

Senate Education

02/09/2022 Upon Adjournment

SB22-003 Community Coll Nursing Bachelor Degree Eligibility

Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
Kathy Trummer  Against  Self	<p>I am a current nurse educator with 35 years of nursing experience as a Registered Nurse, 19 of those in nursing education. I am writing with concerns over SB 22-003. I understand this is a bill to allow for Practical Nurses to complete a BS in Nursing through a pre licensure pathway originating at a Community College. My major concerns are: 1) current pathways exist for LPN students to get an RN (Associate's) or RN (Bachelor's) degree. Those pathways are in place, allow for previous course credit and are not utilized to the extent that would have us believe we need another pathway. 2) Talking points for the bill say that LPN's could utilize their current jobs to complete clinical hours. This is untrue. Most LPN's work in long term care or in clinics. These placements would not allow for clinical hours in Mental Health (58.5 hours), Acute Medical/Surgical (255 hours), OB/Pediatrics (30 hours). Adding a new pre licensure program (LPN to BSN) would impact available clinical sites and will affect all nursing programs. Nursing Education programs are currently dealing with clinical shortages and this would add further strain to finding appropriate placements. 3) There is a shortage of adequately educated nursing faculty (MS and PhD prepared) and many who are finding jobs in academia have little or no experience. Adding new programs would shift faculty from positions to those offering better incentives and higher salaries. It is vital we find a way to recruit and maintain faculty.</p> <p>Without clinical sites and educated faculty, it will be hard to address the nursing shortages. We currently have pathways available that address progressing students from an LPN to an RN (Associate's or Bachelor's Degree). I fully agree that we need to find a way to work together to educate more nurses. As written, I am not sure this bill will accomplish that and it may even be detrimental for those areas where they rely on LPN's (specifically in rural areas and in long term care.) I would love to have nurse educators involved in a discussion of how we can address nursing shortages, faculty shortages and clinical site shortages. I would volunteer to assist in finding ways to help with these issues. Until we can address some of the issues that SB 22-003 will cause, I request that we put a hold on moving it forward as written and vote NO. Please contact me, if you have an questions on this legislation or any other nursing education matters.</p>

I want to first thank the Senate Education Committee for the opportunity to share my thoughts on this bill. I have written separately to Senators Story, Ginal, and Zenzinger.

With over 30 years in healthcare, including 27 as a registered nurse and 16 as a nurse educator, I have a number of concerns over SB 22-003, but primarily I see the bill as superfluous.

The Colorado Community College System (CCCS) purports the legislation from 2018 allowing community colleges to offer the Bachelor of Science in Nursing (BSN) “inadvertently impacted students, who have not yet received an associate degree, from being able to access the BSN program.” As such they feel the solution is to add the words “or certificate” to that legislation. However, such a language change is not necessary to meet the needs of the LPN.

For those who do not know, there are two levels of nursing. The licensed practical nurse, or LPN, and the registered nurse, or RN. The LPN is typically educated in a one year program at a community college or technical school after which they take the PN licensure exam. The RN can be educated through a diploma program tied to a hospital, a two year program at a community college, a four year “traditional BSN” at a college or university, and even an entry level master’s program. All RN program graduates take the same RN licensure exam. The “degree” they earn is separate from their licensure with an LPN having a certificate and an RN having a diploma, associate degree, bachelor degree, or master’s degree.

Currently, a student in a CCCS school can progress through these levels of nursing education. This is through a combination of statutory changes brought by HB18-1086 and an articulation agreement forged through the collaboration of nurse educators across the state through an organization called the Colorado Council of Nurse Educators (CCNE). The articulation agreement between the one, two, and four years schools allows a myriad of options to students seeking a nursing education including not just the LPN and RN programs but also LPN to RN “bridge programs” and RN to BSN programs. Additionally, many schools offer concurrent enrollment options, allowing community colleges and universities to provide the additional education necessary to earn the BSN while the student is still enrolled in the associate degree program, shortening the time to that degree. As is, CCD and other CCCS schools are free to utilize any of those pathways to educate an individual from new college student to BSN. No further legislation needed. No wasted resources on developing new curriculum. Just do it. In other words, SB22-003 is superfluous. The only limitation at current is the word “completion program,” which, if removed for certificate programs should be removed for all CCCS nursing programs, although that would betray a compromise made with the four years schools back in 2018.

The proponents of this bill claim the current pathway is a waste of time and credits. They propose a new one that is faster and more efficient. In the end it is roughly the same courses laid end to end rather than the current potential stacking of courses. In other words, their idea can take longer than the current programs. Take the many prerequisite and general education classes over three semesters, two to three semesters to complete the LPN program, and another three semesters of registered nursing. I mentioned earlier the LPN and RN are different levels of

nursing. Those LPNs entering this new pathway were taught a lower level of obstetrics and pediatrics courses. Do you want a lesser educated RN caring for your child? Fortunately the current pathway utilized by CCCS schools adds that higher level of OB and pediatrics. I realize the state legislature is not here to judge the strength of the curriculum, but ask yourself why you would agree to this new pathway when it provides no improvement to what is already in operation and actually steps back in some ways for the sake of saving time. LPN to RN to BSN. Trust the experts in nursing education when they say this proposal is not the solution.

Proponents of this bill will tell you the current articulation pathway is a difficult if not impossible pathway to complete as LPN to RN programs are few. They will possibly even say the nursing programs in Colorado are not up to the challenge of educating the number of nurses needed as all schools turn away eligible applicants. But adding yet another school or another pathway is not the solution. The current schools' ability to expand and accept more students is limited by two factors: clinical sites and faculty availability. Adding another school will only further strain the current pipeline.

While new school administrators are fond of the phrase "we have obtained sufficient clinical sites from our partners," it is inevitable that another school ends up on the losing side of the clinical site lottery. At least one school in the CCCS system has already reduced enrollment due to shrinking clinical site availability. How many other schools will have to do the same? The plan put forward by CCCS has the LPNs completing clinical in their current place of employment. According to the Bureau of Labor Statistics, 38% of LPNs work in nursing homes, only 14% in hospitals, and 25% in doctor's offices and home health. By comparison, over 60% of registered nurse works in hospitals and only 6% in nursing homes. It is unlikely an LPN to RN/BSN student could gain the RN competency necessary while working in their current job at the nursing home or doctor's office. They necessarily will be back at the hospital using the clinical spots already needed by the existing RN programs, particularly for areas such as mental health, pediatrics, labor and delivery, and critical care, the same areas current schools find challenging to find.

Meanwhile, many schools across Colorado have unfilled faculty positions. How do we fix that? Increased faculty salaries, increased loan forgiveness for nurse educators, or providing tuition reimbursement programs are a start. We do not solve the shortage by opening up new programs. Like clinical placements, faculty are a finite resource with one school losing so another can be started.

I implore you to vote no on this change in legislation as it will not fix the nursing shortage statewide and will complicate the current system in which an individual can already progress from being a student to an LPN to an RN and finally earning that BSN.

Sincerely,



Mark Longshore, JD MSN, RN