

To: Attorney General Liz Murrill
Attn: Department of Justice,
Occupational Licensing Review Program

From: Alicia Edmond Wheeler
Executive Counsel,
Louisiana State Board of Nursing

Date: 9/24/2025

Subject: Faculty and Faculty Organization of Undergraduate and Graduate Nursing Education Degree Programs

The Louisiana State Board of Nursing (LSBN) has proposed amendments to (LAC 46:XLVII.3515(B)(9)(c)). To facilitate the Department of Justice's review of the proposed rule, the LSBN provides answers to the following questions.

1. Describe any relevant factual background to the occupational regulation and the purpose of the occupational regulation?

Prior to 2022, Rule 3515(B)(9) established a twenty percent limit on the number of full-time equivalent Baccalaureate of Science in Nursing - prepared nurses allowed to work as faculty in approved Louisiana schools of nursing. In 2022, the Rule was changed to omit the percentage. The proposed revision of LAC 46:XLVII.3515 will quantify the percentage of exceptions to the academic qualifications for undergraduate nurse faculty allowable. Exceptions to the academic qualifications for undergraduate nurse faculty shall be limited to not more than forty percent of the full-time equivalent undergraduate nurse faculty.

2. Is the occupational regulation within the scope of the occupational licensing board's general authority to regulate in a given occupation or industry? If so, identify the law that provides the authority for the rule and describe how the occupational regulation is within the scope.

Yes, La. R.S. 37:918 (2), (4), (12), and (15) authorizes the Board to:

- Approve nursing education programs whose graduates meet the licensing requirements of the board.
- Establish and publish standards of nursing practice and education in accordance with those developed and accepted by the profession.
- Adopt and revise rules and regulations necessary to enable the board to implement this Part in accordance with the Administrative Procedure Act.
- Have all other powers necessary and proper to the performance of their duties

3. Check all of the following that apply as reasons the occupational regulation is subject to review

- Creates a barrier to market competition
- Fixes prices, limits price competition, or results in high prices for a product or service provided by or to a license holder
- Reduces competition or excludes present or potential competitors from the occupation regulated by the board
- Limits output or supply in this state of any good or service provided by the members of the regulated occupation
- Reduces the number of providers that can serve a particular set of customers
- Changes existing requirements for licensure, certification, registration, etc.
- Other activity (please describe)

4. Identify the clearly articulated state policy (e.g., health, safety, welfare, or consumer protection) in state statute, or any supporting evidence of the harm the action/proposed action is intended to protect against?

The legislature has found that “the practice of nursing by qualified individuals is necessary to protect the public health, safety, and welfare of citizens of this state,” “therefore it is the legislative intent and the purpose of this Part to promote, preserve, and protect the public health, safety and welfare by regulating nursing education. . . .”

5. Do any less restrictive alternatives to the occupational regulation exist for addressing the same harm? If so, include a comparison of the occupational regulation to the alternatives and a justification for not pursuing a less restrictive alternative. If no less restrictive alternatives exist, explain why.

There is no less restrictive alternative. 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.

The Commission on Collegiate Nursing Education (CCNE) requires nursing faculty in Baccalaureate of Science in Nursing programs to have graduate degrees to teach didactic and clinical courses. However, faculty teaching clinicals in a pre-licensure program who do not hold a graduate degree must hold a baccalaureate degree, have significant experience in nursing, and be enrolled in a graduate program. The Accreditation Commission for Education in Nursing (ACEN) requires full-time faculty to be nurses who: a. hold the educational qualifications as required by the: • governing organization and • regulatory agencies.

The Louisiana State Board of Nursing, as the regulatory agency, requires nurse faculty to “hold a graduate degree” (LAC46.XLVII.3515.B.4). “Exceptions to the academic qualifications for undergraduate nurse faculty shall be justified and approved under board-established guidelines. Exceptions, if granted by the board, shall be limited to a maximum of two calendar years, after

which they must be enrolled in a graduate nursing program (LAC46 XLVII.3515.B.9.a). 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.

6. Describe the process that the occupational licensing board followed in developing the proposed rule, including any public hearings held, studies conducted, and data collected or analyzed.

On July 28, 2025, the LSBN held a public hearing where three members of the public offered testimony. The Board also received 19 written comments. The comments are broken down into 3 groups:

- Support of Setting the BSN Exception at 40% (4)
- Opposition to Allowing a BSN Exception (3)
- Opposition to Setting the BSN Exception At 40% (12)

7. Does the occupational regulation relate to a matter on which there is pending litigation or a final court order?

NO.

8. Please identify the board members voting in favor of this rule, and state whether the member is an active market participant.

Member	Participant?
Dennis Bottcher	Consumer Member
Dr. Ann Carruth	Market Participant
Dr. Michelle Collins	Market Participant
Dr. Jennifer Couvillon	Market Participant
Dr. Jennifer Manning	Market Participant
Teresita McNabb	Market Participant
Dr. Fredrick Pinkney	Consumer Member

9. Is there anything else that the occupational licensing board would like the Department to know about the proposed rule?

Not at this time.

**FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES**

Person Preparing Statement:	<u>Alicia E. Wheeler</u>	Dept.:	<u>Department of Health</u>
Phone:	<u>225-775-7528</u>	Office:	<u>Louisiana State Board of Nursing</u>
Return Address:	<u>17373 Perkins Road</u>	Rule Title:	<u>LAC 46: XLVII.3515(B)(9)(c)</u>
	<u>Baton Rouge, LA 70810</u>	Date Rule Takes Effect:	<u>Upon Promulgation</u>

SUMMARY
(Use complete sentences)

In accordance with Section 961 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a fiscal and economic impact statement on the rule proposed for adoption, repeal or amendment. THE FOLLOWING STATEMENTS SUMMARIZE ATTACHED WORKSHEETS, I THROUGH IV AND WILL BE PUBLISHED IN THE LOUISIANA REGISTER WITH THE PROPOSED AGENCY RULE.

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

Other than the cost of rulemaking, there are no estimated implementation costs or savings for state or local government units resulting from the promulgation of the proposed rule change. The cost for the Louisiana State Board of Nursing is approximately \$250 for the notice and rule publication in the *Louisiana Register*.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)


The proposed rule change is not anticipated to impact the revenue collections of state or local governmental units.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS, SMALL BUSINESSES, OR NON-GOVERNMENTAL GROUPS (Summary)

There are no anticipated economic losses to nursing schools or undergraduate nurse faculty resulting from the proposed rule change. The proposed rule simply provides a guideline for schools to follow when ensuring that undergraduate faculty meets the requisite academic qualifications. The proposed rule change will provide a guideline for the percentage of full time equivalent (FTE) undergraduate nurse faculty excepted from the required academic qualifications.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed rule change will have no effect on competition or employment.


Signature of Head or Designee

Alicia Edmond Wheeler, Executive Counsel
Typed Name & Title of Agency Head or Designee

5/8/2025
Date of Signature


Legislative Fiscal Officer or Designee *Deputy Fiscal Officer*

5/09/2025
Date of Signature

**FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES**

The following information is required in order to assist the Legislative Fiscal Office in its review of the fiscal and economic impact statement and to assist the appropriate legislative oversight subcommittee in its deliberation on the proposed rule.

- A. Provide a brief summary of the content of the rule (if proposed for adoption, or repeal) or a brief summary of the change in the rule (if proposed for amendment). Attach a copy of the notice of intent and a copy of the rule proposed for initial adoption or repeal (or, in the case of a rule change, copies of both the current and proposed rules with amended portions indicated).

The Louisiana State Board of Nursing (LSBN) is proposing rule changes to Chapter 37, Section 3515, under Title 46, Professional and Occupational Standards, Part XLVII. The proposed change will quantify the percentage of exceptions to the academic qualifications for undergraduate nurse faculty allowable.

- B. Summarize the circumstances, which require this action. If the Action is required by federal regulation, attach a copy of the applicable regulation.

The proposed rule change are the result of continuous review of the current rules by the Board and Industry to identify areas for improvement.

- C. Compliance with Act 11 of the 1986 First Extraordinary Session

- (1) Will the proposed rule change result in any increase in the expenditure of funds? If so, specify amount and source of funding.

No, the Louisiana State Board of Nursing operates on self-generated revenue.

- (2) If the answer to (1) above is yes, has the Legislature specifically appropriated the funds necessary for the associated expenditure increase?

(a) _____ YES. If yes, attach documentation.

(b) X _____ NO. If no, provide justification as to why this rule change should be published at this time

The LSBN operates on self-generated funds, and it has determined that the proposed rule changes are in the public's best interest.

**FISCAL AND ECONOMIC IMPACT STATEMENT
WORKSHEET**

I. A. COSTS OR SAVINGS TO STATE AGENCIES RESULTING FROM THE ACTION PROPOSED

1. What is the anticipated increase (decrease) in costs to implement the proposed action?

COSTS	FY 25	FY 26	FY 27
PERSONAL SERVICES	\$0	\$0	\$0
OPERATING EXPENSES	\$250	\$0	\$0
PROFESSIONAL SERVICES	\$0	\$0	\$0
OTHER CHARGES	\$0	\$0	\$0
EQUIPMENT	\$0	\$0	\$0
MAJOR REPAIR & CONSTR.	\$0	\$0	\$0
TOTAL	\$250	\$0	\$0
POSITIONS (#)	0	0	0

Provide a narrative explanation of the costs or savings shown in "A. 1.", including the increase or reduction in workload or additional paperwork (number of new forms, additional documentation, etc.) anticipated as a result of the implementation of the proposed action. Describe all data, assumptions, and methods used in calculating these costs.

Other than the cost of rulemaking, there are no estimated implementation costs or savings for state agencies resulting from the promulgation of the proposed rule change. The cost for the Louisiana State Board of Nursing is approximately \$250 for the notice and rule publication in the *Louisiana Register*.

2. Sources of funding for implementing the proposed rule or rule change.

SOURCE	FY 25	FY 26	FY 27
STATE GENERAL FUND	\$0	\$0	\$0
AGENCY SELF-GENERATED	\$250	\$0	\$0
DEDICATED	\$0	\$0	\$0
FEDERAL FUNDS	\$0	\$0	\$0
OTHER (Specify)	\$0	\$0	\$0
TOTAL	\$250	\$0	\$0

3. Does your agency currently have sufficient funds to implement the proposed action? If not, how and when do you anticipate obtaining such funds?

The LSBN has sufficient self-generated funds available to implement the proposed rule changes.

B. COST OR SAVINGS TO LOCAL GOVERNMENTAL UNITS RESULTING FROM THE ACTION PROPOSED.

1. Provide an estimate of the anticipated impact of the proposed action on local governmental units, including adjustments in workload and paperwork requirements. Describe all data, assumptions and methods used in calculating this impact.

The proposed rule change will not result in cost or savings to local governmental units.

2. Indicate the sources of funding of the local governmental unit, which will be affected by these costs or savings.

The proposed rule change will not impact sources of funding of local governmental units.

FISCAL AND ECONOMIC IMPACT STATEMENT
WORKSHEET

II. EFFECT ON REVENUE COLLECTIONS OF STATE AND LOCAL GOVERNMENTAL UNITS

A. What increase (decrease) in revenues can be anticipated from the proposed action?

REVENUE INCREASE/DECREASE	FY 25	FY 26	FY 27
STATE GENERAL FUND	\$0	\$0	\$0
AGENCY SELF-GENERATED	\$0	\$0	\$0
DEDICATED	\$0	\$0	\$0
FEDERAL FUNDS	\$0	\$0	\$0
LOCAL FUNDS	\$0	\$0	\$0
TOTAL	\$0	\$0	\$0

*Specify the particular fund being impacted.

B. Provide a narrative explanation of each increase or decrease in revenues shown in "A." Describe all data, assumptions, and methods used in calculating these increases or decreases.

The proposed rule change will not affect revenue collections of state or local governmental units.

**FISCAL AND ECONOMIC IMPACT STATEMENT
WORKSHEET**

III. COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS, SMALL BUSINESSES, OR NONGOVERNMENTAL GROUPS

- A. What persons, small businesses, or non-governmental groups would be directly affected by the proposed action? For each, provide an estimate and a narrative description of any effect on costs, including workload adjustments and additional paperwork (number of new forms, additional documentation, etc.), they may have to incur as a result of the proposed action.

There are no anticipated economic losses to nursing schools or undergraduate nurse faculty resulting from the proposed rule change. The proposed rule simply provides a guideline for schools to follow when ensuring that undergraduate faculty meets the requisite academic qualifications. The proposed rule change will provide a guideline for the percentage of full time equivalent (FTE) undergraduate nurse faculty excepted from the required academic qualifications.

- B. Also provide an estimate and a narrative description of any impact on receipts and/or income resulting from this rule or rule change to these groups.

The proposed rule change will not have an effect on receipts or income.

IV. EFFECTS ON COMPETITION AND EMPLOYMENT

Identify and provide estimates of the impact of the proposed action on competition and employment in the public and private sectors. Include a summary of any data, assumptions and methods used in making these estimates.

The proposed rule change will have no effect on competition or employment.

NOTICE OF INTENT

Department of Health

Board of Nursing

Faculty and Faculty Organization of Undergraduate and Graduate Nursing Education Degree Programs (LAC 46:XLVII.3515(B)(9)(c))

Notice is hereby given in accordance with the provisions of the Administrative Procedure Act, R.S.49:950 et seq., and through the authority granted in R.S. 37:918, that the Louisiana State Board of Nursing (LSBN) is proposing rule changes to Chapter 37, Section 3515, under Title 46, Professional and Occupational Standards, Part XLVII. The proposed change will quantify the percentage of exceptions to the academic qualifications for undergraduate nurse faculty allowable.

Title 46

PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part XLVII. Nurses: Practical Nurses and Registered Nurses

Subpart 2. Registered Nurses

Chapter 37. Nursing Practice

§3515. Faculty and Faculty Organization of Undergraduate and Graduate Nursing Education Degree Programs

- A. Faculty Body. There shall be qualified faculty adequate in numbers to provide a safe, effective faculty/student/client ratio as defined in (§3533, §3543, §3545) and to implement the undergraduate and/or graduate nurse education degree program in nursing in relation to its stated mission, goals, and expected program outcomes.
- B. Qualifications
 1. The chief nurse administrator and each nurse faculty member shall hold an active license to practice as a registered nurse in Louisiana and shall be appointed in compliance with state and federal laws.
 2. The chief nurse administrator of a baccalaureate program shall hold a minimum of a graduate degree in nursing, an earned doctorate, and shall have a minimum of three years' experience in the areas of nursing education and three years in clinical practice.
 3. The chief nurse administrator of an associate degree or diploma program shall hold a minimum of a graduate degree in nursing and shall have a minimum of three years' experience in the areas of nursing education and three years in clinical practice.
 4. The nurse faculty shall hold a graduate degree in nursing as follows.

- a. The APRN faculty member shall hold a minimum of a graduate degree in nursing. APRN nursing faculty teaching advanced practice role and population content must be licensed in advanced practice in that advanced practice or related role and population.
 - b. Other credentialed providers may be utilized to provide content relevant to the advanced practice role and population in support courses.
 - c. The educational component of the APRN program shall be coordinated by a lead faculty member who is educated and nationally certified in the same role and population area and licensed as an APRN in the state of Louisiana.
5. Nurse faculty shall have a minimum of two years of nursing practice as a registered nurse in a clinical setting prior to their appointment.
 6. Nurse faculty shall be sufficient in number to accomplish the mission, goals and program outcomes.
 7. Undergraduate nurse faculty shall maintain current knowledge and skills in areas of responsibility and provide documentation of same.
 8. APRN faculty must demonstrate competence in clinical practice and teaching, which includes continued national certification or continuing education requirements.
 9. Exceptions to the academic qualifications for undergraduate nurse faculty shall be justified and approved under board established guidelines. Exceptions, if granted by the board shall be:
 - a. baccalaureate in nursing-prepared individuals who are not enrolled in a graduate program in nursing are limited to a maximum two calendar years after which they must be enrolled in a graduate nursing program; and
 - b. baccalaureate in nursing-prepared individuals who are enrolled in a graduate program in nursing at the master's and/or doctoral level shall be initially approved for two years in accordance with current board guidelines. Exceptions may be granted to each individual for a maximum of four years.
 - c. limited to not more than forty percent of the FTE undergraduate nurse faculty.
- C. A faculty turn-over rate that exceeds 25 percent of the full-time nurse faculty employed (not FTE) at any given time by each undergraduate and/or graduate nursing education degree program(s) shall be reported to the board in writing within five business days and justified in the annual school report.
 - D. Nurse faculty shall function under the same policies established for other faculty in the parent institution.
 - E. Policies for nurse faculty shall include but not be limited to:
 1. qualifications for the position; and
 2. contract or letter of appointment to delineate terms of appointment, functions and responsibilities of the position.
 - F. A written plan for performance evaluation of faculty shall be established and utilized on a continuing basis.

- G. A nurse faculty organization shall be established consistent with the parent institution and shall have clearly delineated bylaws/governance documents.
- H. Faculty workloads shall allow time for class and laboratory preparation, teaching, program revision, improvement in teaching methods, guidance of students, participation in faculty organizations and committees, research and scholarly endeavors, attendance at professional meetings and participation in continuing education programs.
- I. Nurse faculty shall select, teach, guide and evaluate all learning experiences in the classroom, labs, simulation, and clinical facilities.
- J. Nurse faculty shall be within the clinical facility during the learning experiences of students unless the students are observing only or engaged in a community-based or a preceptorship experience (refer to §3543 and §3545).

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 3:186 (April 1977), amended LR 10:1025 (December 1984), LR 12:678 (October 1986), amended by the Department of Health and Hospitals, Board of Nursing, LR 19:1147 (September 1993), repromulgated LR 24:1293 (July 1998), amended LR 26:2789 (December 2000), repromulgated LR 27:851 (June 2001), amended LR 33:1123 (June 2007), LR 36:1245 (June 2010), LR 42:880 (June 2016), amended LR 49:874 (May 2023).

Family Impact Statement

The proposed additions and/or changes to the rules of the board, Louisiana State Board of Nursing should not have any known or foreseeable impact on any family as defined by R.S. 49.972(D) or on family formation, stability and autonomy. Specifically, there should be no known or foreseeable effect on:

1. the stability of the family;
2. the authority and rights of parents regarding the education and supervision of their children;
3. the functioning of the family;
4. a family's earnings and budget;
5. the behavior and personal responsibility of the children; or
6. the family's ability or that of the local government to perform the function as contained

in

the proposed Rule.

Poverty Impact Statement

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed

Rule will not have an impact on child, individual, or family poverty in relation to individual or community asset development as described on R.S. 49:973

Small Business Analysis

The impact of the proposed Rule on small businesses, as defined in the Regulatory Flexibility Act, has been considered. It is estimated that the proposed action is not expected to have any significant adverse impact on small businesses. The agency, consistent with health, safety, environmental and economic welfare factors has considered and, where possible, utilized regulatory methods in the drafting of the proposed rule that will accomplish the objectives of applicable statutes while minimizing the adverse impact of the proposed rule on small businesses.

Provider Impact Statement

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will not have an impact on the staffing level requirements or qualifications required to provide the same level of service, no direct or indirect cost to the provider to provide the same level of service, and will have no impact on the provider's ability to provide the same level of service as described in HCR 170.

Public Comments

Interested persons may submit written comments on the proposed Rule to Dr. Karen C. Lyon, 17373 Perkins Road, Baton Rouge, LA 70810 or by facsimile to (225)775-7585. All comments must be submitted by 5p.m. on pre before July 20, 2025.

Karen C. Lyon, PhD, MBA, APRN-CNS, NEA
Executive Officer

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES **RULE TITLE: Faculty and Faculty Organization of Undergraduate and Graduate** **Nursing Education Degree Programs**

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

Other than the cost of rulemaking, which is approximately \$250 in FY 24 related to publishing the proposed rule and final rule in the Louisiana Register, the proposed rule changes are not anticipated to result in implementation costs or savings to state or local governmental units. This cost will be paid from self-generated funds.

Current regulations define what the Faculty and Faculty Organization of Undergraduate and Graduate Nursing Education Degree Programs qualifications are and details the exceptions to the academic qualifications for undergraduate nurse faculty as justified and approved under board established guidelines.

The proposed rule amends the language to specify the amount of full-time equivalent exceptions allowed.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The proposed rule change will have no effect on revenue collections of state or local governmental units.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS, SMALL BUSINESSES, OR NON-GOVERNMENTAL GROUPS (Summary)

The proposed rule change will have no effect on cost or economic benefits to directly affected persons, small business, or non-governmental units.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed rule change is not anticipated to have any effect on competition or employment.

Karen C. Lyon
Executive Director
2406#046

Patricia Thomas
Deputy Fiscal Officer
Legislative Fiscal Office

SUPPORT OF SETTING THE BSN EXCEPTION AT 40%

**Kathy Baldrige, 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.

Jaime T. Monic
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Licensed Psychological Associate

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

There are estimated implementation costs for the Louisiana State Board of Examiners of Psychologists associated with promulgating the proposed rule. The board anticipates a one-time technology expense ranging from \$15,000 to \$35,000 in FY 27 to develop online application and renewal functionality for the new license type. No additional implementation costs or savings are anticipated for other state or local governmental units. Publication expenses for the Notice of Intent and final rule in the Louisiana Register are anticipated at approximately \$1,783 in both FY 25 and FY 26.

Proposed rule adopts new regulations under LAC 46: LXIII, Subpart 3, to implement Act 286 of the 2024 Regular Session, creating a new license category for licensed psychological associates (LPAs). These rules establish licensure requirements, application procedures, supervised practice standards, fees, ethical standards, and ongoing education criteria for LPAs—master’s level clinicians who practice under supervision of a licensed psychologist or medical psychologist. The rules are intended to increase access to mental health services in Louisiana, particularly in underserved areas, by creating a defined path for qualified non-doctoral professionals to lawfully provide psychological services.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The proposed rule establishes licensure for a licensed psychological associate (LPA) and creates a fee schedule for application, examination, renewal, reinstatement, and administrative processes. It is anticipated that revenue collections for the Louisiana State Board of Examiners of Psychologists will increase as a result of the new license. Applicants for the LPA license will pay a one-time application fee of \$200, a one-time jurisprudence examination fee of \$75, and an annual renewal fee of \$200. Louisiana anticipates approximately fifteen (15) applicants per year from the three (3) universities that offer a terminal master’s program in psychology. Additionally, individuals who graduated prior to enactment of Act 286 of the 2024 Regular Session may qualify under provisions for legacy licensure, reciprocity, endorsement, and military licensing. While the Board cannot provide specific data, the requirement that applicants undergo a criminal background check may result in an indeterminable increase in revenue collections for the Louisiana State Police.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS, SMALL BUSINESSES, OR NONGOVERNMENTAL GROUPS (Summary)

It is anticipated and intended that the proposed rule will positively benefit individuals qualifying for LPA licensure. It creates expedited licensure pathways for those licensed in other U.S. jurisdictions, individuals moving back to Louisiana under the Welcome Home Act, and active-duty military members and their dependents. Qualified individuals who become licensed psychological associates will expand their employment and independent practice opportunities.

The proposed rule will have the potential to address mental health care needs in Louisiana by increasing the number of professionals qualified to provide psychological services to the citizens of Louisiana through private practice and other organizations or governmental systems.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed rule is anticipated to have a positive impact on employment by creating a new licensure pathway for individuals with a master’s degree in psychology through the licensed psychological associate (LPA) credential, as established by Act 286 of the 2024 Regular Session. This credential allows professionals who previously did not qualify for independent or supervised practice under existing psychology licensure rules to now enter the behavioral health workforce. The rule outlines requirements for supervised practice, examination, continuing education, and ethical standards, thus providing a clear and regulated pathway to licensure for a previously ineligible group of psychology graduates.

By decreasing licensure barriers and formalizing the role of LPAs within Louisiana’s behavioral health system, the proposed rule is estimated to increase access to care in underserved communities and settings that experience provider shortages. Proposed changes may lead to increased availability of mental health services and greater employment opportunities across the state for both new licensees and supervising psychologists. The structured supervision and tele supervision provisions further support employment growth by allowing flexible practice arrangements.

Jaime T. Monic
Executive Director
2506#046

Patrice Thomas
Deputy Fiscal Officer
Legislative Fiscal Office

NOTICE OF INTENT

Department of Health Board of Nursing

Faculty and Faculty Organization of Undergraduate and
Graduate Nursing Education Degree Programs
(LAC 46:XLVII.3515)

Notice is hereby given in accordance with the provisions of the Administrative Procedure Act, R.S.49:950 et seq., and through the authority granted in R.S. 37:918, that Board of Nursing (LSBN) is proposing rule changes to Chapter 35, Section 3515, under Title 46, Professional and Occupational Standards, Part XLVII. The proposed change will quantify the percentage of exceptions to the academic qualifications for undergraduate nurse faculty allowable.

Title 46

PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part XLVII. Nurses: Practical Nurses and Registered Nurses

Subpart 2. Registered Nurses

Chapter 35. Undergraduate and Graduate Nursing Education Degree Programs

§3515. Faculty and Faculty Organization of Undergraduate and Graduate Nursing Education Degree Programs

A. - B.8. ...

9. Exceptions to the academic qualifications for undergraduate nurse faculty shall be justified and approved under board established guidelines. Exceptions, if granted by the board shall be:

a. baccalaureate in nursing-prepared individuals who are not enrolled in a graduate program in nursing are

limited to a maximum two calendar years after which they must be enrolled in a graduate nursing program; and

b. baccalaureate in nursing-prepared individuals who are enrolled in a graduate program in nursing at the master's and/or doctoral level shall be initially approved for two years in accordance with current board guidelines. Exceptions may be granted to each individual for a maximum of four years.

c. limited to not more than forty percent of the FTE undergraduate nurse faculty.

C. - J. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 3:186 (April 1977), amended LR 10:1025 (December 1984), LR 12:678 (October 1986), amended by the Department of Health and Hospitals, Board of Nursing, LR 19:1147 (September 1993), repromulgated LR 24:1293 (July 1998), amended LR 26:2789 (December 2000), repromulgated LR 27:851 (June 2001), amended LR 33:1123 (June 2007), LR 36:1245 (June 2010), LR 42:880 (June 2016), amended LR 49:874 (May 2023), Add LR 51:

Family Impact Statement

The proposed additions and/or changes to the rules of the board, Board of Nursing should not have any known or foreseeable impact on any family as defined by R.S. 49.972(D) or on family formation, stability and autonomy. Specifically, there should be no known or foreseeable effect on:

1. the stability of the family;
2. the authority and rights of parents regarding the education and supervision of their children;
3. the functioning of the family;
4. a family's earnings and budget;
5. the behavior and personal responsibility of the children; or
6. the family's ability or that of the local government to perform the function as contained in the proposed Rule.

Poverty Impact Statement

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will not have an impact on child, individual, or family poverty in relation to individual or community asset development as described on R.S. 49:973

Small Business Analysis

The impact of the proposed Rule on small businesses, as defined in the Regulatory Flexibility Act, has been considered. It is estimated that the proposed action is not expected to have any significant adverse impact on small businesses. The agency, consistent with health, safety, environmental and economic welfare factors has considered and, where possible, utilized regulatory methods in the drafting of the proposed Rule that will accomplish the objectives of applicable statutes while minimizing the adverse impact of the proposed Rule on small businesses.

Provider Impact Statement

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will not have an impact on the staffing level requirements or qualifications required to provide the same level of service,

no direct or indirect cost to the provider to provide the same level of service and will have no impact on the provider's ability to provide the same level of service as described in HCR 170.

Public Comments

Interested persons may submit written comments on the proposed Rule to Karen C. Lyon, Executive Director, 17373 Perkins Road, Baton Rouge, LA 70810 or by facsimile to (225)775-7585. All comments must be submitted by 5 p.m. on before July 10, 2025.

Dr. Karen C. Lyon, PhD, MBA,
APRN-CNS, NEA
Executive Director/CEO

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Faculty and Faculty Organization of Undergraduate and Graduate Nursing Education Degree Programs

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

Other than the cost of rulemaking, there are no estimated implementation costs or savings for state or local government units resulting from the promulgation of the proposed rule change. The cost for the Louisiana State Board of Nursing is approximately \$250 for the notice and rule publication in the *Louisiana Register*.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The proposed rule change is not anticipated to impact the revenue collections of state or local governmental units.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS, SMALL BUSINESSES, OR NONGOVERNMENTAL GROUPS (Summary)

There are no anticipated economic losses to nursing schools or undergraduate nurse faculty resulting from the proposed rule change. The proposed rule simply provides a guideline for schools to follow when ensuring that undergraduate faculty meets the requisite academic qualifications. The proposed rule change will provide a guideline for the percentage of full time equivalent (FTE) undergraduate nurse faculty excepted from the required academic qualifications.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed rule change is not anticipated to have any effect on competition or employment.

Alicia Edmond Wheeler
Executive Counsel
2506#002

Patrice Thomas
Deputy Fiscal Officer
Legislative Fiscal Office

NOTICE OF INTENT

Department of Health Board of Nursing

Peripherally Inserted Central Catheter (PICC)
Insertion and Removal (LAC 46:XLVII.3707)

Notice is hereby given in accordance with the provisions of the Administrative Procedure Act, R.S.49:950 et seq., and through the authority granted in R.S. 37:918, that the Board of Nursing (LSBN) is proposing rule changes to Chapter 37,