

Evaluation of the Nursing Shortage Reduction Program

DRAFT

**A Report to the Texas Legislature, per General
Appropriations Act, HB 1, Article III, Section 28, 86th
Texas Legislature**

October 2020

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Texas Higher Education Coordinating Board



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The mission of the Texas Higher Education Coordinating Board (THECB) is to provide leadership and coordination for Texas higher education and to promote access, affordability, quality, success, and cost efficiency through *60x30TX*, resulting in a globally competitive workforce that positions Texas as an international leader.

Agency Vision

The THECB will be recognized as an international leader in developing and implementing innovative higher education policy to accomplish our mission.

Agency Philosophy

The THECB will promote access to and success in quality higher education across the state with the conviction that access and success without quality is mediocrity and that quality without access and success is unacceptable.

The THECB's core values are:

Accountability: We hold ourselves responsible for our actions and welcome every opportunity to educate stakeholders about our policies, decisions, and aspirations.

Efficiency: We accomplish our work using resources in the most effective manner.

Collaboration: We develop partnerships that result in student success and a highly qualified, globally competent workforce.

Excellence: We strive for excellence in all our endeavors.

The Texas Higher Education Coordinating Board does not discriminate on the basis of race, color, national origin, gender, religion, age or disability in employment or the provision of services.

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Table of Contents

| | |
|--|----|
| Executive Summary..... | i |
| Challenges | ii |
| Recommendations | ii |
| Summary Comments..... | iv |
| Introduction | 5 |
| Evaluation of the Nursing Shortage Reduction Program | 7 |
| Process..... | 7 |
| Data Review..... | 7 |
| Challenges | 13 |
| Program Design Ideas..... | 14 |
| Additional Ideas for Reducing the Nursing Shortage | 15 |
| Conclusion | 18 |

Figures

| | |
|--|----|
| Figure 1. State Totals for Nursing Graduates by Academic Year..... | 8 |
| Figure 2. Texas Nursing Graduates by Academic Year and by Sector | 19 |
| Figure 3. Timing Schedule for NSRP Programs..... | 39 |
| Figure 4. Survey Regarding Proposals for Other Initiatives to Address the Nursing Shortage.... | 43 |

Tables

| | |
|---|----|
| Table 1. Summary of Texas RN Enrollment-Graduation-Admissions Reports 2009-2018..... | 7 |
| Table 2. State Totals for Nursing Graduates by Academic Year..... | 8 |
| Table 3. Texas Versus National Average National Council Licensure Examination Pass Rates..... | 9 |
| Table 4. NSRP Schedule of Returned Funds as of January 2020 | 10 |
| Table 5. NSRP History of Awards by Sector | 11 |
| Table 6. NSRP Expenditure History | 12 |
| Table 7. Texas Nursing Graduates by Level for 2014-2019..... | 19 |
| Table 8. Texas Nursing Graduates by Level and by Sector for 2014-2019..... | 20 |
| Table 9. National Council Licensure Examination Pass Rates by Texas Registered Nurses | 21 |
| Table 10. NSRP History of Awards | 25 |
| Table 11. Employment by Industry for Texas University Nursing Graduates..... | 29 |
| Table 12. Employment by Industry for Texas University Nursing Bachelor's Degree Earners | 30 |
| Table 13. Employment by Industry for Texas University Master's Degree Earners | 31 |

| | |
|---|----|
| Table 14. Employment by Industry for Texas University Doctoral Research Scholarship Degree Earners..... | 31 |
| Table 15. Employment by Industry for Texas Community and Technical College Nursing Associate Degree Earners | 32 |
| Table 16. Employment by Industry for Texas Community and Technical College Nursing Graduates | 33 |
| Table 17. Employment by Industry for Texas Health-Related Institutions Nursing Graduates ... | 34 |
| Table 18. Employment by Industry for Texas Health-Related Institutions Nursing Bachelor's Degree Graduates..... | 34 |
| Table 19. Employment by Industry for Texas Health-Related Institutions Nursing Master's Degree Graduates..... | 35 |
| Table 20. Employment by Industry for Texas Health-Related Institutions Nursing Doctoral Research Scholarship Graduates | 35 |
| Table 21. Employment by Industry for Texas Independent College and University Nursing Graduates | 35 |
| Table 22. Employment by Industry for Texas Independent College and University Nursing Bachelor's Degree Graduates | 36 |
| Table 23. Employment by Industry for Texas Independent College and University Nursing Master's Degree Graduates..... | 36 |
| Table 24. Employment by Industry for Texas Independent College and University Nursing Doctoral Research Scholarship and Professional Practice Graduates | 36 |
| Table 25. Employment and Wages by Industry for Texas Master's Degree Earners | 37 |
| Table 26. Employment and Wages by Industry for Texas Doctoral Research Scholarship Degree Earners..... | 37 |
| Table 27. Average Age of New Texas Nursing Students..... | 38 |
| Table 28. Informal Survey Results from the February 13, 2020, Work Group Meeting | 41 |
| Table 29: Results of the Survey of Design Ideas | 42 |

Appendices

| | |
|--|----|
| Appendix A: Supplemental Data | 19 |
| Appendix B: Presentation by Mr. Tim Henderson on Legislative Initiatives in Other States | 44 |
| Appendix C: THECB Staff Summary of Legislative Initiatives in Other States..... | 48 |
| Appendix D: Other State Funding Strategy Proposals | 73 |
| Appendix E: NSRP Rider 28 Study Work Group Membership..... | 77 |
| Appendix F: NSRP Rider 28 Study Work Group Meeting Minutes..... | 79 |

Executive Summary

The General Appropriations Act, House Bill 1, Article III, Section 28, 86th Texas Legislature, directed the Texas Higher Education Coordinating Board (THECB or Coordinating Board) to study the effectiveness of the Nursing Shortage Reduction Program (NSRP) in addressing the shortage of nurses in the state, to consider other state funding strategies to address the nursing shortage, and to submit a report to the Legislature. The rider required the study to be conducted in coordination with a work group composed of representatives from the state nursing association, Texas Board of Nursing, Department of State Health Services Center for Nursing Workforce Studies, nursing deans and directors from public and private institutions of higher education in the state, and other stakeholders.

Background

The Nursing Shortage Reduction Program was first authorized by the 77th Texas Legislature in 2001. The authorizing legislation, Senate Bill 572, found that, “Texas is experiencing a significant shortage in the registered nurses it needs,” and that, “it is necessary to increase the number of registered nurses in the state to protect the health, safety and welfare of the public.”

Nurses are often the first person patients see, and during a hospital stay, they provide most bedside care. They are on the front lines during natural disasters and pandemics, such as COVID-19, making sacrifices to serve the state.

According to the nurse supply and demand projections published by the Texas Center for Nursing Workforce Studies in 2020, Texas will have a deficit of 57,012 registered nurses (RNs) in 2032.¹

NSRP was established specifically to provide grants to nursing education programs at Texas public and private institutions of higher education. According to statute, the grants are intended to increase the number of initial licensure nurses through investments in enrolling, retaining, and graduating nurses. Institutions have discretion in how they spend the funds as long as the funds contribute to program goals.

In 2009, NSRP was restructured into three sub-programs, via a rider in the General Appropriations Act, to recognize differences among nursing education programs. Specifically, the program differentiated between nursing programs with higher graduation rates (with the goal of increasing their enrollment) and those with lower graduation rates (with the goal of increasing their number of graduates). The three programs are described below:

- **Regular Program:** The program is open to most professional nursing education programs. Funds are allocated among institutions annually based on the increase in their number of nursing graduates over the previous year. The program includes funding for both initial licensure graduates and for Registered Nurse-to-Bachelor of Science in Nursing (RN-to-BSN) graduates, who already have a nursing license.
- **Over 70 Program:** The program is only open to nursing programs with a graduation rate of 70% or higher. Awards are made based on increases in nursing enrollment. The THECB, in consultation with the institution, sets an enrollment increase target at the

¹ “Updated Nurse Supply and Demand Projections 2018-2032,” Texas Health and Human Services – Texas Department of State Health Services, July 2020, www.dshs.texas.gov/chs/cnws/

beginning of the biennium and advances funds to institutions. If the institution fails to meet the target, it is required to return the portion of the funds that were unearned.

- **Under 70 Program:** The program is open only to nursing programs with a graduation rate of less than 70%. Awards are based on the institution's increase in initial licensure nursing graduates. Institutions are required to establish graduation targets and are advanced funds based on their projections. If the institution falls short of the target, it must return the unearned share of its advanced funds.

NSRP Study Work Group Activities

The 24-member work group appointed by the board of the THECB met six times from October 2019 to October 2020; three meetings were held in person and three were held online. The participants reviewed data, identified challenges, and developed recommendations.

Challenges

The work group identified challenges of the program that may reduce its effectiveness in addressing the nursing shortages. Below are some of the concerns expressed by work group members:

- The program is very complex. It is difficult for institutions to understand and administer the program with its three sub-programs. Likewise, it is difficult for the THECB to effectively administer the program.
- The funding model for the Over 70 and Under 70 programs – whereby institutions are advanced funds based on meeting certain targets and must return unearned funds at the end of the grant period – can make it difficult for institutions to effectively budget. Since institutions do not know if or how much they may be obligated to return, many choose not to expend the funds until they know they will be able to keep them.
- It is hard for institutions to budget the funds and to use them for hiring permanent faculty because the funding is not consistent and predictable, and the money is not distributed until after the start of the academic year.
- There are not enough qualified instructors to meet demand, likely due to large wage gaps between salaries for nursing instructors and wages commanded by nurses with graduate-level credentials working in medical settings; lack of nursing instructors results in qualified students being turned away.
- There are not enough clinical spaces and program facilities are insufficient.

Recommendations

- 1. Redesign Current Program.** To address the challenges stated above and other issues, the work group recommends the following:

Design a program with the following attributes:

- The program is easier to understand and administer than the current program.
- The program provides more consistent and predictable funding than funding provided in the current program.

- Initial licensure nurses and nurse instructors are prioritized, but RN-to-BSN nurses are included. This would be contingent on statutory authorization, as current law requires this program to focus on initial licensure; however, in practice, RN-to-BSN nursing graduates have been recipients of funding since program inception.
- One or more measures of quality are included.

Design a program with the following components:

- Have one program instead of three.
- Base the program on the increase in the number of nursing graduates.
- Institutions are awarded grants once they have met criteria for increases. No advances, and no settle-up process would be needed. Funds would be returned only if spent on non-qualifying expenditures or are not spent within a designated timeframe.
- Include RN-to-BSN because this is a pathway for nursing faculty. However, include an RN-to-BSN funding limit to ensure that initial licensure nurses are strongly prioritized.
- Include additional weighting for graduate degrees earned in areas that lead to instructional credentials for graduates.
- Prioritize one or more metrics that focus on quality, such as National Council Licensure Examination (NCLEX) pass rates.
- Set a maximum award per graduate that varies for each type of graduate (for example, initial, RN-to-BSN, nurse educator).
- Require institutions to submit a report at the end of the grant period.

The following program attributes should remain constant:

- Nursing programs apply every biennium to participate in NSRP.
- Institutions on probation (conditional approval) with the Texas Board of Nursing are not allowed to participate.
- Institutions have discretion in how they spend the funds, provided the expenditures contribute to program goals. Nursing programs should be involved in decision-making regarding expenditures.
- Awards must supplement current nursing program funding (cannot replace existing funding).
- Awards or data submitted under this program are subject to audit by internal and/or external auditors.

The following program attributes should be considered:

- Calculate awards based on a two- or three-year rolling average or determine another methodology to smooth increases and enhance predictability.
- Design a schedule that allows for certified data to be used in the calculation process and ensure institutions receive a clear timeline of when applications will be distributed, data submitted and certified, and awards made.

2. Explore Additional Ideas for Reducing the Nursing Shortage. Several work group members expressed that redesigning the current program should be the group's top priority. However, to assist with the charge that the work group consider alternatives for addressing the nursing shortage, the THECB hired a consultant to research initiatives in other states. The work group did not concur on a single approach, but the following ideas received support:

Prioritize nursing instruction.

- Graduate and hire more nursing instructors.
 - Raise nursing salaries to at least the average for a region.
 - Encourage "grow your own" partnerships to build a nurse instructor pipeline.
 - Offer incentives for nurses with graduate degrees who commit to teaching at least part time.
 - Provide avenues for nursing faculty to receive ongoing professional development and skill updates.

Prioritize growth in initial licensure students.

- Dedicate additional funds for scholarships, tuition discounts, and/or loan repayment programs for initial licensure nurses who practice in Texas.
- Create high school-to-college nursing apprenticeship and career pathway programs.

Prioritize clinical site development including simulations.

- Assist with funding new, nontraditional clinical training program sites, such as demonstration projects.
- Explore creating avenues to share innovative approaches to clinical simulations.
- Consider clinical site redesign options.
- Fund pilot programs that provide preceptor development.

Summary Comments

Understanding the structure and challenges of the current Nursing Shortage Reduction Program, as well as the impediments to reducing the nursing shortage in the state of Texas, were priorities for the NSRP work group. The many challenges and administrative complexities of the current program and its three subprograms were of chief concern. Careful analysis resulted in a recommended list of program attributes and components to consider in a program redesign process, providing a strong and flexible framework for the future.

Although the work group prioritized recommendations for revamping the current program, members also provided suggestions for ideas to reduce the nursing shortage in Texas, based on their review of resources provided and exploration of the issues. Those suggestions focused on increasing nursing faculty and clinical capacity, both in terms of clinical placements and facilities.

The Coordinating Board is grateful for the assistance of stakeholders from the nursing community who served on the task force, particularly during the COVID-19 pandemic.

Introduction

The Texas Higher Education Coordinating Board (THECB or Coordinating Board) was directed by the General Appropriations Act, House Bill 1, Article III, Section 28, Subsection g, 86th Texas Legislature to evaluate the effectiveness of the Nursing Shortage Reduction Program (NSRP) in addressing the shortage of nurses in the state, to consider other state funding strategies to address the nursing shortage, and to submit a report to the Legislature. Rider 28, Subsection g states:

Using funds under (a), the Higher Education Coordinating Board shall study the effectiveness of the Professional Nursing Shortage Reduction Program in addressing the shortage of professional nurses in the state. This study shall be conducted in coordination with a work group convened by the THECB and composed of representatives from the state nursing association, Texas Board of Nursing, Department of State Health Services Center for Nursing Workforce Studies, nursing deans and directors from public and private institutions of higher education in the state (or individuals that serve in similar roles) and other stakeholders as appropriate. In conducting this study, the Coordinating Board shall examine the structure and efficiency of the program, as well as other state funding strategies to address the nursing shortage. The Coordinating Board shall report the results of this study as well as any recommendations to improve the state's efforts to address the nursing shortage to the Legislature by November 1, 2020. THECB may reimburse work group travel expenses pursuant to Article IX, Section 5.08.

The Nursing Shortage Reduction Program was first authorized by the 77th Texas Legislature in 2001. The authorizing legislation, Senate Bill (SB) 572, found that, "Texas is experiencing a significant shortage in the registered nurses it needs," and that, "it is necessary to increase the number of registered nurses in the state to protect the health, safety and welfare of the public."

Nurses are often the first person a patient sees during a clinical visit or hospital stay; they provide care and comfort, in addition to ensuring patient safety. They are on the front lines during natural disasters and pandemics, such as COVID-19, making sacrifices to serve all Texans.

According to the nurse supply and demand projections published by the Texas Center for Nursing Workforce Studies in 2020, Texas will have a deficit of 57,012 registered nurses (RNs) in 2032.²

NSRP was established specifically to provide grants to nursing education programs at Texas public and private institutions of higher education. According to statute, the grants are intended to increase the number of initial licensure nurses through investments in enrolling, retaining, and graduating nursing students. Institutions have discretion in how they spend the funds as long as the funds contribute to program goals.

In 2009, NSRP was restructured into three sub-programs, via a rider in the General Appropriations Act, Rider 35, to recognize differences among nursing education programs.

² "Updated Nurse Supply and Demand Projections 2018-2032," Texas Health and Human Services – Texas Department of State Health Services, July 2020, www.dshs.texas.gov/chs/cnws/

Specifically, the program differentiated between nursing programs with higher graduation rates (with the goal of increasing their enrollment) and those with lower graduation rates (with the goal of increasing their number of graduates). The three programs are described below:

- Regular Program: The program is open to all professional nursing education programs. Funds are allocated among institutions annually based on the increase in their number of nursing graduates over the previous year. The program includes funding for both initial licensure graduates and for RN-to-BSN graduates, who already have a nursing license.
- Over 70 Program: The program is only open to nursing programs with a graduation rate of 70% or higher. Awards are made based on increases in nursing enrollment. The THECB, in consultation with the institution, sets an enrollment increase target at the beginning of the biennium and advances funds to institutions. If the institution fails to meet the target, it is required to return the pro-rata share of unearned funds.
- Under 70 Program: The program is open only to nursing programs with a graduation rate of less than 70%. Awards are based on the institution's increase in graduation of initial licensure nursing students. Institutions are required to establish graduation targets and are advanced funds based on their projections. If the institution falls short of the target, it must return the unearned share of its advanced funds.

Evaluation of the Nursing Shortage Reduction Program

Process

As required by Rider 28, the board of the THECB (Board) appointed a work group to assist with the study. The work group members included an equitable representation of institutions eligible to participate in the program, the Texas Nurses Association, the Texas Board of Nursing, The Department of State Health Services Center for Nursing Workforce Studies, and other stakeholders. The work group included two ad-hoc members from the THECB staff. Each higher education institution in Texas that is eligible to participate in the NSRP had an opportunity to nominate an individual to the work group. Tasks assigned to the work group included advising the Board, providing THECB staff with feedback about processes and procedures, and addressing any other issues related to the NSRP Rider Study as determined by the Board.

The 24-member work group appointed by the Board met six times between October 2019 and October 2020: three meetings were held in person and three were held online. The participants reviewed data, identified challenges, and developed recommendations.

Data Review

A component of several work group meetings was a review of current data, past trends for nursing programs overall, and for the Nursing Shortage Reduction Program. A summary of the data reviewed is provided in this section with detailed breakouts for many measures provided in [Appendix A](#).

Enrollment, Graduates, and Admissions Data

Pre-RN licensure student admissions increased from 10,856 in academic year 2008-2009 to 16,284 in academic year 2017-2018, which is an increase of 50.0%. For the same time, qualified applicants not admitted increased from 8,957 to 12,916 – a 44.2% increase. Table 1 shows admission data for 2009 to 2018.

Table 1. Summary of Texas RN Enrollment-Graduation-Admissions Reports 2009-2018

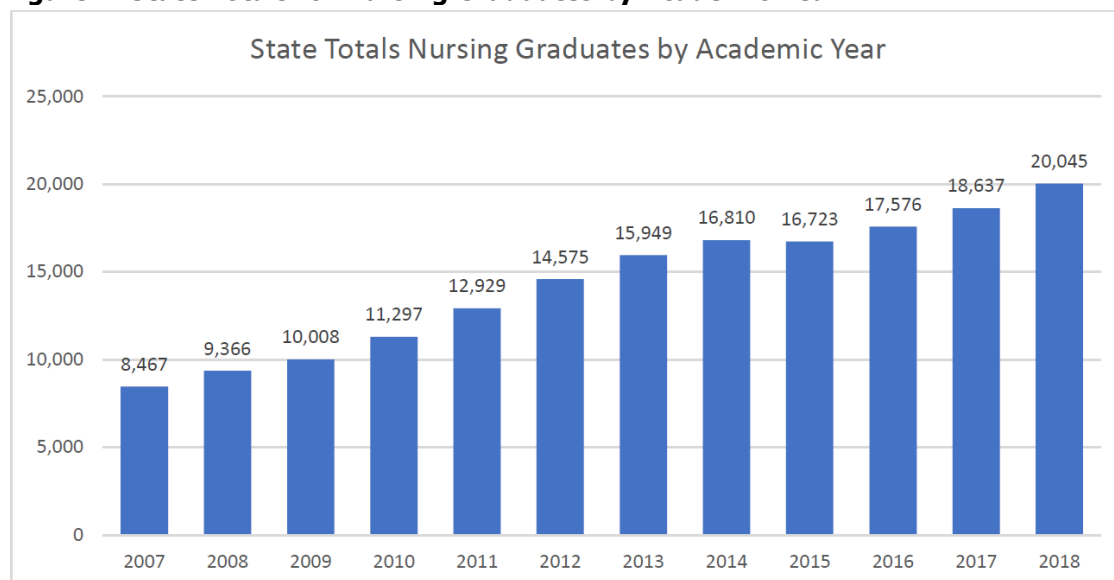
| Period | Pre-RN Licensure Student Admissions for Academic Year | Year-to-Year Percentage Change | Qualified Applications Not Offered Admission |
|-----------|---|--------------------------------|--|
| 2008-2009 | 10,856 | | 8,957 |
| 2009-2010 | 12,953 | 19.3% | 11,217 |
| 2010-2011 | 13,975 | 7.9% | 10,838 |
| 2011-2012 | 13,830 | -1.0% | 11,152 |
| 2012-2013 | 14,809 | 7.1% | 12,000 |
| 2013-2014 | 13,827 | -6.6% | 9,403 |
| 2014-2015 | 14,642 | 5.9% | 7,255 |
| 2015-2016 | 14,969 | 2.2% | 7,440 |
| 2016-2017 | 15,686 | 4.8% | 10,353 |
| 2017-2018 | 16,284 | 3.8% | 12,916 |

Note: These totals include all Texas institutions, including for-profit institutions.

Source: Texas Center for Nursing Workforce Studies

The number of nursing graduates in Texas increased 136.7% from 2007 to 2018, an increase of 11,578 nurses. Figure 1 shows the total nursing graduates by academic year. See Appendix A, [Figure 2](#), for breakouts by higher education sector.

Figure 1. State Totals for Nursing Graduates by Academic Year



Source: Texas Higher Education Coordinating Board CBM reports

Table 2 shows nursing graduates for new programs compared with ongoing programs by academic year. The increase in graduates from new programs from 2014 to 2018 is 253, compared with 2,982 graduates from ongoing nursing programs. The number of graduates from discontinued programs is also provided.

Table 2. State Totals for Nursing Graduates by Academic Year

| Program Status | 2014 | 2015 | 2016 | 2017 | 2018 |
|-----------------------|---------------|---------------|---------------|---------------|---------------|
| New Programs | 0 | 42 | 128 | 181 | 253 |
| Ongoing Programs | 16,810 | 16,681 | 17,448 | 18,456 | 19,792 |
| State Totals | 16,810 | 16,723 | 17,576 | 18,637 | 20,045 |
| Discontinued Programs | 107 | 73 | 36 | 15 | 0 |

Source: Texas Higher Education Coordinating Board CBM

The largest number of Texas nursing graduates in 2019 was from bachelor's degree programs, with 11,594 graduates, followed by associate degree programs, with 5,496 graduates. Appendix A, [Table 7](#) and [Table 8](#), show the breakout of nursing graduates by level and by higher education sector.

The work group also asked to review age data for nursing enrollees. The average age of new undergraduate nursing students at public universities in fall 2018 was 25.3, compared with 28.4 at community and technical colleges. The average age of new graduate nursing students at public universities for the same time was 32.0. [Table 27](#), which is in Appendix A, provides the average ages of nursing graduates by level of degree and by sector of higher education for fall 2017 and 2018.

Data on Program Quality

The work group agreed that average National Council Licensure Examination (NCLEX) pass rates were a good measure of program quality. The average pass rate for registered nurses in Texas in 2018 was 91.62%, compared with the national average of 88.56%. Table 3 compares the Texas average for RN candidates with the national average for the last five years. Pass rates for Texas programs are included in [Table 9](#) in Appendix A.

Table 3. Texas Versus National Average National Council Licensure Examination Pass Rates

| | 2014 | 2015 | 2016 | 2017 | 2018 |
|------------------------------------|--------|--------|--------|--------|--------|
| Texas Average for RN Candidates | 81.02% | 85.22% | 87.14% | 89.77% | 91.62% |
| National Average for RN Candidates | 81.74% | 84.18% | 84.30% | 86.94% | 88.56% |

Source: Texas Board of Nursing data

Data on NSRP Funding and Schedules

Institutions have returned \$12.6 million, or 7.3% of total awards, to the THECB since the program was first funded. There are three reasons for returned funds: the program/institution didn't reach the target established and had to return advanced funds; the program/institution didn't spend the funds earned within the allotted time; and the program had audit findings and had to return funds (audit findings are a very small percentage of the total).

Some of the challenges faced by institutions in effectively using these funds under the current program structure are as follows:

- The funding cannot be counted on in a consistent way.
- Nursing programs may hesitate to use NSRP funds until they have drawn down their permanent line-item funding.
- If nursing programs wait until advanced funds are earned in the Over- and Under-70 programs, the time to spend the funds is reduced.

Returned amounts by program and by year are shown below in Table 4. In FY 2017, the Over 70 Program returned approximately \$3.17 million in funds. The following year, 2018, \$1.05 million was returned. For the 2016-2017 cycle, the Under 70 Program returned \$1.64 million.

The Regular Program is awarded to institutions based on actual graduation data and does not incorporate the process of advancing funds. As can be seen in Table 4, the funds in this program are more fully utilized by the institutions.

Finally, the timing schedule of each of the three NSRP programs, including application and award dates, are different. [Figure 3](#), in Appendix A, shows the schedule for each program.

Table 4. NSRP Schedule of Returned Funds as of January 2020

| Regular Program | | | |
|---|--|------------------|--|
| FY 2006 - FY 2011 | | \$ 258.00 | |
| FY 2012 | | \$ 1,394.85 | |
| FY 2013 | | \$ - | |
| FY 2014 | | \$ 0.09 | |
| FY 2015 | | \$ 80,923.36 | |
| FY 2016 | | \$ 9.99 | |
| FY 2017 | | Nothing to Date | |
| FY 2018 | | Nothing to Date | |
| FY 2019 | | Nothing to Date | |
| FY 2020 | | Nothing to Date | |
| Over 70 Program | | | |
| FY 2010 - FY 2011 | | \$ 236.13 | |
| FY 2011 | | \$ 236.13 | |
| FY 2012 | | \$ 2.16 | |
| FY 2013 | | \$ 38,348.89 | |
| FY 2014 | | \$ 159,542.62 | |
| FY 2015 | | \$ - | |
| FY 2016 | | \$ 3,087,486.50 | |
| FY 2017 | | \$ 3,172,800.00 | |
| FY 2018 | | \$ 1,050,000.00 | |
| FY 2019 | | \$ 1,510,000.00 | |
| Under 70 Program | | | |
| FT 2010 - 11 | | \$ 283,740.16 | |
| FY 2012 - 13 | | \$ 82,927.96 | |
| FY 2014 - 15 | | \$ - | |
| FY 2016 - 17 | | \$ 1,640,000.00 | |
| FY 2018 - 19 | | \$ 1,450,195.00 | |
| | | \$ 12,558,101.84 | |
| Starting in FY 2012, the rider was changed to allow THECB to reallocate the returned funds to other NSRP programs instead of returning the funds to the treasury. | | | |

Source: Texas Higher Education Coordinating Board

Data were also shared on the history of awards by sector. As of October 25, 2019, 53.6% of the NSRP awards have been for the Regular Program, 28.2% for the Over 70 Program, and 18.2% for the Under 70 Program. [Table 10](#) in Appendix A shows the history of NSRP awards by institution.

Table 5 shows the history of dollars awarded by higher education sector since program inception. A total of \$172 million dollars has been awarded since 2006.

Table 5. NSRP History of Awards by Sector

| Sector | Regular | | Over 70 | | Under 70 | | All Programs | |
|-----------------------------|------------------|------------------|------------------|------------------|------------------|------------------|-------------------|------------------|
| | Total All Years | % Share of Total | Total All Years | % Share of Total | Total All Years | % Share of Total | Total All Years | % Share of Total |
| Community Colleges | \$ 24,479,102.91 | 26.5% | \$ 19,355,590.53 | 39.9% | \$ 16,083,397.83 | 51.2% | \$ 59,918,091.27 | 34.8% |
| Lamar Institutions and TSTC | \$ 1,216,141.36 | 1.3% | \$ 584,364.66 | 1.2% | \$ 1,119,377.00 | 3.6% | \$ 2,919,883.02 | 1.7% |
| Independent Institutions | \$ 8,037,421.91 | 8.7% | \$ 4,490,755.67 | 9.3% | \$ 4,398,565.00 | 14.0% | \$ 16,926,742.58 | 9.8% |
| Public Institutions | \$ 44,006,866.54 | 47.7% | \$ 16,002,257.78 | 33.0% | \$ 8,302,294.00 | 26.4% | \$ 68,311,418.32 | 39.7% |
| Health-Related Institutions | \$ 14,481,447.66 | 15.7% | \$ 8,109,591.46 | 16.7% | \$ 1,506,790.00 | 4.8% | \$ 24,097,829.12 | 14.0% |
| Total | \$ 92,220,980.38 | 100.0% | \$ 48,542,560.10 | 100.0% | \$ 31,410,423.83 | 100.0% | \$ 172,173,964.31 | 100.0% |

Source: Texas Higher Education Coordinating Board

Data on Use of NSRP Awards

A current reporting requirement for NSRP programs is a summary of how the funds were used, by broad expenditure categories. As of August 31, 2019, 24.1% of NSRP funds were used for nursing faculty retention, 20.6% for nursing faculty education, and 19.2% for preceptors. The expenditure history of NSRP awards is in Table 6.

Table 6. NSRP Expenditure History

| As of 8/31/2019 | | | | | | | | | |
|---|--------------------------|------------------|------------------|-----------------|------------------|-----------------|------------------|------------------|------------------|
| | | Regular | | Over 70 | | Under 70 | | All Programs | |
| | | Total All Years | % Share of Total | Total All Years | % Share of Total | Total All Years | % Share of Total | Total All Years | % Share of Total |
| Nursing Faculty Enhancement | Number of Positions | 2036.89 | | 1040.38 | | 684.56 | | 3761.83 | |
| | Education | \$ 19,611,693.66 | 24.6% | \$ 7,280,678.92 | 17.4% | \$ 4,227,911.55 | 14.3% | \$ 31,120,284.13 | 20.6% |
| | Number of Positions | 960.55 | | 432.02 | | 116.76 | | 1509.33 | |
| | Recruitment | \$ 3,593,124.15 | 4.5% | \$ 2,469,930.62 | 5.9% | \$ 2,581,430.10 | 8.7% | \$ 8,644,484.87 | 5.7% |
| | Number of Positions | 4447.83 | | 1496.94 | | 1628.25 | | 7573.02 | |
| | Retention | \$ 19,824,227.77 | 24.8% | \$ 9,843,850.25 | 23.6% | \$ 6,798,116.93 | 23.0% | \$ 36,466,194.95 | 24.1% |
| Innovation in Recruitment & Retention of Initial Licensure Students | Number of Positions | 3,279 | | 1,779 | | 1,726 | | 6,784 | |
| | Recruitment / Enrollment | \$ 809,601.19 | 1.0% | \$ 732,803.96 | 1.8% | \$ 1,287,415.32 | 4.4% | \$ 2,829,820.47 | 1.9% |
| | Number of Positions | 2,554 | | 273 | | 1,206 | | 4,033 | |
| | Financial Aid | \$ 3,103,859.47 | 3.9% | \$ 299,572.42 | 0.7% | \$ 2,483,449.17 | 8.4% | \$ 5,886,881.06 | 3.9% |
| | Number of Positions | 1,567 | | 310 | | 705 | | 2,582 | |
| | Textbooks | \$ 188,915.82 | 0.2% | \$ 39,737.41 | 0.1% | \$ 189,070.29 | 0.6% | \$ 417,723.52 | 0.3% |
| | Computer Based Aids | \$ 3,225,504.53 | 4.0% | \$ 2,240,209.10 | 5.4% | \$ 1,323,626.36 | 4.5% | \$ 6,789,339.99 | 4.5% |
| | Other | \$ 3,633,093.28 | 4.6% | \$ 1,875,140.68 | 4.5% | \$ 3,869,464.75 | 13.1% | \$ 9,377,698.71 | 6.2% |
| Innovative Methods/ Sharing Between Programs | Curriculum | \$ 508,565.62 | 0.6% | \$ 285,738.44 | 0.7% | \$ 302,659.45 | 1.0% | \$ 1,096,963.51 | 0.7% |
| | Admin. or Instructional | \$ 5,711,449.90 | 7.2% | \$ 7,337,915.91 | 17.6% | \$ 3,187,055.25 | 10.8% | \$ 16,236,421.06 | 10.8% |
| | Facilities | \$ 1,213,968.50 | 1.5% | \$ 837,420.52 | 2.0% | \$ 1,164,289.01 | 3.9% | \$ 3,215,678.03 | 2.1% |
| | Number of Positions | 1,426 | | 533 | | 202 | | 2,161 | |
| | Preceptors | \$ 18,353,045.39 | 23.0% | \$ 8,485,284.95 | 20.3% | \$ 2,106,175.54 | 7.1% | \$ 28,944,505.88 | 19.2% |

Source: Texas Higher Education Coordinating Board

Data on Employment of Nursing Graduates

The work group also requested several analyses of workforce outcomes for nursing graduates. Tables 11 through 26 in [Appendix A](#) show employment by industry for nursing graduates, with breakouts by higher education sector and degree. The data illustrate that graduates, in high percentages, are found in health-care fields. Highlights of the data are below:

- Of FY 2018 university nursing bachelor's degree earners, 59.7% are employed by general medical and surgical hospitals.
- Of FY 2018 university nursing master's degree earners, 39.1% are employed by general medical and surgical hospitals and 19.4% are employed by offices of physicians.
- Of FY 2018 university nursing doctoral research scholarship degree earners, 21.8% are employed by offices of physicians; 18.8% are employed by colleges, universities, and professional schools; and 15.8% are employed by general medical and surgical hospitals.
- Of FY 2018 community and technical college nursing associate degree earners, 56.5% are employed by general medical and surgical hospitals, 6.0% are employed by nursing care facilities, and 5.9% are employed by home health care services.
- Of FY 2018 health-related institution nursing bachelor's degree graduates, 75.1% are employed by general medical and surgical hospitals.
- Of FY 2018 health-related institution nursing master's degree graduates, 41.5% are employed by general medical and surgical hospitals and 17.6% are employed by offices of physicians.
- Of FY 2018 independent college and university nursing bachelor's degree graduates, 73.1% are employed by general medical and surgical hospitals.

The data also show the wage gap between nurses with graduate degrees employed in higher education (generally nursing faculty and other nurse educators) and those working in medical settings. The approximate average annual wage of FY 2018 nursing master's degree earners who are employed by general medical and surgical hospitals is \$85,996, compared with \$58,385 for nursing master's degree earners who are employed by colleges, universities, and professional schools. The approximate average annual wage of FY 2018 nursing doctoral research scholarship degree earners who are employed by general medical and surgical hospitals is \$98,741, compared with \$76,746 for nursing doctoral research scholarship degree earners who are employed by colleges, universities, and professional schools. Employment and wage data details are provided in [Table 25](#) and [Table 26](#) in Appendix A.

Challenges

At the October 28, 2019, and January 7, 2020, meetings, work group members identified challenges with the current NSRP program and with increasing the number of nursing graduates. Through an informal survey at the February 13, 2020, meeting (see [Table 28](#) in Appendix A for the full survey), the work group ranked their top eight challenges. The results were tabulated during the meeting with the following results, which are numbered in the order of priority provided by work group members:

1. Prioritization of initial licensure nurses

2. Timing issues involving program logistics
3. Funding is not consistent or predictable; it is difficult to hire faculty with one-time money.
4. Lack of clinical spaces
5. Not enough faculty to teach in the nursing programs (not enough spaces for qualified students due to faculty and clinical space shortages)
6. Requirement to return unearned funds leads to caution about planning and spending
7. Knowing the right programs to include in the program, given the different challenges with initial licensure shortages and faculty shortages
8. Not enough capacity in terms of instructional facilities
9. Program complexity
10. Reporting and communication
11. Need for more student diversity
12. Many nurses not from Texas
13. Limitations on who can apply to participate (career schools are not currently included)

Program Design Ideas

After the results of the informal survey were tabulated at the February 13, 2020, meeting, work group members broke out into three groups to discuss solutions to the top five challenges from the survey results and to design a program that would include those solutions. The groups then reported their design ideas back to the main group.

In March, THECB staff sent a survey to work group members asking them to provide feedback on the elements of each breakout group's program design ideas using the Likert five-point scale: strongly agree (5); agree (4); undecided (3); disagree (2); and strongly disagree (1). Members were also given the opportunity to comment more in depth on the elements. The results of the survey are shown in [Table 29](#), which is in Appendix A.

Recommendations for the Current Program. To address the challenges stated above and other issues, the work group recommends the following. It is important to note that some of these items would require changes to the current statute to implement.

Design a program with the following attributes:

- The program is easier to understand and administer than the current program.
- The program provides more consistent and predictable funding than funding provided in the current program.
- Initial licensure nurses and nurse instructors are prioritized, but RN-to-BSN nurses are included. This would be contingent on statutory authorization, as current law requires this program to focus on initial licensure; however, in practice, RN-to-BSN nursing graduates have been recipients of funding since program inception.
- One or more measures of quality are included.

Design a program with the following components:

- Have one program instead of three.
- Base the program on the increase in the number of nursing graduates.
- Institutions are awarded grants once they have met criteria for increases. No advances, and no settle-up process would be needed. Funds would be returned only if spent on non-qualifying expenditures or are not spent within a designated timeframe.
- Include RN-to-BSN because this is a pathway for nursing faculty. However, include an RN-to-BSN funding limit to ensure that initial licensure nurses are strongly prioritized.
- Include additional weighting for graduate degrees earned in areas that lead to instructional credentials for graduates.
- Prioritize one or more metrics that focus on quality, such as National Council Licensure Examination (NCLEX) pass rates.
- Set a maximum award per graduate that varies for each type of graduate (for example, initial, RN-to-BSN, nurse educator).
- Require institutions to submit a report at the end of the grant period.

The following program attributes should remain constant:

- Nursing programs apply every biennium to participate in NSRP.
- Institutions on probation with the Texas Board of Nursing are not allowed to participate.
- Institutions have discretion in how they spend the funds, provided the expenditures contribute to program goals. Nursing programs should be involved in decision-making regarding expenditures.
- Awards must supplement current nursing program funding (cannot replace existing funding).
- Awards or data submitted under this program are subject to audit by internal and/or external auditors.

The following program attributes should be considered:

- Calculate awards based on a two- or three-year rolling average or determine another methodology to smooth increases and enhance predictability.
- Design a schedule that allows for certified data to be used in the calculation process and ensure institutions receive a clear timeline of when applications will be distributed, data submitted and certified, and awards made.

Additional Ideas for Reducing the Nursing Shortage

In addition to recommending changes to the current program, the work group was also charged with considering other possible state funding approaches to address the nursing shortage. To assist with this part of the study, the THECB hired a consultant, Mr. Tim Henderson, MSPH MAMC, to research legislative initiatives in other states. He is a national expert on health care policy. Mr. Henderson presented his findings at the May 14, 2020, meeting. He categorized the legislation by: didactic faculty; clinical faculty/preceptors and

training sites; students; educational pathways and partnerships; and workforce planning, evaluation, and investment. Please see [Appendix B](#) for his PowerPoint presentation.

THECB staff then prepared and sent to the work group a summary of the legislation Mr. Henderson found in his research, which is in [Appendix C](#). Members volunteered to serve on sub-work groups aligned with the five categories Mr. Henderson used to organize his findings, to review the initiatives in other states, and to propose ideas worthy of additional exploration. The sub-work groups' suggestions are in [Appendix D](#).

THECB staff surveyed work group members regarding the suggestions developed by the sub-work groups. Members were also given the opportunity to provide general comments on the elements. [Figure 4](#), in Appendix A, provides a graphical representation of the results. Results are provided below, in order of strongest agreement by work group members. Each is followed by the percentage of the group that strongly agreed.

- Bring faculty salaries within the average for the region of the state. **(71%)**
- Require nursing programs to have national accreditation or be in the active application phase. **(57%)**
- Increase money for loan repayment and include part-time faculty. **(57%)**
- Require new AND existing programs to have a university partner to be approved by the Board of Nursing. **(50%,** but note that this is already required)
- Give tuition waivers for faculty who teach 50% or more. **(46%)**
- Give tax credits to preceptors who enroll in nursing courses or serve as preceptors. **(43%,** but note that many on work group saw challenges for Texas due to lack of state income tax)
- Fund the preparation of working RNs to become adjunct faculty. **(36%)**
- Request that Board of Nursing list pathways and partnerships on their website. **(29%,** but note that public institutions already do this, and private institutions can choose to participate)
- List RN-to-BSN stand-alone programs publicly. **(21%)**

Higher-level recommendations resulting from this work:

Prioritize nursing instruction:

- Graduate and hire more nursing instructors.
 - Raise nursing salaries to at least the average for a region.
 - Encourage "grow your own" partnerships to build a nurse instructor pipeline.
 - Offer incentives for nurses with graduate degrees who commit to teaching at least part time.
 - Provide avenues for nursing faculty to receive ongoing professional development and skill updates.

Prioritize growth in initial licensure students

- Dedicate additional funds for scholarships, tuition discounts, and/or loan repayment programs for initial licensure nurses who practice in Texas.

- Create high school-to-college nursing apprenticeship and career pathway programs.

Prioritize clinical site development including simulations

- Assist with funding new, nontraditional clinical training program sites, such as demonstration projects.
- Explore creating avenues to share innovative approaches to clinical simulations.
- Consider clinical site redesign options.
- Fund pilot programs that provide preceptor development.

Voices of the work group on additional ideas for reducing the nursing shortage

Several work group members used open-ended survey response opportunities to share their thoughts on the ideas discussed. A few representative examples are included below:

- "I feel strongly that increasing the nurse faculty salaries and providing tuition waivers are the two best methods of increasing the number of nurse faculty in the state of Texas. As a program director, I have experienced the departure of many potentially excellent faculty, due to salary ranges. Also, I have know[n] many nurses who would pursue careers in academia; however, the cost of tuition along with below average salaries, do not provide a good return on investment."
- "Requiring national nursing accreditation would need funding legislation since it is expensive and would cost programs to meet standards, especially for Master of Science in Nursing (MSN)-prepared faculty."
- "Faculty salaries should be brought into average, but by whose average? If it is within AACN guidelines, then I would strongly agree. Faculty equity is important, based on the performance of the faculty member. I would also mark "disagree" if these were unfunded mandates."
- "All of these initiatives have value. We need to always keep quality of nursing programs at the forefront. Since we have no state tax, not sure what tax credit preceptors could be eligible for. Also, it is imperative that no unfunded mandates be passed along to universities. Some of us have millions of dollars in outlays for unfunded mandates for veterans (worthwhile but the state should fund)."
- "Requiring new [Associate Degree in Nursing] ADN programs to be partnered with a university does not increase the number of licensed nurses. Requiring programs to have national accreditation also does not increase the numbers. Neither of these match[es] the purpose of the NSRP funds."

More Thoughts on Faculty Salary Adjustments, by Region

Because the work group was most supportive of the suggestion to bring faculty salaries to the average for a region, the consultant looked more closely at SB 1022, 2008, in South Carolina.³

According to the bill: "This enhancement is intended to bring salaries for nursing faculty within the average for the geographic area in which the State of South Carolina competes for

³ Senate Bill (SB) 1022, Acts 2008 Session, South Carolina Legislature, https://www.scstatehouse.gov/sess117_2007-2008/bills/08actsp1.php

nursing faculty. In regard to these faculty salary enhancements, the South Carolina Commission on Higher Education, upon consultation with members of the Advisory Committee on Academic Programs (ACAP) from institutions with accredited nursing programs and the chairperson, or designee, of the South Carolina Council of Deans and Directors in Nursing Education, shall determine and distribute funds from the Critical Needs Nursing Initiative Fund to the institutions where such faculty are employed. The governing body of the institution pursuant to its procedures shall then allocate these enhancements among its affected faculty in such amounts as it determines appropriate consistent with the guidelines of this chapter.”

Mr. Thomas Henderson, the consultant who advised the group regarding initiatives in other states, followed up with stakeholders in South Carolina and was told that the legislation did not receive full funding and the initiative ended after one year. It is unknown if there were challenges with implementation or if it was strictly a funding issue.

Conclusion

Understanding the structure and challenges of the current Nursing Shortage Reduction Program, as well as the impediments to reducing the nursing shortage in the state of Texas, were priorities for the work group, which dedicated time and effort to requesting and reviewing a range of resources on these topics related to its charge from the Legislature. Careful analysis resulted in a recommended list of program attributes and components to consider in a program redesign process, providing a strong and flexible framework for the future. The many challenges and administrative complexities of the current program and its three subprograms were of chief concern. Recommendations emerging from the work include prioritizing redesign of the current program in a manner that removes advanced funds, reduces administrative complexities, and streamlines the three subprograms into one program.

Members also provided suggestions for ideas to reduce the nursing shortage in Texas, based on their review of resources provided and exploration of the issues. Those suggestions focused on increasing nursing faculty and clinical capacity, both in terms of clinical placements and facilities.

The Coordinating Board is truly grateful for the dedicated efforts by the nursing stakeholders who participated on the NSRP work group. Much of the work occurred after the COVID-19 pandemic began, an unprecedented health crisis that particularly affected the participants because of their health-care related roles at our institutions and in our communities.

Appendix A: Supplemental Data

Figure 2. Texas Nursing Graduates by Academic Year and by Sector



Source: Texas Higher Education Coordinating Board CBM 009 Graduation Report

Table 7. Texas Nursing Graduates by Level for 2014-2019

| Degree | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 |
|--------------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Associate | 5,901 | 5,184 | 4,979 | 5,123 | 5,212 | 5,496 |
| Certificate | 141 | 131 | 127 | 111 | 144 | 140 |
| Baccalaureate | 8,733 | 9,173 | 10,103 | 10,768 | 11,475 | 11,594 |
| Masters | 1,756 | 1,924 | 2,120 | 2,276 | 2,895 | 3,024 |
| Doctors Degree-Research/Scholarship | 185 | 216 | 172 | 219 | 206 | 301 |
| Doctors Degree-Professional Practice | 94 | 95 | 75 | 140 | 113 | 101 |
| Totals | 16,810 | 16,723 | 17,576 | 18,637 | 20,045 | 20,656 |

Source: Texas Higher Education Coordinating Board CBM reports

Table 8. Texas Nursing Graduates by Level and by Sector for 2014-2019

| | | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 |
|--------------|--------|-------|-------|-------|-------|-------|-------|
| Universities | BS | 691 | 603 | 719 | 689 | 788 | 651 |
| | BSN | 4,703 | 5,166 | 5,685 | 6,163 | 6,406 | 6,473 |
| | DNP | 26 | 45 | 29 | 50 | 67 | 90 |
| | MS | 223 | 253 | 240 | 232 | 213 | 203 |
| | MSN | 874 | 933 | 1,083 | 1,256 | 1,708 | 1,967 |
| | PHD | 46 | 35 | 23 | 53 | 35 | 43 |
| | Totals | 6,563 | 7,035 | 7,779 | 8,443 | 9,217 | 9,427 |

| | | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 |
|-------------------|--------|-------|-------|-------|-------|-------|-------|
| Health Institutes | BSN | 2,101 | 2,011 | 2,284 | 2,457 | 2,505 | 2,601 |
| | DNP | 88 | 125 | 91 | 98 | 92 | 140 |
| | MSN | 420 | 539 | 551 | 532 | 730 | 747 |
| | PHD | 25 | 11 | 25 | 15 | 12 | 13 |
| | Totals | 2,634 | 2,686 | 2,951 | 3,102 | 3,339 | 3,501 |

| | Degree | Major | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 |
|-----------------------|--|---------|-------|-------|-------|-------|-------|-------|
| Four-year Independent | Baccalaureate | 51.3801 | 1,125 | 1,199 | 1,160 | 1,096 | 1,241 | 1,269 |
| | | 51.3813 | 0 | 0 | 2 | 16 | 12 | 21 |
| | Masters- All Majors | | 239 | 199 | 246 | 256 | 244 | 107 |
| | Doctors Degree- Research/Scholarship All Majors | | 0 | 0 | 4 | 3 | 0 | 15 |
| | Doctors Degree- Professional Practice All Majors | | 94 | 95 | 75 | 140 | 113 | 101 |
| | Totals | | 1,458 | 1,493 | 1,487 | 1,511 | 1,610 | 1,513 |

Note: Four-year Independent institutions do not report specific degrees, only degree level of degree.

| | | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 |
|----------------------|--------|-------|-------|-------|-------|-------|-------|
| Community/ Technical | AAS | 5,693 | 4,987 | 4,721 | 4,772 | 4,944 | 5,219 |
| | Totals | 5,693 | 4,987 | 4,721 | 4,772 | 4,944 | 5,219 |

| | | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 |
|--------|--------|------|------|------|------|------|------|
| Career | AAS | 208 | 197 | 258 | 351 | 268 | 277 |
| | BS | 113 | 194 | 253 | 347 | 523 | 579 |
| | CERT | 141 | 131 | 127 | 111 | 144 | 140 |
| | Totals | 462 | 522 | 638 | 809 | 935 | 996 |

Source: Texas Higher Education Coordinating Board CBM reports

Table 9. National Council Licensure Examination Pass Rates by Texas Registered Nurses
TEXAS BOARD OF NURSING

National Council Licensure Examination - RN (Registered Nurse) Pass Rates for Last 5 Years

| <i>First-Time Test Takers (Passed/Overall Total)</i> | 2018 | | 2017 | | 2016 | | 2015 | | 2014 | |
|--|---------------|------------------|---------------|------------------|---------------|------------------|---------------|------------------|---------------|------------------|
| DIPLOMA PROGRAM | 99.30% | 141/142 | 94.69% | 107/113 | 90.70% | 117/129 | 88.46% | 115/130 | 85.11% | 120/141 |
| Covenant School of Nursing | 99.30% | 141/142 | 94.69% | 107/113 | 90.70% | 117/129 | 88.46% | 115/130 | 85.11% | 120/141 |
| ADN PROGRAMS | 88.82% | 5139/5786 | 87.04% | 4802/5517 | 84.36% | 4649/5511 | 82.40% | 4635/5625 | 76.81% | 4923/6409 |
| Alvin Community College | 92.41% | 73/79 | 95.24% | 60/63 | 95.40% | 83/87 | 93.44% | 57/61 | 92.31% | 72/78 |
| Amarillo College | 96.49% | 110/114 | 92.31% | 108/117 | 95.15% | 98/103 | 94.78% | 109/115 | 77.60% | 149/192 |
| Angelina College | 85.14% | 63/74 | 85.33% | 64/75 | 89.02% | 73/82 | 89.39% | 59/66 | 86.96% | 60/69 |
| Austin Community College | 92.83% | 220/237 | 89.87% | 204/227 | 95.00% | 228/240 | 95.37% | 247/259 | 94.37% | 201/213 |
| Baptist Health System School of Health Professions | 88.02% | 191/217 | 94.31% | 199/211 | 94.57% | 174/184 | 88.40% | 160/181 | 85.11% | 160/188 |
| Blinn College | 96.39% | 80/83 | 94.51% | 86/91 | 96.20% | 76/79 | 88.51% | 77/87 | 87.25% | 89/102 |
| Brazosport College | 91.30% | 21/23 | 94.12% | 16/17 | 74.19% | 23/31 | 75.00% | 24/32 | 85.71% | 24/28 |
| Brookhaven College | 97.14% | 68/70 | 92.42% | 61/66 | 92.00% | 69/75 | 95.83% | 46/48 | 77.33% | 58/75 |
| Career Point College | 48.33% | 58/120 Closed | 40.15% | 53/132 Closed | 61.54% | 40/65 Closed | 76.67% | 23/30 | 100.00% | 9/9 |
| Carrington College | 50.00% | 20/40 | 41.67% | 5/12 | | No Candidates | | New Program | | ----- |
| Central Texas College | 95.52% | 64/67 | 89.13% | 41/46 | 92.77% | 77/83 | 90.00% | 72/80 | 81.61% | 71/87 |
| Cisco College | 82.54% | 52/63 | 83.72% | 36/43 | 84.31% | 43/51 | 78.26% | 36/46 | 88.89% | 16/18 |
| Clarendon College | 87.50% | 21/24 | 76.67% | 23/30 | 75.86% | 22/29 | 93.75% | 15/16 | | New Program |
| Coastal Bend College | 80.28% | 57/71 | 84.21% | 16/19 | 85.29% | 29/34 | 93.75% | 15/16 | 80.95% | 17/21 |
| College of the Mainland | 88.16% | 67/76 | 93.18% | 41/44 | 88.61% | 70/79 | 81.43% | 57/70 | 85.71% | 54/63 |
| Collin College | 82.74% | 139/168 | 93.59% | 146/156 | 90.32% | 112/124 | 86.67% | 91/105 | 89.91% | 98/109 |
| Concorde Career College | 64.00% | 16/25 Closed | 58.14% | 25/43 | 47.06% | 16/34 | 31.58% | 6/19 | | New Program |
| Dallas Nursing Institute | 90.91% | 50/55 | 91.18% | 31/34 | 78.95% | 15/19 | 46.15% | 12/26 | 86.96% | 20/23 |
| Del Mar College | 94.44% | 119/126 | 93.16% | 109/117 | 86.75% | 72/83 | 90.00% | 81/90 | 92.68% | 76/82 |
| El Centro College | 84.43% | 179/212 | 69.89% | 195/279 | 70.79% | 223/315 | 75.66% | 230/304 | 82.47% | 254/308 |
| El Paso Community College | 98.37% | 121/123 | 93.14% | 95/102 | 86.36% | 114/132 | 77.94% | 106/136 | 80.14% | 117/146 |
| Galen College of Nursing | 95.37% | 268/281 | 89.45% | 246/275 | 83.48% | 283/339 | 89.18% | 206/231 | 72.91% | 218/299 |
| Galveston College | 87.93% | 51/58 | 88.00% | 44/50 | 77.27% | 34/44 | 86.27% | 44/51 | 86.27% | 44/51 |
| Grayson College | 91.89% | 102/111 | 90.00% | 90/100 | 86.15% | 112/130 | 86.44% | 102/118 | 78.79% | 104/132 |
| Hallmark College | 80.00% | 32/40 Closed | 87.50% | 42/48 Closed | 68.85% | 42/61 | 69.84% | 44/63 | 61.90% | 39/63 |
| Hill College | 100.00% | 11/11 | 83.33% | 10/12 | 100.00% | 3/3 | 84.62% | 11/13 | 66.67% | 18/27 |
| Houston Community College | 93.88% | 46/49 | 84.95% | 79/93 | 80.00% | 104/130 | 78.43% | 80/102 | 70.86% | 124/175 |
| Howard College - Big Springs | 100.00% | 34/34 | 96.77% | 30/31 | 95.65% | 22/23 | 100.00% | 38/38 | 95.65% | 22/23 |
| Howard College - San Angelo | 81.82% | 36/44 | 83.33% | 15/18 | | New Program | | ----- | | ----- |
| ITT Technical Institute | 100.00% | 1/1 Closed | 25.00% | 1/4 Closed | 46.34% | 19/41 Closed | 50.00% | 19/38 | 45.83% | 22/48 |
| Kilgore College | 95.74% | 45/47 | 88.64% | 39/44 | 84.81% | 67/79 | 82.61% | 76/92 | 67.52% | 79/117 |
| Lamar State College @ Orange | 92.68% | 38/41 | 87.50% | 35/40 | 86.84% | 33/38 | 80.00% | 20/25 | 94.23% | 49/52 |
| Lamar State College @ Port Arthur | 94.12% | 32/34 | 77.77% | 21/27 | | No Candidates | | New Program | | ----- |
| Laredo Community College | 100.00% | 44/44 | 100.00% | 37/37 | 96.30% | 26/27 | 100.00% | 27/27 | 75.76% | 25/33 |
| Lee College | 96.67% | 58/60 | 86.15% | 56/65 | 82.61% | 57/69 | 84.29% | 59/70 | 85.48% | 53/62 |

TEXAS BOARD OF NURSING

National Council Licensure Examination - RN (Registered Nurse) Pass Rates for Last 5 Years

| First-Time Test Takers (Passed/Overall Total) | 2018 | | 2017 | | 2016 | | 2015 | | 2014 | |
|---|---------------|------------------|---------------|------------------|---------------|------------------|---------------|------------------|---------------|------------------|
| Lone Star - CyFair | 93.88% | 46/49 | 93.94% | 62/66 | 80.30% | 53/66 | 87.50% | 49/56 | 70.13% | 54/77 |
| Lone Star - Kingwood | 94.96% | 113/119 | 97.30% | 108/111 | 93.26% | 83/89 | 85.32% | 93/109 | 70.70% | 111/157 |
| Lone Star - Montgomery | 94.74% | 54/57 | 100.00% | 52/52 | 86.21% | 50/58 | 92.31% | 48/52 | 89.06% | 57/64 |
| Lone Star - North Harris | 93.22% | 110/118 | 92.47% | 86/93 | 85.06% | 74/87 | 80.00% | 80/100 | 70.93% | 61/86 |
| Lone Star - Tomball | 97.50% | 39/40 | 94.59% | 35/37 | 96.30% | 26/27 | 85.71% | 36/42 | 70.37% | 38/54 |
| McLennan Community College | 76.47% | 78/102 | 77.88% | 81/104 | 64.04% | 73/114 | 86.96% | 100/115 | 87.78% | 79/90 |
| Midland College | 95.38% | 62/65 | 94.92% | 56/59 | 87.23% | 41/47 | 81.58% | 31/38 | 82.61% | 57/69 |
| Mountain View College | 100.00% | 27/27 | 96.15% | 25/26 | 91.30% | 21/23 | 95.00% | 19/20 | 51.43% | 18/35 |
| Navarro College | 88.51% | 77/87 | 76.25% | 61/80 | 91.57% | 76/83 | 90.63% | 87/96 | 83.75% | 67/80 |
| North Central Texas College | 91.57% | 76/83 | 84.09% | 74/88 | 82.43% | 61/74 | 79.69% | 51/64 | 84.42% | 65/77 |
| Northeast Texas Community College | 85.71% | 36/42 | 89.19% | 33/37 | 78.38% | 29/37 | 70.59% | 24/34 | 68.75% | 22/32 |
| Odessa College | 88.33% | 53/60 | 93.18% | 41/44 | 89.74% | 35/39 | 93.75% | 30/32 | 53.95% | 41/76 |
| Panola College | 89.55% | 60/67 | 98.15% | 53/54 | 94.12% | 32/34 | 92.59% | 25/27 | 95.83% | 46/48 |
| Paris Junior College | 96.08% | 49/51 | 90.91% | 20/22 | 93.75% | 30/32 | 75.47% | 40/53 | 84.00% | 42/50 |
| Ranger College | 80.00% | 8/10 | 87.50% | 14/16 | 68.75% | 11/16 | 100.00% | 12/12 | 68.42% | 13/19 |
| Rio Grande Valley College | | New Program | | ----- | | ----- | | ----- | | ----- |
| San Antonio College | 80.65% | 150/186 | 82.39% | 131/159 | 76.32% | 174/228 | 81.39% | 258/317 | 69.97% | 247/353 |
| San Jacinto College - Central | 94.62% | 88/93 | 91.24% | 198/217 | 86.11% | 155/180 | 89.71% | 122/136 | 81.12% | 116/143 |
| San Jacinto College - South | 89.87% | 71/79 | 88.33% | 53/60 | 75.68% | 28/37 | 85.71% | 30/35 | 100.00% | 27/27 |
| South Plains College | 88.68% | 47/53 | 85.71% | 66/77 | 88.57% | 62/70 | 82.42% | 75/91 | 96.36% | 53/55 |
| South Texas College | 81.53% | 181/222 | 85.90% | 201/234 | 86.58% | 129/149 | 79.47% | 151/190 | 80.21% | 150/187 |
| Southwest Texas Junior College | 80.56% | 29/36 | 91.67% | 22/24 | 88.00% | 22/25 | 50.00% | 4/8 | 92.86% | 13/14 |
| Southwest University at El Paso | | No Candidates | | New Program | | ----- | | ----- | | ----- |
| St. Philip's College | 73.08% | 19/26 | 62.50% | 5/8 | | New Program | | ----- | | ----- |
| Tarrant County College | 88.30% | 234/265 | 88.15% | 238/270 | 87.15% | 217/249 | 82.74% | 187/226 | 81.97% | 200/244 |
| Temple College | 96.55% | 56/58 | 91.30% | 63/69 | 88.46% | 69/78 | 81.71% | 67/82 | 81.48% | 66/81 |
| Texarkana College | 91.89% | 68/74 | 92.96% | 66/71 | 90.14% | 64/71 | 76.39% | 55/72 | 63.27% | 62/98 |
| Texas State Technical College - Harlingen | 86.21% | 25/29 | | New Program | | ----- | | ----- | | ----- |
| Texas State Technical College - West Texas | 80.82% | 59/73 | 93.06% | 67/72 | 76.00% | 57/75 | 88.89% | 32/36 | 89.47% | 34/38 |
| The College of Health Care Professions | 95.00% | 19/20 | 67.74% | 21/31 | 60.00% | 6/10 | | New Program | | ----- |
| Trinity Valley Community College | 90.32% | 84/93 | 84.40% | 92/109 | 78.00% | 78/100 | 84.07% | 95/113 | 81.38% | 118/145 |
| Tyler Junior College | 93.24% | 207/222 | 96.00% | 96/100 | 93.97% | 109/116 | 80.24% | 134/167 | 81.88% | 131/160 |
| Vernon College | 87.78% | 79/90 | 93.41% | 85/91 | 91.25% | 73/80 | 88.46% | 69/78 | 70.79% | 63/89 |
| Victoria College | 90.00% | 90/100 | 91.95% | 80/87 | 87.50% | 70/80 | 84.72% | 61/72 | 84.38% | 81/96 |
| Weatherford College | 95.20% | 119/125 | 89.66% | 104/116 | 89.43% | 110/123 | 82.71% | 110/133 | 90.80% | 79/87 |
| Wharton County Junior College | 90.70% | 39/43 | 97.62% | 41/42 | 88.57% | 31/35 | 89.83% | 53/59 | 86.96% | 40/46 |
| BSN PROGRAMS | 93.87% | 6106/6505 | 87.04% | 4802/5517 | 89.71% | 5133/5722 | 87.99% | 4683/5322 | 85.96% | 4470/5200 |
| Abilene Christian University | 91.49% | 43/47 | 90.91% | 40/44 | 81.82% | 36/44 | 79.17% | 38/48 | | New Program |
| Angelo State University | 95.16% | 59/62 | 87.50% | 56/64 | 93.22% | 55/59 | 85.29% | 58/68 | 91.18% | 31/34 |

TEXAS BOARD OF NURSING

National Council Licensure Examination - RN (Registered Nurse) Pass Rates for Last 5 Years

| First-Time Test Takers (Passed/Overall Total) | 2018 | | 2017 | | 2016 | | 2015 | | 2014 | |
|--|---------|---------------|---------|---------------|---------|---------------|---------|-------------|--------|-------------|
| Arizona College | | New Program | | ----- | | ----- | | ----- | | ----- |
| Baylor University | 93.80% | 227/242 | 97.56% | 200/205 | 95.00% | 190/200 | 96.89% | 187/193 | 91.53% | 173/189 |
| Chamberlain College of Nursing - Houston | 87.13% | 88/101 | 80.30% | 106/132 | 78.40% | 98/125 | 66.99% | 69/103 | 78.26% | 54/69 |
| Chamberlain College of Nursing - Irving | 94.74% | 18/19 | | New Program | | ----- | | ----- | | ----- |
| Chamberlain College of Nursing - Pearland | 91.67% | 66/72 | 94.44% | 34/36 | | ----- | | ----- | | ----- |
| Concordia University | 97.44% | 38/39 | 100.00% | 38/38 | 97.78% | 44/45 | 100.00% | 30/30 | 95.56% | 43/45 |
| East Texas Baptist University | 100.00% | 14/14 | 100.00% | 17/17 | 100.00% | 13/13 | 100.00% | 14/14 | 75.00% | 9/12 |
| Galen College of Nursing | | No Candidates | | No Candidates | | New Program | | ----- | | ----- |
| Hallmark University | | New Program | | ----- | | ----- | | ----- | | ----- |
| Houston Baptist University | 90.48% | 76/84 | 89.66% | 52/58 | 86.75% | 72/83 | 79.10% | 53/67 | 88.46% | 69/78 |
| Howard Payne University | | New Program | | ----- | | ----- | | ----- | | ----- |
| Lamar University | 95.49% | 127/133 | 92.31% | 108/117 | 90.38% | 94/104 | 93.69% | 104/111 | 84.67% | 127/150 |
| LeTourneau University | 100.00% | 12/12 | 100.00% | 16/16 | 100.00% | 2/2 | | New program | | ----- |
| Midwestern State University | 72.88% | 86/118 | 87.59% | 127/145 | 84.17% | 117/139 | 82.58% | 109/132 | 76.98% | 97/126 |
| National American University | 83.33% | 5/6 | | No Candidates | | No Candidates | | New program | | ----- |
| Patty Hanks Shelton School of Nursing | 93.55% | 29/31 | 92.00% | 23/25 | 77.14% | 27/35 | 75.00% | 42/56 | 69.05% | 58/84 |
| Prairie View A&M University | 84.00% | 84/100 | 76.98% | 97/126 | 87.79% | 115/131 | 80.62% | 104/129 | 80.00% | 132/165 |
| Sam Houston State University | 95.70% | 89/93 | 92.13% | 82/89 | 89.55% | 60/67 | 88.06% | 59/67 | 73.91% | 17/23 |
| Schreiner University - CLOSED | 94.44% | 17/18 Closed | 85.71% | 24/28 Closed | 73.33% | 11/15 | 57.89% | 11/19 | 79.17% | 19/24 |
| Schreiner University - NEW | | New Program | | ----- | | ----- | | ----- | | ----- |
| South University | 89.47% | 17/19 | 81.82% | 9/11 | | No Candidates | | New program | | ----- |
| Southwestern Adventist University | 88.00% | 44/50 | 88.24% | 30/34 | 96.88% | 31/32 | 76.00% | 38/50 | 85.29% | 29/34 |
| Stephen F. Austin State University | 97.25% | 106/109 | 96.58% | 113/117 | 92.42% | 122/132 | 86.36% | 114/132 | 88.14% | 104/118 |
| Tarleton State University | 84.52% | 142/168 | 76.92% | 130/169 | 80.42% | 115/143 | 90.91% | 100/110 | 84.40% | 92/109 |
| Texas A&M University HSC College of Nursing | 100.00% | 114/114 | 97.84% | 136/139 | 99.00% | 99/100 | 98.81% | 83/84 | 97.75% | 87/89 |
| Texas A&M International University | 93.48% | 86/92 | 94.37% | 67/71 | 94.55% | 52/55 | 94.00% | 47/50 | 95.00% | 38/40 |
| Texas A&M University Commerce | 96.30% | 52/54 | 92.00% | 23/25 | 93.10% | 27/29 | 80.00% | 12/15 | | New Program |
| Texas A&M University - Corpus Christi | 96.88% | 217/224 | 91.26% | 188/206 | 83.79% | 212/253 | 89.13% | 164/184 | 77.57% | 166/214 |
| Texas A&M University - Texarkana | | No Candidates | | New Program | | ----- | | ----- | | ----- |
| Texas Christian University | 96.43% | 189/196 | 96.73% | 148/153 | 94.30% | 182/193 | 91.71% | 177/193 | 86.34% | 177/205 |
| Texas Lutheran University | 96.15% | 25/26 | 90.91% | 10/11 | 100.00% | 13/13 | | New program | | ----- |
| Texas State University - St. David School of Nursing | 100.00% | 82/82 | 100.00% | 86/86 | 100.00% | 82/82 | 98.81% | 83/84 | 98.98% | 97/98 |
| Texas Tech University HSC - Gayle Greve Hunt School of Nursing | 85.88% | 73/85 | 85.06% | 74/87 | 92.65% | 63/68 | 84.78% | 39/46 | 60.00% | 39/65 |
| Texas Tech University HSC School of Nursing | 97.48% | 464/476 | 96.75% | 357/369 | 93.91% | 293/312 | 91.83% | 281/306 | 85.28% | 255/299 |
| Texas Woman's University | 92.89% | 431/464 | 94.15% | 386/410 | 92.33% | 373/404 | 92.94% | 316/340 | 91.05% | 346/380 |
| University of Houston College of Nursing | 98.75% | 79/80 | 100.00% | 53/53 | 100.00% | 45/45 | 100.00% | 32/32 | 95.45% | 42/44 |
| University of Mary Hardin-Baylor | 95.86% | 162/169 | 90.57% | 144/159 | 79.74% | 122/153 | 79.23% | 145/183 | 85.98% | 141/164 |

TEXAS BOARD OF NURSING

National Council Licensure Examination - RN (Registered Nurse) Pass Rates for Last 5 Years

| <i>First-Time Test Takers (Passed/Overall Total)</i> | 2018 | | 2017 | | 2016 | | 2015 | | 2014 | |
|--|---------------|------------------------|---------------|------------------------|---------------|------------------------|---------------|------------------------|---------------|------------------------|
| University of St. Thomas SON | 88.57% | 31/35 | 84.85% | 28/33 | 92.00% | 23/25 | 67.65% | 23/34 | 68.42% | 13/19 |
| University of Texas @ Arlington | 91.30% | 535/586 | 90.91% | 480/528 | 88.57% | 372/420 | 87.87% | 391/445 | 86.99% | 381/438 |
| University of Texas @ Austin | 94.83% | 110/116 | 93.04% | 107/115 | 90.16% | 110/122 | 95.83% | 115/120 | 94.40% | 118/125 |
| University of Texas @ El Paso | 97.50% | 234/240 | 94.55% | 191/202 | 88.46% | 230/260 | 80.79% | 265/328 | 84.58% | 192/227 |
| University of Texas of the Permian Basin | 81.25% | 39/48 | 64.00% | 32/50 | 67.50% | 27/40 | 91.67% | 11/12 | | New Program |
| University of Texas Rio Grande Valley | 92.70% | 127/137 | 92.48% | 123/133 | 73.20% | 142/194 | 78.26% | 72/92 | 83.16% | 79/95 |
| University of Texas @ Tyler | 94.38% | 302/320 | 92.72% | 280/302 | 94.53% | 242/256 | 95.13% | 215/226 | 90.23% | 194/215 |
| UTHSC @ Houston | 96.37% | 345/358 | 95.22% | 319/335 | 94.77% | 308/325 | 95.52% | 277/290 | 95.11% | 311/327 |
| UTHSC @ San Antonio | 97.99% | 342/349 | 98.00% | 245/250 | 89.60% | 310/346 | 79.73% | 240/301 | 78.49% | 270/344 |
| UTMB @ Galveston | 97.42% | 340/349 | 96.90% | 313/323 | 94.94% | 319/336 | 93.97% | 265/282 | 92.51% | 247/267 |
| University of the Incarnate Word | 100.00% | 88/88 | 100.00% | 65/65 | 94.64% | 53/56 | 93.24% | 69/74 | 86.36% | 57/66 |
| Wayland Baptist University | 100.00% | 13/13 | | New Program | | ----- | | ----- | | ----- |
| West Coast University | 86.67% | 130/150 | 83.60% | 158/189 | 85.43% | 129/151 | 81.60% | 102/125 | 89.19% | 33/37 |
| West Texas A&M University | 95.59% | 65/68 | 94.52% | 69/73 | 97.96% | 48/49 | 97.73% | 43/44 | 97.96% | 48/49 |
| Western Governors University | 89.80% | 44/49 | 87.50% | 49/56 | 96.00% | 24/25 | 70.59% | 12/17 | 71.43% | 5/7 |
| MSN PROGRAM | 95.00% | 57/60 | 92.17% | 5435/5897 | 90.20% | 46/51 | 98.11% | 52/53 | 94.00% | 47/50 |
| UT @ Austin Alternate Entry MSN | 95.00% | 57/60 | 97.67% | 42/43 | 90.20% | 46/51 | 98.11% | 52/53 | 94.00% | 47/50 |
| TEXAS AVERAGE FOR RN CANDIDATES | 91.62% | 11,446/12,493 | 89.77% | 10,386/11,570 | 87.14% | 9,945/11,413% | 85.22% | 9,485/11,130 | 81.02% | 9,560/11,800 |
| NATIONAL AVERAGE FOR RN CANDIDATES | 88.56% | 143,508/162,041 | 86.94% | 136,533/157,045 | 84.30% | 133,224/158,033 | 84.18% | 132,864/157,842 | 81.74% | 127,181/155,585 |

Source: Texas Board of Nursing

Table 10. NSRP History of Awards

NSRP History of Awards - Sorted In Descending Order (All Programs Column) by Sector As of 10/25/19

| | Regular | | | Over 70 | | | Under 70 | | | All Programs | | |
|--|-----------------|---------|----|-----------------|---------|--|-----------------|---------|--|-----------------|---------|--|
| | Total All Years | % Share | | Total All Years | % Share | | Total All Years | % Share | | Total All Years | % Share | |
| COMMUNITY COLLEGES | | | | | | | | | | | | |
| Austin Community College | \$ 1,523,551.72 | 1.7% | | \$ 1,649,639.00 | 3.4% | | \$ - | 0.0% | | \$ 3,173,190.72 | 1.8% | |
| Tyler Junior College | 743,169.61 | 0.8% | | 2,156,635.00 | 4.4% | | - | 0.0% | | 2,899,804.61 | 1.7% | |
| Weatherford College | 1,008,553.99 | 1.1% | | 1,144,788.00 | 2.4% | | 713,869.00 | 2.3% | | 2,867,210.99 | 1.7% | |
| San Antonio College - Alamo Com. Clg. Dist. | 477,331.69 | 0.5% | | 2,117,153.84 | 4.4% | | - | 0.0% | | 2,594,485.53 | 1.5% | |
| Tarrant County South Campus/Trinity River | 904,873.10 | 1.0% | | 1,253,533.00 | 2.6% | | - | 0.0% | | 2,158,406.10 | 1.3% | |
| San Jacinto College Central & North - San Jacinto CCD | 884,781.25 | 1.0% | | - | 0.0% | | 1,252,170.00 | 4.0% | | 2,136,951.25 | 1.2% | |
| College of the Mainland CCD | 409,731.25 | 0.4% | | 870,000.00 | 1.8% | | 766,451.00 | 2.4% | | 2,046,182.25 | 1.2% | |
| El Centro College - Dallas Co. CC Dist. | 730,778.00 | 0.8% | | - | 0.0% | | 1,200,929.81 | 3.8% | | 1,931,707.81 | 1.1% | |
| Collin Co. Community College District | 654,603.06 | 0.7% | | 1,211,901.71 | 2.5% | | - | 0.0% | | 1,866,504.77 | 1.1% | |
| Amarillo College | 466,153.12 | 0.5% | | - | 0.0% | | 1,217,803.00 | 3.9% | | 1,683,956.12 | 1.0% | |
| South Texas College | 1,206,191.74 | 1.3% | | 469,000.00 | 1.0% | | - | 0.0% | | 1,675,191.74 | 1.0% | |
| Houston Community College | 595,128.70 | 0.6% | | - | 0.0% | | 1,073,789.00 | 3.4% | | 1,668,917.70 | 1.0% | |
| South Plains College | 576,996.05 | 0.6% | | - | 0.0% | | 1,070,121.00 | 3.4% | | 1,647,117.05 | 1.0% | |
| McLennan Community College | 568,715.97 | 0.6% | | 360,000.00 | 0.7% | | 517,954.38 | 1.6% | | 1,446,670.35 | 0.8% | |
| Lone Star College - North Harris | 463,629.90 | 0.5% | | - | 0.0% | | 795,668.00 | 2.5% | | 1,259,297.90 | 0.7% | |
| Texas Southmost College | 829,622.00 | 0.9% | | 399,978.00 | 0.8% | | - | 0.0% | | 1,229,600.00 | 0.7% | |
| Angelina College | 272,772.57 | 0.3% | | 400,000.00 | 0.8% | | 552,701.00 | 1.8% | | 1,225,473.57 | 0.7% | |
| Lone Star College - Kingwood | 558,067.00 | 0.6% | | 235,436.38 | 0.5% | | 429,389.00 | 1.4% | | 1,222,892.38 | 0.7% | |
| Del Mar College | 711,920.35 | 0.8% | | - | 0.0% | | 494,429.00 | 1.6% | | 1,206,349.35 | 0.7% | |
| Navarro College | 446,610.84 | 0.5% | | 740,800.00 | 1.5% | | - | 0.0% | | 1,187,410.84 | 0.7% | |
| Panola College | 256,103.97 | 0.3% | | - | 0.0% | | 773,014.00 | 2.5% | | 1,029,117.97 | 0.6% | |
| Odessa College | 491,944.69 | 0.5% | | 537,022.00 | 1.1% | | - | 0.0% | | 1,028,966.69 | 0.6% | |
| Coastal Bend College | 55,162.00 | 0.1% | | 829,650.77 | 1.7% | | 129,483.00 | 0.4% | | 1,014,295.77 | 0.6% | |
| Grayson County College | 309,379.09 | 0.3% | | - | 0.0% | | 671,714.64 | 2.1% | | 981,093.73 | 0.6% | |
| Cisco College | 449,477.41 | 0.5% | | 60,000.00 | 0.1% | | 470,000.00 | 1.5% | | 979,477.41 | 0.6% | |
| Central Texas College | 468,756.69 | 0.5% | | 116,196.36 | 0.2% | | 367,983.00 | 1.2% | | 952,936.05 | 0.6% | |
| Lone Star College - CyFair | 230,904.00 | 0.3% | | 301,964.00 | 0.6% | | 404,694.00 | 1.3% | | 937,562.00 | 0.5% | |
| San Jacinto College South - San Jacinto CCD | 255,724.59 | 0.3% | | 20,000.00 | 0.0% | | 647,580.00 | 2.1% | | 923,304.59 | 0.5% | |
| Trinity Valley Community College | 422,842.71 | 0.5% | | 469,661.00 | 1.0% | | - | 0.0% | | 892,503.71 | 0.5% | |
| Midland College | 259,542.14 | 0.3% | | 606,599.00 | 1.2% | | - | 0.0% | | 866,141.14 | 0.5% | |
| Vernon College | 268,519.27 | 0.3% | | 590,500.00 | 1.2% | | - | 0.0% | | 859,019.27 | 0.5% | |
| Kilgore College | 499,382.00 | 0.5% | | 340,380.00 | 0.7% | | - | 0.0% | | 839,762.00 | 0.5% | |
| Blinn College | 291,750.08 | 0.3% | | 504,000.00 | 1.0% | | - | 0.0% | | 795,750.08 | 0.5% | |
| Howard College | 226,075.15 | 0.2% | | - | 0.0% | | 555,567.00 | 1.8% | | 781,642.15 | 0.5% | |
| Lee College | 658,073.26 | 0.7% | | - | 0.0% | | 111,757.00 | 0.4% | | 769,830.26 | 0.4% | |
| Alvin Community College | 509,774.03 | 0.6% | | 19,000.00 | 0.0% | | 240,000.00 | 0.8% | | 768,774.03 | 0.4% | |
| El Paso Community College District | 761,936.39 | 0.8% | | - | 0.0% | | - | 0.0% | | 761,936.39 | 0.4% | |
| Northeast Texas Community College | 287,816.13 | 0.3% | | 369,461.36 | 0.8% | | 55,399.00 | 0.2% | | 712,676.49 | 0.4% | |
| Temple College | 415,981.69 | 0.5% | | 293,500.00 | 0.6% | | - | 0.0% | | 709,481.69 | 0.4% | |
| Laredo Community College | 240,411.15 | 0.3% | | - | 0.0% | | 447,518.00 | 1.4% | | 687,929.15 | 0.4% | |
| Texarkana College | 394,834.32 | 0.4% | 13 | 60,000.00 | 0.1% | | 178,040.00 | 0.6% | | 632,874.32 | 0.4% | |

| | Total All Years | % Share | Total All Years | % Share | Total All Years | % Share | Total All Years | % Share |
|---|-------------------------|--------------|-------------------------|--------------|-------------------------|--------------|-------------------------|--------------|
| Brookhaven College - DCCCD | 265,637.00 | 0.3% | 345,816.00 | 0.7% | - | 0.0% | 611,453.00 | 0.4% |
| Brazosport College | 202,516.14 | 0.2% | 60,000.00 | 0.1% | 291,338.00 | 0.9% | 553,854.14 | 0.3% |
| Victoria College | 191,584.54 | 0.2% | 359,380.00 | 0.7% | - | 0.0% | 550,964.54 | 0.3% |
| Wharton County Junior College | 252,051.71 | 0.3% | 262,444.00 | 0.5% | - | 0.0% | 514,495.71 | 0.3% |
| Clarendon College | 266,826.65 | 0.3% | - | 0.0% | 245,117.00 | 0.8% | 511,943.65 | 0.3% |
| Paris Junior College | 298,257.50 | 0.3% | 131,651.11 | 0.3% | 46,064.00 | 0.1% | 475,972.61 | 0.3% |
| Southwest Texas Junior College | 402,546.06 | 0.4% | - | 0.0% | 32,371.00 | 0.1% | 434,917.06 | 0.3% |
| Galveston College | 115,777.03 | 0.1% | 9,500.00 | 0.0% | 280,000.00 | 0.9% | 405,277.03 | 0.2% |
| North Central Texas College | 252,432.40 | 0.3% | 60,000.00 | 0.1% | - | 0.0% | 312,432.40 | 0.2% |
| Lone Star College - Montgomery | 248,960.00 | 0.3% | - | 0.0% | - | 0.0% | 248,960.00 | 0.1% |
| Ranger College | 89,567.32 | 0.1% | - | 0.0% | - | 0.0% | 89,567.32 | 0.1% |
| Hill College | 73,285.42 | 0.1% | - | 0.0% | - | 0.0% | 73,285.42 | 0.0% |
| St. Philip's College - Alamo Com. College Dist. | - | 0.0% | - | 0.0% | 50,484.00 | 0.2% | 50,484.00 | 0.0% |
| Mountain View - Dallas Co. Comm. College | 32,088.47 | 0.0% | - | 0.0% | - | 0.0% | 32,088.47 | 0.0% |
| Lone Star College - Tomball | - | - | - | - | - | - | - | 0.0% |
| 56 | \$ 24,479,102.91 | 26.5% | \$ 19,355,590.53 | 39.9% | \$ 16,083,397.83 | 51.2% | \$ 59,918,091.27 | 34.8% |
| Total Count | 289 | | 104 | | 46 | | 439 | |

| | Regular | % Share | Over 70 | % Share | Under 70 | % Share | All Programs | % Share |
|--|------------------------|-------------|----------------------|-------------|------------------------|-------------|------------------------|-------------|
| LAMAR INSTITUTIONS | Total All Years | | Total All Years | | Total All Years | | Total All Years | |
| Lamar State College-Port Arthur | \$ 322,881.27 | 0.4% | \$ - | 0.0% | \$ 1,070,821.00 | 3.4% | \$ 1,393,702.27 | 0.8% |
| Texas State Technical College - West Texas | 618,554.99 | 0.7% | 534,364.66 | 1.1% | 48,556.00 | 0.2% | 1,201,475.65 | 0.7% |
| Lamar State College-Orange | 136,537.00 | 0.1% | 50,000.00 | 0.1% | - | 0.0% | 186,537.00 | 0.1% |
| Texas State Technical College - Harlingen | 138,168.10 | 0.1% | - | 0.0% | - | 0.0% | 138,168.10 | 0.1% |
| 4 | \$ 1,216,141.36 | 1.3% | \$ 584,364.66 | 1.2% | \$ 1,119,377.00 | 3.6% | \$ 2,919,883.02 | 1.7% |
| Total Count | 18 | | 4 | | 3 | | 25 | |

| | Regular | % Share | Over 70 | % Share | Under 70 | % Share | All Programs | % Share |
|-----------------------------------|-----------------|---------|-----------------|---------|-----------------|---------|-----------------|---------|
| Independent INSTITUTIONS | Total All Years | | Total All Years | | Total All Years | | Total All Years | |
| Baylor University | \$ 737,502.65 | 0.8% | \$ 1,724,358.92 | 3.6% | \$ - | 0.0% | \$ 2,461,861.57 | 1.4% |
| Texas Christian University | 1,283,444.76 | 1.4% | 825,000.00 | 1.7% | - | 0.0% | 2,108,444.76 | 1.2% |
| University of Mary Hardin-Baylor | 1,193,145.20 | 1.3% | - | 0.0% | 708,460.00 | 2.3% | 1,901,605.20 | 1.1% |
| Wayland Baptist University | 207,348.20 | 0.2% | - | 0.0% | 1,241,646.00 | 4.0% | 1,448,994.20 | 0.8% |
| University of the Incarnate Word | 794,505.03 | 0.9% | 454,788.00 | 0.9% | - | 0.0% | 1,249,293.03 | 0.7% |
| Baptist Health Systems | 1,141,396.17 | 1.2% | - | 0.0% | - | 0.0% | 1,141,396.17 | 0.7% |
| Univ. of St. Thomas - Houston | 236,361.89 | 0.3% | 258,729.33 | 0.5% | 517,427.00 | 1.6% | 1,012,518.22 | 0.6% |
| Concordia University | 134,771.70 | 0.1% | 597,879.42 | 1.2% | 260,000.00 | 0.8% | 992,651.12 | 0.6% |
| Covenant School of Nursing | 756,334.07 | 0.8% | - | 0.0% | 153,291.00 | 0.5% | 909,625.07 | 0.5% |
| Abilene Christian University | 461,441.50 | 0.5% | 300,000.00 | 0.6% | - | 0.0% | 761,441.50 | 0.4% |
| Southwestern Adventist University | 415,461.65 | 0.5% | - | 0.0% | 320,625.00 | 1.0% | 736,086.65 | 0.4% |
| Schreiner University | 154,116.51 | 0.2% | - | 0.0% | 408,753.00 | 1.3% | 562,869.51 | 0.3% |
| Hardin-Simmons University | 230,057.95 | 0.2% | 330,000.00 | 0.7% | - | 0.0% | 560,057.95 | 0.3% |
| Houston Baptist University | 9,254.00 | 0.0% | - | 0.0% | 427,257.00 | 1.4% | 436,511.00 | 0.3% |

| | Total All Years | % Share | Total All Years | % Share | Total All Years | % Share | Total All Years | % Share |
|-------------------------------|-----------------|---------|-----------------|---------|-----------------|---------|------------------|---------|
| McMurry University | 213,101.90 | 0.2% | - | 0.0% | 141,106.00 | 0.4% | 354,207.90 | 0.2% |
| Texas Lutheran University | 69,178.73 | 0.1% | - | 0.0% | 220,000.00 | 0.7% | 289,178.73 | 0.2% |
| East Texas Baptist University | - | 0.0% | - | 0.0% | - | 0.0% | - | 0.0% |
| Howard Payne University | - | 0.0% | - | 0.0% | - | 0.0% | - | 0.0% |
| Western Governor's University | - | 0.0% | - | 0.0% | - | 0.0% | - | 0.0% |
| 19 | \$ 8,037,421.91 | 8.7% | \$ 4,490,755.67 | 9.3% | \$ 4,398,565.00 | 14.0% | \$ 16,926,742.58 | 9.8% |
| Total Count | 86 | | 18 | | 14 | | 118 | |

| | Regular | % Share | Over 70 | % Share | Under 70 | % Share | All Programs | % Share |
|------------------------------------|------------------|---------|------------------|---------|-----------------|---------|------------------|---------|
| Public Institutions | Total All Years | | Total All Years | | Total All Years | | Total All Years | |
| Univ. of Texas at Arlington | \$ 20,463,419.14 | 22.2% | \$ 6,448,047.36 | 13.3% | \$ - | 0.0% | \$ 26,911,466.50 | 15.6% |
| Univ. of Texas at Tyler | 2,679,665.98 | 2.9% | 2,273,050.00 | 4.7% | - | 0.0% | 4,952,715.98 | 2.9% |
| Univ. of Texas at El Paso | 4,116,155.60 | 4.5% | 57,000.00 | 0.1% | - | 0.0% | 4,173,155.60 | 2.4% |
| Texas A&M Univ. - Corpus Christi | 1,802,461.25 | 2.0% | 2,211,992.00 | 4.6% | - | 0.0% | 4,014,453.25 | 2.3% |
| Texas Woman's University | 2,134,132.64 | 2.3% | 1,812,653.69 | 3.7% | - | 0.0% | 3,946,786.33 | 2.3% |
| Tarleton State University | 966,795.37 | 1.0% | - | 0.0% | 2,495,474.00 | 7.9% | 3,462,269.37 | 2.0% |
| Sam Houston State University | 808,193.42 | 0.9% | 156,056.10 | 0.3% | 1,126,784.00 | 3.6% | 2,091,033.52 | 1.2% |
| Texas A&M International University | 603,417.53 | 0.7% | 420,000.00 | 0.9% | 991,046.00 | 3.2% | 2,014,463.53 | 1.2% |
| Texas State University | 339,942.66 | 0.4% | - | 0.0% | 1,673,918.00 | 5.3% | 2,013,860.66 | 1.2% |
| Lamar University | 1,616,079.28 | 1.8% | - | 0.0% | 260,227.00 | 0.8% | 1,876,306.28 | 1.1% |
| Univ. of Texas - Pan American | 612,080.93 | 0.7% | 576,920.00 | 1.2% | 640,000.00 | 2.0% | 1,829,000.93 | 1.1% |
| Angelo State University | 919,617.00 | 1.0% | 885,472.63 | 1.8% | - | 0.0% | 1,805,089.63 | 1.0% |
| Prairie View A&M University | 1,196,350.96 | 1.3% | - | 0.0% | 463,765.00 | 1.5% | 1,660,115.96 | 1.0% |
| West Texas A&M University | 1,501,837.48 | 1.6% | - | 0.0% | - | 0.0% | 1,501,837.48 | 0.9% |
| Stephen F. Austin State University | 612,194.90 | 0.7% | 570,000.00 | 1.2% | - | 0.0% | 1,182,194.90 | 0.7% |
| Midwestern State University | 935,408.19 | 1.0% | - | 0.0% | - | 0.0% | 935,408.19 | 0.5% |
| Univ. of Texas - Permian Basin | 429,701.02 | 0.5% | - | 0.0% | 320,000.00 | 1.0% | 749,701.02 | 0.4% |
| Univ. of Texas at Austin | 627,902.63 | 0.7% | 120,000.00 | 0.2% | - | 0.0% | 747,902.63 | 0.4% |
| University of Houston - Victoria | 502,503.03 | 0.5% | - | 0.0% | 151,080.00 | 0.5% | 653,583.03 | 0.4% |
| Texas A&M Univ. - Commerce | 354,879.45 | 0.4% | - | 0.0% | 180,000.00 | 0.6% | 534,879.45 | 0.3% |
| University of Houston | 38,758.83 | 0.0% | 471,066.00 | 1.0% | - | 0.0% | 509,824.83 | 0.3% |
| Univ. of Texas at Brownsville | 405,680.00 | 0.4% | - | 0.0% | - | 0.0% | 405,680.00 | 0.2% |
| Univ. of Texas Rio Grande Valley | 339,689.25 | 0.4% | - | 0.0% | - | 0.0% | 339,689.25 | 0.2% |
| Texas A&M Univ. - Texarkana | - | 0.0% | - | 0.0% | - | 0.0% | - | 0.0% |
| 24 | \$ 44,006,866.54 | 47.7% | \$ 16,002,257.78 | 33.0% | \$ 8,302,294.00 | 26.4% | \$ 68,311,418.32 | 39.7% |
| Total Count | 149 | | 43 | | 21 | | 213 | |

| | Regular | % Share | Over 70 | % Share | Under 70 | % Share | All Programs | % Share |
|---|-----------------|---------|-----------------|---------|-----------------|---------|-----------------|---------|
| Health-Related Institutions | Total All Years | | Total All Years | | Total All Years | | Total All Years | |
| Texas Tech Univ. Health Sciences Center | \$ 5,603,995.27 | 6.1% | \$ 960,513.00 | 2.0% | \$ - | 0.0% | \$ 6,564,508.27 | 3.8% |
| UT Health Science Center - Houston | 2,772,879.00 | 3.0% | 2,145,819.00 | 4.4% | - | 0.0% | 4,918,698.00 | 2.9% |
| UT Medical Branch - Galveston | 2,572,415.76 | 2.8% | 1,908,641.00 | 3.9% | - | 0.0% | 4,481,056.76 | 2.6% |
| UT Health Science Center - San Antonio | 2,116,806.59 | 2.3% | 2,052,366.00 | 4.2% | - | 0.0% | 4,169,172.59 | 2.4% |
| 15 | | | | | | | | |

| | <div>Total All Years</div> | <div>% Share</div> | <div>Total All Years</div> | <div>% Share</div> | <div>Total All Years</div> | <div>% Share</div> | <div>Total All Years</div> | <div>% Share</div> |
|--|----------------------------|--------------------|----------------------------|--------------------|----------------------------|--------------------|----------------------------|--------------------|
| Texas A&M Health Science Center | 1,084,084.11 | 1.2% | 1,042,252.46 | 2.1% | 1,116,790.00 | 3.6% | 3,243,126.57 | 1.9% |
| Texas Tech University Health Sciences Center - El Paso | 331,266.93 | 0.4% | - | 0.0% | 390,000.00 | 1.2% | 721,266.93 | 0.4% |
| 6 | \$ 14,481,447.66 | 15.7% | \$ 8,109,591.46 | 16.7% | \$ 1,506,790.00 | 4.8% | \$ 24,097,829.12 | 14.0% |
| Total Count | 54 | | 20 | | 2 | | 76 | |
| 109 | \$ 92,220,980.38 | 100.0% | \$ 48,542,560.10 | 100.0% | \$ 31,410,423.83 | 100.0% | \$ 172,173,964.31 | 100.0% |
| Total Count All Sectors | 596 | | 189 | | 86 | | 871 | |
| Percentage Comparison Regular vs Over/Under | 53.6% | | 28.2% | | 18.2% | | 100.0% | |
| | | | Total Over/Under | 46.4% | | | | |

Source: Texas Higher Education Coordinating Board

Table 11. Employment by Industry for Texas University Nursing Graduates

FY 2018 University Nursing Graduates 4th Quarter FY 2018 Employment by Industry, CIP 51.38-Registered Nursing, Nursing Administration, Nursing Research and Clinical Nursing

| NAICS Code | Industry | Count | % |
|------------|--|--------------|---------------|
| 622110 | General Medical and Surgical Hospitals | 5,080 | 54.6% |
| 621111 | Offices of Physicians (except Mental Health Specialists) | 552 | 5.9% |
| 621610 | Home Health Care Services | 194 | 2.1% |
| 611310 | Colleges, Universities, and Professional Schools | 180 | 1.9% |
| 622310 | Specialty (except Psychiatric and Substance Abuse) Hospitals | 176 | 1.9% |
| 623110 | Nursing Care Facilities (Skilled Nursing Facilities) | 99 | 1.1% |
| 611110 | Elementary and Secondary Schools | 91 | 1.0% |
| 561330 | Professional Employer Organizations | 83 | 0.9% |
| 621498 | All Other Outpatient Care Centers | 57 | 0.6% |
| 524114 | Direct Health and Medical Insurance Carriers | 54 | 0.6% |
| 621493 | Freestanding Ambulatory Surgical and Emergency Centers | 50 | 0.5% |
| 921140 | Executive and Legislative Offices, Combined | 46 | 0.5% |
| 621492 | Kidney Dialysis Centers | 45 | 0.5% |
| 622210 | Psychiatric and Substance Abuse Hospitals | 44 | 0.5% |
| 611210 | Junior Colleges | 40 | 0.4% |
| 923130 | Administration of Human Resource Programs (except Education, Public Health, and Veterans' Affairs Programs) | 37 | 0.4% |
| 561110 | Office Administrative Services | 31 | 0.3% |
| 561320 | Temporary Help Services | 31 | 0.3% |
| 624120 | Services for the Elderly and Persons with Disabilities | 22 | 0.2% |
| 551114 | Corporate, Subsidiary, and Regional Managing Offices | 13 | 0.1% |
| 621491 | HMO Medical Centers | 13 | 0.1% |
| 722511 | Full-Service Restaurants | 13 | 0.1% |
| 623220 | Residential Mental Health and Substance Abuse Facilities | 12 | 0.1% |
| 621112 | Offices of Physicians, Mental Health Specialists | 11 | 0.1% |
| 623311 | Continuing Care Retirement Communities | 11 | 0.1% |
| 621399 | Offices of All Other Miscellaneous Health Practitioners | 10 | 0.1% |
| 524113 | Direct Life Insurance Carriers | 9 | 0.1% |
| 624190 | Other Individual and Family Services | 8 | 0.1% |
| 812199 | Other Personal Care Services | 8 | 0.1% |
| 452210 | Department Stores | 6 | 0.1% |
| 621910 | Ambulance Services | 6 | 0.1% |
| 621999 | All Other Miscellaneous Ambulatory Health Care Services | 6 | 0.1% |
| 623312 | Assisted Living Facilities for the Elderly | 6 | 0.1% |
| 541715 | Research and Development in the Physical, Engineering, and Life Sciences (except Nanotechnology and Biotechnology) | 5 | 0.1% |
| 621310 | Offices of Chiropractors | 5 | 0.1% |
| 623210 | Residential Intellectual and Developmental Disability Facilities | 5 | 0.1% |
| 722513 | Limited-Service Restaurants | 5 | 0.1% |
| | All Other Industries* | 163 | 1.8% |
| | Not Found | 2,083 | 22.4% |
| | Total | 9,310 | 100.0% |

*Industry employed fewer than 5 graduates

Note: If a graduate is found employed in multiple industries, the highest paying industry is presented.

Source: Texas Workforce Commission

Table 12. Employment by Industry for Texas University Nursing Bachelor's Degree Earners

**FY 2018 University Nursing Bachelor's Degree Earners 4th Quarter FY 2018 Employment by Industry, CIP 51.38-
Registered Nursing, Nursing Administration, Nursing Research and Clinical Nursing**

| NAICS Code | Industry | Count | % |
|------------|---|--------------|---------------|
| 622110 | General Medical and Surgical Hospitals | 4,266 | 59.7% |
| 621610 | Home Health Care Services | 155 | 2.2% |
| 621111 | Offices of Physicians (except Mental Health Specialists) | 136 | 1.9% |
| 622310 | Specialty (except Psychiatric and Substance Abuse) Hospitals | 122 | 1.7% |
| 623110 | Nursing Care Facilities (Skilled Nursing Facilities) | 87 | 1.2% |
| 611110 | Elementary and Secondary Schools | 72 | 1.0% |
| 611310 | Colleges, Universities, and Professional Schools | 71 | 1.0% |
| 561330 | Professional Employer Organizations | 47 | 0.7% |
| 621492 | Kidney Dialysis Centers | 41 | 0.6% |
| 524114 | Direct Health and Medical Insurance Carriers | 38 | 0.5% |
| 622210 | Psychiatric and Substance Abuse Hospitals | 35 | 0.5% |
| 921140 | Executive and Legislative Offices, Combined | 34 | 0.5% |
| 923130 | Administration of Human Resource Programs (except Education, Public Health, and Veterans' Affairs Pro | 31 | 0.4% |
| 621498 | All Other Outpatient Care Centers | 29 | 0.4% |
| 621493 | Freestanding Ambulatory Surgical and Emergency Centers | 26 | 0.4% |
| 561320 | Temporary Help Services | 22 | 0.3% |
| 561110 | Office Administrative Services | 18 | 0.3% |
| 624120 | Services for the Elderly and Persons with Disabilities | 15 | 0.2% |
| 722511 | Full-Service Restaurants | 13 | 0.2% |
| 551114 | Corporate, Subsidiary, and Regional Managing Offices | 10 | 0.1% |
| 621491 | HMO Medical Centers | 10 | 0.1% |
| 623311 | Continuing Care Retirement Communities | 9 | 0.1% |
| 452210 | Department Stores | 6 | 0.1% |
| 611210 | Junior Colleges | 6 | 0.1% |
| 621910 | Ambulance Services | 6 | 0.1% |
| 623220 | Residential Mental Health and Substance Abuse Facilities | 6 | 0.1% |
| 623312 | Assisted Living Facilities for the Elderly | 6 | 0.1% |
| 524113 | Direct Life Insurance Carriers | 5 | 0.1% |
| 722513 | Limited-Service Restaurants | 5 | 0.1% |
| | All Other Industries | 130 | 1.8% |
| | Not Found | 1,690 | 23.6% |
| | Total | 7,147 | 100.0% |

Source: Texas Workforce Commission

Table 13. Employment by Industry for Texas University Master's Degree Earners

FY 2018 University Nursing Master's Degree Earners 4th Quarter FY 2018 Employment by Industry, CIP 51.38-Registered Nursing, Nursing Administration, Nursing Research and Clinical Nursing

| NAICS Code | Industry | Count | % |
|------------|---|--------------|---------------|
| 622110 | General Medical and Surgical Hospitals | 752 | 39.1% |
| 621111 | Offices of Physicians (except Mental Health Specialists) | 374 | 19.4% |
| 611310 | Colleges, Universities, and Professional Schools | 84 | 4.4% |
| 622310 | Specialty (except Psychiatric and Substance Abuse) Hospitals | 46 | 2.4% |
| 621610 | Home Health Care Services | 36 | 1.9% |
| 561330 | Professional Employer Organizations | 32 | 1.7% |
| 611210 | Junior Colleges | 23 | 1.2% |
| 621493 | Freestanding Ambulatory Surgical and Emergency Centers | 23 | 1.2% |
| 621498 | All Other Outpatient Care Centers | 22 | 1.1% |
| 611110 | Elementary and Secondary Schools | 16 | 0.8% |
| 524114 | Direct Health and Medical Insurance Carriers | 15 | 0.8% |
| 561110 | Office Administrative Services | 12 | 0.6% |
| 623110 | Nursing Care Facilities (Skilled Nursing Facilities) | 11 | 0.6% |
| 921140 | Executive and Legislative Offices, Combined | 11 | 0.6% |
| 561320 | Temporary Help Services | 8 | 0.4% |
| 621112 | Offices of Physicians, Mental Health Specialists | 7 | 0.4% |
| 621399 | Offices of All Other Miscellaneous Health Practitioners | 7 | 0.4% |
| 622210 | Psychiatric and Substance Abuse Hospitals | 7 | 0.4% |
| 541715 | Research and Development in the Physical, Engineering, and Life Sciences (except Nanotechnology and | 5 | 0.3% |
| 621999 | All Other Miscellaneous Ambulatory Health Care Services | 5 | 0.3% |
| 623220 | Residential Mental Health and Substance Abuse Facilities | 5 | 0.3% |
| 923130 | Administration of Human Resource Programs (except Education, Public Health, and Veterans' Affairs Pro | 5 | 0.3% |
| | All Other Industries* | 72 | 3.7% |
| | Not Found | 345 | 17.9% |
| | Total | 1,923 | 100.0% |

Source: Texas Workforce Commission

Table 14. Employment by Industry for Texas University Doctoral Research Scholarship Degree Earners

FY 2018 University Nursing Doctoral Research Scholarship Degree Earners 4th Quarter FY 2018 Employment by Industry, CIP 51.38-Registered Nursing, Nursing Administration, Nursing Research and Clinical Nursing

| NAICS Code | Industry | Count | % |
|------------|--|------------|---------------|
| 621111 | Offices of Physicians (except Mental Health Specialists) | 22 | 21.8% |
| 611310 | Colleges, Universities, and Professional Schools | 19 | 18.8% |
| 622110 | General Medical and Surgical Hospitals | 16 | 15.8% |
| 611210 | Junior Colleges | 5 | 5.0% |
| | All Other Industries* | 23 | 22.8% |
| | Not Found | 16 | 15.8% |
| | Total | 101 | 100.0% |

*Industry employed fewer than 5 graduates

Note: If a graduate is found employed in multiple industries, the highest paying industry is presented.

Source: Texas Workforce Commission

Table 15. Employment by Industry for Texas Community and Technical College Nursing Associate Degree Earners

Community and Technical College Nursing **Associate Degree Earners** 4th Quarter Employment by Industry, FY 2018,
CIP 51.38-Registered Nursing, Nursing Administration, Nursing Research and Clinical Nursing

| NAICS Code | Industry | Count | % |
|------------|---|--------------|---------------|
| 622110 | General Medical and Surgical Hospitals | 2,782 | 56.5% |
| 623110 | Nursing Care Facilities (Skilled Nursing Facilities) | 294 | 6.0% |
| 621610 | Home Health Care Services | 290 | 5.9% |
| 621111 | Offices of Physicians (except Mental Health Specialists) | 133 | 2.7% |
| 561330 | Professional Employer Organizations | 120 | 2.4% |
| 921140 | Executive and Legislative Offices, Combined | 90 | 1.8% |
| 621492 | Kidney Dialysis Centers | 89 | 1.8% |
| 622310 | Specialty (except Psychiatric and Substance Abuse) Hospitals | 81 | 1.6% |
| 923130 | Administration of Human Resource Programs (except Education, Public Health, and Veterans' Affairs Programs) | 62 | 1.3% |
| 622210 | Psychiatric and Substance Abuse Hospitals | 50 | 1.0% |
| 623311 | Continuing Care Retirement Communities | 43 | 0.9% |
| 611310 | Colleges, Universities, and Professional Schools | 33 | 0.7% |
| 611110 | Elementary and Secondary Schools | 26 | 0.5% |
| 561320 | Temporary Help Services | 25 | 0.5% |
| 621493 | Freestanding Ambulatory Surgical and Emergency Centers | 24 | 0.5% |
| 722511 | Full-Service Restaurants | 21 | 0.4% |
| 623220 | Residential Mental Health and Substance Abuse Facilities | 16 | 0.3% |
| 621498 | All Other Outpatient Care Centers | 12 | 0.2% |
| 624120 | Services for the Elderly and Persons with Disabilities | 11 | 0.2% |
| 561110 | Office Administrative Services | 10 | 0.2% |
| 445110 | Supermarkets and Other Grocery (except Convenience) Stores | 8 | 0.2% |
| 551114 | Corporate, Subsidiary, and Regional Managing Offices | 8 | 0.2% |
| 621340 | Offices of Physical, Occupational and Speech Therapists, and Audiologists | 8 | 0.2% |
| 446110 | Pharmacies and Drug Stores | 7 | 0.1% |
| 621112 | Offices of Physicians, Mental Health Specialists | 7 | 0.1% |
| 621910 | Ambulance Services | 7 | 0.1% |
| 611210 | Junior Colleges | 6 | 0.1% |
| 623312 | Assisted Living Facilities for the Elderly | 6 | 0.1% |
| 447110 | Gasoline Stations with Convenience Stores | 5 | 0.1% |
| 524114 | Direct Health and Medical Insurance Carriers | 5 | 0.1% |
| 561311 | Employment Placement Agencies | 5 | 0.1% |
| 621399 | Offices of All Other Miscellaneous Health Practitioners | 5 | 0.1% |
| 621491 | HMO Medical Centers | 5 | 0.1% |
| 722513 | Limited-Service Restaurants | 5 | 0.1% |
| | All Other Industries* | 135 | 2.7% |
| | Not Found | 493 | 10.0% |
| | Total | 4,927 | 100.0% |

*Industry employed fewer than 5 graduates

Note: If a graduate is found employed in multiple industries, the highest paying industry is presented.

Source: Texas Workforce Commission

Table 16. Employment by Industry for Texas Community and Technical College Nursing Graduates

FY 2018 Community and Technical College Nursing Graduates 4th Quarter FY 2018 Employment by Industry, CIP 51.38-Registered Nursing, Nursing Administration, Nursing Research and Clinical Nursing

| NAICS Code | Industry | Count | % |
|------------|---|--------------|---------------|
| 622110 | General Medical and Surgical Hospitals | 2,930 | 55.8% |
| 621610 | Home Health Care Services | 296 | 5.6% |
| 623110 | Nursing Care Facilities (Skilled Nursing Facilities) | 295 | 5.6% |
| 621111 | Offices of Physicians (except Mental Health Specialists) | 142 | 2.7% |
| 561330 | Professional Employer Organizations | 121 | 2.3% |
| 621492 | Kidney Dialysis Centers | 92 | 1.8% |
| 921140 | Executive and Legislative Offices, Combined | 92 | 1.8% |
| 622310 | Specialty (except Psychiatric and Substance Abuse) Hospitals | 87 | 1.7% |
| 923130 | Administration of Human Resource Programs (except Education, Public Health, and Veterans' Affairs Programs) | 62 | 1.2% |
| 622210 | Psychiatric and Substance Abuse Hospitals | 51 | 1.0% |
| 623311 | Continuing Care Retirement Communities | 43 | 0.8% |
| 611310 | Colleges, Universities, and Professional Schools | 33 | 0.6% |
| 611110 | Elementary and Secondary Schools | 29 | 0.6% |
| 722511 | Full-Service Restaurants | 26 | 0.5% |
| 561320 | Temporary Help Services | 25 | 0.5% |
| 621493 | Freestanding Ambulatory Surgical and Emergency Centers | 24 | 0.5% |
| 623220 | Residential Mental Health and Substance Abuse Facilities | 17 | 0.3% |
| 624120 | Services for the Elderly and Persons with Disabilities | 15 | 0.3% |
| 561110 | Office Administrative Services | 13 | 0.2% |
| 621498 | All Other Outpatient Care Centers | 12 | 0.2% |
| 445110 | Supermarkets and Other Grocery (except Convenience) Stores | 9 | 0.2% |
| 551114 | Corporate, Subsidiary, and Regional Managing Offices | 9 | 0.2% |
| 611210 | Junior Colleges | 8 | 0.2% |
| 621340 | Offices of Physical, Occupational and Speech Therapists, and Audiologists | 8 | 0.2% |
| 623312 | Assisted Living Facilities for the Elderly | 8 | 0.2% |
| 446110 | Pharmacies and Drug Stores | 7 | 0.1% |
| 452210 | Department Stores | 7 | 0.1% |
| 621112 | Offices of Physicians, Mental Health Specialists | 7 | 0.1% |
| 621910 | Ambulance Services | 7 | 0.1% |
| 447110 | Gasoline Stations with Convenience Stores | 6 | 0.1% |
| 561311 | Employment Placement Agencies | 6 | 0.1% |
| 722513 | Limited-Service Restaurants | 6 | 0.1% |
| 524114 | Direct Health and Medical Insurance Carriers | 5 | 0.1% |
| 621399 | Offices of All Other Miscellaneous Health Practitioners | 5 | 0.1% |
| 621491 | HMO Medical Centers | 5 | 0.1% |
| 623210 | Residential Intellectual and Developmental Disability Facilities | 5 | 0.1% |
| 623990 | Other Residential Care Facilities | 5 | 0.1% |
| | All Other Industries* | 149 | 2.8% |
| | Not Found | 587 | 11.2% |
| | Total | 5,254 | 100.0% |

*Industry employed fewer than 5 graduates

Note: If a graduate is found employed in multiple industries, the highest paying industry is presented.

Source: Texas Workforce Commission

Table 17. Employment by Industry for Texas Health-Related Institutions Nursing Graduates
FY 2018 Health-Related Institution Nursing Graduates 4th Quarter FY 2018 Employment by Industry, CIP 51.38-
Registered Nursing, Nursing Administration, Nursing Research and Clinical Nursing

| NAICS Code | Industry | Count | % |
|------------|---|--------------|---------------|
| 621111 | Offices of Physicians (except Mental Health Specialists) | 178 | 5.4% |
| 622310 | Specialty (except Psychiatric and Substance Abuse) Hospitals | 126 | 3.8% |
| 621498 | All Other Outpatient Care Centers | 74 | 2.2% |
| 611310 | Colleges, Universities, and Professional Schools | 67 | 2.0% |
| 621610 | Home Health Care Services | 58 | 1.8% |
| 561330 | Professional Employer Organizations | 29 | 0.9% |
| 921140 | Executive and Legislative Offices, Combined | 24 | 0.7% |
| 621493 | Freestanding Ambulatory Surgical and Emergency Centers | 23 | 0.7% |
| 622210 | Psychiatric and Substance Abuse Hospitals | 21 | 0.6% |
| 611110 | Elementary and Secondary Schools | 16 | 0.5% |
| 623110 | Nursing Care Facilities (Skilled Nursing Facilities) | 15 | 0.5% |
| 561320 | Temporary Help Services | 14 | 0.4% |
| 621492 | Kidney Dialysis Centers | 14 | 0.4% |
| 561110 | Office Administrative Services | 8 | 0.2% |
| 923130 | Administration of Human Resource Programs (except Education, Public Health, and Veterans' Affairs Programs) | 7 | 0.2% |
| 621112 | Offices of Physicians, Mental Health Specialists | 6 | 0.2% |
| 0 | | 5 | 0.2% |
| 621399 | Offices of All Other Miscellaneous Health Practitioners | 5 | 0.2% |
| 624120 | Services for the Elderly and Persons with Disabilities | 5 | 0.2% |
| | All Other Industries* | 2,268 | 68.7% |
| | Not Found | 340 | 10.3% |
| | Total | 3,303 | 100.0% |

*Industry employed fewer than 5 graduates

Note: If a graduate is found employed in multiple industries, the highest paying industry is presented.

Source: Texas Workforce Commission

Table 18. Employment by Industry for Texas Health-Related Institutions Nursing Bachelor's Degree Graduates

FY 2018 Health-Related Institution Nursing Bachelor's Degree Graduates 4th Quarter FY 2018 Employment by Industry, CIP 51.38-Registered Nursing, Nursing Administration, Nursing Research and Clinical Nursing

| NAICS Code | Industry | Count | % |
|------------|--|--------------|---------------|
| 622110 | General Medical and Surgical Hospitals | 1,871 | 75.1% |
| 622310 | Specialty (except Psychiatric and Substance Abuse) Hospitals | 73 | 2.9% |
| 621498 | All Other Outpatient Care Centers | 53 | 2.1% |
| 621610 | Home Health Care Services | 44 | 1.8% |
| 621111 | Offices of Physicians (except Mental Health Specialists) | 36 | 1.4% |
| 611310 | Colleges, Universities, and Professional Schools | 26 | 1.0% |
| 921140 | Executive and Legislative Offices, Combined | 19 | 0.8% |
| 622210 | Psychiatric and Substance Abuse Hospitals | 18 | 0.7% |
| 621492 | Kidney Dialysis Centers | 14 | 0.6% |
| 561330 | Professional Employer Organizations | 12 | 0.5% |
| 611110 | Elementary and Secondary Schools | 12 | 0.5% |
| 623110 | Nursing Care Facilities (Skilled Nursing Facilities) | 11 | 0.4% |
| 621493 | Freestanding Ambulatory Surgical and Emergency Centers | 8 | 0.3% |
| 561320 | Temporary Help Services | 5 | 0.2% |
| | All Other Industries* | 70 | 2.8% |
| | Not Found | 218 | 8.8% |
| | Total | 2,490 | 100.0% |

Source: Texas Workforce Commission

Table 19. Employment by Industry for Texas Health-Related Institutions Nursing Master's Degree Graduates

FY 2018 Health-Related Institution Nursing Master's Degree Graduates 4th Quarter FY 2018 Employment by Industry, CIP 51.38-Registered Nursing, Nursing Administration, Nursing Research and Clinical Nursing

| NAICS Code | Industry | Count | % |
|------------|--|------------|---------------|
| 622110 | General Medical and Surgical Hospitals | 300 | 41.5% |
| 621111 | Offices of Physicians (except Mental Health Specialists) | 127 | 17.6% |
| 622310 | Specialty (except Psychiatric and Substance Abuse) Hospitals | 45 | 6.2% |
| 611310 | Colleges, Universities, and Professional Schools | 22 | 3.0% |
| 621498 | All Other Outpatient Care Centers | 17 | 2.4% |
| 561330 | Professional Employer Organizations | 15 | 2.1% |
| 621493 | Freestanding Ambulatory Surgical and Emergency Centers | 14 | 1.9% |
| 621610 | Home Health Care Services | 14 | 1.9% |
| 561320 | Temporary Help Services | 8 | 1.1% |
| 621112 | Offices of Physicians, Mental Health Specialists | 5 | 0.7% |
| 621399 | Offices of All Other Miscellaneous Health Practitioners | 5 | 0.7% |
| 921140 | Executive and Legislative Offices, Combined | 5 | 0.7% |
| | All Other Industries* | 39 | 5.4% |
| | Not Found | 107 | 14.8% |
| | Total | 723 | 100.0% |

Source: Texas Workforce Commission

Table 20. Employment by Industry for Texas Health-Related Institutions Nursing Doctoral Research Scholarship Graduates

FY 2018 Health-Related Institution Nursing Doctoral Research Scholarship Graduates 4th Quarter FY 2018 Employment by Industry, CIP 51.38-Registered Nursing, Nursing Administration, Nursing Research and Clinical

| NAICS Code | Industry | Count | % |
|------------|--|-----------|---------------|
| 611310 | Colleges, Universities, and Professional Schools | 19 | 21.6% |
| 621111 | Offices of Physicians (except Mental Health Specialists) | 15 | 17.0% |
| 622110 | General Medical and Surgical Hospitals | 14 | 15.9% |
| 622310 | Specialty (except Psychiatric and Substance Abuse) Hospitals | 8 | 9.1% |
| | All Other Industries* | 17 | 19.3% |
| | Not Found | 15 | 17.0% |
| | Total | 88 | 100.0% |

*Industry employed fewer than 5 graduates

Note: If a graduate is found employed in multiple industries, the highest paying industry is presented.

Source: Texas Workforce Commission

Table 21. Employment by Industry for Texas Independent College and University Nursing Graduates

FY 2018 Independent College and University Nursing Graduates 4th Quarter FY 2018 Employment by Industry, CIP 51.38-Registered Nursing, Nursing Administration, Nursing Research and Clinical Nursing

| NAICS Code | Industry | Count | % |
|------------|---|--------------|---------------|
| 622110 | General Medical and Surgical Hospitals | 999 | 61.1% |
| 621111 | Offices of Physicians (except Mental Health Specialists) | 122 | 7.5% |
| 611310 | Colleges, Universities, and Professional Schools | 36 | 2.2% |
| 623110 | Nursing Care Facilities (Skilled Nursing Facilities) | 20 | 1.2% |
| 561330 | Professional Employer Organizations | 19 | 1.2% |
| 621610 | Home Health Care Services | 17 | 1.0% |
| 622310 | Specialty (except Psychiatric and Substance Abuse) Hospitals | 11 | 0.7% |
| 622210 | Psychiatric and Substance Abuse Hospitals | 8 | 0.5% |
| 561320 | Temporary Help Services | 5 | 0.3% |
| 611110 | Elementary and Secondary Schools | 5 | 0.3% |
| 621492 | Kidney Dialysis Centers | 5 | 0.3% |
| 923130 | Administration of Human Resource Programs (except Education, Public Health, and Veterans' Affairs Programs) | 5 | 0.3% |
| | All Other Industries* | 61 | 3.7% |
| | Not Found | 322 | 19.7% |
| | Total | 1,635 | 100.0% |

*Industry employed fewer than 5 graduates

Note: If a graduate is found employed in multiple industries, the highest paying industry is presented.

Source: Texas Workforce Commission

Table 22. Employment by Industry for Texas Independent College and University Nursing Bachelor's Degree Graduates

FY 2018 Independent College and University Nursing Bachelor's Degree Graduates 4th Quarter FY 2018
Employment by Industry, CIP 51.38-Registered Nursing, Nursing Administration, Nursing Research and Clinical Nursing

| NAICS Code | Industry | Count | % |
|------------|--|--------------|---------------|
| 622110 | General Medical and Surgical Hospitals | 914 | 73.1% |
| 611310 | Colleges, Universities, and Professional Schools | 17 | 1.4% |
| 621610 | Home Health Care Services | 15 | 1.2% |
| 623110 | Nursing Care Facilities (Skilled Nursing Facilities) | 15 | 1.2% |
| 561330 | Professional Employer Organizations | 11 | 0.9% |
| 621111 | Offices of Physicians (except Mental Health Specialists) | 11 | 0.9% |
| 622310 | Specialty (except Psychiatric and Substance Abuse) Hospitals | 9 | 0.7% |
| 622210 | Psychiatric and Substance Abuse Hospitals | 7 | 0.6% |
| 621492 | Kidney Dialysis Centers | 5 | 0.4% |
| | All Other Industries* | 46 | 3.7% |
| | Not Found | 200 | 16.0% |
| | Total | 1,250 | 100.0% |

Source: Texas Workforce Commission

Table 23. Employment by Industry for Texas Independent College and University Nursing Master's Degree Graduates

FY 2018 Independent College and University Nursing Master's Degree Graduates 4th Quarter FY 2018 Employment by Industry, CIP 51.38-Registered Nursing, Nursing Administration, Nursing Research and Clinical Nursing

| NAICS Code | Industry | Count | % |
|------------|--|------------|---------------|
| 622110 | General Medical and Surgical Hospitals | 66 | 28.2% |
| 621111 | Offices of Physicians (except Mental Health Specialists) | 59 | 25.2% |
| 611310 | Colleges, Universities, and Professional Schools | 10 | 4.3% |
| | All Other Industries* | 27 | 11.5% |
| | Not Found | 72 | 30.8% |
| | Total | 234 | 100.0% |

Source: Texas Workforce Commission

Table 24. Employment by Industry for Texas Independent College and University Nursing Doctoral Research Scholarship and Professional Practice Graduates

FY 2018 Independent College and University Nursing Doctoral Research Scholarship and Professional Practice Graduates 4th Quarter FY 2018 Employment by Industry, CIP 51.38-Registered Nursing, Nursing Administration, Nursing Research and Clinical Nursing

| NAICS Code | Industry | Count | % |
|------------|--|------------|---------------|
| 621111 | Offices of Physicians (except Mental Health Specialists) | 48 | 36.4% |
| 622110 | General Medical and Surgical Hospitals | 16 | 12.1% |
| 611310 | Colleges, Universities, and Professional Schools | 9 | 6.8% |
| | All Other Industries* | 11 | 8.3% |
| | Not Found | 48 | 36.4% |
| | Total | 132 | 100.0% |

*Industry employed fewer than 5 graduates

Note: If a graduate is found employed in multiple industries, the highest paying industry is presented.

Source: Texas Workforce Commission

Table 25. Employment and Wages by Industry for Texas Master's Degree Earners
Master's Degree Earners' 4th Quarter Employment and Wages by Industry, FY 2018 Graduates,
Nursing Education (CIP 51.3817)

| NAICS Code | Industry | Count | % | Q4 Avg Wage | Proxy Annual Wage** |
|------------|--|------------|---------------|-------------|---------------------|
| 622110 | General Medical and Surgical Hospitals | 128 | 40.4% | \$ 21,499 | \$ 85,996 |
| 611310 | Colleges, Universities, and Professional Schools | 42 | 13.2% | \$ 14,596 | \$ 58,385 |
| 611210 | Junior Colleges | 18 | 5.7% | \$ 15,167 | \$ 60,669 |
| 611110 | Elementary and Secondary Schools | 7 | 2.2% | \$ 13,334 | \$ 53,335 |
| 621111 | Offices of Physicians (except Mental Health Specialists) | 6 | 1.9% | \$ 19,792 | \$ 79,168 |
| 621610 | Home Health Care Services | 6 | 1.9% | \$ 18,435 | \$ 73,739 |
| 622310 | Specialty (except Psychiatric and Substance Abuse) Hospitals | 5 | 1.6% | \$ 23,409 | \$ 93,637 |
| | All Other Industries* | 24 | 7.6% | \$ 18,981 | \$ 75,924 |
| | Not Found | 81 | 25.6% | | |
| | Total | 317 | 100.0% | | |

*Industry employed fewer than 5 graduates

**Proxy of annual wage is the 4th quarter wage multiplied by 4.

Note: If a graduate is found employed in multiple industries, the highest paying industry is presented. All reported wages are included in the average wage.

Additional analyses found that 61 graduates were employed in *both* a medical industry and a higher education industry (junior college, college, university, or professional school). In this group, the average wage from the medical industry was \$14,965 and the average wage from the higher education industry was \$8,688. It is important to note that this includes any wage reported under each industry regardless of occupation.

Source: Texas Workforce Commission

Table 26. Employment and Wages by Industry for Texas Doctoral Research Scholarship Degree Earners
Doctoral Research Scholarship Degree Earners' 4th Quarter Employment and Wages by
Industry, FY 2018 Graduates, Nursing Science (CIP 51.3808)

| NAICS Code | Industry | Count | % | Q4 Avg Wage | Proxy Annual Wage** |
|------------|--|-----------|---------------|-------------|---------------------|
| 611310 | Colleges, Universities, and Professional Schools | 15 | 32.6% | \$ 19,186 | \$ 76,746 |
| 611210 | Junior Colleges | 6 | 13.0% | \$ 23,464 | \$ 93,854 |
| 622110 | General Medical and Surgical Hospitals | 5 | 10.9% | \$ 24,685 | \$ 98,741 |
| | All Other Industries* | 6 | 13.0% | \$ 30,753 | \$ 123,011 |
| | Not Found | 14 | 30.4% | | |
| | Total | 46 | 100.0% | | |

*Industry employed fewer than 5 graduates

**Proxy of annual wage is the 4th quarter wage multiplied by 4.

Note: If a graduate is found employed in multiple industries, the highest paying industry is presented. All reported wages are included in the average wage.

Source: Texas Workforce Commission

Table 27. Average Age of New Texas Nursing Students

| Student level | Sector | Fall 2017 | | Fall 2018 | |
|---------------|--------------------------------|---------------------|-------------|---------------------|-------------|
| | | Number of students* | Average age | Number of students* | Average age |
| Undergraduate | Public University | 3,327 | 26.1 | 3,635 | 25.3 |
| | Private University | 1,086 | 24.9 | 1,125 | 24.1 |
| | Community or Technical College | 4,405 | 28.2 | 4,394 | 28.4 |
| Graduate | Public University | 534 | 31.8 | 457 | 32.0 |
| | Private University | 95 | 29.3 | 74 | 28.9 |
| All Students | All Sectors | 9,447 | 27.3 | 9,685 | 26.9 |

* Students with RPA (restricted program access) codes of 06 to 15 (nursing students) enrolled in Texas public or private 2- and 4-year institutions who were not enrolled with any of these RPA codes in the prior two academic years. No students with these RPA codes were found in HRIs.

Source: Texas Higher Education Coordinating Board CBM reports

Figure 3. Timing Schedule for NSRP Programs

NSRP Programs
Typical Timing Schedule for Programs
November 1, 2019

| | Regular Program | Over 70 Program | Under 70 Program |
|-----------------------------|--|--|--|
| | Awards Earned Upon Receipt | Advances Paid | Advances Paid |
| Mid July | | Notices Sent to Institutions Advising Them of Participation in Either the Over or Under Program for the Next Two Years | |
| Mid August | Send out Application Packet for Year One | | |
| | Year One of Biennium | | |
| Mid September | Application & Program Reports Due | | |
| October 1 | Institutions Report Graduates on CBM009 | | Institutions Report Graduates on CBM009 |
| Late October/Early November | Institutions Receive Awards | | Determine Under 70 Awards/Refunds - Prior Biennium |
| November | | | Collect Refunds - Prior Biennium |
| Late November | | | Pay Over-Target Payments - Prior Biennium |
| Late January/February | | Receive Enrollment Numbers from CNWS for Prior 8/31/xx | |
| March | | Send out Application Packets - Application is for Both Years of Current Biennium | Send out Application Packets - Application is for the Two Year Period |
| April | | Applications Due for Both Years of Current Biennium | Applications Due |
| April | | Applications Processed - Institution Advance Amounts Determined for Both Years | Applications Processed - Institution Advance Amounts Determined for Both Years |
| May | | Pay Year One Advances | Pay Year One Advances |
| Mid August | Send out Application Packet for Year Two | | |

| | Regular Program | Over 70 Program | Under 70 Program |
|-----------------------------|---|--|--|
| | Year Two of Biennium | | |
| Early September | | Pay Year Two Advances | Pay Year Two Advances |
| Mid September | Application & Program Reports Due | | |
| October 1 | Institutions Report Graduates on CBM009 | | |
| Late October/Early November | Institutions Receive Awards | | |
| Late January/February | | | |
| March | | Receive Enrollment Numbers from CNWS for Prior 8/31/xx | |
| March/April | | Determine Over 70 Awards/Refunds for Year One | |
| April | | Collect Refunds | |
| Mid July | | Pay Over-Target Payments | |
| | | Notices Sent to Intuitions Advising Them of Participation in Either the Over or Under Program for the Next Two Years | |
| Mid August | Send out Application Packet for Year One of Next Biennium | | |
| | Next Biennium | | |
| Mid September | Application & Program Reports Due | | |
| October 1 | Institutions Report Graduates on CBM009 | | Institutions Report Graduates on CBM009 |
| Late October/Early November | Institutions Receive Awards | | Determine Under 70 Awards/Refunds - Prior Biennium |
| November | | | Collect Refunds - Prior Biennium |
| Late November | | | Pay Over-Target Payments - Prior Biennium |
| Late January/February | | Receive Enrollment Numbers from CNWS | |
| March | | Determine Over 70 Awards/Refunds for Year Two | |
| March/April | | Collect Refunds | |
| April | | Pay Over-Target Payments | |

Source: Texas Higher Education Coordinating Board

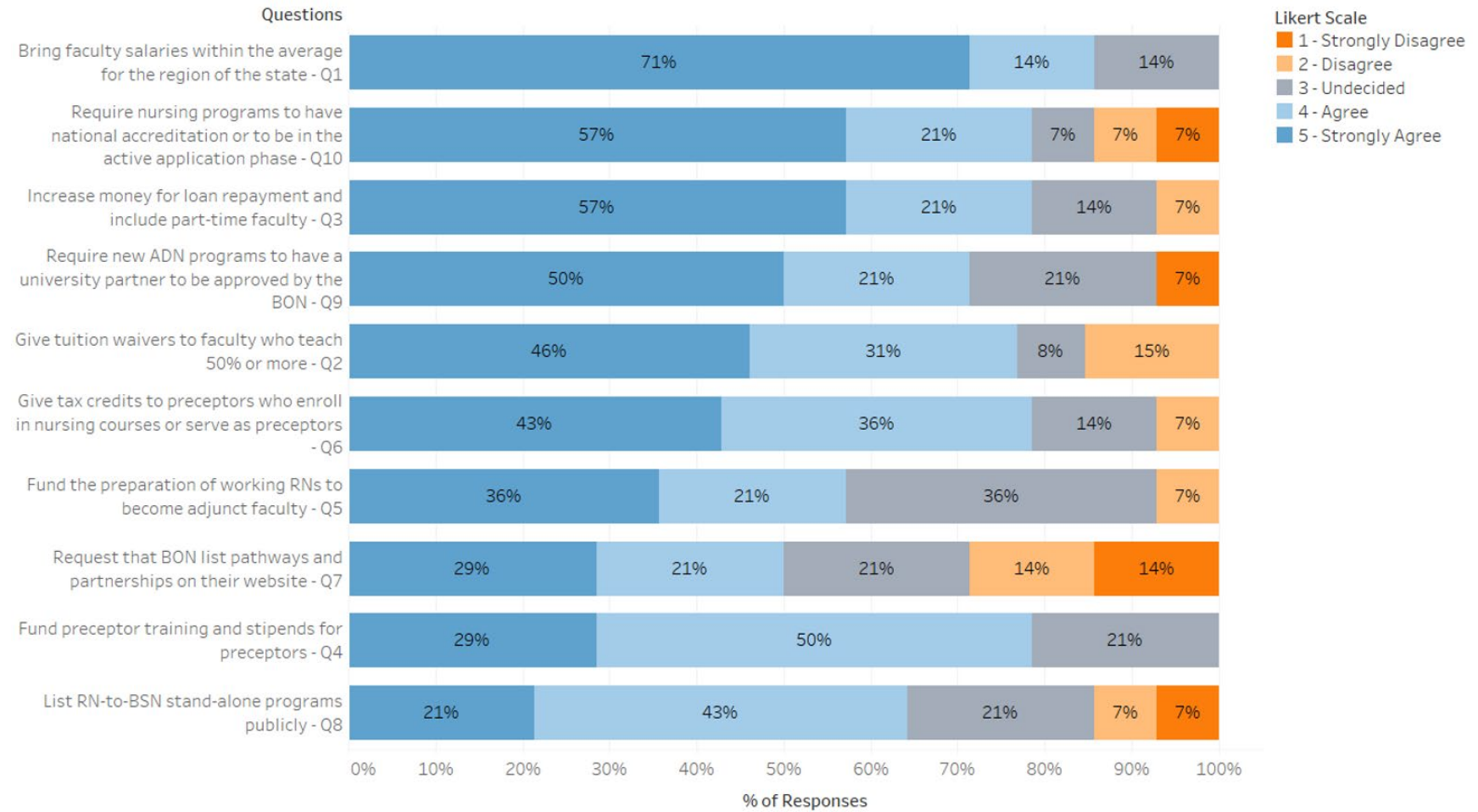
Table 28. Informal Survey Results from the February 13, 2020, Work Group Meeting

| NSRP Challenge/Issue | Priority # from Survey |
|---|-------------------------------|
| Prioritization of initial licensure nurses (for example, should we continue to include RN-to-BSN students; should we adjust award weighting to focus more on initial licensure) | 1 |
| Timing issues involving program logistics (such as planning and budget challenges, hiring challenges, supporting initiatives with money that doesn't come in until after the start of the academic year, etc.). | 2 |
| Funding is not consistent or predictable; difficult to hire faculty with one-time money (for example, should we consider rolling averages or other ways to address?) | 3 |
| Lack of clinical spaces | 4 |
| Capacity (FACULTY) | 5 |
| Requirement to return unearned funds leads to caution about spending/planning | 6 |
| Selecting the correct degree-level populations for inclusion (for example, should we include graduate program students beyond those earning degrees that lead to nursing faculty positions?) | 7 |
| Capacity (FACILITY) | 8 |
| Program complexity (for example, should we decrease the number of programs, decrease reliance on RPA codes and find other ways to track outcomes, or explore other ways to simplify?) | 9 |
| Reporting and Communication | 10 |
| Student diversity (for example, should we add incentives for under-represented groups?) | 11 |
| Many nurses are not from Texas. Although funding is not available for fully online program graduates from out-of-state, should there be more limitations? | 12 |
| Limitations on who can apply | 13 |

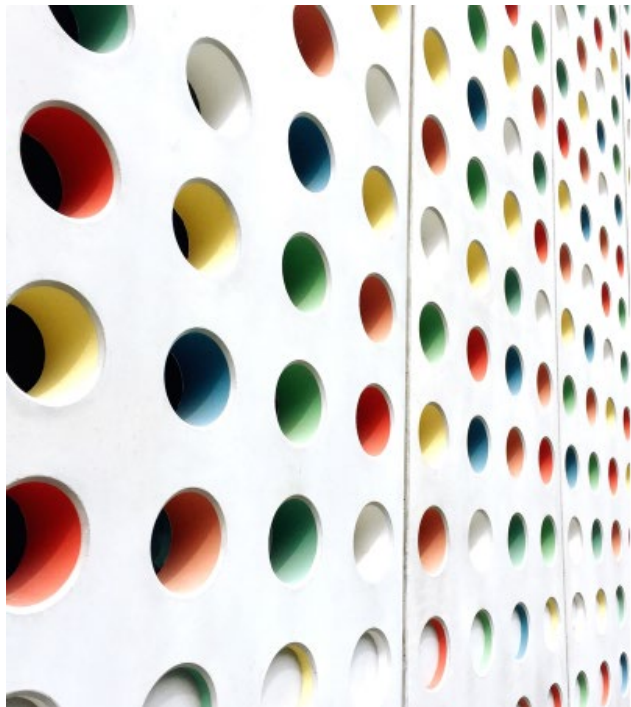
Table 29: Results of the Survey of Design Ideas

| Category | Program Design Idea | Strongly Agree | Somewhat Agree | Undecided | Somewhat Disagree | Strongly Disagree |
|--------------------------------|--|-----------------------|-----------------------|------------------|--------------------------|--------------------------|
| Program Structure | Provide a simple, clear, and transparent timeline | 81% | 13% | 6% | 0% | 0% |
| | Weight factors, such as increasing initial licensure, increasing pass rates, and retaining faculty | 80% | 20% | 0% | 0% | 0% |
| | Weight initial licensure and have a smaller pot of money for RN-to-BSN | 63% | 19% | 6% | 6% | 6% |
| | Annual funding with no refunds | 53% | 20% | 7% | 20% | 0% |
| | Build in maintenance of quality | 47% | 40% | 13% | 0% | 0% |
| | Use a three-to-five year rolling average | 44% | 38% | 13% | 6% | 0% |
| | Provide two years of funding up front (rolling average would improve stability) | 31% | 50% | 19% | 0% | 0% |
| | Combine the three programs into one | 20% | 27% | 27% | 13% | 13% |
| Other State Funding Strategies | Provide incentives to attract teachers, such as tax breaks, loans, scholarships, and forgiveness | 81% | 6% | 6% | 6% | 0% |
| | Retain teachers with specific salary benefits | 63% | 19% | 19% | 0% | 0% |
| | Let full-time faculty members and their children attend the institution where the faculty members teach for free | 56% | 19% | 19% | 6% | 0% |

Figure 4. Survey Regarding Proposals for Other Initiatives to Address the Nursing Shortage
Program Ideas N=14



Appendix B: Presentation by Mr. Tim Henderson on Legislative Initiatives in Other States



State Legislative Efforts to Address Shortages of Initial Licensure Nurses

TIM M. HENDERSON, MSPH MAMC

Research Parameters

- **All 50 states and DC** (TX not reported)
- **Nurses: ADN, BSN, APRN, Doctoral**
- **Legislation:**
 - 2008 – 2020 (full text provided)
 - Laws; Bills (not adopted); Bills (pending- 2019/2020)
 - May include multiple objectives, other professions
 - Actions largely about improving supply
- **No attempt to search state regulations *or* to evaluate implemented legislation.**

Legislation: *Categorized by Objective*

- ❑ **Didactic Faculty**
- ❑ **Clinical Faculty/Preceptors and Training Sites**
- ❑ **Students**
- ❑ **Educational Pathways and Partnerships**
- ❑ **Workforce Planning, Evaluation and Investment**

Didactic Faculty

- ❑ **Funding new doctoral degrees - emphasis on nursing education:**
AR*, CA*, CT
- ❑ **Grant fund:** MD, NM*, NY, SC*
- ❑ **Loan repayment, scholarships, “pay it forward” programs:**
AR*, CO*, IN, ME*, NY, OK*, OR*, PA, SC*, WA
- ❑ **Tax credit:** IL
- ❑ **Enabling public employee/teacher retirees to return to work as nurse faculty without losing retirement benefits:** NC*

* Adopted

Clinical Faculty/Preceptors and Training Sites

- ❑ Funding for new clinical training programs/sites:
FL*, HI, MA, NY
- ❑ Expansion grants to existing clinical training programs:
MN, OK*, SC*, UT*
- ❑ Tax credit for preceptors:
CO*, GA*, HI*, MD*, NY, OR, SC*

* Adopted

Students

(ADN, BSN, APRN, DNP/PhD)

- ❑ Loan repayments, scholarships:
AL*, AR*, CA*, DE*, FL*, ID, IL*, IN*, NY, OK*, PA, WI*, WY* *plus*
- ❑ Grants/stipends: AR*, MI*, WI*
- ❑ Loan repayments – employer tax credit: NJ
- ❑ Special accommodations for degree application/completion:
 - Military applicants: CA, NJ*, NM, SC, VA*
 - Mental health nurses: KS*, NY
 - Other: NY*

* Adopted

Educational Pathways *and* Partnerships

- ❑ Articulate/streamline ADN-to-BSN pathways statewide: CA*, MA, MD*
- ❑ Create high school-to-college nursing apprenticeship and career pathway programs: MD, MO*, WV*
- ❑ Authorize community college(s) to offer BSN/ BSN completion programs: CO*, IL(pilot), MI, NJ, NY, WA*
- ❑ Establish plan for shared use of clinical simulation labs statewide: MS*
- ❑ Institute statewide common curriculum for undergraduate nursing education: NM*
- ❑ Determine course equivalences between ADN and other health professions programs: WA* (paramedic)

* Adopted

Workforce Planning, Evaluation *and* Investment

- ❑ Workforce assessment: AZ, FL*, MD, NY*
- ❑ Workforce development: AZ, IL*, ME*, NY, PA, SC*, WA
- ❑ Tax credit for practice in rural and underserved areas: GA, NY

* Adopted

Appendix C: THECB Staff Summary of Legislative Initiatives in Other States

Introduction

At the May 14, 2020, NSRP Rider 28 Study Work Group meeting, Mr. Tim Henderson presented research on state legislative efforts to address shortages of initial licensure nurses. He categorized the legislation by:

- Didactic Faculty
- Clinical Faculty/Preceptors and Training Sites
- Students
- Educational Pathways and Partnerships
- Workforce Planning, Evaluation and Investment

Below is a summary of the legislation, which was prepared by THECB staff. An asterisk after the name of the state indicates that the legislation was adopted. As noted in the summaries, some legislation relates to several objectives.

Legislation

Didactic Faculty

- Funding new doctoral degrees - emphasis on nursing education: CA,* CT*
 - California,* Assembly Bill (AB) No. 422, 2017 Law: Authorizes the California State University to establish Doctor of Nursing Practice degree programs, subject to specified program and enrollment requirements. The bill would require the California State University to provide initial funding from within existing budgets, as specified, and would express the Legislature's intent that the California State University seek private donations or other nonstate funds to fund startup costs for the programs.
 - Connecticut,* House Bill (HB) 5024, 2010 Law: Allows the Board of Trustees of the Connecticut State University System to develop an education doctoral degree program in nursing education.
- Grant fund: MD, NM,* NY, SC*
 - Maryland, SB 108, 2016: Alters the types of nursing positions that are eligible to receive grants from the Nurse Support Program Assistant Fund. The bill specified that money in the fund will be used for grants to increase the number of qualified bedside nurses in Maryland hospitals and a portion of the grants will be used to attract and retain minorities to nursing and nurse faculty careers in Maryland.
 - New Mexico,* SB 341, 2015 Law: Allows any registered nurse who is or will be a nurse educator to use the nurse educators fund to obtain a higher degree.
 - New York, AB 2863, 2019, also under Students/Loan repayments, scholarships and Workforce Planning, Evaluation and Investment/Workforce Development: "Establishes the nursing education expansion program, including faculty

development program, capital facility program and the recruitment and promotion program; creates regents nursing shortage scholarships; provides for county matching awards for professional education in nursing; establishes the 'nursing faculty development program fund', the 'nursing capital facilities program fund', the 'recruitment and promotion program fund', and the 'county match awards for professional education in nursing fund'; appropriates \$25,620,000 therefore. ...

- "The faculty development program is hereby created to assist institutions of higher education with the retention and recruitment of nursing faculty. Funds appropriated for this program shall be administered by the commissioner of education pursuant to request for proposals. Consideration for the allocation of awards shall be given to all institutions of higher education within the state provided such institutions demonstrate to the satisfaction of the commissioner a specific need for such funds and the manner in which such award for the recruitment and retention of nursing faculty would enhance the nursing education and training capabilities and reputation of the institution. The nursing education expansion program shall issue awards of up to twenty thousand dollars per faculty member annually. Institutions may apply for no more than three awards per institution per award length. ...
- "The capital facility program shall provide financing for the design, acquisition, construction, reconstruction, rehabilitation or improvement of nursing facilities, including equipment. ...
- "The recruitment and promotion program is hereby created to provide resources for, but not limited to, promotional material, advertising and internships to attract students to the field of nursing. No less than fifty percent of these funds must go to recruitment and promotion efforts aimed at high school students. ...
- "At least thirty percent of the regents professional education in nursing scholarships awarded each year shall be awarded to students beginning or engaged in the professional study in nursing who agree to practice nursing upon completion of their professional training in an area in New York state designated as having a shortage of nurses."
- South Carolina,* SB 1022, 2008 Law, also included under Didactic Faculty/Loan repayment, scholarships, "pay it forward" programs and Workforce Planning/Workforce development: Creates the South Carolina Critical Needs Nursing Initiative Fund to provide incentives to retain nurse faculty scholars, attract new nurse faculty, provide loans, grants, and scholarships to in-state resident nursing students; establish a research office to predict health care workforce needs; and provide technology to increase accessibility to clinical education needs. "Funds shall be used in the following priority order: 1) faculty salary enhancements; 2) new faculty; 3) student scholarship, loan, and grant programs; 4) establishment of the Office for Health Care Workforce Research; and 5) use of simulation technology and equipment. ...
 - "Faculty Salary Enhancements: This enhancement is intended to bring salaries for nursing faculty within the average for the geographic area in

which the State of South Carolina competes for nursing faculty. In regard to these faculty salary enhancements, the Commission on Higher Education, upon consultation with members of the Advisory Committee on Academic Programs from institutions with accredited nursing programs and the chairperson, or designee, of the South Carolina Council of Deans and Directors in Nursing Education, shall determine and distribute funds from the Critical Needs Nursing Initiative Fund to the institutions where such faculty are employed. The governing body of the institution pursuant to its procedures shall then allocate these enhancements among its affected faculty in such amounts as it determines appropriate consistent with the guidelines of this chapter. ...

- "New nursing faculty positions: The Commission on Higher Education, upon consultation with members of the Advisory Committee on Academic Programs from institutions with accredited nursing programs and the chairperson, or designee, of the South Carolina Council of Deans and Directors in Nursing Education, shall establish guidelines and criteria for funding the new positions to the recipient institutions based on faculty need. In regard to these new faculty positions, the Commission on Higher Education shall determine and distribute funds from the Critical Needs Nursing Initiative Fund to the institutions where the new faculty positions are to be located. The governing body of the institution shall then create and fund these new positions in the manner it considers appropriate consistent with the guidelines of this chapter. ...
- "Scholarships, student loans, and grants: ...
 - "The Critical Needs Nursing Initiative Scholarship, Loan, and Grant Program is established to provide incentives and stipends to enable candidates seeking a higher degree to become qualified to teach full-time at an accredited nursing program. ...
 - "Funds shall be allocated to four-year and graduate level institutions based on the institution's share of the total resident South Carolina student nursing population in that category of student, full-time or part-time. Disbursements of the applicable funds shall be made by the commission to the institution, which in turn shall disburse the funds to the students. ...
 - "Funding for thirty loans not to exceed forty thousand dollars per loan for a term not to exceed twenty-four months to be provided for full-time students enrolled in Masters in Nursing graduate programs. ...
 - "Funding for thirty loans not to exceed thirty thousand dollars per loan for a term not to exceed thirty-six months to be provided for part-time students enrolled in Masters in Nursing graduate programs. ...
 - "Funding for five loans not to exceed fifty thousand dollars per loan for a term not to exceed forty-eight months to be provided for full-time doctoral education students enrolled

- in nursing or a related field that would prepare the person to teach in a nursing program. ...
 - "Funding for five loans not to exceed one hundred twenty-five thousand dollars per loan for a term not to exceed sixty months to be provided for part-time doctoral education students in nursing or a related field that would prepare the person to teach in a nursing program. ...
 - "Funding for ten scholarships at five thousand dollars each to be provided to increase the number and amount of awards for scholarships to students pursuing a Bachelor of Science in Nursing from an accredited nursing program, including those students who have graduated from an associate degree program. ...
 - "In order to better recruit and retain a diverse nursing faculty and student pool, funding for five grants of up to fifty thousand dollars each to be provided to four-year institutions of higher learning with an accredited nursing program.
- "Officer of Health Care Workforce research; purpose; duties and functions: The duties and functions of the office include, but are not limited to: ...
 - "collaborating with other appropriate entities to expand nursing workforce data collection and analysis; ...
 - "conducting an annual nursing workforce needs survey, using a manpower prediction model for staffing, to create a statewide database of nursing supply and demand statistics for health care employers in this state; ...
 - "studying and monitoring trends in the recruitment, retention, and education of associate, baccalaureate, masters, and doctorate-prepared nurses; ...
 - "soliciting information regarding current budgeted nursing positions, vacancies, projected staffing requirements, and turnover data; and ...
 - "providing workforce data and analysis to assist in development of nursing workforce policy. ...
- "Use of simulation technology to educate nurses: The Commission on Higher Education shall, upon consultation with members of the Advisory Committee on Academic Programs from institutions with accredited nursing programs and the chairperson, or designee, of the South Carolina Council of Deans and Directors in Nursing Education, develop guidelines as to how these funds must be allocated. The commission shall determine and distribute funds from the Critical Needs Nursing Initiative Fund to the institutions and the governing body of the institution shall determine how these funds shall be used consistent with the guidelines of this chapter."

- Loan repayment, scholarships, “pay it forward” programs: AR,* CO,* IN, ME,* NY, OK,* OR,* PA, SC,* WA
 - Arkansas,* HB 1538, 2017 Law: Amends law to make doctoral nursing programs eligible for nurse educator student loans and scholarships.
 - Colorado,* HB 1281, 2011 Law: Amends law regarding the state health service corps program. This program uses state, federal, and private money to help repay the outstanding educational loans of health care professional, nursing faculty, and health care professional faculty. In exchange for the repayment of loans, the health care professionals commit to provide health care in underserved health areas. Nursing or other health care professional faculty member shall agree to serve two or more consecutive academic years in a qualified faculty position.
 - Colorado,* SB 58, 2010 Law: Amends the eligibility requirements for the Nursing Loan Forgiveness Pilot Program. Revises the requirement from full-time employment by an institution of higher education to at least half-time. The recipient must agree to teach for a period of not less than five consecutive academic years, beginning within four years after completion of the advanced degree.
 - Indiana, SB 188, 2019: Establishes the Nursing Faculty Loan Repayment Program. To qualify, an individual must be employed as a nursing faculty member or an adjunct clinical faculty member providing classroom or clinical instruction at a nursing school located in Indiana for the equivalent of at least 12 credit hours during an annual period beginning July 1 and ending June 30, and must agree to work as a nursing faculty member or an adjunct clinical faculty member for at least three years.
 - Maine, HP 587, 2019: Amends the Maine Health Care Provider Loan Repayment Program. To be eligible, an individual must, within six months of being selected as a recipient, begin practicing as an eligible health care provider on a full-time basis. Under the program, the authority will pay up to \$30,000 per year and the lesser of \$150,000 in aggregate and 50% of the recipient's outstanding loan balance.
 - New York, AB 3603/SB 1689, 2019: Establishes the New York state nursing faculty scholarship incentive program for advanced degrees in nursing. Such incentives shall be awarded annually, on a competitive basis, to registered professional nurses and certified nurse practitioners who are in a masters or doctoral program and agree to teach nursing for one year for each year such incentive is awarded.
 - Oklahoma,* SB 310, 2009 Law, also included under Clinical Faculty/Expansion grants to existing clinical training programs and Students/Loan repayments, scholarships: Establishes the Oklahoma Health Care Workers and Educators Assistance Program. “The Health Care Workforce Resources Board shall implement the provisions of this section in the most balanced, efficient, and effective means necessary to meet the following priorities: 1. Create additional nursing or allied health faculty by providing scholarships to cover individuals’ costs of gaining the advanced degrees necessary to serve as faculty members in

nursing and allied health education programs; 2. Expand and modernize learning environments by providing matching grants to nursing and allied health education institutions to increase the number of clinical opportunities, and to better utilize online and distance learning, simulations, and other innovative methods to provide education and training; and 3. Attract more students in nursing and allied health careers by providing scholarships to cover individuals' costs of gaining degrees or certifications necessary to prepare them for nursing and allied health occupations."

- Oregon,* SB 701, 2009 Law: Creates the Nursing Faculty Loan Repayment Program, which shall provide loan payments on behalf of nurse educators at nursing schools who have earned a master's or doctoral degree from an accredited nursing education program.
- Pennsylvania, HB 890, 2009, also included under Students/Loan repayments, scholarships: Establishes a nursing and nursing educator loan forgiveness and scholarship program. The program shall be for repayment of student loans for nurses providing direct patient care in licensed health care facilities and nursing educators. A nursing educator who is eligible shall be eligible to receive up to \$30,000 in loan repayments. Establishes the Pennsylvania Nurse and Nursing Education Scholarship Program within the agency, to consist of the Nursing Postbaccalaureate Degree Scholarship, the Nursing Baccalaureate Degree Scholarship and the Nursing Program Scholarship.
- South Carolina,* SB 1022, Law, also included under Didactic Faculty/Grant Fund: Please see that subcategory for the summary.
- Washington, HB 1344, 2015: Creates the Nurse Educator Pay it Forward Program. "Pay it forward" means a financing model that allows students to return to college without upfront payments as long as a contractual requirement is signed that requires the student to pay a portion of his or her income for a set period of time. All participants in the nurse educator "pay it forward" program may complete up to five years of full-time work as a nurse educator to meet the maximum service incentive for the program.
- Tax credit: IL
 - Illinois, SB 3636, 2020: Amends the Nursing Education Scholarship Law. Provides that the Department of Public Health may award a total of \$500,000 annually in nursing education scholarships. Amends the Illinois Income Tax Act. Creates an income tax credit for taxpayers who are employed during the taxable year as nurse educators. Provides that the credit shall be equal to 2.5% of the taxpayer's federal adjusted gross income for the taxable year.
- Enabling public employee/teacher retirees to return to work as nurse faculty without losing retirement benefits: NC*
 - North Carolina,* SB 204, 2009 Law: Enables retirees of the Teachers' and State Employees' Retirement System to return to employment as nursing instructors without losing retirement benefits.

Clinical Faculty/Preceptors and Training Sites

- Funding for new clinical training programs/sites: FL,* HI, MA, NY

- Florida,* Chapter 430.80, 2017 Law: Creates a teaching nursing home pilot project. "To be designated as a teaching nursing home, a nursing home licensee must have a formalized contractual relationship with at least one accredited health profession education program located in this state and have senior staff members who hold formal faculty appointments at universities, which must include at least one accredited health profession education program. A teaching nursing home may be affiliated with a medical school within the state and a federally funded center of excellence in geriatric research and education. The purpose of such affiliations is to foster the development of methods for improving and expanding the capability of health care facilities to respond to the medical, psychological, and social needs of frail and elderly persons by providing the most effective and appropriate services. A teaching nursing home shall serve as a resource for research and for training health care professionals in providing health care services in institutional settings to frail and older persons."
- Florida,* Chapter 430.81, 2018 Law: Creates a teaching agency for home and community-based care. "A teaching agency for home and community-based care may be affiliated with an academic health center in this state. The purpose of such affiliation is to foster the development of methods for improving and expanding the capability of home health agencies to respond to the medical, health care, psychological, and social needs of frail and elderly persons by providing the most effective and appropriate services. A teaching agency for home and community-based care shall serve as a resource for research and for training health care professionals in providing health care services in home and community-based settings to frail and elderly persons."
- Hawaii, HB 678, 2019: The purpose of the act is to support the expansion of primary medical care in the state by: "1) establishing a residency program at the University of Hawaii center for nursing to assist newly-graduated advanced practice registered nurses in transitioning into clinical practice; 2) appropriating funds to the University of Hawaii center for nursing to fund the advanced practice registered nurse residency program; and 3) appropriating funds to the University of Hawaii school of medicine for the advanced practice registered nurse residency loan repayment program. Upon completion of the residency program, eligible residency participants may be required to commit to two years of full-time employment at the facility where the residency occurred in the state. An eligible residency participant may qualify for a stipend as part of the residency program. An eligible residency participant may qualify for a loan repayment plan through the advanced practice registered nurse residency loan repayment program administered through the University of Hawaii John A. Burns School of Medicine."
- Massachusetts, SB 690, 2019: Establishes a community health center Nurse Practitioner residency program for the purposes of recruiting and retaining Nurse Practitioners at community health centers to increase access to high-quality community-based primary and preventative care.
- New York, AB 2818, 2019: Establishes the Empire State Professional Nursing Scholarship Program to provide financial support to applicants who enter or continue in a registered nurse educational program and who agree to deliver

nursing care in a specialty, setting, or designated region of New York state having a shortage of nurses or to teach nursing students; and establishes grants for nursing education to establish or expand training programs for nurses and to increase the opportunities for nursing education at community based sites.

- Expansion grants to existing clinical training programs: MN, OK,* SC*
 - Minnesota, HB 743, 2017: "The commissioner of health shall award health professional training site grants to eligible physician assistant, advanced practice registered nurse, pharmacy, and mental health professional programs to plan and implement expanded clinical training. A planning grant shall not exceed \$75,000, and a training grant shall not exceed \$150,000 for the first year, \$100,000 for the second year, and \$50,000 for the third year per program. Funds may be used for: ...
 - "establishing or expanding clinical training for physician assistants, advanced practice; ...
 - "registered nurses, pharmacists, and mental health professionals in Minnesota; ...
 - "recruitment, training, and retention of students and faculty; ...
 - "connecting students with appropriate clinical training sites, internships, practicums, or externship activities; ...
 - "travel and lodging for students; ...
 - "faculty, student, and preceptor salaries, incentives, or other financial support; ...
 - "development and implementation of cultural competency training; ...
 - "evaluations; ...
 - "training site improvements, fees, equipment, and supplies required to establish, maintain, or expand a physician assistant, advanced practice registered nurse, pharmacy, or mental health professional training program; and ...
 - "supporting clinical education in which trainees are part of a primary care team model."
 - Oklahoma,* SB 310, 2009 Law, also included under Didactic Faculty/Loan repayment, scholarships, "pay it forward" programs and Clinical Faculty/Expansion grants to existing clinical training programs: "The Health Care Workforce Resources Board shall implement the provisions of this section in the most balanced, efficient, and effective means necessary to meet the following priorities: 1) Create additional nursing or allied health faculty by providing scholarships to cover individuals' costs of gaining the advanced degrees necessary to serve as faculty members in nursing and allied health education programs; 2) Expand and modernize learning environments by providing matching grants to nursing and allied health education institutions to increase the number of clinical opportunities, and to better utilize online and distance learning, simulations, and other innovative methods to provide education and

training; and 3) Attract more students in nursing and allied health careers by providing scholarships to cover individuals' costs of gaining degrees or certifications necessary to prepare them for nursing and allied health occupations."

- South Carolina,* SB 314, 2019 Law, also included under Clinical Faculty/Tax credit for preceptors: Allows an income tax credit for each clinical rotation served by a physician, advanced practice nurse, or physician assistant as a preceptor for certain programs.
- Tax credit for preceptors: CO,* GA,* HI,* MD,* NY, OR, SC*
 - Colorado,* HB 1142, 2016 Law: Creates a credit against the state income tax for rural primary care preceptors training students matriculating at Colorado institutions of higher education.
 - Georgia,* HB 287, 2019 Law: Creates an income tax credit for taxpayers who are licensed physicians, advanced practice registered nurses, or physician assistants who provide uncompensated preceptorship training to medical students, advanced practice registered nurse students, or physician assistant students for certain periods of time.
 - Hawaii,* SB 2298, 2018 Law: Creates a tax credit that encourages preceptors to offer professional instruction, training, and supervision to students and residents seeking careers as primary care physicians and advanced practice registered nurses throughout Hawaii, with the intention of building capacity for clinical education at in-state academic programs that are nationally accredited for the training of primary care physicians, advanced practice registered nurses, and pharmacy professionals.
 - Hawaii, SB 31, 2019: Broadens the healthcare preceptor tax credit.
 - Maryland,* SB 411, 2016 Law: Establishes the Nurse Practitioner Preceptorship Tax Credit Fund as a special, non-lapsing fund.
 - New York, AB 3704/SB 4033-a, 2019: Establishes a clinical preceptorship personal income tax credit for certain health care professionals who provide preceptor instruction to students studying to be a health care professional.
 - Oregon, SB 1023, 2019: Establishes personal income tax credit for nursing clinical preceptors.
 - South Carolina,* SB 314, 2019 Law, also included under Clinical Faculty/Expansion Grants to Existing Programs: Allows an income tax credit for each clinical rotation served by a physician, advanced practice nurse, or physician assistant as a preceptor for certain programs.

Students (ADN, BSN, Advanced Practice Registered Nurse (APRN), Doctor of Nursing Practice (DNP)/PhD)

- Loan repayments, scholarships: AL,* AR,* CA,* DE,* FL,* ID, IL,* IN,* NY, OK,* PA, WI,* WY*

- Alabama,* HB 228, 2016 Law: Creates a Loan Repayment Program for Advanced-Practice Nursing. Requires loan repayment through work in medically underserved areas.
- Alabama,* SB 44, 2012 Law: Amends the law relating to graduate degree scholarships for nurses. The number of scholarships shall equal five percent of the total enrollment in graduate nursing programs in Alabama. Each scholarship is limited to \$10,000. An applicant must agree to practice professional nursing or become a nursing instructor in the State of Alabama for at least two years after completing the graduate degree.
- Arkansas,* HB 1538, 2017 Law: Amends the law concerning graduate nursing practice and nurse educator student loans and scholarships to include doctoral nursing programs to be eligible for funding.
- Arkansas,* HB 2243, 2019 Law: Amends the Arkansas Academic Challenge Scholarship Program. The department shall make awards to applicants attending either an associate degree or diploma school preparing registered nurses.
- California,* AB 994, 2008 Law: Extends for five years the Associate Degree Nursing Scholarship Pilot Program. Scholarships under the pilot program shall be available only to students in counties determined to have the most need. A scholarship recipient shall be required to complete, at a minimum, an associate degree in nursing and work in a medically underserved area in California upon obtaining his or her license from the Board of Registered Nursing.
- Delaware,* HB 58, 2019 Law: Amends the Delaware Nursing Incentive Program. "Awards shall be provided for undergraduate education at regionally accredited institutions of higher education or accredited hospital schools of nursing for the following objectives: 1) A course of study leading to a Bachelor of Science in Nursing degree, if the award recipient is a registered nurse with an aggregate of 5 years or more employment with the State or with non-profit hospitals located in this State; 2) For all other recipients, a course of study leading to certification as a registered nurse or practical nurse."
- Florida,* Chapter 1009.65, 2019 Law: Creates the Medical Education Reimbursement and Loan Repayment Program. "The function of the program is to make payments that offset loans and educational expenses incurred by students for studies leading to a medical or nursing degree, medical or nursing licensure, or advanced practice registered nurse licensure or physician assistant licensure. The following licensed or certified health care professionals are eligible to participate in this program: medical doctors with primary care specialties, doctors of osteopathic medicine with primary care specialties, physician's assistants, licensed practical nurses and registered nurses, and advanced practice registered nurses with primary care specialties such as certified nurse midwives. Primary care medical specialties for physicians include obstetrics, gynecology, general and family practice, internal medicine, pediatrics, and other specialties which may be identified by the Department of Health. All payments are contingent on continued proof of primary care practice in an area defined in Section 395.602(2)(b) or an underserved area designated by the Department of Health, provided the practitioner accepts Medicaid reimbursement if eligible for such reimbursement."

- Florida,* Chapter 1009.66, 2019 Law: Creates the Nursing Student Loan Forgiveness Program. The primary function of the program is to increase employment and retention of registered nurses and licensed practical nurses in nursing homes and hospitals in the state and in state-operated medical and health care facilities, public schools, birth centers, federally sponsored community health centers, family practice teaching hospitals, and specialty children's hospitals by making repayments toward loans received by students from federal or state programs or commercial lending institutions for the support of postsecondary study in accredited or approved nursing programs. All repayments shall be contingent upon continued proof of employment in the designated facilities in this state and shall be made directly to the holder of the loan.
- Idaho, SB 1223, 2014: Authorizes a loan repayment program for physicians, psychologists, and midlevel practitioners (nurse practitioner or physician assistant) at certain state hospitals.
- Illinois,* HB 3490, 2018 Law: Amends the Nursing Education Scholarship Law. "'Approved institution' means a public community college, private junior college, hospital-based diploma in nursing program, or public or private college or university with a pre-licensure nursing education program located in this State that has approval by the Department of Financial and Professional Regulation for an associate degree in nursing program, associate degree in applied sciences in nursing program, hospital-based diploma in nursing program, baccalaureate degree in nursing program, graduate degree in nursing program, or certificate in a practical nursing program or a post-licensure nursing education program approved by the Illinois Board of Higher Education."
- Illinois, SB 3636, 2020: Amends the Nursing Education Scholarship Law. Provides that the Department of Public Health may award a total of \$500,000 annually in nursing education scholarships. Recipients must agree to meet the nursing employment obligation. Amends the Illinois Income Tax Act. Creates an income tax credit for taxpayers who are employed during the taxable year as nurse educators. Provides that the credit shall be equal to 2.5% of the taxpayer's federal adjusted gross income for the taxable year.
- Indiana,* HB 1671, 2009 Law: Amends the law regarding the nursing scholarship. "To initially qualify for a scholarship from the fund, a nursing student must: (1) be admitted to an approved postsecondary educational institution as a full-time or part-time nursing student in a program that will meet the requirements to allow the student to obtain licensing as a registered nurse or licensed practical nurse under IC 25-23-1; (2) agree, in writing, to work as a registered nurse or licensed practical nurse providing direct patient care in: (A) an acute care or specialty hospital; B) a long term care facility; (C) a rehabilitation care facility; (D) a home health care entity; (E) a hospice program; (F) a mental health facility; or (G) a facility located in a shortage area in Indiana for at least two years following graduation."
- New York, AB 2828, 2019: Establishes the Empire State Professional Nursing Scholarship Program to provide financial support to applicants who enter or continue in a registered nurse educational program and who agree to deliver

nursing care in a specialty, setting, or designated region of New York state having a shortage of nurses or to teach nursing students; and establishes grants for nursing education to establish or expand training programs for nurses and to increase the opportunities for nursing education at community based sites.

- New York, AB 2863, 2019, also under Didactic Faculty/Grant fund and Workforce Planning, Evaluation and Investment/Workforce development: "Establishes the nursing education expansion program, including faculty development program, capital facility program and the recruitment and promotion program; creates regents nursing shortage scholarships; provides for county matching awards for professional education in nursing; establishes the "nursing faculty development program fund", the "nursing capital facilities program fund", the "recruitment and promotion program fund", and the "county match awards for professional education in nursing fund"; appropriates \$25,620,000 therefor. ...
 - "The faculty development program is hereby created to assist institutions of higher education with the retention and recruitment of nursing faculty. Funds appropriated for this program shall be administered by the commissioner of education pursuant to request for proposals. Consideration for the allocation of awards shall be given to all institutions of higher education within the state provided such institutions demonstrate to the satisfaction of the commissioner a specific need for such funds and the manner in which such award for the recruitment and retention of nursing faculty would enhance the nursing education and training capabilities and reputation of the institution. The nursing education expansion program shall issue awards of up to twenty thousand dollars per faculty member annually. Institutions may apply for no more than three awards per institution per award length. ...
 - "The capital facility program shall provide financing for the design, acquisition, construction, reconstruction, rehabilitation or improvement of nursing facilities, including equipment. ...
 - "The recruitment and promotion program is hereby created to provide resources for, but not limited to, promotional material, advertising and internships to attract students to the field of nursing. No less than fifty percent of these funds must go to recruitment and promotion efforts aimed at high school students. ...
 - "At least thirty percent of the regents professional education in nursing scholarships awarded each year shall be awarded to students beginning or engaged in the professional study in nursing who agree to practice nursing upon completion of their professional training in an area in New York state designated as having a shortage of nurses."
- New York, AB 2341/SB 5000, 2019: Establishes the nurse loan repayment program for registered professional nurses or other licensed practical nurses specialties in short supply, who agree to practice for at least five years in an underserved area or nursing home.
- Oklahoma,* SB 310, 2009 Law, also included under Didactic Faculty/Loan repayment, scholarships, "pay it forward" programs and Clinical

Faculty/Expansion grants to existing clinical training programs: Establishes the Oklahoma Health Care Workers and Educators Assistance Program. "The Health Care Workforce Resources Board shall implement the provisions of this section in the most balanced, efficient, and effective means necessary to meet the following priorities: 1) Create additional nursing or allied health faculty by providing scholarships to cover individuals' costs of gaining the advanced degrees necessary to serve as faculty members in nursing and allied health education programs; 2) Expand and modernize learning environments by providing matching grants to nursing and allied health education institutions to increase the number of clinical opportunities, and to better utilize online and distance learning, simulations, and other innovative methods to provide education and training; and 3) Attract more students in nursing and allied health careers by providing scholarships to cover individuals' costs of gaining degrees or certifications necessary to prepare them for nursing and allied health occupations."

- Pennsylvania, HB 890, 2009, also included under Didactic Faculty/Loan Repayment, scholarships, "pay it forward" programs: Establishes a nursing and nursing educator loan forgiveness and scholarship program. "The program shall be for repayment of student loans for nurses providing direct patient care in licensed health care facilities and nursing educators. A nursing educator who is eligible shall be eligible to receive up to \$30,000 in loan repayments. Establishes the Pennsylvania Nurse and Nursing Education Scholarship Program within the agency, to consist of the Nursing Postbaccalaureate Degree Scholarship, the Nursing Baccalaureate Degree Scholarship, and the Nursing Program Scholarship."
- Wisconsin,* Clearinghouse Rule (CR) 17-024, 2020 Rule: The current rules provide educational stipends for registered nurses. The purpose of the proposed rules is to expand eligibility of the stipend program to encompass other related healthcare professions, create an application and approval process for the stipend program, and create a repayment strategy for those who do not complete the program. The proposed rule will assist qualified and interested participants to advance their professional development by receiving an educational assistance stipend for a licensed practical nurse or registered nurse for employment at a Veterans Home.
- Wyoming,* SB 23, 2009 Law: Establishes an education loan repayment program for students with baccalaureate degrees who pursue the accelerated program for baccalaureate degrees in nursing. The student shall agree to work as a nurse in Wyoming for two years.
- Grants/stipends: AR,* MI,* WI*
 - Arkansas,* HB 1426, 2017 Law: Creates the Arkansas Future Grant Program. A recipient shall agree to receive monthly mentoring, complete at least 15 hours of community service each semester, and reside within this state for three consecutive years and be employed beginning within six months after receiving an associate degree or certification. An "approved institution of higher education" means a state-supported two-year or four-year college or university, a state-supported technical institute, or an approved state-supported school of nursing.

- Florida,* Chapter 1009.52, 2018 Law: Creates the Florida Postsecondary Student Assistance Grant Program. "Recipients of such grants must have been accepted at a postsecondary institution that is located in the state and that is: 1) A private nursing diploma school approved by the Florida Board of Nursing; or 2) A college or university licensed by the Commission for Independent Education, excluding those institutions the students of which are eligible to receive a Florida private student assistance grant."
- Michigan,* SB 649, 2014 Law: "The department shall administer a grant program for minority students enrolled in medical schools, dental schools, nursing programs, or physician's assistant programs. As a condition for the award of the grant, the recipient of the grant shall enter into a written contract with the department that requires the recipient to provide, upon completion of training, full-time health care services in a health resource shortage area to which he or she is assigned by the department for a period equal to the number of years for which a grant is accepted."
- Loan repayments – employer tax credit: NJ
 - New Jersey, AB 101, 2020: Provides tax credits to companies contributing to a loan and loan redemption program for residents who attend institutions of higher education in the state and work at such company upon graduation.
 - New Jersey, SB 1149, 2020: A taxpayer with New Jersey taxable income of less than \$75,000 for a taxable year shall be allowed to deduct from gross income an amount equal to the interest and principal paid by the taxpayer during the taxable year on a qualified education loan.
- Special accommodations for degree application/completion:
 - Military applicants: CA, NJ,* NM, SC, VA*
 - California, AB 705, 2014: Requires the Board of Registered Nursing, by regulation and in conjunction with the Military Department, to identify the Armed Forces education, training, or experience that is equivalent or transferable to the curriculum required for licensure by the board. Requires providing an applicant a list of required education to be completed for licensure and to grant the applicant a license upon passing the standard examination if he or she meets specified criteria.
 - New Jersey,* AB 2061, 2014 Law: "The New Jersey Board of Nursing shall encourage schools of nursing approved by the board to consider granting a nursing student who served in the United States military academic credit toward the student's nursing degree for the student's prior training and experience as a Naval Corpsman or Army Medic."
 - New Mexico, HB 277, 2019: Requires the Board of Nursing to establish by rule requirements that schools of nursing provide nursing education credit for military medical education and experience.
 - South Carolina, HB 4404, 2020: Provide a gateway for military veterans to transition from military life to a professional career in nursing by authorizing the development and implementation of Veteran Associate of Science in Nursing degree programs and Veteran Bachelor of Science in

Nursing degree (programs. These programs are intended to enable veteran military clinical personnel, such as medics and corpsmen, to accelerate the process at participating South Carolina public and independent colleges and institutions for obtaining associate's degrees and bachelor's degrees in nursing by awarding academic and clinical credit or waivers of academic and clinical credit for relevant education, experience, and skills acquired from their military service.

- Virginia,* HB 2129, 2019 Law: The purpose of the law is to expedite application processing for an applicant for licensure or certification by the Board of Nursing upon submission of evidence that the applicant, who is licensed or certified in another state, is relocating to the Commonwealth pursuant to a spouse's official military orders.
- Mental health nurses: KS,* NY
 - Kansas,* SB 100, 2018 Law: Established the Nursing Service Scholarship Program. "A scholarship may be awarded under the Nursing Service Scholarship Program to any qualified nursing student enrolled in or admitted to a school of nursing in a course of instruction leading to licensure as a licensed professional nurse or licensed practical nurse. A nursing student shall not be required to be a resident of Kansas to qualify for a scholarship under the Nursing Service Scholarship Program. The number of new scholarships awarded under this program in each year shall not exceed 250. Of this number, except as otherwise provided in this section, 100 scholarships shall be awarded to nursing students whose sponsors are located in rural areas and who are enrolled in a course of instruction leading to licensure as a registered professional nurse, 50 scholarships shall be awarded to nursing students enrolled in a course of instruction leading to licensure as a licensed practical nurse, and the remaining 100 scholarships shall be awarded to any nursing students who have a sponsor and who are enrolled in a course of instruction leading to licensure as a registered professional nurse."
 - New York, AB 2892, 2019: Provides loan forgiveness for mental health nurses that make a commitment to practice in a "rural" tract or county.
- Other: NY*
 - New York,* AB 8952/SB 7320, 2018 Law: Amends the education law relating to the educational preparation for practice of professional nursing and creating a temporary nursing program. "The department, in its discretion, may issue a temporary educational exemption to a licensee who is unable to complete the baccalaureate degree due to a lack of access to educational programs. Licensees seeking a temporary educational exemption shall provide evidence of applying on at least two occasions to a baccalaureate degree program or programs and subsequently being denied access to such program or programs on at least two occasions due to there being a limited number of seats. Such denials shall also be corroborated by the higher education institution or institutions that the licensee applied to. Temporary educational exemptions issued pursuant to this subdivision shall be for a single two-

year period. Licensees shall only be eligible for either a conditional registration or a temporary educational exemption. The fee for such a temporary educational exemption shall be the same as, and in addition to, the fee for the triennial registration."

Educational Pathways and Partnerships

- Articulate/streamline ADN-to-BSN pathways statewide: CA,* MA, MD*
 - California,* AB 1295, 2009 Law: This bill would require the Chancellor of the California State University (CSU) to implement articulated nursing degree transfer pathways between the California Community Colleges and CSU prior to the commencement of the 2012–2013 academic year. The bill would require the articulated nursing degree transfer pathways to meet the following two requirements: "(1) A campus of the California State University shall not require an ADN-to-BSN student to complete any duplicative courses for which the content is already required by the Board of Registered Nursing for licensure or that the student has already satisfied by earning the associate degree in nursing and becoming licensed as a registered nurse; and (2) A campus of the California State University shall not require an ADN-to-BSN student who has taken a prerequisite course at a California community college to earn the associate degree in nursing to take the same prerequisite course or same content from that prerequisite course at the university for the bachelor of science in nursing degree." The bill would authorize the Chancellor of the California State University and the Chancellor of the California Community Colleges to appoint representatives from their respective institutions to work collaboratively to provide advice and assistance relating to prescribed topics concerning the articulated nursing degree transfer pathways. The bill would require the Legislative Analyst's Office, by March 15, 2011, to prepare and submit to the Legislature and Governor a report on the status of plans to implement the articulated nursing degree transfer pathways.
 - Massachusetts, 2015 Nursing Education Transfer Policy: Key attributes:
 - "Board of Registrations in Nursing (BORN) approved ADN degree programs require a maximum of 72 credits; ...
 - "All courses earned as part of BORN-approved public ADN degree program will transfer, without time restriction, as a body of knowledge and practical experience that is prerequisite to NCLEX licensure, to any upper-division nursing program at a state university or the University of Massachusetts; ...
 - "The 34-credit Mass Transfer General Education Block may be completed at the community college and these credits will transfer to address the general education requirements of any upper-division nursing program at a state university or UMass; ...
 - "Community Colleges must indicate the completion status of the Mass Transfer General Education Block on the transcripts of students seeking to enroll in an upper-division nursing program; ...

- "At the discretion of the receiving institution, six additional credits may be required to fulfill the general education requirements; ...
 - "A maximum total of 128 credits will be required to earn the RN-to-BSN degree, unless additional specific course work in the major is required of all RN-to-BSN students at the receiving institution; ...
 - "The post-transfer course work required for completion of the RN-to-BSN degree includes: upper-division Nursing courses, related major courses and any electives that may be needed to meet minimum degree, and residency requirements of the receiving institution. ...
- Massachusetts, SB 584, 2013: Establishes a program of articulation agreement among associate and baccalaureate degree nursing education programs. Such formal articulation agreements shall mandate credit transfers between the commonwealth's community colleges and the state colleges and university nursing programs. "Articulation agreements shall be negotiated and developed through statewide collaboration among nurse educators, college admission administrators, the Board of Higher Education, the Boards of Nursing and other interested public sector leaders. Such formal credit transfers shall be approved by the board of higher education and shall allow for the transfer of not less than 60 credit hours transfer and not more than 72 credit hours, of which at least 42 credit hours shall be within nursing core courses. Nursing programs subject to the approved mandated articulation agreements shall be prohibited from arbitrarily increasing overall total credit hours for program completion and shall not exceed standard 128 hours unless approved by the board of higher education."
- Maryland,* SB 785, 2014 Law: Renames the Community College Transfer Scholarship the 2+2 Transfer Scholarship and alters the program. For a student who enrolls in a science, teaching, engineering, computer science, mathematics, or nursing program, the annual amount awarded shall be \$2,000.
- Create high school-to-college nursing apprenticeship and career pathway programs: MD, MO,* WV*
 - Maryland, HB 1226, 2018: Requires the Department of Labor, Licensing, and Regulation to create a statewide media campaign to promote participation by employers and students in career and technical education and apprenticeships in workforce shortage occupations in the state. The department shall provide grants to apprenticeship sponsors to create degree apprenticeships in workforce shortage employment categories, including nursing.
 - Maryland, SB 897, 2019: The MPowering Joint Steering Council shall explore opportunities to create registered apprenticeship programs in nursing and other fields that include integration of high school career and technology education programs and University of Maryland graduate and undergraduate programs.
 - Missouri,* HB 223, 2011 Law: Establishes the Nursing Education Incentive Program. An eligible institution must offer a nursing program that meets the predetermined category and area of need as established by the board and the Department of Higher Education.

- West Virginia,* SB 707, 2020 Law: "The West Virginia Nursing Career Pathway Workgroup shall be charged with developing a career pathway to address the unmet need for nursing assistants, licensed practical nurses, registered nurses, and registered nurses with a bachelor's degree in nursing. The nursing program of study will begin in high school and progress through college, providing employment opportunity with industry partners and pathway re-entry at specified student attainment points: nursing assistant certification, licensed practical nurse diploma and licensure, registered nurse associate degree and licensure, and bachelor of science in nursing completion. The career pathway shall align affordable, effective, and sustainable secondary to post-secondary nursing programs to increase credential attainment for a broad and diverse student population. The career pathway shall include participating high school students enrolling in a specified curriculum of college preparatory, career and technical health science courses, or dual college-high school credit courses, as well as participating in career experiences through a health care provider or a work-based learning clinical experience. Students shall have the opportunity to apply for admission to a practical nursing program at a community and technical college or career and technical education center. Upon completion of a practical nursing program, students shall have the opportunity to apply for admission to a licensed practical nursing to registered nurse associate degree program. Upon completion of a licensed practical nursing to registered nurse associate degree program, students then shall have the opportunity to apply for admission to a bachelor of science degree in nursing program."
- Authorize community college(s) to offer BSN/BSN-completion programs: CO,* IL (pilot), MI, NJ, NY, WA*
 - Colorado,* HB 1086, 2018 Law: Allows community colleges to offer a Bachelor of Science degree in nursing.
 - Colorado,* HB 1300, 2018 Law: Authorizes local district colleges to provide a Bachelor of Science degree in nursing program as a completion degree to students who have or are pursuing an associate degree in nursing.
 - Illinois,* HB 1592 Law (pilot): Authorizes certain community college districts to offer a baccalaureate completion program (RN to BSN).
 - Michigan, HB 4148, 2013: Authorizes community college districts to grant a Bachelor of Science degree in nursing degree.
 - New Jersey, AB 1759, 2020: Establishes a process under which a county college may receive approval to offer a baccalaureate degree nursing program.
 - New York, AB 2849, 2019: Authorizes community colleges offering an associate degree program in nursing to offer a four-year bachelor's degree program in nursing.
 - Washington,* HB 2694, 2010 Law: Subject to specific funding to support up to fifty full-time equivalent students in a bachelor of nursing program, the University Center at Everett Community College, in partnership with the University of Washington-Bothell, shall offer a bachelor of science in nursing program with capacity for up to fifty full-time students.

- Establish plan for shared use of clinical simulation labs statewide: MS*
 - Massachusetts,* SB 2590, 2009 Law: Authorizes and directs the Board of Trustees of State Institutions of Higher Learning to conduct a one-year feasibility study and comprehensive plan for nursing schools in Mississippi which addresses the concept of shared utilization of clinical simulation laboratories for all Mississippi schools of nursing in order to provide computerized interactive learning capabilities for all schools, utilizing the pooled resources or mobile capability models from other states.
- Institute statewide common curriculum for undergraduate nursing education: NM*
 - New Mexico,* HB 270, 2019 Law: Appropriates \$500,000 to the board of regents of the University of New Mexico for expenditure in fiscal year 2020 for the health sciences center to support programs that coordinate nursing education statewide to manage a common curriculum and to improve outcomes in undergraduate nursing programs.
- Determine course equivalences between ADN and other health professions programs: WA* (paramedic)
 - Washington,* HB 1808, 2009 Law: "The state board for community and technical colleges shall create an interdisciplinary work group with faculty from a paramedic training program, faculty from an associate degree nursing program, faculty from a bachelor's degree nursing program, a representative of the Washington center for nursing, and a representative of the Washington state nursing association. The work group shall review the training and curriculum of the programs to establish a set of recognized course equivalencies or skill competencies between the programs. The work group shall report its findings and any recommendations to the board by July 1, 2010."

Workforce Planning, Evaluation and Investment

- Workforce assessment: AZ, FL,* MD, NY*
 - Arizona, SB 1168, 2020: Establishes a work group in the Department of Health Services to address this state's nursing workforce preparation and shortage. "The work group shall: 1) Review nursing education curriculum and potential changes to curriculum to facilitate and improve the transition from education to practice, including the benefits of nurse residency programs. 2) Establish a long-term plan to address this state's nursing workforce preparation and shortage. 3) Prepare recommendations for changes to curriculum and the feasibility of a nurse residency pilot program."
 - Florida,* 2019, Nurse Education Program Review: As required by law, the Florida Center for Nursing evaluated program-specific data for approved and accredited nursing programs for Academic Year (AY) 2018-19. This report considers program approval, capacity, enrollment, and graduation for AY 2018-19, program characteristics as of Fall 2019, and changes over time.
 - Maryland, SB 928, 2016: Establishes the Task Force to Study the Nurse Shortage in Maryland. "The Task Force shall study recent changes in the nursing profession that have resulted in a shortage of nurses in the State and nation, including a review and analysis of: ...

- "anticipated changes in requirements for nurses in the State; ...
 - "the changing educational requirements for nurses in the State; ...
 - "the changing role of the nursing profession relating to the federal Patient Protection and Affordable Care Act; ...
 - "the capacity of institutions of higher education in the State to meet the increased demand for nurses, including the number of practicing registered nurses that will need to enroll in a bachelor's of science in nursing degree completion program and the number of enrolled community college students that will need to enroll in a bachelor's of science in nursing degree completion program; ...
 - "issues related to the current model and any alternate models of bachelor's of science in nursing degree completion programs, including access, cost, eligibility requirements, and length of time necessary to complete a program; ...
 - "the economic impact of developing and implementing alternate models of bachelor's of science in nursing degree completion programs on universities, colleges, community colleges, and clinical agencies; ...
 - "the ability of institutions of higher education in the State to meet the educational needs of existing registered nurses in the State who may be required to obtain a bachelor's of science in nursing degree; ...
 - "limits on employment opportunities for nurses with an associate's degree in nursing; ...
 - "the financial impact on hospitals that have hired nurses with an associate's degree in nursing; ...
 - "the limits placed on clinical placements for nursing education, including the capacity of hospitals and outpatient facilities to meet the demand for clinical education for entry into the practice. ...
- New York,* AB 8952/SB 7320, 2018 Law, also under Students/Special accommodation for degree application or completion/Other: Amends the education law relating to the educational preparation for practice of professional nursing and creating a temporary nursing program. "The department, in its discretion, may issue a temporary educational exemption to a licensee who is unable to complete the baccalaureate degree due to a lack of access to educational programs. Licensees seeking a temporary educational exemption shall provide evidence of applying on at least two occasions to a baccalaureate degree program or programs and subsequently being denied access to such program or programs on at least two occasions due to there being a limited number of seats. Such denials shall also be corroborated by the higher education institution or institutions that the licensee applied to. Temporary educational exemptions issued pursuant to this subdivision shall be for a single two-year period. Licensees shall only be eligible for either a conditional registration or a temporary educational exemption. The fee for such a temporary educational exemption shall be the same as, and in addition to, the fee for the triennial registration."

- Workforce development: AZ, IL,* ME,* NY, PA, SC,* WA
 - Arizona, SB 1473, 2020: Establishes the Arizona Nurses Academy. Requires institutions to implement an Academy to provide incentives for students to enter the nursing profession and commit to practice in Arizona at certain facilities. Requires programs offered by the Academy to include accelerated models for critical need areas, including hospitals, community health centers, skilled nursing facilities and public schools located in rural communities and on Indian reservations. Requires each institution, after all other financial gifts, aid or grants have been received by the student, to provide to each full-time student enrolled in the Academy with an annual scholarship for tuition and fees. Requires, for each academic year the student receives a scholarship, a student to agree to practice nursing for one year in Arizona. Prohibits, if a scholarship does not cover the remaining cost of a student's tuition and fees after other aid is received, an institution from charging a student the remaining difference.
 - Illinois,* SB 1573, 2020 Law: Establishes a nursing home labor force promotion, expansion, and retention program.
 - Maine,* HP 533, 2013 Law: Authorizes a general fund bond issue to support science, technology, engineer, mathematics, and nursing education to enhance economic development.
 - New York, AB 2863, 2019, also under Didactic Faculty/Grant fund and Students/Loan repayments, scholarships: "Establishes the nursing education expansion program, including faculty development program, capital facility program, and the recruitment and promotion program; creates regents nursing shortage scholarships; provides for county matching awards for professional education in nursing; establishes the "nursing faculty development program fund", the "nursing capital facilities program fund", the "recruitment and promotion program fund", and the "county match awards for professional education in nursing fund"; appropriates \$25,620,000 therefor. ...
 - "The faculty development program is hereby created to assist institutions of higher education with the retention and recruitment of nursing faculty. Funds appropriated for this program shall be administered by the commissioner of education pursuant to request for proposals. Consideration for the allocation of awards shall be given to all institutions of higher education within the state provided such institutions demonstrate to the satisfaction of the commissioner a specific need for such funds and the manner in which such award for the recruitment and retention of nursing faculty would enhance the nursing education and training capabilities and reputation of the institution. The nursing education expansion program shall issue awards of up to twenty thousand dollars per faculty member annually. Institutions may apply for no more than three awards per institution per award length. ...
 - "The capital facility program shall provide financing for the design, acquisition, construction, reconstruction, rehabilitation, or improvement of nursing facilities, including equipment. ...

- "The recruitment and promotion program is hereby created to provide resources for, but not limited to, promotional material, advertising and internships to attract students to the field of nursing. No less than fifty percent of these funds must go to recruitment and promotion efforts aimed at high school students. ...
- "Regents nursing shortage scholarships. At least thirty percent of the regents professional education in nursing scholarships awarded each year shall be awarded to students beginning or engaged in the professional study in nursing who agree to practice nursing upon completion of their professional training in an area in New York state designated as having a shortage of nurses."
- New York, AB 3586, 2019: Enacts the New York state nursing shortage correction act; establishes the New York state nursing recruitment incentive and retention program; provides for tuition benefits and the reimbursement of student loans if a person is a registered and licensed nurse; provides that SUNY [State University of New York] and CUNY [City University of New York] shall pay for a person's education if such person signs a contract stating that he or she shall work in New York state as a registered nurse; establishes the New York state nursing recruitment incentive and retention account.
- New York, SB 1200, 2019: Creates the New York state rural doctors and nurses loan forgiveness program to attract doctors and nurses to be employed in rural areas throughout New York state on a full-time basis.
- Pennsylvania, SB 174, 2009: Establishes the Pennsylvania Center for Health Careers. "The center shall provide a focused direction and purpose for the development of strategies to address the Commonwealth's short-term and long-term health care work force challenges to ensure the quality and supply of such work force by: (1) increasing the capacity of nursing education in this Commonwealth; (2) retaining health care workers; (3) increasing diversity of health care workers; (4) responding to the demand for allied health professionals that provide critical care; and (5) addressing the needs of direct care workers."
- South Carolina,* SB 1022, 2008 Law, also under Didactic Faculty/Grant funds: Creates the South Carolina Critical Needs Nursing Initiative Fund to provide incentives to retain nurse faculty scholars, attract new nurse faculty, provide loans, grants, and scholarships to in-state resident nursing students, establish a research office to predict health care workforce needs, and provide technology to increase accessibility to clinical education needs. "Funds shall be used in the following priority order: 1) faculty salary enhancements; 2) new faculty; 3) student scholarship, loan, and grant programs; 4) establishment of the Office for Health Care Workforce Research; and 5) use of simulation technology and equipment. ...
 - "Faculty Salary Enhancements: This enhancement is intended to bring salaries for nursing faculty within the average for the geographic area in which the State of South Carolina competes for nursing faculty. In regard to these faculty salary enhancements, the Commission on Higher Education, upon consultation with members of the Advisory Committee on Academic Programs from institutions with accredited nursing programs

and the chairperson, or designee, of the South Carolina Council of Deans and Directors in Nursing Education, shall determine and distribute funds from the Critical Needs Nursing Initiative Fund to the institutions where such faculty are employed. The governing body of the institution pursuant to its procedures shall then allocate these enhancements among its affected faculty in such amounts as it determines appropriate consistent with the guidelines of this chapter. ...

- "New nursing faculty positions: The Commission on Higher Education, upon consultation with members of the Advisory Committee on Academic Programs from institutions with accredited nursing programs and the chairperson, or designee, of the South Carolina Council of Deans and Directors in Nursing Education, shall establish guidelines and criteria for funding the new positions to the recipient institutions based on faculty need. In regard to these new faculty positions, the Commission on Higher Education shall determine and distribute funds from the Critical Needs Nursing Initiative Fund to the institutions where the new faculty positions are to be located. The governing body of the institution shall then create and fund these new positions in the manner it considers appropriate consistent with the guidelines of this chapter. ...
- "Scholarships, student loans, and grants: ...
 - "The Critical Needs Nursing Initiative Scholarship, Loan, and Grant Program is established to provide incentives and stipends to enable candidates seeking a higher degree to become qualified to teach full-time at an accredited nursing program. ...
 - "Funds shall be allocated to four-year and graduate level institutions based on the institution's share of the total resident South Carolina student nursing population in that category of student, full-time or part-time. Disbursements of the applicable funds shall be made by the commission to the institution, which in turn shall disburse the funds to the students. ...
 - "Funding for thirty loans not to exceed forty thousand dollars per loan for a term not to exceed twenty-four months to be provided for full-time students enrolled in Master's in Nursing graduate programs. ...
 - "Funding for thirty loans not to exceed thirty thousand dollars per loan for a term not to exceed thirty-six months to be provided for part-time students enrolled in Master's in Nursing graduate programs. ...
 - "Funding for five loans not to exceed fifty thousand dollars per loan for a term not to exceed forty-eight months to be provided for full-time doctoral education students enrolled in nursing or a related field that would prepare the person to teach in a nursing program. ...
 - "Funding for five loans not to exceed one hundred twenty-five thousand dollars per loan for a term not to exceed

- sixty months to be provided for part-time doctoral education students in nursing or a related field that would prepare the person to teach in a nursing program. ...
 - "Funding for ten scholarships at five thousand dollars each to be provided to increase the number and amount of awards for scholarships to students pursuing a Bachelor of Science in Nursing from an accredited nursing program, including those students who have graduated from an associate degree program. ...
 - "In order to better recruit and retain a diverse nursing faculty and student pool, funding for five grants of up to fifty thousand dollars each to be provided to four-year institutions of higher learning with an accredited nursing program. ...
- "Office of Health Care Workforce research; purpose; duties and functions: The duties and functions of the office include, but are not limited to: ...
 - "collaborating with other appropriate entities to expand nursing workforce data collection and analysis; ...
 - "conducting an annual nursing workforce needs survey, using a manpower prediction model for staffing, to create a statewide database of nursing supply and demand statistics for health care employers in this State; ...
 - "studying and monitoring trends in the recruitment, retention, and education of associate, baccalaureate, masters, and doctorate-prepared nurses; ...
 - "soliciting information regarding current budgeted nursing positions, vacancies, projected staffing requirements, and turnover data; and ...
 - "providing workforce data and analysis to assist in development of nursing workforce policy. ...
- "Use of simulation technology to educate nurses: The Commission on Higher Education shall upon consultation with members of the Advisory Committee on Academic Programs from institutions with accredited nursing programs and the chairperson, or designee, of the South Carolina Council of Deans and Directors in Nursing Education shall develop guidelines as to how these funds must be allocated. The commission shall determine and distribute funds from the Critical Needs Nursing Initiative Fund to the institutions and the governing body of the institution shall determine how these funds shall be used consistent with the guidelines of this chapter."
- Washington, HB 2158, 2019: The legislature intends to create the new workforce education investment account, supported by professions that depend on higher education, that will expand existing investments to help people earn the

credentials essential to obtain family-wage jobs and fill the seven hundred forty thousand jobs of the future.

- Tax credit for practice in rural and underserved areas: GA, NY
 - Georgia, HB 1113, 2019: Expands the tax credit for rural physicians to dentists, nurse practitioners, and physician assistants.
 - New York, AB 1590, 2019: Authorizes real property taxing jurisdictions to grant a partial tax exemption for property purchased by a clinician in a clinician shortage area which will be such clinician's primary residence and he or she will practice in such shortage area; provides state aid to taxing jurisdictions which grant the exemption to the extent of the tax savings provided to clinicians.

Appendix D: Other State Funding Strategy Proposals

Note: Comments in blue were provided by the consultant, Mr. Tim Henderson. Comments were taken directly from workgroup member submissions.

Sub-Work Group One: Didactic Faculty

Members: Dr. Marla Erbin-Roesmann and Ms. Tracey Cooper

1. Pursue an initiative similar to the Faculty Salary Enhancement program from South Carolina for state colleges and universities, which brings faculty salaries within the average for the geographic region of the state. Could be based on American Association of Colleges of Nursing (AACN) salary data.

THECB staff note: The following is a summary of South Carolina's faculty salary enhancements initiative: "This enhancement is intended to bring salaries for nursing faculty within the average for the geographic area in which the State of South Carolina competes for nursing faculty. In regard to these faculty salary enhancements, the Commission on Higher Education, upon consultation with members of the Advisory Committee on Academic Programs (ACAP) from institutions with accredited nursing programs and the chairperson, or designee, of the South Carolina Council of Deans and Directors in Nursing Education, shall determine and distribute funds from the Critical Needs Nursing Initiative Fund to the institutions where such faculty are employed. The governing body of the institution pursuant to its procedures shall then allocate these enhancements among its affected faculty in such amounts as it determines appropriate consistent with the guidelines of this chapter."

I have a message out to someone in SC, but in meantime, would recommend that this SC policy be explored further to detail how this work in TX in terms of geographic regions and current salary disparities and what this might mean for state funding.

2. Provide funding for faculty pursuing a doctorate with an emphasis on education. Tuition waivers at any state university for those faculty who teach in a state university school of nursing 50% or more during the academic year, to be reimbursed by the state. No unfunded mandates for universities already suffering from budget cuts. Must agree to teach for five years in nursing education in the state of Texas.

Sounds good. Perhaps can begin to define how much of the tuition would be covered by a waiver and what the degree looks like in terms of curriculum requirements and expected length of time to complete, etc.

3. Increase amount of money available for loan repayment participation and include part-time faculty—50% or more per academic year. Must agree to teach for five years.

Sounds good.

Sub-Work Group Two: Clinical Faculty, Preceptors, and Training Sites

Members: Dr. Nina Almasy and Dr. Janice Hooper

Assumptions. Increasing the number of potential faculty and preparation of effective preceptors will provide additional instructional personnel.

Challenges in addressing nursing shortage in Texas include but are not limited to shortage of qualified faculty, lack of preceptors, and lack of clinical sites.

Rationale. Many programs state on the Nursing Education Program Information Survey (NEPIS) that one of the top reasons they cannot enroll more students is because there is a need for more faculty. Increasing the competencies for preceptors to serve as faculty-extenders may mean a more efficient use of preceptors and the ability to increase the clinical groups. Also, preparing working RNs to serve as adjunct nursing faculty will increase the faculty pool:

- Del Mar College is implementing a Board-approved innovative pilot project where preceptors take a six-week course focusing on knowledge and skills for the preceptor role, followed by a shadowing experience with seasoned nursing faculty. This preparation allows the clinical group to grow by two more students under the supervision of trained preceptors. Data thus far indicates satisfaction with this model and success in clinical instruction.

Recommendation: Provide funding for the preceptor training and stipends for preceptors engaging in the training.

Sounds interesting. Would the funding go to Del Mar's pilot project or to other nursing programs/preceptors to support their implementation of this model? How large would this funding need to be in terms of meeting the current demand for new preceptors?

- The Texas Team Education Committee is preparing an online toolbox for working RNs who are interested in teaching students to gain teaching skills and to become an adjunct instructor.

Recommendation: Provide funding for preparation of working RNs to become adjunct faculty.

Sounds good. What is the current level of interest in RNs doing this training? Would the funding be just for the cost of the toolbox or might it also include incentives for working RNs to do this (e.g., training stipend, CEUs, etc.)?

- Provide incentives for nurses to serve as preceptors.

Recommendation: Explore providing tax credits to preceptors who enroll in nursing courses or serve as preceptors.

Not sure this makes sense since TX has no state income tax.

Rationale. One of the quality indicators found by the National Council of State Boards of Nursing (NCSBN) Education Outcomes and Metrics Committee is a nursing faculty who have maintained clinical skills. Quality in nursing education equates to a higher retention rate and graduation rate - thus more nurses to enter practice.

Recommendation: Provide an avenue for nursing faculty to receive ongoing professional development and skill updates through a funded program to allow faculty an annual two- or three-week opportunity to follow practicing RNs in health care settings focused on practicing skills and using new equipment. This could be funded through stipends for faculty and could be planned during summer breaks or for newly hired faculty.

Sounds interesting. I'm not fully clear on the intent of this idea. Is the intent to provide existing didactic faculty to refresh their clinical skills for purposes of enhancing their teaching knowledge?

Rationale. Board rules allow programs to hire Clinical Teaching Assistants working under the MSN-prepared faculty. By doing this, the clinical groups can increase by five members. This growth in the number of students under the supervision of the MSN-prepared faculty and the Care Team Assistant (CTA) increases the number of students progressing through the program.

Recommendation: Provide funding for programs who use CTAs in the faculty mix.

Sounds interesting. Would the funds mainly support the hiring of CTAs? Would there be a need also for funds to support the education of more CTAs as well?

Sub-Work Group Three: Students

Member: Ms. Julie Arteaga

No recommendations at this time.

Sub-Work Group Four: Educational Pathways and Partnerships

Members: Dr. Kathryn Tart and Dr. Tetsuya Umebayashi

1. Request that the Texas Board of Nursing (BON) list the current pathways for students and partnerships on its website under "Education - Formal Education Programs for Students," and "Texas Approved RN Education Programs." https://www.bon.texas.gov/pdfs/education_pdfs/education_programs/ApprovedRNschoools.pdf The eighth column could be links to the Nursing Programs' Consortium for Advancing Baccalaureate Nursing Education in Texas (CABNET) agreements, Dual Enrollment, Transfer Plans, or Guided Pathways to Success.

Rationale. Quality indicator, incentivize for NSRP funding, transparency for students seeking a BSN.

2. List RN-to-BSN stand-alone programs publicly.

Rationale. Students do not know where they can attend such programs, nor with which community college there is a pathway or partnership.

These sound like good ideas, but don't think they require a legislative fix. Perhaps a regulatory adjustment by the BON?

There is not a mechanism to determine national accreditation for the programs. NSRP incentivize for funding, transparency for students. See my comment under #4.

3. Require new Associate Degree Nursing programs to have a university partner approved by the BON.

Rationale. Increases the pathway, partnerships, and transparency for students, NSRP incentivize for funding.

See my above comment for #1 and #2.

4. Require all nursing programs to have national accreditation or be in the active application phase. Currently in Texas, there are 26 ADN programs and three BSN programs without national accreditation. https://www.bon.texas.gov/pdfs/education_pdfs/education_programs/ApprovedRNschoools.pdf

Rationale. Quality indicator, NSRP incentivize for funding.

Perhaps THECB can comment on the relevance for NSRP funding to incentivize quality improvement through accreditation??

While these recommendations do not specifically state how to distribute the funds, the intention is to support pre-licensure nursing programs and RN-to-BSN programs that demonstrate quality, transparency, pathways, and partnership for eligibility for NSRP funding.

Sub-Work Group Five: Workforce Planning, Evaluation, and Investment

Member: Dr. Cindy Zolnierek

No recommendations at this time.

Appendix E: NSRP Rider 28 Study Work Group Membership

| Name | Affiliation | Contact |
|--|--|-------------------------------------|
| Dr. Cindy Zolnierek Chief Executive Officer | Texas Nurses Association | CDZolnierek@texasnurses.org |
| Ms. Pamela Lauer Program Director, Texas Center for Workforce Studies | Department of State Health Services Center for Nursing Workforce Studies | pamela.lauer@dshs.texas.gov |
| Ms. Sally Williams Workforce Director, Texas Center for Nursing Workforce Studies | Department of State Health Services Center for Nursing Workforce Studies | swilliams@dfwhcfoundation.org |
| Dr. Janice Hooper Nursing Consultant for Education | Texas Board of Nursing | Janice.Hooper@bon.texas.gov |
| Ms. Beverly Skloss Nursing Consultant for Education | Texas Board of Nursing | Beverly.Skloss@bon.texas.gov |
| Ms. Gail Acuna Retired | Industry Representative | |
| Dr. Julie Eklund Assistant Commissioner for Strategic Planning | Texas Higher Education Coordinating Board | julie eklund@highered.texas.gov |
| Dr. Stacey Silverman Assistant Commissioner for Academic Quality and Workforce | Texas Higher Education Coordinating Board | stacey.silverman@highered.texas.gov |
| Dr. Brenda Nichols Vice Provost | Lamar University | brenda.nichols@lamar.edu |
| Dr. Marla Erbin-Roesemann School Director - Professor | Texas State University | Me16@txstate.edu |
| Dr. Kathryn Tart Dean of the College of Nursing | University of Houston | kmtart@Central.UH.EDU |
| Dr. Elizabeth (Beth) Merwin Dean and Professor, College of Nursing and Health Innovation | The University of Texas at Arlington | elizabeth.merwin@uta.edu |
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| Ms. Julie Arteaga Director of Associate Degree Nursing Program/Professor | Navarro College | julie.arteaga@navarrocollege.edu |
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| | | |
|---|--------------------------|-----------------------------|
| Dean of Nursing | | |
| Dr. Nina Almasy Department Chair, Professional Nursing | Austin Community College | nalmasy@austincc.edu |
| Dr. Tetsuya Umebayashi Dean of Nursing, Tarrant County College Trinity River Campus East | Tarrant County College | tetsuya.umebayashi@tccd.edu |

Appendix F: NSRP Rider 28 Study Work Group Meeting Minutes

**Meeting of the NSRP Rider 28 Study Work Group
Texas Higher Education Coordinating Board
Board Room, First Floor
1200 East Anderson Lane, Austin, TX
Monday, October 28, 2019
10:00 a.m.**

Minutes

Agenda Item 1: Introductions

The meeting was called to order at 10:00 a.m. by the facilitator of the meeting, Dr. Ginger Gossman, Texas Higher Education Coordinating Board (THECB).

The work group members introduced themselves.

Agenda Item II: Review the scope of the study

Dr. Gossman read Rider 28 of the General Appropriations Act, HB 1, which requires the study.

Agenda Item III: Review the history of NSRP

Dr. Julie Eklund, THECB, provided an overview of the NSRP. She also provided information about pre-licensure admissions, nursing graduates by academic years, and returned funds in the program.

Agenda Item IV: Discuss the effectiveness of NSRP in addressing the shortage of professional nurses

Dr. Gossman asked work group members to share their thoughts on the opportunities and challenges of this program.

Dr. Marla Erbin-Roesemann, Texas State University, said many institutions are at the point of saturation. Challenges include clinical space, funding, and paying faculty.

Ms. Tracey Cooper, Temple College, said they use the funds to hire new faculty. They turn away over 200 students per year because they don't have faculty. She just received her notice of how much they are getting, which makes it hard for her to plan, and then they don't get the funds until November. She has to ask her board for new faculty positions early.

Dr. Brenda Nichols, Lamar University, said they use money for updating equipment in the skills lab and the simulation labs. She also uses the money to supplement faculty salaries. The challenge for them is fluctuating classes because of hurricanes. She suggested looking at a two-or-three-year pattern instead of just one year.

Dr. Nancy Fahrenwald, Texas A&M, suggested using the funds for graduate education in nursing.

Dr. Jonas Nguh, Ranger College, said their situation is unique because they are in a rural area with only one hospital where students can do clinicals. The hospital can only take 10 students at a time, so it had to create different models for students to do their clinical practicum.

Dr. Marla Erbin-Roesemann, Texas State University, said she has used the money for her simulation lab. The lab helps her achieve better educational outcomes.

Dr. Poldi Tschurch, University of St. Thomas, said the timeline doesn't always line up with institutional decisions. Since she can't predict the amount she will get, she uses the money for things such as retention services. She needs stable funds to hire full-time faculty. She agreed that using funds for graduate education may be a good idea.

Dr. Tetsuya Umebayashi, Tarrant County College, said his grants office won't let him spend the money the way he wants to spend it. For example, he wants to spend it to send faculty to out-of-state conferences, but his grants office doesn't think it's appropriate to spend it that way.

Dr. Nina Almasy, Austin Community College, said her college has had success in increasing graduates, but not in increasing enrollments, for the reasons mentioned by others. As a new department chair, it was hard for her to keep track of the grants for multiple years and to know how the funds could be spent.

Dr. Gossman asked about challenges created by the timeline.

Ms. Linda Lane, Texas Tech HSC, said they applied for the Over 70 Program for 2018-19 knowing they wouldn't have enough growth to keep all the money. They had to send some money back the first year. In the second year, they almost met the target and will get to keep most of it. She has to wait until January for the numbers to know how much she will get to keep. You have to grow, she said, but you can't use the money to grow.

Dr. Linda Yoder, UT Austin, agreed with the point about saturation. UT Austin has a group of prelicensure students who never get a BSN. The program is called the Alternate Entry Program. These students come to them with an undergraduate degree in something else. They spend one year in the nursing school and then they pass the NCLEX, but they still don't have a nursing degree. Many of them work part time while they matriculate into the master's program, where they will earn a MSN. There are 40 to 45 of these students a year. She said the work group should consider including these students in NSRP.

Dr. Marla Erbin-Roesemann, Texas State University, said some schools don't spend the money until they knew they will get to keep it.

Dr. Elizabeth Merwin, UT Arlington, said that to spend money on increasing faculty, you must make a long-term commitment to that faculty member.

Dr. Gossman asked if there were any successes on spending the money on time.

Dr. Marla Erbin-Roesemann, Texas State University, said she doesn't have any problem spending the money on the Regular Program.

Ms. Tracey Cooper, Temple College, said they use the money to give a market adjustment to existing faculty to help with the retention of faculty. It's not a stipend, but it works like a one. Faculty members understand that the adjustment will go away if the funds go away.

Ms. Linda Lane, Texas Tech HSC, said they save the dollars for the last. They use them for clinical and adjunct faculty.

Dr. Tetsuya Umebayashi, Tarrant County College, said he spends most of the funds to buy textbooks for underrepresented population of students with financial challenges, and he spends some money on the Student Success Center.

Dr. Marla Erbin-Roesemann, Texas State University, said she uses the money for a peer tutoring center.

Dr. Elizabeth Merwin, UT Arlington, said it would be helpful to have a list of things the money could be spent on.

Ms. Linda Lane, Texas Tech HSC, said she didn't think NSRP was considered a grant, so you have to make your institution understand what kind of money it is. She asked if the money could be used for scholarships.

Mr. Ed Buchanan, THECB, said it was his understanding that the funds could be used for financial aid. He said he thought grant language would probably be removed from future program announcements. He said the money should be considered formula funding.

Dr. Cindy Zolnierrek, Texas Nurses Association, asked if anyone used the funds to develop clinical education in community-based settings.

Dr. Jonas Nguh, Ranger College, replied that he is doing that now.

Dr. Elizabeth Merwin, UT Arlington, asked if the funds could be used to set up a dedicated teaching unit in a hospital, where the funds would be used to pay hospital employees who teach and precept students.

Mr. Ed Buchanan, THECB, replied that if the goal is to increase the number of graduates, then that would be an acceptable goal and expenditure. He said the statute doesn't give a list of allowable expenditures; instead, it gives broad guidelines, or goals to be accomplished.

Dr. Cindy Zolnierrek, Texas Nurses Association, reminded the group that previously funds were only available after the increase was accomplished, and the feedback from institutions was that it was hard for them to implement a change since they didn't have the funds up front.

Dr. Stacey Silverman, THECB, asked if everyone pays for clinicals.

Dr. Marla Erbin-Roesemann, Texas State University, said for undergraduate students, some institutions pay to belong to a clinical placement system. For example, in the Austin area, it's \$16,000 a year to belong. Overall, most schools don't pay for preceptors for graduate students, but they may have to pay for them in the future.

Dr. Gossman asked the work group what would help with the nursing shortage in Texas, besides NSRP.

Dr. Tetsuya Umebayashi, Tarrant County College, said many students enter an LVN program because they can't afford two years of college. They want to get a job as a nurse and then enter the pathway to become an RN.

Dr. Jonas Nguh, Ranger College, suggested focusing on increasing nurses from underrepresented populations, especially men.

Dr. Marla Erbin-Roesemann, Texas State University, said about 20 percent of nurse educators will retire in the next five years, which will be a problem. She asked if the program could be reshaped to focus on nurses who will teach.

Dr. Marla Erbin-Roesemann, Texas State University, said the next generation of NCLEX will start in 2023. It will increase the quality of nurses, but there will be a short-term decrease in the number of nursing students who graduate.

Agenda Item V: Identify topics and materials for the next meeting

Dr. Gossman asked the work group what they would like to know for the next meeting. She said the work group may want to share how institutions are spending their funds.

Ms. Julie Davis, Texas Nurses Association, suggested creating a timeline that overlays the NSRP timeline with the institutions' timeline to see where they aren't matching up and where there may be areas for adjustment.

Dr. Julie Eklund, THECB, said it would be helpful if there were someone from an institution who could help the THECB with the institutions' timeline.

Mr. Ed Buchanan, THECB, said for the Regular Program, the THECB must wait until the institutions report their data on October 1. The THECB asks institutions to report the data earlier for this program than they would normally report it, so the disbursement time can be moved up. Institutions should receive funds in October or early November. For the Over 70 Program, the data comes from the Center for Workforce Studies, which the THECB gets in January or early February. For the Under 70 Program, which is a two-year program, the THECB can't do a settle-up and determine what the institutions have earned until the third year.

Dr. Nancy Fahrenwald, Texas A&M, said it would be helpful to know the proportion of funds over time that have been used for newly licensed nurses compared to advancing the education of currently licensed nurses.

Dr. Julie Eklund, THECB, said there would be challenges providing that data because the THECB gets the restricted nursing program codes from some institutions, but not from all of them, so that data isn't clean. The THECB, however, can try to provide something along those lines. She said that maybe the THECB could summarize more clearly how much has gone to each program.

Dr. Marla Erbin-Roesemann, Texas State University, said that we often talk about the number of qualified applicants who aren't admitted, but many times those applicants are counted three or four times because they apply to multiple programs.

Ms. Julie Davis, Texas Nurses Association, suggested looking at the average age of entry-level students vs. graduates.

Dr. Julie Eklund, THECB, said the THECB could provide that data.

Dr. Nancy Fahrenwald, Texas A&M, said that when we report Texas workforce data, it would also be helpful to have the national workforce data for comparison.

Dr. Julie Eklund, THECB, asked if there was a source for the national data.

Dr. Nancy Fahrenwald, Texas A&M, said the National Council of State Boards of Nursing has data. The American Association of Colleges of Nursing, which accredits a lot of programs, also has data, although it won't include all programs. Institutions receive an annual report from them on faculty and students. She uses it for benchmarking diversity, faculty age, and retirements.

Ms. Pamela Lauer, Texas Center for Workforce Studies, said there are a few sources for national workforce studies, which she will share.

Dr. Julie Eklund, THECB, said the THECB would serve as a clearinghouse for data members of the workgroup wanted to share. The THECB can track graduates who stay in Texas and enter the workforce. The data will show if nursing graduates enter a hospital setting.

Dr. Julie Eklund, THECB, asked the work group where they get data about nurses who are no longer in the profession.

Dr. Janice Hooper, Texas Board of Nursing, said that number of nurses coming back and doing a refresher to renew their license is in the hundreds. She asked all states for their data and she got 50 kinds of data, so one of NSCBN's recommendations is that every state provide some essential data that is comparable.

Ms. Pamela Lauer, Texas Center for Workforce Studies, said they look at the Board of Nursing's re-licensure data.

Dr. Gossman asked the work group what its thoughts were on how it will contribute to the report.

Dr. Elizabeth Merwin, UT Arlington, asked if new data would be collected or if existing data would be used.

Dr. Julie Eklund, THECB, said feedback from the work group would be helpful regarding things they want to look at.

Dr. Cindy Zolnierrek, Texas Nurses Association, said it would be helpful to have a timeline for the scope of work.

Dr. Nina Almasy, Austin Community College, asked the THECB to send the work group members a copy of the rider.

Dr. Brenda Nichols, Lamar University, suggested work groups be formed on the following issues: graduate education, timing related to using money for nursing faculty, capacity for growth considering limited clinical opportunities, and alternative clinical education. She said it would be helpful to have a summary of the uses of funds. She also said the work group should look at the limits of the program. For example, funds currently can't be used for quality.

Dr. Gossman asked about future meetings.

Dr. Julie Eklund, THECB, said there would probably be five or six meetings. She said the THECB would send out a poll regarding the next meeting.

Ms. Pamela Lauer, Texas Center for Workforce Studies, suggested the work group meet in January if it wants updated workforce data.

Dr. Gossman said THECB staff would look for a date in the first or second week of January.

Agenda Item VI: Adjournment

The work group adjourned at 11:56 a.m.

**Meeting of the NSRP Rider 28 Study Work Group
Texas Higher Education Coordinating Board
Board Room, First Floor
1200 East Anderson Lane, Austin, TX
Tuesday, January 7, 2020
1:00 p.m.**

Minutes

Attendees:

Ms. Gail Acuna, Dr. Nina Almasy, Ms. Julie Arteaga, Ms. Tracey Cooper, Ms. Julie Davis, Dr. Julie Eklund, Dr. Marla Erbin-Roesemann, Dr. Nancy Fahrenwald, Dr. Janice Hooper, Dr. Steven Johnson, Ms. Linda Lane, Ms. Pamela Lauer, Dr. Elizabeth Merwin, Dr. Jonas Nguh, Dr. Brenda Nichols, Dr. Stacey Silverman, Dr. Kathryn Tart, Dr. Poldi Tschurch, Dr. Tetsuya Umebayashi, Ms. Sally Williams, Dr. Linda Yoder, Dr. Cindy Zolnierrek

Absent: Ms. Beverly Skloss

Staff: Dr. Ginger Gossman, Mr. Ed Buchanan, Mr. Gordon Taylor, Mr. David Young

Agenda Item 1: Call to order

Dr. Ginger Gossman, facilitator of the meeting, Texas Higher Education Coordinating Board (THECB), called the meeting to order at 1:00 p.m.

Agenda Item II: Consideration and approval of the minutes from the October 28, 2019, meeting

Dr. Julie Eklund, THECB, said she had been asked to make a few technical edits to the minutes.

Dr. Marla Erbin-Roesemann, Texas State University, said it wasn't clear in the minutes that some of the speakers were referring to the Over 70 Program, not the Regular Program. Dr. Eklund asked the members to let THECB staff know which program they were referring to, if there were issues, so staff could revise the minutes. Since the minutes would need to be revised, she suggested the work group approve the minutes at the next meeting.

Agenda Item III: Discussion of ways to improve the state's efforts to address the nursing shortage

Dr. Julie Eklund, THECB, provided highlights from the data requested by the work group at the previous meeting. This data was included in the agenda materials.

Dr. Kathryn Tart, University of Houston, asked which expenditure category simulation equipment would be under. Mr. Ed Buchanan, THECB, said it would be under Computer Based Aid.

Dr. Marla Erbin-Roesemann, Texas State University, asked if the wages reported for master's and doctoral degree earners working at hospitals and those working at colleges, universities, and professional schools were both based on 9 months or 12 months.

Dr. Julie Eklund, THECB, said the methodology was the same for each, based on 12 months of salary. She added that some people included in the data would have multiple jobs; for example, people who are faculty members and practicing nurses. Staff took a closer look at people who have multiple jobs to get a better understanding of what those numbers look like. She said she would provide that data, but she doesn't think it will provide much additional information.

Dr. Kathryn Tart, University of Houston, asked if the THECB still posted gainful employment data. Dr. Eklund said the THECB provides the data through Texas CREWS, and it has data for 2016-17 graduates. The THECB needs time to track their wages, so the data is more current than it may appear. The data will be updated in approximately six months.

Dr. Kathryn Tart, University of Houston, said LVNs and nursing assistants are not degreed people, so they shouldn't be included in the data.

Dr. Nancy Fahrenwald, Texas A&M, asked if there was a way to differentiate between the funding that went to initial licensure vs. post-licensure, such as RN-to-BSN.

Dr. Julie Eklund, THECB, said the Over and Under 70 programs are for new licensure and the Regular Program includes both initial licensure and post-licensure. The THECB can't provide an accurate breakout for the Regular Program, because it doesn't have complete Restricted Program Admission (RPA) code data. The THECB will provide what it has, with the understanding that it won't be a complete representation of what is happening in the state.

Dr. Marla Erbin-Roesemann, Texas State University, said she was concerned that programs with large RN-to-BSN numbers are getting a large part of the funds, and it's not adding to the workforce.

Dr. Nina Almasy, Austin Community College, asked why the table for health-related institutions master's degree graduates doesn't include NAICS code 623110, which is nursing care facilities. Dr. Eklund explained that it was probably because the THECB didn't have at least five graduates in that category. To protect identity, the THECB masked anything under five. Anything under five was lumped with "All other industries."

Dr. Ginger Gossman, THECB, requested the THECB staff to do a summary of the methodology used for calculating employment by industry.

Ms. Pamela Lauer, Texas Center for Workforce Studies, provided data on enrollment, graduation, and admissions, which shows steady growth from 2016 to 2019.

Dr. Julie Eklund, THECB, said that in 2014-17 we didn't see growth in pre-licensure graduates. She asked why it looked like there was stagnation, and then a jump in the last two years. Ms. Lauer said the number of programs changed from year to year, with some schools closing. Several programs were added in the last year, which made a big difference.

Dr. Linda Yoder, UT Austin, said they hadn't been including their alternate entry students for NSRP funds, but they will ask the THECB for permission to include them in the future, because they are pre-licensure enrollees.

Ms. Lauer provided a comparison of Texas and national demographic data.

Dr. Janice Hooper, Texas Board of Nursing, asked if the data was reflective of the lack of healthcare in Texas or of empty positions. Ms. Lauer responded that it was probably a little of both.

Dr. Linda Yoder, UT Austin, said Texas has a lot of military nurses that are licensed in Texas, and the army nurse corps is 34 percent male, which may skew some of the diversity numbers for Texas.

Dr. Nina Almasy, Austin Community College, asked if they could use funds for specific initiatives, such as for geriatrics or for improving the diversity of students. Dr. Silverman said NSRP is generating a formula allocation. Any initiative that would recruit more men into nursing would be justifiable.

Dr. Janice Hooper, Texas Board of Nursing, provided data on National Council Licensure Examination pass rates.

Dr. Ginger Gossman, THECB, asked the members to break out into three work groups to discuss ideas that would address the nursing shortage.

Below are the written notes from the breakout groups:

Group 1

- For the regular program, pay for percentage of increase in enrollment instead of number of students. This will distribute the funds more fairly so that larger programs don't monopolize all the funds.
- Channel all funds to the Regular Program and remove the Over 70 and Under 70 programs. This will encourage schools to not only enroll more students but to retain them through graduation.
- Allow funds for schools that are no longer able to grow but are able to maintain the number of quality graduates.
- Allow additional funds to schools that graduate underrepresented populations (men, Hispanic, etc.)

Group 2

- Once you figure out the program, it works, but it takes a few years to figure out.
- Important to find ways to simplify the program. This is especially true if you're new to the state. It's really burdensome and predicated on the state's addiction to increased enrollment rather than improvements in graduation.
- The regular program is built on graduation, and it works well.
- Money is not great for hiring faculty because your program may not meet the requirements in the following year.
- Allow institutions to set their own targets. The required growth requirement was great in the beginning, but is no longer helpful.
- Over 70 program is the one where you have to return funding. One program example had a growth rate requirement of 12 percent in the first year and then an 18 percent in the second year. Funding would have been helpful to achieve the 18 percent increase, but instead institution had to return \$300,000.

- Make the regular program the overall program. Allow funding to support graduate students.
- Consider a five-year rolling average.
- Make sure that the program is for in-state students
- Create a timeline as an example for new deans
- Increase funding for Nursing Loan Repayment Program and allow for part-time faculty

Group 3 Notes

- Community colleges moving towards BSN
- Saturation - being at capacity. Think about more innovation than simulation. Think outside the box.
- Separate RN-to-BSN vs. BSN
- Increase diversity of placements
- Look at growth – new programs vs. existing
- Not as much clinical space as needed
- More consistency and predictability – three- or five-year graduation pool
- Collaboration in different ways with those who offer clinical opportunities and creatively integrating simulation activities into clinical opportunities
- National models for quality of programs / pass rates
- Incentivize accreditation of simulation centers
- Rural areas most costly and may need more flexibility
- Consider rural areas as a type of demographic diversity if diversity is used as an incentive
- Confusion about use of dollars for the program– make that clearer
- Public health / administration needed
- Faculty shortage – salary issue is a challenge
- Loan repayment – consider allowing part-time nursing faculty to qualify for loan repayment

Dr. Ginger Gossman, THECB, called the meeting back to order and asked that someone from each group share one idea.

Ms. Tracey Cooper, Temple College, who represented Group 1, suggested that to more evenly distribute the funds, distribute them by percentage of growth instead of by the number of graduates.

Dr. Stacey Silverman, THECB, who represented Group 2, suggested that institutions in the Over 70 program be allowed to set their own targets for growth.

Dr. Steven Johnson, WGU-Texas, said Group 2 agreed with Group 1's idea, but it would move all the money into the Regular Program and create a formula.

Ms. Linda Lane, Texas Tech HSC, from Group 2, suggested basing growth on a three- to five-year rolling average.

Dr. Cindy Zolnierrek, Texas Nurses Association, from Group 2, said they also talked about sequestering funds for pre-licensure students.

Ms. Tracey Cooper, Temple College, who represented Group 1, said her group also discussed sequestering funds for pre-licensure students. They want separate funds for pre-licensure and RN-to-BSN.

Dr. Linda Yoder, UT Austin, who represented Group 3, said they also wanted to separate out funds for RN-to-BSN vs. regular BSN programs. There was a lot of discussion in her group about coming up with innovative ways beyond simulation to deliver curriculum.

Dr. Ginger Gossman, THECB, asked the groups to share a second-best idea.

Ms. Tracey Cooper, Temple College, who represented Group 1, said her group talked about giving a percentage or points to institutions that had reached capacity for maintaining the quality of the program and the number of students. They also talked about giving points for diversity.

Stacey Silverman, THECB, said Group 2 talked about making sure funding only goes to support students who are in Texas.

Dr. Julie Eklund, THECB, said the THECB doesn't count out-of-state students who don't have a presence in Texas. Out-of-state students who take face-to-face programs in Texas are included.

Dr. Kathryn Tart, University of Houston, said she wants to only fund Texas residents.

Ms. Tracey Cooper, Temple College, said her institution has students from Fort Hood who go somewhere else when they graduate. They don't have control over where they go.

Dr. Stacey Silverman, THECB, from Group 2, said her group discussed tying something to the workforce, but it wouldn't be feasible because of the long timeline.

Dr. Stacey Silverman, THECB, said it would be helpful for new nursing deans and program directors to have a timeline that shows how to participate in a program. It should include when to apply, what the counts are based on, and when the program can spend the money.

Agenda Item IV: Planning for subsequent meetings

The work group discussed meeting dates for the next meeting, which will be in February.

Dr. Marla Erbin-Roesemann, Texas State University, said deans and directors could provide information about how they spend the money.

Dr. Linda Yoder, UT Austin, said Group 3 talked about increasing the nursing faculty loan repayment amount. Graduates have to work full time as a faculty member to be eligible, but many nurses don't want to give up their hospital job, because it pays more and has better health benefits. They, therefore, work part time as faculty. She asked if the program could be restructured so that it accounts for semesters of teaching, so students could carve together repayment.

Dr. Cindy Zolnieriek, Texas Nurses Association, said there was a bill last session that would have made the money available to part-time faculty and would have increased the amount of loan

repayment, but it didn't progress through the session. TNA plans to float the bill again next session.

Dr. Julie Eklund, THECB, said she would be happy to go back to the person who raised this idea and look at some of the other repayment programs to get ideas for how we might improve the nursing faculty loan repayment program.

The meeting was adjourned at 3:00 p.m.

**Meeting of the NSRP Rider 28 Study Work Group
Texas Higher Education Coordinating Board
Board Room, First Floor
1200 East Anderson Lane, Austin, TX
Thursday, February 13, 2020
9:30 a.m.**

Minutes

Attendees:

Dr. Nina Almasy, Ms. Julie Arteaga, Ms. Tracey Cooper, Dr. Julie Eklund, Dr. Marla Erbin-Roesemann, Dr. Nancy Fahrenwald, Dr. Janice Hooper, Dr. Deborah Jones, Ms. Linda Lane, Ms. Pamela Lauer, Dr. Elizabeth Merwin, Dr. Jonas Nguu, Dr. Brenda Nichols, Ms. Beverly Skloss, Dr. Stacey Silverman, Dr. Kathryn Tart, Dr. Poldi Tschurch, Dr. Tetsuya Umebayashi, Ms. Sally Williams, Dr. Linda Yoder, Dr. Cindy Zolniersek

Absent: Ms. Gail Acuna, Ms. Julie Davis, Dr. Steven Johnson

Staff: Dr. Ginger Gossman, Mr. Ed Buchanan, Mr. Gordon Taylor, Mr. David Young

Agenda Item 1: Call to order

Dr. Ginger Gossman, facilitator of the meeting, Texas Higher Education Coordinating Board (THECB), called the meeting to order at 9:35 a.m.

Agenda Item II: Consideration and approval of the minutes from the October 28, 2019, and the January 7, 2020, meeting

The work group approved the minutes from the October 28, 2019, and January 7, 2020, meetings with no changes.

Agenda Item III: Discussion of ways to improve the state's efforts to address the nursing shortage

Through an informal survey, the work group ranked the top eight challenges that were mentioned at the October and January meetings. The results were tabulated during the meeting and they are presented below:

Informal survey results from 2.13.20 NSRP Workgroup meeting

| NSRP Challenge/Issue | Priority # from Survey |
|---|------------------------|
| Prioritization of initial licensure nurses (for example, should we continue to include RN-to-BSN students; should we adjust award weighting to focus more on initial licensure) | 1 |

| | |
|---|----|
| Timing issues involving program logistics (such as planning and budget challenges, hiring challenges, supporting initiatives with money that doesn't come in until after the start of the academic year, etc.). | 2 |
| Funding is not consistent or predictable; difficult to hire faculty with one-time money (for example, should we consider rolling averages or other ways to address?) | 3 |
| Lack of clinical spaces | 4 |
| Capacity (FACULTY) | 5 |
| Requirement to return unearned funds leads to caution about spending/planning | 6 |
| Selecting the correct degree-level populations for inclusion (for example, should we include graduate program students beyond those earning degrees that lead to nursing faculty positions?) | 7 |
| Capacity (FACILITY) | 8 |
| Program complexity (for example, should we decrease the number of programs, decrease reliance on RPA codes and find other ways to track outcomes, or explore other ways to simplify?) | 9 |
| Reporting and Communication | 10 |
| Student diversity (for example, should we add incentives for under-represented groups?) | 11 |
| Many nurses are not from Texas. Although funding is not available for fully online program graduates from out-of-state, should there be more limitations? | 12 |
| Limitations on who can Apply? | 13 |

Dr. Julie Eklund, THECB, provided highlights from the data requested by the work group at the previous meeting. The data was included in the agenda materials. She said the table titled "Nursing Graduates by Academic Year and by Sector" includes ADN and on up, so it includes Masters and Doctoral graduates.

A work group member asked that the nursing graduate information be broken out by level: ADN, baccalaureate, and graduate (APRN, DNP).

Dr. Ginger Gossman, THECB, instructed the members to break out into three groups and discuss solutions to the top five challenges from the survey results.

When the members returned from the breakout session, Dr. Ginger Gossman, THECB, provided instructions for the next breakout session. She asked the groups to design a program that would include the solutions they discussed in the first breakout session.

When the members returned from the second breakout session, Dr. Ginger Gossman, THECB, asked each group to share their overarching program idea and the top two ideas out of that program design.

Dr. Ginger Gossman, THECB, shared for group two. The focus of its program is faculty recruitment and retention. It would provide incentives to attract teachers, such as tax breaks, loans, scholarships, and forgiveness. It would retain teachers with specific salary benefits. For example, the governor of Virginia said that new faculty members would get a percentage increase above what the institution would normally offer. Also, full time-faculty members and their children should be able to attend the institution where the faculty member teaches for free. These programs should be mandated by statute.

Dr. Marla Erbin-Roesemann, Texas State University, shared for group one. The recommendation is to combine the three programs into one and provide annual funding with no refunds. Factors, such as increasing initial licensure, increasing pass rates, and retaining faculty, should be weighted. The program should build in maintenance of quality. She said the group also talked about quality improvement, professional development, and incentives for faculty.

Dr. Julie Eklund, THECB, shared for group three. The recommendation is to use a three- to five-year rolling average, with the funds provided up front. The rolling average, and the fact that funding would be for two years, would provide more stability. The program would have a simplified, clear, and transparent timeline that would allow schools to plan. She said the group also talked about weighting initial licensure and having a smaller pool of money for RN-to-BSN. The RN-to-BSN is important because faculty may come from this group. She said that in terms of outside the box approaches, the group talked about creative ways to expand clinical opportunities.

Ms. Beverly Skloss, Texas Board of Nursing, who was also from group three, elaborated on the clinical idea, saying it could involve a dedicated education unit that would take advantage of capacity at facilities. She said the group also talked about having only one program, with funding up front, as noted earlier.

Agenda Item IV: Planning for subsequent meetings

Dr. Ginger Gossman, THECB, said one of the activities the group didn't have time to do was to trade papers for grading. She wanted the groups to trade program design ideas and pick out the best ideas and the ideas that weren't salient to the nursing shortage problem. It was decided that THECB staff would put these ideas in writing and send them to the members, and then the members would share their critiques before the next meeting.

Dr. Kathryn Tart, University of Houston, asked the THECB to send the timeline that Mr. Buchanan had, and that would help members see how the various ideas would work.

Dr. Julie Eklund, THECB, said a consultant may be brought to the next meeting to talk about what is being done in other states.

The work group discussed meeting dates for the next meeting, which will be in April.

Agenda Item V: Adjournment

The meeting was adjourned at 12:30 p.m.

**Meeting of the NSRP Rider 28 Study Work Group
Texas Higher Education Coordinating Board
Via Webinar
Thursday, May 14, 2020
1:00 p.m.**

Minutes

Attendees:

Ms. Gail Acuna, Dr. Nina Almasy, Ms. Julie Arteaga, Ms. Tracey Cooper, Dr. Julie Eklund, Dr. Marla Erbin-Roesemann, Dr. Nancy Fahrenwald, Dr. Janice Hooper, Dr. Stephen Johnson, Dr. Deborah Jones, Ms. Linda Lane, Ms. Pamela Lauer, Dr. Elizabeth Merwin, Ms. Beverly Skloss, Dr. Stacey Silverman, Dr. Kathryn Tart, Dr. Poldi Tschurch, Dr. Tetsuya Umebayashi, Ms. Sally Williams, Dr. Cindy Zolnierrek

Absent: Dr. Jonas Nguh, Dr. Brenda Nichols, Dr. Linda Yoder

Staff: Dr. Ginger Gossman, Ms. Emily Cormier, Mr. Ed Buchanan, Mr. Gordon Taylor, Mr. David Young

Agenda Item 1: Call to order

Dr. Ginger Gossman, facilitator of the meeting, Texas Higher Education Coordinating Board (THECB), called the meeting to order at 1:00 p.m.

Agenda Item II: Consideration and approval of the minutes from the February 13, 2020, meeting

The work group approved the minutes from the February 13, 2020, meeting with no changes.

Agenda Item III: Discussion of initiatives and efforts outside Texas to address nursing shortages

Dr. Julie Eklund, THECB, introduced Tim Henderson, who did research for the work group regarding nursing shortage initiatives in other states.

Mr. Henderson, consultant, discussed the information in his PowerPoint regarding state legislative efforts to address shortages of initial licensure nurses. This PowerPoint was included in the agenda materials. He broke out legislation into the following five categories: 1) didactic faculty, 2) clinical faculty/preceptors and training sites, 3) students, 4) educational pathways and partnerships, and 5) workforce planning, evaluation and investment.

Regarding didactic faculty/grant funds, Maryland's measure provides statewide competitive grants to attract and retain minorities into nursing. New Mexico's measure supports RNs seeking employment as educators or obtaining additional education. South Carolina's law supports salary enhancement for current educators and provides funds to hire new faculty.

Regarding loan repayment, scholarships, "pay it forward" programs, Colorado has a law that pays up to \$20,000 for two or more consecutive years that a nurse is in a qualified nurse faculty position. Indiana does something similar, but it includes adjunct faculty. Maine pays up to \$30,000 a year for up to five years and up to 50 percent of the recipient's loan balance. Oregon

will pay up to 20 percent of any faculty member's loan, or up to \$10,000 per year, for one to three years for those earning a master's degree, and up to five years for those earning a doctoral degree.

Regarding didactic faculty/educator tax credits, Illinois provides a tax credit for up to two-and-a-half percent of a faculty member's federally adjusted gross income.

Regarding clinical faculty/new clinical training programs, Florida has a pilot project to implement new nursing residency programs in nursing homes, home health agencies, and in other community-based settings. Hawaii is funding a new nursing residency program where residents may qualify for stipends and loan repayments. The residents may be required to work for two years at designated sites in underserved locations as preceptors. Massachusetts has a two-year nurse practitioner residency program at federally funded community health centers.

In terms of expansion grants for existing clinical training programs, Minnesota provides funds to plan and implement the expansion or creation of new clinical training programs specifically for APRNs, with the focus on primary care. Utah has a program that funds rural residency programs in nursing and other health profession programs.

In terms of tax credits for preceptors, Colorado has a \$1,000 a year credit for supervision of not less than four weeks a year for preceptors. The focus is on rotations in primary care in rural areas. Hawaii has a \$1,000 credit for each uncompensated supervision, for as much as \$5,000 per year. Georgia pays \$375 for the first three preceptor supervised uncompensated rotations, and then \$750 for the next four to ten rotations. The rotations must be in community-based settings. South Carolina will offer a tax credit to a preceptor for uncompensated supervision for at least two preceptor rotations a year. The credit is \$750 per rotation, up to \$3,000 a year if at least half of the practice where the preceptor works is composed of Medicare, Medicaid, and self-pay patients. The compensation is less if only 30 percent of the practice is composed of Medicare, Medicaid, and self-pay patients.

Most states have loan repayment programs for nursing scholarships, so Mr. Henderson didn't talk much about that.

Mr. Henderson said three states provide financial assistance in the form of grants and stipends to qualified students. Michigan awards these types of grants to minority students who agree to serve in a health professional shortage areas upon completion of their training. Similarly, Wisconsin has a program for students who agree to work in a Veterans Home after they graduate.

New Jersey has a tax credit that goes to employers who contribute to the loan repayment of nursing students who agree to work in their settings upon graduation.

There are several states that are making special accommodations for nurses. New York provides a temporary exemption to nursing students who are unable to begin or complete their BSN due to lack of access to an educational program. This would be, for example, for a qualified student who applied on at least two occasions to a BSN program and was denied access mainly because there weren't enough seats available in the program. With the exemption, the student wouldn't have to reapply for the programs.

Regarding educational pathways and partnerships, particularly as it relates to streamlining the articulation of ADN to BSN pathways, California requires certain schools to implement degree pathways between California community colleges and Cal State. Maryland revised its two-plus-two transfer scholarship and increased the award.

Several states are supporting high school to college nursing apprenticeship and career pathway programs. Maryland is required to create a statewide media campaign which is funded by both state and local matching funds to promote participation by students and employers in career or technical education apprenticeships for nursing and other professions that are facing shortages. West Virginia requires that a work group be established to plan and implement a new nursing career pathway initiative. The program would begin in high school and progress through college, providing employment opportunities with industry partners.

Regarding common curriculum for undergraduate nursing education, New Mexico has provided funds to the University of New Mexico to 1) establish programs that coordinate nursing education statewide and to 2) improve the outcomes of the programs.

Mississippi directed The Board of Trustees of higher education to conduct a one-year feasibility study to investigate the idea of nursing schools across the state sharing the utilization of clinical simulation labs.

Washington state established a course equivalency program for nurses so it would be more in sync with the courses paramedics need. This would streamline the ability of paramedics and other health professionals to pursue a nursing degree.

In terms of workforce planning, evaluation and investment, several states are assessing where they are regarding their supply of nurses so they can plan how to address their shortages.

In terms of workforce development, Arizona had an ambitious initiative, which didn't pass, that would have established and fully funded the Arizona Nursing Academy under the State Board of Regents to provide incentives to students to enter nursing and to commit to practice in Arizona. The initiative included a full-scale recruitment, marketing, and promotion plan. It would have tracked postgraduate service requirements, and it would have distributed funds between the institutions. These requirements also included making sure the academies provided programs that involved accelerated educational pathway models for critical need areas. It required each nursing program that participated to provide each full-time student scholarships with state funding for tuition and fees.

Illinois has an initiative to expand and retain nurses who work in nursing homes. Maine authorizes a bond issue to support nursing education, specifically for enhancing economic development for rural and underserved parts of the state.

A couple of states provide tax credits for nurses who practice in underserved areas. In Georgia, a nurse practitioner is allowed a tax credit up to \$10,000. The credit may be for up to 10 years if the nurse practitioner continues to work in a rural area.

Dr. Cindy Zolnierek, Texas Nurses Association, asked what kind of funding is provided for new clinical training programs for RN and what is provided for APRN.

Mr. Tim Henderson, consultant, said the Massachusetts measure was for nurse practitioners. The other states didn't specify if their measures were for RN or APRN.

Dr. Kathryn Tart, University of Houston, asked if the tax credit for preceptors comes from a state or a federal tax.

Mr. Tim Henderson, consultant, said the tax credit was from a state tax.

Dr. Kathryn Tart, University of Houston, said Texas has a scholarship for preceptors, but a lot of those programs are unfunded mandates. She said New York has a mandate that nurses must obtain a BSN within ten years of earning an associate degree in nursing. She asked if Mr. Henderson found out anything about that.

Mr. Tim Henderson, consultant, said he didn't, but he could explore it further.

Dr. Kathryn Tart, University of Houston, said the Robert Wood Johnson Foundation funded nine states from 2012 to 2016 for academic progression in nursing. These initiatives helped move students forward from their associate degree to a bachelor's degree.

Mr. Tim Henderson, consultant, said he was aware of the work done through the foundation, but much of it didn't become state policy.

Dr. Janice Hooper, Texas Board of Nursing, asked if there was data on which of these strategies were most effective.

Mr. Tim Henderson, consultant, said that was outside his scope of effort.

Dr. Ginger Gossman, THECB, asked the work group if they wanted Mr. Henderson to look deeper into any of these initiatives.

Dr. Julie Eklund, THECB, asked work group members to either let us know now or after the meeting if there are things they want us to look at closer.

Dr. Kathryn Tart, University of Houston, said there was a lot of data from the federal government's demonstration project for residency programs for nurse practitioners. She asked if there was anyone on the call who could talk about how that worked. She said it was a good program. Texas, Illinois, Florida, and maybe California or New York were part of the program. She said she would like to find out more about it.

Dr. Julie Eklund, THECB, said THECB staff would be happy to look at that.

Agenda Item IV: Discussion of ways to improve the state's efforts to address the nursing shortage

Dr. Julie Eklund, THECB, presented the results from the survey THECB staff sent to work group members regarding their thoughts about the design ideas developed by the three sub-work

group at the February 13, 2020, meeting. The PowerPoint with the survey results was included in the agenda materials. The ideas were broken out into two groups: 1) program structure and 2) other state funding strategies.

Dr. Janice Hooper, Texas Board of Nursing, said she has been working with the committee at NCSBN regarding quality indicators of nursing programs, and one of the quality indicators related to students staying in a program is retention of faculty.

Dr. Julie Eklund, THECB, said the plan is to present a strawman to the work group before the next meeting which would be developed based on the feedback received from group members through surveys and in prior meetings. There will be one related to program structure and one related to other initiatives. Members of the work group are welcome to send ideas for a strawman to THECB staff.

Dr. Kathryn Tart, University of Houston, said the RN-to-BSN is a pipeline for students to earn a bachelor's degree so they can go on to the master's degree and higher. It may not be a priority for funding, but it should be part of the program.

Dr. Steven Johnson, WGU-Texas, echoed Dr. Tart's comments. He said the pipeline to the MSN is critical. When the program was created, the Legislature's focus was on professional nurses.

Dr. Elizabeth Merwin, UT Arlington, echoed Dr. Tart's and Dr. Johnson's comments. She said she also supports articulation and a streamlined approach from community colleges.

Ms. Linda Lane, Texas Tech HSC, said she agrees that RN-to-BSN programs are important, but they are lucrative programs. There are no clinicals involved and it's mostly online. These programs more than pay for themselves. This funding wouldn't be appropriate for these programs.

Dr. Kathryn Tart, University of Houston, said there are clinicals for RN-to-BSN programs.

Dr. Cindy Zolnierak, Texas Nurses Association, said when the program was redesigned in 2009, the focus was on the prelicensure program. The survey results confirm that there is a need to focus there, but not to the exclusion of other programs.

Dr. Julie Eklund, THECB, said it would be helpful if there is data available about students who do take the pathway from RN-to-BSN to graduate nursing programs with the intention of teaching.

Dr. Kathryn Tart, University of Houston, said the deans and directors have that data, and she would try to get it.

Dr. Tetsuya Umebayashi, Tarrant County College, said he values RN-to-BSN programs, but if we don't have many prelicensure students graduate, then we won't have many RN-to-BSN students either, so it's important to focus on prelicensure students as well.

Dr. Julie Eklund, THECB, asked if we should include a passing rate as an indicator of quality.

Dr. Janice Hooper, Texas Board of Nursing, said she would try to get a list of the quality indicators from the committee on outcomes and metrics. NCLEX was high on the list.

Dr. Elizabeth Merwin, UT Arlington, asked if the report Dr. Hooper mentioned will include benchmark data for the metrics.

Dr. Janice Hooper, Texas Board of Nursing, replied that the plan is to have scoring so we can see when programs have risk factors and we can try to help them early on. There will be a supplemental journal coming out in July.

Dr. Kathryn Tart, University of Houston, said Dr. Hooper has a list of quality indicators we could use related to programs with better test scores.

Dr. Janice Hooper, Texas Board of Nursing, said every October they give a report of their analysis of what they learn from the self-studies to the board members, and that report is available to institutions so they can benchmark their programs against those qualities. She said she will send those to Dr. Eklund.

Dr. Tetsuya Umebayashi, Tarrant County College, said he had concerns about the idea of annual funding with no refunds because a program may say they will have an increase of 20, but only have an increase of 10. In this scenario, they would not have to refund money, even though they didn't meet the criteria.

Dr. Julie Eklund, THECB, said the funding would be based on historical performance, not on projected performance; therefore, the program would earn the money before it receives it.

Ms. Tracey Cooper, Temple College, said one option would be to base funds on a two- to three-year cycle.

Dr. Julie Eklund, THECB, said that approach would bring some stability.

Dr. Julie Eklund, THECB, said a three- to five-year rolling average would add consistency. She said THECB staff would look at past data to see what funding would have looked like using a rolling average.

Dr. Julie Eklund, THECB, said the following comment in the survey responses about combining the three programs resonated with her: "Simplifying the process is more important than combining."

Dr. Ginger Gossman, THECB, said there were several people who commented in the chat that they agreed that simplifying would be better.

Dr. Kathryn Tart, University of Houston, said you can run into problems when you add permanent faculty lines with NSRP funding, which is soft money.

Dr. Julie Eklund, THECB, suggested the work group develop two strawmen: one focused on modifying the current program and the other focused on other initiatives.

Dr. Cindy Zolnierrek, Texas Nurses Association, said Dr. Eklund's suggestion makes a lot of sense. She said she would like the group to spend more time fleshing out the initiatives from the other states that Mr. Henderson discussed to see which ones might work in Texas.

Dr. Marla Erbin-Roesemann, Texas State University, said she agrees with Dr. Zolnierrek's suggestion, but she also wants to make sure these are not unfunded mandates, because that would put a greater burden on the university.

Dr. Ginger Gossman, THECB, asked for suggestions about how to get that work done before the next meeting.

Dr. Cindy Zolnierrek, Texas Nurses Association, suggested that a subcommittee be appointed and that it include lobbyists who are familiar with the issues and who have a good understanding of the funding sources.

Dr. Julie Eklund, THECB, suggested that in the interest of time the group have several sub-groups look at the bills from other states, or THECB staff could do a quick survey to see which of the initiatives from other states work group members are most interested in.

Dr. Nancy Fahrenwald, Texas A&M, said she liked the idea of doing another survey and then having small groups look at a few of the initiatives from other states.

Dr. Kathryn Tart, University of Houston, said she thought these were all good ideas.

Dr. Julie Eklund, THECB, said groups of three representing the various sectors could be appointed to look at a set of initiatives after a quick survey regarding areas of interest.

Agenda Item V: Planning for subsequent meetings

Dr. Ginger Gossman, THECB, said THECB staff would clarify next steps in an email to the work group.

Agenda Item VI: Adjournment

The meeting was adjourned at 3:00 p.m.

**Meeting of the NSRP Rider 28 Study Work Group
Texas Higher Education Coordinating Board
Via Webinar
Monday, June 15, 2020
1:00 p.m.**

Minutes

Attendees:

Dr. Nina Almasy, Ms. Julie Arteaga, Ms. Tracey Cooper, Dr. Julie Eklund, Dr. Marla Erbin-Roesemann, Dr. Nancy Fahrenwald, Dr. Janice Hooper, Dr. Stephen Johnson, Dr. Deborah Jones, Ms. Linda Lane, Ms. Pamela Lauer, Dr. Elizabeth Merwin, Dr. Brenda Nichols, Ms. Beverly Skloss, Dr. Stacey Silverman, Dr. Tetsuya Umebayashi, Ms. Sally Williams, Dr. Linda Yoder, Dr. Cindy Zolnierrek

Absent: Ms. Gail Acuna, Dr. Jonas Nguh, Dr. Kathryn Tart, Dr. Poldi Tschurch

Staff: Dr. Ginger Gossman, Ms. Emily Cormier, Mr. Ed Buchanan, Mr. David Young

Agenda Item 1: Call to order

Dr. Ginger Gossman, facilitator of the meeting, Texas Higher Education Coordinating Board (THECB), called the meeting to order at 1:00 p.m.

Agenda Item II: Consideration and approval of the minutes from the May 14, 2020, meeting

The work group approved the minutes from the May 14, 2020, meeting with no changes.

Agenda Item III: Discussion of ways to improve the state's efforts to address the nursing shortage

Dr. Ginger Gossman, THECB, asked Dr. Janice Hooper, Texas Board of Nursing, to share her thoughts about quality indicators.

Dr. Hooper said the quality indicators she provided the work group were things the Texas Board of Nursing (BON) would use when looking at programs. She didn't think many of them would be measurable enough to use as criteria for funding NSRP, but they might be helpful with qualitative information. When the BON put this information together, it called all the nursing accreditation organizations and found that they all use the same measures in program outcomes, such as licensing results, graduations, retention, employment satisfaction, and jobs.

Dr. Cindy Zolnierrek, Texas Nurses Association, talked about the preliminary draft of updated nurse supply and demand projections for 2018-32, which she provided the work group. She said the report predicts an overabundance of nurse practitioners to the extent of 19,000 by 2032.

Ms. Pamela Lauer, Texas Center for Workforce Studies, provided additional comments about the projections. She said the shortage of nurse practitioners they projected in 2015 has turned into a surplus. This is largely due to the increase in supply. The demand hasn't really changed since the last set of projections. This is consistent with what is happening across the country.

Dr. Marla Erbin-Roesemann, Texas State University, asked Ms. Lauer what the oversupply of nurse practitioners (NP) means, since there are several types of NPs.

Ms. Pamela Lauer, Texas Center for Workforce Studies, responded that the oversupply is primarily with family nurse practitioners.

Dr. Cindy Zolnieriek, Texas Nurses Association, said there is still a shortage of RNs, which may affect decisions about funding.

Ms. Pamela Lauer, Texas Center for Workforce Studies, said the report and the data will be available online in mid-July.

Mr. David Young, THECB, reviewed the strawman for the current program that was provided in the agenda materials.

Dr. Ginger Gossman, THECB, asked work group members if they agreed with the following four priorities the strawman addressed, which was on the first slide: make the program easier to understand and administer, make funding more consistent and predictable, prioritize initial licensure nurses, and incorporate a measure of quality.

None of the work group members commented, so Dr. Gossman moved on to the next slide, which related to having one program instead of three.

There was no discussion, so Dr. Gossman moved on to the next slide, which related to limiting funding for the increases for RN-to-BSN graduates to 20% of the total appropriation.

Dr. Julie Eklund, THECB, said she looked at data that morning that related to RN-to-BSN graduates. She noted that the THECB doesn't have uniform data regarding these graduates, but the data it has indicates that for the universities for 2016-2019, between 41% and 45% of the graduates reported were RN-to-BSN. There were none reported for the community colleges and the health-related institutions for that category, and for the independent universities it was between 13% and 15%.

Dr. Elizabeth Merwin, UT Arlington, said that if the percentages were 41% to 45% for some sectors, maybe the 20% cap is too low. She wondered how not prioritizing RN-to-BSN would impact the pipeline into nursing education and the policy goal of achieving a higher BSN prepared workforce in Texas.

Dr. Marla Erbin-Roesemann, Texas State University, said she thought that would be double dipping because the institution would get money for the RN (the initial licensure) and then it would get more money for the RN-to-BSN, so it wouldn't be equitable to the other programs.

Dr. Elizabeth Merwin, UT Arlington, said that would assume that the program that has the RN-to-BSN also educated the students in the RN, but that isn't true.

Dr. Marla Erbin-Roesemann, Texas State University, said she isn't assuming that, but it could be the case with all the community colleges coming on board with RN-to-BSN programs, but still

the state is paying for that one student twice. Some programs are getting millions of dollars which reduces the money for the other programs.

Dr. Steven Johnson, WGU-Texas, said he didn't understand how it would be double dipping if you're limiting RN-to-BSN to 20%. They would be reported separately at that point.

Dr. Marla Erbin-Roesemann, Texas State University, said she wasn't disagreeing with the 20%, but she was disagreeing with the statement that 20% was too low.

Dr. Ginger Gossman, THECB, asked Dr. Eklund if her goal for the day was to agree on a range of percentages, or to agree that a percentage is worth including, but we don't know what it is.

Dr. Julie Eklund, THECB, said it would be helpful if the work group could reach a general consensus on a number to use in the strawman, but she wouldn't expect people to say that day what the number should be. The THECB will continue to look at the RN-to-BSN data.

Dr. Ginger Gossman, THECB, asked the work group if they would be comfortable including a percentage, even though they might not be comfortable with 20%.

Dr. Cindy Zolnierrek, Texas Nurses Association, said the attempt to identify a percentage was in response to the amount of overall funding that would go to those programs, so she appreciates the proposal in the strawman.

Dr. Elizabeth Merwin, UT Arlington, said it's worth considering having some percentage, but she doesn't think there has been enough data to inform what that percentage should be or the consequences, and she thinks it should be higher.

Dr. Steven Johnson, WGU-Texas, asked if THECB staff knew what the percentage has historically been for RN-to-BSN programs.

Dr. Julie Eklund, THECB, asked Mr. Young if THECB staff had shared data with the work group that would inform this question.

Mr. David Young, THECB, said the THECB still don't have an accurate count of RN-to-BSN, and it would need that level of detail before it could answer these questions.

Dr. Steven Johnson, WGU-Texas, said he agrees because we can't know that 20% is correct if we don't know what the base has been historically.

Dr. Julie Eklund, THECB, asked if it would be worth reaching out to the institutions to get information regarding RN-to-BSN graduates.

Ms. Pamela Lauer, Texas Center for Workforce Studies, said she can provide the numbers she gets from the programs.

Dr. Ginger Gossman, THECB, said she didn't hear opposition to including a cap on funding for RN-to-BSN, but we need numbers to inform the selection of a percentage.

Dr. Julie Eklund, THECB, said if the work group provided a range of percentages, THECB staff could model those numbers.

Mr. David Young, THECB, said that with a cap on funding for RN-to-BSN, those graduates would be funded at a lower rate than initial licensure graduates. He said that if staff knew how much lower that rate should be, then it could look for a percentage cap that would fit that scenario.

Dr. Steven Johnson, WGU-Texas, said he felt like he was shooting in the dark without historical data.

Dr. Julie Eklund, THECB, asked Mr. Young if he was suggesting focusing on a percentage for the initial licensure instead of the RN-to-BSN.

Mr. David Young, THECB, said he wasn't suggesting a change to the proposed methodology of capping funding for RN-to-BSN. He said staff could back into that percentage once it gets the data. If staff had a sense of what the difference should be between the funding rate for initial licensure and RN-to-BSN, then it would be easier to back into a percentage cap.

Dr. Julie Eklund, THECB, asked Mr. Young if he was asking people that of the pool of money available, should about 80% go to initial licensure, or about 70%.

Mr. Young said that when THECB staff gets the numbers to run the model with a 20% cap, it could show a significant reallocation of funds. Perhaps the work group would be interested in a model that would have a smaller impact. He was looking for an approach the work group could reach a consensus on regarding reallocation of funds. For example, if the work group felt that an RN-to-BSN should be funded at 75% of rate for initial licensure, then staff could back into the percentage cap.

Dr. Janice Hooper, Texas Board of Nursing, said the cost of running a RN-to-BSN program is very different from the cost of running a prelicensure program.

A work group member who didn't identify herself said RN-to-BSN programs have some clinicals, but they don't require the same level of supervision as initial licensure programs. Initial licensure programs are very expensive, and institutions must often fund costs that tuition doesn't cover. RN-to-BSN programs can be run very efficiently, so they are money makers.

Dr. Ginger Gossman, THECB, moved on to the next slide, which related to including a weight of 2.0 for increases in graduate nursing degrees earned in areas that lead to instructional credentials.

Dr. Linda Yoder, UT Austin, asked what leading to instructional credentials meant. There aren't many nursing education master's programs. For example, UT Austin has three education courses that students can take to get a certificate, which gives them the hours they need to sit for the MLN credential. She asked if that would qualify for this.

Dr. Julie Eklund, THECB, said it would just be the CIPs listed on the slide.

Dr. Ginger Gossman, THECB, asked if the work group if they valued graduate certificates for hiring purposes.

Several work group members responded affirmatively.

Dr. Deborah Jones, UTMB Galveston, said they are hiring more DNPs to teach.

Dr. Ginger Gossman, THECB, asked if offering these certificates is costly.

Dr. Linda Yoder, UT Austin, said the DNP program and most PhD programs don't have anything in their curriculum to prepare people to teach, which is why UT Austin has created these courses. It wants its teachers to have a background in education, curriculum design, and instruction. These courses aren't just for master's degree students, they are also for PhD and DNP students.

Dr. Deborah Jones, UTMB Galveston, said her institution does the same thing. If it hires a PhD or DNP who has never taught, it requires that person to get the certificate.

Dr. Ginger Gossman, THECB, asked if the work group was comfortable with a weight of 2.0 for graduate degrees. Hearing no response, she asked if certificates should be weighted the same as graduate degrees.

A work group member who didn't identify herself said we would have to have some way to determine if the certificate is included in the program. She agrees with Dr. Yoder that there is nothing in a PhD program in nursing, which is a research degree, or in a DNP program, that prepares a person to teach.

Dr. Cindy Zolnierrek, Texas Nurses Association, said that maybe this isn't the place to fund certificate programs.

Dr. Ginger Gossman, THECB, moved on to the next slide, which related to varying funding rates based on NCLEX pass rates.

Dr. Janice Hooper, Texas Board of Nursing, said her board's definition of probation was conditional approval.

Dr. Ginger Gossman, THECB, moved on to the next slide, which related to a maximum award.

Hearing no comments, Dr. Gossman moved on to the next two slides, which related to the process of awarding funds.

Hearing no comments, Dr. Gossman moved on to the next slide, which related to factors of the program that would not change. There were no comments on this slide from the work group.

Dr. Ginger Gossman, THECB, said the next part of the meeting was to discuss other initiatives proposed by sub-work groups that could help alleviate the nursing shortage.

Ms. Tracey Cooper, Temple College, gave an overview of sub-work group one's recommendations, which were provided in the agenda materials.

Dr. Elizabeth Merwin, UT Arlington, said that a few years ago the governor of Virginia appropriated funds to schools of nursing and mandated that schools give a 10% salary increase to registered nurses who were teaching.

Dr. Cindy Zolnierrek, Texas Nurses Association, asked if it was harder to recruit faculty for undergraduate prelicensure positions or the graduate level positions, and if so, should we target those positions.

A work group member who didn't identify herself said it is harder to get faculty for APRN programs because APRNs make more money practicing in health care settings.

Dr. Cindy Zolnierrek, Texas Nurses Association, said her association plans to pursue increased funding for the nursing faculty loan repayment program; however, it may be hard to increase funding this legislative session.

Dr. Nina Almasy, Austin Community College, gave an overview of sub-work group two's recommendations, which were provided in the agenda materials.

Dr. Linda Yoder, UT Austin, suggested a property tax credit for nurses who serve as preceptors.

Dr. Ginger Gossman, THECB, asked if anyone had strong opinions about sub-work group two's recommendations.

Dr. Tetsuya Umebayashi, Tarrant County College, gave an overview of sub-work group four's recommendations, which were provided in the agenda materials.

Dr. Janice Hooper, Texas Board of Nursing, said that regarding the recommendation that the BON list RN-to-BSN programs on its website, it doesn't have purview over these programs, so it isn't aware of all of them. Programs at universities and community colleges are listed on its website.

Dr. Hooper said she likes the strawman for the current program. She would like to see it with numbers.

Dr. Ginger Gossman, THECB, asked if there was anything in the strawman the group wanted to discuss further.

Dr. Julie Eklund, THECB, asked if the option of earning a certificate would incent a nurse to become a faculty member.

Dr. Linda Yoder, UT Austin, said these certificates make a difference. It has faculty who took these courses who didn't originally think they would become a faculty member.

Dr. Janice Hooper, Texas Board of Nursing, said one of the weaknesses of nursing faculty is they don't have preparation in nursing education. She took the certificate program after she earned her master's degree, and it was one of the best things she ever did.

Dr. Tetsuya Umebayashi, Tarrant County College, asked if the school that graduated someone could get an incentive when an institution hired that person to teach.

Dr. Julie Eklund, THECB, said it could be complicated to administer unless that graduate immediately went into a teaching role. If the graduate got a job ten years later, it could be challenging.

A work group member who didn't identify herself suggested tying the nursing shortage loan repayment program to this idea.

Dr. Linda Yoder, UT Austin, suggested funding people who completed the certificate within two years of graduation, because it would be tied to their goal of graduation and becoming educators.

Dr. Julie Eklund, THECB, asked if the proposal in the strawman to fund both years of the biennium in the first year would be helpful.

Dr. Ginger Gossman, THECB, said that Dr. Nancy Fahrenwald, Texas A&M, posted in the chat that it would be challenging to implement every other year since the university expects funds to be expended in one year.

Agenda Item IV: Planning for subsequent meetings

Dr. Ginger Gossman, THECB, said the July 28th meeting would be the final meeting. THECB staff would probably try to get feedback from work group members before then.

Agenda Item V: Adjournment

The meeting was adjourned at 2:48 p.m.

**Meeting of the NSRP Rider 28 Study Work Group
Texas Higher Education Coordinating Board
Via Webinar
Monday, October 5, 2020
2:00 p.m.**

Minutes

Attendees:

Dr. Nina Almasy, Ms. Julie Arteaga, Ms. Tracey Cooper, Dr. Julie Eklund, Dr. Marla Erbin-Roesemann, Dr. Nancy Fahrenwald, Dr. Janice Hooper, Dr. Deborah Jones, Ms. Linda Lane, Ms. Pamela Lauer, Dr. Elizabeth Merwin, Ms. Beverly Skloss, Dr. Stacey Silverman, Dr. Kathryn Tart, Dr. Poldi Tschurch, Dr. Tetsuya Umebayashi, Ms. Sally Williams, Dr. Linda Yoder, Dr. Cindy Zolnierrek

Absent: Ms. Gail Acuna, Dr. Brenda Nichols, Dr. Jonas Nguh

Staff: Dr. Ginger Gossman, Ms. Emily Cormier, Mr. David Young

Agenda Item 1: Call to order

Dr. Ginger Gossman, facilitator of the meeting, Texas Higher Education Coordinating Board (THECB), called the meeting to order at 2:00 p.m.

Agenda Item II: Consideration and approval of the minutes from the June 15, 2020, meeting

The work group approved the minutes from the June 15, 2020, meeting with no changes.

Agenda Item III: Update on activities related to NSRP report preparation

Dr. Julie Eklund, THECB, said that after discussion with the Commissioner of Higher Education, it was decided that it would be better for the Coordinating Board to partner with both institutions and the Legislature to bring forward ideas around which we have all built some consensus in this work group, rather than bringing forth an exact way of calculating a future NSRP program.

Ms. Emily Cormier, THECB, said that during the review of the data of the different methodologies, staff uncovered a discrepancy in the reporting and information used in the Regular Program. The data inadvertently included nursing graduates who are in online programs and who are residing outside of Texas. The program is governed by a rider in the General Appropriations Act that requires these students to be excluded. We are reviewing the data to make sure we understand it and to improve the checks and balances, so it will be easier and transparent for both the THECB and the institutions. This is another example of the complexity of the current program for the institutions and the THECB.

Dr. Kathryn Tart, University of Houston, said it seems odd that the report wouldn't include specific recommendations, because other things could be placed into the program that didn't come from the work group.

Dr. Julie Eklund, THECB, responded that there is detail in the report that came from the work group's discussions. The agency wants to have flexibility, but still be as concrete as possible in terms of where the work group found consensus.

Agenda Item IV: Consideration of draft recommendations of ways to address the state's nursing shortage

Dr. Julie Eklund, THECB, presented a PowerPoint on the NSRP draft recommendations. The slides show the challenges of the current program, recommendations, and other ideas to explore, which are all in the draft report.

Dr. Kathryn Tart, University of Houston, said that regarding the recommendation to set a maximum award for each type of graduate (initial, RN-to-BSN, nurse instructor), the current maximum award, which she thinks is \$10,000, was based on the cost to admit a student.

Dr. Cindy Zolnierrek, Texas Nurses Association, said that it was estimated to cost \$10,000 to produce a prelicensure graduate a year, so for BSN programs that had a two-year nursing component, that would be \$20,000, and for ADN programs that had a one-year nursing component, it would cost \$10,000.

Dr. Julie Eklund, THECB, said the group discussed having a larger amount for nursing instructors. The recommendation is phrased so that it would allow that flexibility.

Dr. Cindy Zolnierrek, Texas Nurses Association, said she wondered if everything was in the same bucket, how would you prioritize graduates.

Dr. Julie Eklund, THECB, said the work group discussed setting a maximum percentage that could go to RN-to-BSN. This was crafted so that the percentage could be flexible.

Ms. Linda Lane, Texas Tech HSC, asked if the growth could be based on each type of graduate instead of it all being bundled together, so the focus would be on initial licensure.

Dr. Julie Eklund, THECB, said the intention is to not treat all types of nursing graduates equally, which was the consensus at other meetings.

Dr. Julie Eklund, THECB, said that regarding the recommendation that institutions on probation are not allowed to participate, the report should have said that institutions on probation with the Texas Board of Nursing are not allowed to participate, and that correction will be made in the report. This is consistent with current practice.

Dr. Kathryn Tart, University of Houston, asked if the recommendation that institutions have discretion in how they spend the funds, provided the expenditures contribute to program goals, means the institutions have discretion (for example, the provost) or the nursing programs.

Dr. Marla Erbin-Roesemann, Texas State University, said that funds at some institutions were taken from the nursing programs, and the deans and directors were told how the funds would be spent.

Dr. Julie Eklund, THECB, said that THECB staff would take that feedback into consideration when drafting the final report.

Dr. Linda Yoder, UT Austin, said we should expand the idea regarding offering incentives for Nurse Practitioners who commit to teaching at least part time to Advanced Practice Nurses.

Dr. Cindy Zolnierrek, Texas Nurses Association, said she wondered why we would incentivize Nurse Practitioners or APRNs greater than any qualified nurse with a graduate degree to teach. The market may facilitate Nurse Practitioners going into faculty roles, so she's not sure if that's the place to put the incentive if we have limited dollars.

Dr. Linda Yoder, UT Austin, said she agrees with Dr. Zolnierrek. We should change it to nurses with graduate degrees.

Dr. Elizabeth Merwin, UT Arlington, said we should expand and give more examples regarding the recommendation to assist with funding new, nontraditional clinical training program sites. She would like a recommendation to fund demonstration projects and for the development of innovative simulations that could be disseminated and shared with schools. She said they are challenged with COVID to expand simulations. Grant funds would help do this. She said the same would apply for pilot programs for preceptor development.

Dr. Cindy Zolnierrek, Texas Nurses Association, reminded the group that there is a Nursing Innovation Grant that is funded by tobacco lawsuit funds.

Agenda Item V: Adjournment

The meeting was adjourned at 3:08 p.m.



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