



I'm writing today in support of H.B. 673, and am commenting specifically on the language therein relating to nursing licensure and modifications made in response to the COVID-19 pandemic. I think it may be important to consider Aultman College's perspective and context as I proceed. We are a small, healthcare focused institution and due to multiple factors on our campus, we happen to have a limited number of nursing graduates in 2020. We do not control the ability for our students to take their NCLEX licensure examination in a timely fashion after completing all program requirements (that is, we do not control the opening or lack thereof of NCLEX testing centers). H.B. 673's provision allowing graduates to continue forward into the workforce regardless of testing availability is important. It is of note that a key reason we support this particular provision also lies with the idea that our NCLEX pass rates historically have always exceeded state and national average pass rate levels. Our most recent pass rate was 98.4% in 2019. We have deep confidence in the quality of our graduates proceeding even without the immediate assessment of the NCLEX examination. Without that confidence, we may be less likely to support the provision.

In another point of support, I believe that extending the effective date in the legislation from December 1, 2020 to July 1, 2021 represents smart thinking from an educational perspective. With this change, the legislation covers nursing graduates for an entire academic year versus only a portion of that academic year. For multiple reasons, we prefer to have consistent standards for our students and graduates throughout a full academic year versus having to change standards in between the fall and the spring semesters.

Finally, our academic nursing leadership team appreciates having an emergency option for completion of clinical hours for nursing students as outlined in this legislation. During this pandemic, our campus has been unable to access all of our contracted clinical sites in our northeast Ohio region since mid-March as the clinical sites made the difficult decision to exclude students for multiple, understandable reasons. Our faculty made the choice to utilize alternate educational methods to still complete all of our student requirements (such as using clinical simulation modules); however, this is a short-term solution and we deeply value the practice and experience students gain in the clinical setting. We are currently planning alongside our affiliated health system (Aultman Hospital and Aultman's full Health Delivery System) for a safe and thoughtful student return-to-clinical in 2020; however, there are no guarantees as to when this happens or how long this clinical site access will be maintained. Any resurgence in COVID-19 case numbers (particularly during the traditional influenza season that stretches across both fall and spring semesters) could again result in immediate lack of clinical access for students and having a back-up plan with pandemic licensure clinical hours is an option we would be thankful to have as a tool in our toolkit, though our campus continues to plan in the hopes of not utilizing this provision.

I appreciate being given the opportunity to share how this legislation affects our campus community. With best regards,

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