



### **Position Statements on Key Public Policy Issues**

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## **Position statement on granting community colleges the authority to offer the Bachelor of Science in Nursing degree (BSN)**

Investing in Michigan's existing infrastructure and Michigan's nationally accredited baccalaureate nursing programs is the most sensible and cost-effective measure to increase the number of Bachelor of Science (BSN) prepared nurses. All of the baccalaureate nursing programs in Michigan are accredited by a national accrediting body. The BSN programs are committed to our partnerships and continued collaboration with Michigan's community colleges to educate highly skilled nurses to provide high quality and safe, effective patient care based on current evidence. We are committed to addressing the critical need for additional nurses, advanced practice registered nurses, and nurse faculty in Michigan.

Current evidence strongly affirms that there exists—and will continue to exist—adequate BSN nursing education capacity in Michigan and that allowing the state's community colleges to create and offer Bachelor of Science in Nursing (BSN) programs would represent an unwarranted and inefficient state policy.

Provided below is some context that articulates why allowing Michigan's community colleges to create and offer BSN programs would be remarkably inefficient and disruptive to the state's current strong nursing education ecosystem.

### ***Exacerbating the nursing faculty shortage***

Michigan continues to face a nursing faculty shortage. This is due to budget constraints, an aging faculty, and increasing job competition from clinical sites. Less than 1% of Michigan's nursing workforce holds a Ph.D. in nursing, only 15% hold a master's degree in nursing and only 2% hold a clinical doctorate in nursing. This is consistent with national trends, where recent data demonstrates a national nurse faculty vacancy rate of 7.8%. Most of the vacancies were faculty positions requiring or preferring a doctoral degree. Last year, there were 25 open faculty positions in Michigan that either prefer or require a doctorate in nursing or a related field. It should be noted that this faculty shortage is reported in the context of full-time positions, but there is a greater shortage of qualified nurses for numerous part time positions used extensively in nursing education. Adding additional baccalaureate programs, that will compete for qualified faculty, will exacerbate this shortage. Michigan's population is aging, and so is its nursing faculty pool. The average age of doctorally-prepared faculty in Michigan is 54 years old.

### ***The bottleneck in nursing education***

There are currently 76 board approved pre-licensure RN programs in Michigan, which is an increase of 10 new programs just in the last 5 years. There is a significant bottleneck in nursing education. Most nursing program capacity issues are due to the lack of qualified faculty, classroom space and clinical preceptors; budget constraints; and finding clinical sites due to competition with other health professional programs and the lack of specialty care placements. In addition, higher compensation in clinical settings makes that occupational arena more attractive than nursing education. According to the American Association of Colleges of Nursing (AACN) report on *2023-2024 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*, U.S. nursing schools turned away 65,766 qualified applications from baccalaureate and

graduate nursing programs due to an insufficient number of faculty, clinical sites, classroom space, clinical preceptors, and budget constraints. Most nursing schools responding to the survey pointed to faculty shortages as a top reason for not accepting all qualified applicants into their programs.

***Creating unnecessary duplication and increasing cost***

Michigan is home to 31 community colleges. Creating up to 31 new BSN programs will duplicate services already in place among Michigan's baccalaureate nursing programs and will increase operating costs of community colleges that offer bachelor's degree programs. These costs will include salaries and benefits for additional faculty, staff and administration; information and simulation technology; infrastructure; and costs associated with acquiring and maintaining national professional nursing accreditation; and other support services.

Funding for community colleges comes from three main funding sources: property tax revenues, tuition/fees, and state appropriations. As such, adding a baccalaureate program at these institutions would ultimately require an increase in one or more of these funding sources.

Michigan already has 76 pre-licensure nursing programs that offer either a Bachelor of Science in nursing (BSN) or an associate's degree in nursing (ADN). Many baccalaureate programs also offer an RN to BSN degree completion degree. These programs are conveniently offered in classrooms or online through distance learning and most of the programs are under-enrolled and under capacity. State legislatively directed appropriations funding has made it possible for community colleges and institutions of higher education to expand their partnerships even further and offer BSN completion programs on-site at community college campuses across the state.

### **Position statement on Michigan joining the Nurse Licensure Compact (NLC)**

There are 4.9 million registered nurses in the U.S., making nursing the nation's largest healthcare profession, and the largest component of the healthcare workforce. Nursing is also Michigan's largest healthcare profession, with over 175,000 registered nurses licensed in our state.

There are 43 states including Wisconsin, Indiana and Ohio, all border states to Michigan, that are part of a Nursing Licensure Compact (NLC) allowing nurses who choose, the ability to practice in other compact states without obtaining and maintaining multiple nursing licenses. The compact permits a nurse to practice in their home state as well as the other nursing compact states, while maintaining their primary state of residence.

The nurse licensure compact aims to reduce regulatory barriers while maintaining quality standards for nursing licensure, provide cost savings, and afford flexibility for nurse educators, nursing students, patients and nurses alike. For example, nurse educators that provide clinical instruction to students out of state would no longer have to maintain multiple out of state nursing licenses. In addition, the compact could also help address the nursing faculty shortage by allowing nurse educators to provide instruction via distance learning in other compact states without maintaining multiple out of state nursing licenses. Graduate nursing students, who already hold nursing licensure can have clinical placements across state lines in border states and reduce undue burdens. Patients and nurses alike would see cost-savings by increasing access to nursing services more efficiently through telehealth, for example. The Covid-19 pandemic showed the country how nurse licensure compact states had greatly benefited being part of it by allowing for quick mobilization of a health professional workforce due to provider shortages during a state of emergency.

The nurse licensure compact has been operational and effective for years. It increases access to healthcare while protecting the public by putting safeguards in place for nurses to meet uniform licensing standards and requirements before being issued a multistate license.

## **Position Statement on Nurse Practitioner Scope of Practice**

In 2025, fifteen Michigan schools of nursing offered a graduate program for nurses to become nurse practitioners in specialties such as pediatrics, neonates, family, psychiatric-mental health, and adult/gerontology. Approximately 75% to 100% of these students stay and work in Michigan after graduation.

As a state voice for academic nursing, MACN has a deep interest in improving access to high-quality, safe and effective healthcare for the people of Michigan and beyond, which is why we support advanced practice registered nurses (APRNs), including nurse practitioners, to have full practice authority for which they are prepared in their advanced graduate nursing education and as confirmed by national certification.

### ***Nurse Practitioners' Education and Role***

As educators, we have full confidence in the level of rigor of our educational programs. Our nursing programs prepare nurse practitioners to care for their patients autonomously to the extent of their nursing education and national certification. Nursing programs are required to prepare nurse practitioner students to diagnose, treat and prescribe medications to their patients, within their defined scope of practice and with a defined population.

Nurse practitioners are one of four recognized advanced practice registered nurse (APRN) roles who hold a master's degree, a post-master's certificate, or a practice-focused Doctor of Nursing practice degree. Their graduate nursing education is in addition to their initial undergraduate nursing education and licensure required for all registered nurses (RNs). Nurse practitioners must engage in continuing education to remain up to date on technological, methodological, pharmacological, and other developments within nursing and healthcare.

Nurse practitioners provide a range of specialized services in primary, acute, and specialty health care across settings (APRN Joint Dialogue Group, 2008). Nurse practitioners are educationally “prepared to diagnose and treat patients with undifferentiated symptoms as well as those with established diagnoses” (APRN Joint Dialogue Group, 2008) and provide preventive health care to the public and prescribe medications and tests when needed. NPs treat and diagnose illnesses, advise the public on health issues, manage chronic disease, and coordinate care. They work in a variety of interprofessional teams. Nurse practitioners are helping to develop new ways of keeping individuals connected to healthcare services, such as telehealth and home care (Dillon et al., 2018; Glasgow et al., 2018; Machon et al., 2019) and are increasingly moving into leadership positions in which they are serving as collaborative partners with other healthcare workers, as well as coordinating with others in non-health care settings and areas of focus (Dyess et al., 2016) to improve overall health.

### ***Support for Nurse Practitioner Full Practice Authority***

According to the 2021 National Academy of Medicine report titled *The Future of Nursing 2020–2030: Charting a Path to Achieve Health Equity*, it is essential that nurse practitioners are provided the autonomy to practice to the full extent of their education and training, even as they work collaboratively with other health professionals. This is often hindered by restrictive laws and regulations. The report calls for policy makers to permanently lift scope of practice barriers that

prevent nurse practitioners from practicing to the full scope of their education, training, and certification organizations, to enable nurses to address social needs and social determinants of health, improve healthcare access, quality and value. Lifting restrictions on scope of practice for nurse practitioners will increase the types and amount of high-quality health care services that can be provided to those with complex health and social needs and improve both access to care and health equity.

Considerable progress has been made over the past two decades in lifting such restrictive regulations. Today, twenty-eight states, two U.S. jurisdictions and the District of Columbia have increased access to care afforded by removing legal barriers that prevented nurse practitioners from providing care to the full extent of their education and training, permitting NPs to prescribe medication, diagnose patients, and provide treatment without the supervision of a physician.

### ***Increasing Demand for Primary Care Services***

The demand for primary care services continues to increase and our nursing programs prepare nurse practitioner students with the expertise necessary to help meet the state's primary and acute care needs. Nursing graduates must pass national certification examinations to demonstrate their knowledge and competency and maintain these credentials through continued educational development. Evidence has demonstrated that nurse practitioners are well qualified to practice in their roles and are essential to the delivery of quality healthcare. There is a large and growing body of evidence which demonstrates that primary care NPs are more likely than their physician counterparts to practice in rural areas (areas characterized by more uninsured individuals and chronic physician shortages) and to provide care to vulnerable populations that are impacted by social determinants of health (Barnes et al., 2018; Buerhaus, 2018; Buerhaus et al., 2015; DesRoches et al., 2017; Xue et al., 2019). Yet, despite the growing shortage of physicians practicing primary care, Michigan continues to restrict NP's scope of practice, thereby limiting access to high-quality, affordable healthcare.

### ***Looming Health Professional Shortages in Primary Care***

National projections show that the demand for primary care professionals, including physicians, nurse practitioners, and physician assistants practicing in primary care specialties, will continue to increase. There is also an increasing demand for behavioral health and maternal health providers in a time when there are significant projected shortages of primary care physicians and nurses. Of Michigan's 83 counties, 75 counties have at least partial designation as a primary care health professional shortage area (HPSA).

Nurse practitioners with the knowledge and expertise they possess have expanded access to care in rural and other underserved communities, making them an important resource to help meet individual and community healthcare needs, however, limitations on NPs' scope of practice continue to hinder these efforts. In fact, state-level restrictions of NPs scope of practice are associated with decreased access to primary care.

### ***Refuting the Opposition***

Those supporting scope of practice restrictions maintain that nonphysician providers are less likely to provide high-quality care because they are required to receive less training and clinical experience. However, evidence doesn't show that scope-of-practice restrictions improve quality of

care (Perloff et al., 2019; Yang et al., 2020). Rather, these regulations restrict competition and can contribute to higher health care costs (Adams and Markowitz, 2018; Perloff et al., 2019).

### ***Nurse Practitioners Expand Access to Care***

Restrictions on scope of practice have significant implications for addressing the disparities in access to healthcare between rural and urban areas and may also increase NPs reluctance to locate in those restrictive states. State-level scope of practice restrictions on NPs were associated with up to 40 percent fewer primary care NPs per capita in restrictive versus full-practice states, and people living in states allowing for the full practice authority of NPs had significantly greater access to primary care (63%) relative to those living in states that reduced (47%) or restricted (34%) NPs' scope of practice. The harmful consequences of restricting NPs' scope of practice become starker considering the findings of a 2018 UnitedHealth report on primary care and NP scope-of-practice laws. According to that report, if all states were to allow NPs to practice to the full extent of their graduate education, advanced clinical training, and national certification, the number of U.S. residents living in a county with a primary care shortage would decline from 44 million to fewer than 13 million (a 70% reduction). Furthermore, the number of rural residents living in a county with a primary care shortage would decline from 23 million to 8 million (a 65% reduction).

The damaging effects of scope-of-practice restrictions on access to care were recently acknowledged during the COVID-19 pandemic when several states, including Michigan (as well as Florida, Kentucky, Louisiana, New Jersey, New York, Tennessee, West Virginia, and Wisconsin) eased supervision and other restrictions placed on NPs and other licensed healthcare providers to increase the capacity of the health care workforce. If state officials concluded that removing restrictions on NPs was beneficial in expanding the public's access to care during the pandemic, why not make it permanent? Prohibiting nurse practitioners full practice authority based on their education, training and certification, will continue to create significant and preventable gaps in access to affordable and high-quality healthcare. A recent Commonwealth compared the U.S. to 10 other countries and ranked the U.S. as last in terms of access to healthcare and outcome measure.

### ***Lifting Restrictive and Outdated Laws and Regulation on Scope of Practice***

We know that NPs are anticipated to help meet the growing demand for primary care, maternal care, and behavioral health. NPs can address this gap because they are often the primary care providers at the forefront of providing preventative care services to their patients. In addition, there are decades of evidence-based research that show NPs increase access to high-quality healthcare, improve health equity, especially in rural and underserved communities where these equities are widespread, decrease the cost of healthcare, and have high patient satisfaction ratings.

Nurse practitioners play an essential role in improving health outcomes and helping Michigan move toward becoming a healthier state. As Deans of Michigan's undergraduate and graduate nursing programs, we are committed to working together to ensure Michigan has a highly trained health professional workforce that meets the healthcare needs of every citizen in this state. Every healthcare profession plays a unique and critical role in addressing a patient's health related needs, resulting in patient-centered quality care that is safe and effective, and contributing to the health and wellness of individuals, families and communities.

### *Position Statement on Nurse-to-Patient Ratio's*

Mandating a “one size fits all” approach to nurse staffing will not sufficiently address patient safety, nor will it address the complex and challenging issues our nursing graduates and their employers are facing within the workplace.

An important strategy to promote patient safety is to ensure the retention of well-trained nurses. Some of the factors significantly related to nurses' intent to leave acute care hospitals are lack of job satisfaction, resources, and effective leadership.

Efforts to promote the establishment of a stable, safe professional nursing workforce that focus solely on increasing the pipeline of new nurses or on predetermined nurse to patient ratios that fail to address variables associated with nursing expertise and patient acuity are certain to fail. Alternatives to address nursing shortages should focus on strengthening the preparation of nursing graduates to be practice ready as well as strategies to equip nursing leaders with relevant skills to effectively manage and support new graduates as they enter the nursing workforce. Studies have shown that leader support is critical in shaping positive perceptions of the practice environment and a nurse leader's visibility and actions impact new nurses' intent to stay in practice.

Substantive efforts to create a positive work environment in hospitals are important to encourage nurses to stay in practice as well as prevent burnout. Studies have demonstrated that positive practice environments are associated with lowered levels of nurse burnout and improved patient outcomes. MACN recommends that long-term investments be made to grow the nursing workforce and retain existing RNs by supporting:

- Michigan joining the Nursing licensure compact
- Full scope of practice for Advanced Practice Registered Nurses (APRNs)
- Reducing workplace violence
- Increasing the number of nurses in health system governance
- Providing preceptor tax credits for APRNs
- New academic-practice partnerships to increase the number of nurse residency programs
- Addressing the nursing faculty shortage
- Increased tuition support, and other services for students

While partnerships between nursing academics and health systems have increased, there remains a lack of systematic coordination aimed at addressing issues of patient quality and nursing workplace satisfaction that cannot be solved by legislative mandates alone. New academic-practice partnerships should explore innovative ways to ensure that nursing graduates are practice ready.

As educators, we are committed to working together to ensure Michigan has a highly trained health professional workforce that meets the healthcare needs of the citizens in this state. We look forward to continuing our work with our practice partners to support long-term solutions that focus on retention and creating safe work environments to promote adequate staff levels and safe patient care.