

2025 HOUSE EDUCATION

HB 1220

2025 HOUSE STANDING COMMITTEE MINUTES

Education Committee Coteau AB Room, State Capitol

HB 1220
1/20/2025

Relating to the creation of a North Dakota accelerated degree for high-demand occupations.

2:30 p.m. Chairman Heinert called the meeting to order.

Members Present: Chairman Heinert, Vice Chairman Schreiber- Beck, Representatives, Conmy, Hager, Hatlestad, Hauck, Heilman, Jonas, Longmuir, Maki, Marchall, Morton, Novak, Osowski

Discussion Topics:

- Job Demands
- High Priority Occupation
- Optional Accelerated Degrees

2:30 p.m. Representative Motschenbacher introduced the bill and submitted testimony. #30110, #30111, #30112 #30266.

2:48 p.m. Andera Pfenning, VP of Government Affairs, testified in favor and submitted testimony. #30199

2:52 p.m. Lisa Johnson, Vice Chancellor for Academic and Student Affairs, NDUS, testified in opposition and submitted testimony. #30210

3:03 p.m. Dr. Billie Madler, Dean of nursing at the University of Mary, testified in opposition and submitted testimony. #30134, #30135, #30136

3:16 p.m. Dr. Katrina Eberhart, Associate Professor at BSC, testified in opposition and submitted testimony. #30201

3:20 p.m. Sandra DePountis, Director of ND Board of Medicine, testified neutrally and submitted testimony. #30109

3:23 p.m. David Schaibley, Director of ND Board of Dental Examiner's, testified neutrally and submitted testimony. #30149

Additional written testimony:

Nikki Wegner, President with the Long-Term Care Association, submitted testimony in favor. #30023

Tim Blasl, President of the ND Hospital Association, NDHA, submitted testimony in favor. #30067

Karla Haug, ND Resident, submitted testimony in opposition. #30114 #30204

Dr. Katherine Terras, Co- Founder of Certification Central, submitted testimony in favor.
#30141

Bethany Andreasen, ND General Education Council, submitted testimony in opposition.
#30206

Dr. Stacey Pfennig, Executive Director ND Board of Nursing, submitted testimony neutrally.
#30215

3:27 p.m. Chairman Heinert closed the hearing.

Leah Kuball, Committee Clerk

Testimony on Creation of a ND Accelerated Degree for High-Demand Occupations

**House Education Committee
January 20, 2025
House Bill 1220**

Chairman Heinert and Members of the House Education Committee. My name is Nikki Wegner, and I am the President with the North Dakota Long Term Care Association. Thank you for the opportunity to provide testimony in support of HB 1220, which proposes the creation of accelerated degree programs for high-demand occupations in North Dakota. We are in support of initiatives that address the pressing workforce shortages our state faces, particularly in sectors like healthcare.

North Dakota is facing severe workforce shortages across multiple industries, with healthcare being among the most critical. For example, the state's nursing homes require 1,257 additional workers just to return to pre-pandemic staffing levels, highlighting the urgent need for action.

In 2001, the Legislature passed HB 1245 which expanded the options for becoming a nurse in ND. This legislation has been instrumental in removing barriers and creating more options to become a nurse, specifically licensed practical nurses (LPNs) or registered nurses (RNs) in North Dakota. Similarly, HB 1220 has the potential to create new opportunities across multiple fields.

While streamlining education for LPNs and RNs continues to help address nursing shortages, significant gaps remain in other critical healthcare fields, including respiratory therapy, physical and occupational therapy, dental services, and primary care. These professions are essential for community health, yet lengthy education pathways and workforce shortages limit access to care. Expanding opportunities for accelerated education and streamlined licensing in these high-demand areas would help ensure timely, quality care for North Dakotans while strengthening our healthcare system.

HB 1220 provides a proactive and strategic solution to North Dakota's workforce challenges by streamlining curricula to remove general education requirements and tailoring degree programs to workforce needs. By facilitating accelerated educational pathways, this legislation will enable quicker entry of qualified professionals into high-demand fields, helping to address critical shortages effectively. I urge the committee to

support HB 1220, fostering a stronger and more responsive workforce for the future of our state.

Thank you for considering my testimony.

Nikki Wegner MS, OTR/L, President
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(701) 222-0660
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2025 HB 1220
House Education Committee
Representative Pat Heinert, Chairman
January 20, 2025

Chairman Heinert and members of the House Education Committee, I am Tim Blasl, President of the North Dakota Hospital Association (NDHA). I am here to testify in support of House Bill 1220. I ask that you give this bill a **Do Pass** recommendation.

Hospitals support the creation of an accelerated degree for high-demand occupations. We support a higher education institution offering an accelerated degree as an optional substitute.

The number one issue facing hospitals today is workforce. The lack of health care workers is challenging in both the urban and rural areas throughout the state. I know you hear about the nursing shortage, but hospitals face other job type shortages like surgical techs, radiology techs, lab techs, and many others.

In summary, we support this bill because it would allow individuals to enter the workforce sooner. We also understand the different professional boards need to be in sync with this legislation since they license high-demand occupations.

I would be happy to respond to any questions you may have. Thank you.

Respectfully Submitted,

Tim Blasl, President
North Dakota Hospital Association



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HOUSE EDUCATION COMMITTEE
JANUARY 20, 2025

TESTIMONY OF
NORTH DAKOTA BOARD OF MEDICINE
HOUSE BILL NO. 1220

Chair Heinert, members of the Committee, I'm Sandra DePountis, Executive Director of the North Dakota Board of Medicine, appearing on behalf of the Board to provide information on House Bill 1220 relating to developing accelerated degree programs for "high-demand occupations." However, such a degree in medicine or physician assistant studies, unless accredited by the appropriate national accrediting agencies, could not be used for licensure in North Dakota or any other state.

Subsection 2 of the bill would require the Board of Medicine to "accredit" an accelerated degree program "for licensing purposes." However, the Board of Medicine does not accredit the education programs for the professions under its jurisdiction – this is done by recognized national accreditation entities. Medical education programs are accredited by the Liaison Committee of Medical Education (LCME) for an MD degree and by the Commission on Osteopathic College Accreditation (COCA) for a DO degree. An individual MUST graduate from one of these accredited programs in order to (1) sit for national examinations (United States Medical Licensing Exam (USMLE) for MD and Comprehensive Osteopathic Medical Licensure Exam (COMLEX) for DO) and (2) to be eligible for a U.S. residency program – both of which are required for licensure. Physician Assistants must graduate from a program accredited by the Accreditation Review Commission on Education for Physician Assistants (ARC-PA) to sit for

Mission Statement

The Board's mission is to protect the public's health, safety and welfare by regulating the practice of medicine, thereby ensuring quality health care for the citizens of this state.

examination (PANCE exam) and to be eligible for national certification by the National Commission on Certification of Physician Assistants (NCCPA). Again, required for licensure.

Imagine an individual spending time and money on an accelerated program, only to find out that they would not be able to be licensed, in this state or any other state. At the very least, the bill should have safeguards to prevent such unintended consequences and specify what are considered “high-demand occupations.”

Thank you for your time and attention and I would be happy to answer any questions.



North Dakota House of Representatives

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COMMITTEES:

Finance and Taxation
Political Subdivisions

Jan 20, 2025

Good afternoon Chairman Heinert and committee members. For the record, Mike Motschenbacher from District 47 representing Northwest Bismarck.

Today you have before you HB 1220. I just want to make it known that the first draft I received back on this bill was on June 25th of 2024, so this is not something I just threw together. I've been working on this bill for quite some time. The second thing I want to make you aware of is that this bill still may need some amendments. I believe there will be people testifying behind me that like the concept but may have some suggestions for amendments, so please know I am willing to negotiate some of those to help get this bill passed.

What HB 1220 does is actually pretty simple. It creates the possibility for North Dakota institutions of Higher Education to offer degrees to students that will help solve three issues. First it will graduate students with less debt, will help address North Dakota's workforce issues, and will help keep North Dakota students in the state.

I'd like to walk through the bill with you to help explain exactly what it does.

Line 7 mentions the name as an "accelerated degree". This actually may be better names as a "compressed degree". Accelerated degrees are degrees that concentrate more on getting the student to graduate faster by offering additional courses, taking additional credits and such to graduate at a faster pace but still get the full degree. Compressed degrees offer the ability to get a degree with less credits required. It may be irrelevant, but if the committee would like to change this to better reflect the accuracy of what this truly does, that would be acceptable.

Line 8 ends with the word "may", so I just wanted to stress this to show that it is not mandatory that institutions offer this. It is completely optional.

Section 1a mentions the word "optional" so once again, just stressing that it is not mandatory. It also mentions "high demand occupation". High demand occupations are nothing new and are already provided and updated by ND Job Service. You will see a copy of this in your packet.

Section 1c simply states that institutions of higher ed will relay to the licensing boards a list of "accelerated" or "compressed" degrees that the institution will offer

Section 1d and section 2 are kind of the meat and potatoes of the bill. This states that they can offer degrees that eliminate general education classes that are currently required to graduate with a degree and become licensed in the state.

So now the question is probably why do we need this bill? It's my opinion after looking at general education requirements needed to graduate, that most are unnecessary. I believe higher education should be looking at more focused and specialized approaches to educating students for their desired careers. It turns out that many studies that have been done also agree. The **National Bureau of Economic Research** in a study found that prolonged degree completion due to non-essential courses contributes to increased dropout rates and delays workforce entry. The **Association of American Colleges & Universities** found that employers are more interested in *field-specific expertise, critical thinking, and problem-solving skills* than in broad general knowledge. Although general education credits are mostly aimed at creating "well rounded" students, research in the **Journal of College Science Teaching** highlighted concerns about the traditional university curriculum's ability to enhance critical thinking and scientific literacy. The study suggested that Gen Ed courses often fail to effectively develop these essential skills, calling into question their overall efficacy. In studying these questions, I founded endless resources backing up the arguments that they are unnecessary, have a negative overall impression on the students, and are mostly not important to the organizations that are looking to hire these students.

If we pass this bill and colleges start offering these degrees, this would likely reduce the average student loan debt per student by 25%. This would also get students out of college earlier and into the workforce faster where we so desperately need them right now. And the best part, it doesn't cost us any money!

Furthermore, and maybe one of the most beneficial things about this bill, is that it is likely that other states may not recognize these degrees and thus, many of the students would likely stay in ND to work where they are accepted rather than transfer to another state. Some may look at this as too restrictive, but I would ask "Who's workforce problem are we trying to solve? North Dakota's? Or Minnesota, South Dakota, and Montana?"

Thank you Mr. Chairman and committee and with that I would stand for any questions.

**NORTH DAKOTA
STATE BOARD OF HIGHER EDUCATION
Policy Manual**

Policy: 409 Degrees Offered

Effective: January 18, 2024

1. Structure

- a. SBHE shall approve the establishment of all new instructional programs granting academic credit leading to a degree or credential. The SBHE Academic and Student Affairs Committee (ASAC) shall have authority to approve all new academic program requests on behalf of the SBHE as outlined in SBHE Policy 421.
- b. Institutions shall adhere to SBHE Policy 420 Accreditation.
- c. The Chancellor shall adopt procedures to make a recommendation on New Academic Program requests.
- d. An institution may only request a new degree if the following conditions are met:
 - i. There is a documented student and employer demand;
 - ii. Existing programs or degrees at other institutions are not meeting the demand and other institutions authorized to offer the degree are not positioned to meet the demand;
 - iii. The proposed degree includes collaboration with other institutions, if feasible; and
 - iv. The institution seeking the new degree is best positioned to offer a degree program to meet the demand, either collaboratively or separately.

2. Definitions and Institutional Offerings

- a. **Subplan** is a group of courses within an approved academic program which is identified in an institutional catalog. A minimum of 12 undergraduate semester hours or nine graduate semester hours is required for a subplan to appear on a student transcript. Subplans appear on a transcript at the discretion of the institution. SBHE approval is not required for a subplan.
- b. **Certificate of Completion** are awarded upon the completion of an undergraduate course of study of less than nine semester hours, or a graduate course of study of less than eight semester hours. The SBHE authorizes each institution to award Certificates of Completion.
- c. **Certificate** are awarded upon the completion of a minimum of nine semester hours at the undergraduate level or minimum of eight semester hours at the graduate level. The SBHE authorizes each institution to award Certificates.
- d. **Diplomas** are awarded upon the completion of a prescribed program in a technical field with some general education coursework. SBHE authorizes BSC, DCB, LRSC, NDSCS, and WSC to award Diplomas.
- e. **Associate Degrees** are awarded upon the completion of a minimum of 60 semester hours that consist primarily of diverse, introductory-level courses in general education and professional areas. Associate degrees must include a minimum of 36 semester hours of general education courses. Required courses for the A.S. degree place greater emphasis on the sciences than is true of the A.A. Associate degrees are designed to prepare

students for immediate employment or career entry, but also serve as preparatory education for transfer to a related baccalaureate programs. They do not designate a specific program or major. Common degrees include Associate in Arts (A.A.) and Associate in Science (A.S.). SBHE authorizes BSC, DCB, DSU, LRSC, NDSCS, and WSC to award a Associate degree. SBHE authorizes MaSU, MiSU, and VCSU to award specifically approved Associate degrees.

- i. Associate in Applied Science (A.A.S.) degrees are awarded upon the completion of a minimum of 60 semester hours and it may designate a specific field of study. A.A.S. degree is a combination of career-technical and general education coursework. A.A.S. degrees must include 15 semester hours of general education coursework. SBHE authorizes BSC, DCB, DSU, LRSC, NDSCS, and WSC to award A.A.S. degrees.
- f. **Bachelor Degrees** are awarded upon the completion of a minimum of 120 semester hours, comprised of academic courses in general education, major, minor, concentration, and elective areas. Bachelor's degrees must include a minimum of 36 semester hours of general education and a minimum of 30 semester hours of upper division coursework. The Bachelor of Arts (B.A.) is designed to give academic breadth in the liberal arts, usually with a major in the humanities or social sciences. The Bachelor of Science (B.S.) prepares students in disciplines such as the sciences and mathematics, or in the professions. Bachelor's degrees are designed primarily as a first professional degree, but which also may serve as preparatory education for transfer to a related graduate degree. Common degrees include B.A. and B.S. SBHE authorizes DSU, MaSU, MiSU, NDSU, UND, and VCSU to award Bachelor degrees.
 - i. Bachelor of Applied Science (B.A.S.) are awarded upon the completion of a minimum of 120 semester hours, the first 60 of which would typically be in A.A.S. degree and, a minimum of 30 upper division semester hours. B.A.S. degree is a combination of career-technical and general education coursework. B.A.S. degree requires a total of 36 general education semester hours usually through a combination of A.A.S. and B.A.S. level coursework and not all general education credits would necessarily meet the general education transfer agreement requirements. SBHE authorizes BSC, DSU, MaSU, MiSU, and VCSU to award B.A.S. degrees.
- g. **Master Degrees** are awarded upon the completion of a minimum of 30 semester hours of an academic program in a named field of study or area of profession beyond a bachelor's degree. The M.A. is usually in the humanities or social sciences. The M.S. is usually in the sciences, mathematics, or the professions. Common degrees include Master of Arts (M.A.), Master of Science (M.S.), Master of Fine Arts (M.F.A.), and Master of Business Administration (M.B.A.). SBHE authorizes DSU, MaSU, MiSU, NDSU, UND, and VCSU to award Master degrees.
- h. **Education Specialist (Ed.S.)** are awarded upon the completion of a minimum of 60 semester hours in coursework that carry graduate credit. Ed.S. degree is a professional degree for certification in an educational field. SBHE authorizes MiSU and NDSU to award Ed.S. degrees.
- i. **Specialist's Diploma (Spec.Dip.)** are awarded upon the completion of a minimum of 64 semester hours beyond the baccalaureate degree. It recognizes advanced preparation for practice in the service field. SBHE authorizes UND to award a Spec.Dip. degree.

- j. **Doctoral Degrees** are awarded after a period of study such that the number of semester hours meet the requirements of any institutional or programmatic accreditor and the student has demonstrated appropriate knowledge, skills, and research. Programs are designed to either prepare for an occupation in a professional practice or recognized academic research or other demonstrations of scholarly or artistic achievement. Common degrees include the Doctor of Arts (D.A.), Doctor of Education (Ed.D.), Doctor of Musical Arts (D.M.A.), Doctor of Nursing Practice (D.N.P.), and Doctor of Philosophy (Ph.D.). SBHE authorizes NDSU and UND to award a Doctoral degree.
- k. **First-Professional Degree, Law (J.D.), Medicine (M.D.), and Pharmacy (Pharm. D.)** are awarded after the completion of the academic requirements to begin practice in the profession, at least two years of coursework before entering the program, and a total of at least six academic years of coursework to complete the degree program, including prior required coursework plus the length of the professional program itself. SBHE authorizes NDSU to award First-Professional and Pharm.D. degrees. SBHE authorizes UND to award First-Professional, J.D., and M.D. degrees.

REFERENCE: SBHE Policies 420, 421

HISTORY: New policy, SBHE Meeting minutes, June 25, 1987; Amendment, SBHE Meeting minutes, June 27-28, 1988; Amendment, SBHE Meeting minutes, January 20, 2000; Amendment, SBHE Meeting minutes, April 4, 2000; Amendment, SBHE Meeting minutes, May 30, 2001; Amendment, SBHE Meeting minutes, February 22, 2002; Amendment, SBHE Meeting minutes, April 18, 2002; Amendment, SBHE Meeting minutes, May 8-9, 2003; Amendment, SBHE Meeting minutes, November 20, 2003; Amendment, SBHE Meeting minutes, September 16, 2004; Amendment, SBHE Meeting minutes, September 15, 2005; Amendment, SBHE Meeting minutes, December 15, 2005; Amendment, SBHE Meeting minutes, June 15, 2006; Amendment, SBHE Meeting minutes, September 20, 2007; Amendment, SBHE Meeting minutes, December 18, 2008; Amendment, SBHE Meeting minutes, November 30, 2017; Revised by legal counsel, June 21, 2018; Amendment, SBHE Meeting minutes, January 24, 2019; Amendment, SBHE Meeting minutes, January 18, 2024.

IN-DEMAND OCCUPATIONS

EDUCATION

Educational, Guidance, & Career Counselors & Advisors
Teachers
Career/Technical Education Teachers, Except Post Secondary School
Elementary School Teachers
Kindergarten Teachers
Preschool Teachers
Middle School Teachers
Secondary School Teachers
Special Education Teachers
Teaching Assistants, Except Postsecondary

FINANCIAL

Accountants and Auditors
Bookkeeping, Accounting, & Auditing Clerks
Financial Analysts and Risk and Other Financial Specialists
Financial Managers
Management Analysts
Operations Research Analysts
Tax Preparers

ENGINEERING & ARCHITECTURE

Architects, Except Landscape and Naval
Architectural and Civil Drafters
Architectural and Engineering Managers
Civil Engineers
Civil Engineering Technologists & Technicians
Electrical Engineers
Electrical and Electronic Engineering Technicians
Industrial Engineers
Industrial Engineering Technologists and Technicians
Mechanical Engineers
Petroleum Engineers

HEALTHCARE

Biological Technicians
Dental Assistants
Dental Hygienists
Diagnostic Medical Sonographers
Environmental Science & Protection Techs., Including Health
Medical Assistants
Nursing Assistants
Nurse
Licensed Practical & Licensed Vocational Nurses
Registered Nurses
Occupational Health and Safety Specialists
Occupational Therapy Assistants
Physical Therapist Assistants
Respiratory Therapists
Technologists & Technicians
Clinical Laboratory Technologists & Technicians
Emergency Medical Technicians & Paramedics
Pharmacy Technicians
Ophthalmic Medical Technicians
Radiologic Technologists and Technicians
Surgical Technologists
Veterinary Technologists and Technicians

INFORMATION TECHNOLOGY

Computer and Information Systems Managers
Computer Network Support Specialists
Computer Programmers
Computer Systems Analysts
Computer User Support Specialists'
Intelligence Analysts
Information Security Analysts
Software Developers & Software Quality Assurance Analysts and Testers
Telecommunications Equipment Installers & Repairers, Except Line Installers
Telecommunications Line Installers and Repairers
Web Developers & Digital Interface Designers

SKILLED TRADE

Airplane Mechanic/Technician
Automotive Service Technicians & Mechanics
Butchers & Meatcutters
Carpenters
Chefs & Head Cooks
Chemical Plant/System Operator
Crane and Tower Operators, Operating Engineers
and Other Construction Equipment Operers.
Diesel Technician
Industrial Machinery Mechanics
Bus & Truck Mechanics & Diesel Engine
Specialists
Farm Equipment Mechanics & Service
Technicians
Electricians
Electrical and Electronics Repairers, Commercial
Equipment
Electrical Power-Line Installers and Repairers
Firefighters
Hairdressers, Hairstylists, & Cosmetologists
Heating, Air Conditioning, and Refrigeration
Mechanics
Machinist
Mobile Heavy Equipment Mechanics, Except
Engines
Petroleum Pump System Operators and Refinery
Operators
Plant and System Operators, All Other
Plumbers, Pipefitters, & Steamfitters
Precision Agriculture Technicians
Production Workers, All Other
Pump Operators, Except Wellhead Pumps
Rotary Drill Operators, Oil and Gas
Service Unit Operators, Oil and Gas
Surveying and Mapping Technicians
Surveyors
Welders, Cutters, Solderers, & Brazers
Wind Turbine Service Technicians

TRANSPORTATION

Commercial Pilots
Heavy and Tractor-Trailer Truck Drivers; Bus Drivers,
Transit and Intercity

Job Service North Dakota is an equal opportunity employer/
program provider. Auxiliary aids and services are available upon
request to individuals with disabilities.

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SOCIAL SERVICES

Child, Family, & School Social Workers
Childcare Workers
Community & Social Service Specialists, Social &
Human Service Assistants
Police & Sheriff's Patrol Officers
Substance Abuse, Behavioral Disorder, & Mental
Health Counselors

MANAGEMENT

Administrative Services and Facilities Managers
Construction Managers
General & Operations Managers
Industrial Production Managers
Medical & Health Services Managers
Project Management Specialists &
Other Business Operations
Sales Managers

PROFESSIONAL/OTHER

Compliance Officers
Human Resources Specialists
Paralegals and Legal Assistants
Market Research Analysts and Marketing
Specialists
Training and Development Specialists

SALES

Sales Representatives, Wholesale & Manufacturing,
Technical & Scientific Products

Registered Apprenticeship Programs (RAP) are considered in-de-
mand jobs per guidance under the United States
Department of Labor. For a complete listing of RAPs in North Dakota,
go to: jobsnd.com/job-seeker/apprenticeships

The in-demand occupations list was primarily created using long-
term employment projections from the North Dakota Labor Market
Information Center and supplemented by data from the U.S. Bureau
of Labor Statistics. The list is reviewed and updated annually by the
Workforce Development Council with assistance from Job Service
North Dakota. The list is primarily comprised of occupations that
typically require some postsecondary education up to and including a
Bachelor's degree. The factors used in creating the list are below:

- Total Employment (2022)
- Ten-year Numeric Job Growth (2021-2031)
- Annualized Job Growth Rate (2021-2031)
- Annual Job Openings (2021-2031)
- Average Annual Wages (2022)
- Essential and Emerging Occupations

January 20, 2025

Dear Members of the Education Committee:

My name is Karla Haug. I hold a Master of Science in Nursing Education, and I am currently enrolled in the NDSU PhD in Education program. I am also an Assistant Professor of Practice in the School of Nursing at North Dakota State University. I write on my own personal behalf, not on behalf of the university.

As a nurse and faculty member at one of our state's educational institutions, I urge you to **VOTE NO** on proposed House Bill 1220, "the creation of a North Dakota accelerated degree for high-demand occupations."

Nursing is and has been a high-demand occupation in not only North Dakota but the nation. Currently, all eleven institutions within the North Dakota University System offer an option to obtain a degree in nursing. The credits required to complete these degrees vary from 30 to 120. A nursing degree is offered at various levels from Licensed Practical Nurse to Bachelor of Science in Nursing, including pathway options for degree advancement.

Current national nursing accreditation agencies, Accreditation Commission for Education in Nursing (ACEN) and Commission on Collegiate Nursing Education (CCNE), require that nursing programs incorporate general education requirements.

From [ACEN, Standard 4](#): Curriculum, criterion 4.5: "General education courses/concepts that enhance nursing knowledge and practice for the educational level at which students are being prepared."

From [CCNE: Key Element III-F](#): "Baccalaureate curricula build on a foundation of the arts, sciences, and humanities."

To receive accreditation from one of these agencies, the nursing program must identify how they meet the standards listed above. Removal of all general education requirements will make it impossible for programs in North Dakota to receive national nursing accreditation. Currently, all nursing programs in North Dakota are accredited by one of these agencies.

Standards for national accreditation are different than those required for North Dakota Board of Nursing (BON) approval. The mission of the [ND BON](#) is to promote public safety through the regulation of standards for nursing education. National accreditation provides assurance of a quality nursing program, through evaluation of curriculum, program effectiveness, and program evaluation. It also ensures the ability for the students to advance their nursing practice in anyone of the graduate programs offered within the state.

The foundation general education provides nursing students includes the ability to make informed decisions, engage in critical thinking, and adapt to a rapidly changing health care field. Nursing builds its curriculum from the foundation of the general education credits.

North Dakota already has over eleven options for those wishing to obtain a degree in nursing by national accredited programs. Please consider investing in nursing education before creating another degree option.

I urge the committee to **NOT PASS HB 1220**.

Karla Haug, MS, RN

CCNE Accreditation: <https://www.aacnnursing.org/Portals/0/PDFs/CCNE/CCNE-Education-Standards-2024.pdf>

ACEN Accreditation: <https://resources.acenursing.org/space/SAC/1825603752/STANDARD+4+-+Curriculum>

North Dakota Board of Nursing Mission: <https://www.ndbon.org/about/>

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Fact Sheet:**The Impact of Education on Nursing Practice**

The American Association of Colleges of Nursing (AACN), the national voice for academic nursing, recognizes that education has a significant impact on the knowledge and competencies of the nurse clinician, as it does for all healthcare providers. Clinicians with a Bachelor of Science in Nursing (BSN) degree are well-prepared to meet the demands placed on today's nurses. BSN nurses are prized for their skills in critical thinking, leadership, case management, and health promotion, and for their ability to practice across a variety of inpatient and outpatient settings. Nurse executives, federal agencies, the military, leading nursing organizations, healthcare foundations, Magnet hospitals, and minority nurse advocacy groups all recognize the unique value that baccalaureate-prepared nurses bring to health care.

AACN encourages employers to foster practice environments that embrace lifelong learning and offer incentives for registered nurses (RNs) seeking to advance their education to the baccalaureate and higher degree levels. We also encourage BSN graduates to seek out employers who value their level of education and distinct competencies.

Different Approaches to Nursing Education

There are three routes to becoming a registered nurse: a 3-year diploma program typically administered in hospitals; a 3-year associate degree usually offered at community colleges; and the 4-year baccalaureate degree offered at senior colleges and universities. Graduates of all three programs sit for the same NCLEX-RN® licensing examination.

Baccalaureate nursing programs encompass all course work taught in associate degree and diploma programs plus a more in-depth treatment of the physical and social sciences, nursing research, public and community health, nursing management, and the humanities. The additional course work enhances the student's professional development, prepares the new nurse for a broader scope of practice, and provides the nurse with a better understanding of the cultural, political, economic, and social issues that affect patients and influence healthcare delivery. The BSN prepares nurses to practice the full scope of nursing responsibilities across all healthcare settings (NASEM, 2021). For more than two decades, policymakers, healthcare authorities, and practice leaders have recognized that education makes a difference when it comes to nursing practice.

- In March 2024, the U.S. Health Resources and Services Administration (HRSA) released findings from its [2022 National Sample Survey of Registered Nurses](#) which found that for the first time, the baccalaureate was the most common degree for nurses seeking initial licensure as an RN. The latest data show that 45.4% of RNs entered the workforce with a baccalaureate degree. More than two-thirds of the RN

workforce (69%) are prepared at the baccalaureate and graduate degree level.

- In April 2023, results from the [2022 National Nursing Workforce Survey](#) show that the percentage of RNs with a BSN or higher degree in the US workforce exceeded 70% for the first time (71.7%). Most nurses now enter the workforce with a BSN or entry-level master's degree (51.5%). This survey is administered every two years by the National Council of State Boards of Nursing and the National Forum of State Nursing Workforce Centers.
- Issued in November 2022, findings from the [CGFNS Nurse Migration Report 2022](#) point to an international shift toward baccalaureate education as the preferred pathway into the nursing profession. The latest data show the majority of nurses who migrated to the U.S. in 2022 were educated at the baccalaureate or higher level, which is consistent with how most new nurses are prepared in U.S. schools of nursing.
- In March 2019, AACN approved a position statement on [Academic Progression in Nursing](#), which called for preparing all RNs with a baccalaureate degree, at minimum, offered by an accredited four-year college or university. AACN supports the many pathways available to assist nurses in advancing their education, including expanding articulation agreements and concurrent enrollment options with community colleges.
- In December 2017, the governor of New York [signed legislation into law](#) requiring future registered nurses graduating from associate degree or diploma nursing programs in the state to obtain a baccalaureate in nursing within 10 years of initial licensure. The legislators found that given "the increasing complexity of the American healthcare system and rapidly expanding technology, the educational preparation of the registered professional nurse must be expanded."
- In the September-October 2014 issue of *Nurse Educator*, a research team led by Dr. Sharon Kumm from the University of Kansas published [findings from a statewide study](#), which showed clear differences in outcomes from BSN and associate degree in nursing (ADN) programs. The study showed that 42 of 109 baccalaureate outcomes were met in ADN programs. The 67 outcomes that were not met were in the areas of liberal education, organizational and systems leadership, evidence-based practice, healthcare policy, finance and regulatory environments, interprofessional collaboration, and population health.
- In September 2013, the Robert Wood Johnson Foundation (RWJF) released an issue of its Charting Nursing's Future newsletter titled [The Case for Academic Progression](#), which outlined how patients, employers, and the profession benefit when nurses advance their education. Articles focus on the evidence linking better outcomes to baccalaureate and higher degree nurses, educational pathways, and promising strategies for facilitating academic progression at the school, state, and national levels.
- In September 2012, the [Joint Statement on Academic Progression for Nursing Students and Graduates](#) was endorsed by the American Association of Colleges of Nursing, American Association of Community Colleges, Association of Community College

Trustees, National League for Nursing, and the Organization for Associate Degree Nursing. This historic agreement represents the first time that leaders from the major national organizations representing community college presidents, boards, and administrators joined with representatives from nursing education associations to promote academic progression in nursing. With the goal of preparing a well-educated, diverse nursing workforce, this statement represents the shared view that nursing students and practicing nurses should be supported in their efforts to pursue higher levels of education.

- In October 2010, the Institute of Medicine released its landmark report on [*The Future of Nursing: Leading Change, Advancing Health*](#), initiated by the Robert Wood Johnson Foundation, which called for increasing the number of baccalaureate-prepared nurses in the workforce to 80% by 2020. The expert committee charged with preparing the evidence-based recommendations in this report state that to respond “to the demands of an evolving healthcare system and meet the changing needs of patients, nurses must achieve higher levels of education.”
- In May 2010, the Tri-Council for Nursing (AACN, ANA, AONL, and NLN) issued a statement calling for all RNs to advance their education in the interest of enhancing quality and safety across healthcare settings. In the statement titled [*Education Advancement of Registered Nurses*](#), the Tri-Council organizations present a united view that a more highly educated nursing workforce is critical to meeting the nation’s nursing needs and delivering safe patient care. The Tri-Council finds that “without a more educated nursing workforce, the nation’s health will be further at risk.”
- In December 2009, Dr. Patricia Benner and her team at the Carnegie Foundation for the Advancement of Teaching released a study titled [*Educating Nurses: A Call for Radical Transformation*](#), which recommended preparing all entry-level registered nurses at the baccalaureate level and requiring all RNs to earn a master’s degree within 10 years of initial licensure. The authors found that many of today’s new nurses are “undereducated” to meet practice demands across settings.
- In February 2008, the [*Council on Physician and Nurse Supply*](#), which is based at the University of Pennsylvania, called for increasing nursing school graduations by 30% and for increased federal support to enable more nurses to complete the BSN.
- In March 2005, the American Organization of Nurse Executives (AONE) – today known as the [*American Organization for Nursing Leadership*](#) (AONL) - released a statement calling for all RNs to be educated in baccalaureate programs to adequately prepare clinicians for their challenging, complex roles. AONL’s statement, titled Practice and Education Partnership for the Future, represents the view of nursing’s practice leaders and a desire to create a more highly educated nursing workforce in the interest of improving patient safety and nursing care.
- The National Advisory Council on Nurse Education and Practice (NACNEP) has urged that at least two-thirds of the nurse workforce hold baccalaureate or higher degrees in nursing. In a [*2000 report*](#), NACNEP found that nursing’s role calls for RNs to manage care along a continuum, to work as peers in interdisciplinary teams, and to integrate clinical expertise with knowledge of community resources. To meet

scope of practice expectations, RNs must have critical thinking and problem-solving skills; a sound foundation in a broad range of basic sciences; knowledge of behavioral, social and management sciences; and the ability to analyze and communicate data. Among the three types of entry-level nursing education programs, NACNEP found that the BSN, with its broader and stronger scientific curriculum, best fulfills these requirements and provides a sound foundation for addressing the complex healthcare needs of today in a variety of nursing positions. Baccalaureate education provides a base from which nurses move into graduate education and advanced nursing roles.

- Currently, there are 706 RN-to-BSN and 179 RN-to-MSN programs that build on the education provided in associate degree and diploma programs and prepare graduates for a broader base of practice (AACN, 2024). In addition to hundreds of individual agreements between community colleges and four-year schools, [state-wide articulation agreements exist in most states](#) to facilitate advancement to the baccalaureate. These programs further validate the unique competencies gained in BSN programs.
- RNs work as part of an interprofessional team with colleagues educated at the graduate level. These professionals, including physicians and pharmacists, recognize the complexity involved in providing care and the need for higher education. Because nurses are primarily responsible for direct patient care and care coordination, these clinicians should not be the least educated member of the healthcare team.

Recognizing Differences Among Nursing Program Graduates

There is a growing body of evidence that indicates BSN graduates bring unique skills to their work as nursing clinicians and play an important role in the delivery of safe patient care.

- In March 2022, *Nursing Outlook* published an article from Dr. Joshua Porat-Dahlerbruch, Dr. Linda Aiken, and colleagues that explored "Variations in Nursing Baccalaureate Education and 30-day Inpatient Surgical Mortality." The authors found that having a higher proportion of baccalaureate-prepared nurses in hospital settings, regardless of educational pathway, is associated with lower rates of 30-day inpatient surgical mortality.
- In the July 2019 issue of *Health Affairs*, Dr. Jordan Harrison, Dr. Linda Aiken, and their colleagues from the University of Pennsylvania published findings from a study, which found that each 10% increase in the hospital share of nurses with a BSN was associated with 24% greater odds of surviving to discharge with good cerebral performance among patients who experienced in-hospital cardiac arrest.
- In the March 2019 issue of *The Joint Commission Journal of Quality and Patient Safety*, Dr. Maya Djukic and colleagues from New York University released details from a study, which found that baccalaureate-prepared RNs reported being significantly better prepared than associate degree nurses on 12 out of 16 areas related to quality and safety, including evidence-based practice, data analysis, and project implementation. The authors conclude that improving accreditation and organizational policies requiring the BSN for RNs could help safeguard the quality of

patient care.

- In the July 2017 issue of *BMJ Quality and Safety*, Dr. Linda Aiken and colleagues reported findings from a study of adult acute care hospitals in six European nations, which found that a greater proportion of professional nurses at the bedside is associated with better outcomes for patients and nurses. Reducing nursing skill mix by adding assistive personnel without professional nurse qualifications may contribute to preventable deaths, erode care quality, and contribute to nurse shortages.
- In the October 2015 issue of *Global Qualitative Nursing Research*, Dr. Allison Brandt Anbari published a qualitative meta-synthesis of studies on practice differences identified by graduates of RN to BSN programs. Nurses completing the programs reported enhanced assessment and critical thinking skills, improved communication abilities, and better patient outcomes. Findings were consistent with a 1988 study published by Dr. Joyce Johnson in *Research in Nursing and Health*.
- In a study published in the October 2014 issue of *Medical Care*, researcher Dr. Olga Yakusheva from the University of Michigan and colleagues found that a 10% increase in the proportion of baccalaureate-prepared nurses on hospital units was associated with lowering the odds of patient mortality by 10.9%. The authors also found that increasing the amount of care provided by BSNs to 80% would result in significantly lower readmission rates and shorter lengths of stay. These outcomes translate into cost savings that would more than off-set expenses for increasing the number of baccalaureate-prepared nurses in hospital settings.
- In the May 2013 issue of *Medical Care*, researchers from the University of Pennsylvania, led by Dr. Matthew McHugh, found that surgical patients in Magnet hospitals had 14% lower odds of inpatient death within 30 days and 12% lower odds of failure-to-rescue compared with patients cared for in non-Magnet hospitals. The study authors conclude that these better outcomes were attributed in large part to investments in highly qualified and educated nurses, including a higher proportion of baccalaureate-prepared nurses.
- In an article published in the March 2013 issue of *Health Affairs*, nurse researcher Dr. Ann Kutney-Lee and colleagues found that a 10-point increase in the percentage of nurses holding a BSN within a hospital was associated with an average reduction of 2.12 deaths for every 1,000 patients—and for a subset of patients with complications, an average reduction of 7.47 deaths per 1,000 patients.
- In the February 2013 *Journal of Nursing Administration*, Dr. Mary Blegen and colleagues published findings from a study of 21 University HealthSystem Consortium hospitals on the association between RN education and patient outcomes. Hospitals with a higher percentage of RNs with baccalaureate or higher degrees had lower rates of congestive heart failure mortality, decubitus ulcers, failure to rescue, and postoperative deep vein thrombosis as well as shorter lengths of stay.
- In a January 2011 article published in the *Journal of Nursing Scholarship*, Drs. Deborah Kendall-Gallagher, Linda Aiken, and colleagues released the findings of an extensive study of the impact nurse specialty certification has on lowering patient mortality

and failure to rescue rates in hospitals. The researchers found that certification was associated with better patient outcomes, but only when care was provided by nurses with baccalaureate-level education. The authors concluded that "no effect of specialization was seen in the absence of baccalaureate education."

- In an article published in *Health Services Research* in August 2008 that examined the effect of nursing practice environments on outcomes of hospitalized cancer patients undergoing surgery, Dr. Christopher Friese and colleagues found that nursing education level was significantly associated with patient outcomes. Nurses prepared at the baccalaureate-level were linked with lower mortality and failure-to-rescue rates. The authors conclude that "moving to a nurse workforce in which a higher proportion of staff nurses have at least a baccalaureate-level education would result in substantially fewer adverse outcomes for patients."
- In a study released in the May 2008 issue of the *Journal of Nursing Administration*, Dr. Linda Aiken and colleagues confirmed the findings from her landmark 2003 study, which show a strong link between RN education level and patient outcomes. Titled "Effects of Hospital Care Environment on Patient Mortality and Nurse Outcomes," the researchers found that every 10% increase in the proportion of BSN nurses on the hospital staff was associated with a 4% decrease in the risk of death.
- In the January 2007 *Journal of Advanced Nursing*, a study on the "Impact of Hospital Nursing Care on 30-day Mortality for Acute Medical Patients" found that BSN-prepared nurses have a positive impact on lowering mortality rates. Led by Dr. Ann E. Tourangeau, a team of Canadian researchers studied 46,993 patients admitted to the hospital with heart attacks, strokes, pneumonia, and blood poisoning. The authors found that "hospitals with higher proportions of baccalaureate-prepared nurses tended to have lower 30-day mortality rates." Findings indicated that a 10% increase in the proportion of BSN nurses was associated with 9 fewer deaths for every 1,000 discharged patients.
- In a study published in the March/April 2005 issue of *Nursing Research*, Dr. Carole Estabrooks and her colleagues at the University of Alberta found that baccalaureate-prepared nurses have a positive impact on mortality rates following an examination of more than 18,000 patient outcomes at 49 Canadian hospitals. This study, titled "The Impact of Hospital Nursing Characteristics on 30-Day Mortality," confirms the findings from Dr. Linda Aiken's landmark study in September 2003.
- In a study published in the *Journal of the American Medical Association* (JAMA) on September 24, 2003, Dr. Linda Aiken and colleagues at the University of Pennsylvania identified a clear link between higher levels of nursing education and better patient outcomes. This extensive study found that surgical patients have a "substantial survival advantage" if treated in hospitals with higher proportions of nurses educated at the baccalaureate or higher degree level. In hospitals, a 10% increase in the proportion of nurses holding BSN degrees decreased the risk of patient death and failure to rescue by 5%. The authors recommend that public financing of nursing education should aim at shaping a workforce best prepared to meet the needs of the population. They also call for renewed support and incentives from nurse employers to encourage RNs to pursue baccalaureate and higher degree levels.

- Evidence shows that nursing education level is a factor in patient safety and quality of care. As cited in the report *When Care Becomes a Burden* released by the Milbank Memorial Fund in 2001, two separate studies conducted in 1996 – one by the state of New York and one by the state of Texas – clearly show that significantly higher levels of medication errors and procedural violations are committed by nurses prepared at the associate degree and diploma levels as compared with the baccalaureate level. These findings are consistent with findings published in the July/August 2002 issue of *Nurse Educator* by Dr. Cheryl Delgado that reference studies conducted in Arizona, Colorado, Louisiana, Ohio, and Tennessee that also found that nurses prepared at the associate degree and diploma levels make the majority of practice-related violations.
- Chief nurse officers (CNOs) in university hospitals prefer to hire nurses who have baccalaureate degrees, and nurse administrators recognize distinct differences in competencies based on education. In a 2001 survey published in the *Journal of Nursing Administration*, 72% of these CNOs identified differences in practice between BSN-prepared nurses and those who have an associate degree or hospital diploma, citing stronger critical thinking and leadership skills (Goode et al., 2001). A strong preference for hiring new RNs with a BSN was confirmed in a study released by NCSBN in 2002.
- Research shows that RNs prepared at the associate degree and diploma levels develop stronger professional-level skills after completing a BSN program. In a study of RN-to-BSN graduates from 1995 to 1998 (Phillips et al., 2002), these students demonstrated higher competency in nursing practice, communication, leadership, professional integration, and research/evaluation.
- Data show that healthcare facilities with higher percentages of BSN nurses enjoy better patient outcomes and significantly lower mortality rates. Magnet hospitals are model patient care facilities that typically employ a much higher proportion of baccalaureate prepared nurses when compared to other hospitals. In several research studies, Dr. Marlene Kramer (1988), Dr. Linda Aiken (2013) and others have found a strong relationship between organizational characteristics and patient outcomes.
- The fact that graduates of baccalaureate, associate degree, and diploma nursing programs can pass the NCLEX-RN®, the national licensing exam for RNs, is not proof that no differences exist among graduates. The NCLEX-RN® is a multiple-choice test that measures the *minimum technical competency* for safe entry into basic nursing practice. Passing rates should be high across all programs preparing new nurses. This exam does not test for differences between graduates of different entry-level programs. The NCLEX-RN® is only one indicator of competency, and it does not measure performance over time or test for all knowledge and skills developed through a BSN program.

Public and Private Support for BSN-Prepared Nurses

The federal government, the military, nurse executives, healthcare foundations, nursing organizations, and practice settings acknowledge the unique value of baccalaureate-prepared nurses and advocate for an increase in the number of BSN nurses across clinical settings.

- The nation's **Magnet hospitals**, which are recognized for nursing excellence and superior patient outcomes, have moved to require all nurse managers and nurse leaders to hold a baccalaureate or graduate degree in nursing.
- The **National Advisory Council on Nurse Education and Practice** (NACNEP), policy advisors to Congress and the Secretary for Health and Human Services on nursing issues, and the **National Academy of Science, Engineering, and Medicine** recognize the unique contributions of baccalaureate-prepared nurses to high quality, safe, and effective patient care.
- In the interest of providing the best patient care and leadership by its nurse corps officers, the **U.S. Army, U.S. Navy, and U.S. Air Force** all require the baccalaureate degree to practice as an active-duty Registered Nurse. Commissioned officers within the **U.S. Public Health Service** also must be baccalaureate prepared.
- The Veteran's Administration (VA), the nation's largest employer of registered nurses, has established the baccalaureate degree as the minimum preparation its nurses must have for promotion beyond the entry-level.
- Minority nurse organizations, including the **National Black Nurses Association, Hispanic Association of Colleges and Universities, and National Association of Hispanic Nurses**, are committed to increasing the number of minority nurses with baccalaureate and higher degrees.
- Based on a nationwide **Harris Poll** conducted in June 1999, an overwhelming percentage of the public – 76% – believes that nurses should have four years of education or more past high school to perform their duties.
- The **Pew Health Professions Commission** in a 1998 report called for a more concentrated production of baccalaureate and higher degree nurses. This commission was an interdisciplinary group of healthcare leaders, legislators, academics, corporate leaders, and consumer advocates created to help policymakers and educators produce a workforce able to meet the changing needs of the American healthcare system.
- Countries around the world are moving to create a more highly educated nursing workforce. Canada, Sweden, Portugal, Brazil, Iceland, Korea, Greece, and the Philippines are just some of the countries that require a four-year undergraduate degree to practice as a registered nurse.

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STANDARDS FOR ACCREDITATION

OF BACCALAUREATE AND
GRADUATE NURSING PROGRAMS

AMENDED 2024





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INTRODUCTION

ACCREDITATION OVERVIEW

Educational accreditation is a nongovernmental peer review process that includes the assessment of educational institutions and/or programs using nationally accepted accreditation standards. Two forms of educational accreditation are recognized in the United States (U.S.): institutional accreditation and professional or specialized accreditation. Institutional accrediting agencies address the quality and integrity of the total institution, assessing the achievement of the institution in meeting its own stated mission, goals, and expected outcomes. Professional or specialized accreditation is concerned with programs of study in professional or occupational fields. Professional accrediting agencies assess the extent to which programs comply with nationally accepted accreditation standards in achieving their stated mission, goals, and expected outcomes. This is important to the accrediting agency in determining the quality of the program and the educational preparation of members of the profession or occupation.

COMMISSION ON COLLEGIATE NURSING EDUCATION

The Commission on Collegiate Nursing Education (CCNE) is an autonomous accrediting agency, contributing to the improvement of the public's health. As part of this mission, CCNE is the premier standard-setting accrediting organization for baccalaureate and graduate nursing programs. Specifically, CCNE accredits baccalaureate degree nursing programs, master's degree nursing programs, nursing doctorates that are practice-focused and have the title Doctor of Nursing Practice (DNP), and post-graduate certificate programs that prepare Advanced Practice Registered Nurses (APRNs) (see glossary). CCNE also accredits entry-to-practice nurse residency programs and nurse practitioner fellowship/residency programs. CCNE uses separate sets of accreditation standards for entry-to-practice nurse residency programs and nurse practitioner fellowship/residency programs. As a specialized/professional accrediting agency, CCNE assesses and strives to promote the quality and integrity of baccalaureate and graduate nursing programs, entry-to-practice nurse residency programs, and nurse practitioner fellowship/residency programs.

CCNE serves the public interest by assessing and identifying programs that engage in effective educational practices. As a self-regulatory process, CCNE accreditation supports and encourages continuous quality improvement in nursing education, entry-to-practice nurse residency programs, and nurse practitioner fellowship/residency programs. As accreditation is voluntary, CCNE strives to provide a process that is collegial and fosters continuous quality improvement.

CCNE is recognized by the U.S. Department of Education for the accreditation of baccalaureate, master's, doctoral, and certificate programs in the United States and its territories. Accreditation by CCNE serves as a statement of good educational practice in the field of nursing. Accreditation evaluations are useful to the program in that they serve as a basis for continuing or formative self-assessment as well as for periodic or summative self-assessment through which the program, personnel, procedures, and services are improved. The results of such assessments form a basis for planning and the setting of priorities at the institution in relation to nursing education.

ACCREDITATION OF BACCALAUREATE AND GRADUATE NURSING PROGRAMS

The CCNE comprehensive accreditation process includes a review and assessment of the program's mission and governance, institutional commitment and resources, curriculum and teaching-learning practices, and assessment and achievement of program outcomes.

In evaluating a baccalaureate, master's, DNP, and/or post-graduate APRN certificate program for accreditation, the CCNE Board of Commissioners assesses whether the program complies with the standards and key elements presented in this publication. A self-study conducted by the nursing program prior to the on-site evaluation provides information and data indicating the extent to which the program has complied with the standards and key elements.

The Commission formulates and adopts its own accreditation standards and procedures. The accreditation standards and procedures for baccalaureate and graduate nursing programs, entry-to-practice nurse residency programs, and nurse practitioner fellowship/residency programs are publicly available on the CCNE website.

ACCREDITATION PURPOSES

Accreditation by CCNE is intended to accomplish at least five general purposes:

1. To hold nursing programs accountable to the community of interest - the nursing profession, consumers, employers, institutions of higher education, students and their families, nurse residents and fellows - and to one another by confirming that these programs have mission statements, goals, and outcomes that are appropriate to prepare individuals to fulfill their expected roles.
2. To evaluate the success of a nursing program in achieving its mission, goals, and outcomes.
3. To assess the extent to which a nursing program complies with accreditation standards.
4. To inform the public of the purposes and values of accreditation and to identify nursing programs that substantially comply with accreditation standards.
5. To foster continuing improvement in nursing programs and, thereby, in professional practice.

CCNE ACCREDITATION: A VALUE-BASED INITIATIVE

CCNE accreditation activities are premised on a statement of values. These values are that the Commission will:

1. Foster *trust* in the process, in CCNE, and in the professional community.
2. Focus on stimulating and supporting *continuous quality improvement* in nursing programs and their outcomes.
3. Be *inclusive* in the implementation of its activities and maintain openness to the *diverse institutional and individual issues and opinions* of the community of interest.
4. Rely on *review and oversight* by peers from the community of interest.

5. Maintain *integrity* through a consistent, fair, and honest accreditation process.
6. Value and foster *innovation* in both the accreditation process and the programs to be accredited.
7. Facilitate and engage in *self-assessment*.
8. Foster an educational climate that supports program students, graduates, and faculty in their pursuit of *life-long learning*.
9. Maintain a high level of *accountability* to the publics served by the process, including consumers, students, employers, programs, and institutions of higher education.
10. Maintain a process that is both *cost-effective and cost-accountable*.
11. Encourage programs to develop graduates who are *effective professionals and socially responsible citizens*.
12. Provide *autonomy and procedural fairness* in its deliberations and decision-making processes.

GOALS FOR ACCREDITING NURSING EDUCATION PROGRAMS

In developing the accreditation standards for baccalaureate, master's, DNP, and post-graduate APRN certificate programs, CCNE has formulated specific premises or goals on which the standards are based. These goals include the following:

1. Developing and implementing accreditation standards that foster continuing improvement within nursing education programs.
2. Enabling the community of interest to participate in significant ways in the review, formulation, and validation of accreditation standards and in determining the reliability of the conduct of the accreditation process.
3. Establishing and implementing an evaluation and recognition process that is efficient, cost-effective, and cost-accountable with respect to the institution and student.
4. Assessing whether nursing education programs consistently fulfill their stated missions, goals, and expected outcomes.
5. Providing that nursing education program outcomes are in accordance with the expectations of the nursing profession to adequately prepare individuals for professional practice, life-long learning, and graduate education.
6. Encouraging nursing education programs to pursue academic excellence through improved teaching/learning and assessment practices and in scholarship and public service in accordance with the unique mission of the institution.
7. Providing that nursing education programs engage in self-evaluation of personnel, procedures, and services; and that they facilitate continuous improvement through planning and resource development.
8. Acknowledging and respecting the autonomy and diversity of institutions offering nursing education programs.
9. Providing consistency, peer review, agency self-assessment, procedural fairness, confidentiality, and identification and avoidance of conflict of interest, as appropriate, in accreditation practices.

10. Enhancing public understanding of the functions and values inherent in nursing education program accreditation.
11. Providing to the public an accounting of nursing education programs that are accredited and merit their approbation and support.
12. Working cooperatively with other agencies to minimize duplication of review processes.

CURRICULAR INNOVATION

CCNE standards and key elements are designed to encourage innovation and experimentation in teaching and instruction. CCNE recognizes that advancements in technology have enabled programs to facilitate the educational process in ways that may complement or supplant traditional pedagogical methods.

ABOUT THIS DOCUMENT

This publication describes the standards and key elements used by CCNE in the accreditation of baccalaureate, master's, DNP, and post-graduate APRN certificate programs. The standards and key elements, along with the accreditation procedures, serve as the basis to evaluate the quality and effectiveness of the program(s) offered and to hold the program(s) accountable to the community, the nursing profession, and the public. All nursing programs seeking CCNE accreditation, including, but not limited to, programs offered via distance education or through a consortium, are expected to substantially comply with the CCNE standards.

The standards are written as broad statements that embrace several areas of expected program performance. Related to each standard is a series of key elements. Viewed together, the key elements provide an indication of substantial compliance with the broader standard. The key elements are considered in determining whether the program substantially complies with each standard. The key elements are designed to enable a broad interpretation of each standard in order to support institutional autonomy and encourage innovation while maintaining the quality of nursing programs and the integrity of the accreditation process.

Accompanying each key element is an elaboration, which is provided to assist program representatives in addressing the key element and to enhance understanding of CCNE's expectations. Following each series of key elements is a list of supporting documentation that assists program representatives in addressing the key elements, developing self-study materials, and preparing for the on-site evaluation. Supporting documentation is included in the self-study document or evaluation resource materials. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements.

At the end of this document is a glossary that defines terms and concepts used in this document.

The standards are subject to periodic review and revision. The next scheduled review of this document will include both broad and specific participation by the CCNE community of interest in the revision process. Under no circumstances may the standards and key elements defined in this document supersede federal or state law.

**AT THE END OF THIS DOCUMENT IS A GLOSSARY THAT DEFINES
TERMS AND CONCEPTS USED IN THIS DOCUMENT.**

STANDARD I

PROGRAM QUALITY: MISSION AND GOVERNANCE

The mission, goals, and expected program outcomes are congruent with those of the parent institution, reflect professional nursing standards and guidelines, and consider the needs and expectations of the community of interest. Policies of the parent institution and nursing program clearly support the program's mission, goals, and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality.

KEY ELEMENTS

I-A. The mission, goals, and expected program outcomes are:

- congruent with those of the parent institution; and
- reviewed periodically and revised as appropriate.

Elaboration: The program's mission, goals, and expected program outcomes are written and accessible to current and prospective students, faculty, and other constituents. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. The mission may relate to all nursing programs offered by the nursing unit, or specific programs may have separate missions. Program outcomes are clearly differentiated by level when multiple degree/certificate programs exist. Expected program outcomes may be expressed as competencies, objectives, benchmarks, or other terminology congruent with institutional and program norms.

There is a defined process for periodic review and revision of program mission, goals, and expected program outcomes that has been implemented, as appropriate.

I-B. The mission, goals, and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

Elaboration: The program identifies the professional nursing standards and guidelines it uses. CCNE requires the following components of The Essentials: Core Competencies for Professional Nursing Education (Essentials) (AACN, 2021):

- the 10 "Domains for Nursing" (Essentials, pp. 10-11);
- the 8 "Concepts for Nursing Practice" (Essentials, pp. 11-14); and
- the 45 "Competencies" (numbered 1.1 through 10.3 and organized by Domain, Essentials, pp. 27-54).

A program selects additional standards and guidelines (or components thereof) that are current and relevant to program offerings.

A program preparing students for certification incorporates professional standards and guidelines appropriate to the role/area of education.

A program with APRN tracks prepares students for one of the four APRN roles and in at least one population focus, in accordance with the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (July 2008).

- I-C.** The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest.

Elaboration: The community of interest is defined by the nursing unit. The needs and expectations of the community of interest are considered in the periodic review of the mission, goals, and expected program outcomes.

- I-D.** The nursing unit's expectations for faculty are written and communicated to the faculty and are congruent with institutional expectations.

Elaboration: Expectations for faculty are congruent with those of the parent institution. The nursing unit's expectations for faculty, whether in teaching, scholarship, service, practice, or other areas, may vary for different groups of faculty (full-time, part-time, adjunct, tenured, non-tenured, or other).

- I-E.** Faculty and students participate in program governance.

Elaboration: Roles of the faculty and students in the governance of the program, including those involved in distance education, are clearly defined and promote participation. Nursing faculty are involved in the development, review, and revision of academic program policies.

- I-F.** Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected program outcomes. These policies are:

- fair and equitable;
- published and accessible; and
- reviewed and revised as necessary to foster program improvement.

Elaboration: Academic policies include, but are not limited to, those related to student recruitment, admission, retention, clinical requirements, and progression. Policies are written and communicated to relevant constituencies. Policies are implemented consistently. Differences between the nursing program policies and those of the parent institution are identified and support achievement of the program's mission, goals, and expected outcomes. A defined process exists by which policies are regularly reviewed. Policy review occurs, and revisions are made as needed.

- I-G.** The program defines and reviews formal complaints according to established policies.

Elaboration: The program defines what constitutes a formal complaint and maintains a record of formal complaints received. The program's definition of formal complaints includes, at a minimum, student complaints. The program's definition of formal complaints and the procedures for filing a complaint are communicated to relevant constituencies.

I-H. Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.

Elaboration: References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, clinical requirements and placements, grading policies, degree/certificate completion requirements, tuition, and fees are accurate. Information regarding licensure and/or certification examinations for which the program prepares students is accurate. For programs with APRN tracks, transcripts or other official documentation specify the APRN role and population focus of the graduate/completer.^{1,2}

If a program chooses to publicly disclose its CCNE accreditation status, the program uses either of the following statements:

"The (baccalaureate degree program in nursing/master's degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education (<http://www.ccnaccreditation.org>)."

"The (baccalaureate degree program in nursing/master's degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education, 655 K Street NW, Suite 750, Washington, DC 20001, 202-887-6791."

¹ See *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education* (July 2008).

² See *Standards for Quality Nurse Practitioner Education* (National Task Force on Quality Nurse Practitioner Education, 2022).

SUPPORTING DOCUMENTATION FOR STANDARD I

The supporting documentation listed below is included in the self-study document or evaluation resource materials. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements.

1. Mission, goals, and expected program outcomes.
2. Copies of all professional nursing standards and guidelines used by the program.
3. Evidence that the needs of the program's identified community of interest are considered by the program.
4. Appointment, promotion, and, when applicable, tenure policies or other documents defining faculty expectations related to teaching, scholarship, service, practice, or other areas.
5. Major institutional and nursing unit reports and records for the past three years, such as strategic planning documents and annual reports.
6. Reports submitted to, and official correspondence received from, applicable accrediting and regulatory agencies since the last accreditation review of the nursing program.
7. Catalogs, student handbooks, faculty handbooks, personnel manuals, or equivalent documentation referencing (among other things) academic calendars, recruitment and admission policies, clinical requirements, grading policies, and degree/post-graduate APRN certificate program completion requirements.
8. Program advertising and promotional materials.
9. For programs with APRN tracks, evidence that transcripts or other official documentation specify the APRN role and population focus of the graduate/completer.
10. Documents that reflect decision-making (e.g., minutes, memoranda, reports) related to program mission and governance.
11. Organizational charts for the parent institution and the nursing unit.
12. Program policies related to formal complaints.

STANDARD II

PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES

The parent institution demonstrates ongoing commitment to, and support for, the nursing program. The institution makes resources available to enable the program to achieve its mission, goals, and expected outcomes. The faculty and staff, as resources of the program, enable the achievement of the mission, goals, and expected program outcomes.

KEY ELEMENTS

- II-A.** Fiscal resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of fiscal resources is reviewed periodically, and resources are modified as needed.

Elaboration: The budget enables achievement of the program's mission, goals, and expected outcomes. The budget supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of sufficient staff/support personnel and faculty.

A defined process is used for regular review of the adequacy of the program's fiscal resources. Review of fiscal resources occurs, and modifications are made as appropriate.

- II-B.** Physical resources enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of physical resources is reviewed periodically, and resources are modified as needed.

Elaboration: Physical space and facilities (e.g., faculty and staff workspace, classrooms, laboratories, meeting areas) are sufficient and configured in ways that enable the program to achieve its mission, goals, and expected outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning materials) are sufficient to achieve the program's mission, goals, and expected outcomes. The institution is responsible for providing adequate physical resources.

A defined process is used to determine currency, availability, accessibility, and adequacy of resources (e.g., clinical simulation, laboratory, computing, supplies), and modifications are made as appropriate.

II-C. Clinical sites enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of clinical sites is reviewed periodically, and resources are modified as needed.

Elaboration: The program is responsible for providing adequate clinical sites. Clinical sites are sufficient, appropriate, and available to achieve the program's mission, goals, and expected outcomes. The program provides students with information regarding the responsibilities of the program and, if any, the expectations of the student in identifying clinical sites.

A defined process is used to determine currency, availability, accessibility, and adequacy of clinical sites, and modifications are made as appropriate.

II-D. Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis.

Elaboration: Academic support services, which may include library, technology, distance education support, research support, and admission and advising services, foster achievement of program outcomes. A defined process is used for regular review of academic support services, and improvements are made as appropriate, whether services are provided directly by the program, institution, or an online program manager (or other third-party vendor).

II-E. The chief nurse administrator of the nursing unit:

- is a registered nurse (RN);
- holds a graduate degree in nursing;
- holds a doctoral degree if the nursing unit offers a graduate program in nursing;
- is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and
- provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes.

Elaboration: The administrative authority of the chief nurse administrator is comparable to that of chief administrators of similar units in the institution. The chief nurse administrator consults, as appropriate, with faculty and other communities of interest to make decisions to accomplish the mission, goals, and expected program outcomes. The chief nurse administrator is an effective leader of the nursing unit.

II-F. Faculty are:

- sufficient in number to accomplish the mission, goals, and expected program outcomes;
- academically prepared for the areas in which they teach; and
- experientially prepared for the areas in which they teach.

Elaboration: The faculty (full-time, part-time, adjunct, tenured, non-tenured, or other) for each degree and post-graduate APRN certificate program are sufficient in number and qualifications to achieve the mission, goals, and expected program outcomes. The program defines faculty workloads. Faculty-to-student ratios provide adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies. For nurse practitioner tracks, the recommended faculty-to-student ratio for indirect faculty supervision, which may include clinical coordination, engagement with preceptors and clinical partners, and monitoring and evaluating student progress, is 1:8.

Faculty are academically prepared for the areas in which they teach. Academic preparation of faculty includes degree specialization, specialty coursework, or other preparation sufficient to address the major concepts included in courses they teach. Faculty teaching didactic in the baccalaureate, master's, DNP, and/or post-graduate APRN certificate program(s) have a graduate degree.

Faculty teaching clinical in the master's, DNP, and/or post-graduate APRN certificate program(s) have a graduate degree. Faculty teaching clinical in the baccalaureate program hold a graduate degree; however, any faculty teaching clinical in the baccalaureate program who do not hold a graduate degree:

- hold a baccalaureate degree in nursing;*
- have significant clinical experience;*
- are enrolled in a graduate program or are otherwise qualified (e.g., have completed relevant graduate-level courses or continuing education units, hold relevant national certification) for the clinical area(s) in which they teach; and*
- have purposeful engagement with and formal oversight by a graduate-prepared faculty member.*

Faculty teaching clinical are experienced in and maintain clinical expertise in the relevant clinical area. Clinical expertise may be maintained through clinical practice or other means. Faculty teaching in advanced practice clinical courses meet certification and practice requirements as specified by the relevant regulatory and specialty bodies.

Faculty who are nurses hold a current RN or APRN license. Faculty who oversee an APRN track are nationally certified in the same population-focused area of practice in roles for which national certification is available. Exceptions may include a family nurse practitioner with significant experience caring for the adult population who oversees an adult-gerontology primary care nurse practitioner track, an adult acute care nurse practitioner who oversees an adult-gerontology acute care nurse practitioner track, an adult nurse practitioner who oversees an adult-gerontology primary care nurse practitioner track, and a nationally certified psychiatric/mental health clinical nurse specialist who oversees a psychiatric/mental health nurse practitioner track.

II-G. Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role.

This key element is not applicable to a degree or certificate program that does not use preceptors.

Elaboration: The roles and performance expectations for preceptors with respect to teaching, supervision, and student evaluation are:

- clearly defined and communicated to preceptors;*
- congruent with the mission, goals, and expected student outcomes;*
- congruent with relevant professional nursing standards and guidelines; and*
- reviewed periodically and revised as appropriate.*

Preceptors have the expertise to support student achievement of expected outcomes. The program is responsible for evaluating the performance of preceptors.

II-H. The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.

Elaboration: Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role (full-time, part-time, adjunct, tenured, non-tenured, or other) and in support of the mission, goals, and expected faculty outcomes.

- *Faculty have opportunities for ongoing development in teaching.*
- *If scholarship is an expected faculty outcome, the institution provides resources to support faculty scholarship.*
- *If service is an expected faculty outcome, the institution provides support for service activities.*
- *If practice is an expected faculty outcome, the institution provides opportunities for faculty to maintain practice competence.*
- *Institutional support is sufficient so that currency in clinical practice is maintained for faculty in roles that require it.*

SUPPORTING DOCUMENTATION FOR STANDARD II

The supporting documentation listed below is included in the self-study document or evaluation resource materials. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements.

1. Nursing unit budget for the current and previous two fiscal years.
2. Copies of current contracts/agreements related to academic support services with an online program manager or other third-party vendor, if applicable.
3. Examples of current affiliation agreements with institutions at which student instruction occurs.
4. Documentation of the sufficiency and availability of clinical sites. Evidence of how the program is responsible for obtaining clinical placements.
5. Current curricula vitae of the chief nurse administrator and faculty.
6. Summary (e.g., list, narrative, table) of name, title, educational degrees with area of specialization, certification, relevant work experience, and teaching responsibilities of each faculty member and administrative officer associated with the nursing unit.
7. Evidence that faculty-to-student ratios, within defined faculty workloads, provide for adequate student supervision and evaluation.
8. Evidence that faculty teaching didactic in the nursing program hold a graduate degree.
9. Evidence that faculty teaching clinical in the nursing program hold a graduate degree. For any faculty teaching clinical in the baccalaureate program who do not hold a graduate degree, evidence that such faculty:
 - hold a baccalaureate degree in nursing;
 - have significant clinical experience;
 - are enrolled in a graduate program or are otherwise qualified (e.g., have completed relevant graduate-level courses or continuing education units, hold relevant national certification) for the clinical area(s) in which they teach; and
 - have purposeful engagement with and formal oversight by a graduate-prepared faculty member.
10. Evidence that faculty who oversee an APRN track hold national certification and/or advanced practice clinical expertise in the same population-focused area of practice as the track.
11. Schedule of courses for the current academic year and faculty assigned to those courses.
12. Policies regarding faculty workload.
13. Current collective bargaining agreement, if applicable.
14. Policies and/or procedures regarding preceptor qualifications and evaluation, documentation of preceptor qualifications and evaluation, and materials used for preceptor orientation.
15. Policies and/or procedures that support professional development of faculty (e.g., release time, workload reduction, funding).
16. Documents that reflect decision-making (e.g., minutes, memoranda, reports) related to institutional commitment and resources.

STANDARD III

PROGRAM QUALITY: CURRICULUM AND TEACHING- LEARNING PRACTICES

The curriculum is developed in accordance with the program’s mission, goals, and expected student outcomes. The curriculum reflects professional nursing standards and guidelines and the needs and expectations of the community of interest. Teaching-learning practices are congruent with expected student outcomes. The environment for teaching-learning fosters achievement of expected student outcomes.

KEY ELEMENTS

III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that:

- are congruent with the program’s mission and goals;
- are congruent with the roles for which the program is preparing its graduates; and
- consider the needs of the program-identified community of interest.

Elaboration: Curricular objectives (e.g., course, unit, and/or level objectives or competencies as identified by the program) provide clear statements of expected learning that relate to student outcomes. Expected outcomes relate to the roles for which students are being prepared.

III-B. Baccalaureate curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).

This key element is not applicable if the baccalaureate degree program is not under review for accreditation.

Elaboration: The baccalaureate degree program incorporates professional nursing standards and guidelines (or components thereof) relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills derived from professional nursing standards and guidelines are incorporated into the curriculum.

The baccalaureate degree program incorporates the following components of The Essentials: Core Competencies for Professional Nursing Education (Essentials) (AACN, 2021):

- the 10 “Domains for Nursing” (Essentials, pp. 10-11);
- the 8 “Concepts for Nursing Practice” (Essentials, pp. 11-14); and
- the 45 “Competencies” (numbered 1.1 through 10.3 and organized by Domain, Essentials, pp. 27-54).

III-C. Master's curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).

This key element is not applicable if the master's degree program is not under review for accreditation.

Elaboration: The master's degree program incorporates professional nursing standards and guidelines (or components thereof) relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills derived from professional nursing standards and guidelines are incorporated into the curricula.

The master's degree program incorporates the following components of The Essentials: Core Competencies for Professional Nursing Education (Essentials) (AACN, 2021):

- *the 10 "Domains for Nursing" (Essentials, pp. 10-11);*
- *the 8 "Concepts for Nursing Practice" (Essentials, pp. 11-14); and*
- *the 45 "Competencies" (numbered 1.1 through 10.3 and organized by Domain, Essentials, pp. 27-54).*

A master's degree program with a direct-entry track that prepares students for RN licensure includes advanced disciplinary knowledge and clinical practice experiences beyond baccalaureate-level nursing content.

The master's degree program, regardless of focus, includes content and practice experiences to attain disciplinary expertise in an advanced nursing practice specialty (e.g., leadership/administration, informatics, population health, nursing education) or APRN role. For example, a master's degree program with a nurse educator track provides advanced disciplinary knowledge and experiences in addition to teaching-learning content.

APRN tracks (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) in master's degree programs incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:

- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, including assessment of all human systems, advanced assessment techniques, concepts, and approaches; and*
- *Advanced pharmacology, including pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.

Master's degree programs that have a track with a direct care focus that does not prepare APRNs (e.g., nurse educator and clinical nurse leader) incorporate graduate-level content addressing the APRN core. Such tracks are not required to offer this content as three separate courses.

III-D. DNP curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).

This key element is not applicable if the DNP program is not under review for accreditation.

Elaboration: The DNP program incorporates professional nursing standards and guidelines (or components thereof) relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills derived from professional nursing standards and guidelines are incorporated into the curricula.

The DNP program incorporates the following components of The Essentials: Core Competencies for Professional Nursing Education (Essentials) (AACN, 2021):

- *the 10 “Domains for Nursing” (Essentials, pp. 10-11);*
- *the 8 “Concepts for Nursing Practice” (Essentials, pp. 11-14); and*
- *the 45 “Competencies” (numbered 1.1 through 10.3 and organized by Domain, Essentials, pp. 27-54).*

A DNP program with a direct-entry track that prepares students for RN licensure includes advanced disciplinary knowledge and clinical practice experiences beyond baccalaureate-level nursing content.

The DNP program, regardless of focus, includes content and practice experiences to attain disciplinary expertise in an advanced nursing practice specialty (e.g., leadership/administration, informatics, population health, nursing education) or APRN role. For example, a DNP program with a nurse educator track provides advanced disciplinary knowledge and experiences in addition to teaching-learning content.

APRN tracks (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) in DNP programs incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:

- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, including assessment of all human systems, advanced assessment techniques, concepts, and approaches; and*
- *Advanced pharmacology, including pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.

Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for students enrolled in post-master’s DNP programs who hold current national certification as advanced practice registered nurses, unless the program deems this necessary.

DNP tracks with a direct care focus that do not prepare APRNs (e.g., nurse educator) incorporate graduate-level content addressing the APRN core. Such tracks are not required to offer this content as three separate courses.

III-E. Post-graduate APRN certificate program curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).

This key element is not applicable if the post-graduate APRN certificate program is not under review for accreditation.

Elaboration: The post-graduate APRN certificate program incorporates professional nursing standards and guidelines (or components thereof) relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills derived from professional nursing standards and guidelines are incorporated into the curricula.

The post-graduate APRN certificate program incorporates the following components of The Essentials: Core Competencies for Professional Nursing Education (Essentials) (AACN, 2021), as applicable to the role and/or population focus for which students are being prepared:

- *the 10 “Domains for Nursing” (Essentials, pp. 10-11);*
- *the 8 “Concepts for Nursing Practice” (Essentials, pp. 11-14); and*
- *the 45 “Competencies” (numbered 1.1 through 10.3 and organized by Domain, Essentials, pp. 27-54).*

APRN tracks (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) in a post-graduate APRN certificate program incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:

- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, including assessment of all human systems, advanced assessment techniques, concepts, and approaches; and*
- *Advanced pharmacology, including pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.

Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for certificate students who have already completed such courses, unless the program deems this necessary.

III-F. The curriculum is logically structured and sequenced to achieve expected student outcomes.

- **Baccalaureate curricula build on a foundation of the arts, sciences, and humanities.**
- **Master’s curricula build on a foundation comparable to baccalaureate-level nursing knowledge.**
- **DNP curricula build on a baccalaureate and/or master’s foundation, depending on the level of entry of the student.**
- **Post-graduate APRN certificate programs build on a graduate-level nursing foundation.**

Elaboration: Baccalaureate degree programs demonstrate that knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Graduate-entry programs in nursing incorporate the generalist knowledge common to baccalaureate nursing education as well as advanced nursing knowledge.

Graduate programs are clearly based on a foundation comparable to a baccalaureate degree in nursing. Graduate programs delineate how students who do not have a baccalaureate degree in nursing acquire the knowledge and competencies comparable to baccalaureate education in nursing as a foundation for advanced nursing education. Programs that move students from basic nursing preparation (e.g., associate degree or diploma education) to a graduate degree demonstrate how these students acquire baccalaureate-level knowledge and competencies, even if they do not award a baccalaureate degree in nursing in addition to the graduate degree.

DNP programs, whether post-baccalaureate or post-master’s, demonstrate how students acquire doctoral-level knowledge and competencies. If the program awards the master’s degree as part of the DNP program, the program demonstrates how students acquire master’s-level knowledge and competencies.

The program provides a rationale for the sequence of the curriculum for each program.

III-G. Teaching-learning practices:

- support the achievement of expected student outcomes; and
- consider the needs and expectations of the identified community of interest.

Elaboration: Teaching-learning practices (e.g., simulation, lecture, flipped classroom, case studies, service learning) in all environments (e.g., virtual, classroom, clinical experiences, distance education, laboratory) support achievement of expected student outcomes identified in course, unit, and/or level objectives.

Teaching-learning practices are appropriate to the student population (e.g., adult learners, second-language students, students in a post-graduate APRN certificate program) and consider the needs of the program-identified community of interest.

III-H. The curriculum includes planned clinical practice experiences that:

- enable students to integrate new knowledge and demonstrate attainment of program outcomes; and
- are evaluated by faculty.

Elaboration: To prepare students for a practice profession, the program affords students the opportunity to develop professional competencies and to integrate new knowledge in practice settings aligned to the educational preparation. For programs that prepare students for certification, clinical practice experiences align with certification requirements, as appropriate. Programs that prepare students for certification incorporate sufficient clinical practice experiences appropriate to the role. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practice experiences align with student and program outcomes. These experiences are planned, implemented, and evaluated.

Programs that have a direct care focus (including, but not limited to, post-licensure baccalaureate and nurse educator tracks) provide direct care experiences (i.e., care provided to individuals, families, groups, and/or communities) designed to advance the knowledge and expertise of students in a clinical area of practice.

DNP programs require a minimum of 1,000 hours of practice post-baccalaureate as part of a supervised academic program. Programs preparing students for nurse practitioner certification provide a minimum of 500 direct patient care clinical hours. For nurse practitioner tracks in DNP programs, these 500 hours are included in the minimum 1,000 practice hours.

Programs preparing students for certification meet or exceed the clinical practice requirements specified by the appropriate certification agencies.

III-I. The curriculum includes planned experiences that prepare students to provide care to diverse individuals and populations.

Elaboration: The program provides planned didactic, simulation, and/or clinical practice experiences that prepare students to provide care to diverse individuals and populations. Such experiences are in a variety of settings appropriate to the role for which students are being prepared. These experiences enable students to provide care to individuals and populations with diverse life experiences, perspectives, and backgrounds.

III-J. The curriculum includes planned experiences that foster interprofessional collaborative practice.

Elaboration: The program provides planned didactic, simulation, and/or clinical practice experiences that prepare students to engage in interprofessional collaborative practice. The program affords opportunities for students to collaborate with a variety of individuals and/or organizations that enable students to develop the necessary communication and negotiation skills to enhance patient outcomes.

III-K. Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.

Elaboration: Evaluation of student performance is consistent with expected student outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. Processes exist by which the evaluation of individual student performance is communicated to students. In instances where preceptors facilitate students' clinical learning experiences, faculty may seek input from preceptors regarding student performance, but ultimately faculty are responsible for evaluation of individual student outcomes. The requirement for evaluation of student clinical performance by qualified faculty applies to all students in all programs. Faculty evaluation of student clinical performance may be accomplished through a variety of mechanisms.

III-L. The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement.

Elaboration: Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of student outcomes. Such evaluation activities may be formal or informal, formative or summative. The curriculum is regularly evaluated by faculty and revised as appropriate.

SUPPORTING DOCUMENTATION FOR STANDARD III

The supporting documentation listed below is included in the self-study document or evaluation resource materials. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements.

1. Evidence that faculty participate in the development, implementation, and revision of curricula.
2. Course syllabi for all courses included in the curricula.
3. Examples of course content and/or assignments reflecting incorporation of the 10 “Domains for Nursing,” the 8 “Concepts for Nursing Practice,” and the 45 “Competencies” identified in *The Essentials: Core Competencies for Professional Nursing Education* (AACN, 2021).
4. Examples of course content and/or assignments reflecting incorporation of additional professional nursing standards and guidelines selected by the program, as appropriate.
5. Evidence that APRN tracks incorporate separate comprehensive graduate-level courses to address the APRN core.
6. Evidence that graduate-level content related to the APRN core is included in master’s degree programs that have a direct care track (e.g., nurse educator, clinical nurse leader) and DNP programs that have a direct care track (e.g., nurse educator).
7. The program of study/curricular plan for each track/program under review.
8. Examples of student work reflecting student learning outcomes (both didactic and clinical).
9. Evidence of direct care clinical experiences for all programs/tracks preparing students for a direct care role (including, but not limited to, post-licensure baccalaureate and nurse educator tracks).
10. Examples of didactic, simulation, and/or clinical practice experiences that prepare students to provide care to individuals and populations with diverse life experiences, perspectives, and backgrounds.
11. Examples of didactic, simulation, and/or clinical practice experiences that prepare students to engage in interprofessional collaborative practice.
12. Examples of student performance evaluations (didactic and clinical), including evaluation tools (e.g., examinations, quizzes, projects, presentations).
13. Documentation that faculty are responsible for grading all courses and clinical experiences.
14. Examples of tools for curriculum assessment (e.g., end-of-course and faculty evaluations, student and faculty evaluations of clinical experiences).
15. Documents (e.g., minutes, memoranda, reports) that demonstrate data analysis of student and/or faculty evaluations to support ongoing improvement of curriculum and teaching-learning practices.

STANDARD IV

PROGRAM EFFECTIVENESS: ASSESSMENT AND ACHIEVEMENT OF PROGRAM OUTCOMES

The program is effective in fulfilling its mission and goals as evidenced by achieving expected program outcomes. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. Data on program effectiveness are used to foster ongoing program improvement.

KEY ELEMENTS

IV-A. A systematic process is used to determine program effectiveness.

Elaboration: The program (baccalaureate, master's, DNP, and/or post-graduate APRN certificate) uses a systematic process to obtain relevant data to determine program effectiveness. The process:

- *is written, is ongoing, and exists to determine achievement of program outcomes;*
- *is comprehensive (includes completion, licensure, certification, and employment rates, as required by the U.S. Department of Education; faculty outcomes; and other program outcomes);*
- *identifies which quantitative and/or qualitative data are collected to assess achievement of the program outcomes;*
- *includes timelines for each of the following: data collection, review of expected and actual outcomes, and analysis; and*
- *is periodically reviewed and revised as appropriate.*

IV-B. Program completion rates demonstrate program effectiveness.

This key element is not applicable to a degree or certificate program that does not yet have individuals who have completed the program.

Elaboration: The program (baccalaureate, master's, DNP, and/or post-graduate APRN certificate) demonstrates achievement of required program outcomes regarding completion in any one of the following ways:

- *the completion rate for the most recent calendar year (January 1 through December 31) is 70% or higher;*
- *the completion rate is 70% or higher over the three most recent calendar years;*
- *the completion rate is 70% or higher for the most recent calendar year when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education; or*

- the completion rate is 70% or higher over the three most recent calendar years when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education.

The program identifies the cohort(s), specifies the entry point, and defines the time period to completion, each of which may vary by track; however, the program provides the completion rate for the overall degree/certificate program. The program describes the formula it uses to calculate the completion rate. The program identifies the factors used and the number of students excluded if some students are excluded from the calculation.

IV-C. Nursing licensure pass rates demonstrate program effectiveness.

This key element is not applicable to a program that does not prepare students for licensure examinations or does not yet have individuals who have taken licensure examinations.

This key element is applicable to a program that prepares students for the NCLEX-RN® or other professional nursing licensure examination.

Elaboration: Programs with a pre-licensure track demonstrate achievement of required program outcomes regarding licensure. The program demonstrates that it meets the licensure pass rate of 80% in any one of the following ways:

- the pass rate for each campus/site and track is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);
- the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;
- the pass rate for each campus/site and track is 80% or higher for all first-time takers over the three most recent calendar years; or
- the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.

A program is required to provide these data regardless of the number of test takers. For each campus/site and track, identify which of the above options was used to calculate the pass rate. The program may exclude test takers who take the licensure examination more than two years after program completion.

IV-D. Certification pass rates demonstrate program effectiveness.

This key element is not applicable to a degree or certificate program that does not prepare students for certification examinations or does not yet have individuals who have taken certification examinations.

Elaboration: The master's, DNP, and post-graduate APRN certificate programs demonstrate achievement of required program outcomes regarding certification. For programs that prepare students for certification, certification pass rates are obtained and reported for those graduates/completers taking each examination, even when national certification is not required to practice in a particular state.

For programs that prepare students for certification, data are provided regarding the number of graduates/completers taking each certification examination and the number that passed. A program is required to provide these data regardless of the number of test takers. The pass rate is provided separately for each degree program (master's and DNP) and the post-graduate APRN certificate program.

A program that prepares students for certification demonstrates that it meets the certification pass rate of 80%, for each examination, in any one of the following ways:

- the pass rate for each certification examination is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);*
- the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;*
- the pass rate for each certification examination is 80% or higher for all first-time takers over the three most recent calendar years; or*
- the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.*

The program identifies which of the above options was used to calculate the pass rate. The program provides certification pass rate data for each examination but, when calculating the pass rate described above, may combine certification pass rate data for multiple examinations relating to the same role and population. The program may exclude test takers who take the certification examination more than two years after program completion.

IV-E. Employment rates demonstrate program effectiveness.

This key element is not applicable to a degree or certificate program that does not yet have individuals who have completed the program.

Elaboration: The program demonstrates achievement of required outcomes regarding employment rates.

- The employment rate is provided separately for each degree program (baccalaureate, master's, and DNP) and the post-graduate APRN certificate program.*
- Data are collected within 12 months of program completion. Specifically, employment data are collected at the time of program completion or at any time within 12 months of program completion.*
- The employment rate is 80% or higher. However, if the employment rate is less than 80%, the employment rate is 80% or higher when excluding graduates/completers who have elected not to be employed.*

IV-F. Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement.

This key element is applicable if one or more of the following key elements is applicable:

Key Element IV-B (completion), Key Element IV-C (licensure), Key Element IV-D (certification), and Key Element IV-E (employment).

Elaboration: The program uses outcome data (completion, licensure, certification, and employment) for improvement.

- Discrepancies between actual and CCNE expected outcomes (program completion rates 70%, licensure pass rates 80%, certification pass rates 80%, employment rates 80%) inform areas for improvement.*
- Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*
- Faculty are engaged in the program improvement process.*

IV-G. Aggregate faculty outcomes demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of expected faculty outcomes. In order to demonstrate program effectiveness, outcomes are consistent with and contribute to achievement of the program's mission and goals and are congruent with institution and program expectations. Expected faculty outcomes:

- *are identified for the faculty as a group;*
- *specify expected levels of achievement for the faculty as a group; and*
- *reflect expectations of faculty in their roles.*

Actual faculty outcomes are compared to expected levels of achievement. Actual faculty outcomes are presented in the aggregate. If expected faculty outcomes vary for different groups of faculty (full-time, part-time, adjunct, tenured, non-tenured, or other), actual faculty outcomes may be presented separately for each different group of faculty. These outcomes correspond to the faculty expectations identified by the nursing unit (refer to Key Element I-D).

IV-H. Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.

Elaboration: The program uses faculty outcome data for improvement.

- *Faculty outcome data are used to promote ongoing program improvement.*
- *Discrepancies between actual and expected levels of achievement inform areas for improvement.*
- *Changes to foster achievement of faculty outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*
- *Faculty are engaged in the program improvement process.*

IV-I. Other program outcomes demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of outcomes other than those related to completion rates (Key Element IV-B), licensure pass rates (Key Element IV-C), certification pass rates (Key Element IV-D), employment rates (Key Element IV-E), and faculty (Key Element IV-G).

Program outcomes are defined by the program and incorporate expected levels of achievement. The program describes how outcomes are measured. Actual levels of achievement, when compared to expected levels of achievement, demonstrate that the program, overall, is achieving its outcomes. Program outcomes are appropriate and relevant to the degree and certificate programs offered.

Programs that do not yet have completers identify other program outcomes and specify the expected levels of achievement for those outcomes.

IV-J. Other program outcome data are used, as appropriate, to foster ongoing program improvement.

Elaboration: For program outcomes defined by the program:

- *Actual program outcomes are used to promote program improvement.*
- *Discrepancies between actual and expected levels of achievement inform areas for improvement.*
- *Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*
- *Faculty are engaged in the program improvement process.*

SUPPORTING DOCUMENTATION FOR STANDARD IV

The supporting documentation listed below is included in the self-study document or evaluation resource materials. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements.

1. Evidence of a systematic, written, comprehensive process to determine program effectiveness (e.g., evaluation or assessment plan).
2. Examples of periodic review of the systematic process (e.g., meeting minutes, supplemental documents).
3. Summary of aggregate student outcomes with comparison of actual levels of aggregate student achievement to expected levels of aggregate student achievement. Aggregate student outcome data (applicable only to programs with graduates/completers), including:
 - completion rates for each degree and post-graduate APRN certificate program;
 - nursing licensure pass rates for each campus/site and track;
 - certification pass rates for each degree/certificate program for each APRN role, population focus, and/or specialty for which the program prepares students;
 - certification pass rates for each degree program for each role/area other than APRN roles for which the program prepares students; and
 - employment rates for each degree/certificate program.
4. Summary of aggregate faculty outcomes for the past three years with comparison of actual levels of aggregate faculty achievement to expected aggregate faculty achievement.
5. Summary of aggregate program-identified outcomes for the past three years with comparison of actual levels of aggregate achievement in relation to expected levels of achievement.
6. Documents (e.g., minutes, memoranda, reports) that demonstrate data analysis, explanations of variances between actual and expected outcomes, and use of the analysis for ongoing program improvement.

GLOSSARY

Academic Policies: Published rules that govern the implementation of the academic program, including, but not limited to, policies related to admission, retention, progression, graduation/completion, grievance, clinical placements, and grading.

Academic Support Services: Services available to the nursing program that facilitate faculty and students in any teaching/learning modality, including distance education, in achieving the expected outcomes of the program (e.g., library, computer and technology resources, advising, counseling, placement services).

Advanced Nursing: Nursing roles requiring advanced nursing education beyond the basic baccalaureate preparation. Academic preparation for advanced nursing may occur at the master's, doctoral, or post-graduate APRN certificate level.

Advanced Practice Registered Nurse (APRN): The title given to a nurse who has obtained a license to practice as an APRN in one of the four APRN roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified nurse practitioner (CNP).

Advanced Practice Registered Nurse (APRN) Track: A plan of study in a master's degree program in nursing, a Doctor of Nursing Practice (DNP) program, or a post-graduate certificate program that prepares students for one of the four recognized APRN roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified nurse practitioner (CNP). The track also prepares students in one of six population foci:

- family/individual across the lifespan
- adult-gerontology
- pediatrics
- neonatal
- women's health/gender-related
- psychiatric/mental health

Chief Nurse Administrator: A registered nurse with a graduate degree in nursing, and a doctoral degree if a graduate nursing program is offered, who serves as the administrative head of the nursing unit.

Community of Interest: Groups and individuals who have an interest in the mission, goals, and expected outcomes of the nursing unit and its effectiveness in achieving them. The community of interest comprises the stakeholders of the program and may include both internal (e.g., current students, institutional administration) and external constituencies (e.g., prospective students, regulatory bodies, practicing nurses, clients, employers, the community/public). The community of interest might also encompass individuals and groups of diverse backgrounds, races, ethnicities, genders, values, and perspectives who are served and affected by the program.

Curriculum: All planned educational experiences that facilitate achievement of expected student outcomes. Nursing curricula include clinical practice experiences.

Distance Education: As defined by the Higher Education Opportunity Act of 2008:

- (A) *Education that uses one or more of the technologies described in subparagraph (B)-*
- (i) *to deliver instruction to students who are separated from the instructor; and*
 - (ii) *to support regular and substantive interaction between the students and the instructor, synchronously or asynchronously.*
- (B) **INCLUSIONS.**—*For the purposes of subparagraph (A), the technologies used may include—*
- (i) *the Internet;*
 - (ii) *one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;*
 - (iii) *audio conferencing; or*
 - (iv) *video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies listed in clauses (i) through (iii).* [The Higher Education Opportunity Act of 2008, Pub. L. No. 110-315, § 103(a)(19)]

Formal Complaint: A statement of dissatisfaction that is presented according to a nursing unit's established procedure.

Goals: General aims of the program that are consistent with the institutional and program missions and reflect the values and priorities of the program.

Mission: A statement of purpose defining the unique nature and scope of the parent institution or the nursing program.

Nursing Program: A system of instruction and experience coordinated within an academic setting and leading to acquisition of the knowledge, skills, and attributes essential to the practice of professional nursing at a specified degree level (baccalaureate, master's, or doctoral) or certificate level (for post-graduate APRN certificate) program.

Nursing Unit: The administrative segment (e.g., college, school, division, or department of nursing) within an academic setting in which one or more nursing programs are conducted.

Parent Institution: The entity (e.g., university, academic health center, college, or other entity) accredited by an institutional accrediting agency recognized by the U.S. Secretary of Education that has overall responsibility and accountability for the nursing program.

Post-Graduate APRN Certificate Program: A post-master's or post-doctoral certificate program that prepares APRNs in one or more of the following roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified nurse practitioner (CNP). CCNE only reviews certificate programs that prepare APRNs in at least one role and population focus, in accordance with the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education* (July 2008). Although other types of nursing certificates may be offered by an institution, they are outside CCNE's scope of review.

Practice Experiences: Planned learning activities in nursing practice that allow students to understand, perform, and refine professional competencies at the appropriate program level. Practice experiences may be known as clinical learning opportunities, clinical practice experiences, clinical activities, experiential learning strategies, or practice.

Preceptor: An experienced practitioner who facilitates and guides students' clinical learning experiences in the preceptor's area of practice expertise.

Professional Nursing Standards and Guidelines: Statements of expectations and aspirations providing a foundation for professional nursing behaviors of graduates of baccalaureate, master's, professional doctoral, and post-graduate APRN certificate programs. Standards are developed by a consensus of professional nursing communities who have a vested interest in the education and practice of nurses. CCNE recognizes that professional nursing standards and guidelines are established through state rules and regulations, nationally recognized accrediting agencies and professional nursing specialty organizations, national and institutional educational organizations, and health care agencies used in the education of nursing graduates.

CCNE requires that baccalaureate and graduate nursing programs incorporate the 10 “Domains for Nursing,” the 8 “Concepts for Nursing Practice,” and the 45 “Competencies” identified in *The Essentials: Core Competencies for Professional Nursing Education* (AACN, 2021). Programs incorporate additional professional nursing standards and guidelines (or components thereof), as appropriate, consistent with the mission, goals, and expected outcomes of the program.

CCNE is one of 18 organizational members of the National Task Force on Quality Nurse Practitioner Education (NTF) that endorsed the *Standards for Quality Nurse Practitioner Education* (NTF, 2022). According to the NTF *Standards*, endorsement is defined as “a general philosophical agreement with the content and intent” of the document (p. 4).

Program Improvement: The process of using results of assessments and analyses of actual outcomes in relation to expected outcomes to validate or revise policies, practices, and curricula as appropriate.

Program Outcomes: Results that participants (individually or grouped in the aggregate) derive from their association with the nursing program. The results are measurable and observable and may be quantitative or qualitative, broad or detailed.

Student Outcomes: Results reflecting competencies, knowledge, values, or skills attained by students through participation in program activities.

Faculty Outcomes: Results demonstrating achievements in teaching, scholarship, service, practice, or other areas appropriate to the mission and goals of the nursing program attained by faculty as part of their participation in the program.

Expected Outcomes: Anticipated results expressed as predetermined, measurable levels of student, faculty, and program achievement.

Actual Outcomes: Results describing real student, faculty, and program achievement.

Purposeful Engagement: A structured relationship involving meaningful interaction, communication, and support to strengthen the overall educational experience.

Teaching-Learning Practices: Strategies that guide the instructional process toward achieving expected student outcomes.

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Testimony on Creation of a ND Accelerated Degree for In-Demand Occupations

House Education Committee

January 20, 2025

House Bill 1220

Chairman Heinert and Honorable Members of the House,

Good morning, I'm Dr. Billie Madler, Associate Dean of Nursing at the University of Mary. I stand before you today to oppose House Bill 1220, which seeks to reduce the general education requirements for in-demand professions. I have 30 years of experience in the field of nursing as a critical care nurse, a nurse practitioner, and a nurse educator. I urge you to consider the crucial role that a well-rounded education, including a robust foundation in general education, plays in preparing nurses for their demanding and complex roles in patient care and how this legislation would compromise patient care.

Diminishing the educational requirements for nurses, particularly by reducing the emphasis on general education, undermines both the professionalism of the nursing profession and the quality of patient care. It sends a message that a strong, well-rounded education is not valued in preparing nurses for their essential roles in healthcare and the subsequent patient outcomes they influence. National thought leaders in nursing and nursing programmatic accreditors, such as the Commission on Collegiate Nursing Education (CCNE), who best understand the demands of the role and the necessary educational preparation to safely and effectively function in the role, have consistently emphasized that nursing education must be built on a solid liberal arts foundation. In fact, the CCNE Criterion and Standard for Accreditation [attached], in Standard III Key Element III-F states;

- The curriculum is logically structured and sequenced to achieve expected student outcomes.
- Baccalaureate curricula **build on a foundation of the arts, sciences, and humanities**. [Pg. 19]
- Elaboration: **Baccalaureate degree programs demonstrate that knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice.**

Therefore, CCNE nursing programmatic accreditation, a requirement for new nurse graduates to receive authorization to take national licensure examinations, expects the above criteria are met in nursing education curricula.

Rather than reducing educational standards, we should be investing in stronger, more comprehensive educational programs that allow nurses to build the full range of knowledge and skills necessary for their demanding roles. Education is the foundation upon which safe, effective, and compassionate care is built.

The Importance of General Education in Nursing

Nurses are the backbone of healthcare systems, and their responsibilities extend far beyond the clinical tasks they perform. Nurses are critical thinkers, effective communicators, and compassionate caregivers. A broad-based general education provides nurses with the knowledge and skills necessary to adequately perform in these areas, ensuring they are prepared to meet the multifaceted challenges of modern healthcare and the diversity of patient populations they encounter. General education courses—such as those in the humanities, social sciences, mathematics, and communications—equip nurses with essential skills in clinical reasoning, research, leadership, communication, problem-solving, cultural competency, and ethical decision-making. Removing or diminishing these requirements would deprive future nurses of a comprehensive education that supports their professional development and would threaten quality of care and patient safety.

Research from the National League for Nursing and the Robert Wood Johnson Foundation underscores the fact that the current academic/practice gap nurses face negatively impacts both quality of care and patient outcomes. Reducing educational requirements by eliminating essential general education courses would further widen this gap, leaving new nurses with insufficient preparation to meet the complex demands of their role in the clinical setting.

Nurse executives, federal agencies, the military, leading nursing organizations, healthcare foundations, Magnet hospitals, and minority nurse advocacy groups all recognize and support the distinctive value that baccalaureate-prepared nurses bring to health care. For example:

- The American Organization of Nurse Leaders (AONL) has previously released a statement calling for all registered nurses to be educated in baccalaureate programs to adequately prepare nurses for the complex roles they fill, illustrating nurse executives desire for a more highly educated nursing workforce in the interest of improving patient safety and nursing care.
- The Institute of Medicine has called for increasing the number of baccalaureate-prepared nurses in the workforce to 80% and,
- Dr. Patricia Benner and her team at the Carnegie Foundation released a study recommending preparing all entry-level registered nurses at the baccalaureate level and requiring all RNs to earn a master's degree within 10 years of initial licensure.

The Impact of a BSN on Patient Outcomes

Nurses with a Bachelor of Science in Nursing (BSN) are better equipped to improve patient outcomes. Reduced educational requirements have proven to have significant and detrimental outcomes for patients and healthcare organizations. I have pulled out only a few examples of why a highly educated nursing workforce is critical to patient safety and patient outcomes taken from AACN Impact of BSN Education and provided for you with my testimony. I encourage you to review the many additional research-based findings bulleted in that document.

- Nurses with a BSN are associated with lower mortality rates, fewer medication errors, and better overall patient outcomes.
- Hospitals with a higher proportion of BSN-prepared nurses see a **10-30% reduction in patient mortality and a 7% decrease in adverse patient events**.
- The journal, *Health Affairs*, reported that a 10-point increase in the percentage of nurses holding a BSN was associated with an average reduction of 2.12 deaths for every 1000 patients, and for a subset of patients with complications, an average reduction of 7.47 deaths per 1000 patients.
- There is a “substantial survival advantage” if treated in hospitals with higher proportions of nurses educated at the baccalaureate or higher degree level.
- The AACN reports that **increasing the number of BSN nurses by 20% could prevent over 40,000 deaths annually in our country**.

The comprehensive education afforded by a BSN is essential for addressing the increasingly complex healthcare environment. Removing general education requirements would diminish these critical competencies and ultimately compromise patient safety and care quality, which could negatively impact third-party reimbursement. Rigorous BSN educational preparation is critical to the outcomes of our patients and the health of citizens in North Dakota and across our nation. The nursing profession must continue to prioritize the academic preparation of its workforce to ensure high-quality healthcare for all.

Conclusion

In conclusion, I strongly oppose House Bill 1220 as it seeks to diminish the educational requirements for nurses, weakens the foundation of nursing education, and ultimately puts patients at risk. The importance of general education cannot be overstated, and reducing these requirements would be detrimental to the professional development of nurses and to the overall quality of patient care. Research clearly demonstrates that higher levels of education, with its comprehensive educational foundation, leads to improved patient outcomes. We must continue to support the education of nurses at the highest standards, ensuring they are fully equipped to meet the challenges of modern healthcare.

I urge you to reconsider this bill and instead advocate for policies that support a more robust and comprehensive education for future nurses.

Billie Madler, DNP, APRN, FNP, FAANP

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Written Testimony in Support of HB1220

Chairman and Committee:

For the record, my name is Dr. Katherine Terras, Co-founder of Certification Central, ND's 1st Alternative Educator Preparation Program. I am in full support of HB1220. Prior to establishing Certification Central, I was a professor at two traditional universities since 2004. The number of general education credits required of postsecondary students has needed critical evaluation since the transition into the Information Age. Proponents of general or liberal arts education often argue, "Students need a well-rounded education," yet when asked, "What magically makes a student well-rounded when they reach 120 credits," no substantive response is articulated. Requiring postsecondary students to invest their time and money into 50+ general education credits is an ethical dilemma. A high school education should be the focus of general education, while a professional degree should focus on coursework specific to the knowledge, skills, and dispositions needed to be gainfully employed in their chosen career.

Those opposing this bill may be concerned about jeopardizing institutions' regional and professional accreditations. These accrediting bodies reside outside of North Dakota and can have core standards and values that do not align with North Dakota values. So rather than bend to the will of those outside of North Dakota, perhaps the legislature could create a pathway for North Dakota to establish our own state accreditation agencies. Our state has citizens who have the commitment and capacity to do the work that represents the core values and standards of North Dakota and beyond.



North Dakota State Board of Dental Examiners

PO Box 7246, Bismarck, ND 58507-7246 • info@nddentalboard.org • 701.258.8600 • <https://www.nddentalboard.org>

House Education Committee

January 20, 2025: 2:30p

Coteau AB Room, State Capitol

Testimony of the North Dakota State Board of Dental Examiners

HB 1220

I. Introduction and Background

Chair Heinert and members of the House Education Committee, my name is David Schaibley, and I'm the Executive Director of the North Dakota State Board of Dental Examiners ("Dental Board"). I am here today providing the Board's testimony on HB 1220's potential impact on the three professions your Dental Board regulates: dentists, dental hygienists, and dental assistants.

A. Dentists

One of the Bill's requirements is that accelerated degrees must be "an optional substitute for any degree" offered by that Institution. That requirement contains the condition that the Institution must first offer a traditional degree before it offers an "accelerated" degree. Because no Institution in North Dakota offers Doctorate in Dental Surgery (DDS) or Doctor of Medicine in Dentistry (DMD) degrees, HB 1220 would not impact the licensing of dentists in North Dakota.

B. Dental Hygienists

Another of the Bill's requirements is that the applicable licensing board must recognize the accelerated "degree as *accredited*."

To help ensure that those who graduate from dental hygiene programs are able to competently provide safe dental care to patients, all 50 states apply the same standard for dental hygiene education programs and proficiency examinations. For

education programs, that means all 50 states require that dental hygiene applicants complete a program accredited by the Commission on Dental Accreditation (“CODA”). For proficiency examinations, that means all 50 states require all applicants to pass the National Dental Hygiene Examination—which can only be taken by students who have completed a CODA-accredited program.

Given those requirements, a student graduating from a non-CODA accredited program and obtaining an accelerated degree as envisioned by HB 1220 would not be eligible for licensure as a dental hygienist in any state. It therefore seems unlikely that an Institution would offer an accelerated dental hygiene degree. Consequently, HB 1220 would not impact the licensing of dental hygienists in North Dakota.

C. Dental Assistants

The final category of dental staff that the Legislative Assembly has directed the Dental Board to govern is dental assistants. One of the Bill’s requirements envisions an accelerated “degree” being issued.

Although obtaining a dental assisting degree is one way to become registered as a dental assistant in North Dakota and is a valuable degree to hold—North Dakota does not require a *degree* to become a dental assistant. Instead, there are about a dozen pathways. Because no degree is required, it seems unlikely that an Institution would develop an accelerated degree program when they could instead more efficiently develop a non-degreed program that meets one of the many other pathways to registration as a dental assistant.

A concern of the Dental Board, however, is that a common theme that exists for all pathways to registration as a dental assistant is absent from HB 1220. Specifically, the Legislative Assembly has directed the Dental Board to review and approve all dental assisting education programs to ensure they produce competent dental assistants who can safely perform their duties. “Board approval” is important to many stakeholders:

- It provides **students** with an assurance that they are getting a quality education and a legitimate pathway to workforce opportunities.

- It provides **training programs** with an assurance that their customers or students will be satisfied that they bought a product (the training) that meets licensure standards and is worth its cost.
- It provides **dentists** with an assurance that the dental assistants they are hiring are trained in the tasks they need to perform.
- It provides **patients** with an assurance that they are about to receive safe, quality care.

III. Conclusion

HB 1220 might make substantial contributions for some high need occupations, but it would not have that type of an impact on dentistry. As a result, the Dental Board seeks an exemption from HB 1220.

In the alternative, the Dental Board seeks an amendment that would provide the Dental Board with the responsibility of reviewing and approving accelerated degrees that might result from HB 1220.

We appreciate your consideration and welcome any questions. Thank you.

Prepared and Presented by:

David Schaibley

Executive Director; North Dakota State Board of Dental Examiners

david@nddentalboard.org; 701-258-8600



GREATER NORTH DAKOTA CHAMBER
HB 1220
House Education Committee
Chair Pat Heinert
January 20, 2025

Mr. Chairman and members of the Committee, my name is Andrea Pfennig, and I am the Vice President of Government Affairs for the Greater North Dakota Chamber. GNDC is North Dakota's largest statewide business advocacy organization, with membership represented by small and large businesses, local chambers, and trade and industry associations across the state. We stand in **support** of House Bill 1220.

In our 2024 ND Economics and Employer Survey of our membership, 70% of respondents indicated they were having trouble hiring employees. Labor availability has been identified as the top business concern facing companies in North Dakota.

Our members feel it's important to maximize the flexibility and responsiveness of K-12, two and four-year educational institutions, to provide streamlined and affordable educational opportunities that target high demand occupation training needs.

We feel that this concept has merit and should be explored.



January 20, 2025

Chair Heinert and members of the committee, I am Dr. Katrina Eberhart. I am an Associate Professor of Mathematics at Bismarck State College, co-chair of BSC's General Education Committee, and a current member and past president of the North Dakota General Education Council. I submit personal testimony today to ask you to consider a **do not pass** on HB 1220.

In addition to questions about the potential for lobbying for occupations to be considered in-demand that could lead to abuse, my greatest opposition to this proposed bill comes from subsection 1d., "Not require a student to obtain general education credits for a North Dakota accelerated degree."

General education courses are a vital component of a college degree and eliminating them would undermine the broader purpose of higher education. These courses provide students with a well-rounded education, fostering critical thinking, effective communication, and cultural awareness—just to name a few skills essential for success in any field. Specialized knowledge in a major is undoubtedly important, but general education broadens perspectives, enabling students to connect their expertise to real-world issues and interdisciplinary challenges. We hear from different advisory boards, business, and industry about the absolute need for students to come out of their degree programs with soft skills in place—reading comprehension, communication, quantitative literacy, etc.—sounds exactly like general education. The general education curriculum at any institution directly correlates to the development of the above skills.

General education nurtures lifelong learning, adaptability, and civic responsibility. In a rapidly changing world, graduates must navigate complex social, technological, and environmental issues. General education courses prepare students not just for jobs but for informed and engaged citizenship, ensuring they contribute meaningfully to society. Consider general education mathematics. The point of mathematics isn't so nurses and elementary educators can do calculus problems, it's to learn *how* to solve problems in general so that when presented with a new situation, an analysis of the problem with learned strategies leads to a sound solution. Basically, by studying mathematics, people get smarter in places other than math.

The North Dakota Legislature is not the only party our state's colleges and universities answer to. Our accrediting body, the Higher Learning Commission (HLC), has recently published guidelines regarding reduced-credit bachelor's degrees. While HLC is allowing reducing the number of credits to obtain a degree, there is **no** allowance for eliminating general education credits for that degree. The proposition to remove these courses would not only narrow students' intellectual horizons and diminish the transformative potential of higher education but also impact our accreditation.

Regardless of the degree wanting to be earned, general education is imperative. These courses enrich the college experience and equip students with versatile skills, ensuring they are prepared to thrive in both their careers and their communities. I urge this committee to **do not pass** HB 1220.

Respectfully,
Katrina Eberhart, PhD

HB 1220
House Education Committee
January 20th, 2025

Dear Chair Heinert and members of the House Education Committee,

We, the North Dakota State University (NDSU) General Education Committee, wish to express our serious concerns regarding House Bill 1220. We strongly urge the House Education Committee to vote in opposition to this bill.

All 11 North Dakota University System (NDUS) campuses under the control of the State Board of Higher Education are also accredited through the Higher Learning Commission (HLC). This accreditation requires a substantive change to reduce the number of credits required for a bachelor's degree program.

In the HLC Guidelines for Evaluating Reduced-Credit Bachelor Degree Programs Core [Component 3.B](#), it states that institutions must demonstrate “policies and processes for adequately incorporating general education, and the associated breadth and depth of student learning, into the reduced-credit bachelor's degree program.” This clearly does not encourage the removal of all general education requirements. HB 1220 would create direct noncompliance with HLC requirements to offer a reduced-credit bachelor's degree.

In addition, the HLC requires institutions to closely review and ensure quality in fairness between reduced-credit format (accelerated) and traditional length programs. This bill would be only for high-demand occupations and could potentially create inequities in programs offered within the NDUS.

“The purpose of general education at NDSU is to ensure that students acquire knowledge, perspectives, and skills basic to a university education. The program is designed so that students will be able to adapt to and anticipate changes in their profession and in society. Students also will be able to integrate and use the knowledge and perspectives they have gained to live productive, intellectually rewarding, and meaningful lives.” ([NDSU General Education Overview](#))

General Education provides students with the skills needed to learn, to think, to solve problems, and to work with others. These are all attributes that employers say they are looking for and qualities that make for better neighbors, colleagues, and citizens.

We urge your committee to NOT PASS HB 1220.

Respectfully submitted,

NDSU General Education Committee

With regard to HB No. 1220:

The North Dakota General Education Council writes today to ask the North Dakota Legislature to seriously consider the implications of allowing institutions to offer reduced-credit degrees.

While we understand the intended benefits of awarding degrees in some fields without requiring the standard number of credits, the consequences of reducing the number of credits needed for a degree will be far-reaching. There is less time for personal growth in these proposed degrees: college is not just about academics, and the current timeline allows for students to mature emotionally, develop leadership skills, and navigate social dynamics that are valuable in the workplace. Group projects, extracurricular activities, and internships are crucial for building teamwork, leadership, and interpersonal skills. A shortened degree may limit opportunities for these experiences, which are vital for cultivating communication and collaboration abilities. The length of a traditional degree teaches students to manage long-term projects, juggle multiple responsibilities, and persevere through challenges. A reduced timeline potentially rushes this process, leaving students less prepared to handle complex workloads. Higher education provides the opportunity to build a professional network. A reduced-credit degree might limit the time available for networking with peers, professors, and industry professionals, which could diminish career opportunities post-graduation.

Our greatest concern stems from the potential to open the door for the reduction in credits to come from the general education curriculum. General education serves as the cornerstone of higher education, providing students with a comprehensive knowledge base that serves as the foundation for their chosen majors. It also plays a vital role in shaping well-rounded citizens and fostering a thriving society. Subjects like mathematics, literature, history, and the arts provide an understanding of human culture, society, and the natural world. Concepts learned in general education courses provide the foundational skills of higher education that bolster success. This academic and intellectual development helps individuals make informed decisions, engage in critical thinking, and adapt to a rapidly changing global landscape. As education is not only about acquiring knowledge but also about personal growth, general education courses can boost self-confidence, communication skills, and cultural awareness, making individuals more adaptable and better equipped to face life's many challenges. In short, it is the general education curriculum which teaches learners *how* to learn, to think, to solve problems, to work with others—all attributes that employers say they are looking for and qualities which make for better neighbors, colleagues, and citizens. It is significant to note that the Higher Learning Commission, which accredits higher-learning institutions in the central United States, has recognized that some institutions want the option to offer reduced-credit bachelor's degree programs and have them accredited. It is significant to note that the [guidelines](#) established by the HLC for such degrees require that institutions incorporate "general education, and the associated breadth and depth of student learning" into these programs.

North Dakota Career and Technical Education (NDCTE) offers a [rubric](#) for career-ready practices. The soft skills that are vital in the workplace are clearly a part of each of the twelve categories NDCTE offers for evaluation. The South Dakota Department of Education identifies similar standards for [soft skills](#). General education coursework plays a vital role in the development of all these categories of soft skills; removing it from degree programs will shortchange both the students earning these degrees and their future employers.

While it may be tempting to focus upon developing field-specific expertise for possible immediate benefits, it is vital to bear in mind the potential long-term costs to both the potential graduates and employers. According to the U.S. Department of Labor, the average person will change careers five to seven times during their working life. A degree that focuses on preparation for one type of employment may not adequately prepare the individual to move into a different occupation. Even for those who remain within a particular career, the necessary skills will change over time. Students who have developed the ability to learn will be prepared to successfully meet these challenges.

Removing general education from degree requirements will undercut the quality of the degree programs offered in North Dakota. We strongly urge a vote against HB No. 1220.



HB 1220

House Education Committee

January 20, 2025

Lisa A. Johnson, Vice Chancellor, NDUS

701.340.5054 | lisa.a.johnson@ndus.edu

Chair Heinert and members of the House Education Committee. My name is Lisa Johnson, and I serve as the Vice Chancellor for Academic and Student Affairs for the North Dakota University System (NDUS). I am here today on behalf of the 11 institutions of the NDUS to testify in opposition to HB 1220.

The NDUS appreciates the bill sponsor's interest in creating accelerated degrees in high-demand occupations and addressing the North Dakota workforce shortage. The State Board of Higher Education (SBHE) and the NDUS campuses are currently engaged in examining reduced credit degrees, prior to the filing of HB 1220—with some differences in our approach to accomplish the same goal, driven by significant licensing and accreditation requirements.

Attached to my testimony is the North Dakota in-demand occupations list created by using long-term employment projections from the North Dakota Labor Market Information Center and supplemented by data from the U.S. Bureau of Labor Statistics. The list is reviewed and updated annually by the ND Workforce Development Council with assistance from Job Service North Dakota. The list is primarily comprised of occupations that typically require some postsecondary education up to and including a Bachelor's degree. The NDUS doesn't create the in-demand list; however, most programs offered by NDUS colleges and universities are mapped to the list of in-demand occupations. The NDUS already annually produces a list of credentials that are aligned with high-demand occupations as directed in HB 1220.

The response of the State's licensure boards regarding the directive in Section 2 to approve and recognize an accelerated degree for licensure purposes is an important feature of this bill. While this may sound like a streamlined process, it is concerning that such a significant change to licensure standards could be made without sufficient input from professional licensure boards, employers, and accrediting bodies. In my own work overseeing state authorization for ND postsecondary institutions to provide online education to individuals from other states, HB 1220 will almost assuredly negatively impact ND institutions enrolling online, out-of-state students in accelerated programs designed to lead to licensure. Since July 1, 2020, Federal Department of Education Title IV Regulations require all postsecondary institutions that offer online courses to out-of-state students to provide public disclosures and written notice to each applicant as to whether or not their programs meet educational requirements in all states and territories prior to the student enrolling into a professional licensure program. This ensures the student will be eligible to apply for licensure in the state from which they reside when they graduate.

Based on our preliminary work surrounding accelerated degrees or reduced baccalaureate degrees, I

am certain that campuses will face accreditation challenges when seeking approval for reduced credit baccalaureate degree programs through the Higher Learning Commission (HLC). HLC guidelines were released in September 2024, which included prescribed and comprehensive protocols for approval of what the HLC deems to be a substantive change at the institution. Almost assuredly, degree programs with no general education requirements will be problematic for any institution seeking approval. In fact, one of the criteria campuses must be prepared to address when submitting a request for a reduced credit baccalaureate program is:

“Provide evidence of the institution’s policies and processes for adequately incorporating general education, and the associated breadth and depth of student learning, into the reduced-credit bachelor’s degree program.” (HLC Core Component 3.B)

The removal of general education requirements for any degree program is problematic. General education courses foster critical thinking, writing, and communication skills that are highly transferable across various occupations and highly valued by North Dakota employers. By cutting out these crucial courses, institutions risk producing graduates who are narrowly skilled but lack the broader perspective and adaptability needed in the evolving job market. A viable alternative is to encourage students to demonstrate their proficiency in any number of subjects—including general education coursework through readily available CLEP tests. Currently, the NDUS recognizes CLEP tests in biology, chemistry, economics, college composition, literature, foreign languages, history, psychology, and a range of math courses in fulfillment of general education requirements. I anticipate that as the SBHE and the NDUS institutions examine reduced credit baccalaureate degrees or accelerated degrees, this approach will be included in their deliberations.

The NDUS opposes HB 1220, not because reduced credit or accelerated degrees are a bad idea, but because plans are well underway by the SBHE and the NDUS to do so in a manner that is more likely to garner greater overall success and program approval by licensure bodies, accrediting organizations, and students.

I ask the Committee for a “do not pass” on HB 1220.



NORTH DAKOTA BOARD OF NURSING

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

Telephone: (701) 751-3000 Fax: (701) 751-2221

Web Site Address: www.ndbon.org

The ND Board of Nursing (NDBON) Education Division and Legislative Monitoring Team would like to provide the following information regarding the N.D.C.C. Nurse Practices Act Section 43-12.1-17. Nursing education programs. This neutral testimony provides education related to HB 1220 relating to the creation of a North Dakota accelerated degree for high-demand occupations.

Role of the NDBON in Nursing Education Programs

NDBON approves prelicensure nursing education programs that prepare graduates for licensures as LPNs, RNs, or APRNs. Approval is essential for eligibility to take the NCLEX (National Council Licensure Examination), which is required for licensure in all states.

- NDBON approves programs, not individual degrees.
- Approval is different from accreditation.
 - Institutions must be accredited by a U.S. Department of Education-recognized agency.
 - Most nursing programs in North Dakota are voluntarily accredited by national nursing education agencies.

NDBON's approval ensures that nursing programs cover the knowledge and skills necessary for safe and competent practice.

Approval and Monitoring Processes

- Initial and renewal program approvals include on-site surveys every five years (or paper review for accredited programs).
- The NDBON monitors NCLEX pass rates, requiring at least an 80% first-time pass rate.
- Annual reports analyze data on approved nursing programs.

Existing Accelerated Nursing Pathways in North Dakota

Accelerated nursing degrees are already available in North Dakota and approved by NDBON. These programs require general education prerequisites to ensure students meet the necessary academic foundation (including relevant coursework in sciences, psychology and sociology). Examples include:

- **Practical Nurse Programs:** Typically 11 months in length
- **Associate Degree RN Programs:** 1+1 programs (practical nurse + RN) take about 22 months.

- **Bachelor's Programs:** Accelerated BSN programs are typically completed in three years or under 12 months for second-degree students.

Legal Requirements for Program Lengths (ND Nurse Practices Act)

The North Dakota Century Code (Section 43-12.1-17) sets minimum academic requirements for nursing education programs:

- LPN programs must be at least one academic year.
- RN programs must be at least two academic years.

These minimum requirements ensure programs meet both state law and national standards for nursing education.

Advanced Practice Registered Nurse (APRN) Requirements

To be eligible for APRN licensure in North Dakota, individuals must:

- Graduate from an accredited graduate-level nursing program in one of four recognized specialties.
- Pass a national certification exam for their specialty.

Recognized APRN roles include:

1. Nurse Practitioner
2. Clinical Nurse Specialist
3. Certified Nurse Midwife
4. Certified Registered Nurse Anesthetist

Please reach out with any additional questions.

Sincerely,

Dr. Stacey Pfenning DNP APRN FNP FAANP | NDBON Executive Director
919 S 7th St, Suite 504 | Bismarck, ND 58504
Phone: (701) 527-6761 | Fax: (701) 751-2221
spfenning@ndbon.org

Analysis of research regarding "Credit compressed" or "Reduced Credit" degrees.

Introduction

The following notes provide an analysis of the proposed draft bill focused on "North Dakota Accelerated Degree" programs. The primary aim is to evaluate whether the draft should instead emphasize "Credit Compressed" or "Reduced Credit" baccalaureate degrees. This discussion addresses national trends, cost implications, and the potential for 90-credit baccalaureate programs to assist taxpayers, alleviating workforce challenges while supporting North Dakota families. The observations also highlight necessary amendments to existing policies, particularly SBHE Policy 409, to accommodate reduced credit degree options. Key considerations include their impact on affordability, graduation timelines, and alignment with workforce and state needs.

Key Considerations

1. Definition and Terminology: North Dakota Accelerated Degree

o Time Compression vs. Reduced Credit Models

The term "accelerated degree" often implies compressing a program into a shorter duration without reducing the total required credits. For instance, a 120-credit baccalaureate degree could still take less time to complete if the course load per term is increased or pursuing the degree year-round. However, the concept of "Reduced Credit" degrees suggests fewer total credits required to graduate.

2. National Trends and Local Relevance

- o Many states are adopting 90-credit baccalaureate degrees for high-demand and high-priority workforce sectors to address skill gaps and bolster economic development.
- o **North Dakota Context:** Over 100,000 residents possess some college credits but lack a degree. Offering 90-credit degree pathways could enable these individuals to complete their education and enter the workforce more quickly and affordably.
- o **Potential Benefits:**
 - 25% reduction in time-to-graduation.
 - Significant cost savings for students and families.
 - Significant cost savings to taxpayers
 - Increased alignment with state workforce needs.

3. Policy and Financial Implications

- **Current SBHE Policy 409:**
 - Defines baccalaureate degrees as requiring a minimum of 120 semester hours.
 - A policy amendment to reduce this minimum to 90 credits for certain bachelorette programs could facilitate the implementation of reduced credit degrees.
- **Challenges from Institutions:**
 - Some NDUS colleges may oppose credit reductions due to perceived revenue losses stemming from shorter program durations and history of declining enrollments.
 - This resistance highlights systemic inefficiencies rather than prioritizing student outcomes or workforce needs.
- **Financial Impact on Students:**
 - Example: At UND and NDSU, a single credit costs approximately \$383, resulting in approximately \$11,500 for 30 additional credits required under the current 120-credit standard.
 - Additional costs for fees, books, and living expenses exacerbate the financial burden on students.
 - Opportunity costs include lost wages due to extended time in college. “Keep student out of the workforce”.

4. **Alignment with Workforce Demands**

- National projections indicate that 70% of future jobs will require post-high school credentials but not necessarily a four-year degree.
- Reduced credit degrees could offer an efficient pathway for students pursuing careers in fields requiring practical, industry-aligned skills.

5. **Implementation and Supporting Evidence**

- **Policy Updates:** Amend SBHE Policy 409 to reflect a minimum of 90 semester hours for qualifying programs. See 409 2(f) and 2(f)(c)
- **National and Regional Models:** Examples from other states and Higher Learning Commission (HLC) guidelines demonstrate the feasibility of reduced credit baccalaureate degrees.
- **HLC has released current guidelines for Credit Reduced 90 credit Baccalaureate degrees**

- The SBHE has requested the Chancellor to develop a plan to start offering 90-credit baccalaureate.
 - Some NDUS colleges volunteered to design 90-credit baccalaureate degrees which has not been acted upon or delayed with no set date to implement
 - **Chancellor's Envision 2035 Report:** Recommendations for 90-credit degree options align with strategic workforce development goals. However, institutional delays highlight a need for prioritizing systemic operation and revenue generation protection.
-

Summary

A shift toward 90-credit baccalaureate degrees could significantly benefit North Dakota students, families, taxpayers and the North Dakota skilled worker shortage by reducing educational costs and accelerating entry into high-demand fields. While institutional delay and lack of meaningful action may stem from concerns about institutional revenue loss, the focus must remain on student success and economic development. Policy updates, particularly to SBHE Policy 409, are crucial for enabling this transition. By leveraging national trends and best practices, North Dakota can position itself as a leader in innovative and workforce-aligned education solutions.

2025 HOUSE STANDING COMMITTEE MINUTES

Education Committee Coteau AB Room, State Capitol

HB 1220
1/29/2025

Relating to the creation of a North Dakota accelerated degree for high-demand occupations.

10:56 a.m. Chairman Heinert called the hearing to order.

Members Present: Chairman Heinert, Vice Chairman Schreiber- Beck, Representatives, Conmy, Hager, Hatlestad, Hauck, Heilman, Jonas, Longmuir, Maki, Marchall, Morton, Novak, Osowski

Discussion Topics:

- Committee action

10:57 a.m. Representative Morton moved a Do Pass.

10:57 a.m. Representative Marschall seconded the motion.

Representatives	Vote
Representative Pat D. Heinert	N
Representative Cynthia Schreiber-Beck	Y
Representative Liz Conmy	N
Representative LaurieBeth Hager	N
Representative Patrick R. Hatlestad	Y
Representative Dori Hauck	Y
Representative Matthew Heilman	Y
Representative Jim Jonas	N
Representative Donald W. Longmuir	Y
Representative Roger A. Maki	Y
Representative Andrew Marschall	Y
Representative Desiree Morton	Y
Representative Anna S. Novak	Y
Representative Doug Osowski	N

Motion carried: 9-5-0

Bill carrier: Representative Morton

11:07 a.m. Chairman Heinert closed the hearing.

Leah Kuball, Committee Clerk

REPORT OF STANDING COMMITTEE
HB 1220 ([25.0232.02000](#))

Education Committee (Rep. Heinert, Chairman) recommends **DO PASS** (9 YEAS, 5 NAYS, 0 ABSENT OR EXCUSED AND NOT VOTING). HB 1220 was placed on the Eleventh order on the calendar.

2025 SENATE WORKFORCE DEVELOPMENT

HB 1220

2025 SENATE STANDING COMMITTEE MINUTES

Workforce Development Committee Fort Lincoln Room, State Capitol

HB 1220
3/21/2025

Relating to the creation of a North Dakota accelerated degree for high-demand occupations.

9:00 a.m. Chairman Wobbema called the meeting to order.

Members Present: Chairman Wobbema, Vice-Chairman Axtman, Senator Boschee, Senator Larson, Senator Powers.

Discussion Topics:

- Compressed degrees
- Current Barriers for University Implementation
- Out-of-State Degree Recognition

9:01 a.m. Representative Mike Motschenbacher introduced the bill and submitted testimony #43182, #43371 and #43370.

9:19 a.m. Arik Spencer, CEO & President with Greater North Dakota Chamber, testified in favor and submitted testimony #43319.

9:22 a.m. Nikki J. Wegner, President, North Dakota Long Term Care Association, testified in favor and submitted testimony #43042.

9:25 a.m. Nick Archuleta, President with North Dakota United, testified in opposition and submitted testimony #43395.

9:29 a.m. David J. Schaibley, Executive Director of ND State Board of Dental Examiners, testified in opposition and submitted testimony #43331.

9:46 a.m. Sandra DePountis, Executive Director, ND Board of Medicine, testified in opposition and submitted testimony #42411.

9:51 a.m. Lisa Johnson, Vice Chancellor for Academic/Student Affairs with North Dakota University System, testified in opposition and submitted testimony #43380.

10:02 a.m. Connor J. Ferguson, Student Body President of UND Student Government, testified in opposition and submitted testimony #43284.

10:06 a.m. Dr. Billie Madler, Associate Dean of Nursing at the University of Mary, testified in opposition and submitted testimony #43383, #43384 and #43385.

Additional written testimony:

#41670, #43005, #43060, #43084, #43089, #43114, #43122, #43154, #43226, #43232, #43311, #43318, #43321, #43354, #43359, #43363, #43365, #43375, #43379, #43393, #43394, #43398, #43407.

10:15 a.m. Chairman Wobbema closed the hearing.

Andrew Ficek, Committee Clerk



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March 14, 2025

To the Members of the Senate Workforce Development Committee,

On behalf of the Lake Region State College Faculty Senate, we respectfully express our strong opposition to House Bill 1220. While we understand the intent to create accelerated or reduced-credit degree programs to address high-demand occupations, we believe this bill, if passed, would have serious implications for both the quality of higher education and the future success of our graduates.

A key concern is that HB 1220 could jeopardize the accreditation of programs at Lake Region State College and other North Dakota University System (NDUS) institutions. The Higher Learning Commission (HLC) has established comprehensive guidelines for reduced-credit bachelor's programs, which include the requirement to incorporate general education into these programs. Specifically, HLC's Core Component 3.B mandates that institutions demonstrate how they will provide a breadth and depth of student learning, including general education. Removing general education requirements entirely would likely result in non-compliance with these accreditation standards, potentially hindering the ability to offer such programs.

General education is not simply a set of required courses; it plays a foundational role in shaping well-rounded individuals who are adaptable, capable of critical thinking, and equipped with communication and problem-solving skills highly valued by employers. These skills are not only important for academic success but are essential for personal growth, career flexibility, and long-term adaptability in the workforce. Reducing or eliminating general education could limit students' opportunities to develop these crucial competencies, diminishing their readiness to navigate complex work environments, change careers, or participate fully in society. Removing general education courses may not always shorten the time required to complete a CTE degree, as many courses must be taken in sequence. Therefore, keeping general education courses not only helps specialized individuals become more well-rounded but also allows them to maintain full-time college status.

Furthermore, the shortening of degree programs could have negative effects on students' broader educational experience. College is not solely about acquiring specific job-related knowledge but also about personal development, leadership, and learning to collaborate with others. Reduced-degree timelines would limit opportunities for participation in group projects, extracurricular activities, internships, and networking, which are all vital for building interpersonal skills and enhancing future career prospects.

Thank you for your attention to this important matter. We respectfully ask that you reject HB 1220 to preserve the quality, equity, and integrity of higher education in North Dakota.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott Sandy".

Scott Sandy
Lake Region State College Faculty Senate President
North Dakota General Education Committee Member

A handwritten signature in black ink, appearing to read "April Duchscher".

April Duchscher
Lake Region State College Faculty Senate Secretary
North Dakota General Education Committee Member



**BOARD OF
MEDICINE**

Established 1890

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**SENATE WORKFORCE DEVELOPMENT COMMITTEE
MARCH 21, 2025**

**TESTIMONY OF
NORTH DAKOTA BOARD OF MEDICINE
HOUSE BILL NO. 1220**

Chair Wobbema, members of the Committee, I'm Sandra DePountis, Executive Director of the North Dakota Board of Medicine, appearing on behalf of the Board to oppose House Bill 1220 relating to developing accelerated degree programs for "high-demand occupations." Such a degree in medicine or physician assistant studies would be useless as it is not accredited by the appropriate national accrediting agencies and cannot be used for licensure.

Subsection 2 of the bill would require the Board of Medicine to "accredit" an accelerated degree program "for licensing purposes." However, the Board of Medicine does not accredit the education programs for the professions under its jurisdiction – this is done by recognized national accreditation entities. Medical education programs are accredited by the Liaison Committee of Medical Education (LCME) for an MD degree and by the Commission on Osteopathic College Accreditation (COCA) for a DO degree. An individual MUST graduate from one of these accredited programs in order to (1) sit for national examinations (United States Medical Licensing Exam (USMLE) for MD and Comprehensive Osteopathic Medical Licensure Exam (COMLEX) for DO) and (2) to be eligible for a U.S. residency program – both of which are required for licensure.

Physician Assistants must graduate from a program accredited by the Accreditation Review Commission on Education for Physician Assistants (ARC-PA) to sit for examination

Mission Statement

The Board's mission is to protect the public's health, safety and welfare by regulating the practice of medicine, thereby ensuring quality health care for the citizens of this state.

(PANCE exam) and to be eligible for national certification by the National Commission on Certification of Physician Assistants (NCCPA). Again, required for licensure.

Imagine an individual spending time and money on an accelerated program, only to find out that they could not use the degree for licensure, in this state or any other state. At the very least, the bill should have safeguards to prevent such unintended consequences and specify what are considered “high-demand occupations” – which should not include medical education and physician assistant education.

Thank you for your time and attention and I would be happy to answer any questions.

Dear Members of the North Dakota State Senate,

As faculty members educating the future workforce, it is our hope that this letter clearly conveys the impact HB-1220 would have on North Dakota constituents and future workforce. General education programs play a vital role in the development of individuals' critical thinking skills, creativity, and ability to communicate, which are essential to both individual success and contributing to the economic prosperity of our state and nation. Additionally, these programs provide exposure to the liberal arts, cultivating civically engaged individuals who actively contribute to the progress and well-being of the State of North Dakota.

General education is often rooted in liberal arts education, which fosters a breadth of knowledge across disciplines such as literature, history, philosophy, and the arts, encouraging students to think analytically, engage in civil discourse, and understand diverse perspectives. These skills are essential in a world where adaptability and innovation are paramount. Employers consistently seek graduates who can reason effectively, articulate their ideas clearly, and navigate constantly changing work environments—competencies deeply rooted in a liberal arts education.

Eliminating coursework in these fields would have significant negative repercussions. Without exposure to humanities and social sciences, students may struggle with the critical soft skills that drive effective leadership, ethical decision-making, and collaborative teamwork. Businesses and industries—especially in the technology, healthcare, and public sectors—rely on employees who can synthesize information, craft compelling arguments, and understand the human experience. By narrowing educational opportunities, we risk producing a North Dakota workforce that is technically proficient but lacks the adaptability and interpersonal skills necessary to thrive in dynamic work environments.

Moreover, these programs contribute to civic engagement and a deeper understanding of democracy. Students who study history and political science, for example, are better equipped to participate in informed discussions about governance and policy. North Dakota will benefit from informed citizens who can analyze policies, engage in meaningful discourse, and advocate for social change. Additionally, the liberal arts encourage a commitment to the common good, empowering people to participate in civic life, vote responsibly, and contribute to the democratic process through public service and community leadership. Cutting these courses would hinder our ability to cultivate responsible, engaged citizens who appreciate the complexities of societal challenges and are prepared to address them with thoughtful, ethical solutions.

In a 2021 study conducted by the Association of American Colleges and Universities (AAC&U), employers indicated that they placed a higher value on employees with values such as creative thinking, civic skills, leadership, and empathy. The report describes the need for a strong core curriculum that aligns with the program curriculum to enhance skills, mindsets, and aptitudes that employers deem necessary for success in the workplace. The AAC&U states that, in today's society, these skills are needed more now than before, in addition to employees' technical skills. Similarly, Burning Glass Technologies, a firm producing job market analytics, found that employers are willing to pay higher wages for employees with leadership, communication, and writing skills. In order for North Dakota to remain competitive in the workforce and retain employees in the state, it is vital that we equip graduates with the skills desired by employers at the state and national levels.

We urge you to protect and support the inclusion of general education and liberal arts within our higher education systems, so students are prepared not only for the jobs of today but also for the challenges and opportunities of the future.

Thank you for your time and consideration. We hope you will stand in support of policies that uphold the value of a well-rounded education and ensure that future generations benefit from the intellectual and professional advantages that the liberal arts provide.

Sincerely,

Dr. James Peliska (Dean and Professor of Chemistry, University of Mary)

Dr. Trisha Waldman (Associate Dean/Associate Professor of Biology, University of Mary)

Dr. Valerie Kolbinger (Assistant Professor of English, University of Mary)

Dr. Daniel Luttrull (Assistant Professor of English, University of Mary)

Dr. Diane Fladeland (Vice President for Academic Affairs and Professor of Nursing)

Amy M. Hollar (Assistant Professor of Communication, University of Mary)

Brennan Roche (Instructor of Biology, University of Mary)

Dr. David Echelbarger (Assistant Vice President for Academic Affairs and Associate Professor of Philosophy)

Dr. George Summers (Assistant Professor of History, University of Mary)

Dr. Anne Kerian (Associate Professor of Mathematics, University of Mary)

Dr. Renaud Gauthier (Associate Professor of Mathematics, University of Mary)

Dr. Mary Dockter (Dean of St. Gianna School of Health Sciences, University of Mary)

Thomas Mortenson (Assistant Professor of Music, University of Mary)

Dr. Nathan Kilpatrick (Associate Professor of English and Catholic Studies)

Dr. Jared Schumacher (Associate Professor of Theology, University of Mary)

Dr. Janeene Sibla (Associate Dean St Gianna School of Health Sciences, University of Mary)

Dr. Rebecca Raber (Assistant Professor and Director of Choral Studies)

Dr. Kathleen Kirsch (Assistant Professor Classics and Catholic Studies, University of Mary)

Dr. Betsy Kanz, DNP, RN, CPH (Assistant Professor of Nursing, University of Mary)

Christine Walth, MSN, RN (Assistant Professor of Nursing, University of Mary)

Dr. Lauren Emmel, PT, DPT (Associate Professor of Physical Therapy, University of Mary)

Dr. Amy Duchsherer (Assistant Professor of Communication)

Dr. Robyn Zeltinger, PhD, MS, CCC-SLP (Department of Speech-Language Pathology Chair and Associate Professor, University of Mary)

Dr. W. Scott Cleveland (Associate Professor of Philosophy and Catholic Studies, University of Mary)

Dr. Julie Sandvig, OTD, OTR/L (Assistant Professor of Occupational Therapy, University of Mary)

Dr. Cindy Kolsrud Anderson, OTD, OTR/L (Professor of Occupational Therapy, University of Mary)

Dr. Billie Madler, DNP, APRN, FNP-C, FAANP (Associate Dean of Nursing, University of Mary)

Dr. Mary Beth Johnson, DBe, MN, RN (Associate Professor of Nursing, University of Mary)

Dr. Joanne Lassiter, EdD, MSN, RN (Associate Professor of Nursing, University of Mary)

Dr. Elizabeth Seifert, OTD, OTR/L (Assistant Professor of Occupational Therapy, University of Mary)

Dr. Sarah Clark (Assistant Professor of English, University of Mary)

Dr. Donald Bungum (Associate Professor of Philosophy and Catholic Studies, University of Mary)

Dr. Kevin Walker (Associate Professor of Politics, University of Mary)

Carrie Axt (Assistant Professor, Speech-Language Pathology, University of Mary)

Dr. Joseph Stuart (Professor of History, University of Mary)

Dr. Megan Schneider (Assistant Professor of Respiratory Therapy and Bioethics, University of Mary)

Dr. Joseph Biggane (Chair of Biology and Assistant Professor of Biology, University of Mary)

Dr. Heather Wernke (Assistant Professor of Physics, University of Mary)

Leah Neugebauer, MSN, FNP-C, WHNP-BC (Assistant Professor of Nursing, University of Mary)

Dr. David S. Ronderos (Associate Professor of Biology, University of Mary)

Fr. Benedict Fischer, OSB (Assistant Professor of Theology, University of Mary)

Dr. Margaret Mary Summers (Assistant Professor of History and Catholic Studies, University of Mary)

Dr. Michael F. Lombardo (Director of Rome Campus, Assistant Professor of Theology and Catholic Studies, University of Mary)

Kimberly Marchesseault (Associate Professor of Communication, University of Mary)

Brendan Thorp (Instructor of History and Catholic Studies, University of Mary)

Dr. Daniel John Sportiello (Associate Professor of Philosophy, University of Mary)

Dr. Hannah Venable (Assistant Professor of Philosophy, Chair of Philosophy, University of Mary)

Dr. Benjamin Rusch Gómez (Assistant Professor of Philosophy, University of Mary)

Patricia Smith (Administrative Assistant to Math & Science, University of Mary)

James Gustafson (Assistant Professor of Mathematics, University of Mary)

Dr. Teresa Bren (Assistant Professor of Nursing, University of Mary)

Dr. Alessandra Franco (Assistant Professor of Italian and History, Rome Campus Operations Administrator, University of Mary)

Dr. Wesley J. Hellman (Professor of English, University of Mary)

Dr. Brian J. Lydeen (Professor of Music, University of Mary)

Testimony on Creation of a ND Accelerated Degree for High-Demand Occupations

Senate Workforce Development Committee

March 21, 2025

House Bill 1220

Chairman Wobbema and Members of the Committee. My name is Nikki Wegner, and I am the President with the North Dakota Long Term Care Association. Thank you for the opportunity to provide testimony in support of HB 1220, which proposes the creation of accelerated degree programs for high-demand occupations in North Dakota. We are in support of initiatives that address the pressing workforce shortages our state faces, particularly in sectors like healthcare.

North Dakota is facing severe workforce shortages across multiple industries, with healthcare being among the most critical. For example, the state's nursing homes require 1,257 additional workers just to return to pre-pandemic staffing levels, highlighting the urgent need for action.

In 2001 and 2003, the Legislature passed House Bills 1372 and 1245 respectively, which expanded the options for becoming a nurse in ND. These bills have been instrumental in removing barriers and creating more options to become a nurse, specifically licensed practical nurses (LPNs) or registered nurses (RNs) in North Dakota. Similarly, HB 1220 has the potential to create new opportunities across multiple fields.

While streamlining education for LPNs and RNs continues to help address nursing shortages, significant gaps remain in other critical healthcare fields, including respiratory therapy, physical and occupational therapy, dental services, and primary care. These professions are essential for community health, yet lengthy education pathways and workforce shortages limit access to care. Expanding opportunities for accelerated education and streamlined licensing in these high-demand areas would help ensure timely, quality care for North Dakotans while strengthening our healthcare system.

HB 1220 provides a proactive and strategic solution to North Dakota's workforce challenges by streamlining curricula to remove general education requirements and tailoring degree programs to workforce needs. By facilitating accelerated educational pathways, this legislation will enable quicker entry of qualified professionals into high-demand fields, helping to address critical shortages effectively. I urge the committee to

support HB 1220, fostering a stronger and more responsive workforce for the future of our state.

Thank you for considering my testimony.

Nikki Wegner MS, OTR/L, President
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Testimony for HB 1220

March 20, 2025

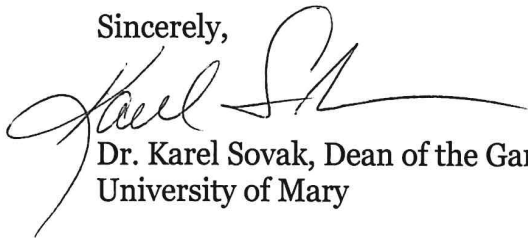
In my role as Dean of the Gary Tharaldson School of Business, it is an important part of my position to keep a pulse on the needs of the business community. My discussions with all business leaders always result in the same two answers – the need for critical thinking and prudent decision making and great communication skills – both oral and written. That includes the ability to listen.

Our liberal art education within the University of Mary provides a great complement to the technical and professional skillset to which our students obtain. In addition to the strong emphasis and practical application of the above skills, our ethical decision-making studies incorporate the exposure our students have in the philosophical and theological lessons instilled upon them. They learn how to apply those responsible choices within the workplace, making them a valuable member of the team.

We also teach them how to be good stewards with the resources to which they have been entrusted, whether that is financial, physical, natural, technological or human. The interdisciplinary lessons help them to connect their knowledge to thrive in a more diverse environment that business entails. Additionally, students in these programs gain a broader understanding of perspectives and social dynamics that enhance their leadership potential and global competency. Lastly, their emotional intelligence is far superior to those students who are simply engaged in technical building skills, as important as those might be in today's society.

Allowing students to be engaged in the liberal arts brings an important life-long learning resiliency to the workplace and prepares students to be a more vibrant force for good in whatever vocation they choose. I ask the committee to vote no on HB 1220 relating to the a new section to chapter 15-10 of the North Dakota Century Code.

Sincerely,

A handwritten signature in black ink, appearing to read 'Karel Sovak', with a long horizontal flourish extending to the right.

Dr. Karel Sovak, Dean of the Gary Tharaldson School of Business
University of Mary

Written Testimony in Opposition to House Bill N. 1220

Rod Jonas, Ph.D.

Dean, Liffrig Family School of Education and Behavioral Sciences
University of Mary

This written testimony is in opposition to HOUSE BILL NO. 1220 that focuses on the permission for institutions under the control of the state board of higher education to develop accelerated degrees for high-demand occupations. Although the major discussion on this bill thus far has primarily focused on the preparation of nurses, it would appear likely that the passage of this bill would lead to a similar focus on other high-demand occupations, such as the teachers.

Throughout the last few decades, teachers and school administrators in America's schools have received a tremendous amount of public scrutiny for the poor academic performance of their students. This public scrutiny has led state and national policy makers to put pressure on teacher education programs to improve and to hold teacher preparation programs accountable for the development of effective teachers. The U.S. Department of Education has created initiatives designed to improve teacher education, primarily driven by research that reveals the positive effect that qualified and high-performing teachers have on improving student learning.

As a Dean of the Liffrig Family School of Education and Behavioral Sciences at the University of Mary, I have been a member of state committees and taskforces organized to find ways to improve the preparation of teachers. My participation on these committees has shown me that most people think that the best way to develop stronger teachers is to increase their content knowledge, which usually translates to more education or major specific courses. However, ask almost any school administrator and he/she will tell you is that it is not a teacher's content knowledge that causes them to fail as a teacher, but it is a teacher's (a) social and emotional intelligence, (b) problem-solving skills, (c) their awareness of a student's cognitive and emotional needs and (d) their ability to communicate efficiently.

At the University of Mary, we believe in the liberal arts and their value in providing the foundation needed for our preservice teachers to become effective high-performing teachers. We believe our liberal arts core enables our students to become men and women who are responsible citizens, persons of integrity and faith, and, at the same time, specialists in their chosen discipline of education. Our liberal arts core courses are designed to cultivate the mind

of our students and provide students with an understanding of how to solve problems, think critically, and express their ideas clearly and thoroughly.

The passage of this house bill would allow teacher preparation institutions to develop teacher education programs with 90 credits or less. This would most likely result in institutions dropping liberal arts courses from their teacher preparation programs of study. Without a liberal arts background, preservice teachers would not receive the coursework needed to help them succeed as a classroom teacher. In addition, current state and national teacher preparation accreditation agencies require liberal arts courses in all teacher preparation programs of study. For example, a licensed elementary education teacher is required to take courses in math, English, history, and science because they teach these subjects in the elementary education classroom.

Lastly, I believe allowing teacher education programs to reduce their program of study requirements may increase the number of students entering those programs, but it will not increase the quality of the graduates from those programs. If we really care about meeting the needs of the students in the K-12 classrooms in our state, the creation of a law that would most likely result in a reduction of the liberal arts courses is not the answer. It would result in less time to complete a degree, but it will not produce stronger professionals or more effective teachers.

Testimony on House Bill 1220**Honorable Members of the Senate Workforce Development Committee,**

I am Dr. Mary Dockter, Dean of the St. Gianna School of Health Sciences at the University of Mary. I stand before you today in opposition to House Bill 1220, which seeks to reduce the general education requirements for in-demand professions. With 36 years of experience as a physical therapist, physical therapy educator, and academic administrator, I now lead a robust school offering 13 undergraduate and 15 graduate degrees in high-demand fields such as nursing, respiratory therapy, radiology technology, athletic training, occupational therapy, physical therapy, and speech-language pathology. I am well-versed in recognizing the critical need for well-prepared healthcare professionals in North Dakota and beyond, and I care deeply about the health and well-being of our state.

While the list of high-demand professions is substantial, I urge you to consider the long-term impacts that limiting general educational requirements will have on both patients and providers. General education, rooted in the liberal arts, fosters a depth and breadth of learning that is more relevant than ever and is critical to the future of health and healthcare in America. Our world is rapidly growing more complex. A study in 2011 estimated that medical knowledge doubled every 50 years in 1950, every 7 years in 1980, every 3.5 years in 2010, and every 73 days in 2020. This shocking statistic means that what was learned in the first three years of medical school will be just 6% of what is known at the end of the decade from 2010 to 2020. Imagine that statistic now and ponder what it will be in a few years as developments such as artificial intelligence are just now in their infancy stages. It is critical that students learn how to learn, as opposed to being limited to technical skill development, as information learned now will be obsolete in the near future. Healthcare educators are looking to the humanities to help students transform knowledge into clinical wisdom, critically think, tolerate ambiguity, problem-solve, analyze ethical challenges, and communicate effectively and with sensitivity to optimize the health of patients and entire communities in our increasingly diverse and complex world.

My esteemed colleague, Dr. Billie Madler, will provide well-thought-out and research-based testimony on the impact of a bachelor's degree in nursing. Similarly, in respiratory therapy, where graduates can enter practice with either an associate or bachelor's degree, a 2023 study demonstrated that patients who received more than 85% of their care from providers with advanced training had improved discharge outcomes compared to those whose care was provided by providers with associate degrees. Studies demonstrate that educational preparation matters. I encourage you to carefully review and listen to testimony and evidence that supports a holistic education that provides rigorous professional preparation grounded in the liberal arts.

In addition to my concerns related to adverse patient outcomes, I have pragmatic concerns related to licensure and accreditation. Nearly all of our healthcare programs undergo rigorous accreditation processes, including submission of annual self-study reports and periodic site visits. For an applicant to sit for a required licensure examination, most state boards require successful graduation from an

accredited education program. A snapshot of programmatic accreditation standards indicates an expectation that students have a foundation in the liberal arts:

Occupational Therapy Accreditation

ACOTE Standard B.1.0: Program content must be based on a broad foundation in the liberal arts and sciences. A strong foundation in the biological, physical, social, and behavioral sciences supports an understanding of occupation across the lifespan.

Nursing Accreditation

- **CCNE Criterion and Standard for Accreditation Standard III Key Element III-F:** Baccalaureate curricula build on a foundation of the arts, sciences, and humanities. Baccalaureate degree programs demonstrate that knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice.

Radiology Therapy Accreditation

- **JRCERT Standard 4.2:** At a minimum, the curriculum should promote qualities necessary for students/graduates to practice competently, make ethical decisions, assess situations, provide appropriate patient care, communicate effectively, and keep abreast of current advancements within the profession. Expansion of the curricular content beyond the minimum is required of programs at the bachelor's degree or higher levels.

In Representative Motschenbacher's written testimony presented to the House Committee in January, he wrote, "Furthermore, and maybe one of the most beneficial things about this bill, is that it is likely that other states may not recognize these degrees and thus, many of the students would likely stay in ND to work where they are accepted rather than transfer to another state." This statement points out the alarming reality that adoption of this bill would put students in a situation in which completion of their degree in a North Dakota institution may limit them to North Dakota licensure only. Outside of the questionable ethics of this practice, I envision an outward wave of North Dakota high school students choosing out-of-state institutions to pursue their degrees, as well as out-of-state students avoiding North Dakota.

There is an undeniable shortage of workforce in certain professions. Compressing degrees to 90 credits and significantly limiting general education requirements is not the answer. Faculty and administrators from both secondary and higher education, along with partnering employers, have been and will continue to create innovative solutions to positively impact workforce needs, such as year-round academic programs, dual credit opportunities, collaborative scholarships and programmatic discounts, and paid internships. While there are challenges, we envision opportunities that ensure a high-quality and excellent workforce in the future.

References:

- Densen P. Challenges and opportunities facing medical education. *Trans Am Clin Climatol Assoc.* 2011;122:48-58. PMID: 21686208; PMCID: PMC3116346.
- Kaur R, Geistkemper A, Mitra R, Becker EA. RT education and COVID-19 pneumonia discharge quality. *Canadian Journal of Respiratory Therapy.* 2023;59:190-203. doi:10.29390/001c.87641.

Lowering credit requirements and pushing students through degree programs often leaves them ill-prepared and not able to face the demands of the career/occupation that needs them. I am part of the cybersecurity industry, and while we desperately need talented workforce, lowering requirements is not the solution. Providing new and innovative ways to train, such as internships, co-ops, and apprenticeships offer better alternatives to get people into the workforce quicker and at the entry level jobs that we lack the man power and expertise. I do not support accelerated degree for high-demand occupations.

A handwritten signature in black ink, appearing to read 'Matt Frohlich', with a long horizontal line extending to the right.

Matt Frohlich

Testimony for the 69th Legislative Assembly – Senate Workforce Development

March 19, 2025

Eric Link, Vice President of Academic Affairs & Provost, UND

Holly Gruhlke, Vice President of Academic Affairs & Provost, Dickinson State University

David Bertolini, Vice President of Academic Affairs & Provost, North Dakota State University

Bill: HB 1220

Chairman Wobbema and members of the Senate Workforce Development Committee:

My name is Eric Link, and I serve as the Provost and Vice President for Academic Affairs at the University of North Dakota. Joining me as co-signatories for this testimony are Dr. Holly Gruhlke, Provost and Vice President for Academic Affairs at Dickinson State University, and Dr. David Bertolini, Provost and Vice President for Academic Affairs at North Dakota State University.

We submit this testimony in opposition to HB 1220 and urge a **NO** vote on HB 1220.

We want to begin by acknowledging Representative Motschenbacher and the co-sponsors of HB 1220 for their work on this bill. Striving to directly address workforce needs in North Dakota and providing pathways for students to be able to enter the workforce with recognized credentials is important work, and it is something we are all working on—in the North Dakota legislature, across the NDUS broadly, and within our specific institutions.

Our opposition to HB 1220 as drafted is based on several issues:

First, to the extent that HB 1220 seeks to provide a pathway toward meeting workforce needs in high-demand professions, the bill as drafted would not fulfill that objective. Reducing the time to degree or the requirements associated with a degree or credential would not ultimately result in increasing the supply of appropriately credentialed graduates in the workforce. While it may initially increase the speed in which graduates enter the workforce, the difficulty remains in attracting the number of students to close workforce gaps and progressing them towards graduation while ensuring they are prepared. For instance, if 20 students choose as freshmen to pursue nursing, then 20 graduates (at most) will enter the workforce, whether that be in three years, or four years, or according to whatever timeline. All that will have changed is the level of university training they will have when they enter the workforce.

Second, HB 1220 calls for the establishment of a “North Dakota accelerated degree.” HB 1220 also stipulates that such degrees shall be recognized by “occupational or professional boards” as an accredited program for licensing purposes. This directive may, we believe, pose considerable challenges for institutions, for licensing bodies, and for students themselves. Institutions across the NDUS have obligations—set by regional and national accrediting bodies—to meet a variety of standards. Failure to meet these standards may result in the loss of accreditation. Students would then be faced with the challenging prospect of being competitive in the marketplace when being ranked against graduates from accredited programs, putting North Dakota students at a distinct

competitive disadvantage. Any recognition extended to a “North Dakota accelerated degree” by virtue of HB 1220 may not have the force of law beyond state borders. Thus, students may wind up with degrees that do not have the status of regional or national accreditation, do not meet the standards for licensing outside of the state of North Dakota, and the reputation of the NDUS as a provider of world-class, nationally-normed and accredited degrees may be diminished accordingly.

We are also concerned that the long term effect of requiring students with such credentials to have to work in North Dakota will actually depress salaries for these individuals, for North Dakota employers will not have to compete with others in the region for these employees. That may place downward pressure on salaries for such employees, which will draw down tax receipts, and so on.

The net effect of this would be a loss of licensure reciprocity between North Dakota and other states, limiting student mobility and employment opportunities, creating an isolated island of non-portable degrees (and employees) within the state, and possibly contributing to the depression of salaries for people who might choose to work in these high-demand fields.

Third, HB 1220 states that universities must “not require a student to obtain general education credits for a North Dakota accelerated degree.” This will pose challenges for students/graduates, and many graduates with such degrees will enter the workforce underprepared for the rigors of the contemporary marketplace. The *National Association of Colleges and Employers* (NACE) provides results of an annual survey of employers that highlights their feedback about what they are looking for in successful employees. Consistently, the skills and abilities employers are seeking align with the skills and abilities students learn through their general education requirements. The latest NACE survey results indicate that employers are seeking employees with strong communication skills, professionalism, critical thinking ability, career and self-development, teamwork, and leadership skills, among others. These skills directly align with the general education learning outcomes NDUS institutions require. The aim of general education is to help students develop into skilled employees.

The elimination of general education from “North Dakota accelerated degrees” may put institutions out of compliance with accreditation standards in certain key, high-demand fields such as Nursing and Education. For example, at UND, nursing programs are nationally accredited by CCNE. CCNE expects that nursing programs will provide students with a well-rounded education that includes general education courses in areas such as humanities, social sciences, natural sciences, mathematics, and communication. Per *Key Element III-F: The curriculum is logically structured and sequenced to achieve expected student outcomes*: “Baccalaureate degree programs demonstrate that knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice” (CCNE, 2024, page 19). In addition, *The Essentials: Core Competencies for Professional Nursing Education (Essentials)* (AACN, 2021) which is a required professional standard for CCNE accredited programs, supports general education as noted in their required domains. Particularly, *Domain 1: Knowledge for Nursing Practice*, which notes that preparation in both liberal arts and sciences and professional nursing coursework provides graduates with the essential abilities to function as independent, intellectually curious, socially responsible, competent practitioners (Tobbell, 2018 (as cited in AACN, 2021, page 27)).

In summary, while the intention behind HB 1220 to address workforce shortages is commendable, its proposed approach—eliminating necessary educational requirements and establishing an unaccredited "North Dakota accelerated degree"—poses significant risks. Reducing training and accreditation standards may lead to unintended consequences, such as diminishing the competitiveness of North Dakota graduates in national and regional job markets. Furthermore, by eliminating general education requirements, we risk depriving students of essential skills highly valued by employers, potentially undermining their long-term career success.

Given these concerns, we urge legislators to reconsider the long-term consequences of HB 1220 and explore alternative solutions that prioritize the quality and competitiveness of North Dakota's workforce while addressing the real challenges in recruiting and retaining skilled professionals.



2025 HB 1220

Senate Workforce Development Committee

Senator Mike Wobbema, Chairman

March 21, 2025

Chairman Wobbema and members of the Senate Workforce Development Committee, I am Tim Blasl, President of the North Dakota Hospital Association (NDHA). I am here to testify in support of House Bill 1220. I ask that you give this bill a **Do Pass** recommendation.

Hospitals support the creation of an accelerated degree for high-demand occupations. We support a higher education institution offering an accelerated degree as an optional substitute.

The number one issue facing hospitals today is workforce. The lack of health care workers is challenging in both the urban and rural areas throughout the state. I know you hear about the nursing shortage, but hospitals face other job type shortages like surgical techs, radiology techs, lab techs, and many others.

We support this bill because it would allow individuals to enter the workforce sooner. We also understand the different professional boards need to be in sync with this legislation since they license high-demand occupations.

In summary, we support the passage of this bill and hope that you give it a **Do Pass** recommendation.

I would be happy to respond to any questions you may have. Thank you.

Respectfully Submitted,

Tim Blasl, President
North Dakota Hospital Association



North Dakota House of Representatives

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COMMITTEES:

Finance and Taxation
Political Subdivisions

March 20, 2025

Good afternoon Chairman Wobbema and committee members. For the record, Mike Motschenbacher from District 47 representing Northwest Bismarck.

Today you have before you HB 1220. I just want to make it known that the first draft I received back on this bill was on June 25th of 2024, so this is not something I just threw together. I've been working on this bill for quite some time. In your packet, you have several items. In addition to my testimony, there are some amendments that I'd like the committee to adopt and I'll explain that here soon. There is a list of high demand occupations that I'll refer to shortly, and also a three-page "research paper" that will detail all the research I've done over the interim here on this bill. I won't go through the research in my testimony here, but I'd encourage you all to take a look at it as it will help you understand how I got to where we are today.

As you know there is a workforce shortage in North Dakota. So over the interim, I thought intently about what we could do as a state that could help solve the workforce shortage. As you know, the state has invested dollars in many programs such as additional scholarships for students, industry tax incentives through the career builders program which is a great program I might add, and other good and effective ideas and programs. Although these are good incentives and programs, they have not solved the workforce shortage. So, I looked at all the challenges we face as a state and I think we have a solution or at least one more tool we can put in the toolbox which will hopefully alleviate our workforce shortage.

The first thing I want to do is give you kind of a real-life scenario of what this bill would accomplish.

Let's just say that the dental industry for example is absolutely starving for dental hygienists. The dental industry goes to the ND Dental Association and expresses their concern and asks what can we do to help solve our workforce shortage. So the dental association and the industry work together and approach one of our fine institutions of higher education, let's just use BSC as an example for now, and ask them "Hey, we are in dire need of dental hygienists in ND. People are waiting six months for cleanings, and several are going out of state

for services just because we can't handle the needs. Would you be willing to offer a degree with less necessary credits so we can get the students out of college and into the workforce faster. Bismarck State says "Sure, we would be willing to offer that. Let's go talk to the licensing agency and together let's look at the requirements we have currently to be licensed to work in ND, and come up with a solution. So working together, the industry, the association, the college, and the licensing agency come up with a reduced credit degree that would be offered and implement the plan. As you can see, nobody is forcing anything on anyone, it is all the interested parties working together. You might be thinking that they can likely already do this, and they can, but the reason we need this bill is twofold. In addition to encouraging industries, colleges, licensing agencies, and associations to come up with these compressed degrees, the students would need some protection so if they choose this compressed degree path, it can't be taken away while students are enrolled in it. It would protect the students once they enroll seeking this degree. It does not prevent them from stopping the program for future entrants if they later see it as not beneficial, but just says they have to finish it out for those that are already participating in it. And this is not just dental hygienists we are trying to solve the workforce issue for, you can substitute any industry, association, and college into this example.

So if you pull out the amendments that you have in your packet, I'll run through those quickly. We passed this bill through the house but there were some clarity issues that we wanted the Senate to fix so I can run through those.

Line 7 mentions the name as an "accelerated degree". This actually may be better named as a "compressed degree". Accelerated degrees are degrees that concentrate more on getting the student to graduate faster by offering additional courses, taking additional credits and such to graduate at a faster pace but still get the full degree. Compressed degrees offer the ability to get a degree with less credits required. It may be irrelevant, but if the committee would like to change this to better reflect the accuracy of what this truly does, that would be acceptable. I don't have that in the amendment as you can see, but if the committee wants to do that, you can do so.

Section 1, subsection 1 further clarifies that offering these degrees is optional. No industry or college is mandated to offer this alternative degree. It is completely optional.

Section 1, subsection 1d specifies that any general education credits "may" not be included. Once again, this just gives them the opportunity to eliminate some of the currently necessary gen ed credits when they write the new degree requirements.

Subsection 2 on page 2 designates which areas of expertise are considered "high-demand" occupations. If you want to see what occupations are considered "high-demand", those are in your packet. This section also states

that an occupational or professional board may revoke this designation at any time like we discussed earlier, and this is also where it imposes the protection for students that are already entered and had begun the program.

Subsection 3 simply states that ND will recognize the degree as being able to be licensed to work in our state.

Subsection 4 allows the SBHE to adopt rules to implement this. Here is a link if you wish to view that section.

[Chapter 28-32](#)

So what are the advantages of this bill? First, this will graduate students with less debt. As you all know, the price of higher education is extremely high and if we can graduate our students with less debt, that is one huge advantage of this bill. Second advantage is students will be able to enter into the workforce faster thus helping out the industries in ND that are so desperately in need of employees. The third advantage is this would likely decrease the number of students that leave the state seeking employment. The reasoning behind this is that these degrees likely would not be recognized as fully accredited in other states. You may be thinking this is a bad thing, but I would ask you this. Who's workforce problem are we trying to solve? North Dakota's? Or Montana, Minnesota, and South Dakota? But, I need to stress this again. Offering these degrees is completely optional. Every institute of higher learning in our state can and likely will still offer the fully accredited degree which would allow students to move out of state if they choose that path. This compressed degree could be presented in addition by the colleges as an optional substitute for students that would like to stay in state. If later in their career they want to move out of state and they have this compressed degree, they simply would have to take a few courses like they would have had to originally to get the fully accredited degree. However, if this bill passes and other states see this model as working, it is quite possible they also may start offering these and thus would likely accept students with these degrees in the future. There are many students in the state that likely have roots here that have no intention of ever leaving, and this would give them another pathway for success and would encourage them to remain in ND. The fourth advantage is that we would likely get students from neighboring states that wouldn't mind living in ND that would attend our universities, get a job in ND, and end up raising families here. This is a good incentive for growth in our state. The last great thing in this bill, is that it costs the state nothing. As you see, there is no fiscal note attached. This is simply thinking outside the box and coming up with a plan to grow our state that doesn't require taxpayer dollars.

It's my opinion after looking at general education requirements needed to graduate, that most are unnecessary and don't help with the field of work they are choosing. I can tell you when I received my degree in electronics technology 33 years ago, I had to take several classes to get this degree that had absolutely nothing to do with electronics. I took a meteorology and astronomy class, a speech class, a math class, and an English class, none of which had anything to do with electronics and did nothing to further my career. I believe higher education should be looking at more focused and specialized approaches to educating students for their desired careers.

It turns out that many studies that have been done also agree. The **National Bureau of Economic Research** in a study found that prolonged degree completion due to non-essential courses contributes to increased dropout rates and delays workforce entry. The **Association of American Colleges & Universities** found that employers are more interested in *field-specific expertise, critical thinking, and problem-solving skills* than in broad general knowledge. Although general education credits are mostly aimed at creating "well rounded" students, research in the **Journal of College Science Teaching** highlighted concerns about the traditional university curriculum's ability to enhance critical thinking and scientific literacy. The study suggested that Gen Ed courses often fail to effectively develop these essential skills, calling into question their overall efficacy. In studying these questions, I found endless resources backing up the arguments that they are unnecessary, have a negative overall impression on the students, and are mostly not important to the organizations that are looking to hire these students.

Really quickly, I just want to address a couple things that I'm sure you are going to hear in opposition to this bill. First, you are going to likely hear that part of higher education is to create a "well rounded individual" in addition to getting them ready for their career. I have consistently challenged that, as I believe that is the job of the students family and not that of a university. The job of higher education is to get students ready for their career and not guide them in their moral beliefs and such. The second thing you may hear is that this bill would "water down" or "reduce the value" of a degree. Once again, I disagree with that. I believe the universities should focus on the career path the student is choosing and get them "work ready". However, like I've stated several times already, if a student wants to be more "well rounded", this bill will not take away their ability to do that. If they think it will "reduce the value" of the degree, then they can choose the fully accredited degree path. The last thing you may hear is that this degree would not work for some industries and I understand that. If it doesn't work for an industry, then there is no requirement for them to create the degree and/or offer it as an option. They simply won't have to participate in it if they don't want to. Let's just give them that choice. If it works for your industry great. If it doesn't you don't have to participate.

Mr. Chairman and committee members, let's be innovative, pass this bill, and give our students additional options to pursue their careers. I thank you for your time, and with that I would stand for any questions.



March 18th, 2025

Subject: Opposition to SB 1220 Regarding Accelerated Degree Options

Chair Wobbema and Members of the Senate Workforce Development Committee,

I am writing to express my strong opposition to HB 1220, which seeks to allow accelerated degree options for programs in high-demand occupations by removing general education requirements. While the intention to expedite workforce entry is understandable, eliminating general education coursework would ultimately be a disservice to students and their future employers.

General education courses provide essential foundational knowledge that supports career-specific education. These courses enhance critical thinking, communication, problem-solving, and ethical reasoning—all of which are indispensable skills in today's workforce. In professions such as nursing, dental hygiene, medical assisting, and other career and technical education programs, a well-rounded education is not just beneficial but necessary for providing competent and holistic care.

Our Faculty Senate firmly believes that general education requirements are an integral component of a student's academic and professional development. These courses cultivate a broader understanding of societal issues, scientific principles, and cultural awareness—all of which contribute to producing well-prepared professionals who can adapt to challenges in their fields.

By removing these requirements, the proposed bill risks producing graduates who may lack essential competencies beyond technical skills. Employers consistently emphasize the importance of communication, critical analysis, and adaptability in their workforce. General education courses are key to fostering these skills, ensuring that graduates are not only technically proficient but also well-rounded professionals prepared for long-term career success.

I urge you to oppose HB 1220 and uphold the integrity of higher education by maintaining general education requirements. North Dakota's students deserve an education that fully prepares them for the complexities of their chosen careers and lifelong learning.

Thank you for considering this critical issue. I appreciate your time and commitment to North Dakota's education system and workforce development.

Sincerely,

Scott A. Johnson
DCB Faculty Senate President

Testimony for HB 1220

March 20, 2025

The faculty of the Hamm School of Engineering at the University of Mary has a few points regarding the potential effects of passage of this bill which legislators may want to consider.

The bill assumes cutting general education accelerates employability, but it risks the opposite. High-demand occupations—like engineering or healthcare—rely on skills beyond technical know-how. Communication, critical thinking, and ethical judgment, built through humanities, are what employers in these fields consistently demand. Our industry advisor committee frequently places “soft skills” as a priority for them when hiring and a 2021 LinkedIn skills report flagged these as top priorities across industries. Graduates with only narrow training might struggle to collaborate or innovate, making North Dakota’s workforce less competitive, not more.

Accelerating degrees by eliminating liberal arts could weaken the state’s ability to attract and retain high-value industries. Companies choosing where to invest look at talent pools. A 2019 National Academies report emphasized that engineers with broader skills—like cultural awareness or creative problem-solving—excel in global markets. If North Dakota produces one-dimensional graduates, firms might bypass the state for places with more versatile talent, hurting long-term economic growth.

Section 2 forces occupational boards to recognize these accelerated degrees for licensing, but that doesn’t guarantee quality. Professional fields often implicitly expect well-rounded training. For example, engineers need to navigate ethical dilemmas (e.g., safety vs. cost), which humanities courses address. A flood of minimally educated licensees could lead to subpar performance, public safety issues, or even legal challenges—think infrastructure failures or medical errors—costing the state more than the bill saves.

By letting institutions drop general education (Section 1.d), the bill risks turning North Dakota degrees into glorified trade certificates. Top-tier universities—like those North Dakota might compete with—maintain rigorous, broad curricula, which bolster their prestige and alumni success. A 2022 Carnegie Classification analysis tied well-rounded education to higher institutional rankings. If accelerated degrees dilute quality, enrollment could drop as students find superior options out of state, and the state’s higher ed system might lose non-governmental funding and influence.

Students opting for these degrees (Section 1.a) might graduate faster but may languish in low level technical positions and be less prepared for career shifts or leadership roles, common in high-demand fields. Humanities teach civic awareness—vital for professionals shaping communities. Without it, you get a workforce that solves today’s problems but can’t anticipate tomorrow’s, sticking the state with future costs.

High-demand occupations thrive on breakthroughs, and humanities fuel that. Historical case studies or philosophical debates sharpen creative thinking—key for designing the next big thing. A 2017

American Society for Engineering Education study linked humanities exposure to better innovation in STEM grads. North Dakota's push to lead in high-demand sectors could stall if it sacrifices the intellectual breadth that drives progress.

HB 1220 trades speed for strength. It risks graduating a workforce that's less employable, less innovative, and less equipped to keep North Dakota competitive. The data shows employers and industries need more than tech skills—they need thinkers. This bill could cost us more in reputation and economic loss than it saves in time.

Sincerely,

Terry Pilling, Dean
Nancy Kelly, Prof. Electrical Engineering
Anthony Garcia, Prof. Mechanical Engineering
James Carrico, Prof. Mechanical Engineering
Michael Douglas, Prof. Construction Management
Thomas Volkman, Prof. Computer Science
Jerika Hayes, Prof. Electrical Engineering
Bishal Bhattarai, Prof. Mechanical Engineering
Fr. Anathasius Oweis, Prof. Electrical Engineering
Rodrigo Aparecido, Laboratory Coordinator
Anthony Waldenmaier, Prof. Civil Engineering

Hamm School of Engineering
University of Mary



Connor Ferguson | Student Body President

Connor.ferguson@und.edu

House Bill 1220
Workforce Development Committee
March 21, 2025

Chairman Wobbema and Members of the Workforce Development Committee,

My name is Connor Ferguson, and I serve as the Student Body President at the University of North Dakota (UND). I am submitting testimony in opposition to HB 1220, relating to the creation of a North Dakota accelerated degree for high-demand occupations.

In your deliberations, I want to make sure that the student perspective is represented. This bill would allow institutions of higher education to offer accelerated bachelor's degrees by removing required general education credits. These general education requirements include courses focused on written and oral communication and digital information literacy, both of which are high-demand skills sought after by employers. Even if students are competent in their major area of study, employers may be wary of hiring students that cannot illustrate competence in these areas. This puts students with an accelerated degree at a competitive disadvantage and supplies the state with a less educated and less prepared workforce.

The primary reason for the introduction of this bill was to offer workforce relief for North Dakota's high demand occupations. Unfortunately, this piece of legislation will not resolve the issues that North Dakota industries face as it would not increase the throughput of a particular degree field. For example, after the initial adjustment to 3-year degree programs, a program that graduated 50 graduates every year with a 4-year bachelor's degree will still graduate 50 graduates every year with an accelerated degree. Overall, in this situation, with or without the accelerated degrees, 50 graduates would enter the workforce each year. Some much more effective ways to increase throughput in high-demand fields would be investment in college preparation in K-12 education or investing in early career and technical education. North Dakota's 2-year institutions

are extremely valuable, and they are the key to offering quality education to students who don't want to spend 4 years on a degree.

While this bill would allow students to receive a bachelor's degree quicker, it would have significant costs for their career outlooks. Students would graduate without proven essential skills that North Dakota employers require. This puts North Dakota graduates at a disadvantage when applying for jobs in North Dakota, and this puts North Dakota employers at a disadvantage with a less skilled workforce. Our employers deserve to know that students graduating from any NDUS institution are critical thinkers, communicators, and problem solvers that can tackle the challenges North Dakota companies face every day. These skills are primarily taught in the general education courses that would not be required for an accelerated degree.

In addition, we are concerned about how this bill will affect student experience at universities in North Dakota. This bill can create problems with accreditation as many accrediting bodies have general education requirements alongside their technical requirements. Jeopardizing accreditation will harm the reputation of our programs and make North Dakota schools less desirable in comparison to our regional peers. Furthermore, the ability for an institution to accelerate a degree path annually will create confusion and instability for students as their programs can shift between 3 and 4 years without much warning based on North Dakota's needs. A bachelor's degree is designed to expand our students' worldviews and expose them to new ideas and studies outside their career field. That's the value of a bachelor's degree and is the reason that I chose to take a 4th year when I had the opportunity to finish in 3 years.

Chairman Wobbema and members of the Workforce Development Committee, I respectfully request a Do Not Pass recommendation on HB 1220. Thank you for your time, and I am available to answer any questions.

Respectfully submitted,

Connor Ferguson

**HB 1220**

March 21, 2025

Jason Fincel, NDSU Student Government

jason.fincel@ndsu.edu - (605) 290-2722

Chair Wobbema and Members of the Committee: My name is Jason Fincel, and I am the Executive Commissioner of Legislative Affairs for North Dakota State University's Student Government. I would like to provide testimony in opposition to HB 1220 on behalf of NDSU students.

NDSU Student Government represents the interests of our student body both on campus and at the legislature. We are comprised of students from all academic colleges, ensuring diverse representation. Our mission is to advocate for policies that improve our university and support student success.

While NDSU students support efforts to improve educational affordability and accessibility, HB 1220 raises significant concerns. The bill proposes creating an accelerated degree option for high-demand occupations that eliminates general education requirements. While accelerated programs can be valuable when they maintain academic integrity, removing general education coursework risks producing degrees that may not meet accreditation standards or be widely recognized outside North Dakota. This could limit students' career opportunities, particularly if they seek employment in other states or pursue further education.

General education courses provide students with critical skills such as communication, analytical thinking, and cultural awareness—skills that employers consistently value. Cutting these requirements may unintentionally undermine the long-term success of students in high-demand fields.

For these reasons, I respectfully request that you provide a DO NOT PASS recommendation for HB 1220 as written. Thank you for your time and consideration.

North Dakota General Education Council

The North Dakota General Education Council urges a **NO vote on HB 1220**.

Our council appreciates the desire to promote programs that allow students to complete degrees related to high-demand fields in a shorter time frame. However, HB 1220, *even though it would be optional rather than mandated*, is not the best way to meet this need. The proposed legislation encourages the development of reduced-credit programs which eliminate general education requirements. This is problematic because:

- **Eliminating general education requirements endangers the accreditation of North Dakota's institutions of higher education by the Higher Learning Commission.** The HLC requires institutions to incorporate "general education and the associated breadth and depth of student learning" into academic programs. The HLC has established [guidelines](#) for reduced-credit programs; these programs similarly require general education coursework. Failure to meet these requirements would result in loss of accreditation, which is [required](#) for all North Dakota University System institutions.
- **The proposed legislation mandates that occupational or professional boards accept any resulting reduced-credit programs as meeting their standards, thus unilaterally changing requirements and removing the overview of professionals in the field.** For example, programs lacking general education coursework would not match the existing [rubric](#) for career-ready practices established by the North Dakota Department of Career and Technical Education, as general education plays a central role in development of the soft skills considered vital in the workplace, which play a vital part in the twelve categories NDCTE offers for evaluation.
- **These reduced-credit programs will disadvantage graduates who need to be licensed or certified in other states.** Online students from out-of-state need to meet the requirements of states other than North Dakota. Additionally, some students who currently reside in North Dakota know in advance that they will ultimately be working in other states (for example, members of the military temporarily stationed in North Dakota, as well as their family members). These individuals may be unpleasantly surprised to learn that their degree does not meet requirements in their anticipated location—or they may simply decide that enrollment in a North Dakota institution would be a mistake.
- **Programs that eliminate general education coursework will disadvantage both students and their future employers by failing to fully develop the capacity for continuous learning that is essential to successful long-term employment.** According to the U.S. Department of Labor, the average worker can expect to change careers five to seven times during their lifetime. A degree that eliminates general education requirements and focuses solely on preparation for a specific type of employment and may not adequately prepare the individual to transition into a different occupation. Even those who continue to work within a particular career will find that the required skills change over time. The learning goals embedded in general education coursework are essential to preparing individuals for these transitions.

Article VIII, Section 6.6b of the North Dakota State Constitution states that the "state board of higher education shall have full authority over the institutions under its control with the right, among its other powers, to prescribe, limit, or modify the courses offered at the several institutions" in the North Dakota University System. The NDUS is currently working to establish reduced-credit degree programs that will meet the accreditation requirements of the HLC, including the presence of general education within these programs.

The NDGEC recommends that the North Dakota Legislature leave this issue in the hands of the SBHE and strongly urges a NO vote on HB 1220.

Bethany Andreasen, President
March 20, 2025



GREATER NORTH DAKOTA CHAMBER
HB 1220
Senate Workforce Committee
Chair Mike Wobbema
March 21, 2025

Mr. Chairman and members of the Committee, my name is Ark Spencer, and I am the CEO and President for the Greater North Dakota Chamber. GNDC is North Dakota's largest statewide business advocacy organization, with membership represented by small and large businesses, local chambers, and trade and industry associations across the state.

We stand in support of House Bill 1220.

In our 2024 ND Economics and Employer Survey of our membership, 70% of respondents indicated they were having trouble hiring employees. Labor availability has been identified as the top business concern facing companies in North Dakota.

Our members feel it's important to maximize the flexibility and responsiveness of K-12, two and four-year educational institutions, to provide streamlined and affordable educational opportunities that target high demand occupation training needs.

We feel that this concept has merit and should be explored.



**HB 1220**

March 21, 2025

Phillip Truew, NDSU Student Government

Philip.true@ndsu.edu -- 612-355-0816

Chairman Wobema and Members of the Committee: My name is Jason Fincel, and I am the Executive Commissioner of Legislative Affairs for North Dakota State University's Student Government. I would like to provide testimony in opposition to HB 1220 on behalf of NDSU students.

NDSU Student Government represents the interests of our student body both on campus and at the legislature. We are comprised of students from all academic colleges, ensuring diverse representation. Our mission is to advocate for policies that improve our university and support student success.

While NDSU students support efforts to improve educational affordability and accessibility, HB 1220 raises significant concerns. The bill proposes creating an accelerated degree option for high-demand occupations that eliminates general education requirements. While accelerated programs can be valuable when they maintain academic integrity, removing general education coursework risks producing degrees that may not meet accreditation standards or be widely recognized outside North Dakota. This could limit students' career opportunities, particularly if they seek employment in other states or pursue further education.

General education courses provide students with critical skills such as communication, analytical thinking, and cultural awareness—skills that employers consistently value. Cutting these requirements may unintentionally undermine the long-term success of students in high-demand fields.

For these reasons, I respectfully request that you provide a DO NOT PASS recommendation for HB 1220 as written. Thank you for your time and consideration.



North Dakota State Board of Dental Examiners

PO Box 7246, Bismarck, ND 58507-7246 • info@nddentalboard.org • 701.258.8600 • <https://www.nddentalboard.org>

Senate Workforce Development Committee

March 21, 2025; 9:00 am

State Capitol; Fort Lincoln Room

Testimony of the North Dakota State Board of Dental Examiners

In Opposition to HB 1220

Chair Wobbema and members of the Senate Workforce Development Committee, my name is David Schaibley. I am the Executive Director of the North Dakota State Board of Dental Examiners here today providing the Board's testimony on HB 1220.

The Board appreciates the intent of the Bill and its sponsor's effort to make substantial and positive contributions to the workforce for some high need occupations. That is a laudable goal and one the Board supports. As a result, it was difficult for the Board to arrive at the decision of testifying in opposition. The Board feels obligated to do so, however, in order to effectively explain the ways HB 1220 may have far-reaching negative effects on our current dentists, hygienists, and assistants, and on our on future workforce. As a result, the Board opposes HB 1220 in its current form and seeks an amendment that would exclude it from the Bill.

The key provision that would negatively impact the dental workforce is the statement that the Board "shall approve a North Dakota accelerated degree and recognize the degree as accredited." (P1; L20).

I. Dentists and Hygienist

The mandate that the Board must recognize accelerated degrees as "**accredited**" would have a substantial negative impact on the dental field's North Dakota workforce and on our existing dental licensees. That is because without exception, all states require that all their schools of dentistry and schools of dental hygiene be accredited by the same entity—the Commission on Dental Accreditation

(CODA). There are many workforce-related benefits of having this universal standard of CODA-accreditation, including that:

- Students can be confident that their tuition payments are going toward the same quality of a degree regardless of the school that they attend anywhere in the country.
- Once the students graduate from a CODA-accredited program, they can take the National Exam and be licensed in any state.
- Once the students are licensed in a state, they can readily enter the workforce in that state.
- Once licensed and working in one state, dentists and hygienists can enjoy licensure mobility if they wish to obtain licenses in or move to other states.
- Dental offices can readily recruit and hire CODA program graduates regardless of the state the potential employee was educated in—knowing that the candidate will meet the educational components of licensure.

Unfortunately, House Bill 1220 would undercut each of those benefits. Examples of those impacts are:

- Students in accelerated programs would pay many thousands of dollars for degrees that no other state would recognize as accredited, so this non-CODA-accredited degree would be insufficient for licensure in those states.
- Every state requires that applicants for licensure take the dentist or hygienist National Exam. But graduates of these accelerated programs would not be allowed to take the National Exam. That is because only graduates from CODA-accredited programs are allowed to take the National Exams.
- Because these graduates would not be allowed to take the National Exam they would not be able to get a license—and thus could not work as dentists or hygienists—anywhere in the country. They could not even be

licensed or work as dentists or hygienists in North Dakota because the North Dakota Century Code also require passage of the National Exam—just like every other state.

- Changing our laws to add the accreditation of the accelerated degrees would mean North Dakota’s dentistry education requirements and laws are no longer substantially the same as all the other states. If North Dakota’s laws are no longer substantially the same as the other 49 states, our existing dentists and hygienists would no longer have the same licensure mobility they enjoy now. That is because generally, to have that mobility, the laws of the state the individual is leaving must be substantially similar to the laws of the state they are going to. And this Bill (mandating that we recognize something no other state recognizes) would mean North Dakota’s laws would no longer be substantially similar to the laws of any other state as to the educational criteria for dentists and hygienists.

II. Dental Assistants

Aside from dentists and hygienists, the Board also regulates dental assistants. HB 1220’s application to the dental assisting field is also problematic—but for a somewhat different reason. It is problematic for dental assisting because, different than the existing law, HB 1220 gives the Board no role for ensuring the content and quality of accelerated dental assisting programs meet our state’s criteria.

Under current North Dakota law, any entity anywhere in the country can create a dental assistant program. When they do, the Board works closely with them to ensure their curriculum and clinical training content produces competent dental assistants who can safely perform the duties that dental assistants are expected and allowed to perform in North Dakota. We do this with some regularity. In fact, we are working directly with Bismarck State College right now to do just that.

HB 1220 contains no role for “Board approval” of the accelerated degree programs. This lack of Board approval of the accelerated degrees would cause harm to students, dental offices, and the public, because without it:

- Students would lack an assurance that their accelerated degree would provide them with a quality education that prepares them to carry out all the tasks North Dakota law allows.
- Training programs would lack an assurance that their students will have paid for an education they can use for licensure and registration, and one that is worth its cost.
- Dental offices would lack an assurance that the dental assistants they hire from accelerated programs can actually perform the tasks expected of them, without causing harm to patients.
- Patients would lack an assurance that they are about to receive safe, quality care from their dental assistants.
- The Board would have a reduced ability for ensuring dental assisting applicants can safely practice.

III. Conclusion

HB 1220 might make substantial, positive, contributions to the workforce for some high need occupations, but it would have the opposite effect on dentistry—with negative consequences for dental professionals and North Dakota’s existing and future workforce. As a result, the Dental Board opposes HB 1220 in its present form and seeks an amendment that would exclude it from the Bill.

We appreciate your consideration and welcome any questions. Thank you.

Prepared and Presented by:

David Schaibley

Executive Director; North Dakota State Board of Dental Examiners

david@noddentalboard.org; 701-258-8600



Minot State University Faculty Senate

Testimony to the Senate Workforce Development Committees
State of North Dakota 69th Legislative Assembly

Re: House Bill 1220: A BILL for an Act to create and enact a new section to chapter 15-10 of the North Dakota Century Code, relating to the creation of a North Dakota accelerated degree for high-demand occupations.

Testimony by the Minot State University Faculty Senate
21 March 2025

Senator Mike Wobbema and members of the Senate Workforce Development Committee:

As faculty members at Minot State University, we are dedicated instructors and advisors of and advocates for our students. We want them to succeed in their lives as well as in our classrooms. Because of this, we urge you to give a **Do Not Pass** recommendation to House Bill 1220. Although its goals of reducing student debt and building a strong North Dakota workforce are ones we share, this bill as it stands cannot help meet those goals. This bill will not enable Minot State University or any NDUS institution to create and promote innovative academic programs to benefit the in-state, out-of-state, and international students we attract and serve by offering reduced-time degrees because the “accelerated degrees” it proposes would neither meet institutional and program accreditation nor permit students to become licensed in many occupational fields.

HB 1220 allows degrees that are “accelerated” by removing their general education course requirements, something that is claimed will enable students to graduate with less debt, will help address North Dakota's workforce issues, and will keep North Dakota students in the state. However, testimony already given on this bill in the House shows that such “accelerated” degrees could not be offered by North Dakota institutions of higher learning because they would not meet external standards for accreditation: neither by the Higher Learning Commission, which is the accreditor for all North Dakota University System institutions, nor by the individual accreditors of the professional and vocational programs that prepare our students for the workforce.

Lisa Johnson, Vice Chancellor for Student and Academic Affairs with the North Dakota University System, pointed out in her testimony to the House Education Committee that the Higher Learning Commission (HLC) requires, as part of its process of accepting reduced-credit bachelor's degree programs like these, that institutions must show they have “policies and processes for adequately incorporating general education, and the associated breadth and depth of student learning, into the reduced-credit bachelor's degree program[s]” for it to accredit those programs (https://ndlegis.gov/assembly/69-2025/testimony/HEDU-1220-20250120-30210-A-JOHNSON_LISA.pdf).

Vice Chancellor Johnson also points out that NDUS institutions and the State Board of Higher Education currently are working to develop robust reduced-credit bachelor's degree programs that will meet HLC and other accreditors' requirements while incorporating elements of general education that are critical for helping students develop the breadth of knowledge and critical thinking that will enable them to have not just jobs, but careers. It seems unproductive to try to steer the SBHE and NDUS institutions

away from developing accredited reduced-credit degrees that can meet students' and our workforce's needs and towards developing degrees without general education that *cannot* be offered without programs and institutions risking their accreditation.

Moreover, the provision in this bill that “an occupational or professional board shall approve a North Dakota accelerated degree and recognize the degree as an accredited program for licensing purposes,” proposes a practice that simply cannot be implemented. As Sandra DePountis with the North Dakota Board of Medicine pointed out in her testimony, accreditation of the programs under the Board of Medicine’s jurisdiction is done by national accreditation bodies. Students must graduate from an accredited degree program to be able to take licensing exams and be accepted into residency programs as physicians and physician assistants (https://ndlegis.gov/assembly/69-2025/testimony/HEDU-1220-20250120-30109-N- DEPOUNTIS_SANDRA.pdf). Likewise, dental hygienists in all fifty states must “pass the National Dental Hygiene Examination,” which “can only be taken by students who have completed” a program accredited by the national Commission on Dental Accreditation (https://ndlegis.gov/assembly/69-2025/testimony/HEDU-1220-20250120-30149-N-SCHAIBLEY_DAVID_J.pdf). Creating degrees that only offer “state accreditation” would do nothing to enable students to enter these professional fields and help North Dakota meet its workforce needs.

Finally, some claim that these university degree programs without general education would keep students in North Dakota because it is likely that other states will not recognize these degrees. Reasonably, the most likely result of creating “bachelor’s” degrees without fundamental general education at their core, even if such degrees *could* exist and be accredited, would be that North Dakota students and their parents who want good value for their educational dollars would choose to spend that money out of state. Moreover, the many students from outside North Dakota who currently attend our state’s institutions of higher learning almost surely would stay away if North Dakota’s institutions of higher learning were to gain a reputation for offering degrees that aren’t recognized elsewhere and fail to prepare them to be licensed in their chosen occupations.

We want the best for our students, including the best accelerated degrees that will meet national standards. We urge you to support the State Board of Higher Education and North Dakota University System institutions as we work to create degrees that are affordable, high-quality, and fully accredited, ones that will invite students to come to North Dakota (and maybe stay!) and will enable North Dakota students to gain the skills for work and for life that ensure their success within the state. To keep us all focused on the goals of achieving efficient degrees, less student debt, and a world-class workforce, we urge you to recommend **Do Not Pass** on HB 1220.

Sincerely,

Dr. Mark Singer
President, Minot State University Faculty Senate

HB 1220

March 21, 2025

Senate Workforce Development

Rachelle Hunt, President

Council of College Faculties

Dear Chair Wobbema and members of the Senate Workforce Development Committee, I am writing on behalf of the Council of College Faculties (CCF), representing the 11 public institutions of the North Dakota University System (NDUS). Faculty across all NDUS institutions have raised serious concerns regarding HB 1220, and we encourage a **DO NOT PASS** recommendation.

While we recognize the intent behind this bill to address workforce shortages in high-demand occupations, we believe that the proposed legislation could have significant negative consequences for higher education and the professional readiness of our graduates.

1. **Undermining Comprehensive Education:** House Bill 1220 proposes the creation of North Dakota accelerated degrees that do not require general education credits. General education courses are crucial not just for developing well-rounded individuals, but they are also *essential to teaching high demand skills* for any occupation—from trades to healthcare and beyond—including critical thinking skills, cultural awareness, and the ability to communicate effectively both orally and in writing. These courses provide a foundation that is indispensable for success in any profession. By eliminating this requirement, the bill risks producing graduates who are narrowly trained, less effective in the jobs they are trained for, and lack the broader skills necessary to adapt and thrive in a rapidly changing job market.
2. **Quality and Accreditation Concerns:** The bill mandates that occupational and professional boards recognize North Dakota accelerated degrees as accredited programs for licensing purposes. This blanket approval could undermine the rigorous standards currently upheld by the Higher Learning Commission and specific programmatic accreditation bodies. A blanket recognition of degrees is not feasible for most professions. Each state, along with its respective licensure, registration, and certification boards, has distinct regulations, processes, and procedures for recognizing accredited degrees and issuing credentials necessary for professionals to practice within that state. These processes and procedures cannot be rushed, which would compromise the quality of education provided in North Dakota.

While some may question the need for accreditation and outside oversight, accreditation ensures that educational programs meet high standards of quality and rigor. Without these safeguards, there is a risk that accelerated degrees may not provide the depth and breadth of knowledge required for professional competence, potentially compromising public safety and trust in our educational institutions.

3. **Impact on Institutional Autonomy:** House Bill 1220 does not define “high-demand occupations,” thereby granting institutions the authority to determine which degrees meet that criterion and to offer accelerated degrees accordingly. This could lead to

inconsistencies and a lack of uniformity across institutions. Furthermore, it places undue pressure on institutions to prioritize short-term workforce needs over long-term educational goals and student success over their careers. Institutions should have the autonomy to design curricula that balance immediate job market demands with the broader mission of higher education.

4. **Long-Term Workforce Implications:** While the bill aims to address immediate workforce shortages, it fails to consider the long-term implications of producing graduates with limited educational experience. High-demand occupations are often dynamic and require professionals who can adapt to new challenges and technologies. A comprehensive education that includes general education courses equips graduates with the versatility needed to navigate these changes and contribute meaningfully to their fields over the course of their careers.
5. **Creates Uncertainty for Students:** According to the bill, Institutions may annually determine which programs are in high demand, leaving students without guarantees that their chosen program will remain accelerated. While this bill aims to make institutions agile and responsive to workforce needs, it inadvertently creates a logistical challenge. Some students will be on the North Dakota accelerated degree track, others on the regular degree track, and still others may be on the accelerated track that has since been discontinued. These students will either need to be taught out based on the requirements at the time they entered the program or retroactively fulfill general education requirements.
6. **Requires Waivers for Institutional Legal Protections:** To mitigate the risk of lawsuits related to misleading or misrepresenting employability, students opting for a “North Dakota accelerated track” degree must be fully informed that this degree may not be recognized outside the state. Consequently, they may need to complete additional coursework to work beyond North Dakota’s boundaries. Written waivers will likely be required to document this informed choice.

In conclusion, while we appreciate the efforts to address workforce needs, House Bill 1220 is not the solution. It undermines the quality and comprehensiveness of higher education, poses risks to accreditation standards, could lead to inequities and long-term workforce challenges, may negatively impact student completion rates, and could lead to lawsuits against NDUS institutions. We strongly urge a **DO NOT PASS** recommendation.

Sincerely,
Rachelle Hunt, President
Council of College Faculties

To: Chair Wobbema and the Workforce Development Committee
 From: The University Senate of the University of North Dakota
Subject: Opposition to House Bill 1220
 Date: March 21, 2025

Dear Chair Wobbema and members of the Education Committee,

I am Zarrina Azizova, an Associate Professor of Higher Education and Chair of the University Senate at the University of North Dakota. On behalf of the University Senate, I express our opposition to House Bill 1220, which seeks to create a North Dakota accelerated degree for high-demand occupations by allowing institutions under the State Board of Higher Education to offer degrees without general education requirements.

We recognize the importance of aligning educational pathways with workforce needs. Historically, since the founding of the colleges, the workforce-related purpose of higher education (with the “workforce” definition constantly evolving yet always returning to the pragmatic value of serving and leading through expertise in areas of community and industry needs) has always been at the center of all curricular development and innovation in all types of higher education institutions in the U.S. Deferring to curricular expertise of academic institutions is the strength of the American higher education, not a weakness. But productive and innovative curricular development requires an academic policy development and flexibility at the institutional level to align with unique academic missions, faculty expertise, and professional standards. Because of a great diversity of higher education institution types in our state and the country as whole, public laws regulating curricular content and requirements will not be helpful as they lump diverse institution types into an impossible idea of a singular curricular for all at the state or national levels.

To put this differently, higher education institutions can and should govern their curricular without legislative interference for several reasons.

- 1) **Legislative Overreach.** HB 1220 is redundant and represents an unnecessary legislative overreach into higher education governance. It undermines the authority of the State Board of Higher Education and disregards existing accreditation mechanisms that already allow institutions to have a credit and structure flexibility to design degree programs tailored to workforce demands. HB 1220 is therefore redundant and risks creating unnecessary regulatory mechanisms.
- 2) **Regulating General Education.** The most troubling feature of HB 1220 is that this bill aims to restrict and regulate general education. General education requirements are fundamental to developing well-rounded graduates equipped with critical thinking, communication, analytical, interpersonal, and problem-solving skills, to name a few. Removing these foundational courses in favor of a narrowly focused degree may produce graduates with technical competencies but without the essential analytical and transferrable skill sets. Generations of research have proved that general education leads to student learning outcomes, including development of skills that technology or technical expertise alone is not capable to offer to industries and communities. In the wake of the generative AI and potential changes in workforce, the need for a well-rounded education is greater to be able to prepare for the “future-proof” careers and high demand

occupations that do not exist today but may emerge suddenly and soon. Yet the bill aims at a short-term impact in narrowly defined “high demand occupations” without considering a potential damage to all education programs and long-term impact on career readiness and workforce development from a larger perspective.

- 3) **Impact on Student Learning.** Another most troubling feature is a learning loss because a tightly specialized accelerated degree could limit students' career exploration and flexibility. How can we assume that young students will know on day one/semester one that this is the degree and a profession for them? By rushing or “accelerating” students to an early specialty commitment without a career exploration and learner development, we risk facing higher attrition rates in year two or three of these programs or even a student burnout from the condensed curricular. Emerging research on the impact of accelerated degree programs on students in select fields does show that student perspective on such degrees is not positive. Specifically, there is a risk to decelerate for students who may struggle academically or personally, which would lead to their decisions of dropping out from the programs completely. Other concerns include a sense of isolation from their 4-year program peers, who learn, study, and socialize at a different pace. Less opportunity to changing career decisions and being stuck in a rigid (non-transferable) credit structure is yet another concern that cannot be disregarded.
- 4) **Lack of Career Mobility due to Accreditation and Licensing Concerns.** These concerns are real because HB 1220 mandates that professional and occupational boards approve North Dakota accelerated degrees for licensing purposes but does not ensure these degrees will align with national accreditation standards. How can/will these programs be able to recruit any students when their credentials are not recognized outside the state? This move of what we may call as a higher education “balkanization” between the states is unprecedented and will not serve our students in the state and the country well.

Thus, the University Senate recommends a **DO NOT Pass** on HB 1220. Instead of imposing legislative mandates on degree structures and general education, we encourage investments in institutional-led solutions and targeted workforce partnerships that maintain high educational standards while addressing workforce demands. We stand ready to collaborate on sustainable approaches that prepare students for both immediate employment and long-term career success without compromising the integrity and quality experience of higher education in North Dakota.

Respectfully submitted,

Zarrina Azizova, Ph.D.

2024-2025 Chair, University Senate of the University of North Dakota

Dear Chairman Wobbema and members of the Senate Workforce Development Committee,

My name is Lisa Montplaisir I write to you on behalf of the NDSU Faculty Senate of which I serve as the President.

Faculty have raised serious concerns about HB1220 and we encourage a **do not pass** recommendation.

We recognize the efforts of Representative Motschenbacher and colleagues sponsoring the bill and share the workforce concerns facing North Dakota and seek to find ways to work with the legislature to fill those needs. However, this bill will not alleviate needs in high-demand occupations. In fact, if this bill is passed, it will exacerbate the problems in NDUS institutions and workforce. We agree with so much of the testimony provided thus far on the need for general education in all degrees. Rather than repeat those concerns, we provide an alternate lens. We share a few examples of the problems below.

Concerning 1a. *“Offer a North Dakota accelerated degree as an optional substitute for any degree offered by the institution which prepares a student for a high-demand occupation;”*

What is an accelerated degree? Is it time compressed acceleration such that a student is taking dual credit courses in HS and finishes their remain credits on a campus? Is it taking max loads every semester, including summer do be done in an accelerate time? Or is it reduced credits? These all fit the definition of an accelerate degree.

What is a high-demand occupation? Is it from the US Department of Labor¹ which identifies healthcare, software, and cooks/fast-food as the top three? Or the Bureau of Labor Statistics² which identify wind-turbine technicians, solar installers, and nurses as the top three? Or is it from jobsnd³ that creates categories where every major on our campus would fit? This list would identify all institution graduates to be identified in 1b. *“Determine annually which degrees offered by the institution prepare students for a high-demand occupation;”*

While it may be possible to meet 1c. and *“provide a list of North Dakota accelerated degrees to the appropriate occupational and professional boards;”* that list is not a direct link to a job. In most cases, the occupational and professional boards have governing bodies that set the criteria and standards for licensing, not the institution of the degree nor the hiring body. The criteria from governing bodies explicitly identify the need for general education courses, prohibit the removal of general education credits in reduced credit degrees, and identify skills most often acquired in the general education courses as minimum standards for application or licensure. Each of these nullify 1d. *“Not require a student to obtain general education credits for a North Dakota accelerated degree.”*

Further, section 2 seems to demand the granting of a license by an occupational or professional board in ND. *“Upon review of an individual's application for a license to practice in a profession designated as a high-demand occupation by an institution under the control of the state board of higher education, an occupational or professional board shall approve a North Dakota accelerated degree and recognize the degree as an accredited program for licensing purposes.”* That is simply not how professional licensing occurs. All institutions of NDUS are accredited by the Higher Learning Commission which defines the criteria at the institutional level. HLC has criteria for reduced credit degrees and each institution is already working with the State Board of Higher Education on the process for establishing those pathways. In addition, many professions (Nursing, Pharmacy, Engineering) have their own professional

licensing criteria established by the professionals of the discipline and recognize inter-state agreements for those licenses. This bill would likely remove NDUS from inter-state hiring agreements.

Again, we recommend a **do not pass** on HB 1220 as it is written or in any other form. As identified above, the institutions and the accrediting bodies are already working to address the needs in ways that will allow the students and institutions to maintain licensure options.

Lisa Montplaisir, PhD

Faculty Senate President, 2024-2025

1. <https://www.dol.gov/agencies/wb/data/high-demand-occupations#:~:text=Home%20health%20and%20personal%20care,60.0%25%2D79.9%25>
2. <https://www.bls.gov/ooh/fastest-growing.htm>
3. <https://www.jobsnd.com/sites/www/files/documents/jsnd-documents/In%20demand%20occupations%20list%2007.01.2023-PY24.pdf>

IN-DEMAND OCCUPATIONS

EDUCATION

Educational, Guidance, & Career Counselors & Advisors
Teachers
Career/Technical Education Teachers, Except Post Secondary School
Elementary School Teachers
Kindergarten Teachers
Preschool Teachers
Middle School Teachers
Secondary School Teachers
Special Education Teachers
Teaching Assistants, Except Postsecondary

FINANCIAL

Accountants and Auditors
Bookkeeping, Accounting, & Auditing Clerks
Financial Analysts and Risk and Other Financial Specialists
Financial Managers
Management Analysts
Operations Research Analysts
Tax Preparers

ENGINEERING & ARCHITECTURE

Architects, Except Landscape and Naval
Architectural and Civil Drafters
Architectural and Engineering Managers
Civil Engineers
Civil Engineering Technologists & Technicians
Electrical Engineers
Electrical and Electronic Engineering Technicians
Industrial Engineers
Industrial Engineering Technologists and Technicians
Mechanical Engineers
Petroleum Engineers

HEALTHCARE

Biological Technicians
Dental Assistants
Dental Hygienists
Diagnostic Medical Sonographers
Environmental Science & Protection Techs., Including Health
Medical Assistants
Nursing Assistants
Nurse
Licensed Practical & Licensed Vocational Nurses
Registered Nurses
Occupational Health and Safety Specialists
Occupational Therapy Assistants
Physical Therapist Assistants
Respiratory Therapists
Technologists & Technicians
Clinical Laboratory Technologists & Technicians
Emergency Medical Technicians & Paramedics
Pharmacy Technicians
Ophthalmic Medical Technicians
Radiologic Technologists and Technicians
Surgical Technologists
Veterinary Technologists and Technicians

INFORMATION TECHNOLOGY

Computer and Information Systems Managers
Computer Network Support Specialists
Computer Programmers
Computer Systems Analysts
Computer User Support Specialists'
Intelligence Analysts
Information Security Analysts
Software Developers & Software Quality Assurance Analysts and Testers
Telecommunications Equipment Installers & Repairers, Except Line Installers
Telecommunications Line Installers and Repairers
Web Developers & Digital Interface Designers

SKILLED TRADE

Airplane Mechanic/Technician
Automotive Service Technicians & Mechanics
Butchers & Meatcutters
Carpenters
Chefs & Head Cooks
Chemical Plant/System Operator
Crane and Tower Operators, Operating Engineers
and Other Construction Equipment Operers.
Diesel Technician
Industrial Machinery Mechanics
Bus & Truck Mechanics & Diesel Engine
Specialists
Farm Equipment Mechanics & Service
Technicians
Electricians
Electrical and Electronics Repairers, Commercial
Equipment
Electrical Power-Line Installers and Repairers
Firefighters
Hairdressers, Hairstylists, & Cosmetologists
Heating, Air Conditioning, and Refrigeration
Mechanics
Machinist
Mobile Heavy Equipment Mechanics, Except
Engines
Petroleum Pump System Operators and Refinery
Operators
Plant and System Operators, All Other
Plumbers, Pipefitters, & Steamfitters
Precision Agriculture Technicians
Production Workers, All Other
Pump Operators, Except Wellhead Pumps
Rotary Drill Operators, Oil and Gas
Service Unit Operators, Oil and Gas
Surveying and Mapping Technicians
Surveyors
Welders, Cutters, Solderers, & Brazers
Wind Turbine Service Technicians

TRANSPORTATION

Commercial Pilots
Heavy and Tractor-Trailer Truck Drivers; Bus Drivers,
Transit and Intercity

Job Service North Dakota is an equal opportunity employer/
program provider. Auxiliary aids and services are available upon
request to individuals with disabilities.

R. 7/01/2023 • PY24

SOCIAL SERVICES

Child, Family, & School Social Workers
Childcare Workers
Community & Social Service Specialists, Social &
Human Service Assistants
Police & Sheriff's Patrol Officers
Substance Abuse, Behavioral Disorder, & Mental
Health Counselors

MANAGEMENT

Administrative Services and Facilities Managers
Construction Managers
General & Operations Managers
Industrial Production Managers
Medical & Health Services Managers
Project Management Specialists &
Other Business Operations
Sales Managers

PROFESSIONAL/OTHER

Compliance Officers
Human Resources Specialists
Paralegals and Legal Assistants
Market Research Analysts and Marketing
Specialists
Training and Development Specialists

SALES

Sales Representatives, Wholesale & Manufacturing,
Technical & Scientific Products

Registered Apprenticeship Programs (RAP) are considered in-de-
mand jobs per guidance under the United States
Department of Labor. For a complete listing of RAPs in North Dakota,
go to: jobsnd.com/job-seeker/apprenticeships

The in-demand occupations list was primarily created using long-
term employment projections from the North Dakota Labor Market
Information Center and supplemented by data from the U.S. Bureau
of Labor Statistics. The list is reviewed and updated annually by the
Workforce Development Council with assistance from Job Service
North Dakota. The list is primarily comprised of occupations that
typically require some postsecondary education up to and including a
Bachelor's degree. The factors used in creating the list are below:

- Total Employment (2022)
- Ten-year Numeric Job Growth (2021-2031)
- Annualized Job Growth Rate (2021-2031)
- Annual Job Openings (2021-2031)
- Average Annual Wages (2022)
- Essential and Emerging Occupations

Analysis of research regarding "Credit compressed" or "Reduced Credit" degrees.

Introduction

The following notes provide an analysis of the proposed draft bill focused on "North Dakota Accelerated Degree" programs. The primary aim is to evaluate whether the draft should instead emphasize "Credit Compressed" or "Reduced Credit" baccalaureate degrees. This discussion addresses national trends, cost implications, and the potential for 90-credit baccalaureate programs to reduce taxpayer funding, alleviate workforce challenges while supporting North Dakota families. The observations also highlight necessary amendments to existing policies, particularly SBHE Policy 409, to accommodate reduced credit degree options. Key considerations include their impact on affordability, graduation timelines, and alignment with workforce and state needs.

Key Considerations

1. Definition and Terminology: North Dakota Accelerated Degree

○ Time Compression vs. Reduced Credit Models

The term "accelerated degree" often implies compressing a program into a shorter duration without reducing the total required credits. For instance, a 120-credit baccalaureate degree could still take less time to complete if the course load per term is increased. However, the concept of "Reduced Credit" degrees suggests fewer total credits required to graduate.

2. National Trends and Local Relevance

- Many states are adopting 90-credit baccalaureate degrees for high-demand and high-priority workforce sectors to address skill gaps and bolster economic development.
- **North Dakota Context:** Over 100,000 residents possess some college credits but lack a degree. Offering 90-credit degree pathways could enable these individuals to complete their education and enter the workforce more quickly and affordably.
- **Potential Benefits:**
 - 25% reduction in time-to-graduation.
 - Significant cost savings for students and families.
 - Significant cost savings to taxpayers
 - Increased alignment with state workforce needs.

3. Policy and Financial Implications

- **Current SBHE Policy 409:**
 - Defines baccalaureate degrees as requiring a minimum of 120 semester hours.
 - A policy amendment to reduce this minimum to 90 credits for certain programs could facilitate the implementation of reduced credit degrees.
- **Challenges from Institutions:**
 - Some colleges oppose credit reductions due to perceived revenue losses stemming from shorter program durations and history of declining enrollments.
 - Resistance highlights systemic inefficiencies rather than prioritizing student outcomes or workforce needs.
- **Financial Impact on Students:**
 - Example: At UND, a single credit costs \$383, resulting in \$11,500 for 30 additional credits required under the current 120-credit standard.
 - Additional costs for fees, books, and living expenses exacerbate the financial burden on students.
 - Opportunity costs include lost wages due to extended time in college.

4. Alignment with Workforce Demands

- National projections indicate that 70% of future jobs will require post-high school credentials but not necessarily a four-year degree.
- Reduced credit degrees could offer an efficient pathway for students pursuing careers in fields requiring practical, industry-aligned skills.

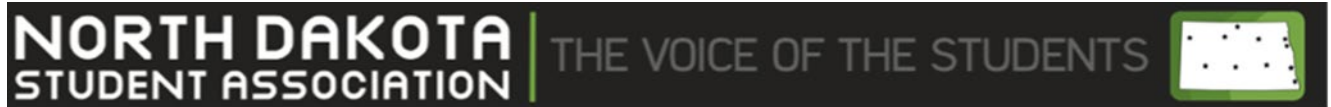
5. Implementation and Supporting Evidence

- **Policy Updates:** Amend SBHE Policy 409 to reflect a minimum of 90 semester hours for qualifying programs. See 409 2(f) and 2(f)(c)
- **National and Regional Models:** Examples from other states and Higher Learning Commission (HLC) guidelines demonstrate the feasibility of reduced credit baccalaureate degrees.
- **HLC has released current guidelines for Credit Reduced 90 credit Baccalaureate degrees**

- The SBHE and The NDUS has requested the Chancellor should develop a plan to start offering 90-credit baccalaureate.
- Some NDUS colleges volunteered to design 90-credit baccalaureate degrees and have been stopped by the Chancellor and other NDUS institutions.
- **Chancellor's Envision 2035 Report:** Recommendations for 90-credit degree options align with strategic workforce development goals. However, institutional resistance highlights a need for prioritizing systemic operation and revenue generation protection.

Summary

A shift toward 90-credit baccalaureate degrees could significantly benefit North Dakota students, families, and taxpayers by reducing educational costs and accelerating entry into high-demand fields. While institutional resistance may stem from concerns about revenue loss, the focus must remain on student success and economic development. Policy updates, particularly to SBHE Policy 409, are crucial for enabling this transition. By leveraging national trends and best practices, North Dakota can position itself as a leader in innovative, workforce-aligned education solutions.



HB 1220

March 21st, 2025

Christopher Scott, North Dakota Student Association

701-340-3380 | Christopher.m.scott@ndus.edu

Chair Wobbema and members of the committee:

My name is Christopher Scott, and I am the current Policy, Advocacy and Research Director for the North Dakota Student Association. I am here to express the NDSA's opposition to HB 1220.

The North Dakota Student Association (NDSA) is a student organization established in 1969 that is dedicated to ensuring that students have a voice in policy that affects Higher Education. The NDSA consists of delegates from each of the 11 public institutions that meet monthly to engage students in Higher Education policy in North Dakota. Our mission is to empower students, foster collaboration between students across campuses in the North Dakota University System, and to advocate on issues of higher education in support of access, affordability, quality, and the student experience.

HB 1220, if passed, would allow for institutions of higher education to offer accelerated degrees as a substitute for any degree offered by an institution which prepares students for high demand occupations, with these accelerated degrees not requiring students to obtain general education credits. Additionally, if HB 1220 passes, institutions under control of the State Board of Higher Education would be allowed to determine annually which degrees offered by an institution are high demand occupations.

Firstly, there are already a variety of methods by which students can attain degrees faster than the traditional four-year degree. There are the dual credit offerings that allow students in high school to gain college credit while still in high school, thus allowing these students to graduate

college at a faster rate. We have seen a massive increase in dual credit enrollment in the last decade, with thousands of students making use of this program. Multiple NDUS institutions offer two-plus-two programs and the four-plus-one programs. Two-plus-two programs allow students to complete an associate degree and then a bachelor's degree, while the four plus one program allows students to complete a bachelor's and then a master's, where master courses start in the last year of the bachelor's program. Personally, I am currently attending UND with the intent of completing a four-plus-one program to attain a bachelor's in physics followed by a master's. Many of the four-plus-one programs are offered so that students can complete a master's with a bachelor's one year quicker than they otherwise would have been able to, without compromising general education requirements.

Secondly, if HB 1220 passes, this would have negative workforce implications for North Dakota. If HB 1220 passes, the NDUS would be graduating students who didn't have to complete general education requirements. These general education requirements are included in every degree as they are deemed to be essential to everyday work life in practically every field from nursing to teaching to engineering.

General education requirements include completing a course in public speaking, two courses of English composition, general math requirements, the recently added digital literacy requirements, among other courses. Because these courses would be excluded from these proposed accelerated programs, we could see a decrease in the quality of students that the NDUS is graduating. These students would not have the speaking, English or math skills compared to students who completed similar programs which included general education requirements that addressed these skills. This would effectively make students who completed accelerated programs as proposed in HB 1220 uncompetitive compared to students who completed traditional degrees, not only outside of the state, but also inside the state when it comes to getting jobs.

An example of the use of skills gained through general education courses is actually shown in my testimony today. Without the skills I have gained through the English composition courses that I have taken, I would not be able to write my written testimony as effectively, or as grammatically correct. Without the public speaking course that I have taken, I would not have been able to present this testimony to this committee as effectively.

Thirdly, as a small final note, if HB 1220 passes, these accelerated programs would induce unnecessary competition between institutions within the state, and the institution that would stand to be detrimental to some of the smaller institutions. This could also introduce competition between four-year institutions and two-year institutions where two-year institutions could potentially be allowed to offer these accelerated programs.

With these arguments in mind, the NDSA opposes HB 1220, and respectfully asks the committee for a DO NOT PASS recommendation.

My name is Cynthia Prescott. I am a resident of Grand Forks and a history professor at the University of North Dakota. I testify today as a private citizen of the State of North Dakota.

I have taught general education courses for over 20 years, 17 of them here in North Dakota. For the past 3 of those years I also have chaired UND departments that offer large numbers of general education courses. My colleagues and I work hard not only to teach our students our great nation's history and related content. Yet our general education courses do so much more. They train students to think critically, to perform independent research, and hone their written and oral communication skills. In other words, we are preparing students to succeed in college and in the workplace.

I also am part of a team that received a \$250,000 private grant to enhance humanistic learning within general education programs. This Cornerstone program—which is growing across the United States at institutions ranging from community colleges to elite universities such as Stanford. Through Cornerstone we are working to train students in the critical thinking and communication skills that employers in business and technical fields prize. Cornerstone humanities courses guide students to explore ideas of citizenship and leadership. Our Cornerstone program provides applied humanities training within general education, exposing students to humanistic perspectives on students' chosen career paths and offering credentials that will make our students more competitive in high-demand fields in technology and health professions. Such learning will prepare our students to become leaders in their chosen fields.

Colleges and universities within the North Dakota University System work hard to ease students' access to transfer into and within the NDUS system. Eliminating general education requirements for baccalaureate degree programs would make it more difficult for students who begin their training at a community college or tribal college and to transfer into a four-year NDUS institution. Moreover, it would make it more difficult for students to transfer into North Dakota universities.

Even more troubling, eliminating general education requirements also would place at risk our universities' accreditation by the Higher Learning Commission. That accreditation is crucial to our students' degrees being accepted by employers across the nation and beyond.

Eliminating general education requirements is a risky undertaking that would reduce student preparation for careers and for citizenship in our state and nation. It would significantly reduce the value of a North Dakota bachelor's degree, making our graduates less competitive within the state and on the national and global stage.



HB 1220

Senate Workforce Development Committee

March 21, 2025

Lisa A. Johnson, North Dakota University System

701-340-5054 | lisa.a.johnson@ndus.edu

Chair Wobbema and Members of the Senate Workforce Development Committee -

My name is Lisa Johnson. I serve as the Vice Chancellor for Academic and Student Affairs with the North Dakota University System (NDUS). If there was a theme for my testimony, the theme for my testimony related to this bill would be “managing expectations” from several perspectives.

Legislative Expectations

I know the bill sponsor emphasizes that HB 1220 has no directive, no mandate for any institution under the control of the SBHE to do anything in response to HB 1220 by pointing out the use of the word “may” in Line 1. But assuredly, there will be an expectation and possibly another more punitive bill in the next session if the NDUS is deemed to have made insufficient progress towards compliance with an impossible request.

Accelerated Degrees and Reduced Bachelor’s Degrees Are Not the Same Thing

The bill sponsor cites the need for “accelerated degrees” but supplies additional written testimony about the need for “reduced credit bachelor’s degrees”. There are important and notable differences between the two offerings.

It is important for this Committee to know that the availability of accelerated degrees in in-demand programs of study are prevalent within the North Dakota University System—and mostly concentrated in high demand occupations like healthcare, education, engineering, and business. Testimony from the North Dakota Board of Nursing indicates in their neutral testimony that “accelerated nursing degrees are already available in North Dakota and approved by NDBON. These programs require general education prerequisites to ensure students meet the necessary academic foundation (including relevant coursework in sciences, psychology and sociology).” Accelerated pathways are uniquely tailored in a manner that works best for each student or program. It may be a jump start by enrolling as a dual credit student while in high school, for others it may be enrollment in summer coursework and/or an increased class load, testing out of program or general education requirements, and several programs exist where students complete BOTH a bachelor’s and a master’s degree in four years through a very prescribed sequence of undergraduate and graduate level coursework. Accelerated bachelor’s degrees are 120SH in length in compliance with SBHE policy, contain 36SH of general education requirements, and at least 30SH of upper division coursework. Accelerated degrees are readily accepted by accreditation and licensure organizations.

Higher Learning Commission Issues Guidance for Reduced Credit Bachelor's Degrees

Local and national dialogue around “reduced credit bachelor’s degrees” is relatively new. So new, that NDUS institutions’ accrediting body, the Higher Learning Commission, didn’t even put out [guidelines](#) until September, 2024. The bill sponsor references those guidelines in his written testimony. The HLC guidelines, while supportive of reduced credit degrees, are also intended to be used by the institution and the system’s governing body to develop policies around such programs that are mindful of peripheral implications of reducing the credit hours of bachelor’s degree programs to less than 120SH. Here are some key excerpts from the HLC guidance (2024):

“Special attention should be given to issues such as transfer pathways, opportunities for graduate education, and any implications for licensure, as applicable.” (Core Component 2.B)

“The institution’s plans for coordinating ongoing compliance with respect to any state authorization or approvals, including as required for licensure; and any accreditation with any other recognized accreditors.” (Core Component 2.B)

What are “the institution’s policies and processes for adequately incorporating general education, and the associated breadth and depth of student learning, into the reduced-credit bachelor’s degree program.” (Core Component 3.B)

Almost assuredly, degree programs with no general education requirements and recruit/graduate students who are ineligible to sit for licensure will be problematic for any institution seeking approval from accreditors and pose legal risks to the institution and the state.

ND Licensing Boards Anticipate “No Impact” on Producing Additional Licensed Workers

The directive in Section 2 that states that “an occupational or professional board to approve a North Dakota accelerated degree and recognize the degree as an accredited program for licensing purposes” is important aspect of this bill. The theme among responses of the state’s licensing organizations was that program specific accreditation (nursing, dental association, teacher education) would not likely approve programs with no general education requirements or compromised a student’s eligibility for licensure in ND or any other state

In my own work overseeing state authorization for ND postsecondary institutions to provide online education to individuals from other states, HB 1220 will almost assuredly negatively impact ND institutions enrolling online, out-of-state students in programs designed to lead to licensure that have no general education requirements. Since July 1, 2020, Federal Department of Education Title IV Regulations require all postsecondary institutions that offer online courses to out-of-state students to provide public disclosures and written notice to each applicant as to whether or not that student’s program of study meets the educational requirements in the state or territory from which they applied. This regulation was intended to ensure the student will be eligible to apply for licensure in the state from which they reside when they graduate.

Local Business and Industry Convey Their Support for General Education Coursework

Experts estimate that people change careers between three to seven times during their lifetime. The Bureau of Labor Statistics (BLS), the agency within the Department of Labor tasked with

collecting all sorts of employment-related data, released the results of a 2015 report that looked at the number of times people changed jobs. This report was limited in that it only considered job changes that occurred between the ages of 18 and 48 and only looked at a small subset of the population—those born between 1957 and 1964, a segment defined as "young baby boomers." The report showed that those people changed jobs, on average, 11.7 times.

The removal of all general education requirements from accelerated or reduced bachelor's degree programs is problematic considering the growing number of individuals no longer working in the field for which they intended to pursue. General education courses foster critical thinking, writing, and communication skills that are highly transferable across various occupations and highly valued by North Dakota employers. By cutting out these crucial courses, institutions risk producing graduates who are narrowly skilled but lack the broader perspective and adaptability needed in the evolving job market.

A listening session comprised of industry representatives and thoughtful leaders on ND workforce needs was held last month (February 2025) at Bismarck State College that included the participation of Rep. Julie Fedorchak. The NDUS was surprised by the resounding support and call for the colleges continued emphasis on general education requirements that provide the strong foundational skills that business and industry continue to build on in their respective organization—to think critically, to have strong communication skills, to have been exposed to other cultures, to be mathematically proficient, to have engaged in work with others as a team are still highly valued by business and industry.

The NDUS opposes HB 1220, not because reduced credit or accelerated degrees are a bad idea, but because plans are well underway by the SBHE and the NDUS to do so in a manner that is more likely to garner greater overall success and program approval by licensure and accrediting organizations and most of all, lead to the successful employment of our students.

I ask the Senate Workforce Development Committee for a "do not pass" on HB 1220.

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Fact Sheet:**The Impact of Education on Nursing Practice**

The American Association of Colleges of Nursing (AACN), the national voice for academic nursing, recognizes that education has a significant impact on the knowledge and competencies of the nurse clinician, as it does for all healthcare providers. Clinicians with a Bachelor of Science in Nursing (BSN) degree are well-prepared to meet the demands placed on today's nurses. BSN nurses are prized for their skills in critical thinking, leadership, case management, and health promotion, and for their ability to practice across a variety of inpatient and outpatient settings. Nurse executives, federal agencies, the military, leading nursing organizations, healthcare foundations, Magnet hospitals, and minority nurse advocacy groups all recognize the unique value that baccalaureate-prepared nurses bring to health care.

AACN encourages employers to foster practice environments that embrace lifelong learning and offer incentives for registered nurses (RNs) seeking to advance their education to the baccalaureate and higher degree levels. We also encourage BSN graduates to seek out employers who value their level of education and distinct competencies.

Different Approaches to Nursing Education

There are three routes to becoming a registered nurse: a 3-year diploma program typically administered in hospitals; a 3-year associate degree usually offered at community colleges; and the 4-year baccalaureate degree offered at senior colleges and universities. Graduates of all three programs sit for the same NCLEX-RN® licensing examination.

Baccalaureate nursing programs encompass all course work taught in associate degree and diploma programs plus a more in-depth treatment of the physical and social sciences, nursing research, public and community health, nursing management, and the humanities. The additional course work enhances the student's professional development, prepares the new nurse for a broader scope of practice, and provides the nurse with a better understanding of the cultural, political, economic, and social issues that affect patients and influence healthcare delivery. The BSN prepares nurses to practice the full scope of nursing responsibilities across all healthcare settings (NASEM, 2021). For more than two decades, policymakers, healthcare authorities, and practice leaders have recognized that education makes a difference when it comes to nursing practice.

- In March 2024, the U.S. Health Resources and Services Administration (HRSA) released findings from its [2022 National Sample Survey of Registered Nurses](#) which found that for the first time, the baccalaureate was the most common degree for nurses seeking initial licensure as an RN. The latest data show that 45.4% of RNs entered the workforce with a baccalaureate degree. More than two-thirds of the RN

workforce (69%) are prepared at the baccalaureate and graduate degree level.

- In April 2023, results from the [2022 National Nursing Workforce Survey](#) show that the percentage of RNs with a BSN or higher degree in the US workforce exceeded 70% for the first time (71.7%). Most nurses now enter the workforce with a BSN or entry-level master's degree (51.5%). This survey is administered every two years by the National Council of State Boards of Nursing and the National Forum of State Nursing Workforce Centers.
- Issued in November 2022, findings from the [CGFNS Nurse Migration Report 2022](#) point to an international shift toward baccalaureate education as the preferred pathway into the nursing profession. The latest data show the majority of nurses who migrated to the U.S. in 2022 were educated at the baccalaureate or higher level, which is consistent with how most new nurses are prepared in U.S. schools of nursing.
- In March 2019, AACN approved a position statement on [Academic Progression in Nursing](#), which called for preparing all RNs with a baccalaureate degree, at minimum, offered by an accredited four-year college or university. AACN supports the many pathways available to assist nurses in advancing their education, including expanding articulation agreements and concurrent enrollment options with community colleges.
- In December 2017, the governor of New York [signed legislation into law](#) requiring future registered nurses graduating from associate degree or diploma nursing programs in the state to obtain a baccalaureate in nursing within 10 years of initial licensure. The legislators found that given "the increasing complexity of the American healthcare system and rapidly expanding technology, the educational preparation of the registered professional nurse must be expanded."
- In the September-October 2014 issue of *Nurse Educator*, a research team led by Dr. Sharon Kumm from the University of Kansas published [findings from a statewide study](#), which showed clear differences in outcomes from BSN and associate degree in nursing (ADN) programs. The study showed that 42 of 109 baccalaureate outcomes were met in ADN programs. The 67 outcomes that were not met were in the areas of liberal education, organizational and systems leadership, evidence-based practice, healthcare policy, finance and regulatory environments, interprofessional collaboration, and population health.
- In September 2013, the Robert Wood Johnson Foundation (RWJF) released an issue of its Charting Nursing's Future newsletter titled [The Case for Academic Progression](#), which outlined how patients, employers, and the profession benefit when nurses advance their education. Articles focus on the evidence linking better outcomes to baccalaureate and higher degree nurses, educational pathways, and promising strategies for facilitating academic progression at the school, state, and national levels.
- In September 2012, the [Joint Statement on Academic Progression for Nursing Students and Graduates](#) was endorsed by the American Association of Colleges of Nursing, American Association of Community Colleges, Association of Community College

Trustees, National League for Nursing, and the Organization for Associate Degree Nursing. This historic agreement represents the first time that leaders from the major national organizations representing community college presidents, boards, and administrators joined with representatives from nursing education associations to promote academic progression in nursing. With the goal of preparing a well-educated, diverse nursing workforce, this statement represents the shared view that nursing students and practicing nurses should be supported in their efforts to pursue higher levels of education.

- In October 2010, the Institute of Medicine released its landmark report on [*The Future of Nursing: Leading Change, Advancing Health*](#), initiated by the Robert Wood Johnson Foundation, which called for increasing the number of baccalaureate-prepared nurses in the workforce to 80% by 2020. The expert committee charged with preparing the evidence-based recommendations in this report state that to respond “to the demands of an evolving healthcare system and meet the changing needs of patients, nurses must achieve higher levels of education.”
- In May 2010, the Tri-Council for Nursing (AACN, ANA, AONL, and NLN) issued a statement calling for all RNs to advance their education in the interest of enhancing quality and safety across healthcare settings. In the statement titled [*Education Advancement of Registered Nurses*](#), the Tri-Council organizations present a united view that a more highly educated nursing workforce is critical to meeting the nation’s nursing needs and delivering safe patient care. The Tri-Council finds that “without a more educated nursing workforce, the nation’s health will be further at risk.”
- In December 2009, Dr. Patricia Benner and her team at the Carnegie Foundation for the Advancement of Teaching released a study titled [*Educating Nurses: A Call for Radical Transformation*](#), which recommended preparing all entry-level registered nurses at the baccalaureate level and requiring all RNs to earn a master’s degree within 10 years of initial licensure. The authors found that many of today’s new nurses are “undereducated” to meet practice demands across settings.
- In February 2008, the [*Council on Physician and Nurse Supply*](#), which is based at the University of Pennsylvania, called for increasing nursing school graduations by 30% and for increased federal support to enable more nurses to complete the BSN.
- In March 2005, the American Organization of Nurse Executives (AONE) – today known as the [*American Organization for Nursing Leadership*](#) (AONL) - released a statement calling for all RNs to be educated in baccalaureate programs to adequately prepare clinicians for their challenging, complex roles. AONL’s statement, titled Practice and Education Partnership for the Future, represents the view of nursing’s practice leaders and a desire to create a more highly educated nursing workforce in the interest of improving patient safety and nursing care.
- The National Advisory Council on Nurse Education and Practice (NACNEP) has urged that at least two-thirds of the nurse workforce hold baccalaureate or higher degrees in nursing. In a [*2000 report*](#), NACNEP found that nursing’s role calls for RNs to manage care along a continuum, to work as peers in interdisciplinary teams, and to integrate clinical expertise with knowledge of community resources. To meet

scope of practice expectations, RNs must have critical thinking and problem-solving skills; a sound foundation in a broad range of basic sciences; knowledge of behavioral, social and management sciences; and the ability to analyze and communicate data. Among the three types of entry-level nursing education programs, NACNEP found that the BSN, with its broader and stronger scientific curriculum, best fulfills these requirements and provides a sound foundation for addressing the complex healthcare needs of today in a variety of nursing positions. Baccalaureate education provides a base from which nurses move into graduate education and advanced nursing roles.

- Currently, there are 706 RN-to-BSN and 179 RN-to-MSN programs that build on the education provided in associate degree and diploma programs and prepare graduates for a broader base of practice (AACN, 2024). In addition to hundreds of individual agreements between community colleges and four-year schools, [state-wide articulation agreements exist in most states](#) to facilitate advancement to the baccalaureate. These programs further validate the unique competencies gained in BSN programs.
- RNs work as part of an interprofessional team with colleagues educated at the graduate level. These professionals, including physicians and pharmacists, recognize the complexity involved in providing care and the need for higher education. Because nurses are primarily responsible for direct patient care and care coordination, these clinicians should not be the least educated member of the healthcare team.

Recognizing Differences Among Nursing Program Graduates

There is a growing body of evidence that indicates BSN graduates bring unique skills to their work as nursing clinicians and play an important role in the delivery of safe patient care.

- In March 2022, *Nursing Outlook* published an article from Dr. Joshua Porat-Dahlerbruch, Dr. Linda Aiken, and colleagues that explored "Variations in Nursing Baccalaureate Education and 30-day Inpatient Surgical Mortality." The authors found that having a higher proportion of baccalaureate-prepared nurses in hospital settings, regardless of educational pathway, is associated with lower rates of 30-day inpatient surgical mortality.
- In the July 2019 issue of *Health Affairs*, Dr. Jordan Harrison, Dr. Linda Aiken, and their colleagues from the University of Pennsylvania published findings from a study, which found that each 10% increase in the hospital share of nurses with a BSN was associated with 24% greater odds of surviving to discharge with good cerebral performance among patients who experienced in-hospital cardiac arrest.
- In the March 2019 issue of *The Joint Commission Journal of Quality and Patient Safety*, Dr. Maya Djukic and colleagues from New York University released details from a study, which found that baccalaureate-prepared RNs reported being significantly better prepared than associate degree nurses on 12 out of 16 areas related to quality and safety, including evidence-based practice, data analysis, and project implementation. The authors conclude that improving accreditation and organizational policies requiring the BSN for RNs could help safeguard the quality of

patient care.

- In the July 2017 issue of *BMJ Quality and Safety*, Dr. Linda Aiken and colleagues reported findings from a study of adult acute care hospitals in six European nations, which found that a greater proportion of professional nurses at the bedside is associated with better outcomes for patients and nurses. Reducing nursing skill mix by adding assistive personnel without professional nurse qualifications may contribute to preventable deaths, erode care quality, and contribute to nurse shortages.
- In the October 2015 issue of *Global Qualitative Nursing Research*, Dr. Allison Brandt Anbari published a qualitative meta-synthesis of studies on practice differences identified by graduates of RN to BSN programs. Nurses completing the programs reported enhanced assessment and critical thinking skills, improved communication abilities, and better patient outcomes. Findings were consistent with a 1988 study published by Dr. Joyce Johnson in *Research in Nursing and Health*.
- In a study published in the October 2014 issue of *Medical Care*, researcher Dr. Olga Yakusheva from the University of Michigan and colleagues found that a 10% increase in the proportion of baccalaureate-prepared nurses on hospital units was associated with lowering the odds of patient mortality by 10.9%. The authors also found that increasing the amount of care provided by BSNs to 80% would result in significantly lower readmission rates and shorter lengths of stay. These outcomes translate into cost savings that would more than off-set expenses for increasing the number of baccalaureate-prepared nurses in hospital settings.
- In the May 2013 issue of *Medical Care*, researchers from the University of Pennsylvania, led by Dr. Matthew McHugh, found that surgical patients in Magnet hospitals had 14% lower odds of inpatient death within 30 days and 12% lower odds of failure-to-rescue compared with patients cared for in non-Magnet hospitals. The study authors conclude that these better outcomes were attributed in large part to investments in highly qualified and educated nurses, including a higher proportion of baccalaureate-prepared nurses.
- In an article published in the March 2013 issue of *Health Affairs*, nurse researcher Dr. Ann Kutney-Lee and colleagues found that a 10-point increase in the percentage of nurses holding a BSN within a hospital was associated with an average reduction of 2.12 deaths for every 1,000 patients—and for a subset of patients with complications, an average reduction of 7.47 deaths per 1,000 patients.
- In the February 2013 *Journal of Nursing Administration*, Dr. Mary Blegen and colleagues published findings from a study of 21 University HealthSystem Consortium hospitals on the association between RN education and patient outcomes. Hospitals with a higher percentage of RNs with baccalaureate or higher degrees had lower rates of congestive heart failure mortality, decubitus ulcers, failure to rescue, and postoperative deep vein thrombosis as well as shorter lengths of stay.
- In a January 2011 article published in the *Journal of Nursing Scholarship*, Drs. Deborah Kendall-Gallagher, Linda Aiken, and colleagues released the findings of an extensive study of the impact nurse specialty certification has on lowering patient mortality

and failure to rescue rates in hospitals. The researchers found that certification was associated with better patient outcomes, but only when care was provided by nurses with baccalaureate-level education. The authors concluded that "no effect of specialization was seen in the absence of baccalaureate education."

- In an article published in *Health Services Research* in August 2008 that examined the effect of nursing practice environments on outcomes of hospitalized cancer patients undergoing surgery, Dr. Christopher Friese and colleagues found that nursing education level was significantly associated with patient outcomes. Nurses prepared at the baccalaureate-level were linked with lower mortality and failure-to-rescue rates. The authors conclude that "moving to a nurse workforce in which a higher proportion of staff nurses have at least a baccalaureate-level education would result in substantially fewer adverse outcomes for patients."
- In a study released in the May 2008 issue of the *Journal of Nursing Administration*, Dr. Linda Aiken and colleagues confirmed the findings from her landmark 2003 study, which show a strong link between RN education level and patient outcomes. Titled "Effects of Hospital Care Environment on Patient Mortality and Nurse Outcomes," the researchers found that every 10% increase in the proportion of BSN nurses on the hospital staff was associated with a 4% decrease in the risk of death.
- In the January 2007 *Journal of Advanced Nursing*, a study on the "Impact of Hospital Nursing Care on 30-day Mortality for Acute Medical Patients" found that BSN-prepared nurses have a positive impact on lowering mortality rates. Led by Dr. Ann E. Tourangeau, a team of Canadian researchers studied 46,993 patients admitted to the hospital with heart attacks, strokes, pneumonia, and blood poisoning. The authors found that "hospitals with higher proportions of baccalaureate-prepared nurses tended to have lower 30-day mortality rates." Findings indicated that a 10% increase in the proportion of BSN nurses was associated with 9 fewer deaths for every 1,000 discharged patients.
- In a study published in the March/April 2005 issue of *Nursing Research*, Dr. Carole Estabrooks and her colleagues at the University of Alberta found that baccalaureate-prepared nurses have a positive impact on mortality rates following an examination of more than 18,000 patient outcomes at 49 Canadian hospitals. This study, titled "The Impact of Hospital Nursing Characteristics on 30-Day Mortality," confirms the findings from Dr. Linda Aiken's landmark study in September 2003.
- In a study published in the *Journal of the American Medical Association* (JAMA) on September 24, 2003, Dr. Linda Aiken and colleagues at the University of Pennsylvania identified a clear link between higher levels of nursing education and better patient outcomes. This extensive study found that surgical patients have a "substantial survival advantage" if treated in hospitals with higher proportions of nurses educated at the baccalaureate or higher degree level. In hospitals, a 10% increase in the proportion of nurses holding BSN degrees decreased the risk of patient death and failure to rescue by 5%. The authors recommend that public financing of nursing education should aim at shaping a workforce best prepared to meet the needs of the population. They also call for renewed support and incentives from nurse employers to encourage RNs to pursue baccalaureate and higher degree levels.

- Evidence shows that nursing education level is a factor in patient safety and quality of care. As cited in the report *When Care Becomes a Burden* released by the Milbank Memorial Fund in 2001, two separate studies conducted in 1996 – one by the state of New York and one by the state of Texas – clearly show that significantly higher levels of medication errors and procedural violations are committed by nurses prepared at the associate degree and diploma levels as compared with the baccalaureate level. These findings are consistent with findings published in the July/August 2002 issue of *Nurse Educator* by Dr. Cheryl Delgado that reference studies conducted in Arizona, Colorado, Louisiana, Ohio, and Tennessee that also found that nurses prepared at the associate degree and diploma levels make the majority of practice-related violations.
- Chief nurse officers (CNOs) in university hospitals prefer to hire nurses who have baccalaureate degrees, and nurse administrators recognize distinct differences in competencies based on education. In a 2001 survey published in the *Journal of Nursing Administration*, 72% of these CNOs identified differences in practice between BSN-prepared nurses and those who have an associate degree or hospital diploma, citing stronger critical thinking and leadership skills (Goode et al., 2001). A strong preference for hiring new RNs with a BSN was confirmed in a study released by NCSBN in 2002.
- Research shows that RNs prepared at the associate degree and diploma levels develop stronger professional-level skills after completing a BSN program. In a study of RN-to-BSN graduates from 1995 to 1998 (Phillips et al., 2002), these students demonstrated higher competency in nursing practice, communication, leadership, professional integration, and research/evaluation.
- Data show that healthcare facilities with higher percentages of BSN nurses enjoy better patient outcomes and significantly lower mortality rates. Magnet hospitals are model patient care facilities that typically employ a much higher proportion of baccalaureate prepared nurses when compared to other hospitals. In several research studies, Dr. Marlene Kramer (1988), Dr. Linda Aiken (2013) and others have found a strong relationship between organizational characteristics and patient outcomes.
- The fact that graduates of baccalaureate, associate degree, and diploma nursing programs can pass the NCLEX-RN®, the national licensing exam for RNs, is not proof that no differences exist among graduates. The NCLEX-RN® is a multiple-choice test that measures the *minimum technical competency* for safe entry into basic nursing practice. Passing rates should be high across all programs preparing new nurses. This exam does not test for differences between graduates of different entry-level programs. The NCLEX-RN® is only one indicator of competency, and it does not measure performance over time or test for all knowledge and skills developed through a BSN program.

Public and Private Support for BSN-Prepared Nurses

The federal government, the military, nurse executives, healthcare foundations, nursing organizations, and practice settings acknowledge the unique value of baccalaureate-prepared nurses and advocate for an increase in the number of BSN nurses across clinical settings.

- The nation's **Magnet hospitals**, which are recognized for nursing excellence and superior patient outcomes, have moved to require all nurse managers and nurse leaders to hold a baccalaureate or graduate degree in nursing.
- The **National Advisory Council on Nurse Education and Practice** (NACNEP), policy advisors to Congress and the Secretary for Health and Human Services on nursing issues, and the **National Academy of Science, Engineering, and Medicine** recognize the unique contributions of baccalaureate-prepared nurses to high quality, safe, and effective patient care.
- In the interest of providing the best patient care and leadership by its nurse corps officers, the **U.S. Army, U.S. Navy, and U.S. Air Force** all require the baccalaureate degree to practice as an active-duty Registered Nurse. Commissioned officers within the **U.S. Public Health Service** also must be baccalaureate prepared.
- The Veteran's Administration (VA), the nation's largest employer of registered nurses, has established the baccalaureate degree as the minimum preparation its nurses must have for promotion beyond the entry-level.
- Minority nurse organizations, including the **National Black Nurses Association, Hispanic Association of Colleges and Universities, and National Association of Hispanic Nurses**, are committed to increasing the number of minority nurses with baccalaureate and higher degrees.
- Based on a nationwide **Harris Poll** conducted in June 1999, an overwhelming percentage of the public – 76% – believes that nurses should have four years of education or more past high school to perform their duties.
- The **Pew Health Professions Commission** in a 1998 report called for a more concentrated production of baccalaureate and higher degree nurses. This commission was an interdisciplinary group of healthcare leaders, legislators, academics, corporate leaders, and consumer advocates created to help policymakers and educators produce a workforce able to meet the changing needs of the American healthcare system.
- Countries around the world are moving to create a more highly educated nursing workforce. Canada, Sweden, Portugal, Brazil, Iceland, Korea, Greece, and the Philippines are just some of the countries that require a four-year undergraduate degree to practice as a registered nurse.

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Last Update: June 2024

Testimony on Creation of a ND Accelerated Degree for In-Demand Occupations
Senate Workforce Development Committee
January 20, 2025
House Bill 1220

Chairman Wobbema and Honorable Members of the Senate,

Good morning, my name is Dr. Billie Madler. I am the Associate Dean of Nursing at the University of Mary and a constituent of District 30. I stand before you today to oppose House Bill 1220. I have 30 years of experience in the field of nursing as a critical care nurse, a flight nurse, a family nurse practitioner, and a nursing professor.

While the intent behind HB 1220 to address workforce shortages in North Dakota is commendable, implementing blanket legislation that drastically alters educational requirements across a wide range of professions is risky and will have unintended consequences that impact the public. The option to implement sweeping changes to credit and curriculum requirements will undermine the quality and standards established among many professions, and reduce the competence of individuals we are trusting to do things like manage our finances, design our infrastructure, educate our children, provide healthcare for our loved ones.

My testimony will be limited to what I know, that is nursing and preparing new nurses to enter the field of nursing. Nurses, numbering nearly 5 million in our nation, truly are the backbone of the healthcare system. Their responsibilities extend far beyond the clinical tasks they perform. Nurses must be critical thinkers, effective communicators, and compassionate caregivers to highly diverse populations. A broad-based general education provides nurses with the knowledge and skills necessary to adequately perform in these areas, ensuring they are prepared to meet the multifaceted challenges of modern healthcare and the diversity of patient populations they encounter. General education courses—such as those in the humanities, social sciences, mathematics, and communications—help equip nurses with essential skills in clinical reasoning, research, leadership, communication, problem-solving, cultural competency, and ethical decision-making. Removing or diminishing these requirements would deprive future nurses of a comprehensive education that supports their professional development and would threaten quality of care, risk patient safety, and because of value-based purchasing models of reimbursement, could truly jeopardize the financial bottom lines of healthcare organizations.

National thought leaders in nursing and nursing programmatic accreditors, such as the Commission on Collegiate Nursing Education (CCNE), who best understand the demands of the role and the necessary educational preparation to safely and effectively function in the role, have consistently emphasized that nursing education must be built on a solid liberal arts foundation. In fact, the CCNE Criterion and Standard for Accreditation [attached], in Standard III Key Element III-F states;

- The curriculum is logically structured and sequenced to achieve expected student outcomes.
- Baccalaureate curricula **build on a foundation of the arts, sciences, and humanities**. [Pg. 19]
- Elaboration: **Baccalaureate degree programs demonstrate that knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice.**

A Bachelor's of Science in Nursing, grounded on a strong foundation of general education and aligned with national accreditation standards, is essential for preparing nurses to handle the demanding and complex roles involved in patient care. For the remainder of my testimony, I will present several research-based facts. As I share these points, I encourage you to consider the critical importance of a quality education in nursing, particularly in light of the current Bachelor's degree requirements and the ripple effect of unintended consequences that would result by diminishing these requirements. Think about how this legislation, when applied to nursing programs, could compromise quality of patient care. Reflect on what you would want from the professional nursing team caring for you or a loved one, and if that level of nursing care was not available to you in-state what options you might take.

The Importance of General Education in Nursing

Research from the National League for Nursing and the Robert Wood Johnson Foundation shows that the current academic-practice gap harms care quality and patient outcomes. Reducing educational requirements by eliminating key general education courses would only widen this gap, leaving new nurses underprepared for the complexities of clinical practice.

Nurse executives, federal agencies, the military, leading nursing organizations, healthcare foundations, Magnet hospitals, and minority nurse advocacy groups all recognize and support the distinctive value that baccalaureate-prepared nurses (as the degree requirements are currently structured) bring to health care. For example:

- The American Organization of Nurse Leaders (AONL) has called for all registered nurses to be educated in baccalaureate programs to better prepare them for complex roles, emphasizing the need for a more educated nursing workforce to improve patient safety and care.
- The Institute of Medicine has called for increasing the number of baccalaureate-prepared nurses in the workforce to 80% and,
- Dr. Patricia Benner and her team at the Carnegie Foundation released a study recommending preparing all entry-level registered nurses at the baccalaureate level and requiring all RNs to earn a master's degree within 10 years of initial licensure.

The Impact of a BSN on Patient Outcomes

Nurses with a Bachelor of Science in Nursing (BSN) are better equipped to positively influence patient outcomes. Reduced educational requirements have proven to have significant and detrimental outcomes for patients and healthcare organizations. I have pulled out only a few examples of why a highly educated nursing workforce is critical to patient safety and patient outcomes. This information is taken from the American Association of Colleges of Nursing Impact of BSN Education and provided for you with my testimony. I encourage you to review the many additional research-based findings highlighted in that document.

- Nursing care from a BSN prepared nurse is associated with lower readmission rates, shorter lengths of stay, lower mortality rates, fewer medication errors, and better overall patient outcomes.
- Hospitals with a higher proportion of BSN-prepared nurses see a **10-30% reduction in patient mortality and a 7% decrease in adverse patient events.**
 - Lower rates of surgical mortality

- Greater odds of surviving to discharge with good cerebral performance after in-hospital cardiac arrest
- Lower odds of failure to rescue
- Fewer patient falls, fewer pressure ulcers, fewer infections
- The journal, *Health Affairs*, reported that a 10-point increase in the percentage of nurses holding a BSN was associated with an average reduction of 2.12 deaths for every 1000 patients, and for a subset of patients with complications, an average reduction of 7.47 deaths per 1000 patients.
- There is a “substantial survival advantage” if treated in hospitals with higher proportions of nurses educated at the baccalaureate or higher degree level.
- **Increasing the number of BSN nurses by 20% could prevent over 40,000 deaths annually in our country.**

The comprehensive education afforded by a BSN is essential for addressing the increasingly complex healthcare environment. Removing general education requirements would diminish these critical competencies and ultimately compromise patient safety and care quality, which could also negatively impact third-party reimbursement. Rigorous BSN educational preparation is critical to the outcomes of our patients and the health of citizens in North Dakota and across our nation. The nursing profession must continue to prioritize the academic preparation of its workforce to ensure high-quality healthcare for all.

Conclusion

In conclusion, I strongly oppose House Bill 1220 as it ultimately puts patients at risk. The importance of general education cannot be overstated, and reducing these requirements would be detrimental. Research clearly demonstrates that a rigorous BSN education contributes to better patient outcomes. We must continue to support the highest standard of education for nurses, ensuring they are fully equipped to meet the challenges of modern healthcare.

I urge you to reconsider this bill and instead advocate for policies that support a more robust and comprehensive education for future nurses.

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STANDARDS FOR ACCREDITATION

OF BACCALAUREATE AND
GRADUATE NURSING PROGRAMS

AMENDED 2024





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INTRODUCTION

ACCREDITATION OVERVIEW

Educational accreditation is a nongovernmental peer review process that includes the assessment of educational institutions and/or programs using nationally accepted accreditation standards. Two forms of educational accreditation are recognized in the United States (U.S.): institutional accreditation and professional or specialized accreditation. Institutional accrediting agencies address the quality and integrity of the total institution, assessing the achievement of the institution in meeting its own stated mission, goals, and expected outcomes. Professional or specialized accreditation is concerned with programs of study in professional or occupational fields. Professional accrediting agencies assess the extent to which programs comply with nationally accepted accreditation standards in achieving their stated mission, goals, and expected outcomes. This is important to the accrediting agency in determining the quality of the program and the educational preparation of members of the profession or occupation.

COMMISSION ON COLLEGIATE NURSING EDUCATION

The Commission on Collegiate Nursing Education (CCNE) is an autonomous accrediting agency, contributing to the improvement of the public's health. As part of this mission, CCNE is the premier standard-setting accrediting organization for baccalaureate and graduate nursing programs. Specifically, CCNE accredits baccalaureate degree nursing programs, master's degree nursing programs, nursing doctorates that are practice-focused and have the title Doctor of Nursing Practice (DNP), and post-graduate certificate programs that prepare Advanced Practice Registered Nurses (APRNs) (see glossary). CCNE also accredits entry-to-practice nurse residency programs and nurse practitioner fellowship/residency programs. CCNE uses separate sets of accreditation standards for entry-to-practice nurse residency programs and nurse practitioner fellowship/residency programs. As a specialized/professional accrediting agency, CCNE assesses and strives to promote the quality and integrity of baccalaureate and graduate nursing programs, entry-to-practice nurse residency programs, and nurse practitioner fellowship/residency programs.

CCNE serves the public interest by assessing and identifying programs that engage in effective educational practices. As a self-regulatory process, CCNE accreditation supports and encourages continuous quality improvement in nursing education, entry-to-practice nurse residency programs, and nurse practitioner fellowship/residency programs. As accreditation is voluntary, CCNE strives to provide a process that is collegial and fosters continuous quality improvement.

CCNE is recognized by the U.S. Department of Education for the accreditation of baccalaureate, master's, doctoral, and certificate programs in the United States and its territories. Accreditation by CCNE serves as a statement of good educational practice in the field of nursing. Accreditation evaluations are useful to the program in that they serve as a basis for continuing or formative self-assessment as well as for periodic or summative self-assessment through which the program, personnel, procedures, and services are improved. The results of such assessments form a basis for planning and the setting of priorities at the institution in relation to nursing education.

ACCREDITATION OF BACCALAUREATE AND GRADUATE NURSING PROGRAMS

The CCNE comprehensive accreditation process includes a review and assessment of the program's mission and governance, institutional commitment and resources, curriculum and teaching-learning practices, and assessment and achievement of program outcomes.

In evaluating a baccalaureate, master's, DNP, and/or post-graduate APRN certificate program for accreditation, the CCNE Board of Commissioners assesses whether the program complies with the standards and key elements presented in this publication. A self-study conducted by the nursing program prior to the on-site evaluation provides information and data indicating the extent to which the program has complied with the standards and key elements.

The Commission formulates and adopts its own accreditation standards and procedures. The accreditation standards and procedures for baccalaureate and graduate nursing programs, entry-to-practice nurse residency programs, and nurse practitioner fellowship/residency programs are publicly available on the CCNE website.

ACCREDITATION PURPOSES

Accreditation by CCNE is intended to accomplish at least five general purposes:

1. To hold nursing programs accountable to the community of interest - the nursing profession, consumers, employers, institutions of higher education, students and their families, nurse residents and fellows - and to one another by confirming that these programs have mission statements, goals, and outcomes that are appropriate to prepare individuals to fulfill their expected roles.
2. To evaluate the success of a nursing program in achieving its mission, goals, and outcomes.
3. To assess the extent to which a nursing program complies with accreditation standards.
4. To inform the public of the purposes and values of accreditation and to identify nursing programs that substantially comply with accreditation standards.
5. To foster continuing improvement in nursing programs and, thereby, in professional practice.

CCNE ACCREDITATION: A VALUE-BASED INITIATIVE

CCNE accreditation activities are premised on a statement of values. These values are that the Commission will:

1. Foster *trust* in the process, in CCNE, and in the professional community.
2. Focus on stimulating and supporting *continuous quality improvement* in nursing programs and their outcomes.
3. Be *inclusive* in the implementation of its activities and maintain openness to the *diverse institutional and individual issues and opinions* of the community of interest.
4. Rely on *review and oversight* by peers from the community of interest.

5. Maintain *integrity* through a consistent, fair, and honest accreditation process.
6. Value and foster *innovation* in both the accreditation process and the programs to be accredited.
7. Facilitate and engage in *self-assessment*.
8. Foster an educational climate that supports program students, graduates, and faculty in their pursuit of *life-long learning*.
9. Maintain a high level of *accountability* to the publics served by the process, including consumers, students, employers, programs, and institutions of higher education.
10. Maintain a process that is both *cost-effective and cost-accountable*.
11. Encourage programs to develop graduates who are *effective professionals and socially responsible citizens*.
12. Provide *autonomy and procedural fairness* in its deliberations and decision-making processes.

GOALS FOR ACCREDITING NURSING EDUCATION PROGRAMS

In developing the accreditation standards for baccalaureate, master's, DNP, and post-graduate APRN certificate programs, CCNE has formulated specific premises or goals on which the standards are based. These goals include the following:

1. Developing and implementing accreditation standards that foster continuing improvement within nursing education programs.
2. Enabling the community of interest to participate in significant ways in the review, formulation, and validation of accreditation standards and in determining the reliability of the conduct of the accreditation process.
3. Establishing and implementing an evaluation and recognition process that is efficient, cost-effective, and cost-accountable with respect to the institution and student.
4. Assessing whether nursing education programs consistently fulfill their stated missions, goals, and expected outcomes.
5. Providing that nursing education program outcomes are in accordance with the expectations of the nursing profession to adequately prepare individuals for professional practice, life-long learning, and graduate education.
6. Encouraging nursing education programs to pursue academic excellence through improved teaching/learning and assessment practices and in scholarship and public service in accordance with the unique mission of the institution.
7. Providing that nursing education programs engage in self-evaluation of personnel, procedures, and services; and that they facilitate continuous improvement through planning and resource development.
8. Acknowledging and respecting the autonomy and diversity of institutions offering nursing education programs.
9. Providing consistency, peer review, agency self-assessment, procedural fairness, confidentiality, and identification and avoidance of conflict of interest, as appropriate, in accreditation practices.

10. Enhancing public understanding of the functions and values inherent in nursing education program accreditation.
11. Providing to the public an accounting of nursing education programs that are accredited and merit their approbation and support.
12. Working cooperatively with other agencies to minimize duplication of review processes.

CURRICULAR INNOVATION

CCNE standards and key elements are designed to encourage innovation and experimentation in teaching and instruction. CCNE recognizes that advancements in technology have enabled programs to facilitate the educational process in ways that may complement or supplant traditional pedagogical methods.

ABOUT THIS DOCUMENT

This publication describes the standards and key elements used by CCNE in the accreditation of baccalaureate, master's, DNP, and post-graduate APRN certificate programs. The standards and key elements, along with the accreditation procedures, serve as the basis to evaluate the quality and effectiveness of the program(s) offered and to hold the program(s) accountable to the community, the nursing profession, and the public. All nursing programs seeking CCNE accreditation, including, but not limited to, programs offered via distance education or through a consortium, are expected to substantially comply with the CCNE standards.

The standards are written as broad statements that embrace several areas of expected program performance. Related to each standard is a series of key elements. Viewed together, the key elements provide an indication of substantial compliance with the broader standard. The key elements are considered in determining whether the program substantially complies with each standard. The key elements are designed to enable a broad interpretation of each standard in order to support institutional autonomy and encourage innovation while maintaining the quality of nursing programs and the integrity of the accreditation process.

Accompanying each key element is an elaboration, which is provided to assist program representatives in addressing the key element and to enhance understanding of CCNE's expectations. Following each series of key elements is a list of supporting documentation that assists program representatives in addressing the key elements, developing self-study materials, and preparing for the on-site evaluation. Supporting documentation is included in the self-study document or evaluation resource materials. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements.

At the end of this document is a glossary that defines terms and concepts used in this document.

The standards are subject to periodic review and revision. The next scheduled review of this document will include both broad and specific participation by the CCNE community of interest in the revision process. Under no circumstances may the standards and key elements defined in this document supersede federal or state law.

**AT THE END OF THIS DOCUMENT IS A GLOSSARY THAT DEFINES
TERMS AND CONCEPTS USED IN THIS DOCUMENT.**

STANDARD I

PROGRAM QUALITY: MISSION AND GOVERNANCE

The mission, goals, and expected program outcomes are congruent with those of the parent institution, reflect professional nursing standards and guidelines, and consider the needs and expectations of the community of interest. Policies of the parent institution and nursing program clearly support the program's mission, goals, and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality.

KEY ELEMENTS

I-A. The mission, goals, and expected program outcomes are:

- congruent with those of the parent institution; and
- reviewed periodically and revised as appropriate.

Elaboration: The program's mission, goals, and expected program outcomes are written and accessible to current and prospective students, faculty, and other constituents. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. The mission may relate to all nursing programs offered by the nursing unit, or specific programs may have separate missions. Program outcomes are clearly differentiated by level when multiple degree/certificate programs exist. Expected program outcomes may be expressed as competencies, objectives, benchmarks, or other terminology congruent with institutional and program norms.

There is a defined process for periodic review and revision of program mission, goals, and expected program outcomes that has been implemented, as appropriate.

I-B. The mission, goals, and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

Elaboration: The program identifies the professional nursing standards and guidelines it uses. CCNE requires the following components of The Essentials: Core Competencies for Professional Nursing Education (Essentials) (AACN, 2021):

- the 10 "Domains for Nursing" (Essentials, pp. 10-11);
- the 8 "Concepts for Nursing Practice" (Essentials, pp. 11-14); and
- the 45 "Competencies" (numbered 1.1 through 10.3 and organized by Domain, Essentials, pp. 27-54).

A program selects additional standards and guidelines (or components thereof) that are current and relevant to program offerings.

A program preparing students for certification incorporates professional standards and guidelines appropriate to the role/area of education.

A program with APRN tracks prepares students for one of the four APRN roles and in at least one population focus, in accordance with the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (July 2008).

- I-C.** The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest.

Elaboration: The community of interest is defined by the nursing unit. The needs and expectations of the community of interest are considered in the periodic review of the mission, goals, and expected program outcomes.

- I-D.** The nursing unit's expectations for faculty are written and communicated to the faculty and are congruent with institutional expectations.

Elaboration: Expectations for faculty are congruent with those of the parent institution. The nursing unit's expectations for faculty, whether in teaching, scholarship, service, practice, or other areas, may vary for different groups of faculty (full-time, part-time, adjunct, tenured, non-tenured, or other).

- I-E.** Faculty and students participate in program governance.

Elaboration: Roles of the faculty and students in the governance of the program, including those involved in distance education, are clearly defined and promote participation. Nursing faculty are involved in the development, review, and revision of academic program policies.

- I-F.** Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected program outcomes. These policies are:

- fair and equitable;
- published and accessible; and
- reviewed and revised as necessary to foster program improvement.

Elaboration: Academic policies include, but are not limited to, those related to student recruitment, admission, retention, clinical requirements, and progression. Policies are written and communicated to relevant constituencies. Policies are implemented consistently. Differences between the nursing program policies and those of the parent institution are identified and support achievement of the program's mission, goals, and expected outcomes. A defined process exists by which policies are regularly reviewed. Policy review occurs, and revisions are made as needed.

- I-G.** The program defines and reviews formal complaints according to established policies.

Elaboration: The program defines what constitutes a formal complaint and maintains a record of formal complaints received. The program's definition of formal complaints includes, at a minimum, student complaints. The program's definition of formal complaints and the procedures for filing a complaint are communicated to relevant constituencies.

I-H. Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.

Elaboration: References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, clinical requirements and placements, grading policies, degree/certificate completion requirements, tuition, and fees are accurate. Information regarding licensure and/or certification examinations for which the program prepares students is accurate. For programs with APRN tracks, transcripts or other official documentation specify the APRN role and population focus of the graduate/completer.^{1,2}

If a program chooses to publicly disclose its CCNE accreditation status, the program uses either of the following statements:

"The (baccalaureate degree program in nursing/master's degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education (<http://www.ccnaccreditation.org>)."

"The (baccalaureate degree program in nursing/master's degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education, 655 K Street NW, Suite 750, Washington, DC 20001, 202-887-6791."

¹ See *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education* (July 2008).

² See *Standards for Quality Nurse Practitioner Education* (National Task Force on Quality Nurse Practitioner Education, 2022).

SUPPORTING DOCUMENTATION FOR STANDARD I

The supporting documentation listed below is included in the self-study document or evaluation resource materials. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements.

1. Mission, goals, and expected program outcomes.
2. Copies of all professional nursing standards and guidelines used by the program.
3. Evidence that the needs of the program's identified community of interest are considered by the program.
4. Appointment, promotion, and, when applicable, tenure policies or other documents defining faculty expectations related to teaching, scholarship, service, practice, or other areas.
5. Major institutional and nursing unit reports and records for the past three years, such as strategic planning documents and annual reports.
6. Reports submitted to, and official correspondence received from, applicable accrediting and regulatory agencies since the last accreditation review of the nursing program.
7. Catalogs, student handbooks, faculty handbooks, personnel manuals, or equivalent documentation referencing (among other things) academic calendars, recruitment and admission policies, clinical requirements, grading policies, and degree/post-graduate APRN certificate program completion requirements.
8. Program advertising and promotional materials.
9. For programs with APRN tracks, evidence that transcripts or other official documentation specify the APRN role and population focus of the graduate/completer.
10. Documents that reflect decision-making (e.g., minutes, memoranda, reports) related to program mission and governance.
11. Organizational charts for the parent institution and the nursing unit.
12. Program policies related to formal complaints.

STANDARD II

PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES

The parent institution demonstrates ongoing commitment to, and support for, the nursing program. The institution makes resources available to enable the program to achieve its mission, goals, and expected outcomes. The faculty and staff, as resources of the program, enable the achievement of the mission, goals, and expected program outcomes.

KEY ELEMENTS

- II-A.** Fiscal resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of fiscal resources is reviewed periodically, and resources are modified as needed.

Elaboration: The budget enables achievement of the program's mission, goals, and expected outcomes. The budget supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of sufficient staff/support personnel and faculty.

A defined process is used for regular review of the adequacy of the program's fiscal resources. Review of fiscal resources occurs, and modifications are made as appropriate.

- II-B.** Physical resources enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of physical resources is reviewed periodically, and resources are modified as needed.

Elaboration: Physical space and facilities (e.g., faculty and staff workspace, classrooms, laboratories, meeting areas) are sufficient and configured in ways that enable the program to achieve its mission, goals, and expected outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning materials) are sufficient to achieve the program's mission, goals, and expected outcomes. The institution is responsible for providing adequate physical resources.

A defined process is used to determine currency, availability, accessibility, and adequacy of resources (e.g., clinical simulation, laboratory, computing, supplies), and modifications are made as appropriate.

II-C. Clinical sites enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of clinical sites is reviewed periodically, and resources are modified as needed.

Elaboration: The program is responsible for providing adequate clinical sites. Clinical sites are sufficient, appropriate, and available to achieve the program's mission, goals, and expected outcomes. The program provides students with information regarding the responsibilities of the program and, if any, the expectations of the student in identifying clinical sites.

A defined process is used to determine currency, availability, accessibility, and adequacy of clinical sites, and modifications are made as appropriate.

II-D. Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis.

Elaboration: Academic support services, which may include library, technology, distance education support, research support, and admission and advising services, foster achievement of program outcomes. A defined process is used for regular review of academic support services, and improvements are made as appropriate, whether services are provided directly by the program, institution, or an online program manager (or other third-party vendor).

II-E. The chief nurse administrator of the nursing unit:

- is a registered nurse (RN);
- holds a graduate degree in nursing;
- holds a doctoral degree if the nursing unit offers a graduate program in nursing;
- is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and
- provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes.

Elaboration: The administrative authority of the chief nurse administrator is comparable to that of chief administrators of similar units in the institution. The chief nurse administrator consults, as appropriate, with faculty and other communities of interest to make decisions to accomplish the mission, goals, and expected program outcomes. The chief nurse administrator is an effective leader of the nursing unit.

II-F. Faculty are:

- sufficient in number to accomplish the mission, goals, and expected program outcomes;
- academically prepared for the areas in which they teach; and
- experientially prepared for the areas in which they teach.

Elaboration: The faculty (full-time, part-time, adjunct, tenured, non-tenured, or other) for each degree and post-graduate APRN certificate program are sufficient in number and qualifications to achieve the mission, goals, and expected program outcomes. The program defines faculty workloads. Faculty-to-student ratios provide adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies. For nurse practitioner tracks, the recommended faculty-to-student ratio for indirect faculty supervision, which may include clinical coordination, engagement with preceptors and clinical partners, and monitoring and evaluating student progress, is 1:8.

Faculty are academically prepared for the areas in which they teach. Academic preparation of faculty includes degree specialization, specialty coursework, or other preparation sufficient to address the major concepts included in courses they teach. Faculty teaching didactic in the baccalaureate, master's, DNP, and/or post-graduate APRN certificate program(s) have a graduate degree.

Faculty teaching clinical in the master's, DNP, and/or post-graduate APRN certificate program(s) have a graduate degree. Faculty teaching clinical in the baccalaureate program hold a graduate degree; however, any faculty teaching clinical in the baccalaureate program who do not hold a graduate degree:

- hold a baccalaureate degree in nursing;*
- have significant clinical experience;*
- are enrolled in a graduate program or are otherwise qualified (e.g., have completed relevant graduate-level courses or continuing education units, hold relevant national certification) for the clinical area(s) in which they teach; and*
- have purposeful engagement with and formal oversight by a graduate-prepared faculty member.*

Faculty teaching clinical are experienced in and maintain clinical expertise in the relevant clinical area. Clinical expertise may be maintained through clinical practice or other means. Faculty teaching in advanced practice clinical courses meet certification and practice requirements as specified by the relevant regulatory and specialty bodies.

Faculty who are nurses hold a current RN or APRN license. Faculty who oversee an APRN track are nationally certified in the same population-focused area of practice in roles for which national certification is available. Exceptions may include a family nurse practitioner with significant experience caring for the adult population who oversees an adult-gerontology primary care nurse practitioner track, an adult acute care nurse practitioner who oversees an adult-gerontology acute care nurse practitioner track, an adult nurse practitioner who oversees an adult-gerontology primary care nurse practitioner track, and a nationally certified psychiatric/mental health clinical nurse specialist who oversees a psychiatric/mental health nurse practitioner track.

II-G. Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role.

This key element is not applicable to a degree or certificate program that does not use preceptors.

Elaboration: The roles and performance expectations for preceptors with respect to teaching, supervision, and student evaluation are:

- clearly defined and communicated to preceptors;*
- congruent with the mission, goals, and expected student outcomes;*
- congruent with relevant professional nursing standards and guidelines; and*
- reviewed periodically and revised as appropriate.*

Preceptors have the expertise to support student achievement of expected outcomes. The program is responsible for evaluating the performance of preceptors.

II-H. The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.

Elaboration: Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role (full-time, part-time, adjunct, tenured, non-tenured, or other) and in support of the mission, goals, and expected faculty outcomes.

- *Faculty have opportunities for ongoing development in teaching.*
- *If scholarship is an expected faculty outcome, the institution provides resources to support faculty scholarship.*
- *If service is an expected faculty outcome, the institution provides support for service activities.*
- *If practice is an expected faculty outcome, the institution provides opportunities for faculty to maintain practice competence.*
- *Institutional support is sufficient so that currency in clinical practice is maintained for faculty in roles that require it.*

SUPPORTING DOCUMENTATION FOR STANDARD II

The supporting documentation listed below is included in the self-study document or evaluation resource materials. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements.

1. Nursing unit budget for the current and previous two fiscal years.
2. Copies of current contracts/agreements related to academic support services with an online program manager or other third-party vendor, if applicable.
3. Examples of current affiliation agreements with institutions at which student instruction occurs.
4. Documentation of the sufficiency and availability of clinical sites. Evidence of how the program is responsible for obtaining clinical placements.
5. Current curricula vitae of the chief nurse administrator and faculty.
6. Summary (e.g., list, narrative, table) of name, title, educational degrees with area of specialization, certification, relevant work experience, and teaching responsibilities of each faculty member and administrative officer associated with the nursing unit.
7. Evidence that faculty-to-student ratios, within defined faculty workloads, provide for adequate student supervision and evaluation.
8. Evidence that faculty teaching didactic in the nursing program hold a graduate degree.
9. Evidence that faculty teaching clinical in the nursing program hold a graduate degree. For any faculty teaching clinical in the baccalaureate program who do not hold a graduate degree, evidence that such faculty:
 - hold a baccalaureate degree in nursing;
 - have significant clinical experience;
 - are enrolled in a graduate program or are otherwise qualified (e.g., have completed relevant graduate-level courses or continuing education units, hold relevant national certification) for the clinical area(s) in which they teach; and
 - have purposeful engagement with and formal oversight by a graduate-prepared faculty member.
10. Evidence that faculty who oversee an APRN track hold national certification and/or advanced practice clinical expertise in the same population-focused area of practice as the track.
11. Schedule of courses for the current academic year and faculty assigned to those courses.
12. Policies regarding faculty workload.
13. Current collective bargaining agreement, if applicable.
14. Policies and/or procedures regarding preceptor qualifications and evaluation, documentation of preceptor qualifications and evaluation, and materials used for preceptor orientation.
15. Policies and/or procedures that support professional development of faculty (e.g., release time, workload reduction, funding).
16. Documents that reflect decision-making (e.g., minutes, memoranda, reports) related to institutional commitment and resources.

STANDARD III

PROGRAM QUALITY: CURRICULUM AND TEACHING- LEARNING PRACTICES

The curriculum is developed in accordance with the program’s mission, goals, and expected student outcomes. The curriculum reflects professional nursing standards and guidelines and the needs and expectations of the community of interest. Teaching-learning practices are congruent with expected student outcomes. The environment for teaching-learning fosters achievement of expected student outcomes.

KEY ELEMENTS

III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that:

- are congruent with the program’s mission and goals;
- are congruent with the roles for which the program is preparing its graduates; and
- consider the needs of the program-identified community of interest.

Elaboration: Curricular objectives (e.g., course, unit, and/or level objectives or competencies as identified by the program) provide clear statements of expected learning that relate to student outcomes. Expected outcomes relate to the roles for which students are being prepared.

III-B. Baccalaureate curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).

This key element is not applicable if the baccalaureate degree program is not under review for accreditation.

Elaboration: The baccalaureate degree program incorporates professional nursing standards and guidelines (or components thereof) relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills derived from professional nursing standards and guidelines are incorporated into the curriculum.

The baccalaureate degree program incorporates the following components of The Essentials: Core Competencies for Professional Nursing Education (Essentials) (AACN, 2021):

- the 10 “Domains for Nursing” (Essentials, pp. 10-11);
- the 8 “Concepts for Nursing Practice” (Essentials, pp. 11-14); and
- the 45 “Competencies” (numbered 1.1 through 10.3 and organized by Domain, Essentials, pp. 27-54).

III-C. Master's curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).

This key element is not applicable if the master's degree program is not under review for accreditation.

Elaboration: The master's degree program incorporates professional nursing standards and guidelines (or components thereof) relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills derived from professional nursing standards and guidelines are incorporated into the curricula.

The master's degree program incorporates the following components of The Essentials: Core Competencies for Professional Nursing Education (Essentials) (AACN, 2021):

- *the 10 "Domains for Nursing" (Essentials, pp. 10-11);*
- *the 8 "Concepts for Nursing Practice" (Essentials, pp. 11-14); and*
- *the 45 "Competencies" (numbered 1.1 through 10.3 and organized by Domain, Essentials, pp. 27-54).*

A master's degree program with a direct-entry track that prepares students for RN licensure includes advanced disciplinary knowledge and clinical practice experiences beyond baccalaureate-level nursing content.

The master's degree program, regardless of focus, includes content and practice experiences to attain disciplinary expertise in an advanced nursing practice specialty (e.g., leadership/administration, informatics, population health, nursing education) or APRN role. For example, a master's degree program with a nurse educator track provides advanced disciplinary knowledge and experiences in addition to teaching-learning content.

APRN tracks (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) in master's degree programs incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:

- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, including assessment of all human systems, advanced assessment techniques, concepts, and approaches; and*
- *Advanced pharmacology, including pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.

Master's degree programs that have a track with a direct care focus that does not prepare APRNs (e.g., nurse educator and clinical nurse leader) incorporate graduate-level content addressing the APRN core. Such tracks are not required to offer this content as three separate courses.

III-D. DNP curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).

This key element is not applicable if the DNP program is not under review for accreditation.

Elaboration: The DNP program incorporates professional nursing standards and guidelines (or components thereof) relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills derived from professional nursing standards and guidelines are incorporated into the curricula.

The DNP program incorporates the following components of The Essentials: Core Competencies for Professional Nursing Education (Essentials) (AACN, 2021):

- the 10 “Domains for Nursing” (Essentials, pp. 10-11);*
- the 8 “Concepts for Nursing Practice” (Essentials, pp. 11-14); and*
- the 45 “Competencies” (numbered 1.1 through 10.3 and organized by Domain, Essentials, pp. 27-54).*

A DNP program with a direct-entry track that prepares students for RN licensure includes advanced disciplinary knowledge and clinical practice experiences beyond baccalaureate-level nursing content.

The DNP program, regardless of focus, includes content and practice experiences to attain disciplinary expertise in an advanced nursing practice specialty (e.g., leadership/administration, informatics, population health, nursing education) or APRN role. For example, a DNP program with a nurse educator track provides advanced disciplinary knowledge and experiences in addition to teaching-learning content.

APRN tracks (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) in DNP programs incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:

- Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- Advanced health assessment, including assessment of all human systems, advanced assessment techniques, concepts, and approaches; and*
- Advanced pharmacology, including pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.

Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for students enrolled in post-master’s DNP programs who hold current national certification as advanced practice registered nurses, unless the program deems this necessary.

DNP tracks with a direct care focus that do not prepare APRNs (e.g., nurse educator) incorporate graduate-level content addressing the APRN core. Such tracks are not required to offer this content as three separate courses.

III-E. Post-graduate APRN certificate program curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).

This key element is not applicable if the post-graduate APRN certificate program is not under review for accreditation.

Elaboration: The post-graduate APRN certificate program incorporates professional nursing standards and guidelines (or components thereof) relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills derived from professional nursing standards and guidelines are incorporated into the curricula.

The post-graduate APRN certificate program incorporates the following components of The Essentials: Core Competencies for Professional Nursing Education (Essentials) (AACN, 2021), as applicable to the role and/or population focus for which students are being prepared:

- the 10 “Domains for Nursing” (Essentials, pp. 10-11);*
- the 8 “Concepts for Nursing Practice” (Essentials, pp. 11-14); and*
- the 45 “Competencies” (numbered 1.1 through 10.3 and organized by Domain, Essentials, pp. 27-54).*

APRN tracks (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) in a post-graduate APRN certificate program incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:

- Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- Advanced health assessment, including assessment of all human systems, advanced assessment techniques, concepts, and approaches; and*
- Advanced pharmacology, including pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.

Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for certificate students who have already completed such courses, unless the program deems this necessary.

III-F. The curriculum is logically structured and sequenced to achieve expected student outcomes.

- Baccalaureate curricula build on a foundation of the arts, sciences, and humanities.**
- Master’s curricula build on a foundation comparable to baccalaureate-level nursing knowledge.**
- DNP curricula build on a baccalaureate and/or master’s foundation, depending on the level of entry of the student.**
- Post-graduate APRN certificate programs build on a graduate-level nursing foundation.**

Elaboration: Baccalaureate degree programs demonstrate that knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Graduate-entry programs in nursing incorporate the generalist knowledge common to baccalaureate nursing education as well as advanced nursing knowledge.

Graduate programs are clearly based on a foundation comparable to a baccalaureate degree in nursing. Graduate programs delineate how students who do not have a baccalaureate degree in nursing acquire the knowledge and competencies comparable to baccalaureate education in nursing as a foundation for advanced nursing education. Programs that move students from basic nursing preparation (e.g., associate degree or diploma education) to a graduate degree demonstrate how these students acquire baccalaureate-level knowledge and competencies, even if they do not award a baccalaureate degree in nursing in addition to the graduate degree.

DNP programs, whether post-baccalaureate or post-master’s, demonstrate how students acquire doctoral-level knowledge and competencies. If the program awards the master’s degree as part of the DNP program, the program demonstrates how students acquire master’s-level knowledge and competencies.

The program provides a rationale for the sequence of the curriculum for each program.

III-G. Teaching-learning practices:

- support the achievement of expected student outcomes; and
- consider the needs and expectations of the identified community of interest.

Elaboration: Teaching-learning practices (e.g., simulation, lecture, flipped classroom, case studies, service learning) in all environments (e.g., virtual, classroom, clinical experiences, distance education, laboratory) support achievement of expected student outcomes identified in course, unit, and/or level objectives.

Teaching-learning practices are appropriate to the student population (e.g., adult learners, second-language students, students in a post-graduate APRN certificate program) and consider the needs of the program-identified community of interest.

III-H. The curriculum includes planned clinical practice experiences that:

- enable students to integrate new knowledge and demonstrate attainment of program outcomes; and
- are evaluated by faculty.

Elaboration: To prepare students for a practice profession, the program affords students the opportunity to develop professional competencies and to integrate new knowledge in practice settings aligned to the educational preparation. For programs that prepare students for certification, clinical practice experiences align with certification requirements, as appropriate. Programs that prepare students for certification incorporate sufficient clinical practice experiences appropriate to the role. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practice experiences align with student and program outcomes. These experiences are planned, implemented, and evaluated.

Programs that have a direct care focus (including, but not limited to, post-licensure baccalaureate and nurse educator tracks) provide direct care experiences (i.e., care provided to individuals, families, groups, and/or communities) designed to advance the knowledge and expertise of students in a clinical area of practice.

DNP programs require a minimum of 1,000 hours of practice post-baccalaureate as part of a supervised academic program. Programs preparing students for nurse practitioner certification provide a minimum of 500 direct patient care clinical hours. For nurse practitioner tracks in DNP programs, these 500 hours are included in the minimum 1,000 practice hours.

Programs preparing students for certification meet or exceed the clinical practice requirements specified by the appropriate certification agencies.

III-I. The curriculum includes planned experiences that prepare students to provide care to diverse individuals and populations.

Elaboration: The program provides planned didactic, simulation, and/or clinical practice experiences that prepare students to provide care to diverse individuals and populations. Such experiences are in a variety of settings appropriate to the role for which students are being prepared. These experiences enable students to provide care to individuals and populations with diverse life experiences, perspectives, and backgrounds.

III-J. The curriculum includes planned experiences that foster interprofessional collaborative practice.

Elaboration: The program provides planned didactic, simulation, and/or clinical practice experiences that prepare students to engage in interprofessional collaborative practice. The program affords opportunities for students to collaborate with a variety of individuals and/or organizations that enable students to develop the necessary communication and negotiation skills to enhance patient outcomes.

III-K. Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.

Elaboration: Evaluation of student performance is consistent with expected student outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. Processes exist by which the evaluation of individual student performance is communicated to students. In instances where preceptors facilitate students' clinical learning experiences, faculty may seek input from preceptors regarding student performance, but ultimately faculty are responsible for evaluation of individual student outcomes. The requirement for evaluation of student clinical performance by qualified faculty applies to all students in all programs. Faculty evaluation of student clinical performance may be accomplished through a variety of mechanisms.

III-L. The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement.

Elaboration: Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of student outcomes. Such evaluation activities may be formal or informal, formative or summative. The curriculum is regularly evaluated by faculty and revised as appropriate.

SUPPORTING DOCUMENTATION FOR STANDARD III

The supporting documentation listed below is included in the self-study document or evaluation resource materials. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements.

1. Evidence that faculty participate in the development, implementation, and revision of curricula.
2. Course syllabi for all courses included in the curricula.
3. Examples of course content and/or assignments reflecting incorporation of the 10 “Domains for Nursing,” the 8 “Concepts for Nursing Practice,” and the 45 “Competencies” identified in *The Essentials: Core Competencies for Professional Nursing Education* (AACN, 2021).
4. Examples of course content and/or assignments reflecting incorporation of additional professional nursing standards and guidelines selected by the program, as appropriate.
5. Evidence that APRN tracks incorporate separate comprehensive graduate-level courses to address the APRN core.
6. Evidence that graduate-level content related to the APRN core is included in master’s degree programs that have a direct care track (e.g., nurse educator, clinical nurse leader) and DNP programs that have a direct care track (e.g., nurse educator).
7. The program of study/curricular plan for each track/program under review.
8. Examples of student work reflecting student learning outcomes (both didactic and clinical).
9. Evidence of direct care clinical experiences for all programs/tracks preparing students for a direct care role (including, but not limited to, post-licensure baccalaureate and nurse educator tracks).
10. Examples of didactic, simulation, and/or clinical practice experiences that prepare students to provide care to individuals and populations with diverse life experiences, perspectives, and backgrounds.
11. Examples of didactic, simulation, and/or clinical practice experiences that prepare students to engage in interprofessional collaborative practice.
12. Examples of student performance evaluations (didactic and clinical), including evaluation tools (e.g., examinations, quizzes, projects, presentations).
13. Documentation that faculty are responsible for grading all courses and clinical experiences.
14. Examples of tools for curriculum assessment (e.g., end-of-course and faculty evaluations, student and faculty evaluations of clinical experiences).
15. Documents (e.g., minutes, memoranda, reports) that demonstrate data analysis of student and/or faculty evaluations to support ongoing improvement of curriculum and teaching-learning practices.

STANDARD IV

PROGRAM EFFECTIVENESS: ASSESSMENT AND ACHIEVEMENT OF PROGRAM OUTCOMES

The program is effective in fulfilling its mission and goals as evidenced by achieving expected program outcomes. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. Data on program effectiveness are used to foster ongoing program improvement.

KEY ELEMENTS

IV-A. A systematic process is used to determine program effectiveness.

Elaboration: The program (baccalaureate, master's, DNP, and/or post-graduate APRN certificate) uses a systematic process to obtain relevant data to determine program effectiveness. The process:

- *is written, is ongoing, and exists to determine achievement of program outcomes;*
- *is comprehensive (includes completion, licensure, certification, and employment rates, as required by the U.S. Department of Education; faculty outcomes; and other program outcomes);*
- *identifies which quantitative and/or qualitative data are collected to assess achievement of the program outcomes;*
- *includes timelines for each of the following: data collection, review of expected and actual outcomes, and analysis; and*
- *is periodically reviewed and revised as appropriate.*

IV-B. Program completion rates demonstrate program effectiveness.

This key element is not applicable to a degree or certificate program that does not yet have individuals who have completed the program.

Elaboration: The program (baccalaureate, master's, DNP, and/or post-graduate APRN certificate) demonstrates achievement of required program outcomes regarding completion in any one of the following ways:

- *the completion rate for the most recent calendar year (January 1 through December 31) is 70% or higher;*
- *the completion rate is 70% or higher over the three most recent calendar years;*
- *the completion rate is 70% or higher for the most recent calendar year when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education; or*

- the completion rate is 70% or higher over the three most recent calendar years when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education.

The program identifies the cohort(s), specifies the entry point, and defines the time period to completion, each of which may vary by track; however, the program provides the completion rate for the overall degree/certificate program. The program describes the formula it uses to calculate the completion rate. The program identifies the factors used and the number of students excluded if some students are excluded from the calculation.

IV-C. Nursing licensure pass rates demonstrate program effectiveness.

This key element is not applicable to a program that does not prepare students for licensure examinations or does not yet have individuals who have taken licensure examinations.

This key element is applicable to a program that prepares students for the NCLEX-RN® or other professional nursing licensure examination.

Elaboration: Programs with a pre-licensure track demonstrate achievement of required program outcomes regarding licensure. The program demonstrates that it meets the licensure pass rate of 80% in any one of the following ways:

- the pass rate for each campus/site and track is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);
- the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;
- the pass rate for each campus/site and track is 80% or higher for all first-time takers over the three most recent calendar years; or
- the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.

A program is required to provide these data regardless of the number of test takers. For each campus/site and track, identify which of the above options was used to calculate the pass rate. The program may exclude test takers who take the licensure examination more than two years after program completion.

IV-D. Certification pass rates demonstrate program effectiveness.

This key element is not applicable to a degree or certificate program that does not prepare students for certification examinations or does not yet have individuals who have taken certification examinations.

Elaboration: The master's, DNP, and post-graduate APRN certificate programs demonstrate achievement of required program outcomes regarding certification. For programs that prepare students for certification, certification pass rates are obtained and reported for those graduates/completers taking each examination, even when national certification is not required to practice in a particular state.

For programs that prepare students for certification, data are provided regarding the number of graduates/completers taking each certification examination and the number that passed. A program is required to provide these data regardless of the number of test takers. The pass rate is provided separately for each degree program (master's and DNP) and the post-graduate APRN certificate program.

A program that prepares students for certification demonstrates that it meets the certification pass rate of 80%, for each examination, in any one of the following ways:

- the pass rate for each certification examination is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);*
- the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;*
- the pass rate for each certification examination is 80% or higher for all first-time takers over the three most recent calendar years; or*
- the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.*

The program identifies which of the above options was used to calculate the pass rate. The program provides certification pass rate data for each examination but, when calculating the pass rate described above, may combine certification pass rate data for multiple examinations relating to the same role and population. The program may exclude test takers who take the certification examination more than two years after program completion.

IV-E. Employment rates demonstrate program effectiveness.

This key element is not applicable to a degree or certificate program that does not yet have individuals who have completed the program.

Elaboration: The program demonstrates achievement of required outcomes regarding employment rates.

- The employment rate is provided separately for each degree program (baccalaureate, master's, and DNP) and the post-graduate APRN certificate program.*
- Data are collected within 12 months of program completion. Specifically, employment data are collected at the time of program completion or at any time within 12 months of program completion.*
- The employment rate is 80% or higher. However, if the employment rate is less than 80%, the employment rate is 80% or higher when excluding graduates/completers who have elected not to be employed.*

IV-F. Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement.

This key element is applicable if one or more of the following key elements is applicable:

Key Element IV-B (completion), Key Element IV-C (licensure), Key Element IV-D (certification), and Key Element IV-E (employment).

Elaboration: The program uses outcome data (completion, licensure, certification, and employment) for improvement.

- Discrepancies between actual and CCNE expected outcomes (program completion rates 70%, licensure pass rates 80%, certification pass rates 80%, employment rates 80%) inform areas for improvement.*
- Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*
- Faculty are engaged in the program improvement process.*

IV-G. Aggregate faculty outcomes demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of expected faculty outcomes. In order to demonstrate program effectiveness, outcomes are consistent with and contribute to achievement of the program's mission and goals and are congruent with institution and program expectations. Expected faculty outcomes:

- *are identified for the faculty as a group;*
- *specify expected levels of achievement for the faculty as a group; and*
- *reflect expectations of faculty in their roles.*

Actual faculty outcomes are compared to expected levels of achievement. Actual faculty outcomes are presented in the aggregate. If expected faculty outcomes vary for different groups of faculty (full-time, part-time, adjunct, tenured, non-tenured, or other), actual faculty outcomes may be presented separately for each different group of faculty. These outcomes correspond to the faculty expectations identified by the nursing unit (refer to Key Element I-D).

IV-H. Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.

Elaboration: The program uses faculty outcome data for improvement.

- *Faculty outcome data are used to promote ongoing program improvement.*
- *Discrepancies between actual and expected levels of achievement inform areas for improvement.*
- *Changes to foster achievement of faculty outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*
- *Faculty are engaged in the program improvement process.*

IV-I. Other program outcomes demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of outcomes other than those related to completion rates (Key Element IV-B), licensure pass rates (Key Element IV-C), certification pass rates (Key Element IV-D), employment rates (Key Element IV-E), and faculty (Key Element IV-G).

Program outcomes are defined by the program and incorporate expected levels of achievement. The program describes how outcomes are measured. Actual levels of achievement, when compared to expected levels of achievement, demonstrate that the program, overall, is achieving its outcomes. Program outcomes are appropriate and relevant to the degree and certificate programs offered.

Programs that do not yet have completers identify other program outcomes and specify the expected levels of achievement for those outcomes.

IV-J. Other program outcome data are used, as appropriate, to foster ongoing program improvement.

Elaboration: For program outcomes defined by the program:

- *Actual program outcomes are used to promote program improvement.*
- *Discrepancies between actual and expected levels of achievement inform areas for improvement.*
- *Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*
- *Faculty are engaged in the program improvement process.*

SUPPORTING DOCUMENTATION FOR STANDARD IV

The supporting documentation listed below is included in the self-study document or evaluation resource materials. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements.

1. Evidence of a systematic, written, comprehensive process to determine program effectiveness (e.g., evaluation or assessment plan).
2. Examples of periodic review of the systematic process (e.g., meeting minutes, supplemental documents).
3. Summary of aggregate student outcomes with comparison of actual levels of aggregate student achievement to expected levels of aggregate student achievement. Aggregate student outcome data (applicable only to programs with graduates/completers), including:
 - completion rates for each degree and post-graduate APRN certificate program;
 - nursing licensure pass rates for each campus/site and track;
 - certification pass rates for each degree/certificate program for each APRN role, population focus, and/or specialty for which the program prepares students;
 - certification pass rates for each degree program for each role/area other than APRN roles for which the program prepares students; and
 - employment rates for each degree/certificate program.
4. Summary of aggregate faculty outcomes for the past three years with comparison of actual levels of aggregate faculty achievement to expected aggregate faculty achievement.
5. Summary of aggregate program-identified outcomes for the past three years with comparison of actual levels of aggregate achievement in relation to expected levels of achievement.
6. Documents (e.g., minutes, memoranda, reports) that demonstrate data analysis, explanations of variances between actual and expected outcomes, and use of the analysis for ongoing program improvement.

GLOSSARY

Academic Policies: Published rules that govern the implementation of the academic program, including, but not limited to, policies related to admission, retention, progression, graduation/completion, grievance, clinical placements, and grading.

Academic Support Services: Services available to the nursing program that facilitate faculty and students in any teaching/learning modality, including distance education, in achieving the expected outcomes of the program (e.g., library, computer and technology resources, advising, counseling, placement services).

Advanced Nursing: Nursing roles requiring advanced nursing education beyond the basic baccalaureate preparation. Academic preparation for advanced nursing may occur at the master's, doctoral, or post-graduate APRN certificate level.

Advanced Practice Registered Nurse (APRN): The title given to a nurse who has obtained a license to practice as an APRN in one of the four APRN roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified nurse practitioner (CNP).

Advanced Practice Registered Nurse (APRN) Track: A plan of study in a master's degree program in nursing, a Doctor of Nursing Practice (DNP) program, or a post-graduate certificate program that prepares students for one of the four recognized APRN roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified nurse practitioner (CNP). The track also prepares students in one of six population foci:

- family/individual across the lifespan
- adult-gerontology
- pediatrics
- neonatal
- women's health/gender-related
- psychiatric/mental health

Chief Nurse Administrator: A registered nurse with a graduate degree in nursing, and a doctoral degree if a graduate nursing program is offered, who serves as the administrative head of the nursing unit.

Community of Interest: Groups and individuals who have an interest in the mission, goals, and expected outcomes of the nursing unit and its effectiveness in achieving them. The community of interest comprises the stakeholders of the program and may include both internal (e.g., current students, institutional administration) and external constituencies (e.g., prospective students, regulatory bodies, practicing nurses, clients, employers, the community/public). The community of interest might also encompass individuals and groups of diverse backgrounds, races, ethnicities, genders, values, and perspectives who are served and affected by the program.

Curriculum: All planned educational experiences that facilitate achievement of expected student outcomes. Nursing curricula include clinical practice experiences.

Distance Education: As defined by the Higher Education Opportunity Act of 2008:

- (A) *Education that uses one or more of the technologies described in subparagraph (B)-*
- (i) *to deliver instruction to students who are separated from the instructor; and*
 - (ii) *to support regular and substantive interaction between the students and the instructor, synchronously or asynchronously.*
- (B) **INCLUSIONS.**—*For the purposes of subparagraph (A), the technologies used may include—*
- (i) *the Internet;*
 - (ii) *one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;*
 - (iii) *audio conferencing; or*
 - (iv) *video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies listed in clauses (i) through (iii).* [The Higher Education Opportunity Act of 2008, Pub. L. No. 110-315, § 103(a)(19)]

Formal Complaint: A statement of dissatisfaction that is presented according to a nursing unit's established procedure.

Goals: General aims of the program that are consistent with the institutional and program missions and reflect the values and priorities of the program.

Mission: A statement of purpose defining the unique nature and scope of the parent institution or the nursing program.

Nursing Program: A system of instruction and experience coordinated within an academic setting and leading to acquisition of the knowledge, skills, and attributes essential to the practice of professional nursing at a specified degree level (baccalaureate, master's, or doctoral) or certificate level (for post-graduate APRN certificate) program.

Nursing Unit: The administrative segment (e.g., college, school, division, or department of nursing) within an academic setting in which one or more nursing programs are conducted.

Parent Institution: The entity (e.g., university, academic health center, college, or other entity) accredited by an institutional accrediting agency recognized by the U.S. Secretary of Education that has overall responsibility and accountability for the nursing program.

Post-Graduate APRN Certificate Program: A post-master's or post-doctoral certificate program that prepares APRNs in one or more of the following roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified nurse practitioner (CNP). CCNE only reviews certificate programs that prepare APRNs in at least one role and population focus, in accordance with the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education* (July 2008). Although other types of nursing certificates may be offered by an institution, they are outside CCNE's scope of review.

Practice Experiences: Planned learning activities in nursing practice that allow students to understand, perform, and refine professional competencies at the appropriate program level. Practice experiences may be known as clinical learning opportunities, clinical practice experiences, clinical activities, experiential learning strategies, or practice.

Preceptor: An experienced practitioner who facilitates and guides students' clinical learning experiences in the preceptor's area of practice expertise.

Professional Nursing Standards and Guidelines: Statements of expectations and aspirations providing a foundation for professional nursing behaviors of graduates of baccalaureate, master's, professional doctoral, and post-graduate APRN certificate programs. Standards are developed by a consensus of professional nursing communities who have a vested interest in the education and practice of nurses. CCNE recognizes that professional nursing standards and guidelines are established through state rules and regulations, nationally recognized accrediting agencies and professional nursing specialty organizations, national and institutional educational organizations, and health care agencies used in the education of nursing graduates.

CCNE requires that baccalaureate and graduate nursing programs incorporate the 10 “Domains for Nursing,” the 8 “Concepts for Nursing Practice,” and the 45 “Competencies” identified in *The Essentials: Core Competencies for Professional Nursing Education* (AACN, 2021). Programs incorporate additional professional nursing standards and guidelines (or components thereof), as appropriate, consistent with the mission, goals, and expected outcomes of the program.

CCNE is one of 18 organizational members of the National Task Force on Quality Nurse Practitioner Education (NTF) that endorsed the *Standards for Quality Nurse Practitioner Education* (NTF, 2022). According to the NTF *Standards*, endorsement is defined as “a general philosophical agreement with the content and intent” of the document (p. 4).

Program Improvement: The process of using results of assessments and analyses of actual outcomes in relation to expected outcomes to validate or revise policies, practices, and curricula as appropriate.

Program Outcomes: Results that participants (individually or grouped in the aggregate) derive from their association with the nursing program. The results are measurable and observable and may be quantitative or qualitative, broad or detailed.

Student Outcomes: Results reflecting competencies, knowledge, values, or skills attained by students through participation in program activities.

Faculty Outcomes: Results demonstrating achievements in teaching, scholarship, service, practice, or other areas appropriate to the mission and goals of the nursing program attained by faculty as part of their participation in the program.

Expected Outcomes: Anticipated results expressed as predetermined, measurable levels of student, faculty, and program achievement.

Actual Outcomes: Results describing real student, faculty, and program achievement.

Purposeful Engagement: A structured relationship involving meaningful interaction, communication, and support to strengthen the overall educational experience.

Teaching-Learning Practices: Strategies that guide the instructional process toward achieving expected student outcomes.

[illegible]

[illegible]



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March 21, 2025

Dear Chairman Wobbema and members the Senate Workforce Development Committee,

We, the North Dakota State University (NDSU) General Education Committee, wish to express our serious concerns regarding House Bill 1220. We strongly urge the Senate Workforce Development Committee to recommend DO NOT PASS on this bill.

Some of the continued concerns regarding this bill are:

- **The North Dakota State Board of Higher Education (SBHE) is collaborating with institutions to develop reduced credit degrees. This bill creates a conflict with the SBHE role based on the ND Constitution.**
 - Article VIII, Section 6.6b of the North Dakota State Constitution states that the “state board of higher education shall have full authority over the institutions under its control with the right, among its other powers, to prescribe, limit, or modify the courses offered at the several institutions” in the North Dakota University System.
- **Degrees that eliminate general education coursework will not meet the accreditation requirements established by the Higher Learning Commission (HLC).** The HLC Guidelines for Evaluating Reduced-Credit Bachelor Degree Programs Core [Component 3.B](#) states that institutions must demonstrate “policies and processes for adequately incorporating general education, and the associated breadth and depth of student learning, into the reduced-credit bachelor’s degree program.” This clearly does not encourage the removal of all general education requirements. HB 1220 would create direct incompliance with HLC requirements to offer a reduced-credit bachelor’s degree.
- **“May” not require General Education Requirements:** The bill's provision is that institutions "may" not require general education credits for accelerated degrees. This could undermine the comprehensive education that general education courses provide. Without a mandate, institutions might inconsistently apply this provision, potentially compromising the quality and breadth of education that students receive.

Again, we urge the Committee to recommend a **DO NOT PASS** on HB 1220 as is written and in any additional form. As identified above, the bill is not necessary.

Respectfully submitted,

NDSU General Education Committee

Written Testimony in Opposition to House Bill N. 1220

David Echelbarger, Ph.D.

Assistant Vice President for Academic Affairs, University of Mary

Chair Wobbema and Members of the Senate Workforce Development Committee,

I am grateful to Representative Motschenbacher and the co-sponsors of House Bill 1220 for their efforts to address North Dakota's workforce needs while reducing student debt and time to graduation.

However, I strongly oppose this bill because **cutting general education requirements for in-demand professions harms our local students by making them less competitive here in North Dakota against out-of-state peers**. I urge you to vote **NO** on HB 1220.

These points explain my opposition:

- HB 1220 allows “partial degrees” that skip general education courses required for a full bachelor’s degree. These aren’t “accelerated” or “compressed” degrees—they’re incomplete.
- Partial degrees won’t be recognized by national accrediting bodies or out-of-state licensing boards, as they lack the necessary general education courses.
- As a result, these partial-degrees would only be useful for students who have no intention of working outside of North Dakota.
- North Dakota colleges will still need to offer full, accredited degrees to attract out-of-state students who want career flexibility, as Rep. Motschenbacher himself has noted.
- Local students with partial degrees will compete for jobs against out-of-state graduates holding accredited degrees—and risk being overshadowed and outmatched.
 - Employers prefer candidates with critical thinking, problem-solving, and collaboration skills – which are gained from general education courses. (For evidence that bachelor’s degree holders perform better, see Dr. Billie Madler’s testimony, which cites research showing that hospitals with more nurses who completed general education courses have 10-30% lower patient mortality rates. This advantage applies to other professions too.)
- Even if there are enough jobs for all graduates, out-of-state graduates with full degrees will secure better-paying jobs and advancement opportunities, leaving North Dakota partial degree holders behind.
- Partial degree students will also face a bigger hurdle for career growth when pursuing a Master’s degree—which is often required for salary increases and leadership roles.

They'll first need to complete the missing 30 credits of general education courses to earn a fully accredited degree before they're eligible for graduate programs.

- For context, since many Master's degrees are around 30-36 credits, this means North Dakota students with partial degrees will need to complete double the coursework and cost compared to out-of-state peers with accredited degrees, widening the gap as they advance their careers.

In short, HB 1220 harms North Dakota students by offering an inferior degree that weakens their future, leaving them less equipped to compete with out-of-state peers.

Even if offering partial degrees isn't mandatory, this bill permits a deceptive shortcut for the young men and women of North Dakota—our own sons and daughters—whom we're responsible for nurturing, serving, and protecting, jeopardizing their long-term success and stability.

I urge you to vote **NO**.

Sincerely,

David Echelbarger



*Great Public Schools**Great Public Service*

**Testimony Before the Senate Workforce Development Committee
HB 1220
Friday, March 21, 2025**

Chairman Wobbema and members of the Committee, for the record my Name is Nick Archuleta, and I am the president of North Dakota United. I am here today to offer testimony in opposition to HB 1220, and to urge a ***do not pass*** recommendation for this proposed legislation.

Members of the Committee, while it is true that North Dakota and the nation are experiencing a shortage of teachers and individuals choosing teaching as a profession, ND United believes that HB 1220, while well intentioned, may exacerbate the situation. There is an art and a science to teaching and the provision in HB 1220 that ends the requirement that students would no longer be required to obtain general education credits undermines the acquisition of key skills that effective teachers need and value once they are in the field. English, Science, Math, the Social Sciences, and the humanities help build a rock-solid foundation on which effective teaching careers are built. In short, we are concerned that creating accelerated degrees in the field of education will undermine the quality of teacher preparation programs and cause teachers to be placed in classrooms unprepared for the challenges of a modern classroom. Inadequately prepared teachers tend to leave the profession sooner than well trained educators and are less effective during the time they are in the teaching. That is not good for them, the profession, and especially not for the kids and communities they serve.

Of course, Chairman Wobbema and Committee members, I cannot speak for other sectors of the workforce this bill seeks to help, but if this bill is to include future educators, I would urge a ***do not pass*** recommendation.

March 21, 2025

Dear Chairman Wobbema and members the Senate Workforce Development Committee,

My name is Karla Haug. I hold a Master's Degree in Nursing Education, am currently enrolled in the NDSU PhD in Education program, and am an Assistant Professor of Practice at North Dakota State University. I write on my own personal behalf, not on behalf of the university.

As a faculty member at one of our state's educational institutions, I urge you to recommend a **DO NOT PASS** on proposed House Bill 1220, "the creation of a North Dakota accelerated degree for high-demand occupations."

I also ask that you review my testimony submitted to the House Education Committee in January. My arguments related to concerns for nursing accreditation are still valid.

I would like to provide rebuttal against statements in Representative Motschenbacher Testimony dated 3/20/2025:

Statement 1: "Section 1, subsection 1 further clarifies that offering these degrees is optional. No industry or college is mandated to offer this alternative degree. It is completely optional."

Response: Yes – following this bill is option. However, the State Board of Higher Education is already working on creating an option for shorter degree options. Why is this bill required?

Statement 2: "Section 1, subsection 1d specifies that any general education credits "may" not be included."

Response: The word "may" produces ambiguity and inconsistency. It implies options which could lead to unequal opportunities and confusion. The argument to support General Education requirements in all degrees is expressed in multiple testimonies submitted to the House and to this Committee. General Education is also a requirement for the accreditation of the institutions. If degrees institutions that are offered are without general education; we may also be without accredited institutions.

Statement 3: "Subsection 2 on page 2 designates which areas of expertise are considered "high demand" occupations"

Response: The bill states that it will determine annually which degrees should be offered by institutions. This is just not realistic. Institutions cannot be changing offerings quickly or be constantly changing curriculums. Curriculum development and approval take a minimum of a year to complete, often two.

Statement 4: "Subsection 3 simply states that ND will recognize the degree as being able to be licensed to work in our state"

Response: This bill will require licensing boards to recognize the degree even if they do not support it. Some licensing boards have requirements which might not fit these degree requirements. Is there confirmation from all licensing boards in ND that this degree option will meet their requirements? The Board of Medicine has posted testimony that it will not.

Statement 5: “Subsection 4 allows the SBHE to adopt rules to implement this.”

Response: SBHE already has the ability to adopt changes in education requirements. They do not need this bill to do so. And again, they are working with institutions to create options degrees with a shorter degree pathways.

Having grown in rural North Dakota with family roots still in rural North Dakota, I understand the frustration our rural communities face. But pushing students through degrees won't automatically fix any workforce issues or draw students to rural areas. This bill certainly brings to light the fact that our institutions need to look at options, but we don't need this bill to do that.

I urge you to recommend **DO NOT PASS** on this bill.

Thank you,

Karla Haug

March 20, 2025

Chair Wobbema and members of Workforce Development:

We, the General Education Committee of Bismarck State College, urge you to consider a **DO NOT PASS** recommendation on HB1220. Our greatest opposition to this proposed bill comes from subsection 1d., "Not require a student to obtain general education credits for a North Dakota accelerated degree."

As professionals in our fields, many of us have heard from industry leaders and advisory boards of the importance and necessity for essential skills and the greater development of these skills in order for students to be workforce ready. Advisory boards heavily influence how our programs are put together, and we rely on them to guide our curriculum. Those boards place continual emphasis on essential skills that go along with program-specific content. As instructors, we are masters in our fields and teach the skills necessary for those in our disciplines. As such, we depend on those in other general education areas to teach our students the additional essential skills needed. These types of skills are which are precisely the skills garnered via general education courses for students to gain knowledge that will serve them well in their careers and everyday life. Beyond technical knowledge and expertise, what we consider essential skills are equally vital to success in any profession.

Communication, teamwork, critical thinking, problem solving, and adaptability enable professionals to collaborate effectively, navigate challenges, and respond to evolving industry demands. The general education curriculum addresses these needs with courses that teach students how to express ideas clearly and persuasively, both in writing and in verbal communication. Strong communication skills are key for collaborating with others and for being an effective team member. Interpersonal skills and the ability to work effectively with others are essential in most careers.

For example, engineers must articulate complex ideas to clients and colleagues, while healthcare professionals rely on empathy and interpersonal skills to provide quality patient care. Leadership and time management skills further help individuals advance in their careers and contribute meaningfully to their teams. By integrating both general education and essential skills into technical programs, students gain a well-rounded education that enhances their employability and prepares them for the complexities of the professional world.

At BSC, the General Education Committee views general education as an opportunity rather than an obligation. Many general education courses, such as communications, arts, humanities, social science, math, science, and technology, encourage students to think critically and evaluate different perspectives that build skills in critical thinking and problem solving. General education courses also offer students practice in how to integrate knowledge and communicate ideas efficiently and professionally. Our students are able to choose from a diverse selection of courses that are broad enough to apply to multiple degree paths, while remaining specific enough to enhance their chosen field of study.

Again, using the previous example, engineering students meet their general education mathematics requirement with calculus, a course that, while classified as general education, is essential to engineering and the physical sciences. Similarly, students in our various healthcare programs complete coursework in anatomy and physiology, psychology, sociology, chemistry, microbiology, nutrition, composition, public speaking, and mathematics. We firmly believe cutting these type of general education courses could hinder future professionals in essential skills required for their careers.

We thank you for your time, and again, we urge this committee to consider a **DO NOT PASS** on HB1220.

Sincerely,
BSC General Education Committee
Katrina Eberhart, co-chair

2025 SENATE STANDING COMMITTEE MINUTES

Workforce Development Committee Fort Lincoln Room, State Capitol

HB 1220
4/3/2025

Relating to the creation of a North Dakota accelerated degree for high-demand occupations.

10:30 a.m. Chairman Wobbema called the meeting to order.

Members Present: Chairman Wobbema, Vice-Chairman Axtman, Senator Boschee, Senator Larson, Senator Powers.

Discussion Topics:

- Expectation Management
- Accreditation in Century Code
- Department of Education Funding
- Licensures Boards
- Degree Recognition in Other States

10:33 a.m. Lisa Johnson, Vice Chancellor for Academic and Student Affairs with ND University System, answered committee questions.

10:57 a.m. Senator Larson Moved Amendment LC #25.0232.02002.

10:57 a.m. Senator Axtman seconded the motion.

Senators	Vote
Senator Mike Wobbema	Y
Senator Michelle Axtman	Y
Senator Josh Boschee	Y
Senator Diane Larson	Y
Senator Michelle Powers	Y

Motion passed 5-0-0.

10:58 a.m. Senator Axtman moved Do Not Pass as Amended.

10:59 a.m. Powers seconded the motion.

Senators	Vote
Senator Mike Wobbema	Y
Senator Michelle Axtman	Y
Senator Josh Boschee	Y
Senator Diane Larson	N
Senator Michelle Powers	Y

Motion passed 4-1-0.

Senator Boschee will carry the bill.

Additional Written Testimony:

Dave Schaibley, Executive Director of North Dakota State Board of Dental Examiners, submitted testimony #44626.

10:59 a.m. Chairman Wobbema closed the hearing.

Andrew Ficek, Committee Clerk

April 3, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO

CO
4/3/25
lotz

HOUSE BILL NO. 1220

Introduced by

Representatives Motschenbacher, Hauck, Longmuir, Morton, Novak, Schauer, Sanford, Bahl,
Fisher, Vetter

Senator Gerhardt

1 A BILL for an Act to create and enact a new section to chapter 15-10 of the North Dakota
2 Century Code, relating to the creation of a North Dakota accelerated degree for high-demand
3 occupations.

4 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

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

7 **North Dakota accelerated degree - High-demand occupations.**

- 8 1. AnA North Dakota accelerated degree is an optional substitute for any degree that
9 prepares a student for a high-demand occupation, as designated under subsection 2,
10 which may be offered by an institution under the control of the state board of higher
11 education may;
- 12 a. Offer a North Dakota accelerated degree as an optional substitute for any degree
13 offered by the institution which prepares a student for a high demand occupation;
- 14 b. Determine annually which degrees offered by the institution prepare students for
15 a high demand occupation;
- 16 c. Provide a list of North Dakota accelerated degrees to the appropriate
17 occupational and professional boards; and
- 18 d. Not require a student to obtain. The requirements for the degree may not include
19 general education credits for a North Dakota accelerated degree.

- 1 2. ~~Upon review of an individual's application for a license to practice in a profession~~
2 ~~designated as a high-demand occupation by an institution under the control of the~~
3 ~~state board of higher education, an~~For purposes of this section, an occupational or
4 professional board may designate an occupation or profession as a high-demand
5 occupation. An occupational or professional board may revoke the designation at any
6 time. However, if a student relies on a current designation when the student begins a
7 program for a North Dakota accelerated degree, the degree must be recognized in
8 accordance with subsection 3.
- 9 3. ~~An occupational or professional board shall approve~~may recognize a North Dakota
10 ~~accelerated degree and recognize the degree as an accredited program for licensing~~
11 purposes.
- 12 4. ~~The state board of higher education may adopt rules under chapter 28-32 to~~
13 implement this section.

**REPORT OF STANDING COMMITTEE
HB 1220**

Workforce Development Committee (Sen. Wobbema, Chairman) recommends **AMENDMENTS** ([25.0232.02002](#)) and when so amended, recommends **DO NOT PASS** (4 YEAS, 1 NAY, 0 ABSENT OR EXCUSED AND NOT VOTING). HB 1220 was placed on the Sixth order on the calendar. This bill affects workforce development.

25.0232.02001
Title.

Prepared by the Legislative Council
staff for Representative
Motschenbacher

March 5, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO

HOUSE BILL NO. 1220

Introduced by

Representatives Motschenbacher, Hauck, Longmuir, Morton, Novak, Schauer, Sanford, Bahl,
Fisher, Vetter

Senator Gerhardt

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