter One College of Nursing, Minot State, ND State College of Science, Tri-College Nursing Consortium at Fargo, United Tribes Technical College, University of Mary, University of ND and Williston State College. We administer a variety of nursing education programs including those that prepare LPNs at the associate level and RNs at the bachelor's level. In addition, masters' level education for nurses is provided at Tri-College, University of Mary and UND. Also, UND recently added nursing education at the doctoral level.

CUNEA ***STRONGLY urges a DO NOT PASS on this bill in its <u>current</u> form.*** Our recommendation is based on:

- Changes proposed by this bill will jeopardize graduates taking the licensure examination and becoming licensed as a nurse in other states because the ND Board of Nursing would no longer approve nursing programs, a requirement of other states for graduates to take licensing exams. This is not a logical change to make.
- Our graduates who want to pursue masters and doctoral-level education will be restricted. Many graduate programs require a signed statement from the dean or chair verifying Board of Nursing approval status of the students' undergraduate program. Passage of this bill removes the approval status.
- Existing nursing education programs will be forced to compete for students and revenue with out-of-state and/or internet based nursing programs. Tuition dollars will go to these out-of-state programs rather than support our in-state colleges and universities. This will occur if this bill passes and limits the Board of Nursing's authority, to restrict other programs from coming into the state – simply because the program is nationally accredited.
- These programs will compete with ours for clinical-learning sites. Clinical sites are already limited and are at a premium in many areas of the state. Additional nursing programs will further-limit our use of healthcare facilities for clinical learning. For example, Bismarck already provides nursing education programs

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via United Tribes Technical College, MedCenter One College of Nursing, University of Mary and a distance-delivered program via Williston State College. Both the MedCenter One and St. Alexius Hospitals as well as multiple community-based facilities are at maximum use by these educational programs. MeritCare Hospital in Fargo incorporates clinical rotations on a year-round basis; numerous educational programs currently vie for students' clinical placement. Allowing out-of-state nursing programs to come in will only compound clinical scheduling difficulties we are already experiencing.

This bill has the potential to be most destructive to our excellent system of nursing education in the state. We have noted the most obvious consequences above.

Our nursing education program administrators and faculty work *very* hard to provide outreach distance nursing education programs across the state. Both private and public universities are active in providing on-site and/or internet courses in practical nursing and registered nursing programs. Distance nursing programs currently being conducted in the state include:

COLLEGE/UNIVERSITY	PROGRAM TYPE	DISTANCE SITE(S)
Tri-College University	RN-BSN	Internet
Minot State University	RN	Williston
University of Mary	RN-BSN and LPN-BSN	On-line
University of North Dakota	LPN/BSN	In development
Williston State College	LPN	Minot, Rugby, Bismarck (via Bismarck State College), Devils Lake, Grafton, Langdon (via Lake Region State College)
Northwest Technical College	LPN	Moorhead, Wadena, Detroit Lakes, East Grand Forks, Bemidji and Internet
ND State College of Science	LPN	Jamestown, Valley City, Rugby, Fargo (MeritCare and the Technology Training Center)
Dickinson State University	LPN	Hettinger

Furthermore, our graduates are able to articulate from one program to another; students who graduate from an associate LPN program can articulate to a bachelor's program to become an RN; a bachelor's prepared RN can transfer to one of the master's programs in the state to become an advanced practitioner and NOW, with the establishment of the doctoral program at UND, nurses can pursue a terminal degree in nursing!

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As you can see, many of the existing nursing education programs are attempting to meet the needs for nursing education in this state and provide for our rural areas using a "grow your own" model of nursing education. The campuses often absorb the costs to distance-deliver these programs that cannot be recouped from students' tuition/fees alone. **"Nursing" should be here advocating for support to deliver the existing North Dakota based programs to expand them. We should be expanding rather than restricting the authority of the Board of Nursing to support nursing education that meets the needs of the healthcare facilities across the state and more so, to ensure the nursing needs of each and every citizen of ND are met!**

CUNEA met with representatives from the Board of Nursing and the North Dakota Nurses Association to discuss the current bill and consider an alternative amendment package. We are not in favor of *mandating* continuing education for nurses because this has NOT been demonstrated to validate a nurse's level of competence. In addition, it will be a costly endeavor for individual nurses as well as healthcare facilities and the Board of Nursing. Furthermore, we are not in favor of restricting the Board of Nursing's authority to approve out of state programs. However, we reluctantly agreed to these provisions if an alternative set of amendments will be considered.

This amendment set is to be provided to the Committee by the North Dakota Nurses Association.

We strongly urge you to NOT SUPPORT HB 1245!

Thank you for giving me the opportunity to provide testimony. I am now open to questions.

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HUMAN SERVICES COMMITTEE

TESTIMONY RELATED TO HB 1245

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

On behalf of the board, I wish to offer testimony in opposition to HB 1245 relating to the proposed revisions to the Nurse Practices Act 43-12.1. Board of Nursing members voted unanimously to oppose this legislation.

North Dakota Board of Nursing position: The Board is urging a DO NOT PASS recommendation for this bill in its current form.

The North Dakota Board of Nursing recognizes the significant nature of this proposed legislation and is very concerned about the Board's working relationship with the North Dakota Nurses Association, NDLTCA and the North Dakota Health Care Association. The Board of Nursing values the collaborative relationship it has developed with those organizations over the past several years and is severely disappointed that a change of this magnitude is offered via legislative means without collaboration with the Board of Nursing.

The North Dakota Board of Nursing comes before you today because we believe in establishing good public policy that is consistent with our mission set forth by this legislature. The question that legislators will need to answer today is whether North Dakota citizens will continue to have access to quality nursing education programs or not? Do the citizens of North Dakota deserve safety standards for faculty supervision of students? Should out of state programs have an automatic and unregulated ability to offer any type of nursing program? Should the North Dakota Board of Nursing establish standards that they are not able to enforce? As is quite apparent, this legislation is intended to provide unrestricted delivery of nursing programs without any regulatory requirements.

The Board of Nursing has identified four major areas of concern in this legislation:

- HB1245 will remove the regulatory authority of the Board of Nursing to approve nursing education programs. This bill provides the board with the ability to establish standards but not to approve programs once the standard is established. Programs must have ongoing board approval to continue with accreditation. This bill allows programs to enter the state through accreditation and compete with well established North Dakota programs. Recognize changes in amendments
- In the 57th Legislative Session, the ND BON was given responsibility for NDCC 43-12-08.2 NURSING NEEDS STUDY. The project is just completing year one of data collection. Passage of HB1245 would negate the current work of the Nursing Needs Study and arrest any future work which could make a real difference in this healthcare

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shortage. The data from this study will provide health care with the information needed to make decisions relative to nursing.

- HB1245 will lower standards of nursing education at a time when consumers are more ill when they come for services. The transitional license requirement for endorsement is also eliminated. A higher level of skill, not lower is essential for safe nursing practice. HB 1245 promotes and encourages a lower level of skill.

- HB 1245 eliminates the Board authority to assess competence of licensees continuing in or returning to practice through practice hour requirements, refresher and academic courses and replaces with mandatory continuing education requirements.

The NDBON has identified the following conflicting interpretation problems with this legislation. The board's legal council is available and will respond to legal questions if any should arise.

- **Section 2. Amendment.** This amendment exempts any and all nursing students to practice in this state. This provision would allow any student from any program whether they are approved or accredited to have clinical practice in North Dakota. Who would set the standard and how would the organizations that provide clinical experience to students have assurance that the safety of the patient will be foremost? What are the minimum standards? This eliminates any safety standards for faculty supervision of students, since the North Dakota Board of Nursing is prohibited from restricting the offering of accredited programs. The jurisdiction of the South Dakota Board of Nursing stops at the border despite the fact they approve the USD program.

- **Section 3. Amendment. Powers and duties of the board. Sub 7.** The proposed change removes North Dakota Board of Nursing approval for nursing education programs. It seems contradictory when a board may establish standards but not be able to enforce through a verification process of having met the standard. How would North Dakota programs educate students without consistent standards for program approval?

As it is written in the bill, the board will not have the authority to regulate its own standards for nursing education if a program has national accreditation. It will prohibit any of the North Dakota programs from starting any new programs and getting them accredited. Programs must have on-going approval from the board to continue with accreditation of the programs.

If the ability by the North Dakota Board of Nursing to approve nursing education programs was eliminated, all programs currently educating students would lose program approval and accreditation. The rule promulgation process has taken 12-18 months at a minimum. If this were to bypass the promulgation and approval process for the so called new programs would delay the education of nurses in North Dakota at a time in which we expect the highest number of retirements to occur.

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- Elimination of the board approval for licensure by examination would prevent graduates of North Dakota programs from taking the licensing examination in other states or prevent an applicant from endorsing their license into another state. The law in 49 other states requires that the applicant have graduated from a board of nursing approved program.

Section 3. Amendment. Powers and duties of the board. Subsection 9: Removal of this power & duty weakens the board's ability to discipline nurses based on competency, issue limited licenses, provides for reinstatement of licensees through use of academic courses or refresher courses. This amendment is repetitive of number eight in which the board licenses graduates. The foreign nurse statement is discriminatory and serves no purpose. If immigrant nurses were able to obtain H1B Visa status under this provision, 49 other states would have already placed this statement in law. The last sentence is a repeat of subsection 7. The Board of Nursing enforces the provisions of the Nurse Practices Act in a consistent fashion—the board does not arbitrarily make such decisions. To include this provision based on the assumption the BON must have it written twice "to make sure they get the message" is derogatory and demeaning.

Section 4. Amendment. Licensure - Registration. The amendments in this section remove the transitional licensure requirements for endorsement. The Board is not opposed to this provision.

Section 5. A new subsection. This amendment could create considerable confusion. The Board is suggesting in the amendments proposed earlier that all current licensees be reissued a regular license and not have a phase out period.

Section 6. Continuing Education Requirements. The Board has not supported the implementation of mandatory continuing education but will not oppose this provision. The Nurse Practice Committee of the Board of Nursing has studied the issue for the past two years and recommended that mandatory CE not be implemented. This recommendation was based on the fact that no current research to support that CE is an effective means for ensuring continuing competency. Many BON have abandoned mandatory continuing education requirements. Also, according to the American Nurses Association (2002), "continuing competence is a hallmark of professionalism and a means by which a profession is held accountable to society". Ongoing continuing competence is more than CE. It is expertise, practice, beliefs, attitudes and knowledge matched to the scope of practice. A commitment to continuing competence mandates lifelong learning activities for all professional nurses. The latest research from Smith, 2001, indicates nurses tend to accumulate CE hours whether or not they are mandated to do so. The North Dakota Board of Nursing Continued Competence Model is attached.

For your review, I have included data on current status of RN & LPNs in North Dakota and the Executive Summary of the Hospital and Long-Term Care Facility, Director of Nursing Survey Preliminary Results: Focus on Demand. The proposed timeline for the Nursing Needs Study is also attached.

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The North Dakota Board of Nursing, North Dakota Nurses Association, and College and University Nursing Education Administrators have met and agreed to the attached proposed amendments. If these amendments were to be adopted the Board would more than likely support the bill. The proposed amendments do help clean up a regulatory nightmare but in no way make this a "good" piece of legislation. We believe the connection of the various amendments are not clearly articulated and understood by the nursing profession and will continue to create confusion for jurisdictional issues confronted by the profession and health care facilities.

In summary, the North Dakota Board of Nursing will continue to critically evaluate the implication this change in regulation of nursing practice would make for the citizens of ND. The current licensed nurses and nursing programs provide North Dakota citizens with top quality health care providers.

The Board prides itself in making decision based on public safety that is truly data driven. This type of battle is costly and time-consuming for the profession and for the state legislators involved. Such decision regarding who can competently provide nursing education regulation demands a more empirical foundation and a less political venue. And I hope common sense will prevail when you consider this piece of legislation in its totality.

Thank you for the opportunity to present testimony. I am now open to questions.

The Board is opposed to HB 1245. The Board is urging a <u>DO NOT PASS</u> recommendation for this bill in its current form.

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Page 3: Section 2, lines 6 through 9.

2. Students practicing nursing as part of a ~~board-approved~~ nursing education program preparing for initial or advanced licensure as a registered nurse or licensed practical nurse which is located in an institution of higher education that offers transferable credit upon notification to the board.

Page 4: Section 3, lines 6 through 11 (number 7) and lines 13 through 22 (number 9)

7. Periodically review and approve nursing education programs leading to initial or advanced licensure. The board may not restrict the offering in this state of nursing programs accredited by the national league for nursing accrediting commission, incorporated, or the commission on collegiate nursing education.

9. Establish standards for assessing the competence of licensees and registrants continuing in or returning to practice. The board may not restrict the offering in this state of nursing programs accredited by the national league for nursing accrediting commission, incorporated, or the commission on collegiate nursing education.

Page 7: Section 5, lines 13 through 16

Section 5. A new subsection to section 43-12.1-10 of the North Dakota Century Code is created an enacted as follows:

All current transitional licenses as of August 3, 2003 will be reissued as registered nurse or licensed practical nurse licenses.

Page 7: Section 6, lines 19 through 24.

Section 6. A new section to chapter 43-12.1 of the North Dakota Century Code is Created and enacted as follows:

Continuing Education requirements. The board shall adopt rules requiring every nurse licensed in the state to fulfill continuing education requirements. Before the board may renew a license, the licensee shall submit evidence to the board establishing that all continuing education requirements prescribed by the rules adopted by the board have been met.

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[redacted]

Graduation from an approved program 43-12.1-09(1) Licensure-Registration.	♦ Submit an official transcript of a board approved nursing education program ♦ Passed NCLEX® Examination ♦ Chapter 54-02-01 Licensure by Examination	♦ BON Review of initial application ♦ Self-report background check ♦ NURSYS verification if necessary
Practice Requirements-meet or exceed five hundred hours within the preceding five years- ♦ 43-12.1 –10 License-Registration-Renewal ♦ Chapter 54-02-05 Renewal of License	♦ Self report practice hours and place of employment ♦ Verification of practice hours from employer as necessary.	♦ BON review of renewal application ♦ Self-report background check ♦ NURSYS verification if necessary
♦ Practice as a licensed registered nurse or licensed practical nurse which meets or exceeds five hundred hours within the preceding five years in another state, territory, or country. ♦ Verification of employment is to be submitted.	Non-practicing nurse must provide verification of: ♦ Completion of a refresher course in nursing, in accordance with board guidelines, within the preceding year. **OR** ♦ Successful completion of a clinical nursing course in a board-recognized nursing program to further nursing education. **OR** ♦ Other evidence the licensee wishes to submit which would provide proof of nursing competence.	♦ North Dakota Board of Nursing review of renewal application and additional documentation. ♦ NURSYS check for disciplinary action. ♦ Self-report background check

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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
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NORTH DAKOTA DATA
RN & LPN
2002 UPDATE

According to the federal Bureau of Health Professions, there was a national shortfall of 110,000 nurses in 2000, about six percent of the current nursing workforce of 1.9 million. By 2020, the number of nurses is expected to rise to only 2 million but an estimated 2.8 million will be needed, resulting in a shortfall of nearly 30 percent. Factors driving the growth in demand include an 18 percent increase in population, a larger proportion of elderly persons, and medical advances that heighten the need for nurses. North Dakota continues to have one of the highest numbers of nurses per population. According to the 2001 Census Data, ND has 1,786 nurses per 100, 000 populations.

The Nursing Needs Study (43-12.1-08.2) was passed by the 2000 Legislation Session in an effort obtain information for decision-making and planning directed towards meetings the nursing needs of the citizens of rural North Dakota and ultimately improve the health of those communities. The North Dakota Board of Nursing (www.ndbon.org) entered into an agreement with the University of North Dakota Center for Rural Health in 2001 to study the nursing shortage and address the supply and demand for nurses in this state. The nursing shortage is a key issue for state policymakers in determining whether the supply of nurses, both RN and LPN, can meet the health care needs of state residents.

The Scope of Work includes the ability to establish and maintain a data base on nursing supply and demand in the state, including future projections; study the nursing shortage in ND with particular attention to workforce implications for rural communities; and present analyzed data to groups of representatives of the citizens of ND.

EMPLOYMENT STATUS. The total of RNs nationally is 2,696,540, a minimal increase from 1996 to 2000. These totals reflect a 5.4% increase since 1996 on the national level (the lowest ever increase in a four year period). Also, according to a study by Dr. Peter Buerhaus and colleagues published in the Journal of the American Medical Association (June 14, 2000), the U.S. will experience a 20% shortage in the number of nurses needed in the U.S. health care system by the year 2020. This translates into a shortage of more than 400,000 RNs nationwide.

North Dakota saw a significant increase of registered nurses from 1987 to 1997 of 1,215 nurses but only an increase of ninety-one (91) registered nurses from 1997-2001.

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TABLE 1. LICENSED NURSES IN NORTH DAKOTA
(By Year)*

Registered Nurses	**3832**	**5641**	**7086**	**8301**	**8392**
Licensed Practical Nurses	**937**	**2708**	**3128**	**3162**	**3179**

***Source: North Dakota Board of Nursing Database.**

GEOGRAPHICAL DISTRIBUTION. Of great significance to rural North Dakota is that 5,247 (63%) of the RNs live in eight of the fifty-three counties. The remaining 3,145 (34%) RNs are divided amongst the other 45 counties. The table below depicts the total number of RNs and LPNs in the most populous counties of North Dakota and totals 49% of all nurses in the state.

TABLE 2. NURSING EMPLOYMENT
FOUR COUNTIES
2001*

Burleigh	**1208**	**1175**	**97%**	**269**	**246**	**91%**
Cass	**1793**	**1738**	**97%**	**534**	**520**	**97%**
Grand Forks	**733**	**709**	**97%**	**250**	**237**	**95%**
Ward	**621**	**596**	**96%**	**223**	**214**	**96%**

***Source: North Dakota Board of Nursing Database.**

TABLE 3. NORTH DAKOTA NURSES
INFORMATION ON PRACTICE
AND EDUCATION*

Percentage of Females	**94%**	**97%**
Average Age	**44**	**42**
RNs holding a bachelor's degree or higher in nursing	**66%**	**N/A**
LPNs holding an associate degree in nursing	**N/A**	**50%**
Percentage working Full-time	**52%**	**52%**
Percentage working Part-time	**44%**	**43%**
Percentage working in hospitals	**52%**	**28%**
Percentage working in Long-Term Care	**11%**	**31%**

***Source: North Dakota Board of Nursing Database.**

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DEMOGRAPHICS. The percentage of nurses employed remains steady from 1996, at which time 96% of the RNs and 95% of the LPNs reported working full or part time. Of great concern to the Board is the number of nurses working part-time—almost one-half! There are minimal numbers of unemployed, currently licensed nurses in North Dakota.

Undoubtedly, North Dakota's population is aging. However, the median age in 2000 was 36.2 while the national average age of a registered nurse in 2000 was 45.2 years (HRSA). In North Dakota, where active practice is a requirement for licensure, the average age as of 2001 was 44 for the RN and 42 for the LPN.

EDUCATION. Statewide the highest education level achieved by the RN is 21% diploma; 14% associate degree; 54% Baccalaureate degree; and 11% have achieved a master's degree or doctorate.

Accordingly, across North Dakota 47.6% of the LPNs hold an associate degree in nursing. The remainder holds a vocational certificate as a practical nurse. Of great significance is the fact that over 75% of currently licensed nurses are educated in North Dakota and practice in North Dakota.

*Bureau of Health Professions, Health Resources and Services Administration (HRSA)

TABLE 4. NORTH DAKOTA EDUCATED NURSES EMPLOYED 2001*

RN	5927	77%	1655	21%	119	2%
LPN	2182	76%	700	24%	3	.001%

*Source: North Dakota Board of Nursing Database.

ENROLLMENT. In North Dakota, since 1996 the number of RN graduates have steadily declined over a five year period with an overall 15% decrease. However, the number of LPN graduates has continued to grow since 1996 with a 39% increase during that five-year time frame. The number of graduates from the two Master's Degree programs has also dropped steadily from 65 in 1996 to 48 in 2002, a decline of 26%.

Original: 2000
Updated: November 02

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Testimony on HB 1245
Senate Human Services Committee
March 11, 2003

Chairman Lee and members of the Senate Human Services Committee, thank you for the opportunity to testify on HB 1245. My name is Shelly Peterson, President of the North Dakota Long Term Care Association. On behalf of our members, I wish to offer testimony in support of HB 1245. We are pleased to have joined with the North Dakota Nurses Association and North Dakota Healthcare Association in supporting this legislation. We believe HB 1245 is good for North Dakota, the nursing profession, for those interested in pursing a nursing education and most importantly for those who may need nursing care.

I would like to highlight two positive aspects of HB 1245:

1. The development and offering of Associate Degrees for RNs and one-year programs for LPNs, both leading to nursing licensure accepted by the North Dakota Board of Nursing. The section of HB 1245 that provides for this is Section 3, items 7 and 9 (on page 4).

   7. Establish standards for nursing education programs leading to licensure and collaborate with nursing education program approval organizations and accreditation organizations. The board may not restrict the offering in this state of nursing programs accredited by the national league for nursing accrediting commission, or the commission on collegiate nursing education.

   9. Approve for licensure graduates of nursing education programs that are recognized by the board or that are accredited by national nursing program accreditation organizations that are recognized by the board. However, a graduate of a nursing education program that is not located in the United States, Canada, or the United States' possessions or territories must have a Baccalaureate Degree in order to be licensed as a registered nurse. The board may not restrict the offering in this state of nursing program accredited by the national league for nursing accrediting commission, incorporated, or the commission on collegiate nursing education.

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The amendment offered by the North Dakota Nurses Association appears to lessen the vital link requiring the Board of Nursing to accept for licensure individuals who are in a board approved nursing education program. The amendments Section 3, items 7 and 9 state, "the board may not restrict the offering in this state..." Under this amendment could the Board of Nursing approve Associate Degree RN programs, without complying with licensing the graduates? The Board of Nursing's licensing authority is distinctive from the authority to approve curriculum standards. My concern may be without merit. If we can be assured on the record that individuals who are graduates of nursing educations programs approved by the Board of Nursing, would without qualifications, be accepted for licensure by the Board of Nursing, we could accept the amendment.

2. HB 1245 will allow the Good Samaritan Project called, "Growing Our Own" to be fully implemented in North Dakota. In September 2002 the Board of Nursing denied the projects clinical experience course of 725 hours, basing the denial on North Dakota's baccalaureate requirements. The "Growing Our Own" program is designed to recruit employees who are already at work in rural communities. Individuals are able to work full time, stay in their community and work toward an Associate Degree as a registered nurse. I've attached a short fact sheet on the recently congressionally funded and approved demonstration project. We are excited at the opportunity HB 1245 presents in allowing this program to be implemented in 16 rural communities in North Dakota.

The issue of foreign nurses is not easily resolved, however we believe we must move ahead and support the greater nursing educational opportunities for North Dakotans, regardless of the unintended consequences to the immigration issue. As you may be aware, immigration into the US is through one of two visas - either a temporary (H1-B) or permanent ("green card") visa. The key differences between the two visas is the length of time required to process them. A permanent visa can take 12-18 months while on international nurse can begin working in the US within 6-12 weeks if a temporary (H1-B) visa is processed. Recently the Immigration and Naturalization Service (INS) (see attached letter) issued a letter stating that, "a petition for an RN position in the state of North Dakota will generally qualify as a H1-B position...". As a result of that letter in the past 30 days two companies have contacted me about establishing a recruiting business in North Dakota, for the sole purpose of processing RNs into the United States through North Dakota as the entry point.

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Once a temporary visa is approved an immigrant nurse can begin working in North Dakota. The immigrant applies for their permanent visa immediately. Once a permanent visa is granted, the nurse is not bound to North Dakota. Employment contracts may require greater time commitments. One company indicated not all immigrant nurses would stay in North Dakota (climate differences was a concern of one company), however the company would replace the current foreign nurse with another immigrant prior to a move. We have had very positive experiences with foreign nurses. It is not our desire to cause them any delay in migrating into the United States. However it is not our desire to become dependent upon foreign nurses at the expense of offering more educational opportunities to North Dakotans.

A little over a year ago, North Dakota received a $2.1 million grant from the US Department of Labor, called H1-B Technical Skills Training Proposal. The goal of the project is to decrease the need to import foreign workers to work in North Dakota nursing facilities and hospitals as RNs, LPNs and medication aides. The $2.1 million is being used to educate individuals in North Dakota who want to become a nurse. The grant will pay for an individuals tuition and books (see Fargo Forum News Article). Over 70 North Dakota nursing facilities and hospitals are participants in this grant program. It's ironic North Dakota received a grant from the Department of Labor to decrease our dependance of foreign nurses and we are the sole state that can process foreign nurses through the H1-B visas the quickest. Please note other states are successfully recruiting foreign nurses, it may just take a little longer.

We understand the Board of Nursing would prefer to deal with this immigration issue through their rule making authority and wish to delete the "foreign nurse language" from HB 1245. We are supportive of the Board of Nursing in their request.

The American Association of Colleges (AACN) of Nursing is the national voice for university and education programs in nursing. They represent 560 colleges and universities with baccalaureate, masters, and doctoral programs in nursing. The AACN is completely opposed to restricting entry into nursing. "They believe associate degree in nursing programs offered by community colleges play an important role in meeting the nation's healthcare needs. AACN recognizes the vital role two year prepared RNs play, and must continue to play, in the delivery of healthcare." The associate degree RN (two year) functions primarily at the beside in a nursing facility setting (or other institutional setting) in less complex patient care situations. This nurse assesses patient needs, provides comfort and treatment. Working with the resident/patient and family, this nurse does for the resident which the resident is unable to do without assistance. This nurse delegates tasks to the CNAs and medication aides, who ultimately provide 80% of the hands on care. This is the type of nurse we are missing in long term care and with our baby boomers retiring in the next 5 to 15 years, how will we replace these nurses. Our four year universities have done

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a fantastic job of producing baccalaureate prepared RNs. The BSN competencies not only include the two-year prepared RN competencies, but builds upon them. Their level of responsibility tends to be more complex, requiring more independent nursing decision. In the nursing facility setting this would most likely be the Director of Nursing. We have a need for both types of prepared nurses. In North Dakota our greatest need is for the bedside nurse. It is our bedside nurse that is becoming extinct.

It is difficult for us to recruit young BSNs to rural North Dakota nursing facilities. Many times they are looking for greater opportunity for career mobility, personal and professional development and may have a dream of pursing an advanced/graduate education. Opportunities not always available in our rural facilities. Our best opportunity we believe is investing and developing our current workforce. Those that have a commitment and investment in their rural community. Many middle age (40s), mostly women cannot devote the amount of time or money needed to purse and attain a four year degree, however there is absolute desire and interest in becoming a two year prepared RN. That is a dream within their reach, one which will result in greater pay and advancement and continued service to their rural community.

Lastly we are supportive of continuing education for nurses. We provide over 100 hours annually of continuing education for individuals including nurses who work in long term care. We partner every summer with the State Health Department in a series of training sessions, called Quality of Care. They are affordable ($20 to $25 for one day) and held throughout North Dakota. This summer our series will concentration on pain, pressure sores and wound care. We are also in the process of evaluating e-learning opportunities for all nursing staff in long term care. Our preliminary results have yielded very positive results. If implemented statewide, participating facilities would have access to an extensive education curriculum for their nursing staff. The facility would be required to pay a participation fee, and all their nursing staff would have access to free education and inservices. Thus the nurse would not need to leave the community or facility for continuing education and would have access to training specific to their work.

Thank you for the opportunity to testify on this important issue. I would be happy to answer any questions you may have.

Shelly Peterson, President
North Dakota Long Term Care Association
1900 North 11th Street
Bismarck, ND 58501
(701) 222-0660

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Good Samaritan Pilot Project

- University of South Dakota and the Good Samaritan Society received Congressional funding and approval to plan, develop and deliver an Associate of Nursing RN program in six northern plains states.

- In September 2002 approval was given and a grant of $772,000 in federal funds was received to implement the project.

- North Dakota, South Dakota, Minnesota, Nebraska, Iowa and Kansas are the states approved in the project.

- Sixteen Good Samaritan facilities in North Dakota generated interest from 53 individuals interested in pursing a nursing education through this program.

- Called "Growing Our Own" this program is designed to recruit employees who are already at work in rural communities. Individuals are able to work full time, stay in their community and work toward an Associate Degree as a registered nurse.

- IGT Scholarship money and Hoeger Scholars Program will fund up to 2/3's of the cost of tuition for an individual pursing a nursing education under this program.

- The University of South Dakota and Good Samaritan Society requested approval from the North Dakota Board of Nursing to allow the clinical experiences in North Dakota. Clinical course work is 725 hours. The North Dakota Board of Nursing denied the clinical experiences in North Dakota.

- Of the 53 individuals interested in the North Dakota project only 7 registered because of the denial of conducting clinical experiences in North Dakota.

- HB 1245 will allow this project to be fully implemented in North Dakota.

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U.S. Department of Justice
Immigration and Naturalization Service

HQISD 70/6.2.8-P

Office of the Executive Associate Commissioner

425 I Street NW
Washington, DC 20536

November 27, 2002

MEMORANDUM FOR REGIONAL DIRECTORS
SERVICE CENTER DIRECTORS
DIRECTOR, ADMINISTRATIVE APPEALS OFFICE
DEPUTY EXECUTIVE ASSOCIATE COMMISSIONER,
IMMIGRATION SERVICES DIVISION

FROM: Johnny N. Williams /S/
Executive Associate Commissioner
Office of Field Operations

SUBJECT: Guidance on Adjudication of H-1B Petitions Filed on Behalf of Nurses

The purpose of this memorandum is to provide field offices with guidance on adjudication of H-1B petitions when the beneficiary is a registered nurse (RN). This memorandum clarifies that while typical RNs generally do not meet the requirements for H-1B classification, aliens in certain specialized RN occupations are more likely than typical RNs to be eligible for H-1B status.

A. General Requirements for H-1B Classification in a Specialty Occupation

The Service will approve an H-1B nonimmigrant worker petition filed on behalf of certain foreign nurses if the statutory and regulatory requirements for H-1B classification are met. An individual is eligible for H-1B nonimmigrant classification if he or she is in a specialty occupation. Under section 214(i)(1) of the Immigration and Nationality Act (Act), a specialty occupation "means an occupation that requires (A) theoretical and practical application of a body of highly specialized knowledge, and (B) attainment of a bachelor's or higher degree in the specific specialty (or its equivalent) as a minimum for entry into the occupation in the United States." Under section 214(i)(2) of the Act, the specialty occupation requirement is met by "(A) full state licensure to practice in the occupation, if such licensure is required to practice in the occupation[1], (B) completion of the degree described in paragraph (1)(B) for the occupation, or

[1] An H-1B petition filed for an alien who does not have a valid state license shall be approved for a period of one year provided that the only obstacle to obtaining state license is the fact that the alien cannot obtain a social security card from the Social Security Administration. *See* attached Service memorandum, *Social Security Cards and the Adjudication of H-1B Petitions*, November 20, 2001.

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(C)(i) experience in the specialty equivalent to the completion of such degree, and (ii) recognition of expertise in the specialty through progressively responsible positions relating to the specialty."

An employer may submit evidence that the alien has the required degree (or its equivalent) by submitting:

1. a copy of the alien's U.S. bachelor's or higher degree in the specialty occupation,
2. a copy of the foreign degree determined to be equivalent to the U.S. degree, or
3. evidence that the alien's education and experience are equivalent to the required U.S. degree.

In order to be licensed as an RN, an individual must graduate from an approved nursing program and pass the National Council Licensure Examination for Registered Nurses (NCLEX-RN) exam. The minimum requirement for entry into the field of nursing as a registered nurse is a two-year associate degree in nursing (A.D.N.), meaning a typical RN would not likely be eligible for H-1B classification. (*See* Bureau of Labor Statistics, U.S. Dep't of Labor, Occupational Outlook Handbook, 2002-2003 edition, p.269.) Accordingly, RN positions do not generally require a bachelor's or higher degree. In order to qualify an RN position as H-1B, the petitioning employer can meet the existing regulatory requirements by showing that:

1. a bachelor's or higher degree (or its equivalent) is normally the minimum requirement for entry into the position;
2. the degree requirement is common to the industry for parallel nursing positions (*i.e.*, employers in the same industry require their employees to hold the degree when they are employed in the same or a similar position);
3. the employer normally requires a degree or its equivalent for the position; or
4. the nature of the position's duties is so specialized and complex that the knowledge required to perform the duties is usually associated with the attainment of a bachelor's or higher degree (or its equivalent).

In determining degree equivalencies, the Service uses a formula that requires the beneficiary to have three years of specialized training and/or work experience for each year of college-level training that the beneficiary is lacking. 8 CFR 214.2(h)(4)(iii)(D)(5). The Service will be issuing more detailed technical guidance on this subject in the near future.

Accordingly, a registered nurse will be eligible for H-1B classification if the petitioner can demonstrate that the position and the individual alien meet the requirements for establishing that the position is H-1B as outlined above.

B. Advanced Practice Nurses

In contrast to most general RN positions, certain specialized nursing occupations are likely to require a bachelor's or higher degree, and accordingly, be H-1B equivalent. Positions that require nurses who are certified advanced practice registered nurses (APRN) will generally

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be H-1B equivalent due to the advanced level of education and training required for certification. An employer may require that the prospective employees hold advanced practice certification as one of the following: clinical nurse specialist (CNS), certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), or certified nurse practitioner (APRN-certified). If the APRN position also requires that the employee be certified in that practice, then the nurse will be required to possess an RN, at least a Bachelor of Science in Nursing (BSN), and some additional graduate level education.

The following list describes certain advanced practice occupations that will generally be H-1B equivalent if the position requires, and the alien has obtained, advanced practice certification:

- **Clinical Nurse Specialists (CNS):** Acute Care, Adult, Critical Care, Gerontological, Family, Hospice and Palliative Care, Neonatal, Pediatric, Psychiatric and Mental Health-Adult, Psychiatric and Mental Health-Child, and Women's Health
- **Nurse Practitioner (NP):** Acute Care, Adult, Family, Gerontological, Pediatric, Psychiatric & Mental Health, Neonatal, and Women's Health.
- **Certified Registered Nurse Anesthetist (CRNA);** and
- **Certified Nurse-Midwife (CNM).**

C. Nurses in Administrative Positions

Certain other nursing occupations, such as an upper-level "nurse manager" in a hospital administration position, may be H-1B equivalent since administrative positions typically require, and the individual must hold, a bachelor's degree. (*See* Bureau of Labor Statistics, U.S. Dep't of Labor, Occupational Outlook Handbook at 269.) Nursing Services Administrators are generally supervisory level nurses who hold an RN, and a graduate degree in nursing or health administration. (*See* Bureau of Labor Statistics, U.S. Dep't of Labor, Occupational Outlook Handbook at 75.)

D. State Requirements

As stated earlier in this memo, a general RN position does not qualify as H-1B. However, the National Council on State Boards of Nurses (NCSBN) has confirmed that the state of North Dakota is the only state that requires that an individual possess a BSN in order to be licensed as an RN in that state. This applies to individuals who enrolled in a nursing program after January 1, 1987. In a situation in which the BSN is a prerequisite to practicing in the field, the position will qualify as an H-1B position. Thus, a petition for an RN position in the state of North Dakota will generally qualify as an H-1B position due to the degree requirement for licensure. The Service will issue updated field guidance if it becomes aware of other states that adopt this requirement.

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E. Nursing Specialties

An increasing number of nursing specialties, such as critical care and peri-operative (operating room), to name two examples, require a higher degree of knowledge and skill than a typical RN or staff nurse position. Further, certification examinations are available to registered nurses who are not advanced practice nurses, but who possess additional clinical experience. Examples of these types of certification examinations are school health, occupational health, rehabilitation nursing, emergency room nursing, critical care, operating room, oncology and pediatrics. In such nursing specialties, the petitioner may be able to demonstrate that the H-1B petition is approvable by demonstrating that the position meets the requirements outlined in Section A above, and by demonstrating that the individual nurse meets the requirements. For example, for certain critical care nurses the employer must demonstrate, through affidavits from independent experts or other means, that the nature of the position's duties are sufficiently specialized and complex that the knowledge required to perform the duties is usually associated with the attainment of a bachelor's or higher degree (or its equivalent). As always, each petition must be adjudicated on a case-by-case basis and a decision to approve or deny the petition must take into account the totality of the requirements for the position, (*i.e.*, educational requirements, additional training in the specialty, and the experience), and the individual's qualifications for the position.

Questions regarding this memorandum may be directed to the Office of Adjudications through appropriate channels.

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THE FORUM

N.D. receives $2.1 million health grant

Forum staff reports

North Dakota has received a $2.1 million grant from the U.S. Department of Labor to train entry-level health professionals for better paying jobs.

This grant was announced Friday by Gov. John Hoeven as part of his economic development agenda.

The grant will provide funding to train 283 entry-level workers to become Licensed Practical Nurses and Registered Nurses, Hoeven said.

The state Department of Commerce is working with the Long Term Care Association to identify a "career ladder," or training path that would lead program participants to better paying career opportunities.

The program will use distance learning tools – which make coursework available in local communities – to make the training available to students in small, rural communities throughout the state.

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NDHA
North Dakota Healthcare Association

Vision
The North Dakota Healthcare Association will take an active leadership role in major healthcare issues.

Mission
The North Dakota Healthcare Association exists to advance the health status of persons served by the membership.

TESTIMONY
IN SUPPORT OF
HOUSE BILL 1245

Senator Lee, Members of the Senate Health and Human Services Committee:

I am Arnold Thomas, President of the North Dakota Healthcare Association. I appear today in support of Engrossed House Bill 1245.

The reason that the NDHA supports Engrossed HB 1245 is perhaps best captured in the stories of Mary and Sue and Alice and Barbara.

Mary and Sue want to be licensed practical nurses.
Mary enrolls in an LPN program in ND, e.g., at Wahpeton. The duration of the program is **two years**. Mary passes the national examination, is licensed in NI and begins working as an LPN.

Sue, on the other hand, enrolls in an LPN program in MN. The duration of the program is **one year**. Sue passes the very same national examination as Mary and is licensed to practice in MN.

If Sue wants to return to ND and work as an LPN in ND, she can, provided she complies with the continuing education requirements set by the ND Board of Nursing.

- Mary went to school in ND and became an LPN after 2 years.
- Sue went to school in MN and became an LPN after 1 year.
- They can hold the same position – in the same facility – at the same rate of pay.
- Mary had to invest twice the resources as Sue to hold the very same position.

This same scenario applies to Alice and Barbara with respect to becoming registered nurses.

Alice and Barbara want to be registered nurses.

PO Box 7340 Bismarck, ND 58507-7340 Phone 701-224-9732 Fax 701-224-9529

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Alice enrolls in an RN program in ND, e.g., at UND. The duration of the program is **four years**. Alice passes the national examination, is licensed in ND and begins working as an RN.

Barbara, on the other hand, enrolls in an RN program in MN. The duration of the program is **two years**. Barbara passes the very same national examination as Alice and is licensed to practice in MN.

If Barbara wants to return to ND and work as an RN in ND, she can, provided she complies with the continuing education requirements set by the ND Board of Nursing.

- Alice went to school in ND and became an RN after four years.
- Barbara went to school in MN and became an RN after two years.
- They can hold the same position – in the same facility – at the same rate of pay.
- Alice had to invest twice the resources as Barbara to hold the very same position.

Yet, Alice and Barbara just like Mary and Sue took the same national licensing exam. That exam is the national equalizer. It doesn't distinguish between students who took one or two years to prepare for their LPNs and it doesn't distinguish between students who took two or four years to prepare for their RNs.

Currently, institutions of higher education in this state can offer only two year LPN programs and only four year RN programs. Engrossed House Bill 1245 gives our institutions the flexibility to offer one year LPN and two year RN programs in addition to or instead of their current offerings.

More importantly, it gives North Dakota students who want to become nurses, the opportunity to stay in ND and undertake their LPN programs or their RN programs and sit for the very same national exam as students from 49 other states without having to spend twice the time and twice the resources.

We respectfully ask for a "do pass" on Engrossed HB 1245.

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Testimony to Senate Human Services Committee

HB 1245
First Engrossment

Dr. Sharon Hart, President
North Dakota State College of Science
March 11, 2003

House Bill 1245 has the potential to significantly change the way nursing education is conducted in North Dakota for years to come. There are many aspects of this bill that are positive in nature, however, one provision may prove to be detrimental in the long run.

What has become known as North Dakota's "entry into practice" requirement for nursing professionals has been a much debated topic by the profession and the legislature for the past several years. The current version of HB 1245 removes from statute the existing entry into practice provision requiring an associate degree for a practical nurse and a baccalaureate degree for a registered nurse. The bill continues to leave oversight of nursing education standards with the Board of Nursing. This means that the Board of Nursing will now have the sole responsibility for establishing the "entry into practice" educational standards by which new nurses enter the profession in North Dakota. The majority of the debate around this bill has taken place related to these issues.

HB 1245 also states however, that the Board of Nursing may not restrict the offering in North Dakota of out-of-state nursing education programs as long as they are accredited by the national league for nursing accrediting commission, or the commission on collegiate nursing education. Effectively, this means that if an out-of-state nursing program, regardless of length or educational standards required, carries one of these accreditations, the Board of Nursing must allow them to function within the state and accept their graduates for licensure. In other words, in the case of practical nursing, North Dakota programs may be required to function as associate degree curriculums (generally two or more years in length) while out-of-state programs operating in the state, and perhaps even in the same community, could be as short as one year in length. This has the potential to create a very confusing and uneven playing field for potential nursing students and for nursing education providers such as the North Dakota State College of Science.

It is our belief that regardless of the level at which the entry into practice standards for nursing are set in North Dakota, these standards must be the same for all comparable educational programs offered in the state. It should not matter if the program originates in Wahpeton, ND, Chicago, Il, Phoenix, AZ, or some other distant location.

If HB 1245 is enacted as currently written, it will be an open invitation for out-of-state providers to enter the North Dakota, and for significant numbers of students to enroll with these out-of-state providers while in-state schools are powerless to respond to their needs! Distance education is expensive, and out-of-state organizations will not provide this type of education at a loss, in fact in many cases they will make a profit. In some instances it may be very substantial

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indeed. The end result may be North Dakota students paying very high prices for programs of shorter length, with the tuition dollars flowing out of North Dakota, and in-state programs eventually struggling for enrollment. This is neither a sound educational nor a good business practice for the state.

Proponents of this provision may argue that this will allow other providers to reach into the state and serve an otherwise unmet need, especially in rural areas. NDSCS and other institutions have made a concerted effort to bring nursing education to the rural areas. Cost has continued to be the primary limiting factor. Since 1990 alone, NDSCS has conducted 11 outreach programs in 16 different communities and has graduated 144 practical nursing with national exam passage rate of 98% on first time writing. In fact, as we speak today, NDSCS has 47 nursing students enrolled in off-campus programs in addition to our 74 on-campus students. Should the educational standards for NDSCS be different than those of out-of-state programs it will effectively eliminate the colleges ability to continue this type of outreach programming.

Again, this is neither a sound educational nor a good business practice for the state of North Dakota. Once the initial pool of students is exhausted, the out-of-state providers will move on, and North Dakota will be left with a weakened nursing education infrastructure that will not be equipped to respond to the needs of the state.

This issue can be readily addressed in one of two ways.

Option one is as follows: Attach two identical amendments on page 4 to Section 3 of HB 1245, (no. 7) lines 8-11 and (no. 9) lines 19-22. The recommended amendment language is noted in **bold** below.

7. The board may not restrict the offering in this state of nursing programs accredited by the national league for nursing accrediting commission, or the commission on collegiate nursing education **that meet the same or equivalent educational standards as required by the board for North Dakota nursing programs.**

9. The board may not restrict the offering in this state of nursing programs accredited by the national league for nursing accrediting commission, incorporated or the commission on collegiate nursing education **that meet the same or equivalent educational standards as required by the board for North Dakota nursing programs.**

The results of these amendments would be to require out-of-state providers to adhere to the same educational standards as North Dakota providers. However, whenever the entry into practice standards change, they would change for all providers alike.

Option two is as indicated in **bold** below.

Delay implementation of HB 1245 (or at least Section 3, no. 7 and no. 9) until July 1,

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2004.

The result of this option would be to allow the Board of Nursing time to change the entry into practice requirements for North Dakota providers to be more consistent with those in states where out-of-state providers may come from. The delayed implementation of the bill would allow time for North Dakota to respond with appropriate curriculums. *This would result in both in-state and out-of-state providers being held to the same educational standards.*

The North Dakota State College of Science has a long history of responding to the needs of the states health care agencies by providing highly competent and qualified licensed practical nursing graduates. Since the inception of the practical nursing program in 1950, there have been over 4000 graduates, the vast majority of which begin their careers in nursing right here in North Dakota. Of these 4000, over 327 are graduates of off-campus outreach programs in various parts of the state.

NDSCS is committed to continuing this tradition of excellence. If the providers of nursing education are to respond adequately to the needs of the citizens of North Dakota however, it is imperative that we be on a level playing field with non-North Dakota providers. I strongly encourage you to modify HB 1245 to allow this to happen.

Thank you.

For additional information please contact:

Dr. Sharon Hart, President
North Dakota State College of Science
800 N 6th St.
Wahpeton, ND 58076

Sharon.Hart@ndscs.nodak.edu
701-671-2221 or
1-800-342-4325

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Testimony on HB 1245
Human Services Committee
By Donna S. Thigpen
Tuesday, March 11, 2003

Good Morning, Chairman Lee and Members of the Human Services Committee. For the record, my name is Donna Thigpen. I am here today not as President of BSC. I am speaking as a former nurse.

I would like to state that my testimony today doesn't represent the position of the ND State Board of Higher Education nor my institution. I hold a bachelor's and a master's degree in nursing. I was a practicing nurse for five years. I taught nursing for ten years, three years in a baccalaureate program and seven years in an associate degree program. I also spent five years as a member of the North Carolina Board of Nursing.

Today I am sharing my views with you based on my nearly 20 years of experience as a registered nurse.

We currently have wonderful baccalaureate nursing education programs in North Dakota and I personally believe, <u>when possible</u>, that a baccalaureate degree is a good route to licensure as a registered nurse. But it is not the only route. Many older, place bound individuals (mostly women) cannot devote the amount of time or money needed to pursue a four-year degree.

There is another answer: the associate degree for RNs and a one-year program for LPNs. This is the route in 49 other states. This route coupled with articulation agreements between associate degree and baccalaureate degree programs which would allow those individuals to continue their nursing education in ladder programs would, I believe, best serve the students who want to be nurses and the agencies and hospitals that need nurses.

The following facts make a strong case for asking you to support passage of HB 1245.

In North Dakota:

- Based on the 2002-2003 Reciprocity Report, last year 200 plus students left North Dakota to go to schools in Minnesota to pursue a degree in nursing.
- These 200 students are eligible to take the license exam to become RNs and/or LPNs.
- If they choose to return to ND, they can be licensed here by paying a fee and taking less than one week of additional training (30 hours to be exact).
- We currently require a four-year degree in North Dakota. We are losing students and we require twice the time and money for ND students to become registered nurses.
- Changing the degree requirements would hopefully help us to retain students in ND and maybe they would help alleviate the nursing shortages in the 20 small towns where some of them grow up.

Nursing education at the national level:

- North Dakota is the <u>**only**</u> state in the nation that requires a baccalaureate degree to become a registered nurse (4 years vs. 2 years everywhere else)

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- North Dakota is the **only** state in the nation that requires an associate degree to become a licensed practical nurse (2 years here vs. 1 year everywhere else)
- Associate degree nursing programs prepare the largest number of new graduates for RN licensures (approximately 60% of all RNs are associate degree graduates)
- In other states where graduates of associate degree programs and baccalaureate programs take the same national exam to become licensed as RNs, associate degree nursing programs have a high rate of success on first attempt to pass the national licensure exam. A comparison will show an 88% pass rate for associate degree nurses and only an 85% pass rate for baccalaureate degree nurses. Let me emphasize that they take the same exam which tests for preparedness to begin the practice of nursing.

In the accreditation process:

- Nursing programs are approved by SBHE and most have national accreditation.

In summary, I urge passage of HB 1245 because:

- It will help retain students in North Dakota.
- It will reduce time and money needed to become a RN or LPN in North Dakota.
- It will help alleviate the shortage of nurses in small towns.
- It will bring ND in line with licensure requirements in the other 49 states.

Additional information is attached to my testimony. The documents elaborate the issue at hand and provide you with the detailed information summarized in my testimony. These documents are:

- National Organization for Associate Degree Nursing – About Associate Degree Nursing
- RN Associate and Baccalaureate Degrees Awarded in 1998-99
- American Association of Community Colleges Policy Statement
- Association of Community College Trustees Resolution

Thank you for your time and attention. I will be happy to answer questions.

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TESTIMONY HB 1245
March 11, 2003
Senate Human Services Committee

Mary Smith, President
ND Nurses Association

Chairman Lee, members of the Senate Human Services Committee, my name is Mary Smith and I am the current President of the North Dakota Nurses Association.

I am here today to ask for your support of **HB 1245**. This is a bill that has been controversial in the nursing community because many nurses mistakenly believe it lowers nursing education standards. What many nurses refer to as "entry into practice", or all registered nurses being required to have a baccalaureate degree to practice in North Dakota, was eliminated two years ago when the state licensing board began licensing registered nurses who had graduated from two-year programs without a requirement they obtain a baccalaureate degree. Nurses are the only licensed health care profession whose educational requirements are in statute. **HB 1245** removes nursing education requirements from statute while retaining the authority of the state licensing board for oversight of nursing education programs and nursing education requirements.

Passage of **HB 1245** would allow North Dakota health care facilities to contract with on-line nursing education programs to bring nursing education to rural areas of our state. These on-line nursing education programs must be located in institutions of higher education, offer transferable credit and be accredited by a national professional accreditation organization, but they need not be approved by the state licensing board if they have been approved by a Board of Nursing in another state. NDNA believes this is part of the solution to the problem of nursing shortages in rural North Dakota. While some nurse educators have expressed concern over competition from out of state, on-line programs, a survey conducted by the ND Long Term Care Association indicated that the number of individuals interested in enrolling in these types of programs is not likely to lower the enrollment in on-campus programs as most individuals in rural communities

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interested in nursing education programs (older-than-average persons with strong community ties) would not be willing to attend unless the opportunity was within their local area.

HB 1245 also mandates continuing education as a requirement for all nurses. For the past two years at their Annual Membership Meeting, members of the Nurses Association have voted to support mandatory continuing education as part of the process for maintaining the continuing competency of registered nurses. In an era of rapidly changing technology and clinical advances, mandatory CE is an important component of safe patient care.

Many of you on this committee have sat through past legislative sessions where nursing education requirements have been debated. You are well aware it can be both an emotional and contentious issue. The Nurses Association has worked with a number of nursing groups as well as other health care associations on **HB 1245**. Today we will be offering additional amendments as a result of continuing discussion with the state licensing board.

For many years representatives of the North Dakota Nurses Association have stood before legislative committees supporting "entry into practice" or licensure of <u>all</u> registered nurses at the baccalaureate level. However, since 2001, registered nurses graduating from two-year programs have been eligible for licensure in North Dakota <u>without</u> any requirement they obtain a baccalaureate degree.

The North Dakota Nurses Association is on record as supporting high educational standards and we continue to do so. We believe North Dakota has some of the highest quality nursing education programs in the nation. We trust that this high quality will be maintained through regulation and oversight by the state licensing board.

Thank you.

Karen Macdonald, NDNA Board of Directors, will be presenting detailed testimony on engrossed **HB 1245** and proposed amendments.

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Testimony: HB 1245

Date: March 11, 2003

Good morning, Chairman Lee and members of the Senate Human Services Committee. My name is Karen Macdonald. I am a registered nurse and a nurse practitioner licensed in the state of North Dakota. I am here this morning on behalf of the North Dakota Nurses Association and to speak in support of HB 1245.

To make sure we all have the same understanding of the situation that prompted this bill, I am going to briefly review the history of nursing education in North Dakota. Nurse training programs have been located in hospitals since the time of Florence Nightengale, the founder of modern nursing. Nurse training programs were started in the Dakota territory with St. John's in Fargo being the first and St. Alexius Hospital in Bismarck the second. Following these there was a rapid proliferation of schools in North Dakota. As hospitals were started, nurse training programs were also started in order to assure an adequate workforce. At that time, nurses did not graduate and stay in the hospital to work, but went into homes to provide care. So a nursing student was a very valuable asset to the hospital, providing the care of the patients under supervision of maybe one trained nurse who also served as an instructor. Training programs were of varying length, some charged students tuition, some paid students a stipend. There was no consistency and some programs were very short and some up to four years in length. Graduates of these programs were called "trained" nurses, but there was no regulation or registration and there was concern that one "trained nurse" might not have the same skills or abilities as another "trained nurse". A group of trained nurses organized in 1912, forming the North Dakota Nurses Association. They were concerned about the issue of training programs, their length and who was responsible for teaching. They developed a plan to approach the North Dakota Legislature and ask for a registration law. This law would require nurse training programs to meet certain criteria and graduates of those programs could then be "registered". That would provide some public protection, as the public would know that a "registered" nurse had a certain type of training. The initial law was enacted in 1915, forming the Board of Nurse Examiners, whose responsibilities were to visit and approve the hospital-based training programs. I would ask you to keep in mind that in

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1915, women did not have the right to vote and women did not work outside the home after marriage, so this was a monumental achievement.

Nurse training programs were surveyed by these first board members, and many programs were approved but others were closed. The graduates of those programs that were approved were allowed to "register" with the Board of Nurse Examiners and could be called "Registered Nurses". It was the mid-twenties before a licensing exam was developed, but licensed professional nurses continue to use the title, Registered Nurse. Although UND offered some coursework for nurses in the early years, the first baccalaureate nursing programs in North Dakota were started in the early 50', and generally were developed from diploma programs. For example, the St. Alexius discontinued their diploma program in the 60"s and that particular religious order initiated a college system at the same time that included a baccalaureate nursing program, now known as University of Mary.

Throughout the years the initial law was amended, but in 1977, the Legislature adopted an amended Nurse Practices Act, one that called for "high standards" of nursing. The American Nurses Association established a goal in 1978 that 10% of states would implement "baccalaureate" education for registered nurses by 1985 and offered grants and funding to states that were interested. The North Dakota Nurses Association applied for a grant and was funded. Several years of meetings with many state and local entities followed and culminated with a request to the state licensing board in 1984 to promulgate education rules that reflected one standard of education for registered nurse, one standard for licensed practical nurses with both standards requiring academic settings and transferable academic credit. At the time there were five baccalaureate nursing programs, two associate degree programs and three diploma nursing programs, all leading to the same RN licensure. There were also four practical nursing programs, all vocational in nature but interestingly three of them had just been transferred to the Board of Higher Education and could now offer academic rather than vocational credit. In 1984 the licensing board promulgated rules calling for baccalaureate education for registered nurses and associate degree education for practical nurses.

The diploma schools did not simply acquiesce – in fact they had a legislator ask the Attorney General for an opinion as to whether or not the regulatory body had the authority to close diploma programs. The response was yes, the regulatory board through legislative action

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LaCosta Rickford 10/3/03
Operator's Signature Date

had the power to dictate the standards and could close certain types of programs. These two programs then had legislation introduced to place the diploma and vocational education programs within the Nurse Practices Act so they could not be closed. This was the first bill in a series of bills that have been introduced in almost every legislative since then to negate the power of the regulatory authority. In fact, the diploma programs did sue the regulatory agency for usurping legislative authority. That lawsuit went to the North Dakota Supreme Court with the opinion issued that the legislature did have the right to delegate to the regulatory agency the setting of standards for nursing education programs. Each subsequent bill has been based on that opinion, what the legislature gave, the legislature could take away.

Each session, legislators have been faced with the issue of nursing education standards and each session you have responded to organized nursing and kept those standards intact. However, legislators have shared with us that this is getting harder, particularly as no other state has achieved the same distinction. Six states applied for and received grants to work towards baccalaureate entry, only North Dakota succeeded. No other state has achieved what we did. What was a wonderful accomplishment for nursing in 1984 is now an oddity. With the projected national nursing shortage to be of a magnitude we have never seen, there is little evidence to suggest movement towards a similar achievement in other states. In 2001, the state licensing board removed the requirement that all registered nurses either have a baccalaureate degree or be working towards a baccalaureate degree to become licensed in North Dakota. The goal of entry was a future where all registered nurses had a minimum of a baccalaureate degree. Beginning in 2001 this goal became unattainable.

The dilemma of the North Dakota Nurses Association and the impetus behind introduction of HB 1245 is how to end the constant debate in the legislative arena regarding nursing education. Initially we sought a system similar to the one employed by other licensed health care professions in the state. National professional accreditation organizations working with institutions of higher education. All nursing programs in North Dakota are located in institutions of higher education and it seemed logical to initiate a system of educational oversight that allowed professional educators and national professional accreditation organizations the ability to establish professional education standards. Unfortunately, nurse educators did not agree. Following the initial hearing in the House, amendments were offered by the Nurses Association returning responsibility for education oversight to the licensing

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board. Our intent however, remained the same, removing nursing education from a biennial debate in the legislative arena.

I'd like to go through the proposed legislation section by section:

Section 1: This section amends the definitions of licensed practical nurse and registered nurse to take out required degrees. While this is an area of concern with some, it has the least effect as definitions exist to assist in telling us what the specific words mean or what the context is in the rest of the law.

Section 2: This amendment changes the exemption for students but is consistent with nursing students in nursing programs being exempt from the Practices Act. It removes the language ~~board approved~~ to allow students enrolled in out-of-state on-line nursing education programs that are approved by those respective boards of nursing access to clinical experience in North Dakota health care facilities. This amendment would allow rural health care facilities to contract with on-line nursing education programs for their employees and/or local residents. These "grow your own" programs can provide a creative and flexible way of educating and retaining nurses in rural settings.

We are submitting an amendment today that changes the language from the engrossed bill in that it returns to the plural of "students" as opposed to "~~a student~~" in line 6, and adds the words "upon notification to the board" at the end of the sentence in line 9. This change was made at the request of the licensing board so the board will know the scope and extent of student practice within the state.

Section 3: This section concerns the powers and duties of the board. Because of the reinsertion of the language in #6, giving the board the authority to establish standards for nursing education, #7 can be changed to provide the board's role in review and approval. The statement regarding collaboration is duplicate to what is in #6 so can be deleted. The difference in the amendment is the language concerning approval of "initial and advanced" rather than an all inclusive overview of all nursing programs. We have been assured by board staff that the licensure of the foreign nurse graduate is covered by these changes and specific language accordingly is not necessary.

Section 4: Section 2 creates an exemption to the Practices Act allowing students enrolled in out-of-state, on-line nursing education programs access to clinical sites in North

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Dakota, Section 4 amendments entitle students graduating from out-of-state programs to be licensed – registered in North Dakota. I would like to point out that these amendments simply "smooth out the process" for students and graduates of out-of-state, on-line programs that are not approved by the North Dakota licensing board. Right now, they can take the course work on-line, travel to Minnesota, South Dakota or Montana (or any other state) for their clinical experience, sit for their licensing exam in Minnesota, South Dakota or Montana (or any other state), transfer their license back to North Dakota where they will be issued a "transitional license" with full practice privileges.

Initially transitional licensure was created to allow nurses who did not meet the state's educational requirements the ability to be licensed and employed in this state with an understanding they had 8 years to meet the states requirements or they would no longer be licensed to practice. These nurses were "transitioning" to another level of licensure. In 2001, the licensing board removed the requirement that these nurses had 8 years to meet the state's educational requirements and replaced it with a requirement of either proof of progression towards meeting the educational requirements or 30 hours of continuing education every re-licensure period. All nurses in all states have the option of returning to school to further their education and the change made by the licensing board in 2001 resulted in nurses with "transitional licenses" no longer being "in transition", but simply having mandatory continuing education requirements. Amendments in Section 4 eliminates the category of transitional licensure for nurses seeking licensure by endorsement from other states.

Section 5 creates a date for the elimination of transitional licensure. The amended language was requested by the Board of Nursing and we do concur.

Section 6 creates a requirement of mandatory continuing education for all nurses in North Dakota. While the North Dakota Nurses Association did not submit this amendment, it supports it. In 2001 and again in 2002, members in attendance at the Association's Annual Meeting voted to support mandatory continuing education believing it to be a contributing factor in the continuing competency of registered nurses. While not all states require continuing education, (approximately one-half do) North Dakota has one of the lowest requirements in the nation for continued competency measurements. Four hundred practice hours over a five year period for re-licensure and that can include voluntary hours in a non-

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clinical setting. The Nurses Association believes that mandatory continuing education coupled with the licensing boards current competency requirements will enhance efforts towards maintenance of competency of licensed nurses. However, we are concerned that a "one size fits all" may not be appropriate. For example, advanced practice nurses now need C.E. for prescriptive authority, and this gives the board the ability to determine the amount based upon the amendment in Section 3. "establish standards for assessing competence".

I would be very happy to answer any questions you might have. I have prepared a grid to help clarify the precise nature of the new amendments and that might be helpful to review as you consider the amendments.

In summary: this bill as amended will:

1. Allow nursing students in out-of-state nursing programs to receive clinical experience in ND (enhances rural enrollment in on-line or web-based programs).
2. Drop the requirements for a transitional license and allows all nurses to be licensed on an equal footing.
3. Changes board oversight to only programs leading to licensure (initial or advanced) rather than all programs.
4. Institutes mandatory continuing education for all nurses.
5. Hopefully, removes the biennial debate about nursing education from the North Dakota Legislature.

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House Bill 1245/Engrossed	Proposed Amendments	Rationale
Section 2. AMENDMENT. Subsection 2 of section 43-12.1-04 of the North Dakota Century Code is amended and reenacted as follows:		
2. ~~Students~~ A student practicing nursing as a part of a ~~board-approved~~ nursing education program preparing for initial or advanced licensure as a registered nurse or licensed practical nurse which is located in an institution of higher education that offers transferable credit.	2. Students practicing nursing as a part of a ~~board-approved~~ nursing education program preparing for initial or advanced licensure as a registered nurse or licensed practical nurse which is located in an institution of higher education that offers transferable credit upon notification to the board.	"board" means the N.D.Board of Nursing, so eliminating "board approved" allows programs approved by other states to have clinical experience in ND. The Board of Nursing staff believe that there should be notification of where these students are practicing.
Section 3. AMENDMENT. Section 43-12.1-08 of the North Dakota Century Code is amended and reenacted as follows:		
~~7. Periodically review and approve~~ Establish standards for nursing education programs leading to licensure and collaborate with nursing education program approval organizations and accreditation organizations. The board may not restrict the offering in this state of nursing programs accredited by the national league for nursing accrediting commission, or the commission on collegiate nursing education.	7. Periodically review and approve nursing education programs leading to initial or advanced licensure. The board may not restrict the offering in this state of nursing programs accredited by the national league for nursing accrediting commission, or the commission on collegiate nursing education.	Removes the collaboration because that is addressed in # 6
~~9. Establish standards for assessing the competence of licensees and registrants continuing in or returning to practice.~~ Approve for licensure graduates of nursing education programs that are recognized by the board or that are accredited by national nursing program accreditation organizations that are recognized by the board. However, a graduate of a nursing education program that is not located in the United States, Canada, or the United States' possessions or territories must have a baccalaureate degree in order to be licensed as a registered nurse. The board may not restrict the offering in this state of nursing programs accredited by the national league for nursing accrediting commission, incorporated, or the commission on collegiate nursing education.	9. Establish standards for assessing the competence of licensees and registrants continuing in or returning to practice. The board may not restrict the offering in this state of nursing programs accredited by the national league for nursing accrediting commission, or the commission on collegiate nursing education.	This reinserts the original language for the responsibility for establishment of standards. The language regarding foreign nurse graduates is not needed, according to the Board of Nursing staff if the other amendments are accepted.

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House Bill 1245/Engrossed	Proposed Amendments	Rationale
Section 5. A new subsection to section 43-12.1-10 of the North Dakota Century Code is created and enacted as follows:		
An individual who holds a license as a transitional practical nurse or a transitional registered nurse on August 1, 2003, may renew that license for the 2004 licensure year. Effective with the 2005 licensure year, the board may not renew transitional licenses.	All current transitional licenses as of August 3, 2003 will be reissued as registered nurse or licensed practical nurse licenses.	There is no point in delaying the reissuing of regular licenses and this enables the multistate licensure implementation in a timely fashion.
Section 6. A new section to chapter 43-12.1 of the North Dakota Century Code is created and enacted as follows:		
Continuing education requirements. The board shall adopt rules requiring every nurse licensed in the state to fulfill continuing education requirements. Before the board may renew a license, the licensee shall submit evidence to the board establishing that all continuing education requirements prescribed by the rules adopted by the board have been met. The continuing education requirements must be the same for all nurses regardless of the type of nurse or the level of education.	Continuing education requirements. The board shall adopt rules requiring every nurse licensed in the state to fulfill continuing education requirements. Before the board may renew a license, the licensee shall submit evidence to the board establishing that all continuing education requirements prescribed by the rules adopted by the board have been met. .	While all nurses need continuing education, some (advanced practice) may need different numbers of hours, some may need specific remediation.

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Good morning Chairman Lee and members of the Senate Human Services Committee. For the record, I am Rep. Bill Devlin of Finley and represent District 23.

HB 1245 was brought to the legislature on behalf of the North Dakota Nurses Association, which is the largest nurses professional group in the state.

In it's original form the bill would have taken education requirements away from the Board of Nursing and put the education requirements under the Board of Higher Education.

The House Human Services Committee worked diligently to amend the bill to make it more agreeable to the groups involved in the discussion process. This final version has the support of the Health Care Association which is the hospital association, the North Dakota Long Term Care Association and the North Dakota Nurses Association.

There is no question that current law has created problems for our state. We are an island as the only state in the nation that doesn't allow nurses that graduate from a fully accredited institution of Higher Education and who take and pass the same national test as every other nurse in our nation, to practice in our state.

The problems these type of requirement have caused our state can be shown very specifically by the Good Samaritan Pilot Project that was recently shot down by Board of Nursing.

Let's look at what great things this program could have done for our state. The University of South Dakota and Good Samaritan Society received Congressional Funding and approval to plan, develop and deliver and Associate of Nursing RN program in six northern plans states.

In September 2002 approval was given and a grant of $772,000 in federal funds was received to implement the project.

Sixteen Good Samaritan facilities in North Dakota generated interest from 53 individuals interested in pursing nursing education through this program.

Called "Growing our Own" this program is designed to recruit employees who are already at work in rural communities. Individuals are able to work full time, stay in their community and work toward an Associate Degree as a registered nurse.

IGT Scholarship money fund by HB 1196 which all veteran members of the chamber voted for last session and Hoeger Scholars Program, were set to fund up to 2/3's of the cost of tuition for an individual pursing nursing education under this program.

The University of South Dakota and the Good Samaritan Society requested approval from the Board of Nursing to allow the clinical experience in North Dakota. The clinical course work is 725 hours and that type of on the job or intern type training needs to be done in a location convenient to the students. The board of Nursing denied the clinical experiences in North Dakota.

So what happened. Of the 53 individuals interested in the North Dakota project only 7 registered because of the boards denial of providing the clinical experiences in this state.

That should never have happened. We need to allow people in our state to move up the economic ladder and if they want to further their education and get a degree we should not be putting up road blocks to their efforts.

17 years ago nurses across the nation attempted to mandate the core education component of nursing. North Dakota was the only state adopting that plan, which made our state an island. Last session we passed a measure that mandated that the board of nursing accept nurses in our state with less than a 4 year degree as a transitional license.

But we still have the problem where are citizens are essentially barred from participating in fully accredited distance learning programs because they are not allowed to complete their

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clinical training in the state. The board of nursing won't recognize the training program, even though it is accredited and part of a higher education system.

Committee testimony indicated that 200 students left our state last year to obtain a 2 year degree. Many of them came back with the transitional license we approved last session however many did not. How many people left our state to never come back because these rules? We talk about keeping our young people in our state but then force them to go out of state to get the degree they want and one that North Dakota Colleges would be more than willing to offer if allowed by a change in our laws.

What this bill does is say that if you attend a nursing school and graduate from a school that is accredited by either of the two national accreditation organizations in the nation and you pass your national nurses test, which is the same for every graduate in our nation, you will be recognized to practice the profession of nursing in North Dakota just like you are in every other state in our nation.

Section 2 of the bill removes the education component listed in the century code and replaces it with language that allows a nurse degree to be obtained if the student graduates through a fully accredited school with transferable credits.

Sections 2 & 4 put in the language that allows any student that comes from a such a program to practice in our state. It also allows students taking accredited courses to complete their clinical in North Dakota, rather than travel out of state to do that, which is currently taking place.

Section 5 assures that no nurse that who a transitional license will be left behind as we complete the transition.

Section 6 is a continuing education component that would have the Board of Nursing to implement a continuing education process. The language is identical to the physicians requirements in present law. It will be up to the Board of Nursing to decide how many hours of continuing education should be required.

Chairman Lee and members of the committee, the North Dakota Hospitals Association, The Long Term Care Association and the North Dakota Nurses Association are all in favor of this bill in it's current form. The Human Service Committee and the House of Representatives overwhelmingly supported this bill and we hope this committee will concur.

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Prepared by the North Dakota Legislative Council
staff for Representative Devlin
April 7, 2003

PROPOSED STATEMENT OF INTENT FOR THE RECORD FOR CONSIDERATION BY THE CONFERENCE COMMITTEE ON HOUSE BILL NO. 1245

Enactment of House Bill No. 1245 changes statutory provisions governing the licensing status for licensed practical nurses and registered nurses and eliminates the status of transitional licensing for nurses. These statutory changes become effective August 1, 2003, and it is the intent of the conference committee on House Bill No. 1245 that the North Dakota Board of Nursing immediately initiate administrative rulemaking to make necessary changes to be compatible with the statutory changes in House Bill No. 1245, with the objective that rules changes may be adopted and become effective on an expedited basis and, in any event, not later than May 1, 2004. It is the further intent of the conference committee that the North Dakota Board of Nursing also initiate administrative rulemaking proceedings regarding implementation of the continuing education requirements of House Bill No. 1245 with the objective that rules governing continuing education for nurses are adopted and effective not later than December 1, 2004.

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10/3/03
Date

Handed out 4-10-03

Judy E. Lee
04/10/2003 04:54 PM

To: William R. Devlin/NDLC/NoDak@NoDak
cc:
Subject: RE: HB 1245

Here is Connie's response. It was not in my computer shortly before our 3 p.m. meeting.
----- Forwarded by Judy E. Lee/NDLC/NoDak on 04/10/2003 04:53 PM -----

"Connie Kalanek" <ckalanek@ndbon.org>
04/10/2003 02:19 PM

To: "Judy E. Lee" <jlee@state.nd.us>
cc:
Subject: RE: HB 1245

Sen Lee, Out server was down so could not answer you sooner. I will attach the new Nursing Program rules. The rules have been in place since 1996. The only new program that has used the rules is the masters programs at NDSU. The feasibility study is a notification process that a thoughtful approach will be used in setting up a program and does provide guidance for the nurse educators. The program must assess the availability of clinical sites (which is a grave concern in Bismarck which is already serving 3 programs and MeritCare which is serving a multitude of programs. Projected enrollment, assurance of adequate financial resources, qualified faculty (right now every program has been cited for unqualified faculty), need for nurses and proposed starting dates are all to be included. The Board does not establish the curriculum or set number of clinical hours--this something the programs as an academic setting must make decisions. The rules are generic and require only content areas. I hope this answers your questions. I will at the meeting at 3:00 PM.

54-03.2-08-01. Development of a new program. A school considering establishing a nursing education program may submit to the board a statement of intent at least eighteen months in advance of the expected opening date. The school shall:

1. Conduct a feasibility study which includes information relative to:

a. The type of nursing program to be established;

b. The availability of health care agencies with sufficient practice experiences to support the program;

c. Projection of adequate enrollment;

d. Assurance of adequate educational facilities and practice sites;

e. Assurance of adequate financial resources for the program;

f. Assurance of qualified faculty for teaching and supervision;

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g. Proposed starting date; and

h. Need for entry level nurses in the state and that region of the state.

2. Present the feasibility study to the board in a written report.

History: Effective November 1, 1996.
General Authority: NDCC 43 12.1 08
Law Implemented: NDCC 43 12.1 08(6)

54 03.2 08 02. Initial requirements of a program. The school shall employ a qualified nurse administrator to develop the program and submit a written application for approval to the board at least six months before the proposed starting date or at such earlier time as the board and the school may agree. The written application must include:

1. Evidence that the school either has or is progressing toward full accreditation by the north central association of colleges and schools commission on institutions of higher education;

2. Mission and purpose of the school;

3. Proposed purpose and outcomes of the program;

4. Organizational design of school and program;

5. Curriculum organization with rationale and course descriptions;

6. Projected number of faculty with proposed employment dates;

7. Faculty qualifications, responsibilities, and personnel policies of the school;

8. Admission criteria and projected number of students to be admitted;

9. Description of practice sites;

10. Signed agreements with sites to be used for practice experiences;

11. Financial resources adequate for planning, implementation, and continuation of the program;

12. Description of academic facilities and staff to support the program; and

13. Description of support services for students.

History: Effective November 1, 1996.
General Authority: NDCC 43 12.1 08
Law Implemented: NDCC 43 12.1 08(6)
Constance B. Kalanek PhD, RN

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Executive Director
North Dakota Board of Nursing
919 So. 7th Street
Bismarck, ND 58504

-----Original Message-----
From: Judy E. Lee [mailto:jlee@state.nd.us]
Sent: Thursday, April 10, 2003 7:38 AM
To: Connie Kalanek
Subject: Re: HB 1245

Connie - Can you clarify for me why the Board of Nursing would require a feasibility study before considering a nursing education program? I would think that, as long as the standards are met, it is not the Board's responsibility to determine whether the program will succeed or fail. Particularly with the Roundtable program now in effect for higher education, the campuses are given great flexibility in determining what programs will be offered. If the Board of Higher Education does not have total control over the programs offered, why should the Board of Nursing? The market should prevail by students attending the programs that suit them best, both because of location and quality of the program.

"Connie Kalanek" <ckalanek@ndbo n.org>	To:	<jlee@state.nd.us>
	cc:	
	Subject:	HB 1245

04/10/2003

08:16 AM

Sen Lee, Thanks for your support of nursing yesterday and always. This is certainly an emotional issue- I perhaps got a little to feisty in my comments yesterday. But I needed to be very clear on where all parties stood on the Nursing Needs Study and the Standards of Practice. I think the message is very clear now. I am unclear what Rep Devlin in saying in that the Board does not follow thru- then he indicated to you something about the Adm Rules Committee. I will talk with him. See you later today.

Constance B. Kalanek PhD, RN

Executive Director

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North Dakota Board of Nursing

919 So. 7th Street

Bismarck, ND 58504

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