

SUPPORT OF SETTING THE BSN EXCEPTION AT 40%

**Kathy Baldridge, DNP, FNP-BC, FAANP, APEA, Supervisor NP Education Specialist,
Immediate Past President LANP**

Comment 1: Support – The proposed revision represents a thoughtful and balanced approach to addressing faculty shortages while maintaining educational integrity and patient safety. Allowing up to 40% of faculty to hold a BSN offers flexibility for programs, particularly in underserved or rural areas, while still preserving a high standard of instruction. This change aligns with national efforts to strengthen nursing education pathways while supporting workforce sustainability.

This change is particularly significant as it relates to advanced practice registered nurse (APRN) education. Ensuring that RN programs are led by academically prepared faculty supports the development of competencies essential for success in graduate-level nursing programs.

Response 1: The Board agrees.

Louise D. Berkowicz

Comment 2: Support - As someone who receives daily nursing care, I find it hard to understand why the qualifications of nursing faculty would depend on the size or location of a school. Patients deserve high-quality care nursing no matter where they live, and that starts with nursing education. All students, regardless of the size or location of the education program, deserve to learn from the highest-quality faculty - instructors educated and trained in teaching methods, creating nursing courses, and assessing if students are safe and competent to advance in or graduate from a nursing program. The proposed rule change strikes a good balance. It helps some schools with the shortage of nursing faculty while still making sure that nursing education stays strong and consistent. I support this more moderate approach, which serves as a safeguard to prevent short-term solutions from becoming permanent compromises.

Response 2: The Board agrees that all students deserve to learn from the highest-quality faculty and instructors and that the proposed rule change strikes a good balance of addressing the faculty shortage, while ensuring that the quality of nursing education programs is not compromised.

Sarita James, PhD, RN, CNE, Director, LSUA School of Nursing

Comment 3: Support - The LSUA School of Nursing faculty includes individuals with PhD, DNP, and MSN degrees in nursing education. The availability of MSN-prepared adjunct faculty in our region is limited. Forty percent of our clinical adjunct faculty fall under the BSN exception and given our program's growth, we are concerned about maintaining adequate clinical faculty coverage and our ability to abide by the proposed amendment.

BSN-prepared individuals serving under the exception should be limited to part-time adjunct roles in clinical settings only. Exceptions should be carefully limited to ensure the quality of education for pre-licensure undergraduate students. The LSUA School of Nursing faculty respectfully submits the following recommendations for consideration regarding the proposed amendment:

- That BSN-prepared faculty be considered only for adjunct clinical roles in pre-licensure ASN programs.
- That the two-year limit for BSN-prepared adjunct faculty be reconsidered for those who do not intend to pursue an MSN but consistently meet performance expectations. We recognize that some exceptional clinical instructors prefer to remain in adjunct roles without further academic advancement.
- That a per-semester review of clinical assignments be implemented to ensure that no more than 50% of clinical instruction in a pre-licensure ASN program is delivered by BSN-only adjunct faculty.

Response 3: The Board appreciates the suggestions, but the second bullet would allow BSN-prepared nurses to teach in adjunct roles permanently and this would compromise the integrity of nursing education and patient safety, which depends on maintaining high standards of faculty qualifications. This aligns with national nursing accreditation standards that call for pre-licensure nursing programs to be taught by faculty prepared at the MSN, DNP, PhD, and EdD level. This includes both didactic and clinical courses. The Board disagrees with this proposal.

Jennifer Sittig, DNP, APRN, FNP-C, PMHNP-BC, Chair, Louisiana Association of Nurse Practitioners

Comment 4: Support - This policy offers a thoughtful and balanced approach to addressing the nursing faculty shortage without compromising the academic integrity of nursing education programs in our state. It acknowledges the contributions of BSN-prepared nurses, particularly in clinical instruction roles, while ensuring that the majority of faculty continue to bring the advanced knowledge, teaching expertise, and academic preparation. Allowing a limited, clearly defined proportion of BSN-prepared faculty creates flexibility, especially for rural or underserved programs facing recruitment challenges. However, preserving a strong foundation of MSN-prepared educators is critical to safeguarding educational quality and public trust in the nursing profession. The proposed regulation reflects a responsible solution, enhancing faculty recruitment while maintaining Louisiana's commitment to excellence in nursing education.

Response 4: The Board agrees.

OPPOSITION TO ALLOWING A BSN EXCEPTION

Michelle De Lima, DNP, RN, CNOR, CN

Comment 1: Opposition – I oppose allowing up to 40% of BSN prepared faculty teach in RN programs. BSN prepared faculty may lack hands-on experience and insight that is essential for teaching the intricacies of RN practice. The integrity of nursing education and patient safety depends on maintaining high standard by ensuring that faculty possess appropriate qualifications and experience.

Response 1: This response is listed as opposition because Dr. De Lima feels that no exceptions should be made to the requirement for graduate-prepared nurses teaching in nursing pre-licensure programs. The Board agrees with Dr. De Lima that the integrity of nursing education and patient safety depend on maintaining high standards of faculty qualifications. This aligns with national nursing accreditation standards that call for pre-licensure nursing programs to be taught by faculty prepared at the MSN, DNP, PhD, and EdD levels.

Christy McDonal Lenahan, DNP, FNP-BC, ENP-C, CNE

Comment 2: Opposition – Recognizing the ongoing faculty shortage, I urge the Board to maintain the highest level of academic and clinical rigor when reviewing such proposals. The proposed threshold of 40% BSN-only clinical faculty is alarmingly high. There is no prevailing national policy or evidence base to support such a figure. The American Association of Colleges of Nursing (AACN) reports that most faculty vacancies across the nation require or prefer graduate-prepared candidates, reinforcing the importance of advanced education in ensuring instructional quality (AACN, 2024).

Allowing individuals with only a BSN to teach clinical courses at the BSN level represents a significant departure from national norms and best practices. Current literature and national guidance, including the NCSBN Model Rules (2021), emphasize the importance of graduate preparation for nurse educators, particularly those delivering direct clinical instruction. “Qualifications for nursing faculty who teach clinical courses, including didactic or clinical experiences, in a program leading to licensure as an RN should be academically and experientially qualified with a minimum of a graduate degree in nursing.”

Peer-reviewed research has shown that effective clinical teaching is strongly associated with faculty possessing advanced degrees. A study by Al-Rawajfah et al. (2022) found that doctoral and master's prepared nurse educators demonstrated significantly higher effectiveness in clinical teaching than those with baccalaureate-only credentials. Similarly, Dahlke et al. (2012) concluded in their structured literature review that clinical instructors must possess both teaching and advanced clinical expertise to fulfill the complex requirements of their role.

While faculty shortages are a legitimate concern, they should not justify lowering educational standards. Preserve rigorous faculty qualifications and consider alternative solutions to faculty shortages such as faculty development programs, academic-practice partnerships, or federal and state incentives rather than expanding the BSN faculty exception.

Response 2: As Dr. DeLima above, Dr. Lenahan believes that allowing 40% of any programs' faculty to be educated at the baccalaureate level would seriously jeopardize the quality of Louisiana's pre-licensure nursing programs. She cites the National Council of State Boards of Nursing's Model Rules, which state that both didactic and clinical courses in pre-licensure programs should be taught by faculty academically and experientially prepared at the graduate level. The Board agrees.

Wesley Bray, MSN, BSN, RN, CCRN, Peds-BC

Comment 3: Opposition - this change poses a significant risk to the quality of nursing education and, ultimately, to patient care. Allowing individuals with fewer qualifications to teach future nurses diminishes the academic rigor of nursing programs and discourages experienced nurses from pursuing advanced degrees in education. Reducing the standard for educators may compromise the preparedness of future nurses, especially in high-stakes clinical environments. While the intent behind this change may be to address nursing shortages, lowering educational standards is not the solution. Instead, the focus should be on retaining experienced nurses and creating incentives for them to transition into academic roles.

Response 3: The Board agrees that the answer to faculty shortages in nursing programs is not to lower standards by allowing increasing numbers of faculty to be prepared at the minimum standard of a baccalaureate degree. However, we recognize that hiring faculty with graduate nursing degrees has become increasingly challenging. The Board has proposed the compromise that up to 40% of nursing faculty can be prepared at the BSN level for two years, after which they shall be enrolled in a graduate nursing program to continue teaching.

OPPOSITION TO SETTING THE BSN EXCEPTION AT 40%

Dean Christi C. Marceaux, MSN, RN, Northshore Technical Community College (NTCC)

Comment 1: Opposition - Given the ongoing workforce shortage, capping BSN exception risks undermining the ability to sustain nursing cohorts, which in turn limits the supply of new nurses in a region already underserved. Delay or reconsider the proposed rule change until there is demonstrable evidence of statewide faculty capacity to meet the current demand.

Response 1: The Board disagrees with Dean Marceaux. Although it is becoming increasingly challenging to hire faculty with graduate degrees, LSBN data demonstrates that BSN exceptions

for 2024 were at 10%. Pre-licensure programs reported that 26% of their nursing faculty were doctorally prepared and 64% of the nursing faculty were master's prepared for the same period. In 2023, the percentages were 8% total BSN faculty exceptions, 26% doctorally prepared and 66% master's prepared. Finding graduate nursing faculty may be challenging, but most of our nursing programs have been able to maintain BSN Exceptions at 10% or less for the last five years: 7% in 2020; 5% in 2021 and 2022; 8% in 2023; and 10% in 2024. Allowing a 40% exception rate for BSN-prepared faculty for the first two years of teaching in a pre-licensure program is more than adequate.

Dean Mignonne Ater, RN, MSN, CNE, Central Louisiana Technical Community College (CLTC)

Comment 2: Opposition – Despite ongoing effort, there remains an insufficient pool of graduate-prepared nursing faculty to meet the needs of education programs across the state, especially in institutions serving rural areas. Maintaining flexibility in faculty qualifications remains critical to the viability of nursing education programs, particularly in rural and underserved communities. Limiting the ability to hire BSN-prepared faculty would directly threaten program capacity, restrict student enrollment and hinder efforts to grow the nursing workforce in areas where it is needed most. Delay or reconsider the proposed 40% cap on BSN exceptions.

Response 2: The Board disagrees with Dean Ater. See response to Dean Marceaux above. Additionally, enrollments in pre-licensure programs have increased from 6,973 in 2020 to 6,990 in 2024 for clinical nursing courses (a 1% increase). The growth in clinical enrollments for the last year, 2023 to 2024, increased from 6,617 to 6,990, a 5.4% increase. Enrollment in all nursing majors for pre-licensure students has increased from 14,725 in 2020 to 15,099 in 2024, a 3.5% increase. For the last year, 2023-2024, enrollment for all nursing majors increased from 11,963 to 15,099, a 26% increase.

Dean Jennifer Fernandez, MSN, RN, CPN, Charity School of Nursing

Comment 3: Opposition – The time allowed for public and institutional review has been insufficient for thorough and objective analysis of its potential impact. The amendment would disproportionately impact smaller and rural programs. The proposed amendment restricts the ability to employ BSN-prepared nurses who are critical to sustaining faculty numbers and meeting student demand. Focusing too narrowly on academic credentials risks excluding qualified educators who meet student and program needs. We recommend the Board reconsider the 40% cap and instead pursue a more flexible and equitable approach that:

- Recognizes clinical experience as a key competency for nursing educator,
- Accounts for geographic and institutional disparities in faculty availability, and

- Allows for more thorough stakeholder engagement and data collection before implementation.

Response 3: The Board disagrees. LSBN has faculty and student information from all pre-licensure programs since 1999. Enrollment during that time in all nursing courses has increased from 10,976 in 21 pre-licensure programs in 2002 to 15,099 in 30 pre-licensure programs in 2024, a 27.4% increase. During that time, the state has been able to find qualified graduate faculty with the highest BSN exception rate being 10% in any given year. A 40% BSN-exception rate will accommodate the smaller and rural schools, which may have greater challenges in finding graduate faculty.

Monty Sullivan, System President, Louisiana Community and Technical College System

Comment 4: Opposition – LCTCS supports the existing rule, the model is working and has led to tangible increases in faculty pipelines, enrollment, and program completion across the state. Allow the existing rule – requiring BSN-prepared faculty to pursue a Master of Science in Nursing – to remain in place without an added percentage cap. The original 20% cap on BSN-prepared faculty created significant barriers for LCTCS institutions. Removal provided flexibility to hire qualified faculty while adhering to the requirement that BSN-prepared be actively enrolled in MSN programs. Since removal of the original cap, LCTCS colleges have expanded enrollment and increased the number of graduates without evidence of diminished educational quality or student outcomes. Some LCTCS institutions have preemptively adhered to the proposed 40% cap, resulting in fewer qualified students admitted to nursing programs. ACEN does not require a master's degree for all faculty.

Response 4: The Board disagrees. As cited above, LSBN has faculty and student information from all pre-licensure programs since 1999. Enrollment during that time in all nursing courses has increased from 10,976 in 21 pre-licensure programs in 2002 to 15,099 in 30 pre-licensure programs in 2024, a 27.4% increase. During that time, the state has been able to find qualified graduate faculty with the highest BSN exception rate being 10% in any given year. A 40% BSN-exception rate will accommodate the smaller and rural schools, which may have greater challenges in finding graduate faculty. Peer-reviewed research has shown that effective clinical teaching is strongly associated with faculty possessing advanced degrees. A study by Al-Rawajfah et al. (2022) found that doctoral and master's prepared nurse educators demonstrated significantly higher effectiveness in clinical teaching than those with baccalaureate-only credentials. Similarly, Dahlke et al. (2012) concluded in their structured literature review that clinical instructors must possess both teaching and advanced clinical expertise to fulfill the complex requirements of their role. While faculty shortages are a legitimate concern, they should not justify lowering educational standards. In 2024, there were 13 Associate of Science nursing programs in the state with 70 doctorally prepared faculty, 246 masters' prepared faculty and 61 BSN faculty exceptions. This represents a 16% BSN

faculty exception rate. Allowing a 40% BSN faculty exception rate provides a generous increase for ASN programs.

Paul A. Salles, President & CEO, Louisiana Hospital Association

Comment 5: Opposition – According to the latest report from the LSBN lack of qualified faculty is reported as one of the top three reasons nursing schools turn away eligible students. Shortages will continue unless we remove barriers to meet the demand and begin to undertake more significant interventions. The board introduced a 40% cap based on a survey by the North Dakota Board of Nursing, rather than evaluating the rule’s impact on nursing school and student outcomes. We urge the board to reconsider this change and maintain the current rule as it stands.

Response 5: The Board disagrees. LSBN did not select the 40% BSN exception rate based on the North Dakota study, which included all 48 US Boards of Nursing that approve pre-licensure schools of nursing. That was a singular piece of evidence. Responses above cite several evidentiary studies that support reducing the standard for educators may compromise the preparedness of future nurses, especially in high-stakes clinical environments. Lowering educational standards is not the solution. Instead, the focus should be on retaining experienced nurses and creating incentives for them to transition into academic roles. Additionally, LSBN data since 2002, as has been cited above, demonstrates that since 2002, the state has been able to find qualified graduate faculty, with the highest BSN exception rate being 10% in any given year.

Mark Berger, Executive Director, Louisiana Nursing Home Association

Comment 6: Opposition - reinstating a cap on the number of BSN-prepared faculty may unintentionally exacerbate the state's persistent nursing faculty shortages. As noted in the 2024 *Nursing Education Capacity in Louisiana Report*, two of the top three reasons cited for not admitting qualified applicants to pre-RN licensure programs were: "budgeted faculty positions not available" and "qualified faculty not available." As a result, 19% of qualified applicants (924 individuals) were denied admission to these programs. We respectfully urge the Board to reconsider the proposed rule change and retain the current language, which requires case-by-case justification and Board approval before employing baccalaureate-prepared faculty, without imposing a fixed cap. To our knowledge, since the May 2023 rule was implemented, there have been no adverse outcomes resulting from this more flexible approach.

Response 6: The Board disagrees. While Mr. Salles is correct for the 2023 calendar year, in 2022, eight schools of nursing were on probation for first-time NCLEX pass rates that failed to meet the 80% standard: one diploma program, three associate of science programs, and four baccalaureate of science programs. At that time, the 20% BSN exception rate was in effect, and we had the highest number of schools of nursing on probation in my 12 years as Executive Director.

Dean J. Shae Beard, MSN, APRN, FNPC, Louisiana Delta Community College

Comment 7: Opposition – the proposed amendment will have a negative impact on the ability of rural community colleges to educate and graduate qualified nursing students. The most recent publication of *The Examiner* (Vol. 34, No. 2), states there are currently 46 faculty vacancies across the 33 undergraduate pre-RN licensure programs in Louisiana and approximately 26% of the 265 faculty members are listed as preceptors. This highlights the ongoing difficulty in securing master's-prepared nurses for undergraduate programs.

In rural areas such as Northeast Louisiana, the disparity in compensation between the private healthcare sector-where nurses can earn between \$100,000 and \$120,000 annually-and public education, which offers around \$55,000 per year, makes it extremely difficult to recruit and retain qualified faculty. We currently employ five full-time nursing instructors and are following the existing regulations. However, the loss of even one instructor would place us out of compliance with the proposed rule, jeopardizing our ability to continue offering a robust program, ultimately affecting the pipeline of new nurses entering the workforce.

Response 7: The Board disagrees. As your second paragraph points out, faculty vacancies are more related to salary than to lack of availability of graduate faculty. If universities and colleges had funds to match the salaries that nurses with graduate degrees were paid by hospitals and other healthcare agencies in the private sector, academia would be able to compete for these highly skilled nurses. Additionally, responses above cite several evidentiary studies that support reducing the standard for educators may compromise the preparedness of future nurses, especially in high-stakes clinical environments. Lowering educational standards is not the solution. Instead, the focus should be on retaining experienced nurses and creating incentives for them to transition into academic roles. Additionally, LSBN data since 2002 demonstrates that the state has been able to find qualified graduate faculty, with the highest BSN exception rate being 10% in any given year.

Jeff Jarreau, Chief Human Resource Officer, North Oaks Health System

Comment 8: Opposition - From a workforce perspective, this cap threatens to exacerbate the ongoing nurse educator shortage and undermine our ability to develop the regional nursing pipeline. The Northshore area already struggles with an insufficient supply of MSN-prepared faculty, due in large part to salary competition and geographic constraints. This directly impacts the number of students that our local nursing programs can admit, graduate, and supply to healthcare employers like ours. Reducing faculty flexibility will severely limit program growth and talent development- two things essential to addressing the healthcare workforce crisis. Delay or reconsider this proposal until the regional and statewide educator shortage has meaningfully improved.

Response 8: The Board disagrees. There are many reasons for the nursing shortage, not the least of which is non-competitive nursing faculty salaries. The American Association of Colleges of Nursing (AACN) cite the following factors in the nursing shortage:

- Nursing school enrollment is not growing fast enough to meet the projected demand for RN and APRN services.
- A shortage of nursing school faculty is restricting nursing program enrollments.
- According to AACN's report on *2023-2024 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*, U.S. nursing schools turned away 65,766 qualified applications (not applicants) from baccalaureate and graduate nursing programs in 2023 due to an insufficient number of faculty, clinical sites, classroom space, and clinical preceptors, as well as budget constraints.
- According to a *Special Survey on Vacant Faculty Positions* released by AACN in October 2023, a total of 1,977 full-time faculty vacancies were identified in a survey of 922 nursing schools with baccalaureate and/or graduate programs across the country (84.6% response rate). Besides the vacancies, schools cited the need to create an additional 103 faculty positions to accommodate student demand. The data show a national nurse faculty vacancy rate of 7.8%. Most of the vacancies (79.8%) were faculty positions requiring or preferring a doctoral degree.
- According to the *2022 National Sample Survey of Registered Nurses*, 23% of RNs working in outpatient, ambulatory, and clinical settings have retired or plan to retire over the next 5 years. While hospitals had the lowest share of nurses who have retired or plan to retire over the next 5 years (15.1%), nurses employed in this setting had the lowest levels of job satisfaction.
- Published October 4, 2023, by the **Journal of the American Medical Association**, Dr. Melissa Suran published an article titled *Overworked and Understaffed, More Than 1 in 4 US Nurses Say They Plan to Leave the Profession*. The author looks at the latest data on nurses' intent to leave their positions and how burnout and understaffing are impacting the workforce.
- In a *Health Affairs* blog posted in May 2017, Dr. Peter Buerhaus and colleagues project that more than 1 million registered nurses will retire from the workforce by 2030.
- The U.S. Census Bureau reported that number of Americans aged 65 and older is projected to increase from 58 million in 2022 to 82 million by 2050 (23% of the population). With larger numbers of older adults, there will be an increased need for geriatric care, including care for individuals with chronic diseases and comorbidities.
- Amplified by the pandemic, insufficient staffing is raising the stress level of nurses, impacting job satisfaction, and driving many nurses to leave the profession.

Kristen Riney, MSN, RN, NE-BC, Chief Nursing Officer, North Oaks Health System

Comment 9: Opposition - Imposing restrictions on faculty composition could derail efforts to maintain enrollment and ensure graduates are ready for clinical practice by limiting instructional capacity and slowing graduation rates. Clinical readiness stems from quality instruction and strong partnerships between health systems and educational institutions. This proposal jeopardizes both by tightening resources instead of expanding them. Reconsider or delay implementation of the 40% cap until the nursing education workforce has been meaningfully stabilized.

Response 9: The Board disagrees. See factors contributing to the national nursing shortage above. Additionally, according to AACN, the nursing shortage is a chronic and escalating problem created by several interrelated factors:

1. Nursing school enrollment not keeping up with the demand for nurses.
2. Shortage of nurse faculty restricting nursing school enrollments.
3. Many nurses are retiring or approaching retirement.
4. Increase in the aging population and therefore nursing services.
5. Insufficient staffing causes nurses to leave the profession.

Interestingly, the following are the top reasons nurses themselves cite as causes of the nursing shortage, none of which are found on AACN's list:

- Nurses are burned out - 74%
- Poor working conditions - 58%
- Inadequate pay for nurses - 57%
- Lack of appreciation for nurses - 34%

Michele K. Sutton, FACHE, President & Chief Executive Officer, North Oaks Health System

Comment 10: Opposition - Reducing flexibility in faculty credentialing without addressing the root causes of the MSN faculty shortage- such as pay disparities and rural workforce challenges- feels both premature and detrimental. Nursing programs may be forced to reduce cohort sizes or delay admissions, directly impacting our ability to recruit qualified nursing staff. This would hinder patient care capacity in our already strained health system. Defer this proposal and work collaboratively with healthcare and education leaders to explore more sustainable, supportive solutions.

Response 10: The Board disagrees. While we agree that all the causes of the nursing shortage and the faculty shortage must be addressed, as cited in the two responses above, substituting BSN-only prepared nurses for graduate degree-prepared nurses is not the answer. The increasing

complexity of patients with multiple co-morbid conditions requires higher standards in pre-licensure nursing preparation, which can only be accommodated by MSN, DNP, PhD, and EdD-prepared nursing faculty. Research supports that reducing the standard for educators may compromise the preparedness of future nurses, especially in high-stakes clinical environments. Lowering educational standards for nursing faculty is not the solution.

Courtney Metz, MSN, RN, Assistant Dean of Nursing/Chief Nursing Officer, South Louisiana Community College

Comment 11: Opposition - The proposed restriction would significantly hinder nursing programs across Louisiana from recruiting and retaining highly capable BSN-prepared nurses, many of whom are actively pursuing Master of Science in Nursing (MSN) degrees. The current rule appropriately upholds educational standards by requiring faculty exceptions to enroll in an MSN program or step down if they do not pursue one within the required time frame. Also there has been no documented indication that the use of BSN-prepared faculty has had a negative impact on the quality or outcomes of nursing education in Louisiana.

Enforcing a cap once again could be detrimental to the rural and underserved communities, where the recruitment of MSN-prepared faculty is already a significant challenge. I request that the Board revisit this amendment following a comprehensive analysis of the data to accurately evaluate the impact of BSN-prepared nurses serving as faculty exceptions within approved Louisiana nursing programs.

Response 11: The Board disagrees. Ms. Metz is correct that there isn't data that supports that using increasing percentages of BSN-only prepared nursing faculty has had a negative impact on the quality or outcomes of nursing education. That is because since 1999, Louisiana has been able to find qualified graduate faculty, with the highest BSN exception rate being 10% in any given year. A 40% BSN-exception rate will accommodate the smaller and rural schools, which may have greater challenges in finding graduate faculty.

Donna Martin MSN-HCSM, Chief Nursing Officer/Vice President of Nursing, Ochsner Baptist

Renee F. DiGiovanni, RN, MSN, NEA-BC, Vice President, Chief Nursing Officer, Ochsner River Region

Ray Holmes, Slidell Memorial Ochsner Hospital

Jennifer Gerard, MHA, BSN, RN, AVP Nursing/Hospital Administrator, Ochsner Kaplan Memorial Hospital

Laurence Vincent, MSN, AVP-Chief Nursing Officer, Ochsner University Hospital & Clinics

Jessica Pugh, MSN, BSN, RN, AVP-Nursing, Ochsner St. Anne Hospital

Jennifer Wise, CNO/Hospital Administrator, Ochsner St. Mary

Arianna Hebert, BSN, RN, Director, Ochsner Baptist

Brian Swaim, RN, MSN, NEA-BC, Assistant Vice President Nursing, Ochsner Health, St. Bernard Parish Hospital

Jana Semere, MSHSA, BSN, Chabert Medical Center

Terri Edwards Thompson, DNP, BS, RN, NE-BC, Assistant Vice President of Nursing, Ochsner Health System-Baton Rouge Campus

Tiffany Stieffel, MHA, BSN, RN, Director of Nursing, Ochsner Medical Center – Westbank

Yvette Bertaut, Regional Chief Nursing Officer, Ochsner Health

Comment 12: Opposition - Concerned about the proposed rule change at a time when only 81% (3,955) of the *qualified applicants* (4,879) were admitted to Louisiana's Pre-RN licensure programs. The 2024 Louisiana Nursing Education Capacity Report further illustrates that number of qualified applicants not admitted to pre-RN licensure programs is *rising*- to 924 over the prior year number of 598. Why would the Board make this decision considering the current RN shortages in Louisiana? Shouldn't LSBN faculty hiring decisions be left to the schools of nursing while LSBN remains focused on monitoring NCLEX pass rates below the acceptable 80 percent?

Response 12: The nursing pipeline is a critical part of the healthcare workforce where faculty qualifications are a patient safety measure, ensuring that graduating nurses are competent and safe. Without this restriction, nursing programs risk diluting the quality of education, which could compromise NCLEX pass-rates. Additionally, graduate-prepared nurses have deeper practical/clinical knowledge, formal training in curriculum development, and experience in evidence-based practice and research. An allowance of forty percent baccalaureate-prepared faculty teaching in nursing prelicensure programs represents a fair compromise.