



December 13, 2017

American Association of Colleges of Nursing  
655 K Street, NW, Suite 750  
Washington, DC 20001

To Whom It May Concern:

On behalf of the nation's 1,108 community colleges and the more than 6,500 elected and appointed governing board trustees, we write to express our strong opposition to the position statement entitled, "The Baccalaureate Degree as Entry-level Preparation for Professional Nursing Practice." The American Association of Community Colleges (AACCC) and the Association of Community College Trustees (ACCT) have been strong proponents of academic progression, and joined the American Association of Colleges of Nursing (AACN), the National League for Nursing (NLN) and the National Organization for Associate Degree Nursing (N-OADN) in 2012 to jointly agree to a shared goal of academic progression to fulfill and prepare a robust nursing workforce.

While the Academic Progression Task Force's position statement includes good rationale that supports the value of the baccalaureate degree in nursing, we have seen no evidence that the associate degree as the credential for entry into the nursing profession is not preparing students to successfully handle the responsibilities of the job, and that the baccalaureate degree, with its focus on general education courses, will better prepare a nurse. Further, the work of the Task Force does not appear to have taken into account the importance of the role that the associate degree of nursing (ADN) plays in health care across the country, including in rural areas and places like doctor's offices, urgent and acute care facilities, and nursing homes. Nor does it address how ADN programs diversify the workforce, and that in many cases, the degree is the first step in career mobility.

Lastly, while we cannot speak to the internal deliberations of the Task Force, we note that the group's composition included only one community college representative, and that representative hails from a community college that offers a BSN degree. To arrive at a position statement that devalues the associate degree of nursing credential, which has played a vital role in preparing a skilled nursing workforce, without adequate representation from an associate-degree granting institution from the 2-year sector is disappointing.

Below, please find the specific reasons that our two associations strongly disagree with the position statement of the Academic Progression Task Force.

- **The ADN addresses critical nursing shortages.** Associate degree nursing programs since their inception have addressed the critical shortage of nurses in all areas of health care. These associate degree programs are currently offered in 814 community colleges. These programs have educated 39%<sup>1</sup> of the 2.6 million registered nurses practicing in rural and urban health care settings across the nation. The Bureau of Labor Statistics projects that more than 1.2 million additional RNs will be needed to work in acute care settings, community health centers, and other health facilities. In order to meet this need, community college associate degree programs will play a vital role.

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<sup>1</sup> Data from the 2015 National Nursing Workforce Survey published in the April 2016 special edition of Journal of Nursing Regulation.

- **Not all hospitals require the BSN as entry into the profession.** According to the American Hospital Association, there are currently 5,564 registered hospitals in the United States. Of those registered hospitals, 389 hold Magnet status. While Magnet hospitals may require the BSN, this status does not define what percentage of RNs must have a BSN. The Institute of Medicine (IOM), Future of Nursing Initiative recommended that organizations should strive to achieve 80% BSN-prepared nurses by 2020, but this choice is solely at the discretion of hospitals. Overall, only about 6% of U.S. hospitals achieve Magnet designation, which leaves 94% of hospitals that are not pursuing Magnet status. Of these hospitals, the ADN has provided the training necessary for them to provide high-quality service and to fill a vital health care need in their communities.
- **NCLEX Passage Rates.** The National Council Licensure Examination (NCLEX-RN) is designed to test knowledge, skills, and abilities essential to the safe and effective practice of nursing at the entry level. Both ADN and BSN nurse graduates are able to take the licensure exam upon degree completion and are able to practice as registered nurses. ADNs sit for the NCLEX-RN and as of the latest report on NCLEX statistics from the National Council of State Boards of Nursing, 85.37% of those sitting for the exam have passed it. If ADNs demonstrate proficiency by passing the NCLEX, which is designed to test proficiency of skills to enter the profession, then we find it difficult to understand the rationale for arguing against the ADN as the entry-level preparation for nursing practice.
- **ADNs work in the communities where they are educated.** In 2015, Dr. Erin Fraher, Director of the Program on Health Workforce Research and Policy at the Sheps Center at University of North Carolina – Chapel Hill, presented to the Future of Community College Nursing Education Ad Hoc Committee of the North Carolina Community College System<sup>2</sup> that the practice and geographic characteristics of the ADN nurse differ significantly from nurses with an initial baccalaureate degree or higher. ADN nurses are more likely to practice within close proximity to where they are educated. ADN graduates who go on to complete a BSN demonstrate increased mobility in terms of the type of places they practice, but they continue to be more likely to remain in small towns and rural areas than those who earned a BSN as an initial degree. The ADN graduate is an essential provider of health care to rural and community-based health care delivery systems.
- **Diversity of the workforce.** The 2010 Institute of Medicine (IOM) report emphasized that improved health care quality would require an increased commitment to a diverse workforce, particularly in the areas of gender and race/ethnicity. Community colleges have one of the most diverse student populations in higher education. The gender of community college students are: 44% male, 56% female. In addition, 23% are Hispanic, 13% Black, 6% Asian/Pacific Islander, 1% Native American, 3% are 2 or more races, 4% unknown, and 48% White. Other significant factors to note are that 35% of our students are the first generation to attend college, 17% are single parents, and 12% have identified disabilities. Further, ADN programs are a noteworthy pathway from military service to the civilian workforce for many returning veterans, allowing them to translate and “credentialize” the skills and experience gained in military training and experience into high-demand, middle-class employment. Adversely affecting that population should not be taken lightly.

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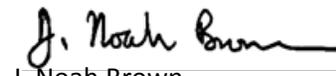
<sup>2</sup> The Future of Community College Nursing Education (2015)

- **State policy implications.** The Academic Progression Task Force’s position statement encourages community colleges to either offer baccalaureate degrees or to partner with 4-year institutions to make the BSN available to students. This is a simplistic view of a complex issue, and in no way addresses geographic limitations. For instance, a number of community colleges are not located in close proximity to universities, which would preclude the 2+1 agreement referenced in the position statement. Although in some states, legislation has provided the opportunity for community colleges to confer the baccalaureate degree, this is not widespread and faces many challenges, most notably, legislation in a number of states that prohibits community colleges from offering baccalaureate degrees in areas where the same program may already be offered by a 4-year university, even though those baccalaureate programs are not in proximity of the community college campuses.

AACC and ACCT would welcome the opportunity to discuss our concerns with the Task Force. In addition, we would welcome the opportunity to engage in the development of a solution that will not have an adverse effect on the health care of communities that are served by graduates of the ADN programs. The health care of our country is in crisis, and this change will only serve further limit access to high-quality care.

Sincerely,

  
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