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**State of Vermont**  
**Office of the Secretary of State**

**Office of Professional Regulation**  
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February 3, 2022

To: House Committee on Health Care  
From: S. Lauren Hibbert, Office of Professional Regulation

Re: Nursing Shortage; Clinical nurse facility, Candian nurses

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Dear House Committee on Health Care,

Thank you for the opportunity to testify this morning. The Office of Professional Regulation (OPR) is responsible for overseeing the Vermont Nursing Board: We currently have 28, 892 nurses licensed in Vermont:

Profession Type	Active Licensees
Advanced Practice Registered Nurses	1,588
Registered Nurses	20,436
Licensed Practical Nurses	1,483
Licensed Nursing Assistants	5,281

The enhanced Nurse License Compact went live on Tuesday 2/1/2022. We have issued 22 compact licenses as of this morning. During the COVID state of emergency, we issued 430 emergency licenses to nurses who could not take the required NCLEX exam due to the COVID shutdowns and distancing requirements. All of those emergency licenses have now been transitioned into permanent Vermont licenses.

The Office of Professional Regulation was awarded a grant from the Federal Department of Labor which has supported our work reducing barriers to entry for occupational licensure. We identified nursing as one of our target programs under that grant and joining the compact was one of the grant's goals. We also have focused on:

- Fast track endorsement process for individuals licensed in another state for 3 years.
- Second chance determinations for persons with a criminal background
- Administrative Rules for assessing credentials for professionals trained outside of the United States
- Military families and Veterans – military medics have been determined to be equivalent to LPNs.

In 2019 we submitted a report related to the Obstacles to Recruitment and Retention of Qualified Nurse Educators as required by Act 80 (2019). In that report, we found that universal master's level preparation was a limitation to finding qualified educators. As a result of that report, we requested legislative action in 2020 to remove that requirement from the Board's rules, and instead defer to the national accrediting agencies to determine faculty requirements. the master's requirement for nurse educators was removed in 2020.



That report also identified several other factors limiting recruitment:

- Inadequate compensation
- Limited clinical sites combined with difficulty for facilities of integrating clinical nursing students
- Aversion to educational debt after obtaining the RN degree

Sadly, all of those factors have persisted.

The 2021 Healthcare Workforce Strategic Plan tasked the OPR with facilitating a working group between the Vermont Schools of Nursing and clinical sites/healthcare organizations

- To establish a preceptor model of clinical training With the goal of reducing the number of clinical faculty required to support the nursing programs.
- The workgroup should consider if funding should be made available to minimize the pay gap between academic nursing faculty and clinical nurses.
- The working group should consider if retired or retiring nurses could be utilized as nurse educators
- The working group should identify any additional barriers to and recommendations for increasing enrollment in nursing programs.

OPR is at *the beginning* of this work – We don't have concrete recommendations at this point. We met with nursing faculty but still need to convene the larger working group which will include clinical sites and healthcare institutions. OPR facilitated a brainstorming session with Vermont Nursing Program Chairs and Directors from Castleton, Norwich, UVM, and VTC.

The consensus was if the goal is to increase nursing student capacity, and perhaps to even maintain current student capacity, then we need to increase faculty recruitment. Barriers to recruitment and retention include:

- Significant salary discrepancies between traditional nursing positions versus faculty positions,
- The expense of obtaining advanced degrees, and
- Time commitment required to pursue higher education

The pay differential is considerable. For example, one member of the meeting took a 60% pay decrease to move to academic nursing. The group recommended:

- Financial support to Nursing Programs/Healthcare Facilities to support joint appointments to offset salary discrepancies between clinical versus faculty positions
- Healthcare facilities could use career ladders that provide differentials/advancement on the career ladder for staff who become faculty/function as preceptors
- Healthcare employers could include preparation of the new nurse into their mission, job descriptions, and staff evaluations
- Meaningful tax credits for nurses who function as preceptors/faculty

Despite the removal of the Master's degree requirement in Vermont Nursing Administrative Rules, it is still often required by the accreditors. As a result, creating incentives to generate interest/ability to complete advanced degree requirements may help recruitment. Initial ideas included:

- Financial support for tuition forgiveness for nurse's who agree to a defined commitment as faculty to a Vermont Nursing Program
  - State-funded scholarships
  - Waiver of tuition fees by Nursing Programs which would need to be supported by the State to not cause harm to the Nursing programs.

Limited clinical placements were identified as a constraint on the enrollment of additional students: Currently, programs are competing with one another for limited clinical placement locations for their students. Ideas discussed with nurse educator leaders included:

- Partner nursing programs with nursing leaders through VAHHS and VHCA connections to explore alternative clinical placement opportunities that will meet competency training requirements.
- Expand the use of preceptor models for clinical oversight as an alternative to traditional faculty models of clinical rotations. In this model, one faculty member can partner with multiple preceptors who manage the direct supervision of students in the clinical setting as opposed to one faculty member for a limited number of students in one physical location.
- Financial support to healthcare organizations and/or colleges and universities to provide preceptor training programs for their employees

Nurse Educators described space or equipment barriers, they identified inadequate Lecture Hall capacity and sim lab spaces as limiting factors regarding the number of students that can be accepted into a nursing program. Ideas discussed include:

- Explore community partnerships for available space that could be used for this purpose
- Funding to support necessary IT equipment to enable the use of these spaces

The other task related to nursing in the 2021 Healthcare Workforce Strategic Plan was for OPR to remove barriers for Canadian Nurses. We are currently able to use the administrative rules for evaluating the credentials of an internationally trained professional. Current language requires Canadian applicants to apply by exam following a credentials review of their academic program.

Additionally, OPR and the Vermont Nursing Board is in the process of revising the Nursing Board's Nursing Administrative Rule:

- OPR and the Board of Nursing are adding language that eliminates barriers for Canadian nurses to enter nursing practice in Vermont.

Proposed Rule language allows for an endorsement application for Canadian nurses who

- Are licensed by exam in a Canadian Province through the passage of NCLEX exam or, if licensed before 2015, the Canadian Nurse's Association Testing Service Examination and
- Have an active unencumbered Canadian license
- Proof of English proficiency will only be required if the nursing program was not conducted in English or if their exam was not conducted in English

The proposed rule removes the credential review of the individual's academic program and it is anticipated this will speed up the licensure process significantly. OPR intends to file the proposed rule in the Spring of 2022.