

**FISCAL NOTE**  
**Requested by Legislative Council**  
**02/04/2015**

Amendment to: HB 1455

- 1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2013-2015 Biennium		2015-2017 Biennium		2017-2019 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
<b>Revenues</b>						
<b>Expenditures</b>						
<b>Appropriations</b>						

- 1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2013-2015 Biennium	2015-2017 Biennium	2017-2019 Biennium
<b>Counties</b>			
<b>Cities</b>			
<b>School Districts</b>			
<b>Townships</b>			

- 2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

Engrossed House Bill 1455 provides for a legislative management study regarding contract nursing agencies in the state.

- B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

The Engrossed bill has no fiscal impact on the Department of Health.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

- A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*
- B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*
- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

**Name:** Brenda M. Weisz

**Agency:** Department of Health

**Telephone:** 328-4542

**Date Prepared:** 02/05/2015

**FISCAL NOTE**  
**Requested by Legislative Council**  
**01/20/2015**

Bill/Resolution No.: HB 1455

- 1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2013-2015 Biennium		2015-2017 Biennium		2017-2019 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues			\$48,000		\$48,000	
Expenditures			\$321,625		\$327,433	
Appropriations			\$321,625		\$327,433	

- 1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2013-2015 Biennium	2015-2017 Biennium	2017-2019 Biennium
Counties			
Cities			
School Districts			
Townships			

- 2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

This bill relates to the Department of Health (DoH) licensure of nurse staffing agencies, review of criminal background checks and annual evaluations for travel staff, completion of onsite investigations of agencies as needed, complaint intake and investigation, & enforcement actions.

- B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

This bill requires the DoH to develop rules for licensure of nurse staffing agencies, to license such agencies annually, to complete onsite inspections at least every two years to ensure compliance, to review criminal background checks of travel staff, to ensure appropriate registrations and licensure of travel staff, to review annual performance reviews completed on each travel nurse staff, to have a complaint intake and investigations process, and to take enforcement actions as needed. We are conservatively estimating that we would need one additional staff member to complete this workload along with associated operating costs.

Additionally, the increase in background checks would require additional staff needs and related costs for the Bureau of Criminal Investigations Division of the Attorney General's Office (BCI).

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

- A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

An annual fee of \$2,000 per nurse staffing agency is required. It is estimated that there are approximately 12 travel agencies operating in the state. This would result in biennial revenue of \$48,000. The law is unclear if these fees are to be deposited into the general fund or to the Department of Health's operating fund.

- B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

For the 2015-2017 biennium:

DoH costs are \$188,496 and include one new FTE (salary and fringe benefits) estimated to be \$147,196. The operating expenses include rulemaking, one-time computer purchase, travel, communications, attorney fees, and IT support estimated at \$41,300 for the biennium.

Note: It is anticipated that 500 criminal background checks will be completed the first year (state and federal), and 200 criminal background checks the second year at \$42.75 per background check. This translates into a cost of \$29,925 during the biennium. However the law is unclear whether the background checks would be the expense of the nurse staffing agencies or the DoH. They have not been reflected as DoH cost.

BCI costs include one new FTE (salary and fringe benefits) estimated to be \$103,480 with operating costs of \$29,649 for total costs of \$133,129.

For the 2017-2019 biennium:

DoH costs total \$194,335 including salaries of \$153,084 (inflated by 4%), and operating expenses of \$41,252 (inflated by 3%), which includes travel, communications, attorney fees and IT support.

Note – 400 estimated criminal background checks have not been included as part of the DoH costs (\$17,612) due to the law being unclear as to who has responsibility for the costs.

BCI costs total \$133,098 comprising of \$111,758 in salaries and \$21,340 in operating.

- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

These expenditures are not included in the executive budget for DoH (HB 1004) or The Attorney General's Office-BCI (SB 2003), therefore an appropriation would be needed.

**Name:** Brenda M. Weisz

**Agency:** Department of Health

**Telephone:** 328-4542

**Date Prepared:** 01/26/2015

**2015 HOUSE HUMAN SERVICES**

**HB 1455**

# 2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee  
Fort Union Room, State Capitol

HB 1455  
1/27/2015  
Job #22632

- Subcommittee  
 Conference Committee

Committee Clerk Signature



## Explanation or reason for introduction of bill/resolution:

Relating to nurse staffing agencies.

## Minutes:

Testimonies 1-5

Chairman Weisz opened the hearing on HB 1455.

Rep. Dick Anderson: From District 6 introduced and supported the bill. (Amendment handed out See Attachment #1) We want to develop some rules and regulations for contract nursing agencies and have a report due on August 1, 2016. Some of my experience with nursing is with my mother and father-in-law in long term care. We have a shortage of nurses in my area and we fill the need with contract nursing and some months it costs us up to \$50,000. Some contract nurses do a good job, but a number of them do not do a good job. Sen. Rust and Jerry Jurena have given testimony about how bad some of the contract nursing is. The long term solution is we are going to provide more nurses down the road. Within five years 50% of the nurses we now have will be retiring. I'm hoping we can beef the standards up for contract nursing and eliminate some of the problems we are having.

Chairman Weisz: Is this your amendment we just received?

Rep. D. Anderson: Yes.

Rep. Fehr: The annual fee of \$2,000, was that removed or a part of that yet?

Rep. D. Anderson: That is probably removed. There will be a cost with this and hopefully someone behind me can answer that.

Chairman Weisz: Everything is gone except for the new language that is in the amendment. It is a hog house bill.

Shelly Peterson: President of ND Long Term Care Association testified in support of the bill. (See Testimony #2)

12:19

Rep. Mooney: These are ND numbers, correct?

Peterson: Yes.

12:44

Char Christianson: RN and Director of nursing at Golden Acres Manor and Golden Acres Estates in Carrington, ND testified in support of the bill. (See Testimony #3)

19:00

Tim Kennedy: Administrator of Parkside Lutheran Home in Lisbon, ND testified in support of the bill. (See Testimony #4)

21:38

Rep. Porter: I always have a problem doing contract law through the Century Code. If we are going to this extent, why aren't we encompassing all of healthcare and anyone doing contract work? Why are we just picking on contract nurse agency?

Kennedy: We are affected by nursing staffing agencies as we use them. I wouldn't be prepared to talk about locums and those kinds of things. I can talk about our situation and what we faced as a nursing home.

Rep. Porter: When we give blanket authority for state agency to develop rules on a program that doesn't have any guidelines in the Century Code. This one is pretty wide open that it is all the Health Dept. When you look at the language, do you think it is fair to the industry you are trying to regulate, that they only have one vote out of the adhoc committee in dealing with their industry? Or do you think there should be more equal representation?

Kennedy: We need to have all interested parties represented. I would be happy to participate in it.

24:45

Jerry Jurena: President of ND Hospital Association testified in support of the bill. (See Testimony #5)

Rep. Fehr: Could you give us more information in terms of the difference in the betting process between different professions, for example physicians in hospitals versus nurses in long term care? Why is there a problem in this area and not in others?

Jurena: In Rugby, ND when I worked there, when we were looking for a professional OB nurse or ICU nurse, we were looking for a contract that was extended over 4-13 weeks. In the nursing home when we were looking for someone to cover a shift so we called an agency and asked for a nurse. It is a different process we go through.

NO OPPOSITION

Chairman Weisz closed the hearing.

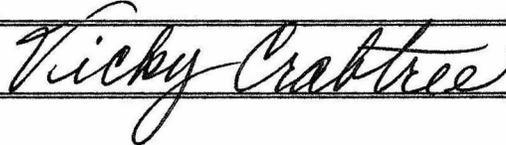
# 2015 HOUSE STANDING COMMITTEE MINUTES

**Human Services Committee**  
Fort Union Room, State Capitol

HB 1455  
2/2/2015  
Job #23017

- Subcommittee  
 Conference Committee

Committee Clerk Signature



## Minutes:

See Attachment 1

Chairman Weisz: Let's look at 1455. (An amendment was distributed. See Attachment #1.)

Rep. D. Anderson: When we first came out with the bill it was to do a study and set some rules for contact nursing. After talking with a few people, maybe it would be best to do a study during the interim of 2015-2016.

Chairman Weisz: And you are going to require it or say "shall consider"?

Rep. D. Anderson: Maybe it would be best if we say "shall". I make a motion.

Rep. Rich Becker: Second.

VOICE VOTE: MOTION CARRIED.

Rep. Seibel: I motion a Do Pass as amended on HB 1455.

Rep. Fehr: Second.

ROLL CALL VOTE: 13 y 0 n 0 absent

Bill Carrier: Rep. Seibel

*2/2/15*

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1455

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for a legislative management study regarding contract nursing agencies in the state.

**BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

**SECTION 1. LEGISLATIVE MANAGEMENT STUDY.** The legislative management shall consider studying, during the 2015-16 interim, issues related to contract nursing agencies in the state. The study shall consider the desirability and feasibility of enacting contract nursing agencies legislation similar to legislation in Minnesota, Maryland, and Illinois. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-fifth legislative assembly."

Renumber accordingly

Date: 2-2-15  
 Roll Call Vote #: 1

**2015 HOUSE STANDING COMMITTEE  
 ROLL CALL VOTES  
 BILL/RESOLUTION NO. 1455**

House Human Services Committee

Subcommittee

Amendment LC# or Description: 15.0881.01002

Recommendation:  Adopt Amendment  
 Do Pass     Do Not Pass     Without Committee Recommendation  
 As Amended     Rerefer to Appropriations  
 Place on Consent Calendar  
 Other Actions:  Reconsider     \_\_\_\_\_

Motion Made By Rep. D. Anderson Seconded By Rep. Rich Becker

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz			Rep. Mooney		
Vice-Chair Hofstad			Rep. Muscha		
Rep. Bert Anderson			Rep. Oversen		
Rep. Dick Anderson	<i>Voice Vote</i>				
Rep. Rich S. Becker					
Rep. Damschen	<i>Motion Carried</i>				
Rep. Fehr					
Rep. Kiefert					
Rep. Porter					
Rep. Seibel					

Total (Yes) \_\_\_\_\_ No \_\_\_\_\_

Absent \_\_\_\_\_

Floor Assignment \_\_\_\_\_

If the vote is on an amendment, briefly indicate intent:

Date: 2-2-15  
 Roll Call Vote #: 2

**2015 HOUSE STANDING COMMITTEE  
 ROLL CALL VOTES 1455  
 BILL/RESOLUTION NO.**

House Human Services Committee

Subcommittee

Amendment LC# or Description: 15.0881.01002

Recommendation:  Adopt Amendment  
 Do Pass  Do Not Pass  Without Committee Recommendation  
 As Amended  Rerefer to Appropriations  
 Place on Consent Calendar  
 Other Actions:  Reconsider

Motion Made By Rep. Seibel Seconded By Rep. Fehr

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz			Rep. Mooney		
Vice-Chair Hofstad			Rep. Muscha		
Rep. Bert Anderson			Rep. Oversen		
Rep. Dick Anderson					
Rep. Rich S. Becker					
Rep. Damschen					
Rep. Fehr					
Rep. Kiefert					
Rep. Porter					
Rep. Seibel					

Total (Yes) 13 No 0

Absent 0

Floor Assignment Rep. Seibel

If the vote is on an amendment, briefly indicate intent:

**REPORT OF STANDING COMMITTEE**

**HB 1455: Human Services Committee (Rep. Weisz, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1455 was placed on the Sixth order on the calendar.

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for a legislative management study regarding contract nursing agencies in the state.

**BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

**SECTION 1. LEGISLATIVE MANAGEMENT STUDY.** The legislative management shall consider studying, during the 2015-16 interim, issues related to contract nursing agencies in the state. The study shall consider the desirability and feasibility of enacting contract nursing agencies legislation similar to legislation in Minnesota, Maryland, and Illinois. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-fifth legislative assembly."

Renumber accordingly

**2015 SENATE HUMAN SERVICES**

**HB 1455**

# 2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee  
Red River Room, State Capitol

HB 1455  
3/23/2015  
25261

- Subcommittee  
 Conference Committee

Committee Clerk Signature



## Explanation or reason for introduction of bill/resolution:

A bill to provide for a legislative management study regarding contract nursing agencies in the state

## Minutes:

Attach #1: Testimony by Shelly Peterson

**Shelly Peterson**, President of the Long Term Care Association, testified IN FAVOR of HB 1455. (attach #1). Ms. Peterson stepped aside for Representative Dick Anderson.

**Representative Dick Anderson**, District 6, introduced engrossed HB 1455 to the Senate Human Services Committee. He is currently a board member of the hospital in Heart of America Hospital in Rugby, North Dakota. We are short certified nursing assistants in most hospitals, especially rural areas in the state, especially on weekends when contract nurses usually are needed. The quality of care drops during the weekends for his family members. There are good qualified certified nursing assistants; it may work better if there were standards. We spend a considerable amount of time to get them to understand rules and regulations and procedures. We still have the need for contract nursing, but it would save us time and money if we had standards in place. We received a bill from a contract nurse facility, and a day later we got a statement that we had not paid - there are issues there that maybe the study will provide some answers. The first copy of the bill presented to the House is completely different than what it is now.

**Senator Howard Anderson, Jr.** guesses that the first bill required licensed standards.

**Representative Anderson** stated that they have the same nursing standards in our state. They don't need extensive background checks when hired. Someone was fired, came back with a different name. The original bill had a huge appropriation - \$321,000.

**Senator Howard Anderson, Jr.** followed up - the board of nursing who licenses these people has not been able to handle it under their regulatory authority.

**Representative Anderson** is not sure about that. There are not enough safeguards in place. The protocol they use is not the same. There are complaints - the care they provide in nursing agencies are not up to our standards.

**Chairman Judy Lee** asked what percentage of nursing staff have to be provided through contract nurses.

**Representative Anderson** indicated that during the week, it is about 10%, but weekend vast majority is contract.

**Chairman Judy Lee** talked about the reciprocity for licensing - so I'm assuming nursing coming from those states would be okay, but there are nurse contracts coming from Philippines and other foreign. Are you seeing from other states or other countries?

**Representative Anderson** indicated that most come from southern states.

**Senator Dever** asked are you concerned about the healthcare provided by the agencies or is it business practices that you are concerned with.

**Representative Anderson** indicated both. Some of it is the care provided on weekends. When looking at the business side, the hospital in Rugby spends \$55,000 a month on contract nursing. If we don't find a way to provide our own nurses, we have to rely on them.

**Chairman Judy Lee** doesn't disagree with the care, but if we too tightly regulate, then we won't have anybody.

**Representative Anderson** confirmed yes, that is a concern. But when he visits the hospitals, a lot of these people in the facilities want a caregiver nurse who they can relate to on a regular basis. This bill may not do that, but there should be standard of care.

**Senator Warner** sees certified nursing assistant (CNA) and contract nurses interchangeable. He considers contract nursing as registered nurses.

**Representative Anderson** indicated there are LPN and RN also involved with this. When a contract nurse is there, instead of one being there, there are two or three. It is inefficient. During the week with their own nurses, there is usually one nurse in the room.

**Chairman Judy Lee** stated that could be the practice of the hospital.

**Representative Anderson** confirmed true.

**Chairman Judy Lee** agreed about the stable workers for continuity of care. But there is high turnover, so that isn't always possible. Recruitment issue is a huge challenge.

**Representative Anderson** agreed. A lot of care is the comfort between caregiver and patient.

**Chairman Judy Lee** point out in the original bill, the Department of Health would be regulating this. Why not the board of nursing?

**Representative Anderson** deferred to Shelly Peterson.

**Shelly Peterson** continued her testimony. (referring back to attachment #1)(12:50-20:52)

**Senator Howard Anderson, Jr.** thinks you reached the right conclusion regarding costs, but a provider network and hospital association should be able to gather the information, list on website of approved group. Wouldn't that resolve the problem? It seems like the study would be Long Term Care association, hospital and nursing board. Perhaps some due diligence by those who hire will solve the problem.

**Ms. Peterson** indicated that they had that discussion, and a contract organization included. It was not at the degree to look at that review. The employer does have that requirement to do the due diligence. There is a lot of variation between the different contract agencies. That is why the group thought there should be core standards. Maybe that is what it would be is those impacted more rather than the role of government.

**Senator Warner** stated he understands contract nurses coming in from out of state. Do you have some on float within the state?

**Ms. Peterson** confirmed yes.

**Senator Warner** asked can they work in the same organization.

**Ms. Peterson** generally no - you would work overtime and not contract to the same place of employment.

**Senator Warner** asked the foreign workers, J1 VISA, are they the same as contract nurses.

**Ms. Peterson** indicated they are different than contract employees. They are on the VISA. Generally they work very well.

**Senator Warner** stated that would be the same as full time employment.

**Ms. Peterson** indicated they usually are not contract, but FTE's and employees of the facility directly.

**Chairman Judy Lee** has not heard of any that are not full time. They have a limited time they can work here.

**Chairman Judy Lee** commented to the committee that we might want Connie Kolonek to answer some questions from the Board of Nursing. Discussion of complaints, recruitment.

**Cory Fong**, Lobbyist, representing Board of Nursing, will get in contact with Dr. Kolonec.

**Senator Howard Anderson, Jr.** we could easily change the scope of board of nursing.

NEUTRAL for HB 1455  
No neutral testimony

Senate Human Services Committee

HB 1455

03/23/2015

Page 4

Chairman Judy Lee closed the public hearing.

# 2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee  
Red River Room, State Capitol

HB 1455  
3/24/2015  
25364

- Subcommittee  
 Conference Committee

Committee Clerk Signature



## Explanation or reason for introduction of bill/resolution:

A bill to provide for a legislative management study regarding contract nursing agencies in the state

## Minutes:

No attachments

The Senate Human Services Committee met on March 24, 2015 to discuss HB 1455 in committee work.

**Chairman Judy Lee** indicated this is a study for contract nursing. There are concerns regarding the level of care, constant turnover, the expense to train. Chairman Judy Lee asked Ms. Kolenek if she could fill us in on the board of nursing involvement with the contract nurses.

**Dr. Connie Kolenek**, Executive Director of the Board of Nursing, indicated the board licenses the individuals, whether registered nurses or licensed practical nurses for practice. We do not govern their organizations or agencies. We do communicate regularly with the registry and travel nurses within our state, but more on how to license people.

**Chairman Judy Lee** asked for confirmation that there is no one practicing who has not licensed in North Dakota.

**Dr. Kolenek** indicated that they would have met the minimum requirements of the uniform licensure requirements across the country. We take them through the licensure process once they decide to stay here, but if they are in a compact license, they may be here for just 3 shifts, or 13 weeks, it depends.

**Chairman Judy Lee** continued. The compact used to be not every state. How many states are involved with the compact?

**Dr. Kolenek** responded that there are 25 states in the compact. We have another delegate assembly in May, and there have been some revisions to the compact to entice other states to join. There is no hope for Minnesota to join the compact.

**Senator Howard Anderson, Jr.** indicated that we could expand the authority of the board of nursing and let you license these nurse agencies if you wanted that.

**Dr. Kolonek** believes that would belong more with the Department of Health; they do have to register with the Secretary of State. Individual license agencies are beyond the scope of the board.

**Chairman Judy Lee** asked do you have any idea if other states have criteria for them. I would assume it is somewhat like other employment services. **Dr. Kolonek** deferred to Shelly Peterson and Char Christensen.

**Shelly Peterson**, Executive Director of the Long Term Care Association, stated in her prior testimony, they had looked at five states and the District of Columbia for guidance when looking at contract nursing. They did reach out to see who was regulating contract nursing. That doesn't mean those are the only ones who are regulating, those are the ones we reached out to. When first drafting the bill, we were overzealous. We believe minimum standards for all to follow for contract services in North Dakota would be good. They did provide a list of the contract providers for nurses. The study could work on an interim study, should we regulate or leave it alone.

**Senator Warner** moved the Senate Human Services Committee DO PASS engrossed HB 1455. The motion was seconded by **V. Chairman Oley Larsen**. No discussion.

Roll Call Vote to DO PASS

6 Yes, 0 No, 0 Absent. Motion passes.

**V. Chairman Oley Larsen** will carry HB 1455 to the floor.

Date: 03/24 2015  
Roll Call Vote #: 1

2015 SENATE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. HB1455

Senate Human Services Committee

Subcommittee

Amendment LC# or Description: \_\_\_\_\_

Recommendation:  Adopt Amendment  
 Do Pass  Do Not Pass  Without Committee Recommendation  
 As Amended  Rerefer to Appropriations  
 Place on Consent Calendar

Other Actions:  Reconsider  \_\_\_\_\_

Motion Made By Sen Warner Seconded By Sen Larsen

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	✓		Senator Tyler Axness	✓	
Senator Oley Larsen (V-Chair)	✓		Senator John M. Warner	✓	
Senator Howard C. Anderson, Jr.	✓				
Senator Dick Dever	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment Sen. Larsen

If the vote is on an amendment, briefly indicate intent:

**REPORT OF STANDING COMMITTEE**

**HB 1455, as engrossed: Human Services Committee (Sen. J. Lee, Chairman)**  
recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING).  
Engrossed HB 1455 was placed on the Fourteenth order on the calendar.

**2015 TESTIMONY**

**HB 1455**

1-27-15

#1

**Proposed Amendment on  
HB 1455 Contract Nursing**

Page 1, Lines 6-24, Remove All

Page 2, Lines 1-31, Remove All

Page 3, Lines 1-30, Remove All

Page 4, Lines 1-30 Remove All

Page 5, Lines 1-13 Remove All

Page 1, Line 6 replace with:

Rules for Contract Nursing Agencies.

The Department of Health has the authority to develop rules for regulation of contract nursing agencies doing business within the state. The Department shall develop rules in consultation with nursing facilities, the Association representing Long-term care, the Board of Nursing, a Representative from a contract nursing agency, Directors of Nursing from Long term care, hospitals and the Association representing hospitals.

Section 2. State Department of Health – Report to Legislative Council before August 1, 2016. The state department of health shall provide a report to the Legislative council regarding the implementation of the Act.

#2

**Testimony on HB 1455  
House Human Services Committee  
January 27, 2015**

Good Morning Representative Weisz and members of House Human Services. My Name is Shelly Peterson, President of North Dakota Long Term Care Association. We represent 211 Assisted Living, Basic Care and Nursing Facility Providers in North Dakota. I am here today to testify in support of HB 1455 and offer a suggestion for amending the bill.

Our Association has been discussing the issue of contract agency staffing for the past few years. Nursing facility use of contract nursing agencies has increased quite dramatically since 2011. As you can see from the attachment at the back of my testimony, the use of contract nursing has increased 155% from June 2011 to June 2014. In the June 30, 2014 cost report period 54 of 80 nursing facilities reported using contract nursing agencies at a cost of \$15.5 million. The hours reported last year on contract nursing was 406,514 for nursing facilities.

Nursing facilities use contract nursing agencies when they don't have sufficient staff to deliver daily resident care. When they have open shifts they try first to encourage their own staff to take the open shift, often paying overtime and incentive pay. Sometimes it is not possible due to the flu, planned maternity leave or other unexpected health and family issues, all of which can result in staff shortages. Some facilities simply don't have permanent staff and depend upon agency staff to fill in the gap. We appreciate the option of having this staff resource, however one day it is hoped we would decrease our dependence on them. Today we are aware of ten contract nursing agencies providing service in North Dakota, four North Dakota based and six based out of state.

The issue of staff recruitment and retention is the top number one need of all Long term care facilities. To address this issue facilities offer loan repayment programs and scholarships to attract potential staff. We have worked in partnership with AHEC to address issues of staffing in rural facilities, as well have been a very active partner with the Partners in Nursing Project (PIN). The PIN project, under the leadership of NDSU Department of Nursing and the Dakota Medical Foundations brought fifty partners together to improve gerontology nursing education, attract younger people and those seeking second careers to consider the nursing profession and create a positive image of gerontology nursing. I was chair of the positive image campaign and through active committee members created four video's promoting the nursing profession; showing high job satisfaction, lifelong service, making a difference in people's lives and career opportunity. The 19 minute video, 4 minute video, 1 minute video and 45 second video can be used at job fairs, with guidance counselors & students, commercials or with current staff. Please know the issue of recruitment and retention is one we are all committed to and are working on.

As part of our commitment to quality, we took on the issue of contract nursing and appointed a special sub-committee to study this issue in 2014. The committee was made up on Administrators and Directors of Nursing. The facility with the greatest usage of contract nursing as well as those with periodic usage were at the table. It was their directive to study:

1. Do we need licensure and some regulatory oversight on contract nursing in North Dakota?
2. If we believe we need Licensure standards for contract nursing, what should they be?

3. Do we need "price controls" to establish the maximum levels agencies can charge?

The committee determined early on some type of oversight and regulation would be beneficial. It was found North Dakota did not have any regulations, standards or oversight, other than what might be determined by each agency. It was decided some uniformity, in providing some core standards would help to address some quality issues that were being expressed.

Thus the committee began their study. They reviewed regulations from five other states that were known to regulate contract nursing. Those states included: Minnesota, Florida, Maryland, Illinois, Connecticut and the District of Columbia. Then it was a matter of each person being assigned a state and bringing forward suggestions and recommendations on what might be good for North Dakota. A number of draft regulations were reviewed, discussed and debated. In the end HB 1455 is the result of that work. Facilities thought the approach was reasonable and fair. In hindsight, maybe we were overzealous with all the detail we put in HB 1455. After the conclusion of our study we reached out to hospitals for their support, which we received. Recently I met with the largest provider of Long term care contract nursing, Dakota Travel Nurse, and received support for regulations, offering excellent input regarding potential changes to HB 1455. I've heard from a few individuals that regulations and oversight might increase the cost. Our entire goal is to improve quality and promoted core standards. So increased cost might result but then so might better quality, which our top priority goal.

We decided against the issue of promoting "price controls" only one state regulates price (Minnesota) and there was not consensus to move down that road.

We think HB 1455 is a good framework, however with others at the table we would undoubtedly arrive at a better product. With support and discussion with the Primary Bill sponsor, Representative Dick Andersen I've drafted an amendment for your consideration. The amendment removes all the proposed requirements and gives authority to the Health Department to develop rules in consultation with various groups and report back to the Legislative Council before, August 1, 2016 regarding the implementation of the Act.

This approach would allow more time and professionals at the table to best decide what rules may be reasonable.

Thank you for your consideration of HB 1455 and possible changes. If you have any questions regarding the specifics of why we included certain language in the bill I would be happy to address your questions.

Shelly Peterson, President  
North Dakota Long Term Care Association  
1900 North 11<sup>th</sup> Street  
Bismarck, ND 58501  
701-222-0660  
[www.ndltca.org](http://www.ndltca.org)

**Proposed Amendment on  
HB 1455 Contract Nursing**

Page 1, Lines 6-24, Remove All  
Page 2, Lines 1-31, Remove All  
Page 3, Lines 1-30, Remove All  
Page 4, Lines 1-30 Remove All  
Page 5, Lines 1-13 Remove All

Page 1, Line 6 replace with:

Rules for Contract Nursing Agencies.

The Department of Health has the authority to develop rules for regulation of contract nursing agencies doing business within the state. The Department shall develop rules in consultation with nursing facilities, the Association representing Long-term care, the Board of Nursing, a Representative from a contract nursing agency, Directors of Nursing from Long term care, hospitals and the Association representing hospitals.

Section 2. State Department of Health – Report to Legislative Council before August 1, 2016. The state department of health shall provide a report to the Legislative council regarding the implementation of the Act.

## Companies that provide Contract Nursing in North Dakota

Travel Nurse Agency	Address	City State
ProStat Healthcare LLC	PO Box 11291	Fargo, ND
Good Samaritan Society Pool	608 4th Ave SE	Lakota, ND
Dakota Travel Nurse	1200 Collins Ave	Mandan, ND
Badlands Staffing	109 SW 2nd St, Po Box 420	Watford City, ND
AMN Healthcare	12400 High Bluff Dr	San Diego, CA
AWM Staffing	1931 N Boise Ave Ste 111	Loveland, CO
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Montana Health Network	11 South 7th St , Ste 241	Miles City, MT
RGT Medical	1005 E 23rd Ste 200	Freemont NE
Prime Time Omaha Nebraska	8212 South 109th Street	La Vista, NE

HISTORY OF NURSING FACILITY  
**STAFF TURNOVER**  
 2006-2014

Position	2006	2010	2012	2014
CNAs	53%	62%	58%	56%
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**LONG TERM CARE SALARIES**  
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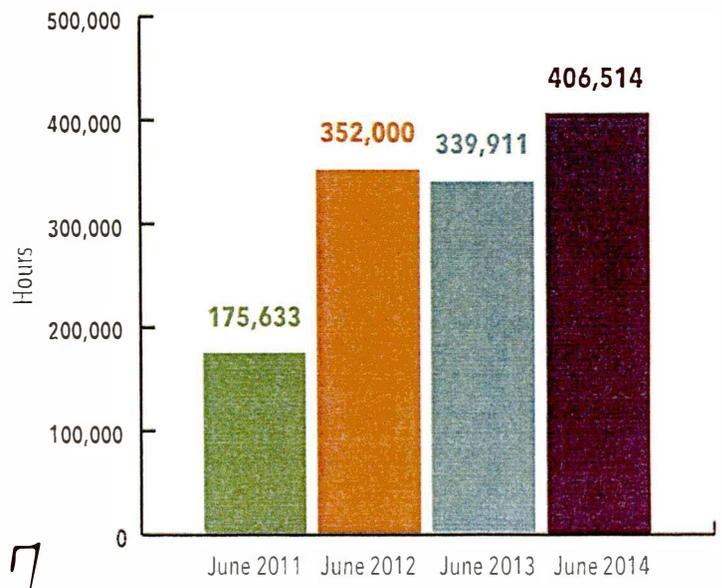
**CONTRACT NURSING**  
 IN NURSING FACILITIES

When facilities face staffing shortages, one option is to use contract staff to provide daily resident care. In 2014, 56 of 80 nursing facilities or **70%** used contract nursing agencies.

USE OF CONTRACT NURSING - DOLLARS



USE OF CONTRACT NURSING - HOURS



# Educational Opportunities

*for individuals interested in long term care as a career*

---



*Rewarding career.....*

## Funding Support for Individuals who want to be a Long Term Care Nurse

***Do you want a great career, an opportunity to make a difference, job security & a competitive wage?***

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### ***What to Do?***

- ◆ Contact your local nursing facility and explore a work opportunity for now and the future!



*.....caring & inspiring.*

# Gerontological Nurse Certification Prep Course

## The urgent need — huge today, soaring tomorrow.

- There is a serious U.S. nursing shortage — today and projected through 2030.
- Most patients in long term care, and more than 50% in hospitals, are over 65.
- Two-thirds of all U.S. nurses have no geriatric training at all.
- **Only 1% of the nation's 2.2 million RNs have gerontological certification.**
- The population of older Americans is exploding.
- Aging baby boomers — the biggest generation in U.S. history — are creating massive demand for geriatric care.
- The first wave of age-65 baby boomers hit in 2011 — and massive waves will continue to reach retirement age each year through 2029.

## All-in benefits: happier nurses, residents, families — and facility owners.

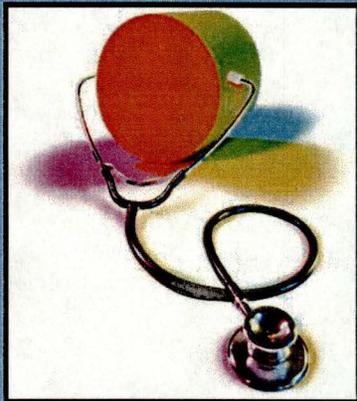
- **Proven record of success:** The Gero Prep course was developed under a Robert Wood Johnson Foundation grant to the UNMC College of Nursing for a pilot program on specific methods to improve geriatric nursing in long term care facilities. It was delivered to 83 RNs in 2010-2011. Graduates have a 96% pass rate on the ANCC Gerontological Nursing Certification Exam.
- **Significant improvement in competencies:** Graduates report marked improvement in these areas: communication, pain management, skin integrity, functional status, restraints, elder abuse, discharge planning, physiological and psychological aging changes.
- **Significant improvement in job satisfaction:** Graduates report elevation of confidence, self-esteem, sense of accomplishment and nursing care assuredness.
- **Significant improvement in intention to remain at their current employer:** Graduates report favorable perception of facility/employer for sponsoring this training and for resulting efforts to improve the nursing environment and quality of care system-wide.
- **Developed by gerontological nursing faculty experts** at the UNMC College of Nursing — ranked in the top tier of U.S. nursing schools.
- **Fully accredited nationwide — all 50 states and District of Columbia:** The Continuing Nursing Education (CNE) division of UNMC College of Nursing has been in operation for over 30 years, is fully accredited, and is an approved education provider by the American Nurses Credentialing Center (ANCC), the administrator of the Gerontological Nursing Certification Exam.
- **Distinct marketing/recruiting advantage in attracting both residents and RNs:** Offering board-certified nurses is a major competitive and operational advantage. It's a badge of top-quality care. In choosing a long term care facility, families are unanimously impressed — and comforted — by the fact that you have certified gerontological RNs on staff. To prospective nurses, it signals an exceptional work environment with a serious commitment to care quality and patient safety.

---

For tuition sponsorship and to enroll your RNs, go to [GeroNursePrep.org](http://GeroNursePrep.org).

- Program details — Needs/challenges — Benefits — Field reviews — Q&A

## What Students Need to Know about Nursing & Career Preparation



Take the Challenge to Make a Difference in People's Lives

### What do nurses do and where do they work?

- Nursing is a profession based on standards requiring knowledge, skills, and attitudes to assure that patients receive the highest quality of care.
- Nurses work within a "team" of other professionals--physical therapists, social workers, dieticians, and doctors to name a few.
- Nurses have some flexibility in both their hours and working environments.
- Nurses have careers in hospitals, clinics, schools, military, assisted living, nursing homes, public health, higher education, home health and hospice care.

### How to choose the right nursing program?

- Visit official school websites that interest you for specific guidance on academic prerequisites.
- Take virtual tours of colleges and universities.
- Check tuition, other costs and financial aid availability.
- Go on fieldtrips to nursing schools.

### How to prepare for a nursing career?

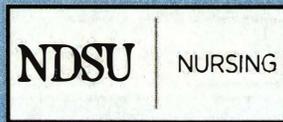
- Practice good study habits and test taking skills.
- Take rigorous high school courses such as...
 

English	Chemistry	Biology	Algebra
Physics	Psychology	Computer Skills	
- Graduating from high school with 3.5-4.0 GPA is important.
- Volunteer in a health care setting to get hands on experience.
- Consider becoming a Certified Nursing Assistant (CNA).

### How do students pay for their education?

- ND Long Term Care Association Scholarship - [www.ndltca.org](http://www.ndltca.org)
- ND Board of Nursing Education Loan- [www.ndbon.org](http://www.ndbon.org)
- Local Health Care Employers
- Federal Nursing Grants, National Health Service Corp., Public Health Programs
- Financial Aid options:
  - North Dakota College Access Network [www.nd-can.com](http://www.nd-can.com)
  - Student Financial Assistance Program, State Grant Program, North Dakota Scholars Program [www.ndus.edu](http://www.ndus.edu)
  - Bank of North Dakota Student Loan Services [www.mystudentloanonline.nd.gov](http://www.mystudentloanonline.nd.gov)
  - Free Application for Federal Student Aid (FAFSA) [www.fafsa.ed.gov](http://www.fafsa.ed.gov)
- HRSA Nursing Loan Repayment Program - <http://www.hrsa.gov/loanscholarships/repayment/nursing/>

Contact: Jane Strommen (Project Coordinator) Email: [Jane.strommen@ndsu.edu](mailto:Jane.strommen@ndsu.edu) Phone: (701)231-7238 Website: [www.ndsu.edu/pin](http://www.ndsu.edu/pin)



## Why students should consider Nursing?

- Both RNs and LPNs are classified as very high growth, high demand occupations by ND Job Service 2010.
- Average ND RN salary \$56,110 and LPN salary \$34,810;
- Nursing schools/colleges have several levels of entry based on the program that fits the student's educational, lifestyle and career goals.
- Careers are available in variety of health care settings, in addition to education, research, policy and leadership.
- Options are available to work and go to school at the same time and sometimes tuitions are paid by employers.
- Many types of shifts (8 or 12 hours long) and various rotations including day, evening or nights.
- Nurses may work part-time, full-time or weekends.

## What are the education/ license requirements for a nursing career?

- LPN (Licensed Practical Nurse)** – An LPN provides nursing care to stable patients and clients. They work under the direction of the RN, APRN (Advanced Practice RN), or physician.
  - 1 or 2 year Program
- RN (Registered Nurse)** – An RN is a nurse holding an Associate, BSN, or Hospital Diploma degree who is licensed to practice nursing by the state authority after qualifying for registration.
  - Associate Degree Nurse (ADN or ASN):** A two year curriculum based on liberal arts and biological sciences and integrates nursing content and clinical experiences.
  - Bachelor of Science Nurse (BSN):** A four year curriculum based on liberal arts and biological sciences and integrates nursing content and clinical experiences, with a sound foundation for advanced graduate education.
  - Master of Science (MS):** A two year graduate education that prepares the BSN student for an advanced practice role.
  - Doctor of Nursing Practice (DNP):** A four year graduate education that prepares the MS student to focus on advanced nursing practice.
  - Doctor of Philosophy (PhD):** A four year education that prepares the MS student to focus on nursing research, teaching, administration, and social policy, etc.

**\*\* Note: Requirements & length of academic programs may vary by colleges.**

Job (Employer policies may vary)	LPN	2-year ADN	4-year BSN	Master's Degree (Plus 2-4 years)	PhD (Plus 4-6 years)
Pediatric Nursing	X	X	X	X	X
Labor and Delivery Nursing	X	X	X	X	X
Mental Health Nursing	X	X	X	X	X
Emergency Room Nursing	X	X	X	X	X
Nursing Home Nursing	X	X	X	X	X
Home Health Care Nursing	X	X	X	X	X
Public Health Nursing			X	X	X
School Nursing			X	X	X
Military Nursing			X	X	X
Flight Nursing			X	X	X
Forensic Nursing			X	X	X
Nursing Leadership	X	X	X	X	X
Nurse Practitioner				X	X
Nurse Midwife				X	X
Nurse Administrator			X	X	X
Nurse Anesthetist				X	X
Nurse Educator			X	X	X

Visit - [www.ndsu.edu/pin](http://www.ndsu.edu/pin) for list of nursing schools in North Dakota

**House and Human Service Committee  
Testimony for HB1455  
January 27, 2015**

Good morning Chairman Weize and members of the Human Service committee,

It is my privilege to be here with you today to discuss the importance of regulation of contract agency staffing. I am Char Christianson an RN and the Director of Nursing at Golden Acers Manor and Golden Acres Estates in Carrington, ND. I have worked in this capacity for the past 15 years at the Manor and the last year and a half at the Estates as it is a newly acquired Assisted Living Facility. I am also an RN member of the North Dakota Board of Nursing and am currently the longest tenured member on the board for seven and one half years.

I am here today in support of HB1455 with the amendments that have been presented by the North Dakota Long Term Care Association. First and for most, it is the goal of every facility to provide sufficient staff to deliver the care our residents need. Many efforts have been made to try to accomplish this feat. At our facility a few things we have done are, "growing our own". We took a group of seven of our best CNA's and helped them get an education to become nurses. This was accomplished by having the Dakota Nursing Program come to Carrington. Providing this education right at home allowed them to continue to work, raise a family and pursue a valuable career. This was a perfect solution for our small community. From this I currently have retained five excellent nurses. However, the need to replace the CNA positions they left to become nurses became a struggle. We went to great extremes to recruit staff.

With my work on the Board of Nursing, I have witnessed the many changes our state has gone through. The Nursing Needs Study was completed and verified our concerns of the need for nurses. Following up with this study, the Center for Nursing continues to make progress in work force planning looking for innovative ways for nursing recruitment and retention. They have a career center as well as a Legendary Nurse portal on their website with the goal to entice more nurses to come to North Dakota as well as students to choose nursing as a career.

With that being said, there still is not enough staff to cover all the nursing needs throughout the state. Many of us have turned to staffing agencies to provide this very important need. Most of these are good people and are greatly appreciated. However

many of them come to us with little or no training or ongoing education and are expected to pick up the job with minimal orientation.

Skilled Nursing Facilities are one of the highest regulated industries in the United States. We are expected to meet all of these regulations and rightfully so. When we have to rely on staffing agencies to achieve these standards, it becomes a challenge when we have no control over the education or backgrounds the agency staff have. We as facilities must provide a minimum amount of mandatory education for all of our staff. This must include Abuse and Neglect, Resident Rights, and Infection control to name a few. Staffing agencies, when coming into our facilities, do not have these mandates. Some agencies do provide this continuing education but as with anything not all will. Thus it puts us at a disadvantage when we have to rely on them for staffing coverage.

During our Survey and Certification process we are asked to provide proof of mandatory education of our staff, where as the agency is responsible for their staff. We must also show evidence of orientation of our staff and agency staff. If this does not meet the Federal regulation we will be given a deficiency. If the agency staff that is working for us does not have this education on an ongoing basis it can lead to mistakes resulting in deficiencies costing us a great deal of time and money.

Through my years of serving on the Board of Nursing not only have I seen the need for nurses in our state change but the increase in discipline cases has risen. This is a great concern. The type of discipline cases has changed to where there are more cases of diversion as well as the quality of nursing care. Could this be partially because of the lack of consistency or the lack of training we are seeing in our agency staffing? I am not implying that they are poor nurses. None the less, what I am saying is when you have nurses coming to work that have never been in your facility before and are expected to do a great job with two to three hours of orientation error can be expect. Maybe if we had some regulation for the ongoing education for these traveling nurses it would help this area of concern. We as facilities must provide competency training for our nurses and our medication aides. We have no proof that the agencies provide this training or competency evaluations to their staff yet we must rely on them for their services.

I do not believe the intent of this Bill would be to cause undo hardship or burden to any nurse staffing agency in North Dakota or coming into North Dakota. I do believe the intent would be to provide guidelines and monitoring of the agencies and the processes

the agencies have in place to provide quality care. With the amendments to HB1455 requested by the North Dakota Long Term Care Association I believe this would be achieved. By bringing all entities to the table I believe a unified voice could be heard and public safety would be protected.

Thank you for your time and I would welcome any questions at this time.

Char Christianson, RN, DON

Golden Acres Manor  
1 Main Street  
Carrington, ND 58421  
701-652-3117  
cchristianson@goldenacresmanor.com

TESTIMONY

HB 1455  
1-27-15

#4

Good morning Representative Weisz and Members of the House Human Services Committee. My name is Tim Kennedy; I am the administrator of Parkside Lutheran Home in Lisbon ND. Parkside is a 50 bed facility comprised of 40 skilled beds and 10 Basic Care beds. We employ over 60 people in Lisbon.

I am here today to testify in support of HB 1455 regarding the regulation of contract nursing in ND. I have served on the Legislative Committee of NDLTCA the past 5 years. This past year I chaired a subcommittee studying the regulation of contract nursing. This bill is a result of our study and review of contract nursing in North Dakota.

I have a passion for this issue as a result of a survey approximately two years ago. During that survey we were given a deficiency for having a contracted CNA working at our facility without a current license. This individual was sent through the contract agency to us to provide a needed service in our facility. We were not aware that this individual had an expired license until 3 or 4 months after he had worked. We corrected the deficiency, and put steps into place to assure we would not have an unlicensed individual work in our facility. While we can verify a license prior to an agency employee working, we have no way of knowing if a contract employee has had training or in-servicing in areas such as Resident Rights, Elder Justice Act, dementia training, abuse reporting and prevention, or Fire Safety, all of which are mandated by CMS for any CNA or nurse employed by a nursing home. In our case the deficiency was cited 3 or 4 months after the fact, and the contract agency was no longer in business, therefore there was never any recourse to the company.

Personally my intentions are twofold: first to ensure that a contract agency providing services in the state of North Dakota is a legitimate company, and second, that there are standards or rules in place ensuring that the CNA's or nurses working in a long term care facility are licensed, and educated to the same standards set forth by CMS that we as facilities are required to abide by.

We are in no way trying to make this a burdensome process for a staffing agency, but we must ensure we maintain a high quality of care for the residents we serve. We may have been a little over zealous in all the requirements but hopefully the proposed amendment will be a more prudent approach to accomplish the intentions and goals of the NDLTCA legislative committee.

I want to thank all of you for your consideration of this bill. I would be happy to answer any questions you may have.

#5



North Dakota Hospital Association

**Vision**

*The North Dakota Hospital Association will take an active leadership role in major Healthcare issues.*

**Mission**

*The North Dakota Hospital Association exists to advance the health status of persons served by the membership.*

**Testimony: HB 1455  
Nursing Staffing Agencies  
House Human Services Committee  
January 27, 2015**

Good morning Chairman Weisz and Members of the House Human Service Committee. I am Jerry E. Jurena, President of the North Dakota Hospital Association. I am here today in support of HB 1455 and ask that you give this bill as amended a **Do Pass**.

I have been a Hospital and a Nursing Home Administrator for 30 years prior to my current position. The current use of agencies to cover open nursing positions has never been at this level in any of the states I have worked in.

I concur that something needs to be done to standardize the rules and regulations that contract agencies have to follow regarding the hiring of nursing staff. Hospitals and nursing homes are highly regulated regarding the hiring of nurses and at times we have to rely on agencies to fill open nursing positions. I have found agencies do not have to adhere to the same rules and regulations we have to follow when hiring nurses.

I have had nurses return to my facility under contract that I had terminated by using a different name as a result of marriage or divorce. I believe that agencies should be held to the same rules and regulations regarding the hiring of nursing staff that we have to abide by.

I ask that you support HB 1455 with the amended changes.

Respectfully Submitted,

Jerry E. Jurena, President  
North Dakota Hospital Association

#1

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1455

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for a legislative management study regarding contract nursing agencies in the state.

**BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

**SECTION 1. LEGISLATIVE MANAGEMENT STUDY.** The legislative management shall consider studying, during the 2015-16 interim, issues related to contract nursing agencies in the state. The study shall consider the desirability and feasibility of enacting contract nursing agencies legislation similar to legislation in Minnesota, Maryland, and Illinois. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-fifth legislative assembly."

Renumber accordingly

Testimony on HB 1455  
Senate Human Services Committee  
March 23, 2015

Attach#1  
HB 1455  
03/23/2015  
J#25261

Good Morning Chairman Lee and members of Senate Human Services. My Name is Shelly Peterson, President of North Dakota Long Term Care Association. We represent 211 Assisted Living, Basic Care and Nursing Facility Providers in North Dakota. I am here today to testify in support of HB 1455. Originally HB 1455 was a bill providing regulation and oversight of contract nursing in North Dakota. Today other than professional practice standards there is not any regulation of contract nursing. HB 1455 was amended in the House to study this issue and we support that approach.

Our Association has been discussing the issue of contract agency staffing for the past few years. Nursing facility use of contract nursing agencies has increased quite dramatically since 2011. As you can see from the attachment at the back of my testimony, the use of contract nursing has increased 155% from June 2011 to June 2014. In the June 30, 2014 cost report period <sup>56</sup>54 of 80 nursing facilities reported using contract nursing agencies at a cost of \$15.5 million. The hours reported last year on contract nursing was 406,514 for nursing facilities.

Nursing facilities use contract nursing agencies when they don't have sufficient staff to deliver daily resident care. When they have open shifts they try first to encourage their own staff to take the open shift, often paying overtime and incentive pay. Sometimes it is not possible due to the flu, planned maternity leave or other unexpected health and family issues, all of which can result in staff shortages. Some facilities simply don't have permanent staff and depend upon agency staff to fill in the gap. We appreciate the option of having this staff resource, however one day it is hoped we would decrease our

dependence on them. Today we are aware of ten contract nursing agencies providing service in North Dakota, four North Dakota based and six based out of state.

The issue of staff recruitment and retention is the top number one need of all Long term care facilities. To address this issue facilities offer loan repayment programs and scholarships to attract potential staff. We have worked in partnership with AHEC to address issues of staffing in rural facilities, as well have been a very active partner with the Partners in Nursing Project (PIN). The PIN project, under the leadership of NDSU Department of Nursing and the Dakota Medical Foundations brought fifty partners together to improve gerontology nursing education, attract younger people and those seeking second careers to consider the nursing profession and create a positive image of gerontology nursing. I was chair of the positive image campaign and through active committee members created four video's promoting the nursing profession; showing high job satisfaction, lifelong service, making a difference in people's lives and career opportunity. The 19 minute video, 4 minute video, 1 minute video and 45 second video can be used at job fairs, with guidance counselors & students, commercials or with current staff. Please know the issue of recruitment and retention is one we are all committed to and are working on.

As part of our commitment to quality, we took on the issue of contract nursing and appointed a special sub-committee to study this issue in 2014. The committee was made up on Administrators and Directors of Nursing. The facility with the greatest usage of contract nursing as well as those with periodic usage were at the table. It was their directive to study:

1. Do we need licensure and some regulatory oversight on contract nursing in North Dakota?
2. If we believe we need Licensure standards for contract nursing, what should they be?
3. Do we need "price controls" to establish the maximum levels agencies can charge?

The committee determined early on some type of oversight and regulation would be beneficial. It was found North Dakota did not have any regulations, standards or oversight, other than what might be determined by each agency. It was decided some uniformity, in providing some core standards would help to address some quality issues that were being expressed.

Thus the committee began their study. They reviewed regulations from five other states that were known to regulate contract nursing. Those states included: Minnesota, Florida, Maryland, Illinois, Connecticut and the District of Columbia. Then it was a matter of each person being assigned a state and bringing forward suggestions and recommendations on what might be good for North Dakota. A number of draft regulations were reviewed, discussed and debated. Facilities thought the approach was reasonable and fair. In hindsight, maybe we were overzealous with all the detail we put in HB 1455 before it was amended. I've heard from a few individuals that regulations and oversight might increase the cost. Our goal was to improve quality and promoted core standards. So increased cost might have resulted but then so might better quality, which our top priority goal.

We think a legislative study would be a better approach with legislative leaders and others at the table we would undoubtedly arrive at better product. A study approach will allow more time and opportunity working with the profession to address issues of concern.

Thank you for your consideration of HB 1455. If you have any questions I would be happy to address them.

Shelly Peterson, President  
North Dakota Long Term Care Association  
1900 North 11<sup>th</sup> Street  
Bismarck, ND 58501  
701-222-0660  
[www.ndltca.org](http://www.ndltca.org)

## HISTORY OF NURSING FACILITY STAFF TURNOVER 2006-2014

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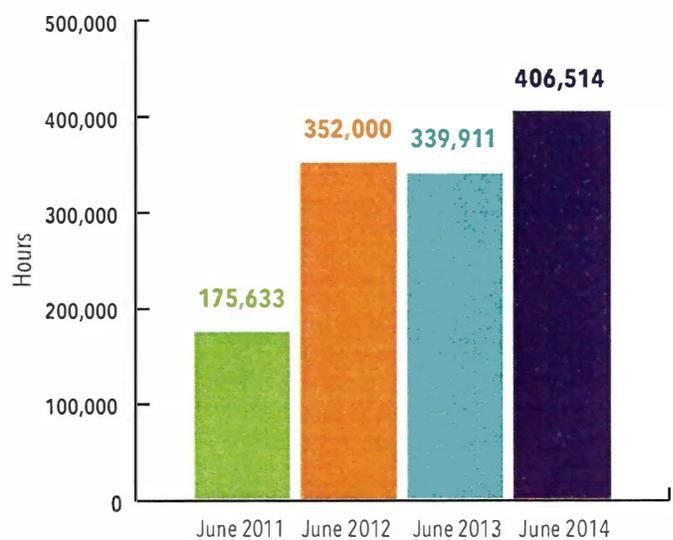
## CONTRACT NURSING IN NURSING FACILITIES

When facilities face staffing shortages, one option is to use contract staff to provide daily resident care. In 2014, 56 of 80 nursing facilities or **70%** used contract nursing agencies.

### USE OF CONTRACT NURSING - DOLLARS



### USE OF CONTRACT NURSING - HOURS



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# Educational Opportunities

*for individuals interested in long term care as a career*

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*Rewarding career.....*

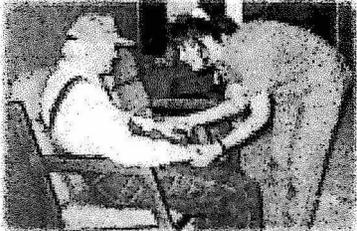
## Funding Support for Individuals who want to be a Long Term Care Nurse

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- ◆ Requires the person who receives the educational assistance to commit to a minimum of 1,664 hours of employment for every \$3,750 dollars of support (up to \$15,000 maximum).

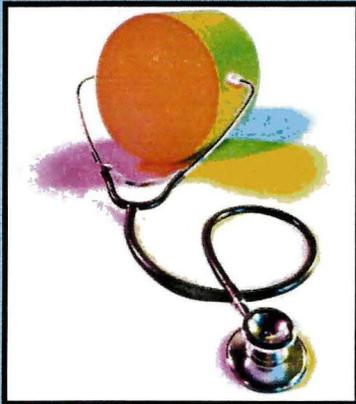
### ***What to Do?***

- ◆ Contact your local nursing facility and explore a work opportunity for now and the future!



*.....caring & inspiring.*

## What Students Need to Know about Nursing & Career Preparation



**Take the Challenge to Make a Difference in People's Lives**

### What do nurses do and where do they work?

- Nursing is a profession based on standards requiring knowledge, skills, and attitudes to assure that patients receive the highest quality of care.
- Nurses work within a "team" of other professionals--physical therapists, social workers, dieticians, and doctors to name a few.
- Nurses have some flexibility in both their hours and working environments.
- Nurses have careers in hospitals, clinics, schools, military, assisted living, nursing homes, public health, higher education, home health and hospice care.

### How to choose the right nursing program?

- Visit official school websites that interest you for specific guidance on academic prerequisites.
- Take virtual tours of colleges and universities.
- Check tuition, other costs and financial aid availability.
- Go on fieldtrips to nursing schools.

### How to prepare for a nursing career?

- Practice good study habits and test taking skills.
- Take rigorous high school courses such as...  
**English      Chemistry      Biology      Algebra**  
**Physics      Psychology      Computer Skills**
- Graduating from high school with 3.5-4.0 GPA is important.
- Volunteer in a health care setting to get hands on experience.
- Consider becoming a Certified Nursing Assistant (CNA).

### How do students pay for their education?

- ND Long Term Care Association Scholarship - [www.ndltca.org](http://www.ndltca.org)
- ND Board of Nursing Education Loan- [www.ndbon.org](http://www.ndbon.org)
- Local Health Care Employers
- Federal Nursing Grants, National Health Service Corp., Public Health Programs
- Financial Aid options:
  - North Dakota College Access Network [www.nd-can.com](http://www.nd-can.com)
  - Student Financial Assistance Program, State Grant Program, North Dakota Scholars Program [www.ndus.edu](http://www.ndus.edu)
  - Bank of North Dakota Student Loan Services [www.mystudentloanonline.nd.gov](http://www.mystudentloanonline.nd.gov)
  - Free Application for Federal Student Aid (FAFSA) [www.fafsa.ed.gov](http://www.fafsa.ed.gov)
- HRSA Nursing Loan Repayment Program – <http://www.hrsa.gov/loanscholarships/repayment/nursing/>

**Contact:** Jane Strommen (Project Coordinator) **Email:** [Jane.strommen@ndsu.edu](mailto:Jane.strommen@ndsu.edu) **Phone:** (701)231-7238 **Website:** [www.ndsu.edu/pin](http://www.ndsu.edu/pin)



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## Why students should consider Nursing?

- Both RNs and LPNs are classified as very high growth, high demand occupations by ND Job Service 2010.
- Average ND RN salary \$56,110 and LPN salary \$34,810;
- Nursing schools/colleges have several levels of entry based on the program that fits the student's educational, lifestyle and career goals.
- Careers are available in variety of health care settings, in addition to education, research, policy and leadership.
- Options are available to work and go to school at the same time and sometimes tuitions are paid by employers.
- Many types of shifts (8 or 12 hours long) and various rotations including day, evening or nights.
- Nurses may work part-time, full-time or weekends.

## What are the education/ license requirements for a nursing career?

- LPN (Licensed Practical Nurse)** – An LPN provides nursing care to stable patients and clients. They work under the direction of the RN, APRN (Advanced Practice RN), or physician.
  - 1 or 2 year Program
- RN (Registered Nurse)** – An RN is a nurse holding an Associate, BSN, or Hospital Diploma degree who is licensed to practice nursing by the state authority after qualifying for registration.
  - Associate Degree Nurse (ADN or ASN):** A two year curriculum based on liberal arts and biological sciences and integrates nursing content and clinical experiences.
  - Bachelor of Science Nurse (BSN):** A four year curriculum based on liberal arts and biological sciences and integrates nursing content and clinical experiences, with a sound foundation for advanced graduate education.
  - Master of Science (MS):** A two year graduate education that prepares the BSN student for an advanced practice role.
  - Doctor of Nursing Practice (DNP):** A four year graduate education that prepares the MS student to focus on advanced nursing practice.
  - Doctor of Philosophy (PhD):** A four year education that prepares the MS student to focus on nursing research, teaching, administration, and social policy, etc.

**\*\* Note: Requirements & length of academic programs may vary by colleges.**

Job (Employer policies may vary)	LPN	2-year ADN	4-year BSN	Master's Degree (Plus 2-4 years)	PhD (Plus 4-6 years)
Pediatric Nursing	X	X	X	X	X
Labor and Delivery Nursing	X	X	X	X	X
Mental Health Nursing	X	X	X	X	X
Emergency Room Nursing	X	X	X	X	X
Nursing Home Nursing	X	X	X	X	X
Home Health Care Nursing	X	X	X	X	X
Public Health Nursing			X	X	X
School Nursing			X	X	X
Military Nursing			X	X	X
Flight Nursing			X	X	X
Forensic Nursing			X	X	X
Nursing Leadership	X	X	X	X	X
Nurse Practitioner				X	X
Nurse Midwife				X	X
Nurse Administrator			X	X	X
Nurse Anesthetist				X	X
Nurse Educator			X	X	X

Visit - [www.ndsu.edu/pin](http://www.ndsu.edu/pin) for list of nursing schools in North Dakota