



Testimony on SB 523
Senate Education Committee
March 2, 2023

Chair Dembrow, Vice-Chair Weber, and members of the Committee. My name is Kyle Thomas and I am the Director of Legislative and Policy Affairs for the Higher Education Coordinating Commission (HECC). Thank you for the opportunity to submit testimony on SB 523.

Technical Amendments Needed

Prior to offering information on the underlying policy change, I want to highlight that the Commission believes that the current bill likely does not allow the Commission to approve, nor the colleges to offer, an applied baccalaureate degree in nursing with the title of “Bachelor of Science: Nursing.”

Current law allows the Commission to approve applied baccalaureate degrees at community colleges. However, this credential is not recognized by accrediting bodies in the nursing field and leads to the likelihood that colleges would apply for accreditation under the standards of a Bachelor of Science: Nursing (BSN) degree. The Commission believes that a program so accredited would not be an applied program under Oregon law, and that amendments to the bill are necessary to legalize the program offering.

Effects on Nursing Students

Under the proposal, individual students who are registered nurses may experience benefits, as it is likely the bill will create additional slots at the bachelor’s degree level for nurses who, with additional coursework, will be able to obtain employment, retain employment, and achieve promotion. The idea that the BSN is the standard, preferred degree in acute care settings, and necessary for promotion in the nursing field is now dominant. The American Nurses Credentialing Center awards ‘magnet’ status to hospitals that, amongst meeting other criteria, ensure that 80% or more of their nurses have BSN degrees. The National Advisory Council on Nurse Education and Practice calls for two-thirds of the national nursing workforce to hold a BSN. The US Department of Veterans Affairs requires BSNs for promotion beyond the entry level. Branches of the armed forces require all their nurses to hold BSNs.

This evolution in degree expectations in the field of nursing mean that while there is still room for associate degree-level (ADN) registered nurses, professional growth and advancement, jobs in more acute care settings, and the best paying opportunities are becoming harder to obtain without additional years of college or university education.

While there are in- and out-of-state RN to BSN options today, the creation of a local BSN pathway for students at the same college where they begin their coursework may be an attractive option for some students when compared to attending a different institution.

Effects on Nursing Workforce

While the bill may benefit individual nurses and provide a greater pool of BSN nurses available to fill certain positions, HECC does not expect the bill will have a dramatic impact on the nursing shortage, as the ability to produce more registered nurses at any level is constrained by two factors not addressed by the legislation.

First, Bureau of Labor Statistics data from 2021 shows that the average salary of a practicing nurse is \$132,974, while the average salary of nursing faculty is \$84,144. This represents a 37% decrease in pay for nursing faculty compared to what a trained, experienced nurse can receive for patient care positions and leads to shortfalls in instructor capacity nationally.

Second, clinical placement opportunities are inadequate to allow for a significant expansion of pre-licensure nursing instruction. These two factors combine to limit initial entry into the nurse training pipeline.

Effects on Institutions

The first two years of nursing education are expensive to offer. Licensure and accreditation requirements mandate institutions offer high-touch, hands-on, low student-faculty ratio instruction, similar to other high-cost CTE programs offered at the community college level, and this instruction requires specialized facilities and equipment. Allowing colleges to continue instruction through the next two years may serve as a cost-recovery mechanism providing additional stability to college nursing programs. However, to the extent that current BSN programs are available and have capacity to serve additional students, this bill may impact those programs negatively.

This opens another option for policymakers, which is to consider whether the cost structure of ADN programs is adequately supported, and whether changes to the funding of these programs would better sustain and bolster them, allowing them to continue to feed into the current state RN to BSN pipeline.

Thank you for your time today.