

April 24, 2023

House Committee on Higher Education
Oregon State Capitol

Re: Senate Bill 523

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

My name is Jessica Howard and I serve as the president of Chemeketa Community College.

The question I'd like to address today is not "Why should we support SB523," but rather "Why should we not support SB523?" Here are the only reasons I can think of in response to that question:

- It could be that a concern exists about the ability of community colleges to deliver quality if they were to have BSN programs. However, all community college nursing programs in the state are aligned with the Oregon State Board of Nursing requirements and, with this bill, we will all be nationally accredited. It bears noting that the state's community college pass rates on the national nursing exam are higher than the national average. And I believe Chemeketa's pass rates last year were the highest of any institution in the state. So quality doesn't appear to be an issue.
- Perhaps there is a concern about the readiness of our faculty, but all current community college nursing programs in Oregon require master's prepared instructors, which means our nursing faculty are already credentialed to teach the BSN.
- Maybe a concern exists about how this legislation will create a dispersed educational model that doesn't currently exist or is unhealthy. This seems unfounded, since students from every Associate Degree Nursing (ADN) program in the state, regardless of whether it follows the OCNE curricular model, can matriculate to the various universities in our state that offer the BSN. This is the current situation, and the same reality would exist if community colleges were able to pursue RN-to-BSN programs. Community colleges have been the leaders in prioritizing transferability in our state.
- Perhaps there is a concern about the availability of clinical sites, but actually zero "bedside clinicals" are required for the RN-to-BSN pathway. The clinicals that are required have a different focus, relating to community and public health, which will not put any undue pressure on our partner sites.

- Perhaps the concern about this legislation is that it won't solve the nursing shortage. That is true, although SB523 will move us in the right direction. This is because it will create more BSN graduates, which will open up a career pathway to the Master of Science in Nursing. More MSNs means more nurses qualified to teach at the ADN level. This addresses the nurse educator shortage that restricts student capacity and creates a major choke point in the nurse education pipeline. While this is significant, it does not mean SB523 will *so/lve* the nursing shortage. What it will do, however, is provide a valuable local option to RN graduates who are not currently pursuing the BSN – and, at Chemeketa, well over half of them aren't – to continue their education with familiar faculty and learning environments, constant student supports and – critically – a more affordable career pathway than currently exists.

Evidence shows that increasing the proportion of bachelor-prepared nurses is better for nurses, creates better health outcomes for patients, and meets a workforce need. We need more RNs to go on and get their BSN, and they're not doing that in our state with the model that currently exists. So the question I urge you all to consider is not "Why should we empower CCs to offer the BSN in Oregon," but "Why in the world shouldn't we?"

Sincerely,



Jessica Howard, Ph.D.
President/CEO
Chemeketa Community College