

2009 SENATE HUMAN SERVICES

SB 2266

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2266

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: 01/26/2009

Recorder Job Number: 7725, 7727, 7769

Committee Clerk Signature

Mary K. Monson

Minutes:

Senator Lee Opened the hearing on SB 226. Introduced the bill. Representing District 13. This bill deals with the nurse education consortium. This bill stems from discussions held last session. At that time, a mobile unit was proposed and there will be several presenters with more information.

Senator John Warner Spoke in support of 2266. See attachment #1.

Senator Dever How does the funding break down? Is that to provide simulators to all the programs?

Senator Warner My understanding is that it would provide simulators to all the schools but there are more people here who can discuss that. The consortium includes both private and public institutions.

Dr. Helen Melland ND Nursing Education Consortium Chair and interim Dean of UND College of Nursing. Spoke in support of 2266. See attachment #2.

Senator Dever How many simulators are in use now?

Melland That is a really good question that I can't answer. Most or some programs have 1.

UND has 2 simulators and that is not adequate. The simulation experience is beginning but the debriefing process is the most important step of the whole process. It is a wonderful learning

Senator Dever This would apply to all approved nursing programs and they would all have simulators?

Melland Yes, and they would then all have the debriefing mechanism.

Senator Dever And there is interaction between the different nursing programs?

Melland Yes.

Senator Heckaman Aside from the fiscal note, do you know if the colleges are requesting more money in the higher education budget?

Melland No, not for this.

Senator Lee Observed the simulator process and it was remarkable. The ones we saw were very specific and sophisticated. My question is, I know the medical school has some simulators and I was wondering if there was any collaboration between the medical and nursing schools. Are all of the simulators you will be ordering the same or will they be specialized? Will the equipment be shared?

Melland The school of medicine is developing a simulator program and we are working together on that as we do want to share resources. The simulators are specialized in terms of age and procedure. The adult mannequin does pretty much everything; it can simulate just about any scenario you can think of. The non adult mannequins would be nice to have. This budget is for the adult in every program, they would all be identical.

William Goetz Chancellor, ND University System. Spoke in support and offered a proposed amendment. See attachment #3.

Senator Lee We would like to work with higher education to make this bill blend. We have several other nursing programs involved in this but your amendment only talks about UND, will other programs feel left out?

Goetz I understand that and I have thought a lot about it. This is an issue that the consortium needs to discuss. The issue is that someone has to be the focus or the head of accountability. This initiative did

not receive full oversight by the board of higher education. I think we have a setting now where the medical school and department of nursing take a very positive view of the health sciences. It is something that needs to be talked about in terms of accountability.

Senator Lee I want to make it public record that the nursing directors did not try and put this outside of the system. The buck stops with Senator Warner and I as they were responding to our direction. Is there a process through which if I, as a faculty person, I could move forward an idea for consideration in the budget?

Goetz Explained the process.

Discussion on how ideas are moved forward in the university system and encouraging professors to be entrepreneurs. (aprox 5. Minutes)

Senator Heckaman Why would you like section 3 included?

Goetz That is the intent language. It makes clearer the legislative intent. It strengthens the basis of the legislation.

Senator Lee Do you see any problem with using this to improve private colleges as well?

Goetz I'm not aware that is it an issue.

Susie McShane Nursing Coordinator for the ND Nursing Program at BSC. Spoke in support of 2266. See attachment #4.

Senator Dever Are the simulators set up to be portable?

McShane They are meant to be moved, they are tether-less and can be put in a wheelchair though they are not meant to be moved around a lot. We would have sites that would be well equipped with simulators that all of the area nursing students would come to in order to use them.

Senator Lee Will some education be delivered on sight and others be web based and available to people away from the main hub?

McShane For the main portion they would come to the hub but it has not been completely laid out yet. Things may be more portable during the school's off seasons but during school session people would come to a central location.

Dr. Jacqueline Mangnall Chairperson of the Department of Nursing at Jamestown College. Spoke in support of 2266. See attachment #5.

Senator Heckaman What percent of ND nursing students have opportunity to be trained by simulators now?

Mangnall I would say about 50% of nursing students in the state at this point.

Senator Heckaman So this is a pretty small program.

Mangnall Simulations are very labor intensive so it is difficult to facilitate multiple students or give them enough access.

Dr. Constance Kalanek Executive Director of NDBON. Spoke in support of 2266. See attachment #6.

Senator Lee How many of the 17,000 are licensed nurses?

Kalanek About 13,000 RNs and LPNs.

Senator Dever What is involved with the approval of nursing programs, I am just curious if simulators may one day be a prerequisite for approval.

Kalanek At this point in time the rules do not specify how the clinical experience is to be provided. We do not have an exact percentage that should be simulation focused. We do expect that the programs provide the clinical experience that meets the outcomes of the program. I don't think the board would approve a program that is totally based on simulation. I think there is value in a practice profession, working with real patients.

Senator Lee As simulators can simulate a range of scenarios; do you see simulation becoming a larger portion of the clinical experience?

Kalanek I do not mean to say that the board will look unkindly on the simulators, they will certainly take it under consideration including simulation as part of training.

There was no opposition or neutral testimony given.

Senator Lee Closed the hearing on SB 2266.

Job #7727

Senator Lee Reopened the hearing on SB 2266. I am asking if any of the testifiers wish to comment on the amendment proposed by Chancellor Goetz.

Dr. Melland We did have access to this amendment when we met as a consortium and felt that the amendment was acceptable. We did share that with the chancellor this morning. We are particularly ok with Section 3 dealing with the legislative intent. The once section that we did not specifically discuss is Page 2 Line 14-20 that speaks to the consortium contracting with outside organizations. I

think further discussion with the chancellor and consortium about that section may be important. As far as the intent of the amendment is concerned, the consortium had no challenges.

Senator Lee Thank you for clarifying, we do not want to cut off any sources of funding. Closed the hearing on SB 2266

Job #7769

Senator Lee Opened the discussion on SB 2266.

Discussion about striking lines 14-20 in the proposed amendment and questioned the language in the last sentence of that section. There was concern about funding sources and accountability. The committee does not want to take away the coalition's ability to receive funding from outside sources. The intern was asked to draft appropriate language to that end.

Senator Pomeroy Do we have any questions about the appropriation?

Senator Lee That is a big deal because the appropriation is large but how do we decide which schools get it?

Discussed the simulators currently in state, they are out-dated and few and far between. The committee agreed that ND is behind in nursing education.

Senator Lee This is going to go onto appropriations and they are going to consider it in light of the entire education budget. We can look at the policy side and then speak in appropriations about our concerns about the amount but not the need.

Discussed the appropriations committee and how the bill would be presented.

Senator Heckaman Dr. Melland's testimony contains the allocations for the money.

Senator Lee Don't you think there is some way to collaborate? The consortium doesn't even have money to raise money for matching grants.

Discussed Dr. Melland's testimony and the allocation of funds. Decided to wait for an amendment to discuss it further. There was some concern about higher education not being involved in the discussion but there was also frustration that the system in place does not allow for collaboration or new ideas.

Senator Lee Why don't we wait to discuss this further until we have seen a new amendment?

Suspended the discussion on SB 2266.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2266

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: 01/28/2009

Recorder Job Number: 8049

Committee Clerk Signature

Mary K Monson

Minutes:

Senator Lee Reopened the discussion on SB 2266. I spoke with Richie Smith from the Board of Higher Ed. He did not know about the origin of the program before last week. There has been a little communication faux pas on the legislative side. There were no hard feelings; it was a very cordial conversation. I explained the history of the program and bill to him. I asked Mr. Smith if there was any procedure for bringing forth a new idea such as this consortium. He said at the end of every State Board of Higher Education meeting there is a public comment time for anyone to speak up about ideas. The budget has already been drafted but he had a really good idea about using money from the economic stimulus plan. The economic stimulus bill included a nice pot of money for higher education. In his discussion with board members he said they would put this bill as their number 2 priority after the IT building at UND. I caught up with the Lieutenant Governor after session yesterday and though he was unfamiliar with the bill, he thought it was an interesting idea. He suggested if we put this in the appropriation that the bill will be covered by other funds, we could move this forward. If the stimulus plan does not go forward we would have to deal with that problem later. I think if we work out the words, the numbers can be addressed by just stating "covered by other funds" if that is amenable to the committee members. From here on in then, this would be part of the higher education budget.

Senator Erbele Will Higher Ed. have any problem with private colleges being in there?

Senator Lee We will have to figure out how to address that, the private colleges have been there a long time. We may have to do some tweaking and ask about cost sharing and collaboration.

Discussion about budget drafting and communication between the consortium and the Board of Higher Ed. Also Discussed Goetz's amendment.

Senator Lee Suspended the discussion on SB 2266.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2266

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: 02/02/2009

Recorder Job Number: 8328, 8395

Committee Clerk Signature

Mary K Monson

Minutes:

Senator Lee Reopened discussion on SB 2266. The Board of Higher Education is interested in supporting this and would like to use stimulus funds for the program. We are stuck because we need to get this bill out to appropriations before we know for sure what Washington will decide. Would the committee like to include language about "other funds" covering the program?

Senator Heckaman Would that included a suggestion for the amount of funds out of that special funds pot?

Senator Lee I think we would be looking at all of that.

Senator Dever Could we just say it will be appropriated out of the general funds or any other funds?

Senator Lee That would be fine. Discussed an e-mail she received from Dr. Melland. She will provide that information to the committee. Suspended the discussion on SB 2266.

Job # 8395

Senator Lee Reopened the discussion on SB 2266.

Discussed amendments that were passed out in testimony. Revisited the lines 14-20 on page 2. Page 2, line 11 was ok with everyone. See additional information packet, attachment #7.

Discussed money issues as well.

Senator Lee Read aloud the e-mail from Dr. Melland. Testimony included in attachment #7.

What do you think about enabling them to collaborate with other programs in the community?

Senator Heckaman That sounds fine.

Senator Dever Is there a useful life on a simulator?

Senator Lee Yes, and it is not very long. Should we direct them to collaborate with other programs if they have less than 10 programs a year?

Senator Heckaman I think they should be able to think about that themselves.

Senator Lee Should we leave it the way it is?

Senator Heckaman Yes, I think it is fine right now.

Senator Lee On the appropriations section on page 2 section 2 we would want to say "general funds in state treasury or other funds".

Discussed amendment language and appropriation numbers. The intern will draft an amendment and the committee will act on it.

Senator Lee Suspended the discussion on SB 2266.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2266

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: 02/04/2009

Recorder Job Number: 8699

Committee Clerk Signature

Mary K Monson

Minutes:

Senator Lee Reopened the discussion on SB 2266. Is the amendment draft ok with everyone?

Discussion about the intern's amendment. Particularly concerned with section 3. Would like the language to reflect that not every school will get a simulator but that there will be collaboration between the schools. Included the words "for use at 15" in section 3. Also changed some of the appropriation language. The final appropriation was \$4,980,000.

Senator Heckaman I move the amendment.

Senator Erbele Second

The Clerk called the role on the amendment. **Yes: 6, No: 0, Absent: 0.**

Senator Dever I move **Do Pass as Amended and Rerefer to Appropriations.**

The Clerk called the role on the motion to **Do Pass as Amended and Rerefer to Appropriations. Yes: 6, No: 0, Absent: 0.**

Senator Lee will carry the bill.

JB
2-5-9

PROPOSED AMENDMENTS TO SENATE BILL NO. 2266

Page 1, line 2, after the first semicolon insert "to provide a statement of legislative intent;"

Page 2, line 11, overstrike "establish" and insert immediately thereafter "advise university of North Dakota officials regarding strategies to address common concerns in nursing education which produce obstacles in meeting the state's current and future nursing needs, specific needs of rural communities, and development of"

Page 2, after line 20, insert:

"SECTION 2. LEGISLATIVE INTENT - SIMULATION LABORATORY INITIATIVE. It is the intent of the sixty-first legislative assembly that the funds appropriated in section 3 of this Act must be used by the university of North Dakota to support a simulation laboratory initiative that includes basic simulation centers for use at each of the nursing education sites in the state, which are located at Bismarck state college, Dickinson state university, Fort Berthold community college, Jamestown college, Lake Region state college, Medcenter One college of nursing, Minot state university, Minot state university-Bottineau, North Dakota state college of science, North Dakota state university, Sitting Bull college, United Tribes technical college, university of Mary, university of North Dakota, and Williston state college. The initiative must include a basic simulation model, essential equipment, and staff to serve all locations in an integrated way."

Page 2, line 22, after the second comma insert "and from special funds derived from federal funds," and replace "\$4,900,000" with "\$4,590,198"

Renumber accordingly

Date: 2-4-09

Roll Call Vote #: _____

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2266

Senate _____ **Human Services** _____ Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass Do Not Pass Amended Rerefer to Appropriations
 Adopt Amendment Reconsider

Motion Made By Sen. Heckaman Seconded By Sen. Erbele

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee, Chairman	✓		Senator Joan Heckaman	✓	
Senator Robert Erbele, V.Chair	✓		Senator Richard Marcellais	✓	
Senator Dick Dever	✓		Senator Jim Pomeroy	✓	

Total (Yes) 6 No 0

Absent 0

Floor Assignment _____

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

Date: 2-4-09

Roll Call Vote #: 1

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2266

Senate Human Services Committee

Check here for Conference Committee

Legislative Council Amendment Number 90765.0101 Title .0200

Action Taken Do Pass Do Not Pass Amended Rerefer to Appropriations
 Adopt Amendment Reconsider

Motion Made By Sen. Dever Seconded By Sen. Erbele

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee, Chairman	✓		Senator Joan Heckaman	✓	
Senator Robert Erbele, V.Chair	✓		Senator Richard Marcellais	✓	
Senator Dick Dever	✓		Senator Jim Pomeroy	✓	

Total (Yes) 6 No 0

Absent 0

Floor Assignment Senator Lee

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

REPORT OF STANDING COMMITTEE

SB 2266: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2266 was placed on the Sixth order on the calendar.

Page 1, line 2, after the first semicolon insert "to provide a statement of legislative intent;"

Page 2, line 11, overstrike "establish" and insert immediately thereafter "advise university of North Dakota officials regarding strategies to address common concerns in nursing education which produce obstacles in meeting the state's current and future nursing needs, specific needs of rural communities, and development of"

Page 2, after line 20, insert:

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Page 2, line 22, after the second comma insert "and from special funds derived from federal funds," and replace "\$4,900,000" with "\$4,590,198"

Renumber accordingly

2009 SENATE APPROPRIATIONS

SB 2266

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2266

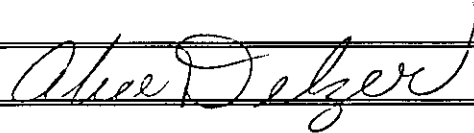
Senate Appropriations Committee

Check here for Conference Committee

Hearing Date: 02-16-09

Recorder Job Number: 9520

Committee Clerk Signature



Minutes:

Chairman Holmberg called the committee hearing to order at 8:30 am in reference to SB 2266 regarding the nursing education consortium.

Senator Judy Lee, District 13, West Fargo testified in favor of SB 2266 and introduced the bill to the committee. Very good work had been done on the nursing programs. There is an acute shortage of nurses at every level. We amended this in the policy committee with a good response from the Board of Higher Education. (03.20)

Chairman Holmberg indicated he visited with people about this bill and this was the first example he could recall where the nursing community and the various entities that train nurses were all pulling together in the same direction. Is that still a correct statement?

Judy Lee said that is absolutely true. One of the reasons I am most proud of this collaborative effort on their part is the fact that they have pulled together; it has been a partnership. There is a small reduction in the fiscal note. This is a way for them to do something with these simulators as they respond the same as a human being. We need to get into the next decade with our nurse education programs. The medical school has a simulator program that they use for students. They are willing to allow some of the nurses collaboration there but that is primarily for medical students but they also see the value of simulators. (6.17)

Senator Christmann stated you talked about lowering the appropriation because of some working together. I see there is 4 of them in Bismarck yet.

Senator Lee stated the four of them are all listed but for example there are two communities where there is more than one. Bismarck has 4 because the tribal college has one. Anyway, that is one of the areas where we could have a smaller program with fewer students collaborating with a larger program so that they might be able to work together. Because of the curriculum you can't always wait until the other program is finished with that simulator before you can bring the next group on. They have figured out a way to collaborate it. I would invite you to have specific questions about that.

Dr. Karen Latham Dean of MedCenter One College of Nursing testified on behalf of the Nursing Education Consortium in favor of SB 2266 and provided written testimony #1 submitted by Dr. Helen Melland, North Dakota Nursing Education Consortium Chair and Interim Dean of UND College of Nursing and continued her testimony (10.37)

Senator Mathern asked if this is an appropriation to the School of Medicine and Health Science? And if so, is the School of Medicine and Health Science in support of this bill?

Dr. Latham indicated it is not through the School of Medicine. The Dean of UND is the chairperson of this group. There was some discussion and I don't see in the bill about the money being distributed. Does it go to nursing then?

Chairman Holmberg said no. I don't know if we appropriate directly to an entity within the University or we just send it to the University. But the original bill appropriated a certain amount to the University and this bill provides a different amount to UND.

Senator Warner stated the bill we passed last session was that the nursing consortium was an entity established through law but it's fiscal agent is the UND. So I think that the consortium makes the decisions. (12.19)

Vice Chairman Grindberg asked for clarification understanding the 15 campuses. Are we funding private nursing schools as well as well as those within the UND system?

Dr. Latham said that would include 3 private schools; University of Mary, Jamestown College and MedCenter One of Nursing; as well as two tribal schools; United Tribes Technical College and Sitting Bull.

V. Chair Grindberg asked if this would include the two year programs as well.

Dr. Latham stated yes. That would include all ? sites with the Dakota Nursing Program as well as Wahpeton's program

V. Chair Grindberg asked through this process and this journey of putting this program together in this bill how much discussion took place about efficiency and just on the surface it seems like 15 is a lot of programs for a state of 630,000 people. Was there any prior discussion maybe that should be 10 sites versus all 15 sites. I am trying to get my hand around why 15 programs in a state this size makes sense.(13.25)

Dr. Latham said the smaller programs are in the more rural areas. Maybe the numbers, the time isn't there, the transporting, it's expensive equipment may become difficult having it there when they need it. Whereas the larger programs that are in the cities will be using this. The scheduling becomes difficult to have two large programs using the equipment.

Vice Chairman Grindberg I would have a request for Dr. Hillman if he has any readily available data I would like to know what the enrollment in nursing has been statewide in all these campuses for the last 5 years.

Michel Hillman, Vice Chancellor for Academic and Student Affairs with the North Dakota University System (NDUS) testified in support of SB 2266 providing written testimony # 2

Discussion took place about the enrollment at all 15 schools and it was stated that further information will be forth coming before this bill is brought up again.20.45

Chairman Holmberg closed the hearing on 2266.

Written testimony # 3 entitled North Dakota Nursing Program Enrollment Five-Year

Comparison was submitted to the committee after the hearing was closed.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2266

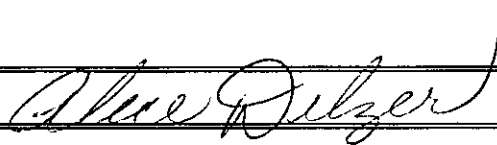
Senate Appropriations Committee

Check here for Conference Committee

Hearing Date: 02-17-09

Recorder Job Number: 9629

Committee Clerk Signature



Minutes:

Chairman Holmberg opened the discussion on SB 2266 (21.33) on the nursing consortium.

Senator Krebsbach stated she firmly believes in what is trying to be accomplished but it is too broad a scale.

Senator Krebsbach moved to amend the dollar amount; **SECONDED BY Senator**

Fischer. Discussion was held as to what should be in the amendment. A voice vote was taken on the amendment resulting in a yes vote.

Senator Krebsbach moved a do pass on SB 2266 as amended; **Senator Fischer** seconded. A roll call vote was taken resulting in a DO PASS AS AMENDED with 14 yes, 0 no and 0 absent. **Senator Judy Lee of Human Services** will carry the bill.

Senator Holmberg closed the discussion on SB 2266.

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2266

Page 3, line 6, after the second comma insert "the sum of \$2,000,000, or so much of the sum as may be necessary,"

Page 3, line 7, replace "4,590,198" with "2,590,198"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

This amendment provides that of the total appropriation of \$4,590,198 to the Nursing Education Consortium, \$2,000,000 is from the general fund and \$2,590,198 is from federal funds.

Date: 2/17/09

Roll Call Vote # 1

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2266

Senate Senate Appropriations Committee

Check here for Conference Committee

Legislative Council Amendment Number Amend (which will be drafted)

Action Taken Do Pass Do Not Pass Amended

Motion Made By Krebsbach Seconded By Fisher

Senators	Yes	No	Senators	Yes	No
Sen. Ray Holmberg, Ch			Sen. Tim Mathern		
Sen. Tony S. Grindberg, VCh			Sen. Aaron Krauter		
Sen. Bill Bowman, VCh			Sen. Larry J. Robinson		
Sen. Randel Christmann			Sen. John Warner		
Sen. Rich Wardner			Sen. Elroy N. Lindaas		
Sen. Ralph L. Kilzer			Sen. Tom Seymour		
Sen. Tom Fischer					
Sen. Karen K. Krebsbach					

Total Yes Voice yes No _____

Absent _____

Floor Assignment _____

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

Date: 0/17/09
Roll Call Vote #: 2

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2266

Senate _____ Committee _____

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass Do Not Pass Amended

Motion Made By Krebsbach Seconded By Fischer

Representatives	Yes	No	Representatives	Yes	No
Senator Krebsbach	✓		Senator Seymour	✓	
Senator Fischer	✓		Senator Lindaas	✓	
Senator Wardner	✓		Senator Robinson	✓	
Senator Kilzer	✓		Senator Warner	✓	
V. Chair Bowman	✓		Senator Krauter	✓	
Senator Christmann	✓		Senator Mathern	✓	
V. Chair Grindberg	✓				
Chairman Holmberg	✓				

Total Yes 14 No 0

Absent 0

Floor Assignment Human Services Judiciary

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

REPORT OF STANDING COMMITTEE

SB 2266, as engrossed: Appropriations Committee (Sen. Holmberg, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed SB 2266 was placed on the Sixth order on the calendar.

Page 3, line 6, after the second comma insert "the sum of \$2,000,000, or so much of the sum as may be necessary,"

Page 3, line 7, replace "4,590,198" with "2,590,198"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

This amendment provides that of the total appropriation of \$4,590,198 to the Nursing Education Consortium, \$2,000,000 is from the general fund and \$2,590,198 is from federal funds.

2009 HOUSE EDUCATION

SB 2266

2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2266

House Education Committee

Check here for Conference Committee

Hearing Date: March 11, 2009

Recorder Job Number: 10713

Committee Clerk Signature

Carmen Hart

Minutes:

Senator Warner appeared in support. We are proposing that you keep these mannequin simulators in the training of the clinical portion. With a simulator they can go over and over it until they get it right.

Vice Chair Lisa Meier: Are you aware of how many simulators are currently being utilized by nurses in training?

Senator Warner: Not entirely. There are different levels of simulators. Some of them are very sophisticated. Some of them measure respiratory gases, perspire, and respond to medicines. Some of them are in the range of a quarter million dollars a piece and so I am sure that not all programs have access to that level of sophistication.

Senator Judy Lee, District 13, appeared to endorse this bill. The whole idea is to try to take advantage of a number of folks who are living throughout the state who would be willing to move into nursing or move to a different level of nursing if they didn't have to leave families and spouses' careers in order to go on. Some of the instruction is done online. Some of it has to be done in a more traditional setting. A percentage of the clinical experience can be done with these simulators. Most nursing programs don't have these simulators. This would be an extremely important project in order to try to meet the crisis that we really have in supply of nurses at every level in North Dakota, both urban and rural. She provided and read some

written testimony by **Dr. Helen Melland, North Dakota Nursing Education Consortium Chair and Interim Dean of UND College of Nursing**, who was unable to attend. (See **Attachment 1.**) We want them to practice before working on us.

Chairman Kelsch: You mentioned that when you looked at it on the senate side, you realized that not every campus could have the simulation laboratory. Where is the language for that?

Senator Lee: Actually, it ended up being the fiscal note. If you don't have that information in following testimony, I will be more than happy to provide it.

Chairman Kelsch: There is no fiscal note because it is a direct appropriation. There isn't a fiscal note attached to the bill. I was a nursing student for 2 ½ years at UND and I lived in a sorority. The sorority was filled with nursing and premed students. Yes, there was a lot of sticking going on. I can relate. That is why the arms are a great thing.

Rep. David Rust: Is this in the executive budget and if not, why? Also if you could address recurring costs.

Senator Lee: This was not in the Governor's budget. This is more appropriately in the Higher Education budget. There is a commitment on the part of Higher Education being a part of this. This is unique because of the collaboration among all of the nursing programs. The simulators generally have a life of around five years. This is something that will probably be included in the future Higher Education budget.

Rep. Phillip Mueller: Can we assume or believe then that the fiscal note that is in Section 3 appropriation is the reduced amount to deal with combination uses by nursing programs?

Senator Lee: I didn't bring that part. We had a reduction in the appropriation considering the fact that we were eliminating two of the simulators.

Vice Chair Lisa Meier: I will have Pam actually pull that up for the original bill.

Chancellor William Goetz, North Dakota University System, appeared. (See Attachment 2.)

Rep. Phillip Mueller: In our appropriation going back to Section 3, federal funds represent about the \$2.6 million and in your testimony you are talking about \$2 million from federal funds. Which number is suppose to be correct here?

Chancellor Goetz: When this testimony was put together, we were working off of the total of \$4.6 million.

Vice Chair Lisa Meier: I have the original bill here, and I have the amended bill. It states that originally the appropriation was for \$4,590,198 and then it has been amended now to state that \$2 million would come from the appropriation for North Dakota. From federal funds it would be \$2.5,198.

Rep. David Rust: Did you say it is not in the Higher Ed. budget?

Chancellor Goetz: It is not in the Higher Ed. budget.

Rep. David Rust: I thought Senator Lee it was.

Rep. Jerry Kelsh: What was the appropriation two years ago? Is this considerably more money?

Chancellor Goetz: I do not know.

Vice Chair Lisa Meier: I believe last session was a pilot project if I am not mistaken. I am not sure of the appropriation. We can get that information.

Rep. Lee Myxter: They were talking back here. It was \$200,000.

Suzie McShane, Nursing Coordinator for the Dakota Nursing Program at Bismarck State College, appeared. (See Attachment 3.)

Rep. Karen Karls: I was under the impression that the simulators are a fixed machine. Do you take them out on the road?

Suzie McShane: The simulators can be tether less. They are somewhat fragile but not to the point that you can't transport. They can be transported via a wheelchair and via a stretcher. There is some consideration for our outlying such as if you were a student that was in Carrington, for example, and your mother school would be Lake Region, the unit could be transferred to Carrington. The one thing about the simulation lab it is also videoing of the performance of the students in these labs. The biggest piece of information that you are getting from this is what did I do right? What did I do wrong with performance of this need? To transport all of this mechanical such as the mobile lab that was originally thought of is cumbersome.

Rep. Karen Karls: I am trying to see the need for transporting this equipment to say, Carrington. I can see where you have a student there with a clinical rotation. Why wouldn't they use it back at the school?

Suzie McShane: They would be. These would be more eventful if they were all in the same building such as Lake Region State College. It is not that couldn't provide any partnership with the hospital for training for their nurses on staff to maybe prevent, and in some relation, not be utilized by the school.

Rep. Karen Karls: I was curious about all these sites that are off campus.

Suzie McShane: They definitely have to have the same course as the other students. They are brought into the mother site.

Vice Chair Lisa Meier: I want to talk a little bit about with you about the maintenance of these simulators. Once a simulator needs maintenance, whose responsibility is it to incur the cost for the maintenance of the simulators? Is it the college that it belongs to and have you had a lot of cost incurred with maintenance for these simulators thus far since you have received them?

Suzie McShane: We do not have simulators yet. There is a warranty that you can purchase. They have a gold, platinum, and a silver. Five years is usually when it is expected ___.

Chairman Kelsch: They are about the same life as a computer, because they are basically computerized—about five years.

Suzie McShane: These are robotics. They perspire, their pupils can dilate, and they can breathe. They have the most sophisticated heart sound. It is absolutely amazing what they can do.

Rep. David Rust: My question also goes along with the recurring cost because just knowing that five years is almost an eternity in computers and simulation. As the medical field progresses if there aren't going to have to be changes in the programming for that, and who would pay for those costs?

Suzie McShane: You are right. You are wondering what is the longevity of this? We are hoping, with our community based job training grant, to gain some collaboration with some long-term care facilities and our hospitals. I don't have an answer at this time.

Chairman Kelsch: Some of the campuses—the University of North Dakota is a good example—they charge like aviation fees. Do nursing students get charged fees? Would this be something where there is potentially a slight fee increase to help cover some of the maintenance or costs?

Suzie McShane: That sounds like a very logical and workable idea. We haven't discussed this.

Chairman Kelsch: I just think that it is excellent technology for those nurses, because we rely a lot on the nurses now. There is such a huge nursing shortage that if we can have them as best educated as possible and especially to get them out in some of our rural areas, those

simulators are key to their learning experience. Not every illness or different condition is presented during the clinical experience.

Suzie McShane: Absolutely. Nationwide, we are behind.

Vice Chair Lisa Meier: Do you know the cost of these warranties and if they would be included in the appropriation of what is in this bill?

Suzie McShane: They were included.

Vice Chair Lisa Meier: What is the cost of like a gold star warranty?

Suzie McShane: I have all that information in my office. I can get that to somebody.

Rep. Phillip Mueller: In your discussion of this whole concept, is it possible that you can do two of these things and put them in a big truck and move them around in that way? Thus, eliminating some cost now and certainly in the future as opposed to 15?

Suzie McShane: What we found to be a problem is the timing.

Jackie __, MedCenter One College of Nursing, appeared and provided and read written testimony of **Dr. Jacqueline Mangnall, Chairperson of the Department of Nursing at Jamestown College,** who was unable to be here. **(See Attachment 4.)** She addressed the question regarding ongoing maintenance and support. The fiscal note included a full time IT expert who would be floating the state into the maintenance and repair of the simulation.

Dr. Constance Kalanek, Executive Director, North Dakota Board of Nursing, appeared. **(See Attachment 5.)**

Rep. David Rust: My question is on the cost. I am looking at about 2.75 FTEs. I am assuming that would be an ongoing cost every year.

Dr. Constance Kalanek: I will have to defer that to the members of the college and university.

Rep. David Rust: Madame Chair, is that the way you read it also? There is about 2.75 FTEs.

Jackie__: It is in the budget for two years to have a building expert, __expert about integrating this into the educational programs, and the IT expert. There was a part-time administrative person and __.

Chairman Kelsch: This has to be an appropriation bill. Is it in the IT? Is it in the Higher Ed. budget bill? Is it in Human Services? The appropriation is here, but it does not lay out what the appropriation does nor is there a fiscal note. That is the issue right now. I don't know if there is something that is referenced. It doesn't show that there is a fiscal note in the senate. I don't know if it is referenced in an appropriations bill, like a budget bill. I will talk to Senator Lee about it. There are no FTEs in this bill itself.

Dr. Constance Kalanek: We will take that information requested and get it to Senator Lee. There was no opposition.

The hearing was closed.

2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2266

House Education Committee

Check here for Conference Committee

Hearing Date: March 16, 2009

Recorder Job Number: 11051

Committee Clerk Signature

Carmen Hart

Minutes:

Chairman Kelsch: SB 2266 relates to the nursing education consortium and the simulation laboratory initiative. There were some questions about some of the information that we had received regarding SB 2266. Under Section 2 when it talks about the University of North Dakota to support a simulation laboratory initiative and it includes basic simulation centers for use, not that each one would have one, at each of the nursing education sites. Thirteen of the 15 programs in the state are RN programs. That is where they kind of came up with the fact that it would probably be 13 of the simulation units. The money that is in here is \$2 million of general funds and then it would be the additional monies that look as though they are available from the stimulus package. I received a copy of the maintenance agreement. It looks like there is a very comprehensive maintenance agreement. If the stimulus money would not become available or if the appropriations committee would determine not to put the \$2 million in there but put \$2.5 million of the stimulus package in there, it would be divided among the campuses for use as much as it possibly could. It wouldn't necessarily be that each one would have the opportunity, but they wanted to make sure that they had those campuses listed that offer the nursing degree programs. Say, Ft. Berthold, so that they would have access to those simulation units. I called a young lady who just graduated from University of North Dakota last February in nursing, and I asked her some questions about these units. This is a little bit of a

different situation where we received this bill, and it probably shouldn't have been in this committee. It probably should have been in human services because they are very well aware of the nursing shortage in the state and that nurses need to have some of that hands on experience. She said that these devices proved to be extremely valuable. She reiterated that when you are going through clinicals if there is a situation and it is an emergency situation or even a situation where you are in the way, they shoo you out so you never get to see a lot of these issues present themselves. One of the things that was most valuable to her was listening to the various heart sounds so that you knew and you could tell whether or not a patient was experiencing a heart attack or potentially a stroke. They use the arm all the time. Their class thought so highly of the simulation devices that when they graduated, and I guess this is a tradition amongst the nursing students, they determine a need within the nursing department and they believe so strongly in the simulation units, they donated money to a simulation fund. The bill as it stands is clearly written. The appropriation and what the appropriation is going to be used for isn't really up to us to decide if that amount of money is worth it or not. The appropriations committee will go through what their budget is in greater detail. We more or less have to determine whether or not we think that this is good public policy and this is a good program to continue. When I asked for the budget, this is what I received. **(See Attachment 1.)**

Vice Chair Lisa Meier: What about those federal funds?

Chairman Kelsch: The special funds derived from federal funds which are in the appropriation of Section 3 on page 3, that would be the \$2.59 million and that would be the stimulus money.

Vice Chair Lisa Meier: Are they assured that they are going to receive those federal funds?

Chairman Kelsch: They are almost guaranteed that they are going to receive those monies.

Rep. Brenda Heller: What about these FTEs? What part do they go under? Is that continuing appropriation money to keep them going or what?

Chairman Kelsch: Because it is not specifically laid out in the bill, the FTEs, I did not get into that with Senator Lee. This is an initiative that they had tried to get Higher Ed. to buy into, and after a discussion with the board president and the chancellor, this would be a top priority for the Higher Education system moving forward.

Rep. Jerry Kelsh moved a **Do Pass and rereferred to appropriations.** **Rep. John Wall** seconded the motion.

Rep. Phillip Mueller: You referenced 13 sites. We actually have 15 sites listed.

Chairman Kelsch: Right, because it is for use in those sites. Those 15 sites are the nursing degree programs. Thirteen of the 15 have RN programs. It is for use, not to be placed, so that they can collaborate with those other campuses.

DO PASS AND REREFERRED TO APPROPRIATIONS. 14 YEAS, 0 NAYS. **Rep. John Wall** is the carrier of this bill.

Date: ~~2-26-09~~ 3-16-09
Roll Call Vote #: _____

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2266

House Education Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass Do Not Pass Amended

Motion Made By Rep Kelsh Seconded By Rep Wall

Representatives	Yes	No	Representatives	Yes	No
Chairman RaeAnn Kelsch	✓		Rep. Lyle Hanson	✓	
Vice Chairman Lisa Meier	✓		Rep. Bob Hunsakor	✓	
Rep. Brenda Heller	✓		Rep. Jerry Kelsh	✓	
Rep. Dennis Johnson	✓		Rep. Corey Mock	✓	
Rep. Karen Karls	✓		Rep. Phillip Mueller	✓	
Rep. Mike Schatz	✓		Rep. Lee Myxter	✓	
Rep. John D. Wall	✓				
Rep. David Rust	✓				

Total (Yes) 14 No 0

Absent _____

Floor Assignment Rep Wall

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

Referred to appropriations

REPORT OF STANDING COMMITTEE

SB 2266, as reengrossed: Education Committee (Rep. R. Kelsch, Chairman) recommends DO PASS and BE REREFERRED to the Appropriations Committee (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Reengrossed SB 2266 was rereferred to the Appropriations Committee.

2009 HOUSE APPROPRIATIONS

SB 2266

2009 HOUSE STANDING COMMITTEE MINUTES

Bill No. SB 2266

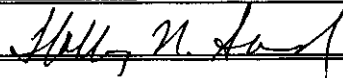
House Appropriations Committee

Check here for Conference Committee

Hearing Date: March 23, 2009

Recorder Job Number: 11401

Committee Clerk Signature



Minutes:

Chm. Svedjan turned the Committee's attention to SB 2266.

Rep. RaeAnn Kelsch, District 34, approached the podium and explained SB 2266 which is the Nursing Consortium bill. This bill sets up simulation laboratories. The appropriation would give basic simulation equipment for 15 centers (\$100,000 for each). There is also budgeted within the \$4.5 million, \$25,000 for each of the RN programs. Thirteen of the fifteen programs in the state are RN programs. They cut the equipment needed for anesthesia programs and nurse practitioner programs from the budget. That's what brought the amount down from \$4.9 million to \$4.5 million. On page 3, section 3, it has \$2 million coming out of the state General Fund and the \$4.5 million comes from Special Funds derived from Federal Funds. We have been told that those monies are contained within the federal stimulus package.

The Chancellor came in and this was a discretionary item that did not make the Executive budget cut. However, the Chancellor has said that going forward this needs to be included in their budget. The reason for it is the fact that if we are not going to train our nurses to do the job right the first time, we shouldn't be training them at all. The simulation units simulate the sounds of the heart to train nurses. You can "kill" the simulation units and bring it back to life again to make sure you don't kill it a second time. The nursing program has a shortage of these simulation units. These units are key to the nurses' success.

Rep. Kelsch explained that each time a nursing class graduates, they pick something that is needed within the department. Even know they graduated with debt, they donated money to the department so that they could buy additional simulation units. When a nurse is in an emergency room or when they're in a patient's room and a situation presents itself, the nursing students are pushed out of the room. They are not able to listen to or watch the situation as it unfolds. Unfortunately they do not get the hands-on experience. That's what they get from the simulation units. The basic unit is a full body unit. Rep. Kelsch concluded her remarks.

Chm. Svedjan: \$2 million is from the General Fund. You said \$4.5 million.

Rep. Kelsch: That's the total.

Chm. Svedjan: So the \$2.5 million, is that the portion you see coming from the federal stimulus money? (5:50)

Rep. Kelsch: That is correct. That is what we were told in the House Education Committee.

Chm. Svedjan: Apparently there is some reason the full \$4.5 million can't come from the stimulus money.

Rep. Kelsch: I'm guessing the reason that it wasn't fully coming out of there was the fact that someone felt that maybe the Higher Ed system needed to have some teeth in this as well.

Chm. Svedjan: Let me turn to Allen. Given the language that's in the bill as we see it now, is that sufficient to cover this for stimulus purposes?

Allen Knudson, Legislative Council: As we looked through the stimulus proposals, we did not see anything specific that could be used for this purpose. There are a number of competitive grants – some that Higher Education can qualify for. It could be that in some of those competitive grants that Higher Ed believes they can get some stimulus dollars. If the intent is that this does come from stimulus money, . . . , right now it indicates federal funds which is wide open. Any federal funds. If you do want to give direction that it should be from

federal stimulus, we could add that language, from federal funds received as part of the federal stimulus program. This would work the way it is here.

Chm. Svedjan: Say that last part again. It would work?

Mr. Knudson: It would work the way it's written now. It's really broad. It could come from stimulus or other federal funds that are available. (6:47)

Rep. Delzer: If we wanted to try to get them to apply for the stimulus grants for the \$2 million that is General Fund could we put a contingent appropriation in here that they apply? And if they did not get the stimulus grant then it would be funded with General Fund? (7:45)

Mr. Knudson: Yes. We've done some amendments like that where we appropriate the amounts from the stimulus dollars. And then we had another section contingent General Fund appropriation that says if the agency does not get the appropriation provided in Section 3, then there's however much appropriated from the General Fund.

Rep. Delzer: The bill has a continuing appropriation in it. Allen, that is simply for monies received as gifts, grants or donations? Subsection 4 of Section 1. Is that the only thing that is covered by the continuing appropriation? Or does it also cover the \$4.5 million? (8:31)

Mr. Knudson: It would be just the gifts, grants or donations.

Rep. Delzer: Would the \$4.5 million be considered as a gift, grant or donation?

Mr. Knudson: If they received a competitive grant, yes, that would be included in the continuing appropriation.

Rep. Dosch: So I can understand this, given the tight budget that Higher Ed is required to work under and the fact that we are only giving them \$80 million new dollars, that they cannot find anywhere in their budget to fund a quite worthy program such as this? Don't they prioritize anything? Or is it more important to build buildings? Where is Higher Ed's position on this with the dollars that we're sending them? (9:18)

Rep. Kelsch: We were told in our Committee that "if the State Board of Higher Education needs based budget request is funded and additional resources are available, the nursing simulation laboratory initiative is an initiative the legislature should consider supporting." What I got from that, and when we asked him the question, it was not part of the original request from the State Board of Higher Education. Let me be honest with you about the Board of Higher Ed and this and somewhat the nursing consortium. I'm not sure that the Board of Higher Education really took ownership in this consortium until this session. Now I think that the Board finally understands that this is an important initiative and it is based in the University of North Dakota and should be considered as part of the University System requests for monies. (9:53)

Rep. Pollert: In our Section, there are certain things that are not going to be funded by General Funds. I hope the language will be right because we've got some of that coming saying that if there are not stimulus dollars available it's not going to be funded. That's always an option too. (11:11)

Rep. Berg: On p. 2, you talk about how to overcome of meeting the state's current and future nursing needs. The barrier is we have nursing classes that turn away a lot of nurses. We have a nursing shortage in the state. Is there anything that is being done to expand the nursing program to add, . . . , ultimately to graduate more nurses. (11:48)

Rep. Kelsch: I missed part of the testimony. I'm not sure if that was discussed.

Rep. Berg: This has been a frustration for me. In the last interim, the problem with expanding nursing schools was that it was so expensive to get instructors. If it's so expensive to get instructors, because there are so many good jobs out there, which told me we should make it more of a priority from Higher Ed. If we are trying to get more nurses in North Dakota, we have to hit the nail on the head and look at expanding the programs, not do other things and with the language that we're doing something good, but simply expand the number of graduates.

Chm. Svedjan: I think when this initially came forward last session we were talking about a mobile unit. That's not the case anymore. We're talking now about putting simulators in all these locations with \$25,000 for each of the RN producing programs. As I recall, two years ago it had a lot to do with individuals' access to nursing programs. Even if the enrollments were expanded, not everyone could access them because of their geographic location. This bill probably still addresses that in that it provides the simulation capacity at RN programs that are closer to one's geographic location. I think that's still true, is it not? (13:35)

Rep. Kelsch: That is correct. That is what this bill is doing.

Rep. Hawken: We probably should have done the mobile unit. We do not have more people in the programs because we cannot get instructors. So far this morning we have done a lot of stuff. This morning we've done \$17 million. This will make a difference in rural areas. There is the possibility they can tag with the vocational education centers on the health careers curriculum. There are a number of ways this can be used. Whatever amendment needs to be made for the appropriate use of the monies, I think we ought to do it and move forward. We need to do this in this state. It's not a matter of whether Higher Ed prioritizes it. It's a matter of whether we as citizens of North Dakota think it ought to happen. To answer that real bluntly, part of the reason it probably wasn't on there was because there was some college politics of people who didn't like each other. That happens. We shouldn't not do something because of that. (14:37)

Rep. Kaldor: Last session we had the mobile simulator in House Human Services. One of the problems had to do with its utilization and employing someone to move it around the state. Also, during the interim, the Human Services Interim Committee did look at this and had testimony on the nursing shortage. Rep. Hawken is right on the situation we face.

The simulators will extend the abilities of the teachers. It will give the nursing students some experience where otherwise they would require a teaching RN with this at all times. They will get an extension of the teacher through the simulator. (16:13)

Chm. Svedjan: It seems to me we have several options. We could put a Do Not Pass on this. I'm not sensing that from the Committee. We could ask for amendment language to make all or part of this attributable to stimulus money. We could make it conditional to the extent that if a portion comes from stimulus that the General Fund would cover the remainder. A third option would be that we make this very specific to ARRA, whether it's all or a portion. (17:35)

Rep. Nelson moved an amendment to take it out of economic stimulus money and if that doesn't become available then we fund it from the General Fund. (18:35)

Chm. Svedjan: \$2 million from General Fund?

Rep. Nelson: Right. The assumption I would make is that the \$2.59 million is a federal, comes from Special or federal funds. This would be the \$2 million.

Chm. Svedjan: So the stimulus would apply to the \$2 million, keeping the language for the \$2.5 million coming from Special or Federal funds?

Rep. Nelson: That is correct.

Rep. Kroeber seconded the motion to adopt Rep. Nelson's amendment.

Rep. Skarphol: Can you tell me what the cost of a full-body unit is? (19:30)

Rep. Kelsch: They are \$100,000.

Rep. Skarphol: Fifteen of them is \$1.5 million?

Rep. Kelsch: That's correct.

Rep. Skarphol: So the balance of the dollars, \$25,000 per school?

Rep. Kelsch: Thirteen of the fifteen nursing RN degree programs.

Rep. Skarphol: \$25,000 annually or biannually?

Rep. Kelsch: Annually.

Rep. Kelsch: What is the balance of the money for?

Rep. Kelsch: Installation of network and software costs. Incidental costs for the education trauma for the Web and Clinical Simulation Specialist (\$94,000). Personnel costs – Project Director (.15 FTE). (Inaudible) designer. Clinical Simulation Nurse Education Specialist. So there would be 2.15 FTEs and then there would be a part-time Administrative Assistant at .5 FTEs and a part-time Fiscal Manager at .1 FTE for \$360,558. That would be for the biennium.

(20:05)

Rep. Skarphol: So we're looking at 2.75 FTEs being added to Higher Education with this?

(21:14)

Rep. Kelsch: That would be correct.

Rep. Skarphol: Higher Education has the opportunity to apply for a large number of competitive grants over and above ARRA. While I don't disagree with Rep. Nelson's motion necessarily, I think we should encourage them to go after whatever dollars are out there and available in competitive grants to do this. In agreement with Rep. Dosch, I would say we could direct Higher Education to move Nursing Education project to the top of the priority list. It just depends on how this Committee feels about pushing forward with purchasing a number of necessary full body units. (21:31)

Rep. Wald: Do the Native American colleges offer an LPN and a BS Nursing program? (22:26)

Rep. Kelsch: I believe that Fort Berthold and Sitting Bull, two of them do not offer the RN degree but do have the LPN. United Tribes does have the RN program because 13 of the 15 that are listed have it and I believe it's United Tribes that has the RN program as well.

Rep. Delzer: I don't agree with the motion the way we have it. After the discussions the Committee had, I think what we need to do is take the General Fund money out and tell them they need to find this in competitive grants, appropriate the \$2.5 million as Federal or Special Funds because my understanding is that's outside the stimulus package, and go from there. If we put contingency language in there, I don't think they are going to do a good job of seeking that and I would offer a substitute motion. (23:14)

Rep. Delzer offered a substitute motion to call for seeking competitive grants available through the federal stimulus package or any other grant source, but keeping the expectation for Special or Federal Funding for the remaining \$2.5 million also.

Rep. Dosch: Would that include them from simply taking that money from their current operating budget? You indicated . . . (24:44)

Rep. Delzer: I would be open to language saying "or their current operating budget."

Chm. Svedjan: So it would be their ARRA or funds out of their current operating budget.

Rep. Delzer: Grants or their existing operating budget.

Rep. Skarphol seconded Rep. Delzer's motion to amend.

Rep. Nelson: If they apply for grants and don't get any, they don't get the economic stimulus money, are they then directed to take the money out of their budget? Or can they just forget the program? (25:31)

Rep. Delzer: They would have the option. My understanding is the \$2.5 million, they figure they are going to get. If nothing else, they would have to reduce the numbers and work from there.

Rep. Kelsch: That would probably be a correct assumption.

Rep. Skarphol: At \$100,000 apiece, 15 of them is \$1.5 million. You talked about the need for 3 FTEs. It would seem to me that the \$2.5 million should pretty well cover what they need to some extent. Obviously they may have some discomfort with it, but I can't imagine why they would need a lot more than that to do this. I agree with Rep. Delzer's motion. (26:23)

Rep. Kroeber: I think we are setting a good pattern that we are going to say that if you can get stimulus dollars you can do these and if you can't you're in trouble or you're not going to do them. For that reason I will not support the amendment. (26:45)

The substitute motion to amend carried by voice vote and the amendment was adopted.

Rep. Delzer moved a Do Pass as Amended. Rep. Kreidt seconded the motion. The motion carried by a roll call vote of 22 yeas, 1 nay and 2 absent and not voting. Rep. Delzer will carry the bill.

90765.0301
Title.0400
Fiscal No. 1

Prepared by the Legislative Council staff for
House Appropriations
March 24, 2009

VK
3/25/09

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2266

Page 3, line 5, remove "out of any moneys in the"

Page 3, line 6, replace "general fund in the state treasury, not otherwise appropriated" with
"from federal funds made available to the state under the federal American Recovery
and Reinvestment Act of 2009, from other grants, or from other funds available within
the university system's 2009-11 biennium budget"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT - LC 90765.0301 FN 1

A copy of the statement of purpose of amendment is attached.

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2266 - University of North Dakota - House Action

	Executive Budget	Senate Version	House Changes	House Version
Nursing Education Consortium		\$4,590,198		\$4,590,198
Total all funds	\$0	\$4,590,198	\$0	\$4,590,198
Less estimated income	0	2,590,198	2,000,000	4,590,198
General fund	\$0	\$2,000,000	(\$2,000,000)	\$0
FTE	0.00	0.00	0.00	0.00

Department No. 230 - University of North Dakota - Detail of House Changes

	Changes Funding Source ¹	Total House Changes
Nursing Education Consortium		
Total all funds	\$0	\$0
Less estimated income	2,000,000	2,000,000
General fund	(\$2,000,000)	(\$2,000,000)
FTE	0.00	0.00

This amendment removes general fund support of \$2 million for the Nursing Education Consortium and replaces it with \$2 million federal fiscal stimulus funds, other grants, or funding available from within the University System's 2009-11 biennium budget.

Date: 3/23/09
 Roll Call Vote #: 1

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
 BILL/RESOLUTION NO. 2266

Full House Appropriations Committee

Check here for Conference Committee

Legislative Council Amendment Number FBD

Action Taken amend as ind. below

Motion Made By Nelson Seconded By Kramer

Representatives	Yes	No	Representatives	Yes	No
Chairman Svedjan					
Vice Chairman Kempenich					
Rep. Skarphol			Rep. Kroeber		
Rep. Wald			Rep. Onstad		
Rep. Hawken			Rep. Williams		
Rep. Klein					
Rep. Martinson					
Rep. Delzer			Rep. Glassheim		
Rep. Thoreson			Rep. Kaldor		
Rep. Berg			Rep. Meyer		
Rep. Dosch					
Rep. Pollert			Rep. Ekstrom		
Rep. Bellew			Rep. Kerzman		
Rep. Kreidt			Rep. Metcalf		
Rep. Nelson					
Rep. Wieland					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

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

• Stimulus applies to \$2m.

Date: 3/23/09
 Roll Call Vote #: 2

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2266

Full House Appropriations Committee

Check here for Conference Committee

Legislative Council Amendment Number TBD

Action Taken Substitute metric

Motion Made By Delzer Seconded By Skarphol

Representatives	Yes	No	Representatives	Yes	No
Chairman Svedjan					
Vice Chairman Kempenich					
Rep. Skarphol			Rep. Kroeber		
Rep. Wald			Rep. Onstad		
Rep. Hawken			Rep. Williams		
Rep. Klein					
Rep. Martinson					
Rep. Delzer			Rep. Glassheim		
Rep. Thoreson			Rep. Kaldor		
Rep. Berg			Rep. Meyer		
Rep. Dosch					
Rep. Pollert			Rep. Ekstrom		
Rep. Bellew			Rep. Kerzman		
Rep. Kreidt			Rep. Metcalf		
Rep. Nelson					
Rep. Wieland					

Total (Yes) _____ No _____

Absent _____

Floor Assignment Voice Vote - carries

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

- Sub comp. grants.
A

Date: 3/23/09
 Roll Call Vote #: 3

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
 BILL/RESOLUTION NO. 2216

Full House Appropriations Committee

Check here for Conference Committee

Legislative Council Amendment Number TBD

Action Taken Do Pass as Amended

Motion Made By Delzer Seconded By Kreidt

Representatives	Yes	No	Representatives	Yes	No
Chairman Svedjan	✓				
Vice Chairman Kempenich	—				
Rep. Skarphol	✓		Rep. Kroeber		✓
Rep. Wald	✓		Rep. Onstad	✓	—
Rep. Hawken	✓		Rep. Williams	✓	—
Rep. Klein	✓				
Rep. Martinson	✓				
Rep. Delzer	✓		Rep. Glassheim	✓	—
Rep. Thoreson	✓		Rep. Kaldor	✓	—
Rep. Berg	✓		Rep. Meyer	✓	—
Rep. Dosch	✓				
Rep. Pollert	✓		Rep. Ekstrom	—	—
Rep. Bellew	✓		Rep. Kerzman	✓	—
Rep. Kreidt	✓		Rep. Metcalf	✓	—
Rep. Nelson	✓				
Rep. Wieland	✓				

Total (Yes) 22 No 1

Absent 2

Floor Assignment Rep. Delzer

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

REPORT OF STANDING COMMITTEE

SB 2266, as reengrossed: Appropriations Committee (Rep. Svedjan, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (22 YEAS, 1 NAY, 2 ABSENT AND NOT VOTING). Reengrossed SB 2266 was placed on the Sixth order on the calendar.

Page 3, line 5, remove "out of any moneys in the"

Page 3, line 6, replace "general fund in the state treasury, not otherwise appropriated" with "from federal funds made available to the state under the federal American Recovery and Reinvestment Act of 2009, from other grants, or from other funds available within the university system's 2009-11 biennium budget"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT - LC 90765.0301 FN 1

A copy of the statement of purpose of amendment is on file in the Legislative Council Office.

2009 SENATE HUMAN SERVICES

CONFERENCE COMMITTEE

SB 2266

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2266

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: 4-20-09

Recorder Job Number: 11979

Committee Clerk Signature

Mary K. Morrison

Minutes:

Senator J. Lee opened the conference committee on SB 2266 with all members present:

Senator J. Lee, Senator Erbele, Senator Warner, Rep. RaeAnn Kelsch, Rep. Delzer, and Rep. Hunsakor.

Senator J. Lee asked for a review of the amendment the House made.

Rep. Kelsch explained that the policy committee did not make any changes to the bill. The appropriation for the amendment is in section 3 of page 3 beginning on line 5. The amendment removed the general fund monies and basically stated that it could be found within the University systems budget and in the American Recovery and Investment Act.

Rep. Delzer said it was his understanding that the \$2.5 was going to be there and then the other would be competitive grants that are available through the stimulus money. He said they talked about putting simulators in the fifteen centers. He thought there was one in Grand Forks already.

Senator J. Lee said it was her understanding that the Medical School has them but they are not necessarily used for the nursing program.

Rep. Delzer thought the general fund would have been real hard to get through the committee so it was changed to stimulus with competitive grants.

Sen. Warner said there was a second piece to the competitive grants. He wanted to know if the money was coming through the Governor's office.

Rep. Delzer replied that it was not the \$19 million. There are other school competitive grants administered from the federal level.

Senator J. Lee asked where he thought, in the higher ed budget, they were going to find \$2 million for this.

Rep. Delzer said there was talk that the federal funds would be available.

Senator J. Lee gave background on this bill as it left the Senate (meter 04:15) and said that as it moved into the House it has become competitive grants which aren't quite as accessible.

Rep. Delzer – his understanding was that the Senate changed \$2.5 to the stimulus money.

What the House Appropriation did was put the \$2 million in competitive grants. He felt the \$2.5 was pretty solid and also that the \$2.5 would do most of the 15 centers even if the \$2 million didn't become available from the competitive grants.

Senator J. Lee asked if they could get someone from the higher ed. dept. to fill the senators in on some of the specifics on how the numbers shake out so they can be assured some of the money is going to be available.

Rep. Kelsch said some of the rules and regulations for the stimulus monies had changed from when they heard it in the House Education Committee to when it was in House Appropriations. She thought it might be a good idea to have someone from OMB or higher ed give them more updated information. She felt they needed to strongly recommend to the university system that they take over this program. It is included in their budget the next go around.

Senator J. Lee reported that she had a conversation with the President of the Board of Higher Education about the time this was moving from the Senate to the House. They had just

reviewed it and were very enthusiastic about this project and would like to see it move forward.

It is critical to the nurses training programs in all of the campuses.

She pointed out that this was not something anybody from higher ed came and asked for in the first place. It came about because of an interim committee (meter 08:30) and was sponsored as a bipartisan approach to a workforce issue in ND.

Rep. Hunsakor understood that all the money that will filter through this bill for its intended use will all be used in the simulation arena. He wanted to know if there were assurances that the money won't be deterred to some other use.

Senator J. Lee said it hadn't occurred to her that it would be deferred but they could put protections in if they needed. She also pointed out that the Senate did not intend that every program should have its own simulator. The concern was that there should be some effort to collaborate.

Senator Warner thought the language as written allows for the money to be used for things other than the simulator packages. This is an ongoing process. There will probably be travel and training costs. Consortiums have worked well.

Senator J. Lee agreed that the consortiums were working well. She adjourned the meeting of the conference committee.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2266

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: 04/22/2009

Recorder Job Number: 12116

Committee Clerk Signature

Mary K Monson

Minutes:

Chairman J. Lee Opened the conference committee. We have Sheila Peterson and Bill Goetz here to help us work through some of the information. Sheila, could you answer some questions about your source of funding and whether or not some of that money is still available.

Sheila Peterson Made a number of phone calls and visits with the health department to inquire about competitive grants available. The people she spoke with were not aware of any competitive grants available in this area in the stimulus package. One person suggested that there may be more grants available in the technology area vs. education. There are competitive grants for medical and dental schools that relate to HIT but it is not applicable to the simulators that appear in 2266. The HIT program requires a 50% local match. She also spoke with Roxanne Woeste of legislative council who was unaware of any other funding sources. Within the approximate 600M dollars being incorporated into appropriation bills, there are 19M unfettered dollars. See attachment #1. ARRA does not contain any money that would fit the bill for education simulators as envisioned in 2266.

Chairman J. Lee Thanked Sheila for her information and asked Chancellor Goetz to come to the stand.

Chancellor Goetz Stated that Sheila accurately portrayed the funding picture in relation to the stimulus package. This bill is critically important to ND for enhancing the educational mode.

This is something that should continue to be pursued at the federal level. Spoke about an experience from several years back relating to a phase in system over several biennium.

There is not enough money within the university system itself to carry out this program, perhaps a phase in or contingency situation might help fund this.

Chairman J. Lee Clarified that the committee had never intended to usurp the general fund dollars already in the budget for higher ed. This was seen as something different.

Chancellor Goetz The desire is to get this started sometime this biennium and then build it into the university budget next time.

Chairman J. Lee This originated as a travelling simulator program which would have required fewer to be purchased. In the work that was done by the Deans they thought the scheduling might be difficult.

Representative Delzer The 2M looks to me like it is wide open. The 2.59 looks to be listed as special funds from a university. Would anything need to be done so that could be as other grants?

Chairman J. Lee Explained that one entity needed to be the fiscal agent for the consortium which is why UND was listed as the entity receiving those funds, that is where the program originated.

Chancellor Goetz Wants to make sure that the language is very clear as to the role of the university in the system.

Chairman J. Lee Explained that the reason that the stimulus language is in the bill is because as the bill left the Senate, everything was just beginning with the federal money coming in and they were led to believe at the time that there might be stimulus money available.

Representative Kelsch That is correct because when I went to appropriations, we still had the best information at the time which said that we might find out more towards the end of the session.

Chairman J. Lee Now that we have some of the facts; are there any thoughts about where we should go from here?

Representative Delzer Really what it does is put it in place. I know there is a question on money but I would be real surprised if there would be a whole lot of support on the appropriations side for general fund money in here again. If any money came in from a foundation or something, it might go forward, I'm not sure if it would go forward without money.

Chairman J. Lee It can't go forward without the money. I don't expect it to be squeezed out of the higher ed budget someplace, that is not the plan. There is just no way that you purchase goods without having the dollars to do it. Someplace we are going to have to have a discussion about where the funding is going to come from.

Representative Kelsch Asked a clarification question. Each one of these simulation units costs about \$100,000. I know we were hoping for about 12-15. Perhaps what Chancellor Goetz said about phasing it in, maybe we should look at the governor's stabilization fund as a source for some seed money. The only reason I say that is that I see this as a onetime expenditure to get the program started. Maybe it would help to get a few just to get it started.

Senator Warner I hope would hope that we would give more consideration to those that are more remotely located; we have realized that in many parts of rural ND we are going to need to train the professional staff that is in place. We are not going to be attracting people in to work in rural ND; we are going to need to train the existing personnel.

Representative Delzer How would emphasize the rural element, do you just want intent language or do you want to tie hands?

Senator Warner I would be happy with intent language. I would hate to see all of this end up in one location.

Representative Hunskor Is it too early to hazard a guess at how much money will be available and then based on that the number of simulators we can purchase?

Chairman J. Lee I don't know do you have a thought?

Discussion about possible appropriation amounts available and how they arrived at their current numbers which included some appropriations to keep the OMB website running—also discussed SB 2018 and ARRA.

Chairman J. Lee Requested that the appropriations people do some scouting on possible numbers. This is a critical issue. Frankly those of us in bigger communities will always have a nurse available but the people in the rural areas will not. We have to good health care in rural areas. Spoke about previous attempts at getting care into rural areas

Discussion about rural health

Representative Delzer When we are talking about rural areas, it is my understanding that the simulators would have to be at the colleges? Are we looking at the two year state colleges or do you want technical tribe colleges?

Representative Kelsch I think at least having regional access to them is going to be key.

Chairman J. Lee Adjourned the meeting.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2266

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: 04.23.09

Recorder Job Number: 12174

Committee Clerk Signature

Mary K Monson

Minutes:

Chairman J. Lee Opened the hearing. All members were present.

Representative Kelsch After we met yesterday we went up and asked about this and the governor's stimulus fund that he has access to and knew that there was about 2.5M available yesterday. Rep. Delzer and I felt that we could probably get about \$500,000 of it. I know it is not the \$4.5M that we need but it is something. We talked to the committee about the possibility of adding some language saying that we wanted to have some consideration for the more rural campuses that have RN degrees. There is also the language that was put into the bill which allows them to receive other grants and other monies and a continuing appropriation. It is a start. If we don't do something, at least modest, we are going to lose. We are not going to be successful with moving the bill forward. I am hoping that we can decide that this is a start and we are phasing it in and higher ed will put it into their budget next biennium.

Senator Warner We came looking for \$700,000 so at least we would get \$500,000. But, we were told that the Adjutant General has a project on the list for 1.9M which I do not think we had on that list for that fund. That would only leave a balance in that fund of about \$500,000 so your proposal would pretty much wipe out the fund.

Representative Kelsch Here was my deal, I wanted to move now and get it done fast to get it there first. That was really our intention. We want this to be on priority. Rep. Carlson thought this was a legitimate use for the money and was agreeable with us.

Senator Warner I think we have seen some great collaboration between the schools and to not acknowledge that work would be bad. I think this is a good thing that I would support.

Chairman J. Lee The National Institute of Health has some extremely competitive grants but there might be some small wicket of opportunity for them to get grant money there because this is a project that is ready to go. We can't count on that money but I thought it was a small glimmer of hope.

Senator Erbele If we are talking then that we can maybe get 5 possibly 7 units to get us to the half way point who is making the determination as to where the locations of these are?

Representative Kelsch It is probably up to the consortium. If we put legislative intent in there with the language about first priority going to centers that serve rural areas, or something to that affect. I think we should also put in there that we would like it to be utilized regionally.

Chairman J. Lee Correct me if I am wrong, but aren't the NIH grants regional?

Representative Kelsch I think if we put a little intent language in there, which would help. I think that will give them some guidance without being proscriptive.

Senator Warner I think as they resolved this they put some subsets within the consortium where small schools already have a system for sharing things.

Chairman J. Lee Asked Chancellor Goetz if he had any comments that would be important from a legislative point of view.

Chancellor Goetz I like what is being said about grant opportunities that need to be looked at.

would hope that language be built in about additional funds coming in and how they can be

spent. It is something that I know I will keep a much closer eye on. I like how the consortium is functioning.

Chairman J. Lee I wonder if we might have to change the language because we sort of focused on the stimulus money in that section 3 about appropriation. We would just have to have an amendment drafted about the traditional funds.

Representative Kelsch There has been specific language used regarding that narrow fund. That can be put in the \$500,000 and then we do need to leave the other part in here about other grants and funds available. I think that needs to be there.

Chairman J. Lee We don't want to close any doors to them. Is that something that sounds agreeable to the group that we would have the \$500,000 amount with the legislative intent on emphasizing the rural and less populated areas and making sure that we have the potential for receiving additional funds from other sources?

Representative Hunskor Just a point of information, how secure is the \$500,000?

Representative Delzer I don't know, I don't think that has been addressed as to how that is going to be done. I suppose it is the first ones that are there and are voted on and adopted by both houses.

Chairman J. Lee Would you err on the side of being speedy?

Representative Kelsch I would recommend that. Who drafted the bill for you?

Chairman J. Lee I think it may have been Jennifer Clark.

Discussion about the content of the amendment

Chairman J. Lee Adjourned the meeting.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2266

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: 04.24.2009

Recorder Job Number: 12233

Committee Clerk Signature

Mary K. Monson

Minutes:

Chairman J. Lee Reopened the conference committee on SB 2266.

Representative Kelsch Explained the amendment that she had drafted

Senator Warner Just a procedure thing, I understand that this will go to the calendar as the leadership chooses to put it on, once it passes the chamber it is a done deal?

Representative Delzer I can't answer that question.

Senator Warner It is my understanding that the leadership can manipulate the position on the calendar how they want it.

Chairman J. Lee I don't know the answer, what if we get to the 78th day and the money isn't there? Do we have a chance to talk about this again or are we out of luck?

Representative Delzer Gave some hypotheticals where he thought they might have a chance to meet again

Chairman J. Lee I just do not want to lose this opportunity for these funds.

Discussion about what to do with these various hypothetical situations and how to make this bill a priority; there is no exclusion for anyone from this program

Representative Delzer Moved that the **House Recede from their Amendments and Adopt Amendments .0302.**

Senator Erbele Second

The Clerk called the role on the motion that the **House Recede from their Amendments and Adopt Amendments .0302. Yes: 6, No: 0, Absent: 0.**

Senate carrier is Senator J. Lee.

House carrier is Rep. RaeAnn Kelsch.

Date: 4-20-09

Roll Call Vote #: _____

2009 SENATE CONFERENCE COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2266 as (re) engrossed

Senate Human Services Committee

Check here for **Conference Committee**

- Action Taken
- SENATE accede to House Amendments
 - SENATE accede to House Amendments and further amend
 - HOUSE recede from House Amendments
 - HOUSE recede from House amendments and amend as follows

Senate/House Amendments on SJ/HJ pages(s) _____ -- _____

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.

Motion Made By _____ Seconded By _____

Senators					Representatives				
			Y e s	N o				Y e s	N o
Senator J. Lee	P				Rep. RaeAnn Kelsch	P			
Senator Erbele	P				Rep. Delzer	P			
Senator Warner	P				Rep. Hunskor	P			

Vote Count _____ Yes _____ No _____ Absent

Senate Carrier _____ House Carrier _____

LC NO. _____ of amendment

LC NO. _____ of engrossment

Emergency clause added or deleted _____

Statement of purpose of amendment _____

Date: 4-22-09

Roll Call Vote #: _____

2009 SENATE CONFERENCE COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2266 as (re) engrossed

Senate Human Services Committee

Check here for **Conference Committee**

- Action Taken
- SENATE accede to House Amendments
 - SENATE accede to House Amendments and further amend
 - HOUSE recede from House Amendments
 - HOUSE recede from House amendments and amend as follows

Senate/House Amendments on SJ/HJ pages(s) _____ -- _____

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.

Motion Made By _____ Seconded By _____

Senators				Y	N	Representatives				Y	N
				e	o					s	o
				s							
Senator J. Lee	P					Rep. RaeAnn Kelsch	P				
Senator Erbele	P					Rep. Delzer	P				
Senator Warner	P					Rep. Hunsakor	P				

Vote Count _____ Yes _____ No _____ Absent

Senate Carrier _____ House Carrier _____

LC NO. _____ of amendment

LC NO. _____ of engrossment

Emergency clause added or deleted _____

Statement of purpose of amendment _____

Date: 4-23-09 3pm

Roll Call Vote #: _____

2009 SENATE CONFERENCE COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2266 as (re) engrossed

Senate Human Services Committee

Check here for **Conference Committee**

- Action Taken
- SENATE accede to House Amendments
 - SENATE accede to House Amendments and further amend
 - HOUSE recede from House Amendments
 - HOUSE recede from House amendments and amend as follows

Senate/House Amendments on SJ/HJ pages(s) _____

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.

Motion Made By _____ Seconded By _____

Senators				Y	N	Representatives				Y	N
				e	o					s	o
				s							
Senator J. Lee	p					Rep. RaeAnn Kelsch	p				
Senator Erbele	p					Rep. Delzer	p				
Senator Warner	p					Rep. Hunskor	p				

Vote Count _____ Yes _____ No _____ Absent

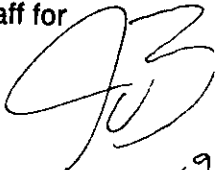
Senate Carrier _____ House Carrier _____

LC NO. _____ of amendment

LC NO. _____ of engrossment

Emergency clause added or deleted _____

Statement of purpose of amendment _____


4-25-09

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2266

That the House recede from its amendments on page 1208 of the Senate Journal and page 1100 of the House Journal and that Reengrossed Senate House Bill No. 2266 be amended as follows:

Page 2, replace lines 28 through 31 with "that provides for a meaningful geographical distribution of basic simulation centers at nursing education sites to allow for regional use by students in urban and rural communities across the state. The initiative is intended to include a basic simulation model, essential equipment, and staff to serve the simulation laboratory in an integrated manner."

Page 3, remove lines 1 through 4

Page 3, line 5, replace "in the" with "from federal fiscal stabilization - other government services funds made available to the governor under the federal American Recovery and Reinvestment Act of 2009, not otherwise appropriated, the sum of \$500,000"

Page 3, remove lines 6 and 7

Page 3, line 8, remove "sum of \$2,590,198"

Re-number accordingly

Date: 4-24-09

Roll Call Vote #: _____

2009 SENATE CONFERENCE COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. **SB 2266** as (re) engrossed

Senate Human Services Committee

Check here for **Conference Committee**

- Action Taken SENATE accede to House Amendments
- SENATE accede to House Amendments and further amend
- HOUSE recede from House Amendments
- HOUSE recede from House amendments and amend as follows

Senate/House Amendments or SJ/HJ pages(s) 1208 -- _____

Unable to agree, recommends that the committee be discharged and a new committee be appointed.

((Re)Engrossed) 2266 was placed on the Seventh order of business on the calendar.

Motion Made By Rep. Delzer Seconded By Sen. Erbele

Senators				Y	N	Representatives				Y	N
				e	o					s	o
Senator J. Lee	P			✓		Rep. RaeAnn Kelsch	P			✓	
Senator Erbele	P			✓		Rep. Delzer	P			✓	
Senator Warner	P			✓		Rep. Hunskor	P			✓	

Vote Count 6 Yes 0 No 0 Absent

Senate Carrier Sen. J. Lee House Carrier Rep. R. Kelsch

LC NO. 90765 0302 of amendment

LC NO. _____ of engrossment

Emergency clause added or deleted _____

Statement of purpose of amendment _____

REPORT OF CONFERENCE COMMITTEE

SB 2266, as reengrossed: Your conference committee (Sens. J. Lee, Erbele, Warner and Reps. R. Kelsch, Delzer, Hunskor) recommends that the **HOUSE RECEDE** from the House amendments on SJ page 1208, adopt amendments as follows, and place SB 2266 on the Seventh order:

That the House recede from its amendments on page 1208 of the Senate Journal and page 1100 of the House Journal and that Reengrossed Senate House Bill No. 2266 be amended as follows:

Page 2, replace lines 28 through 31 with "that provides for a meaningful geographical distribution of basic simulation centers at nursing education sites to allow for regional use by students in urban and rural communities across the state. The initiative is intended to include a basic simulation model, essential equipment, and staff to serve the simulation laboratory in an integrated manner."

Page 3, remove lines 1 through 4

Page 3, line 5, replace "in the" with "from federal fiscal stabilization - other government services funds made available to the governor under the federal American Recovery and Reinvestment Act of 2009, not otherwise appropriated, the sum of \$500,000"

Page 3, remove lines 6 and 7

Page 3, line 8, remove "sum of \$2,590,198"

Re-number accordingly

Reengrossed SB 2266 was placed on the Seventh order of business on the calendar.

2009 TESTIMONY

SB 2266

Senate Bill 2266
The Nurse Consortium Bill
Testimony of Senator John Warner before
The Senate Human Services Committee, Sen. Judy Lee, Chair
26 January 2009

Good Morning Senator Lee and Committee,

I'm very excited to appear before you today for the continuation of a discussion that we had last session on easing the nursing shortage in North Dakota and especially in rural North Dakota. As you know this bill will enable our schools of nursing to present part of the clinical portion of their training in the form of laboratory simulation, the use of mannequins, in this case, high tech mannequins.

It has been gratifying to see how the schools of nursing have set aside rivalries to pull together and develop a consensus on the way to proceed. It shows real foresight and a real regard for the future of the profession in North Dakota. I have been less pleased to see the lack of cooperation with the North Dakota University System office.

The bill as you have it before you is still in skeletal form and will need a lot of work by the committee before it faces final passage. There are some things that I think you should consider.

I think that as this is developed the committee should consider placing this initiative within the Department of Commerce as a workforce development issue rather than in the North Dakota University System. Commerce could make grants either to the individual schools or to the consortium as a whole and bypass the NDUS entirely. This may also provide a solution to some constitutional questions about funding the private schools and the tribal community colleges with state money.

Finally, there seems to be a real sense of unease in the legislature in anticipation of the February revenue forecasts. It may be wise to have a Plan B in reserve on the implementation of all of these labs over a single biennium.

I remain very excited about this project. I miss the role that I played on this committee and the camaraderie that we shared in this room. Please remember, I'm only on the other side of the wall and willing to help in any way that I can.

**SB 2266: North Dakota Nursing Education Consortium - Continuing Appropriation
Presentation to: ND Senate Human Services Committee**

**Presentation by: Dr. Helen Melland, ND Nursing Education Consortium Chair
and Interim Dean of UND College of Nursing.**

Madame Chair and members of the committee, my name is Dr. Helen Melland. I currently serve as the Interim Dean at the College of Nursing at the University of North Dakota. On behalf of the North Dakota Nursing Education Consortium and nursing education in the state, I want to thank you for your consideration of SB 2266 and ask for your support of the bill. I am honored to give testimony in support of a collaborative effort among all nursing programs in the state. The bill proposes to continue support of the Nursing Education Consortium and includes a mandate that the Consortium develop a strategic plan for the implementation of a simulation laboratory initiative for nursing education in the state. My testimony will focus on the background to this bill, how we as members would request the funds be allocated, and provide some insight into simulated learning from a student's perspective. Other nurse educators and nurse leaders in the state will provide testimony on the advantages of simulation learning for nursing education and the importance of simulation to create a level playing field for all nursing programs in the state.

Background: SB 2266 is a continued appropriation of SB 2379, a bill passed in the 2007th legislative session that established the Nursing Education Consortium. As the incoming Chair of the Consortium, I am very impressed with what the Consortium accomplished during the past two years. During the multiple in-person, telephone, or web-based meetings, the group identified a critical need to train North Dakota nursing faculty about the pedagogy of using high-tech clinical simulation. I am pleased to report that funding from SB 2379 combined with funding from the Robert Wood Johnson Foundation and the Dakota Medical Foundation supported 25 North Dakota nursing faculty to attend at least one national clinical simulation training

conference. As a result of attendance at those conferences, nursing faculty throughout the state report having begun or more deeply integrated simulation into the teaching of nursing clinical skills, analysis, and decision-making. Even faculty from programs that do not have yet high tech/high fidelity simulation models learned ways to begin to incorporate this teaching. Additionally, at two different strategic planning sessions, members focused on the legislative mandate in SB 2379 that the Consortium address "...common concerns in nursing education which produce obstacles in meeting the state's current and future nursing needs..." As a result of those planning meetings, and in collaboration with a Robert Wood Johnson grant, a three-day conference in Grand Forks in May 2009 is planned. This is a conference that specifically focuses on clinical simulation teaching strategies and educational innovations for nurse educators. Most importantly, the conference is free of cost for all ND nursing faculty.

Allocation of Funds: The funding request in the current SB 2266 is for \$4.9 million for the next two years. That money would fund the development of clinical simulation laboratories in the 15 Board of Nursing approved programs in the state. The major requested funding categories with projected estimated dollars identified in your handout would include:

- Set up of basic simulation equipment at each of the 15 campuses that house a nursing program (\$100,000/campus)
- Higher level simulation equipment set up for AD/RN and BSN programs for 13 campuses (\$25,000/campus)
- Anesthesia simulation equipment for UND, (\$60,000)
- Advanced practice such as nurse practitioner simulation educational models for 3 campuses (\$150,000)

- Installation, networking, and software costs for all campuses (\$2.5 million)
- Personnel costs including a part-time project director (.15 FTE), an Outreach web scenario designer to serve all nursing sites (1.0 FTE), a clinical simulation nurse educator specialist to serve all nursing sites (1.0 FTE); a part-time administrative assistant (.5 FTE), and a part-time fiscal manager (.1 FTE)
- Incidental costs including continuing education travel for the web and clinical simulation specialists (\$100,000).

Student Perspective: In conclusion, I want to share with you what Matt Lorenz, a UND senior nursing student, recently shared with me about his learning experiences in the newly dedicated simulation center at UND.

“I consider myself to be very fortunate with regard to having access to a highly effective educational resource within the UND College of Nursing. By this, I am referring to the new clinical simulation center. Participation in various simulation exercises utilizing this equipment has proven to be a unique and invaluable component of my nursing education thus far. The simulation scenarios themselves are intense and realistic, yet they do not provoke the high levels of anxiety that may be experienced by the untested student attempting to perform within an unfamiliar and high stress real-life clinical situation. In other words, utilizing this sophisticated and well-developed technology allows an optimal balance to be achieved between realism and comfort. The patient model responds physiologically to nursing interventions much as a human patient would. However, in the process of planning and executing these interventions, the student need not worry about compromising the safety of a living patient. I believe this allows the student to experience a higher and more

4

efficient level of learning that will give rise to greater confidence and the delivery of a safer and more superior level of care when that student encounters that particular circumstance in clinical practice. The simulations are recorded, and students are able to view a playback of their experience immediately after their participation in a clinical scenario. Most importantly, faculty members are present to offer suggestions and guidance, critique student performance, and answer any questions. This debriefing session is an incredibly valuable educational component of the simulation experience. The usefulness of such an educational device cannot be overstated.”

Thank you for this opportunity to testify regarding SB 2266. As the nursing shortage continues and clinical resources within the state become more difficult to find, the use of simulation in clinical teaching is essential if nursing student numbers are to be maintained and ultimately health care needs in the state met. I look forward to further discussion with you regarding questions or comments you may have.

North Dakota University System

SB 2266 – Senate Human Services

January 26, 2009

William Goetz, Chancellor

Ms. Chairman, Senators of the Human Services Committee.

Good morning. For the record, my name is William Goetz, Chancellor, North Dakota University System.

Senate Bill 2266 would provide \$4.9M to the North Dakota Nursing Education Consortium located at the University of North Dakota to fund a nursing simulation laboratory initiative. During the October 16, 2008 Human Services Interim Committee meeting, Senator John Warner requested a two year roll out budget for the Clinical Simulation Laboratory Initiative of the North Dakota Nursing Education Consortium. This initiative will fund the development of clinical simulation laboratories and supportive staff for the 15 Board of Nursing approved nursing programs in North Dakota. This initiative is not part of the SBHE request and is not part of the governor's recommended budget. We urge the legislature to fund the State Board of Higher Education's need based budget request as our first priority. If the needs based budget request is funded and additional resources are available, the nursing simulation laboratory initiative is an initiative the legislature should consider supporting.

In the past the legislature has provided resources for SBHE discretionary use. For example, when SBHE initiative funding was available proposals were solicited and the Dakota Nursing Program (DNP) was funded on a competitive basis. The DNP involves multiple NDUS institutions and a Tribal College sharing faculty and other resources to make nursing programs available at multiple locations in the state. The initiative continues as a very efficient collaborative program which has received North Dakota Board of Nursing approval. Another example of successful use of SBHE initiative funding is the system Alcohol and Drug Abuse Prevention Consortium which addresses the most important non-academic factor in student success. This initiative has established eleven campus-community prevention programs and is considered to be highly efficient and effective.

In addition to the state board of higher education position on funding of the nursing consortium initiative, the board has concerns regarding administration structure. Governing law as amended in SB2266 places governance of the nursing consortium and the simulation laboratory initiative in the hands of a consortium made up of representatives of public, private and tribal nursing education programs, the state nursing board and other named and unnamed additional "interested persons" invited to join the consortium. Neither UND officers nor the SBHE would have any oversight or administrative control over this program (except that exercised by NDUS employees who are named to the consortium group). Neither UND nor other NDUS institutions may give up control of part of their nursing education programs. Consistent with the board's constitutional authority and authority

delegated to UND by the board, I have proposed amendments providing that the nursing consortium is an advisory group. Further, the amendments include a section on legislative intent that spells out how the funds appropriated by this bill must be spent.

"If this program is funded, the board supports the concept of a collaborative program delivered in an integrated manner at all nursing education sites in the state. I trust that the proposed statement of legislative intent adequately describes the intent of those who worked to put this initiative together.

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North Dakota University System
PROPOSED AMENDMENTS TO SENATE BILL NO. 2266

Page 2, line 11, overstrike “establish” and insert immediately thereafter “advise university of North Dakota officials regarding strategies to address common concerns in nursing education which produce obstacles in meeting the state’s current and future nursing needs, specific needs of rural communities, and”

Page 2, overstrike lines 14 through 20

Page 2, after line 25, insert:

SECTION 3. LEGISLATIVE INTENT – SIMULATION LABORATORY INITIATIVE. It is the intent of the sixty-first legislative assembly that the funds appropriated in section 2 of this Act shall be used by the university of North Dakota to support a simulation laboratory initiative that includes basic simulation centers at each of fifteen nursing education sites in the state, which are located at Bismarck state college, Dickinson state university, Fort Berthold community college, Jamestown college, Lake Region state college, Medcenter One college of nursing, Minot state university, Minot state university – Bottineau, North Dakota state college of science, North Dakota state university, Sitting Bull college, United Tribes technical college, university of Mary, university of North Dakota, and Williston state college, including a basic simulation model, essential equipment, and staff to serve all locations in an integrated way.

Re-number accordingly

Testimony
SB 2266 Nurse Education Consortium Simulation Bill
Senate Human Services Committee
January 26, 2009

Senator Lee and Members of Senate Human Services Committee

I am Suzie McShane, Nursing Coordinator for the Dakota Nursing Program at Bismarck State College. I stand before you in support of SB 2266.


The Dakota Nursing Program (DNP), educates practical and registered nurses at five campuses: Bismarck State College (BSC), Fort Berthold Community College (FBCC), Lake Region State College (LRSC), Minot State University – Bottineau (MSU-B), and Williston State College (WSC). In addition, we have sites at Valley City, Cooperstown, Rugby, and Minot. In the past we have delivered the program to Langdon, Grafton, and Northwood. We are looking forward to delivering the program in the Carrington area if approved by the Board of Nursing. We deliver nursing education in the most rural-frontier areas of our State. The DNP includes a Certified Nurse Assistant to Practical Nurse to Associate Degree (RN) Program.

The DNP service area encompasses almost three-fourths of North Dakota's more than 70,000 square miles -- much of what is considered rural-frontier. We have found as educators that it is difficult to find acute clinical nursing education sites for the students in the rural nursing programs. Simulation is an optimal training tool for our ND nursing programs. This project will build the capacity for these programs to provide critical simulation training for students and the incumbent nursing workforce.

I would like to discuss how important simulation is to the rural nursing programs. The health care system for which nurse educators are preparing students and developing nurses is increasingly complex. We need to take evidenced based practice information and integrate it into our education so the students can practice as safe, effective, ethical nurses. In North Dakota the complexities of this education are compounded. The rural-frontier areas of our State suffer daily from the nursing faculty shortage and lack of access to nursing education resources.

ND nursing programs need to build capacity to provide equality in access to the latest in technologies, specifically simulation for rural delivered nursing education. This goal is a sound one that will serve to cut the health disparities seen in a rural state. For example our infant and maternal morbidity and mortality rates in the rural areas of North Dakota are high. Rural-dwelling nursing students in their clinical educational process may never care for a woman with life threatening events such as eclampsia or placenta previa in labor, as many of our clinical facilities do not provide obstetrical services. Yet our students, after graduation, will be in emergency care roles in rural areas where such conditions must be recognized and stabilized before transport to a larger facility.

We must design educational systems, utilizing high fidelity simulation that will enhance the cognitive performance of students and licensed nurses so that they can be skilled to independently intervene in life-threatening situations including myocardial infarctions, pulmonary embolisms, lethal cardiac rhythms, of which both urban and rural students will rarely get the opportunity to see in routine clinical care. Simulation will promote student comfort levels to respond rapidly in an emergency, as well as stimulating critical thinking, and problem solving.



Skilled nursing faculty, using simulation technology, can provide a thorough education on detection and management of such critical conditions. This technology is currently beyond the financial reach of our campuses.

SB2266 would also promote collaboration with rural medical facilities, including hospitals, long term care facilities, and our rural emergency response system. In recent grant proposals submitted by ND nursing programs, many of the medical facilities in our state were supportive of our efforts to access simulators for the programs. They see two advantages: students graduate with more advanced critical thinking and problem solving skills and their nursing staff have access to simulation through partnerships with the schools simulation labs. Rural nursing administrators state part of the problem with retaining nurses is a lack of skilled training in the complex situations that they do not see often, such as trauma, and complex maternal and child situations. Integrated, long-term strategic partnerships will expand the education and retention of highly qualified nursing staff in our rural-frontier region.

Thank You for your support in SB2266. I am open to questions.

Suzie, McShane, MSN, RN
Nursing Coordinator, Dakota Nursing Program at BSC

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Testimony
SB 2266
Senate Human Services Committee
January 26, 2009

Same given to
House Educ.

Senator Lee and Members of the Senate Human Services Committee


I am Dr. Jacqueline Mangnall, chairperson of the Department of Nursing at Jamestown College, chairperson of College and University Nursing Education Administrators (CUNEA), team leader for the Nursing Education Capacity Summit team, member of the North Dakota Nurse Leadership Council, and Member of the North Dakota Nursing Education Consortium.

The purpose of my testimony for SB 2266 is to share with you the educational value of hi-fidelity patient simulation capacity in terms of its ability to enhance safe and quality nursing practice.

In 1998, the Institute of Medicine (IOM) undertook an extensive study that reviewed a growing body of rigorous research documenting the serious and widespread quality and safety problems in the US healthcare system. They produced a shocking report entitled: *To Err Is Human: Building A Safer Healthcare System*. In this extensive report they cite many examples and statistics that quantify the extent of the safety problem in healthcare today. For example, two large studies in Colorado and Utah found that adverse events occurred in 2.9 and 3.7 percent of hospitalizations respectively, and that 6.6 percent of adverse events lead to patient death. In New York 13.6 percent of identified adverse events lead to death. When extrapolated nationwide, the results of these studies imply that between 44,000 and 98,000 patients die each year as a result of health care team errors. More people die each year as a result of medical errors than from motor vehicle accidents, breast cancer, or AIDS. In fact, one expert went so far as to say that entering a hospital is the fourth or fifth leading cause of death in the US.

This report also contained a number of recommendations to begin the process of redesigning the healthcare system to be safer. The US healthcare system took this report very seriously and several national initiatives ensued including the "100,000 Lives Campaign" and the "5 Million Lives Campaign" to name a few. Inevitably and appropriately, the safety directives trickled down to nursing schools. Safer nursing practice begins with education and the IOM identified clinical education as a key mechanism for developing a culture of safety.

They strongly advocate for the use of simulation technology for training novice practitioners and they cite the impressive safety improvements of the aviation industry that resulted from simulation use.



Hi-fidelity simulators give us the means to teach safely and effectively those things which we could not teach before. Fidelity refers to the precision of reproduction of real life. Hi-fidelity simulators enable us to allow students to practice nursing interventions in real-life, real-time emergency events. Learning how to intervene in these events is rarely available to students in the clinical arena because, obviously emergency situations are not scheduled events and when they happen, students need to step aside and allow the professionals to take over. With simulators, specific situations can be practiced by all students with opportunities to correct and discuss errors as they happen. A student can kill SimMan, turn him back on and do it the right way the next time. Simulation learning also teaches the need for team work. It stimulates thinking at higher levels of analysis and synthesis and it immerses the students in realistic environments that demand active mental and physical participation. It has been our experience that this leads to a profound learning experience for our students.

SB 2266 give us an opportunity to significantly build our simulation resources in North Dakota, to significantly enhance our student learning, and ultimately, to significantly impact the safety of our patients.

I would be glad to address any questions you have at this time and thank you for your kind attention.



Jacqueline Mangnall PhD, RN



#6



NORTH DAKOTA BOARD OF NURSING

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

Telephone: (701) 328-9777 Fax: (701) 328-9785

Web Site Address: <http://www.ndbon.org>

Workplace Impairment Program: (701) 328-9783

Thank you for the opportunity to provide you with information related to SB 2266 relating to the nursing education consortium. For the record, my name is Dr. Constance Kalanek, Executive Director of the NDBON. The Board is in support of this legislation. The Board has been an active member of the Nursing Education Consortium during the past two years.

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 board currently licenses over 17,000 nurses and unlicensed assistive persons. The Board also reviews and approves nursing programs which includes doctor and masters degree for nurse practitioners, baccalaureate, associate degree RN & LPN, and one PN certificate program.

According to the NDAC 54-03.2-06-07. Nursing Curriculum. The curriculum of the nursing education program must assure the development of evidence-based practice for the level and scope of nursing practice. What we find in the review of the nursing programs, particularly in the clinical component, is that there is much variation in the experiences of the students. The addition of the simulators would level the playing field, if you will for students receiving a similar level of clinical education regardless of the program they attend.

The Board and I remain available to provide further detail to assist you and the committee in this deliberation. Simply call me for further information (701-328-9781) or email me at ckalanek@ndbon.org.

Thank you for your time and attention. I am open for questions.

Clerk

Nursing
Education
Consortium

Additional #7
information

North Dakota University System
PROPOSED AMENDMENTS TO SENATE BILL NO. 2266

Page 2, line 11, overstrike "establish" and insert immediately thereafter "advise university of North Dakota officials regarding strategies to address common concerns in nursing education which produce obstacles in meeting the state's current and future nursing needs, specific needs of rural communities, and"

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Re-number accordingly

Advanced Practice Nurse
(title includes Nurse Practitioners, Clinical Nurse Specialists, Nurse Anesthetists (CRNA's), and Nurse Midwives)

CRNA's began RN's taking a course or learning on the job to give anesthesia. Schools developed that were post-RN, becoming post-baccalaureate in the 80's, and master's level in the 90's. Now beginning to implement the professional doctorate. Requires national certification.

Nurse Midwives – formal training began in the 30's in USA with the Frontier Nursing Service in Kentucky, developed along the same lines as the CRNA as far as certification, also beginning to implement a professional doctorate.

Clinical Nurse Specialists traditionally have always been master's prepared, focusing on a specific part of nursing and developing clinical skills in patient care as well as nurse leadership. Now revamping into professional doctorate (DNP). No universal certification although the leading nursing certifying organization (American Nursing Credentialing Center) has developed a core CNS exam that will be launched this spring. They also offer CNS exams in Pediatrics, Adult Nursing, Psychiatric Nursing, Gerontological Nursing as well.

Nurse Practitioner – developed in the 60's following a model at University of Colorado in Denver to train RN's in physical assessment skills to enhance the care of children. Rapidly grew into a "primary care delivery" of advanced nursing in all specialties – family, psychiatric, medial surgical, adult, children, etc. Received regulatory recognition in the 70's (North Dakota recognized as "additional acts" in the 1977 practice act revision). Began as post-RN courses, but by 1991 all programs needed to be in graduate programs. By 2015, leading accreditor of graduate nursing education (AACN/CCNE) has said all advanced practice programs need to be at the Doctorate of Nursing Practice level.

Recently, all organizations accrediting, licensing, certifying or educating advanced practice nurses have agreed upon a model that will be implemented in the near future, requiring licensure based on a broad scope of practice, and specialty practice not regulated.

Physician Assistant

Began in the 60's as medics in Vietnam were taught increasingly complex skills to address soldier's needs on the battlefield. As they returned home, they wanted to continue to provide these services. Duke University began a one year program to train individuals as "physician extenders" – entry required either experience or education in a related field.

The North Dakota Physician Assistant program began in the early 1970's at the UND School of Medicine. It was unique in that it was (and continues to be) the only program that requires RN licensure for admission. In the 70's and 80's, there was no advanced education requirement. The graduates had the opportunity to sit for either the PA certification examination or the Nurse Practitioner examination (or both) and most did. However, as most practiced in the physician assistant role under the Board of Medicine, and did not practice as RN's, many dropped their RN licensure.

In the early 90's, when organized nursing required that nurse practitioner programs be located in institutions of higher education, the UND program graduates were no longer eligible for nursing certification, but the RN eligibility for the program remains. The program now has transitioned into a graduate level program.

Programs must meet national standards in order for the graduates to write "boards", and PA's must rewrite boards every five years. Although there has been some move towards specialization, the national organization has not been in favor of that. However, most physician assistants do work in specialty practice – especially if their supervising physician is in specialty practice.

Prepared by Karen Macdonald, RN,BC, FNP, BC

That means I'm certified by ANCC in specialty practice (Gerontology and Cardiac Vascular) as well as licensed and certified as a Family Nurse Practitioner

All errors and omissions in this information are my responsibility.

NDLA, S HMS

From: Lee, Judy E.
Sent: Thursday, January 29, 2009 7:21 PM
To: NDLA, S HMS
Subject: FW: nurse consortium - combining sites

Please make copies for everyone.

Senator Judy Lee
1822 Brentwood Court
West Fargo, ND 58078
home phone: 701-282-6512
cell phone: 701-238-1531
e-mail: jlee@nd.gov

-----Original Message-----

From: Helen Melland [<mailto:helenmelland@mail.und.nodak.edu>]
Sent: Thursday, January 29, 2009 9:27 AM
To: Lee, Judy E.
Subject: Re: nurse consortium - combining sites

Senator Lee -

I've sent your question out to the consortium. But I'll share my personal thoughts.

I'm thinking the only cities this would affect would be Bismarck (U. of Mary, MedCenter One, Bismarck State College, and United Tribes) and Minot (Minot State and if the Dakota Nursing Program gets approval for a site there they would be the second site.) The other cities only have one program.

It might work in Minot as I'm thinking (I could be wrong) the proposed Dakota Nursing program site would be small meaning a low number of students. I'm not sure what Kelly Schmidt and the Dakota Nursing Program site coordinator would feel about that, but it seems like a possibility to me.

I think Bismarck would be problematic. MedCenter One and the U. of Mary are both large programs with many students. I don't think there are enough hours in the day to share one simulator. MedCenter admits about 50 per year and U. of Mary admits about 75 per year. But the two LPN and AD/RN programs are smaller - United Tribes admits 10/year and Dakota Nurse Program at BSC admits about 30/year (LPN and RN combined). So I suppose there would be a possibility of U. of Mary combining with one of the smaller programs and MedCenter One combining with the other. Again, I do not know how the directors of those programs would feel about this.

Sitting Bull is a very small program; in 2007-2008 they admitted only 3 and for the past 4 years the most they admitted was 5/year. Perhaps they could partner with Bismarck or Dickinson and do an "intensive" experience or two where students go the to location with the simulator for 2-3 days and have a condensed experience.

Hope this gives you some beginning help on your question. I'll forward you more input when I get it.

Thank you for your support on Monday.

Helen

>>> "Lee, Judy E." <jlee@nd.gov> 1/29/2009 8:53 AM >>>

Helen -

Is there any way that the cities with more than one program could share simulators in some way? The question is bound to come up!

Senator Judy Lee
1822 Brentwood Court
West Fargo, ND 58078
home phone: 701-282-6512
cell phone: 701-238-1531
e-mail: jlee@nd.gov

Lee, Judy E.

From: Helen Melland [helenmelland@mail.und.nodak.edu]
Sent: Tuesday, February 03, 2009 8:01 PM
To: Lee, Judy E.
Subject: RE: SB 2266
Attachments: CUNEA Budget 2266 Approved Feb 32009.xls; CUNEA Budget 2266 Cut Feb 32009.xls

Sen. Lee - I've attached two budgets. At this point, there isn't a huge difference. The first one is the budget that the group approved today (2/3/09), is just a little less than the budget that was developed last fall, and is for \$4,850,198. The second one is a little less in that the anesthesia equipment for UND and also the advanced practice models are deleted. The total is \$4,640,198.

I think the next step if it comes to that is to reduce the number of schools that get the equipment. Each school or site is budgeted to get a basic set-up for \$100,000 so to cut the number of schools from 15 to 12 would result in a \$300,000 savings. Schools in the same town would then need to share equipment. We discussed that yesterday as we had our phone meeting and the discussion didn't go very well but I guess we'll need to pursue that.
Helen

>>> "Lee, Judy E." <jlee@nd.gov> 2/3/2009 6:40 PM >>>

I have to pass this bill out of my committee tomorrow, so I need your budget information in the morning. Otherwise it will have to be left until the Appropriations committee sees the bill, which will not be until the Senate has voted on any amendments.

Senator Judy Lee
1822 Brentwood Court
West Fargo, ND 58078
home phone: 701-282-6512
cell phone: 701-238-1531
e-mail: jlee@nd.gov

-----Original Message-----

From: Helen Melland [<mailto:helenmelland@mail.und.nodak.edu>]
Sent: Tuesday, February 03, 2009 7:52 AM
To: Lee, Judy E.
Subject: SB 2266

Senator Lee - I thought you might appreciate an update of the Consortium's activities re: SB 2266. We met yesterday and discussed the budget. We had never officially voted on the budget and will be doing that today via e-mail during a "noticed" meeting. I can forward you that detailed budget after the vote is complete this afternoon.

We also realize that the budget may need to be cut. We will be working on developing a list of priorities so if it comes to that, it will be clear to you what our priorities are. We'll be working on that in the next day or two.

Are there other things we can be doing that will be helpful other than contacting our legislators?

Thank you for your support on this bill.

Helen

Lee, Judy E.

From: Helen Melland [helenmelland@mail.und.nodak.edu]
Sent: Wednesday, February 04, 2009 9:22 AM
To: Lee, Judy E.
Subject: RE: SB 2266 - more budget cuts - Feb 4
Attachments: Nursing Consortium Budget Feb 4 2009.xls

Sen Lee - I was able to cut another \$50,000 from the budget for SB 2266. The section that provides additional equipment (\$25,000/school) for RN programs included equipment for 15 schools; there are only 13 RN programs. Thus the \$50,000 savings.

The revised budget as of today is attached.

The Consortium will hopefully be meeting tomorrow to work on identifying more priorities in the budget.

Again - thank you for all your work on this.

Helen

2-4-09

PROPOSED AMENDMENTS TO SENATE BILL 2266

Page 2, line 11, overstrike "establish" and insert immediately thereafter "advise university of North Dakota officials regarding strategies to address common concerns in nursing education which produce obstacles in meeting the state's current and future nursing needs, specific needs of rural communities, and"

Page 2, line 22, after the second comma, insert "or from special funds derived from federal funds,"

Page 2, after line 25, insert:

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1 /

SB 2266: North Dakota Nursing Education Consortium--Continuing Appropriation
Written Testimony to: ND Senate Appropriations Committee

**Submitted by: Dr. Helen Melland, ND Nursing Education Consortium Chair
and Interim Dean of UND College of Nursing**

Chairman Holmberg and Members of the Committee:

On behalf of the North Dakota Nursing Education Consortium and nursing education in the state, I want to thank you for your consideration of SB 2266 and ask for your support of the bill. I am honored to provide written testimony in support of a collaborative effort among all nursing programs in the state. This bill proposes to continue support of the Nursing Education Consortium and includes an appropriation of \$4,590,198. These dollars would fund the building of 15 basic simulation labs in all nursing programs approved by the Board of Nursing in North Dakota, as well as provide for some basic support personnel.

Background: SB 2266 is a continued appropriation of SB 2379, a bill passed in the 2007th legislative session that established the Nursing Education Consortium. As the incoming Chair of the Consortium, I am very impressed with what the Consortium accomplished during the past two years. During the multiple in-person, telephone, or web-based meetings, the group identified a critical need to train North Dakota nursing faculty about the pedagogy of using high-tech clinical simulation. This need is especially critical in a rural state like North Dakota where acute and intensive care clinical learning experiences are at a premium, and if available, are long distances from many of the nursing programs located in rural remote communities.

I am pleased to report that funding from SB 2379, combined with funding from the Robert Wood Johnson Foundation and the Dakota Medical Foundation, supported

25 North Dakota nursing faculty members to attend at least one national clinical simulation training conference. As a result of attendance at those conferences, nursing faculty throughout the state report either having begun or having more deeply integrated simulation into the teaching of nursing clinical skills, analysis, and decision-making. Even faculty from programs that do not have yet high tech/ high fidelity simulation models learned ways to begin to incorporate this teaching. Additionally, at two different strategic planning sessions, members focused on the legislative mandate in SB 2379 that the Consortium address "...common concerns in nursing education which produce obstacles in meeting the state's current and future nursing needs..." As a result of those planning meetings, and in collaboration with a Robert Wood Johnson grant, a three-day conference in Grand Forks in May 2009 is planned. This is a conference that specifically focuses on clinical simulation teaching strategies and educational innovations for nurse educators. Most importantly, the conference is free of cost for all North Dakota nursing faculty.

Allocation of Funds: The major requested funding categories for this project in the upcoming biennium would include:

- Set-up of basic simulation equipment at each of the 15 campuses that house a nursing program (\$100,000/campus) = \$1,500,000 for all campuses.
- Higher level simulation equipment set up for AD/RN and BSN programs for 13 campuses (\$25,000/campus) = \$325,000 for all 13 campuses that offer an RN program.
- Installation, networking, and software costs for all campuses = \$2,310,000.

- Personnel costs including a part-time project director (.15 FTE), an outreach web scenario designer to serve all nursing sites (1.0 FTE), a clinical simulation nurse educator specialist to serve all nursing sites (1.0 FTE); a part-time administrative assistant (.5 FTE), and a part-time fiscal manager (.1 FTE) = \$360,558.
- Incidental costs including continuing education travel for the web and clinical simulation specialists = \$94,640.

Student Perspective: In conclusion, I want to share with you what a UND senior nursing student recently shared with me about his learning experiences in the newly-dedicated simulation center at UND. If passed, this bill would support these types of experiences for all nursing students in the state.

"I consider myself to be very fortunate with regard to having access to a highly effective educational resource within the UND College of Nursing. By this, I am referring to the new clinical simulation center. Participation in various simulation exercises utilizing this equipment has proven to be a unique and invaluable component of my nursing education thus far. The simulation scenarios themselves are intense and realistic, yet they do not provoke the high levels of anxiety that may be experienced by the untested student attempting to perform within an unfamiliar and high stress real-life clinical situation. In other words, utilizing this sophisticated and well-developed technology allows an optimal balance to be achieved between realism and comfort. The patient model responds physiologically to nursing interventions much as a human patient would. However, in the process of planning and executing these interventions, the student need not worry about compromising the safety of a living patient. I believe this allows the student to experience a higher

and more efficient level of learning that will give rise to greater confidence and the delivery of a safer and more superior level of care when that student encounters that particular circumstance in clinical practice. The simulations are recorded, and students are able to view a playback of their experience immediately after their participation in a clinical scenario. Most importantly, faculty members are present to offer suggestions and guidance, critique student performance, and answer any questions. This debriefing session is an incredibly valuable educational component of the simulation experience. The usefulness of such an educational device cannot be overstated.”

As the nursing shortage continues and clinical resources within the state become more difficult to find, the use of simulation in clinical teaching is essential if nursing student numbers are to be maintained and ultimately health care needs in the state met. Simulation has been shown to be a highly effective strategy to teach clinical skills that involve critical thinking, analysis, and evaluation.

			YEAR 1 (2010)				YEAR 2 (2011)				
Programs	Amount	Percentage	Year 1	Year 2	Program % Change	Year 1	Year 2	Program % Change	Year 1	Year 2	Program % Change
1 Project Director & ND-NEC Champion	75,000	0.15	11,500	0.30	3.46%	18,816	70,310	0.15	11,807	0.30	3.56%
2 Outreach (1 Outreach person at each program)	48,000	1.05	48,000	0.30	1.30%	88,900	47,200	1.05	42,390	0.30	14.21%
3 Clinical Simulation Nurse Educator Specialist Program (see budget sheet)	80,000	1.00	80,000	0.30	18.00%	78,000	81,000	1.00	61,900	0.30	18.54%
4 Administrative Assistant (1 in ND-NEC)	28,000	0.50	14,000	0.40	5.90%	18,400	28,540	0.50	14,420	0.40	5.76%
5 Field Manager in process budget	40,000	8.16	4,000	0.30	42.00%	4,300	41,200	8.16	4,120	0.30	12.91%
Sub Total	188,000		210,000			210,000			210,000		
A Other Simulation Equipment (see budget sheet)	110,000		110,000			110,000			110,000		
Sub Total	110,000		110,000			110,000			110,000		
B Scientific Simulation Equipment (see budget sheet)	425,000		425,000			425,000			425,000		
Sub Total	425,000		425,000			425,000			425,000		
C Unit Nursing Assessment Station w/ regional network (see budget sheet) & CINA station w/on-site net. Nursing Assessment Operating Room Lighting to State Surgery Simulation (see ND-NEC Detail Budget Sheet Surgery Light)	528,000		528,000			528,000			528,000		
Sub Total	528,000		528,000			528,000			528,000		
D Advanced Practice Nurse (APRN) Simulation (see budget sheet) (see budget sheet)	60,000		60,000			60,000			60,000		
Sub Total	60,000		60,000			60,000			60,000		
1 Faculty development (on-site) for the State Center (see budget sheet) @ \$150,000 per campus x 8 of 15 total campuses	1,200,000		1,200,000			1,200,000			1,200,000		
2 Faculty development (on-site) for the State Center (see budget sheet) @ \$150,000 per campus x 7 of 15 total campuses	1,050,000		1,050,000			1,050,000			1,050,000		
Sub Total	2,250,000		2,250,000			2,250,000			2,250,000		
3 Sun. Meals (Sun. Meals 150 @ 15.00) @ 150,000 (100 meals monthly x 12 months x 15 @ 15.00) (100 meals monthly x 12 months x 15 @ 15.00)	180,000		180,000			180,000			180,000		
4 Average \$18 Conference - Faculty per campus (see budget sheet) @ average \$150 per faculty x 12 of 15 total campuses	21,600		21,600			21,600			21,600		
Sub Total	401,600		401,600			401,600			401,600		
V. STATEWIDE FACULTY FOR OPERATIONAL OFFICE											
600 Office supplies	600		600			600			600		
2000 Postage/Shipping	2000		2000			2000			2000		
2000 Photocopying/Supplies	2000		2000			2000			2000		
4000 Mobile phone for 2700 (see budget sheet)	4000		4000			4000			4000		
2000 Land Distance Class	2000		2000			2000			2000		
Sub Total	10,000		10,000			10,000			10,000		
Sub Total by Amendment Year 1 (2010)			\$2,881,600			\$2,881,600			\$2,881,600		
Sub Total by Amendment Year 2 (2011)									\$2,881,600		
TOTAL BUDGET REQUEST			\$4,599,198			\$4,599,198			\$4,599,198		

North Dakota University System

SB 2266 – Senate Appropriations

February 16, 2009

Michel Hillman

Good morning Mr. Chairman, Senators of the Appropriations Committee. For the record, my name is Mike Hillman, Vice Chancellor for Academic and Student Affairs with the North Dakota University System.

As amended, Senate Bill 2266 would provide \$4.6M to the University of North Dakota to fund the cost of the North Dakota Nursing Education Consortium nursing simulation laboratory initiative. During the October 16, 2008 Human Services Interim Committee meeting, Senator John Warner requested a two year roll out budget for the Clinical Simulation Laboratory Initiative of the North Dakota Nursing Education Consortium. This initiative will fund the development of clinical simulation laboratories and supportive staff for the 15 Board of Nursing approved nursing programs in North Dakota. This initiative is not part of the SBHE request and is not part of the governor’s recommended budget. We urge the legislature to fund the State Board of Higher Education’s need based budget request as our first priority. If the needs based budget request is funded and additional resources are available, the nursing simulation laboratory initiative is an initiative the legislature should consider supporting.

In the past the legislature has provided resources for SBHE discretionary use. For example, when SBHE initiative funding was available proposals were solicited and the Dakota Nursing Program (DNP) was funded on a competitive basis. The DNP involves multiple NDUS institutions and a Tribal College sharing faculty and other resources to make nursing programs available at multiple locations in the state. The initiative continues as a very efficient collaborative program which has received North Dakota Board of Nursing approval. Another example of successful use of SBHE initiative funding is the system Alcohol and Drug Abuse Prevention Consortium which addresses the most important non-academic factor in student success. This initiative has established eleven campus-community prevention programs and is considered to be highly efficient and effective.

Consistent with the board's constitutional authority and authority delegated to UND by the board, amendments have been adopted to making the nursing consortium an advisory group. Further amendments have clarified legislative intent regarding the intended use of the funds.

If the needs based budget request is funded, the SBHE supports the concept of a collaborative program delivered in an integrated manner at all nursing education sites in the state. We believe the bill in its current form appropriately describes the intent of those who worked to put this initiative together.

SB 2266 Nursing Education Consortium

Information provided by Karen Latham, Dean Medcenter One College of Nursing
 (klatham@mohs.org, 323-6832)

*Submitted
after hearing 3*

**North Dakota Nursing Program Enrollment
Five-Year Comparison**

Program	2003-2004 Enrollment	2007-2008 Enrollment
UND	294(undergraduate) 75 (graduate)	319 (undergraduate) 113 (graduate)
NDSU		204 (undergraduate) 4 (graduate)
Tri-College (NDSU/Concordia/Moorhead)	321(undergraduate) 56 (graduate)	
University Mary	124(undergraduate) 57 (graduate)	158 (undergraduate) 113 (graduate)
Medcenter One College of Nursing	135	139
North Dakota State College of Science	124	138
Dickinson	98	135
Minot	122	120
Jamestown	50	113
Dakota Nursing Program Williston State College	Not available	44
Dakota Nursing Program Lake Region State College	Not available	35
Dakota Nursing Program Minot State University at Bottineau	Not available	27
Dakota Nursing Program Bismarck State College	Not available	18
Dakota Nurse Program combined total WSC, LRSC, MSU-B, & BSC	169	124
United Tribes	28	20
Sitting Bull	7	6

Data Source: North Dakota Board of Nursing, Nursing Education Annual Reports 2003-2004 and 2007-2008

**SB 2266: North Dakota Nursing Education Consortium--Continuing Appropriation
Testimony to: ND House Education Committee
Submitted by: Dr. Helen Melland, ND Nursing Education Consortium Chair
and Interim Dean of UND College of Nursing**

Representative Kelsch and Members of the Committee:

On behalf of the North Dakota Nursing Education Consortium and nursing education in the state, I want to thank you for your consideration of SB 2266 and ask for your support of the bill. I am honored to provide written testimony in support of a collaborative effort among all nursing programs in the state. This bill proposes to continue support of the Nursing Education Consortium and includes an appropriation of \$4,590,198. These dollars would fund the building of 15 basic simulation labs in all nursing programs approved by the Board of Nursing in North Dakota, as well as provide for some basic support personnel.

Background: SB 2266 is a continued appropriation of SB 2379, a bill passed in the 2007th legislative session that established the Nursing Education Consortium. As the incoming Chair of the Consortium, I am very impressed with what the Consortium accomplished during the past two years. During the multiple in-person, telephone, or web-based meetings, the group identified a critical need to train North Dakota nursing faculty about the pedagogy of using high-tech clinical simulation. This need is especially critical in a rural state like North Dakota where acute and intensive care clinical learning experiences are at a premium, and if available, are long distances from many of the nursing programs located in rural remote communities. I am pleased to report that funding from SB 2379, combined with funding from the Robert Wood Johnson Foundation and the Dakota Medical Foundation, supported 25 North Dakota

nursing faculty members to attend at least one national clinical simulation training conference. As a result of attendance at those conferences, nursing faculty throughout the state report either having begun or having more deeply integrated simulation into the teaching of nursing clinical skills, analysis, and decision-making. Even faculty from programs that do not have yet high tech/ high fidelity simulation models learned ways to begin to incorporate this teaching strategy. Additionally, at two different strategic planning sessions, members focused on the legislative mandate in SB 2379 that the Consortium address "...common concerns in nursing education which produce obstacles in meeting the state's current and future nursing needs..." As a result of those planning meetings, and in collaboration with a Robert Wood Johnson grant, a three-day conference in Grand Forks in May 2009 is planned. This is a conference that specifically focuses on clinical simulation teaching strategies and educational innovations for nurse educators. Most importantly, the conference is free of cost for all North Dakota nursing faculty.

Allocation of Funds: The major requested funding categories for this project in the upcoming biennium would include:

- Set-up of basic simulation equipment at each of the 15 campuses that house a nursing program (\$100,000/campus) = \$1,500,000 for all campuses.
- Higher level simulation equipment set up for AD/RN and BSN programs for 13 campuses (\$25,000/campus) = \$325,000 for all 13 campuses that offer an RN program.
- Installation, networking, and software costs for all campuses = \$2,310,000.

- Personnel costs including a part-time project director (.15 FTE), an outreach web scenario designer to serve all nursing sites (1.0 FTE), a clinical simulation nurse educator specialist to serve all nursing sites (1.0 FTE); a part-time administrative assistant (.5 FTE), and a part-time fiscal manager (.1 FTE) = \$360,558.
- Incidental costs including continuing education travel for the web and clinical simulation specialists = \$94,640.

Student Perspective: In conclusion, I want to share with you what a UND senior nursing student recently shared with me about his learning experiences in the newly-dedicated simulation center at UND. If passed, this bill would support these types of experiences for all nursing students in the state.

“I consider myself to be very fortunate with regard to having access to a highly effective educational resource within the UND College of Nursing. By this, I am referring to the new clinical simulation center. Participation in various simulation exercises utilizing this equipment has proven to be a unique and invaluable component of my nursing education thus far. The simulation scenarios themselves are intense and realistic, yet they do not provoke the high levels of anxiety that may be experienced by the untested student attempting to perform within an unfamiliar and high stress real-life clinical situation. In other words, utilizing this sophisticated and well-developed technology allows an optimal balance to be achieved between realism and comfort. The patient model responds physiologically to nursing interventions much as a human patient would. However, in the process of planning and executing these interventions, the student need not worry about compromising the safety of a living patient. I believe this allows the student to experience a higher

and more efficient level of learning that will give rise to greater confidence and the delivery of a safer and more superior level of care when that student provides care in the actual clinical setting. The simulations are recorded, and students are able to view a playback of their experience immediately after their participation in a clinical scenario. Most importantly, faculty members are present to offer suggestions and guidance, critique student performance, and answer any questions. This debriefing session is an incredibly valuable educational component of the simulation experience. The usefulness of such an educational device cannot be overstated.”

As health care continues the shift from in-patient to out-patient, acute care clinical learning experiences become more difficult to find thus making it difficult to educate the needed number of nursing students. At the same time, the nursing shortage continues, and is projected to get worse especially in rural, remote areas. The use of simulation is one solution to help assure that an adequate number of nurses are educated and ultimately the health care needs in the state met. Again, I ask for your support of SB 2266 that will provide simulation resources to all nursing schools in the state.

Thank you.

North Dakota University System

SB 2266 –House Education

March 11, 2009

William Goetz, Chancellor

Good morning Madame Chair, members of the Education Committee. For the record, my name is William Goetz, Chancellor of the North Dakota University System.

As amended, Senate Bill 2266 would provide \$4.6M to the University of North Dakota to fund the cost of the North Dakota Nursing Education Consortium nursing simulation laboratory initiative with \$2M of the total from federal funds. During the October 16, 2008 Human Services Interim Committee meeting, Senator John Warner requested a two year roll out budget for the Clinical Simulation Laboratory Initiative of the North Dakota Nursing Education Consortium. This initiative which came from that discussion will fund the development of clinical simulation laboratories and supportive staff for the 15 Board of Nursing approved nursing programs in North Dakota. If the SBHE needs based budget request is funded and additional resources are available, the nursing simulation laboratory initiative is an initiative the legislature should consider supporting.

In the past the legislature has provided resources for SBHE discretionary use. For example, when SBHE initiative funding was available proposals were solicited and the Dakota Nursing Program (DNP) was funded on a competitive basis. The DNP involves multiple NDUS institutions and a Tribal College sharing faculty and other resources to make nursing programs available at multiple locations in the state. The initiative continues as a very efficient collaborative program which has received North Dakota Board of Nursing approval. Another example of successful use of SBHE initiative funding is the system Alcohol and Drug Abuse Prevention Consortium which addresses the most important non-academic factor in student success. This initiative has established eleven campus-community prevention programs and is considered to be highly efficient and effective.

Consistent with the board's constitutional authority and authority delegated to UND by the board, amendments have been adopted to making the nursing consortium an advisory group. Further amendments have clarified legislative intent regarding the intended use of the funds.

If the needs based budget request is funded, the SBHE supports the concept of a collaborative program delivered in an integrated manner at all nursing education sites in the state. We believe the bill in its current form appropriately describes the intent of those who worked to put this initiative together.

Testimony
SB 2266 Nurse Education Consortium Simulation Bill
House of Representatives Education Committee
March 11, 2009

Representative Kelsch and Members of the House of Representatives Education Committee

I am Suzie McShane, Nursing Coordinator for the Dakota Nursing Program at Bismarck State College. I stand before you in support of SB 2266.

The Dakota Nursing Program (DNP), educates practical and registered nurses at five campuses: Bismarck State College (BSC), Fort Berthold Community College (FBCC), Lake Region State College (LRSC), Minot State University – Bottineau (MSU-B), and Williston State College (WSC). In addition, we have sites at Valley City, Cooperstown, Rugby, and Minot. In the past we have delivered the program to Langdon, Grafton, and Northwood. We are looking forward to delivering the program in the Carrington area which has been approved by the Board of Nursing. We deliver nursing education in the most rural-frontier areas of our State. The DNP includes a Certified Nurse Assistant to Practical Nurse to Associate Degree (RN) Program.

The DNP service area encompasses almost three-fourths of North Dakota's more than 70,000 square miles – much of what is considered rural-frontier. We have found as educators that it is difficult to find acute clinical nursing education sites for the students in the rural nursing programs. Simulation is an optimal training tool for our ND nursing programs. This project will build the capacity for these programs to provide critical simulation training for students and the incumbent nursing workforce.

I would like to discuss how important simulation is to the rural nursing programs. The health care system for which nurse educators are preparing students and developing nurses is increasingly complex. We need to take evidenced based practice information and integrate it into our education so the students can practice as safe, effective, ethical nurses. In North Dakota the complexities of this education are compounded. The rural-frontier areas of our State suffer daily from the nursing faculty shortage and lack of access to nursing education resources.

ND nursing programs need to build capacity to provide equality in access to the latest in technologies, specifically simulation for rural delivered nursing education. This goal is a sound one that will serve to cut the health disparities seen in a rural state. For example our infant and maternal morbidity and mortality rates in the rural areas of North Dakota are high. Rural-dwelling nursing students in their clinical educational process may never care for a woman with life threatening events such as eclampsia or placenta previa in labor, as many of our clinical facilities do not provide obstetrical services. Yet our students, after graduation, will be in emergency care roles in rural areas where such conditions must be recognized and stabilized before transport to a larger facility.

We must design educational systems, utilizing high fidelity simulation that will enhance the cognitive performance of students and licensed nurses so that they can be skilled to independently intervene in life-threatening situations including myocardial infarctions, pulmonary embolisms, lethal cardiac rhythms, of which both urban and rural students will rarely get the opportunity to see in routine clinical care. Simulation will promote student comfort levels to respond rapidly in an emergency, as well as stimulating critical thinking, and problem solving.

Skilled nursing faculty, using simulation technology, can provide a thorough education on detection and management of such critical conditions. This technology is currently beyond the financial reach of our campuses.

SB2266 would also promote collaboration with rural medical facilities, including hospitals, long term care facilities, and our rural emergency response system. In recent grant proposals submitted by ND nursing programs, many of the medical facilities in our state were supportive of our efforts to access simulators for the programs. They see two advantages: students graduate with more advanced critical thinking and problem solving skills and their nursing staff have access to simulation through partnerships with the schools to provide simulated continuing education . Rural nursing administrators state part of the problem with retaining nurses is a lack of skilled training in the complex situations that they do not see often, such as trauma, and complex maternal and child situations. Integrated, long-term strategic partnerships will expand the education and retention of highly qualified nursing staff in our rural-frontier region.

Thank You for your support in SB2266. I am open to answering questions about the actual simulator, and this bill.

Suzie, McShane, MSN, RN
Nursing Coordinator, Dakota Nursing Program at BSC



NORTH DAKOTA BOARD OF NURSING

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

Telephone: (701) 328-9777 Fax: (701) 328-9785

Web Site Address: <http://www.ndbon.org>

Workplace Impairment Program: (701) 328-9783

SB 2266: North Dakota Nursing Education Consortium--Continuing Appropriation

Written Testimony to: ND House Education Committee

Submitted by: Dr. Constance Kalanek, Executive Director, NDBON

Representative Kelsch & Meier and Members of the Committee:

Thank you for the opportunity to provide you with information related to SB 2266 relating to the nursing education consortium. For the record, my name is Dr. Constance Kalanek, Executive Director of the NDBON. The Board is in support of this legislation. The Board has been an active member of the Nursing Education Consortium during the past two years.

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 board currently licenses over 17,000 nurses and unlicensed assistive persons. The Board also reviews and approves nursing programs which includes doctor and masters degree for nurse practitioners, baccalaureate, associate degree RN & LPN, and one PN certificate program.

According to the NDAC 54-03.2-06-07. Nursing Curriculum. The curriculum of the nursing education program must assure the development of evidence-based practice for the level and scope of nursing practice. What we find in the review of the nursing programs, particularly in the clinical component, is that there is much variation in the experiences of the students. The addition of the simulators would level the playing field, if you will for students receiving a similar level of clinical education regardless of the program they attend.

The Board and I remain available to provide further detail to assist you and the committee in this deliberation. Simply call me for further information (701-328-9781) or email me at ckalanek@ndbon.org.

Thank you for your time and attention. I am open for questions.

Attachment
2266

Attachment 1
SB 2266

Page 1 of 1 - Budget for North Dakota Nursing Education Consortium (ND-NEC) Proposal 2009-2011

Submitted February 3, 2009 by the Nursing Education Consortiums After Reduction of Health and Advanced Practice Enrollment

Position	YEAR 1 (2010)				YEAR 2 (2011)				Total Salary	Total Fringe	Total Benefits						
	Annual Base Salary	Start Year	Progress %	Progress %	Annual Base Salary	Start Year	Progress %	Progress %									
1. Project Director	77,000	0.15	11,560	0.30	3,465	15,015	79,510	0.15	11,887	0.30	3,668	15,485					
2. Outreach IT	46,000	1.00	46,000	0.30	13,800	59,800	47,380	1.00	47,380	0.30	14,214	61,594					
3. Simulation Nurse Educator Specialist	60,000	1.00	60,000	0.30	18,000	78,000	61,000	1.00	61,000	0.30	18,540	80,540					
4. Administrative	28,000	0.50	14,000	0.40	5,600	19,600	28,840	0.50	14,420	0.40	5,788	20,188					
5. Fiscal Manager	40,000	0.19	4,000	0.30	1,700	41,700	41,700	0.10	4,170	0.30	1,796	43,596					
Sub Total	212,000		212,000		42,085	277,810			279,580		43,327	322,843					
A. Basic Simulation Equipment Lab Set-up @ \$100,000 per campus X 15 of 15 total campuses*												\$100,000	15	Sub Total	\$1,500,000		
B. Specific Simulation Equipment differentiated level of entry level RN AD BSN @ \$25,000 per campus X 15 of 15 campuses*												\$25,000	15	Total	\$375,000		
C. UNO Nursing Anesthesia Machine for essential functions to meet accreditation criteria for CRNA students for on-site use - Nursing Anesthesia Operating Room Lighting to State Surgery Environment/DKE Vision Ecord Dual Head Micro Surgery Light															\$0		
D. Advance Practice NP-CNS/CRNP Graduate Simulation Educational Module (future cardiac assessment women's health) at 1 of 3 total campuses **												\$	90,000	3	Sub Total	\$0	
Sub Total												\$1,500,000		Sub Total	\$225,000		
1. MC Thomson SIM Networking Software/Instructors Writing/Anesthesiology Six Centers allows student content															\$19,000	15	\$285,000
2. Turnkey equipment installation costs for SIM Center dedicated space @ \$150,000 per campus X 7 of 15 total 15 total campus*												\$150,000	7	Sub Total	\$1,230,000		
3. Turnkey equipment installation costs for SIM Center dedicated space @ \$150,000 per campus X 7 of 15 total campus*												\$150,000	7	Sub Total	\$845,000		
IV. TRAVEL																	
CUNEA travel to Bismarck												7,500	Same as Yr 1		7,500		
Program report to State Legislature for 4 members X 2 trips												820	Same as Yr 1		820		
Sim Nurse Specialist/We Designer In-State Travel (100 times annually X 200 RT @ 45 mile state rate @ \$60/75) 30% require hotel @ \$55 (\$3300) + \$25 per diem X 2 people (\$2000)												13,500	3,840	5,000	21,840		
National SIM Conference - 1 faculty per campus attend @ average \$1500 per trip X 7 faculty Year 2												15,000	10	18,000	33,000		
Sub Total												\$45,820		Sub Total	\$45,820		
V. SUPPLY/PERFORMANCE FOR CONSORTIUM OFFICE																	
Office supplies												600	Office supplies		600		
Professional supplies												200	Professional supplies		200		
Computer, Help Desk Sim Nurse/We Designer (if possible printer (2)												3000	Computer, Help Desk Sim Nurse/We Designer (if possible printer (2)		3000		
Mobile phone X 2 for traveling staff												1000	Mobile phone X 2 for traveling staff		1000		
Long Distance Costs												200	Long Distance Costs		200		
Sub Total												\$5,100		Sub Total	\$5,100		
Sub Total by Bismarck Year 1 (2010)												\$7,807,835		Sub Total by Bismarck Year 2 (2011)	\$ 1,787,243		
TOTAL BUDGET REQUEST												\$ 4,600,178					

FEDERAL AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009 - ANTICIPATED FUNDS AND CURRENT APPROPRIATIONS AS OF APRIL 17, 2009

The schedule below details potential federal stimulus funds to be received by the state, federal stimulus funds appropriated, and related changes.

Bill No. - Agency	Federal Program	Anticipated ARRA Funds Available	Amounts Included in Adopted Amendments		
			ARRA Funds Appropriated	General Fund Reductions Compared to Executive Budget	Contingent General Fund Appropriations
HB 1001 - Governor	Federal Program				
	Fiscal stabilization - Education - See HB 1013 - Department of Public Instruction	\$19,055,342	\$0		
	Fiscal stabilization - Other government services		326,348		
	Department of Public Instruction - Administrative costs relating to federal fiscal stimulus payment to schools (HB 1013)		20,000		
	Department of Public Instruction - Early Childhood Learning Council operating expenses (HB 1013)		11,200,000	(\$11,200,000)	
	University of North Dakota - Education Building (SB 2003)		5,000,000		
	Minot State University - Swain Hall (SB 2003)		400,000		
	Office of Management and Budget - Database of state expenditures (SB 2018)		\$16,946,348	(\$11,200,000)	
	Total - Fiscal stabilization - Other government services	\$19,055,342	\$16,946,348	(\$11,200,000)	
HB 1003 - Attorney General	Federal Program				
	Edward J. Byrne Memorial Justice Assistance Grant	\$3,162,336	\$1,652,426		
	Internet Crimes Against Children Task Force	413,449	216,174		
	Community-oriented policing services	1,244,402	864,696		
	Rural Law Enforcement Assistance Act	641,106	390,588		
	Total - Attorney General	\$5,461,293	\$3,123,884		
HB 1012 - Department of Human Services	Federal Program				
	Federal medical assistance percentage increase	\$96,800,000	\$66,500,000	(\$66,500,000)	
	Elderly nutrition services	485,000	485,000		
	Child support incentive matching funds	3,200,000	3,200,000		
	Rehabilitation services and disability assistance and independent living	2,043,000	2,043,000	(2,763,082)	
	Individuals With Disabilities Education Act - Part C	2,140,000	2,140,000		
	Supplemental nutrition assistance program	9,874,747	9,874,747		
	Temporary assistance for needy families	Unknown			
	Child care development block grant (HB 1418)	3,644,000	3,644,000		
	Senior employment program	143,288	143,288		
	Older blind	3,170	3,170		
	Total - Department of Human Services	\$118,333,205	\$88,033,205	(\$69,263,082)	
HB 1013 - Department of Public Instruction	Federal Program				
	Fiscal stabilization funds - Education	\$85,644,337	\$85,644,337	(\$11,000,000)	
	Title I - Part A	27,415,262	27,415,262		
	Title I - School improvement	7,145,000	7,145,000		
	Title II - Part D - Technology	3,209,375	3,209,375		
	Individuals With Disabilities Education Act	27,413,988	27,413,988		

Bill No. - Agency	Federal Program	Amounts Included in Adopted Amendments			
		Anticipated ARRA Funds Available	ARRA Funds Appropriated	General Fund Reductions Compared to Executive Budget	Contingent General Fund Appropriations
	McKinney-Vento Homeless Assistance Act	150,000	150,000		
	National school lunch program	230,000	230,000		
	The emergency food assistance program	85,426	85,426		
	Clean diesel (from State Department of Health)		1,730,000		
	Total - Department of Public Instruction	\$151,293,388	\$153,023,388	(\$11,000,000)	
	HB 1016 - Adjutant General				
	Military energy-related maintenance and repairs	\$2,522,270	\$2,522,270		
	HB 1020 - State Water Commission		\$0		
	Bureau of Reclamation water resource projects				
	SB 2004 - State Department of Health				
	Water quality management 604(B)	\$194,300	\$194,300		
	Superfund arsenic trioxide project	7,000,000	7,000,000		
	Clean diesel	1,730,000	1,730,000		
	Clean water state revolving loan fund	19,239,100	769,564		
	Drinking water state revolving loan fund	19,500,000	780,000		
	Water project grants (HB 1305)		2,792,000		
	Stop Violence Against Women grant	812,159			
	Domestic violence sexual assault organizations (SB 2230)		1,000,000		\$1,000,000
	Women, infants, and children	160,265	61,800		
	Prevention and wellness fund grants	Unknown			
	Immunization services (SB 2333)		1,200,000		
	Health information technology				
	Health information technology planning and implementation grants (SB 2332)		20,000,000		
	Veterans' Home electronic health records system (SB 2007)		98,400		
	Total - State Department of Health	\$48,635,824	\$35,626,064		\$2,298,400
	SB 2010 - Council on the Arts				
	National Endowment for the Arts	\$290,000	\$290,000		
	SB 2012 - Department of Transportation				
	Highway infrastructure investment	\$170,126,497	\$170,126,497		
	Transit programs	5,956,174	5,956,174		
	Amount of highway infrastructure investment funds available for transportation enhancement projects - \$5,103,795				
	Parks and Recreation Department (HB 1019)				
	Turtle River State Park pedestrian bridge		300,000		
	Turtle Mountain Scenic Byway acquisition/trails		200,000		
	Fort Abraham Lincoln Civilian Conservation Corps building rehabilitation		300,000		
	State Historical Society (HB 1018)				
	Protective structure for locomotive at Camp Hancock		150,000		
	Fort Totten Commissary exhibit and signage		385,000		
	Geographic information system scanning and integration		150,000		
	Total - Department of Transportation	\$176,082,671	\$177,567,671		

Bill No. - Agency	Amounts Included in Adopted Amendments			
	Anticipated ARRA Funds Available	ARRA Funds Appropriated	General Fund Reductions Compared to Executive Budget	Contingent General Fund Appropriations
Federal Program				
SB 2014 - Industrial Commission (Housing Finance Agency)				
HOME tax credit assistance program	\$4,860,574	\$4,860,574		
Federal low-income housing tax credit exchange program	25,500,000	25,500,000		
Total - Industrial Commission	\$30,360,574	\$30,360,574		
SB 2015 - Department of Corrections and Rehabilitation				
Crime victims' compensation	\$78,313	\$78,313		
Crime victims' assistance	542,000	542,000		
Total - Department of Corrections and Rehabilitation	\$620,313	\$620,313		
SB 2016 - Job Service North Dakota				
Workforce Investment Act	\$5,068,883	\$5,068,883		
State unemployment insurance and employment services grant	2,984,613	2,984,613		
Unemployment compensation benefit increase	Unknown			
Unemployment compensation benefit increase - Administration	1,039,443	1,039,443	(\$200,000)	
Unemployment compensation modernization	0			
Total - Job Service North Dakota	\$9,092,939	\$9,092,939	(\$200,000)	
SB 2018 - Department of Commerce				
Community development block grant program	\$1,300,000	\$1,300,000		
Community services block grant	4,853,305	4,853,305		
State energy program	24,585,000	24,585,000		
Energy efficiency and conservation block grant program	10,000,000	10,000,000	(\$2,000,000)	\$1,000,000
Industrial Commission (from Department of Commerce)		3,000,000		
Renewable energy development (SB 2014)				
Department of Corrections and Rehabilitation (from Department of Commerce)				
Summer replacement boiler (SB 2015)		225,041		225,041
Energy management system conversion (SB 2015)		18,928		18,928
Heating and cooling equipment replacement (SB 2015)		15,574		15,574
Lake Region State College (from Department of Commerce)				
Wind tower project (SB 2003)		2,609,920		2,609,920
Veterans' Home (from Department of Commerce)				
Thermal imager (SB 2007)		5,500		5,500
Geothermal heating system (SB 2007)		3,039,414		3,039,414
Weatherization assistance program	25,266,330	25,266,330		
Emergency shelter grants	2,590,000	2,590,000		
Department of Corrections and Rehabilitation (from Department of Commerce)				
Temporary housing for sexual offenders		160,000		160,000
Total - Department of Commerce	\$68,594,635	\$77,669,012	(\$2,000,000)	\$7,074,377
Other Appropriations				
SB 2005 - Indian Affairs Commission - Youth leadership program	Competitive	\$40,000		\$40,000
SB 2007 - Veterans' Home - Utility vehicle	Competitive	14,691		
SB 2021 - Information Technology Department - Statewide longitudinal data system	Competitive	2,263,883		2,263,883
SB 2266 - University of North Dakota - Nursing Education Consortium	Competitive	2,000,000		
Total - Other appropriations		\$4,318,574	\$0	\$2,303,883

Bill No. - Agency	Amounts Included in Adopted Amendments			
	Anticipated ARRA Funds Available	ARRA Funds Appropriated	General Fund Reductions Compared to Executive Budget	Contingent General Fund Appropriations
Federal Program				
Total - All agencies	\$650,342,454	\$599,194,242	(\$93,663,082)	\$11,676,660
Less - Passthrough appropriations	(64,697,536)	(12,289,377)		
Less - Fiscal stimulus funds reflected as additional turnback or continuing appropriations				
Net ARRA funds appropriated	\$585,644,918	\$586,904,865	(\$93,663,082)	\$11,676,660