



TO: Idaho Legislature

February 15, 2022

Idaho Senate Health & Welfare Committee

Subject: Senate Bill 1287 Rural Nurse Loan Repayment Program  
Testimony provided by Randall Hudspeth, PhD, MBA, APRN-CNP, Executive  
Director of the Idaho Center for Nursing

Senator Martin, members of the committee, thank you for inviting me to speak to you today about the Rural Nurse Loan Repayment program. My name is Randall Hudspeth and I am the Executive Director for the Idaho Center for Nursing. I am a member of the Healthcare Transformation Council of Idaho and based on my research about the Idaho nursing workforce, HTCI established a workgroup that I chaired and one of its outcomes is this bill.

Here is a bit of the background related to nursing workforce issues in rural Idaho and that brought us here today. I am an Idaho native and I grew up in rural Idaho. I obtained my bachelor's degree from Idaho State University. Formerly I was a nursing administrator at Saint Alphonsus and I served as chairman of the Idaho Board of Nursing. I also hold both a Masters degree and a research PhD with a focus on healthcare regulation, practice breakdown and mitigation. In my current role I conduct the research on the Idaho nursing workforce and I have published comprehensive reports in 2016, 2018 and 2020. Being a small state with only 19,000 RNs it is easy to do population based verses sample based research, so the data has a lot of power.

By 2020 I had identified some concerning trends about nursing workforce migration within Idaho. The research evidenced 2 phenomena. First: Nurses were moving from rural Idaho to Boise and surrounding communities. Today 46% of all Idaho RNs live in the Boise area. Second: Many RNs who were not moving to the Boise area were moving from small towns to the one larger town within their region. For example, north Idaho nurses tended to move into Coeur d'Alene, from St. Mary's in Cottonwood or from Grangeville to Lewiston, from American Falls and SE Idaho to Pocatello, from Gooding, Shoshone, and Rupert to Twin Falls. In 2018 there were 6,459 RNs in rural communities, but by 2020 that number had fallen to 4,755, which represented a decrease of 26.4% of the rural nursing workforce. This is a crisis for rural hospitals, long term care and other agencies that employ and rely on a local RN workforce.

I believe Senator Harris is affiliated with his local hospital board and may have insight into these issues.

LPN issues are nearly as bad. LPNs tend to be less mobile, but they are aging and fewer are graduating. All areas of Idaho, including the Treasure Valley are experiencing a big need for LPNs.

Our HTCI workgroup utilized the existing legislative model that is managed through the Idaho Department of H & W Rural Health office for recruiting physicians, dentists, PAs and Nurse Practitioners to rural communities. I sat on the committee for 11 years and I saw that tuition payment incentives are effective for rural Idaho. The loan repayment model does work.

We researched average academic loan indebtedness for Idaho nursing graduates. That average is near \$26,000. We worked with the governor's office to clarify funding needs and a methodology. We set a target of 10 nursing graduates annually to be recruited to rural Idaho. It would be nice if there could be more, but based on new graduate placement history in Idaho, this is a realistic target. Through HTCI, we sought and gained support for this effort from the Idaho Hospital Association, the Idaho Healthcare Association, the Rural Health Association, schools of nursing, and all of the nursing associations.

I want to emphasize that this is ONE mitigation strategy that we are working to employ. Most of the others do not require legislation. I appreciate your awareness and engagement with this process. In closing, I ask you to send this bill to the Senate with a "do pass" recommendation.

I stand for your questions.