

TO: Chair Lively, Vice-Chair McIntire, Vice-Chair Ruiz, and Members of the House Higher Education Committee

FROM: Dr. Casey R. Shillam  
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DATE: April 25, 2023

RE: Concerns regarding SB 523

House Bill 4003, enacted March 23, 2022, required the Health Care Workforce Committee to identify and describe the challenges and barriers to address nursing staffing shortages and to submit a report to the Legislative Assembly by November 15 of last year. The [Nursing Workforce Study](#), commissioned by the Oregon Legislature, was conducted collaboratively by the University of California, San Francisco's Philip R. Lee Institute for Health Policy Studies and the Oregon Center for Nursing. The project received input from an advisory group that included nurse educators representing urban and rural areas of our state, public and private universities, and community colleges.

A comprehensive 75-page report of the analysis and recommendations was presented November 1, 2022, and included a series of recommendations such as:

- Workforce retention strategies;
- Increasing applicants into the nursing education pipeline;
- Increasing education capacity by addressing the faculty wage gap by offering supplemental pay, tax incentives, or loan repayment programs; and
- Increasing access to clinical experiences through a centralized clinical placement system and funding the expansion of simulation education.

As a member of the Advisory Group who contributed to that report of recommendations, I am very happy to see the legislative action that is being taken on the strategic and data-driven recommendations provided, including House Bill 2926 to provide financial incentives to hospitals for offering clinical opportunities for nursing students, and Senate Bill 485 and House Bill 2928 to include registered nurses as approved health care providers for incentive programs for those who commit to serving rural or medically underserved areas of the state.

None of the recommendations of this strategically-developed, evidence-based report, however, included delivering the BSN at the community college. The arguments in support for this bill include wanting to increase the nursing workforce, increase access to BSN education, increase the BSN-prepared workforce throughout the state, and provide equity to improve the diversity of the nursing workforce. Yet, the ability for the community college to confer a BSN degree is not the strategic, evidence-informed, or fiscally-responsible approach to any of these issues:

- The community colleges are not able to increase enrollment into the pre-licensure program with this proposed legislation, therefore there will be no actual increase in the number of practicing nurses.
- Community college ADN programs will have to attain additional nursing education accreditation to provide access for their BSN graduates to be eligible to apply to graduate school. This is a necessary and required step in the process, as one of the arguments in support of the bill is to increase the pipeline for nursing faculty. This entails the current ADN faculty writing a new RN-to-BSN curriculum, hiring sufficient additional faculty to teach the program of study, enrolling a full class of students, and having that class of students enrolled in the program for a full year before the accreditation site visit even takes place. This level of financial investment, at a time when there is already a significant faculty shortage and strains on public education funding, is not a wise use of those public funds, given the return on that

level of investment is not likely to be known for years down the road, if there even is a return on the investment. It was quite troubling to learn that none of the community college presidents have conducted a cost analysis on this program, but rather are operating on the assumption that this will generate revenue with no expected financial commitment on their part, with no projections of what they will even charge for the program to be sustainable.

- One of the talking points in an online meeting between the committee, representatives from community colleges, and universities focused on the access to BSN education, and the fact that many ADN-prepared nurses are either not continuing to pursue the BSN, or if they are, they are seeking out-of-state online programs. The addition of an RN-to-BSN option at the community college is not going to be incentive enough to draw nurses into pursuing the degree if it is not required by health systems. Senator Dembrow even stated that the current nursing landscape makes it very difficult to imagine an ADN-prepared nurse seeing the value of pursuing a BSN right now. Additionally, the legislature has already invested \$45 million in the OHSU 30-30-30 plan to expand access to the OCNE program. This approach to expanding access to OCNE was also supported by the Nursing Workforce Study.
- Another talking point in that meeting centered on a need to increase this access to BSN education to increase the pipeline of diverse nurses for graduate education to ultimately increase diversity of the nursing faculty. Yet, all university programs have focused a substantial effort on diversity, equity, inclusion, and access in nursing education with profound results. For example, at the University of Portland, of the total 969 pre-licensure nursing majors, 552, or 57%, are black, indigenous, and people of color. Further we have increased the tuition support and have multiple scholarships available for underserved populations, providing far-reaching access to a very large and diverse population.

The proposed addition to Senate Bill 523 that “requires applied baccalaureate degree in nursing to be conferred as “Bachelor of Science in Nursing”” could potentially have a negative impact on the current state of the academic nursing workforce in higher education and counter some of the actions being put into place to address the Nursing Workforce Study’s recommendations. Some potential negative consequences include community colleges needing more graduate-prepared faculty to teach more students they anticipate having enrolled in their programs if they are teaching beyond the associate degree, and a continued impact on the already limited clinical placements we have state-wide.

The main issues we are facing for the nursing profession in the state of Oregon today are a lack of an adequate number of practicing nurses, a lack of academic nurse faculty, and a limit on the access to clinical placements. These three priorities are clearly addressed with a strategic plan outlined in the Nursing Workforce Study. Instead of additional legislation that will introduce more variability to transfer pathways, increase costs to the administration of community college nursing programs, and negatively impact the crisis-level faculty shortage, it seems that legislative actions would be best served in following the strategic plan that was commissioned by the legislature last year.

Thank you for your care and compassion in this very critical issue facing our state’s nursing workforce. While the impact of the proposed legislation is well-intended and greatly appreciated, the urgent and timely needs for nursing education cannot risk the likely negative impacts this action will ultimately have on the health and well-being of the citizens of Oregon.



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