House Memorial 36

A MEMORIAL REQUESTING THE BOARD OF NURSING TO CONVENE A TASK FORCE TO ADDRESS THE NURSING SHORTAGE CRISIS

Executive Summary

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I. Executive Summary Introduction

Representative Cates and Representative Caballero: Please see the attached report on "A MEMORIAL REQUESTING THE BOARD OF NURSING TO CONVENE A TASK FORCE TO ADDRESS THE NURSING SHORTAGE CRISIS". The participants were highly engaged and participatory, particularly the subcommittee co-chairs who did exceptional research and work to bring you these 22 recommendations. We have also provided you with a table of recommendations and actions for a quick review. All of the detail is within the appendices. We stand ready to provide additional information should it be required.

The four initial deliverables from House Memorial 36:

- **A.** barriers to employment retention;
- **B.** barriers to nursing educational slot expansion;
- **C.** barriers to nursing school enrollment and retention; and
- **D.** recommendations to improve the nursing educational gap.

In addition to the four deliverables as subcommittees listed in the Memorial, it was clear that the pathways/pipeline issues also needed to be addressed. This created six subcommittees in total:

C1. Pathways into Health Careers when not ready for college:
High school programs for Certified Patient Care Techs (C-PCT) and Certified Nursing Assistant (CNA) preparation.

C2. Pathways to the next Health Career for those in a health care role:
Certified Patient Care Techs (C-PCT) and Certified Nursing Assistants (CNA) to Certified Medication Aides (CMA) and Accelerated Licensed Practical Nurse (LPN) roles, and also Military Corpsman to LPN.

Throughout the process, each of the subcommittees was led by co-chair experts. Other stakeholder experts were engaged as needed. Final voting was limited to the participants which were listed in HM 36.

There is synergy and some overlap between the subcommittees that can power innovative changes. The biggest issue is often a lack of authority or ownership due to boundaries between agencies.

Respectfully,
Sheena Ferguson

II. Recommendations: 22 items.

A. Subcommittee A – barriers to employment retention

1. Safe Harbor (SH): Authorize the NM Board of Nursing to promulgate an explanatory Rule on peer review and timeframes of the Safe Harbor act.
2. Workplace Violence: Create a Bill for NM OSHA to create a workplace violence prevention program.
3. Substance Use Disorder (SUD): The NM Hospital Association, in conjunction with NM Nurses Association and the NM Board of Nursing, to do required education on the state's Alternative to Discipline program already within the NM Nursing Practice Act (DONE).
4. Scheduling/Workload: Breaks and Meals: Create a Bill ensuring nurses receive time for meals and breaks.
5. Expungement for Low-level Disciplines: Create a Bill on the expungement of low-level disciplines (non-patient harm events) after a period of time such as that in many states.

B. Subcommittee B – barriers to nursing educational slot expansion

1. Nursing Program Cost Analysis: Independent determination of actual nursing school costs. LFC request with possible referral to the BON to issue a contract for evaluation.
2. Ops Issues – Pre-licensure: Competition for clinical slots is still an issue. NM BON to pilot an automated system (duplicated in subcommittee D). Bill needed to increase fines for out-of-state schools violating state rules.
3. Ops Issues – Graduate/APRN: Competition for clinical slots is an issue because no entity knows what schools are teaching in the state. Create a Bill to authorize NM BON to approve graduate programs for maximum quality. Bill needed to increase fines for out-of-state schools violating state rules. Local border schools of quality will be preserved.

C. Subcommittee C – barriers to nursing school enrollment and retention

1. Barriers for students and faculty – Appropriations in seven areas of student and faculty support.
2. Pre-determination – Approval for BON to provide an answer to potential nursing students who want clarification on their ability to obtain licensure due to previous legal indiscretions vs. a Bill.
3. Repetitive Workload Elimination – A Bill is needed to reduce redundance for the students and extra work for the school and hospitals. (Subcommittee D recommendations also seek to address this issue).

C1. Subcommittee C1 – Pathways into Health Careers when not ready for College

1. HS LPN – Bill needed. HED & PED collaboration on a statewide program with BON assistance to overcome multiple barriers which exist.
2. Expand Clinical Access Sites in Skilled Nursing Facility and Long-term

Care (SNF/LTC) Association assistance to clarify rumors about student age requirements. Memo done and distribution in process (DONE).

3. HS C-PCT: Bill needed to create a certified patient care technician role for the state of New Mexico within the BON. Then as in the High School LPN item, HED & PED collaboration on a statewide program with BON assistance to overcome multiple barriers which exist.

4. CNA Quality: Transfer of the Certified Nursing Assistant (CNA) education program oversight to the NM BON to improve quality and success rates. Unclear if a Bill is needed.

C2. Subcommittee C2 – Pathways to the next Health Career for those in a health care role

1. Military Corpsman to LPN Testing: Bill needed to permit transition to an LPN for Corpsman from a military training program as in other states.
2. CNA>CMA>PCT>Accelerated LPN: Bill needed for the BON to approve accelerated LPN programs, (in conjunction with HED for future matriculation into an RN program).

D. Subcommittee D – recommendations to improve the nursing educational gap

1. Statewide Clinical Placement System (with historical clinicals preserved): Authorize BON to use surplus funds for a three-year pilot to create an infrastructure that works to enable a complete program where clinicals are automated.

2. Compliance Education Synchronization: Authorize BON to use surplus funds for a three-year pilot to create an infrastructure that works to enable a complete program and prevent the need for multiple different processes between employers and schools and decrease student time on redundancy.
3. Clinical Judgement Gap Analysis: Authorize BON to use surplus funds for a three-year pilot to create an infrastructure that works to enable a complete program for student analysis of knowledge gaps.
4. Preceptor Education Program: Authorize BON to use surplus funds for a three-year pilot to create an infrastructure that works to enable a complete program for preceptor education, thereby enhancing quality clinical preceptorship.
5. Nurse Residency Standardization: Authorize BON to use surplus funds for a three-year pilot to create an infrastructure that works to enable a complete program among new grad residencies.

III. Recommendations: 22 Items – visual summary

KEY to Table of Recommendations by Committee (all passed the straw vote):

1. Bill: Legislative Bill Required
2. Approx. $: Appropriation Implications
3. BON: Regulatory Board Actions
4. Agencies/Organization: Actions beyond the BON
5. ? means Question/Unclear

Issue/Actions	Bill	Approx.$	Regulatory	Agency/Organization
Subcommittee A – employ retention				
1. Safe Harbor			X BON Rule	
2. Workplace Violence	X			
3. Substance Use Disorder				X NMHA In process
4. Scheduling/Workload	X			
5. Expungement	X			
Subcommittee B – seat increase				
1. Program Cost Analysis		X?	LFC Request BON	
2. Ops Issues-Prelicensure	X		X BON Current	
3. Ops Issues-Graduate	X		X BON Rule	
Subcommittee C – barriers to school				
1. Barriers for Students & Faculty	X	X	X	
2. Predetermination			X BON Current	
3. Repetitive Workload	X			X HED X NMONL X NMHA
Subcommittee C1 – Pathway HC Start				
1. HS LPN	X	X	X BON Rule	X PED X HED X NMNEC
2. Expand Clinical Access (SN/LTC)				X Schools/NMHCA
3. HS C-PCT	X	X	X BON Rule	X PED X HED X NMNEC
4. CNA Quality	?		X BON Rule	X HCA
Subcommittee C2 – Pathway HC Up				
1. Military Pathway	X	X		X HED
2. CNA>CMA>PCT>LPN	X	X	X BON Rule	X HED X NMNEC
Subcommittee D – Grad to Practice				
1. Statewide Clinical Placement			X BON Current	
2. Compliance Education Synch			X BON BAR	
3. Clinical Judgement Gap Analysis			X BON BAR	
4. Preceptor Education			X BON BAR	
5. Residency Standardization			X BON BAR	

IV. Participants by School, Organization or Agency for Vote

Participating Organizations, Unions, Schools, Agencies and Voting Members

	Entity	Voting Representative	Subcommittee
1 Professional Organization	NMNA	Lisa Leiding	C
2 Professional Organization	NMNPC	Rachel Bevan	A then B
3 Professional Organization	NMONL	Brenda Holley	Chair A
4 Professional Organization	NMLTC/HCA	Vicente Vargas	C1
5 Professional Organization	NMHA	Julia Ruetten	A
6 Professional Organization	NMNEC	Jenny Landen	Chair C2
7 Union	ATF Union	Michelle Mahon	A
8 Union	1199 Union	Yolanda Avila-Ulmer	A
9 State School	UNM-Albuquerque	Rosario Medina	Chair B
10 State School	UNM-Gallup	Rey Jonathan Lumibao	C1
11 State School	UNM-Taos	Dawn Kittner	Chair C
12 State School	UNM-Valencia	Morgan Samp	C
13 State School	CNM-Albuquerque	Diane Evans-Prior	Chair B
14 State School	NMSU-Las cruces	Alexa Doig	Chair C
15 State School	DACC-Las cruces	Josie Carmona	B
16 State School	WNMU-Silver City	Kimberly Petrovic	Chair D
17 State School	SJCC-Farmington	Shawna Kemper	Chair C1
18 State School	SFCC-Santa Fe	Terri Tewart	C2
19 State School	NNMC-Espanola	Ellen Trabka	B
20 State School	SENMC	Dianne Hardin	A
21 State School	NMJC	Sally Lane	C
22 Proprietary School	PMI	Theresa Vigil	Chair C2
23 Proprietary School	GCU	Chauncy Chanin	B
24 Proprietary School	Brookline	Pamela Rahn	A
25 City School	APS CEC	Rebecca Weatherford	C1
26 State Agency	DWS – did not vote	Rachel Moskowitz	C2
27 Regulatory Agency	NMBON	Sheena Ferguson	A

The following schools did not respond nor participate:

	Entity	Contacted
1. School	Carrington	Molly Ashcraft
2. School	Unitek	Deirdre Bia
3. School	Navajo Tech	Cristina Carpenter
4. School	Luna CC	Valerie Montoya
5. School	Clovis CC	Elena Soto
6. School	Mesalands	Shannon Fries
7. School	ENMU	Tory Norris

V. Process and Cadence to Meetings:

It is a testament to the engagement of each of the invited parties who stayed the entire course of this project and agreed to meet on Friday's from 1300-1500 every other week. Additionally, some committees actually met on a weekly basis.

A. Meeting Process

Each of the six deliverables became a subcommittee. Each subcommittee had two co-chairs who were subject matter experts. Additional subcommittee members were added to give geographic diversity for perspective. Following each subcommittee meeting, the next large group meeting included a presentation from each subcommittee as to their work product and recommendations that the group majority could support. Subsequently the entire membership voted on all recommendations that were put forward by the subcommittees. Many recommendations were unanimous. For some recommendations there was limited focal concern. Most often this concern could be categorized as a larger school disrupting access or processes of smaller schools. These concerns can be managed.

Some committees had secondary members (for instance when the primary member could not attend, or if a particular topic needed additional expertise).

- NMONL - Christine Masters - Chair A
- NMBON – Stacey Fort - Chair D
- NMSU – Nikki May - Chair C1

B. Meeting Cadence:

Date	Kick-off		Large Group	Subcommittee Group
3/20/2026	X		X	
3/27/2026				X
4/3/2026			X	
4/17/2026				X
5/8/2026			X	
5/22/2026				X
6/5/2026			X	
6/26/2026				X
7/10/2026	Vote on first 11 recs		X	
7/24/2026				X
8/14/2026	Vote on next 11 recs		X	
8/21/2026				X
8/28/2026	Review Writing Plan			

VI. Discussion Summary by Each Subcommittee of Pertinent Issues

Subcommittee A – Barriers to employment retention

1. Safe Harbor (SH)
2. Workplace Violence
3. Substance Use Disorder (SUD)
4. Scheduling/Workload: Breaks and Meals
5. Expungement for Low-level Disciplines

Subcommittee A looked at **barriers to employment retention**. There are significant issues within the workplace environment that cause nurses to leave the workforce. In other words, there are many more licensed nurses in New Mexico than those that actually work as nurses. The issue is one of retention and willingness to work within a system that is perceived at times as being unresponsive to their professional needs.
This subcommittee discussed five issues.

1. The Safe Harbor law was passed in 2019, right before the COVID pandemic happened. Because of the state of emergency, it was never fully implemented. Nurses have suggested that the law needs additional explanation on the peer review process and accountability from the nursing leadership. NMONL and NMHA both started extensive education for their members, including a mandatory CNO summit in July 2026. The NM BON should promulgate a rule (a draft from NMNA exists) that addresses this issue. NMNA is also doing extensive outreach throughout the state to ensure know about the Safe Harbor law. Also, HCA is drafting rules to include SH in its survey of facilities.
2. The subcommittee included members from both unions that represent nurses in the state. Physical assaults on nurses and other health care providers are on the rise. The subcommittee recommends that NM OSHA initiate a Workplace Violence program similar to California. NMHA staff reached out to California and the subcommittee believed it could be adopted by New Mexico.
3. The subcommittee identified the ongoing loss of nurses with substance use disorder from the workplace. In other words, nurses are terminated without the benefit of their insurance for therapy and treatment. Other health care providers are not treated in this fashion. NM BON has an alternative to discipline program for nurses with substance use disorder. Nurses have a tremendous success rate with SUD treatment. NMONL, NMHA and NMNA all worked together on a plan for employers to facilitate retaining these very valuable employees.
4. Workplace workload was another recommendation to be addressed. Nurses in facilities are not getting time for meals nor their breaks. To strengthen meals and break relief requirements for healthcare settings. Examples from other states such as Colorado, Washington, and Oregon were reviewed and provide helpful guidance for New Mexico.
5. Expungement of low-level disciplines is a national conversation, not just for nurses but other professions. The subcommittee's recommendation is that the legislature offer a bill that authorize the NM BON to create a process for expungement similarly to another example state (Arizona) that is not in opposition with New Mexico state laws. It would also authorize a modest fee for this review.

Subcommittee B – Barriers to nursing educational slot expansion

1. Nursing Program Cost Analysis
2. Ops Issues – Pre-licensure
3. Ops Issues – Graduate/APRN

Subcommittee B looked at **barriers to nursing educational slot expansion**.
The subcommittee discussed three issues:

1. Nursing program cost analysis: The costs of nursing school for state schools are actually unknown. Some state schools have identified that the cost for nursing education, despite the opportunity scholarship program and other generous legislative support, still require some schools to add the costs of some lab and other program fees. The subcommittee recommends:
    a. Request a detailed independent analysis by the LFC or the BON identifying accurate nursing program operational costs and current dollars from the opportunity scholarships. Request the same from out of state programs operating in New Mexico.
    b. Ensure that nursing schools are receiving the full amounts intended from the Legislation, recently moved from RPSP to I&G.
    c. Authorize a working group of hospital association leadership, other health care facility association leadership, nursing program educators, and health care organizations to discuss meaningful, sustainable, and effective partnerships to help with the fiscal deficits associated with instruction.

2. Operational issues – prelicensure programs: State school nursing programs are competing with external proprietary schools. The subcommittee recommends:
    a. Create a two-year pause for new pre-licensure (undergraduate) nursing schools from outside New Mexico while their quality is evaluated and a survey mechanism can be established.
    b. Evaluate vendors for an integrated clinical placement system that would be piloted by the NM BON. Additionally, the review of programs in other states has shown an increase in identified clinical options of 25% (Arizona).
    c. Authorize the ability for the BON to levy a significant fine for schools from out-of-state that have not been approved. At present the NM BON can maximally fine an unapproved out-of-state school for $1000.00. All fees still go to PED.
    d. Ensure that nursing schools are receiving the full amounts intended from the Legislature - recently moved from RPSP to I&G.
    e. Authorize a working group of hospital association leadership, other health care facility association leadership, nursing program educators, and health care organizations to discuss meaningful, sustainable, and effective partnerships to help with the fiscal deficits associated with instruction. Topics for collaboration:
        i. Support for human resource employment programs for students to prepare for NCLEX;
        ii. Study successes from innovative clinical site programs;
        iii. Evaluate options such as joint appointments for clinical educators and/or graduate program access to prepare nurse educators;

iv. Facilitate early entry for nursing students into other limited employment work roles to support health care facilities (PCT, CNA, CMA, etc.) and student transition;

v. Discuss how in-kind contributions of supported time, space and clinical expertise in healthcare facilities and assistance from educational facilities can be mutually beneficial.

vi. Ensuring that 100% of nursing students get appropriate EHR access in all settings.

3. Operational issues – graduate programs: Graduate nursing programs operating in New Mexico are unknown and they are competing with state schools of nursing for preceptors and clinical sites. For example, among APRN programs 2015 saw 15,000 students seeking clinical sites; by 2025 that number increased to 40,000 students seeking clinical sites (NCSBN APRN study). At the same time, the United States is seeing hospital closures or service reductions at many hospitals (closure of obstetric services), and a decreased birth rate has resulted in limited availability of some clinical experiences for APRNs. The competition for clinical sites is now unprecedented.
    a. Create authority for the NM BON to approve or deny out-of-state graduate nursing schools to operate in New Mexico, based on schools' clinical quality.
    b. Create authority for the NM BON to track out-of-state graduate nursing schools' clinical placement volume. The NM BON is unable to report the number of graduate nursing programs in the state from out-of-state schools, nor their quality and success metrics-
    c. Authorize the ability for the BON to levy a significant fine for schools from out-of-state that have not been approved. At present the NM BON can maximally fine an unapproved out-of-state school for $1000.00. All fees still go to PED.
    d. Strengthen APRN program responsibility for clinical placement. APRN educational programs utilizing New Mexico clinical sites should maintain sufficient clinical placement infrastructure to support the number of students they enroll. Programs should assume primary responsibility for recruiting, vetting, supporting, and sustaining qualified preceptors and clinical partnerships rather than relying primarily on students to independently secure clinical placements. Programs should ensure that all admitted students have access to the clinical experiences necessary to meet graduation requirements without requiring students to independently secure or pay to obtain clinical placements or to incur additional tuition or fees resulting from delays in clinical placement outside the student's control.
    e. Create a state credit incentive for APRNs and other direct care providers to incentivize precepting APRN students (providers are not paid to precept students). This credit could be in the form of a tax credit or educational credit.

Subcommittee C – Barriers to nursing school enrollment and retention.

1. Barriers for Students and Faculty
2. Pre-determination
3. Repetitive Workload Elimination

Subcommittee C looked at **barriers to nursing school enrollment/retention.**
This subcommittee tackled three topics:
1. Barriers to students and faculty: This committee created a complex and detailed summary of the many factors that impact this topic. It is difficult to reduce the ideas into simple recommendations; their document is in the appendix. However, appropriations are recommended for faculty, students across the school system, and schools. Barriers to nursing school enrollment and retention in New Mexico are systemic, cumulative, and pipeline-driven, beginning with K–12 academic preparation and extending through financial access, program capacity, and student persistence factors. These barriers reduce both the size of the applicant pool and the ability of students to successfully complete nursing programs, requiring coordinated, multi-level policy responses. Seven specific areas of Recommendations include:

a. A comprehensive high school academic preparation program.
b. Expansion of stipends and scholarships, and implement opportunity scholarships specifically for nursing as a second degree.
c. Increase state funding to recruit, retain, and competitively compensate nursing faculty, as well as expanding the loan repayment program.
d. Expand state-funded wraparound student support services, including childcare, transportation assistance, housing support, food assistance, and emergency financial aid.
e. Increase funding for tutoring, academic advising, faculty and peer mentoring, learning support services, and evidence-based student success initiatives.
f. Invest in rural nursing education infrastructure, including regional training hubs, simulation centers, distributed learning models, and mobile clinical education.
g. Establish a state-funded clinical preceptor incentive program that provides financial compensation, tax credits, stipends, or other incentives for healthcare professionals who serve as clinical preceptors.

2. Pre-determination: The ability for a potential student to know in advance whether they could obtain a license upon graduation due to pre-existing legal issues is a barrier. BON believes that the caregivers criminal background rule permits that evaluation. If not, then a Bill is required:

a. Authorize the NM BON to create a policy and process on Predetermination in line with state laws.
b. Authorize a reasonable fee for this review.

3. Repetitive Workload Elimination: A bill permitting single source completion of required element reduces the workload for students, facilities and faculty with the unnecessary repetition of modules (HIPAA, PPE, etc.). A bill that eliminates those requirements saves time and expense for all parties. Subcommittee Ds recommendation for an infrastructure system eliminates the repetition, however a Bill is needed:

a. Develop a statewide standardized clinical onboarding process recognized by participating healthcare organizations and nursing programs throughout the state.
b. Establish reciprocity agreements among healthcare organizations for commonly

required compliance education such as bloodborne pathogens, HIPAA, fire safety, and infection prevention trainings.

c. Utilize existing state systems, including NMSIIS, whenever possible to verify immunizations and health records.
d. Explore a centralized statewide nursing education compliance repository or passport system that could be accepted across educational institutions and clinical agencies.
e. Provide legislative and BON agency support to improve interoperability and reduce unnecessary duplication of compliance requirements across healthcare and educational systems.

Subcommittee C1 – Pathways into Health Careers when not ready for college

1. HS LPN
2. Expand Clinical Access Sites in SNF/LTC and Others
3. HS C-PCT and CNA programs.
4. CNA Quality

Subcommittee C1 looked at **barriers to a health career for students who are not ready for college or university**.

In a previous task force on Nursing Workforce convened in 2019 by the Governor, a recommendation vastly supported from the representative educators of New Mexico's nursing programs throughout the state shared examples and expressed concerns about readiness for college for some High School graduates. The subcommittee recommends these four interventions:

1. High School LPN Programs: Development and expansion of High School LPN programs. Programs in NM have failed due to competition for resources for registered nurse programs and fractured ownership among schools and partners and a lack of leadership. No one is in charge. Create an HED, PED, BON group with the authority to make it happen.
    a. Create a curriculum program for High School students that can be facilitated in schools for the Certified Nursing Assistant (CNA) and Certified Patient Care Technician (CPCT).
    b. Using a NEF grant, build a Module/Video program for both CNA/CPCT High School Programs
    c. Funding for modest equipment purchase by the high school and approved testing sites or virtual capabilities across the state for CNA/CPCT by qualified RNs.
    d. Standardized curriculum and national certification (ex: CPCT) that permit matriculation to an LPN program.
    e. Create processes for student stipends through the Department of Workforce Solutions (WIOA).
    f. Facilitate Workforce Innovation and Opportunity Act support through local office facilitation.

2. Expand Clinical Access Sites: Clinical sites for certified nursing assistants (CNA) and LPN programs struggle due to limited clinical sites. The recommendation is to increase clinical experience sites by using facilities that are often overlooked due to the focus on acute care sites rather than Skilled Nursing Facility and Long-term Care facilities. Confusion exists regarding:
    - Any age requirements for students to be in Residential Care Facilities.
    - Any limitations on a facility's quality standing (deemed status) as an education site.

- Resident photos vs. wristbands for nursing student clinicals for medication administration.

Recommendations that have been implemented include:

a. Memo from NM Health Care Association board welcoming students as a priority.
b. This would include access for CPCT, CNA and LPN students.
c. Memo clarifies any laws or restrictions for student age.
d. Memo clarifies any restrictions or laws on students at facilities with focal rules.
e. Memo clarifies any non-wrist-banded resident situations that may impede clinicals.
f. Memo provides a possible method for communication on available clinical options.
g. Ideally, the identification of a team or process to jointly work in real-time on any barriers.

Reminder, nursing students who have completed their initial nursing courses are eligible for hire as a certified medication aide when he/she has been validated.

3. High School Patient Care Tech (CPCT) and Certified Nursing Assistant (CNA) programs development and expansion. Staffing issues in health care facilities can be improved by having patient care techs that have standardized training and education with national certifications. It limits the ambiguity for the LPN and RN when delegating and supervising unlicensed staff. New Mexico does not have a certification thru the regulatory board, NM Board of Nursing. Healthcare employers across New Mexico continue to experience shortages of entry-level patient care staff, particularly in rural communities. A successful program addresses those shortages by creating an accessible educational pathway for high school students while establishing a scalable model that can be replicated statewide.
   Create a curriculum program for High School students that can be facilitated in schools for the Certified Nursing Assistant (CNA) and Certified Patient Care Technician (CPCT).

   a. Using a NEF grant, build a Module/Video program for both CNA/CPCT High School Programs
   b. Funding for modest equipment purchase by the high school and approved testing sites or virtual capabilities across the state for CNA/CPCT by qualified RNs.
   c. Standardized curriculum and national certification (ex: CPCT) that permit matriculation to an LPN program.
   d. Create processes for student stipends through the Department of Workforce Solutions (WIOA).
   e. Facilitate Workforce Innovation and Opportunity Act (WIOA) support through local office facilitation.

4. CNA QUALITY: Prior to the development of the Health Care Authority (HCA), the Certified Nursing Assistant (CNA) program was held within the Department of Health. As the CNA role is part of the nursing care ladder, a consideration for the CNA to be housed within the Board of Nursing (BON) makes sense, particularly when the scope of practice is being evaluated within the context of the nursing shortage. A national target for patient care is the evaluation of the scope of practice. The location of the CNA program within the HCA has benefitted from oversight by a nurse director with

extensive nursing experience. However, the program would benefit from direct oversight clinically. For example, the BON can address concerns about program quality and successful CNA exam pass rates. At present, there is not a mechanism for CNA program surveys nor validation of CNA program quality. The BON has program surveyors in the field for hemodialysis technician, medication aides, and nursing programs. Through the BONs work with long-term care facilities, direct examples of some deficiencies in CNA program training have been identified with written complaints from end-users about new CNAs requiring additional training and skills validation, as well as difficulty passing the national test. Creating quality standards will then assist with CNAs wanting to return to school to become LPNs and being successful. Recommendations from the subcommittee:

a. The CNA program should be moved to the BON, building on the quality structure started at HCA.
b. The BON should start a survey process for any CNA training programs in the state, monitoring their student pass rates and employer satisfaction.
c. The BON should transparently post graduation rates on their website, in addition to program costs.

Subcommittee C2 – Pathways for those in Health Careers to Move Up

1. Military Corpsman to LPN Testing
2. CNA>CMA>PCT>Accelerated LPN

Subcommittee C2 looked at **barriers to advancing in your health career for students who entered their health career** outside of college or university. Similarly to Subcommittee C1, this important topic was teased out from Subcommittee B and Subcommittee C.

1. The New Mexico Board of Nursing should be granted statutory authority to establish an alternative pathway allowing qualified military healthcare personnel who meet established eligibility requirements, sit for the National Council Licensure Examination for Practical Nurses (NCLEX-PN) upon verification of education, training, clinical experience, and demonstrated competencies. The Legislature should amend the Nursing Practice Act to authorize the New Mexico Board of Nursing to establish rules creating a military healthcare pathway to practical nursing licensure. The Board should be empowered to:

    a. Evaluate military education and training programs across all military branches;
    b. Establish competency and experience requirements;
    c. Require supplemental coursework when needed;
    d. Determine eligibility to take the NCLEX-PN; and
    e. Monitor outcomes to ensure public safety and workforce effectiveness.

2. As a result of the nursing shortage, the demand for Licensed Practical Nurses (LPNs) in New Mexico is growing. LPN jobs have been projected to surge by 15.9% from 2022 to 2032 as LPNs are sought to fill the gap driven by the RN shortage and the growth of the aging population. LPNs cannot only help to fill some of the nursing shortage gaps, but they may then be able to advance their careers by pursuing RN degrees. The New Mexico Nursing Education Consortium (NMNEC) which consists of three public universities and nine community colleges in the state has been working on articulation through a statewide nursing education curriculum for over ten years. They are currently working on a statewide LPN curriculum that could be shared across the state. CNM currently has stand alone LPN program with 3 graduation cohorts.

a. Recommend the NM Higher Education Department add a staff position (1.0 FTE) or assign a HED staff member as a point person to facilitate coordination in the state with the New Mexico Nursing Education Consortium (NMNEC) for implementation of a Statewide Common Curricula for RN and LPN training.
b. Recommend the NM Legislature and the NM Board of Nursing (NM BON) establish a common pathway of stackable nursing credentials that consists of a certified nursing assistant (CNA)/certified medication aide (CMA) to practical nursing (LPN) to Associate Degree of Nursing (ADN) to Bachelor of Science in Nursing (BSN).
c. Recommend the NM Legislature provides emergency funding (one to two faculty 1.0 FTEs) to public or tribal nursing programs that have a practical nursing program and are willing to give credit for prior learning for the first two LPN courses of the program to CNAs who are also CMAs.
d. Recommend the NM BON allow the LPN programs in the state to establish credit for prior learning guidelines for CNAs who are also CMAs and meet the programs' admission criteria to receive credit for the first term LPN courses.
e. Recommend the NM BON establish a requirement that BSN programs give LPNs with active licenses who meet the requirements for acceptance into the nursing program credit for the nursing didactic and lab/clinical courses in the first term of the nursing program.
f. Recommend the NM BON establish a requirement that all practical and registered nurse programs in the state must apply to be registered on the Eligible Training Provider List (ETPL) which allows individuals who are unemployed or underemployed to use Workforce Innovation and Opportunity Act (WIOA) funds through the NM Department of Workforce Solutions.

Subcommittee D – recommendations to improve the nursing educational gap.

1. Statewide Clinical Placement System (with historical clinicals preserved)
2. Compliance Education Synchronization
3. Clinical Judgement Gap Analysis
4. Preceptor Education Program
5. Nurse Residency Standardization

Subcommittee D looked at recommendations to improve the nursing educational gap to address nursing workforce needs. The national average for new RNs leaving their first job in the first year is 22.3%, up to 33% by the second year. Evidence supports they are experiencing higher levels of transition shock, burnout, and moral distress entering the workforce in a severe nursing shortage.

New Mexico's nursing workforce challenges cannot be solved one school or one healthcare facility at a time. New nurses are entering practice amid significant transition shock, burnout, and workforce shortages, while approximately 100 New Mexico nursing graduates each year do not pass the NCLEX on their first attempt. Yet remediation, clinical preparation, student compliance, and transition-to-practice support remain fragmented across the state.

States with statewide models

There are several useful precedents, but Hawai'i and Maryland are particularly strong comparisons for your HM36 work:

- Hawaiʻi — Launched what the Hawaiʻi State Center for Nursing identifies as the nation's first statewide nurse residency program in 2012. Its collaborative model spans employers and educational partners across the state. Published evaluation found 96.77% average first-year retention among more than 1,600 participants.
- Maryland — Developed the Maryland Nurse Residency Collaborative, ultimately implementing a standardized 12-month residency across all acute-care hospitals in the state. Earlier evaluation found participating hospitals reduced voluntary turnover by roughly 6–10%, with estimated statewide savings of $17.6 million annually.
- Iowa — Developed the Iowa Online Nurse Residency Program from a statewide task force specifically to make evidence-based residency feasible for rural and underserved healthcare organizations. Its online/shared-resource approach is particularly relevant to New Mexico's geography and smaller facilities.

Evidence supports structured nurse residency programs and early identification of knowledge and competency gaps, but New Mexico lacks the shared infrastructure needed to implement these strategies consistently. Schools and healthcare facilities currently duplicate processes, independently manage compliance requirements, and often lack the resources to implement comprehensive solutions.

Subcommittee D recommends a three-year statewide pilot to create standardized infrastructure connecting nursing education to practice—from student preparation and NCLEX success through clinical placement, competency development, and nurse residency. Rather than funding isolated programs, this investment would build a sustainable statewide system that reduces duplication, expands access for rural and underserved communities, improves readiness for practice, and helps New Mexico retain the nurses it educates.

Nurse Residency programs have published evidence of improving competency and confidence in nursing practice through the first year. However, the complete lack of a consistent and standardized infrastructure within New Mexico results in individual schools and facilities unable to cohesively attack the issues. Pre-identification of knowledge gaps would improve the NCLEX pass rate as one example. Each year approximately 100 successfully graduating students do not pass the NCLEX on the first attempt, and statewide there is no consistency among schools for a program of remediation. NM BON just funded a pilot program to formally assist such students in successfully completing their NCLEX.

Other states, such as Hawaii and Colorado have struggled for years to address issues with funding, yet ongoing funding alone was not enough. None of the schools report funds to pay for the student fee to pay for the comprehensive infrastructure. The subcommittee proposes a three-year pilot, potentially funded by an appropriation OR BON surplus to add standardized processes. There is exhausting redundancy in nursing education around meeting compliance requirements.

VII. WHAT FOLLOWS IN THESE SECTIONS ARE THE DETAILED SUMMARY WITH REFERENCES

Subcommittee A – Topic 1: Safe Harbor

The **New Mexico Safe Harbor for Nurses Act**, enacted in 2019, establishes a statutory process that allows registered nurses (RNs) and licensed practical nurses (LPNs) to raise concerns when they believe an assignment may jeopardize patient safety or place their nursing license at risk, while protecting them from disciplinary action or employer retaliation when acting in good faith (New Mexico Legislature, 2019). Before its enactment, Texas was the only state with a similar law. Implementation was hindered by the COVID-19 pandemic, which likely delayed education and consistent adoption across New Mexico healthcare facilities.

Safe Harbor is **not a staffing law**. Instead, it provides a structured process for nurses to report concerns when they believe they lack the knowledge, skills, competency, resources, or support needed to safely carry out an assignment; when changing patient conditions create an unjustifiable risk of harm; when an assignment may violate the Nursing Practice Act or Board of Nursing rules; or when they question the medical reasonableness of a provider's order (New Mexico Legislature, 2019).

The Act requires healthcare organizations to establish a process that includes supervisor notification, written documentation, post-occurrence review with nursing leadership and staff nurses, documentation of findings, and protection from retaliation when Safe Harbor is invoked in good faith (New Mexico Legislature, 2019). This allows nurses to continue caring for patients while formally documenting safety concerns, strengthening both patient safety and professional accountability.

Although the statutory framework is well established, implementation has varied across healthcare organizations. The law outlines minimum statutory requirements but provides limited guidance on standardized forms, education, documentation, and review processes, resulting in inconsistent implementation statewide. As New Mexico continues to address nursing workforce shortages and increasing patient complexity, consistent implementation of Safe Harbor provides an opportunity to strengthen both nurse retention and patient safety without requiring statutory changes.

A consistent and transparent Safe Harbor process supports a culture where nurses feel heard, protected, and empowered to speak up about patient safety concerns. By focusing on system improvements rather than individual blame, organizations can strengthen psychological safety, improve communication, identify system failures before harm occurs, and promote continuous quality improvement (Edmondson, 1999; Agency for Healthcare Research and Quality, 2023; Institute for Healthcare Improvement, 2022; Murray et al., 2023). Supportive nursing practice environments are also associated with improved job satisfaction, lower burnout, reduced turnover, and stronger recruitment and retention (Aiken et al., 2011).

These recommendations support the goals of **House Memorial 36** by strengthening nurse recruitment and retention, promoting safer work environments, improving organizational accountability, and enhancing patient safety through consistent statewide implementation of the Safe Harbor for Nurses Act.

Recommendations

1. Standardize Safe Harbor implementation.

The **New Mexico Board of Nursing (NM BON)** should promulgate administrative rules that clarify the intent and implementation of the Safe Harbor for Nurses Act. As the regulatory authority responsible for nursing licensure, education, scope of practice, competency, and standards of nursing care, the NM BON is best positioned to provide consistent statewide guidance (New Mexico Board of Nursing, n.d.).

Standardized guidance would promote consistent implementation across healthcare organizations while reducing uncertainty for nurses and employers regarding Safe Harbor expectations and processes.

2. Develop standardized statewide education.

The **NM BON**, in collaboration with the **New Mexico Organization of Nurse Leaders (NMONL)** and the **New Mexico Nurses Association (NMNA)**, should develop standardized statewide education on Safe Harbor. Educational efforts should address:

- the purpose and intent of Safe Harbor;
- circumstances under which Safe Harbor may be invoked;
- documentation requirements;
- employer responsibilities;
- statutory protections against retaliation; and
- the role of Safe Harbor in promoting patient safety, professional accountability, and organizational improvement.

Consistent education will improve understanding among nurses, nurse leaders, and healthcare organizations while promoting a culture that encourages early identification of system issues.

3. Incorporate Safe Harbor into facility quality oversight.

The **New Mexico Health Care Authority (NM HCA)** should promulgate rules setting the expectation that all health care entities subject to their jurisdiction implement the Safe Harbor for Nurses Act, including that their processes and procedures are consistent with the Nursing Practice Act. Throughout the hospital licensing rule there are references to the Nurse Practice Act and hospitals are expected to comply with other statutes and regulations that they list.

Abbreviations

Abbreviation	Definition
HM 36	House Memorial 36
LPN	Licensed Practical Nurse
NM BON	New Mexico Board of Nursing
NM HCA	New Mexico Health Care Authority
NMNA	New Mexico Nurses Association
NMONL	New Mexico Organization of Nurse Leaders
NPA	Nursing Practice Act
RN	Registered Nurse
SH	Safe Harbor

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Subcommittee A - Topic 2: Workplace Violence

Purpose/Goal for this Topic:

The physical, psychological and emotional safety of nurses is linked to better patient care outcomes and care experience (Institute for Healthcare Improvement (IHI), n.d.). The IHI recognizes that effective collaboration and communication in the workplace relies on the well-being of the staff members (ANA, 2025). To create a safe work environment, a comprehensive policy with evidence-based interventions must be installed within all types of health care facilities. Along with effective interventions to prevent and control workplace violence, there needs to be commitment from employers, employees, and public health agencies to implement and evaluate these interventions. "Creating an environment that promotes a culture of safety and dignity is necessary to prevent workplace violence" (ANA, 2025).

The shared goal is to create a workplace environment that is safe for nurses, other health care workers, patients, and visitors.

The California OSHA program is an example of a such an approach (links attached).

Recommendations:

1. Recommend that the legislature require the New Mexico Environment Department [note: occupational health and safety bureau] promulgate and adopt workplace violence prevention regulations for healthcare settings that are developed in consultation with healthcare stakeholders, including healthcare providers, hospitals, and labor representatives, and to develop model policies and compliance resources to support effective implementation of the standards in all healthcare settings.
2. Recommend that the timeframe for implementation, while urgent, consider the available resources for smaller, rural hospitals who may need more time.
3. Recommend that the New Mexico Environment Department [note: occupational health and safety bureau] provide an annual report to the Legislative Health and Human Services Committee documenting the development and implementation of the regulations through 2029 (or some other date).

Links:
Frequently Asked Questions about Workplace Violence Prevention in Health Care FAQ
Workplace Violence Prevention in Health Care Fact Sheet

Subcommittee A - Topic 3: Support for Nurses with Substance Use Disorder (SUD)

Purpose/Goal:

Substance use disorder among nurses occurs at rates comparable to those of the general population, affecting an estimated 10–18% of individuals during their lifetime (Schimmels et al., 2023). As such, SUD represents a significant workforce and patient safety issue within the nursing profession.

It is essential to promote patient safety while supporting nurse recovery through evidence-based, non-punitive approaches that encourage treatment and successful return to practice when appropriate (Searby et al., 2025; Schimmels et al., 2023).

Reducing stigma and encouraging early self-reporting and help-seeking behaviors are critical, as many nurses delay seeking assistance due to concerns about disciplinary action, employment consequences, or professional stigma (Schimmels et al., 2023; Shuster, 2021).

Nurses demonstrate high rates of successful recovery and treatment outcomes when provided timely access to appropriate support and monitoring programs (Searby et al., 2025; Shuster, 2021).

Current approaches to SUD among healthcare professionals vary by profession and employer. Increased awareness of alternative-to-discipline pathways and ADA considerations may help organizations develop more consistent and supportive responses (Searby et al., 2025; Schimmels et al., 2023).

Recommendations:

1. Provide education through NMHA, NMHCA, and NMONL for CNOs and DONs regarding substance use disorder, the Alternative to Discipline (ATD) Program, and Americans with Disabilities Act (ADA) considerations.

2. Encourage CNOs and DONs to invite the ATD Program Manager to provide facility-based education and support ongoing participation in NMONL and NMHCA conferences.

3. Provide education through NMHA and NMHCA for Human Resources and Risk Management leaders regarding substance use disorder, the ATD Program, and ADA considerations.

4. Develop a model organizational policy template outlining response processes, Board of Nursing reporting considerations, ATD participation pathways, and return-to-work/reintegration guidance following treatment and monitoring.

Definitions:
SUD = Substance Use Disorder
ATD = New Mexico Board of Nursing Alternative to Discipline Program
NMHA = New Mexico Hospital Association
NMHCA = New Mexico Health Care Association
NMONL = New Mexico Organization of Nurse Leaders
CNO = Chief Nursing Officer
DON = Director of Nursing
ADA = Americans with Disabilities Act

References:

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Subcommittee A – Topic 4: Expungement

Topic 4 - Expungement

Purpose/Goal:
Past Board disciplines are often viewed as a barrier to graduate school enrollment or hireability in some health care systems. Other states (below) have passed legislation authorizing nursing boards (and other boards) to evaluate the past disciplines for impact on graduate school enrollment or hireability. These prior Board disciplines are being assessed nationally as a barrier to nurse advancement.
While New Mexico has laws that provide guidance on a pre-determination evaluation for criminal infractions, Board disciplines are not addressed.

Recommendations:

1. Authorize the NM BON to create a process for expungement similarly to another example state that is not in opposition with New Mexico state laws.

2. Authorize a reasonable fee for this review.

Legislation from other states:

IL	S3666	Re-evaluates disciplinary outcomes; confidential and remove from public view if 10 or more years since event.
NH	S470	Low level disciplines may be eligible for expungement if certain restrictions are met after 7 years by petition.
AZ	H2408	Many parts to the bill, expungement of some disciplines after time and no further infractions.

Subcommittee A – Topic 5- Meal Break Requirements

Purpose/Goal:

The purpose of this recommendation is to promote employee well-being, patient safety, and workforce sustainability by ensuring healthcare workers receive regular meal and rest breaks during their shifts, including a minimum 30-minute meal period and paid rest breaks at defined intervals, while recognizing limited exceptions for emergencies and patient care needs. The proposal also establishes organizational accountability while allowing flexibility through collective bargaining agreements and operational accommodations when uninterrupted breaks are not feasible.

Recommendations:

To strengthen meals and break relief requirements for healthcare settings. Examples from other states such as Colorado, Washington, and Oregon were reviewed and provide helpful guidance for New Mexico.

Legislation from other states:

CO	7 CCR 1103-1	Employees working more than five consecutive hours must receive an uninterrupted 30-minute meal break, relieved of all duties; however, when uninterrupted breaks are impractical, they may take a paid on-duty meal period without loss of compensation. Employees are also entitled to a paid 10-minute rest break for every four hours worked (three breaks on a 12-hour shift), with limited exceptions for certain unionized and Medicaid-funded direct care workers, who must still receive rest periods averaging at least 10 minutes per four hours worked and no less than 5 minutes in every four-hour period.
OR	OAR 839-020-0050	Employees working 6 to 8 hours must receive one 30-minute meal break during which they are fully relieved of duties; if they are required to work, the meal period must be paid. For a 12-hour shift, employees receive three paid 10-minute rest breaks, and hospitals may face enforcement actions, including a $200 penalty to the complainant, for missed breaks unless specific statutory exceptions or collective bargaining provisions apply.
WA	RCW 49.12.480	This healthcare-specific law applies to employees providing direct patient care or clinical services in state-licensed hospitals and requires a 30-minute meal break between the second and fifth hour worked, plus a paid 10-minute rest break for every four hours worked, with limited exceptions for emergencies or unforeseeable clinical circumstances. Healthcare facilities must report compliance quarterly, maintain at least 80% break compliance, prohibit retaliation against employees who take breaks, and may face state investigations and financial penalties for noncompliance.

II. Subcommittee B – Barriers to nursing educational slot expansion

1. Nursing Program Cost Analysis
2. Ops Issues – Pre-licensure
3. Ops Issues – Graduate/APRN

Subcommittee B - Topic 1: Cost of Nursing education

Opportunity:

New Mexico's nursing workforce has faced a persistent and, in recent years, worsening gap between the supply of licensed and practical nurses and the demand reflected in job postings, employer vacancy reports, and projected retirements. Recent data indicates the gap has widened further since the pandemic. The 2023 New Mexico Health Care Workforce Committee (NMHCWC) report cited a 2021 shortfall of 6,124 nurses statewide (NMHCWC, 2023). By September 2024, testimony to the Legislative Health and Human Services Committee from the New Mexico Hospital Association placed open nursing positions at 8,800, up from just over 6,000 the previous year, with the association's president and CEO stating that workforce conditions were “definitely not going in the right direction” (Dunlap, 2024, para. 3). Longer-range projections are similarly pessimistic: The 2024 Health Care Workforce Report projects a shortfall of more than 5,140 nurses by 2035 (Think New Mexico, 2024), a figure closely matched by an independent Health Resources and Services Administration (HRSA) projection showing New Mexico's nursing supply meeting only about 81% of projected 2034 demand (Richards, 2024).

New Mexico schools of nursing have risen to the challenge, contributing significantly to the 11,233 new NM-resident nursing licenses issued between the years of 2020 and 2025 (NMBON Governors’ Reports, 2020, 2021, 2022, 2023, 2024, and 2025). The Legislature was incredibly generous to nursing in FY23

with the disbursement of $15M in Nurse Expansion funding. State-funded schools with nursing programs received between $415,600-$1,279,900 to expand slots for pre-licensure nursing students, develop tutoring to help students pass the licensure exam, recruit secondary students to our programs, retain nursing faculty, and to expand clinical sites to rural communities with stipends for students (Office of the Governor of New Mexico, 2022 August 8).

While receiving the funding helped every program, the deliverables listed were robust, particularly the one directing programs to expand seats. In 2026, one of the urban NM community college programs explored the actual costs of instruction as compared to the revenue that hosting the nursing program generates. The results were sobering; it costs that college approximately $40,000 to administer four (4) semesters of associate degree prelicensure education to a single student (non-nursing classes were excluded from the calculations). Comparatively, this same college collects $7,077 in tuition and fees from the students to attend. This represents about 17.5% of the full costs to instruct the student. This program admits 96 students thrice annually (288/year). At full enrollment, that represents an $11,520,000 cost and only a $2,038,176 of relief (a $9,481,824 deficit). This same college has gratefully received the additional $1.4M in ongoing funding awarded to its governing organization's Instruction and General fund, it is $8M shy of the actual costs for the existing students; expanded slots not even considered. It is for these reasons that this committee is also requesting commitment and confirmation that 100% of these I&G funds are placed in nursing cost centers for use by the program administrator and not diverted to other college initiatives.

Recognizing that our state-funded post-secondary schools receive per-student money based on varied student characteristics (demographics, first-time-full-time, first-generation attendees, etc). While there are additional funds moved back to the colleges through the New Mexico Department of Higher Education's Funding Formula, it is highly doubtful that this or any New Mexico community college is receiving $30,000+ per nursing graduate. This pricing exercise also fully explains the tuition models used by the proprietary, private colleges operating in the state. The primary difference is that they can charge not only the actual costs of education, they can also charge a substantial profit.

The disparity between cost and revenue can restrict the college or university from being as nimble as the community would want, especially as we try to draw in new industries to our state. If NM colleges only offered nursing and allied health programs, this might be an ongoing and workable model for nursing. Instead (and rightfully so), our colleges and universities are preparing the future workforce to support <u>all</u> types of New Mexico industry. This means that expensive programs like nursing are currently being significantly subsidized by all student tuition, not just what is being paid by the nursing student.

Colleges have historically weathered the gap between the cost of a nursing program and the revenue generated for several significant reasons. Nursing programs typically post unusually strong return-on-investment (ROI) numbers which pull up institutional numbers. A 2024 Foundation for Research on Equal Opportunity analysis of nearly 17,000 associate degree and certificate programs nationally found that registered nursing programs consistently produced high ROI, in contrast to many liberal arts programs, which often showed negative returns once completion rates were factored in (Cooper, 2024). Because ROI is increasingly a metric legislators, accreditors, and rating systems use to evaluate whole

institutions, not just single programs, a strong nursing program can meaningfully improve a college's aggregate outcomes reporting (Community College Daily, 2024). Nursing and allied health programs also attract external funding that a college can leverage more broadly. While these factors still exert influence, current events are weakening the impact that nursing has on the college bottom line. Fewer students are seeking nursing careers which reduces the student pipeline in the college door. Grants that were once abundant have been placed on hold or eliminated altogether. We do not want to be in a situation where a college has to choose between offering nursing or quantum.

Nursing programs are poised to grow; doing so will require substantial and ongoing fiscal and operational support.

Recommendations:

1. Request a detailed independent analysis by the LFC of nursing program operational costs and current dollars from the opportunity scholarships. Request the same from out of state programs operating in New Mexico.
2. Ensure that nursing schools are receiving the full amounts intended from the Legislation, recently moved from RPSP to I&G.
3. Authorize a working group of hospital association leadership, other health care facility association leadership, nursing program educators, and health care organizations to discuss meaningful, sustainable, and effective partnerships to help with the fiscal deficits associated with instruction.

D.

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Subcommittee B - Topic 2: Clinical Operations Issues – Prelicensure

Problem:
Nationally shortages in the health care workforce have led to a plethora of educational program expansion. Nursing is certainly the largest profession, consequently seeing the largest and most rapid expansion. For example, among APRN programs 2015 saw 15,000 students seeking clinical sites; by 2025 that number increased to 40,000 students seeking clinical sites (NCSBN APRN study). At the same time, the United States is seeing hospital closures or service reductions at many hospitals (closure of obstetric services). A decreased birth rate has resulted in limited exposure to pediatric clinicals for many programs. The competition for clinical sites is now unprecedented.
New Mexico Board of Nursing is receiving multiple requests and applications for schools from outside the state. The practice site for these clinicals is usually Bernalillo county, but other New Mexico cities are also feeling pressure. For example, the NMSU anesthetist program is competing with Emory-Georgia, University of Arizona, and South Dakota for clinical sites in New Mexico. Hospitals are seeing intensive competition for those clinical slots, a direct barrier to expansion.
Additionally, many schools from outside the state lack any “brick and mortar” presence in the state. The ability for the NM board of Nursing to complete surveys and monitor quality is impeded. In the last revision of the NM Nursing Practice Act, the BON was tasked with monitoring clinical placement sites. Despite a web-based application, it is difficult to manage, largely manual in nature, and requires additional faculty time to enter data. Regional clinical placement groups are still working between facilities and schools. Outside schools often circumvent this system, and in fact there is no way for the NM BON to know of their presence unless alerted by a facility.
Nursing faculty shortages that are well documented (See Subcommittee C) can be improved with creative joint programs between hospital clinical experts and innovative educational programs.

Recommendations:

1. Create a two-year pause for new pre-licensure (undergraduate) nursing schools outside New Mexico while their quality is evaluated and a survey mechanism can be established.
2. Evaluate vendors for an integrated clinical placement system that would be piloted by the NM BON. Additionally, the review of programs in other states has shown an increase in identified clinical options of 25% (Arizona).

3. Authorize the ability for the BON to levy a significant fine for schools from out-of-state that have not been approved. At present the NM BON can maximally fine an unapproved out-of-state school for $1000.00.
4. Ensure that nursing schools are receiving the full amounts intended from the Legislation, recently moved from RPSP to I&G.
5. Authorize a working group of hospital association leadership, other health care facility association leadership, nursing program educators, and health care organizations to discuss meaningful, sustainable, and effective partnerships to help with the fiscal deficits associated with instruction. Topics for collaboration:
    a. Support for human resource employment programs for students to prepare for NCLEX;
    b. Study successes from innovative clinical site programs;
    c. Evaluate options such as joint appointments for clinical educators and/or graduate program access to prepare nurse educators;
    d. Facilitate early entry for nursing students into other limited employment work roles to support health care facilities (PCT, CNA, CMA, etc.) and student transition;
    e. discuss how in-kind contributions of supported time, space and clinical expertise in healthcare facilities and assistance from educational facilities can be mutually beneficial.
    f. Ensuring that 100% of nursing students get appropriate EHR access in all settings.

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Subcommittee B - Topic 3: Clinical Operations issues – APRN Graduate

Problem:
Nationally shortages in the health care workforce have led to a plethora of educational program expansion. Nursing is certainly the largest profession, consequently seeing the largest and most rapid expansion. For example, among APRN programs 2015 saw 15,000 students seeking clinical sites; by 2025 that number increased to 40,000 students seeking clinical sites (NCSBN APRN study). At the same time, the United States is seeing hospital closures or service reductions at many hospitals (closure of obstetric services), and a decreased birth rate has resulted in limited availability of some clinical experiences for APRNs. The competition for clinical sites is now unprecedented.
Over half of all nurse practitioners are family nurse practitioners (AANP, 2025). Certification pass rates for family nurse practitioner candidates have decreased since 2018, and experts have attributed this to 1) expansion in FNP education programs with differing requirements and delivery methods, and 2) an increasingly shifted burden to students to locate their own preceptors, leading to less than optimal clinical experiences (Advanced Practice Education Associates, 2024). Online master's nursing degrees have lower graduation rates (50-75%), although rates vary and are as high as 85% for top-tier

programs, and employer confidence in graduates of in-person vs. online degree programs is higher (Bouchrika, 2026). New Mexico Board of Nursing currently has no oversight or knowledge of the various advanced practice registered nurse practitioner programs in the state. However, many of the APRN programs within NM public universities are reporting that NM students are unable to be placed in clinical sites due to the rapid increase of external schools. As an example, New Mexico State University's CRNA program is competing with CRNA students from South Dakota, Georgia, Arizona and in neighboring Texas, Tennessee. Of interest, Tennessee has passed a two-year moratorium on schools outside Tennessee placing students in their state. Proprietary schools charge much higher tuition rates and are now paying preceptors directly. Hospitals are seeing intensive competition for those clinical slots, a direct barrier to expansion. The NM BON is unable to report the number of graduate nursing programs in the state from out-of-state schools, nor their quality, cost and success metrics.

The Commission on Collegiate Nursing Education (CCNE) requires accredited programs to maintain direct institutional responsibility for clinical site oversight, ensuring site adequacy, formal affiliation agreements, and structured preceptor monitoring. The American Association of Nurse Practitioners (AANP) also affirms that high-quality NP education requires nationally accredited graduate programs that provide supervised clinical experiences demonstrating competency, and that such programs are responsible for ensuring students complete competency-based clinical experiences and should maintain organized, sustainable clinical placement infrastructure commensurate with student enrollment, including the recruitment, support, and retention of qualified preceptors and clinical partners. Alabama, Georgia, Louisiana, Maryland, Oregon, Pennsylvania, South Dakota, Tennessee, and Texas have explicit statutory/regulatory authority to approve in-state APRN/graduate nursing programs at the program level, and several of those defer to national accreditation for ongoing approval. Illinois is joining this group effective September 1, 2026. Nebraska has a separate APRN board to approve programs.

The National Council of State Boards of Nursing (NCSBN) and other national nurse professional organizations have also recommended that policy makers incentivize preceptor participation in APRN clinical education (Goldstein, et al., 2026; NCSBN, 2022). See Table 1, below of preceptor credits in other states) or in the form of a New Mexico recreational credit providing free admission to state parks, etc.

Recommendations:

1. Create authority for the NM BON to approve or deny out-of-state graduate nursing schools to operate in New Mexico, based on schools' clinical quality.
    a. Some states allow new graduate RNs to enter nurse practitioner school without clinical experience.
    b. Some states allow nurse practitioner schools to function 100% on-line.
    c. Some states allow nurse practitioner schools to use much less qualified faculty, and in a recent APRN roundtable conducted by the National Council State Boards of Nursing, the quality suffers.
    d. Create authority for the NM BON to track out-of-state graduate nursing schools' clinical placement volume. The NM BON is unable to report the number of graduate nursing programs in the state from out-of-state schools, nor their quality and success metrics.
2. Authorize the ability for the BON to levy a significant fine for schools from out-of-state that have not been approved. At present the NM BON can maximally fine an unapproved out-of-state school for $1000.00.
3. Strengthen APRN program responsibility for clinical placement. APRN educational programs utilizing New Mexico clinical sites should maintain sufficient clinical placement infrastructure to support the number of students they enroll. Programs should assume primary responsibility for recruiting, vetting, supporting, and sustaining qualified preceptors and clinical partnerships rather than relying primarily on students to independently secure clinical

placements. Programs should ensure that all admitted students have access to the clinical experiences necessary to meet graduation requirements without requiring students to independently secure or pay to obtain clinical placements or
to incur additional tuition or fees resulting from delays in clinical placement outside the student's control.

4. Create a state credit incentive for APRNs and other direct care providers to incentivize precepting APRN students (providers are not paid to precept students). This credit could be in the form of a tax credit or educational credit.

E.

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Table 1. Comparison of State Preceptor Incentive Policies

State	Year Enacted	Program Type	Incentive Details	Eligibility	Target Areas	Status/ Notes
Alabama[a]	2023	Tax credit (APTIP).	$500 per 160-hour rotation for physicians (max $6,000/year); $425 for NPs, CNMs, CRNAs, PAs (max $5,100/year).	Community-based preceptors.	Rural and underserved areas.	Administered by Alabama Area Health Education Center (AHEC).
Arizona[b]		Grant program.	$1,000 grant per fiscal year.	Preceptors licensed in Arizona; must precept ≥4 weeks.	Statewide.	Administered by Arizona Nurses Association.
Colorado[h]	2016, H.B. 16-1142	Credit against state income tax	Authorizes a $2,000 tax credit for each supervised rotation, no to exceed $6,000 per year	Preceptors: dentist, physician, APRN, pharmacist, psychologist	Rural & frontier areas	Up to 300 credits per year, first come first served, administered by state.
Georgia[h]	2014, 2019, S.B. 391	Tax credit for physicians, APRNs, PAs providing clerkships to NPs and others	$375 for 1srt, 2nd & 3rd; and $750 for 4th-10th 160-hour rotations in calendar year for APRN & PAs	Training of a medical students, APRN and PA students	Georgia-based student programs	Georgia Dept of Revenue or local Area Health Education Centers (AHEC)
Hawaii[h]	2018, H.B. 1967, S.B. 2298	Tax credit for PA & APRN preceptors	Authorizes a $1,000 tax credit for each supervised rotation, no to exceed $5,000 per year	Preceptors: dentist, physician, APRN, pharmacist, psychologist	Statewide. Hawaii residents with a practice in the state, excludes paid faculty.	Hawaii Preceptor Tax Credit Program
Maryland[c]	**2016**	Tax credit.	State income tax credit.	Preceptors for medical doctor or NP students in workforce shortage areas.	Rural and underserved areas.	Established by Senate Bill 411 / House Bill 1474.

State	Year Enacted	Program Type	Incentive Details	Eligibility	Target Areas	Status/ Notes
Massachusetts[d]		Proposed Tax Credit (H3218).	$1,000 per student rotation (up to $5,000/year).	Uncompensated licensed health care professionals completing ≥3 rotations.	Workforce shortage areas.	Legislation pending approval.
Minnesota[e]		Stipend + support program.	Direct stipends + professional development and recognition.	Clinicians precepting NP students for 12 weeks or 480 hours per year.	Workforce shortage areas.	Collaborative effort with nursing organizations and state policymakers.
South Carolina	2019, S.B. 314	Tax credit for MDs, APRNs, PAs	Minimum 2 rotations in a calendar year, higher credit for higher % uninsured or Medicaid/Medicare,max. $4,000/year	For an eligible S.C. public or independent teaching institution, without pay		State: South Carolina Form TC-62
Tennessee[f]		Grant-based stipend program.	Stipends for preceptors of all nursing students.	Nurses in rural health.	Rural health.	Funded by public and private sources.
Virginia	2020, H.B. 30, 2021, HB 1800, 2022 HB 30, 2023, HB 133	Tax credit,	$425-$500 per rotation, max. $5,000-$6,000 (higher for MDs)	MD, dentist, optometrist, APRN, PA,	Rural and underserved	Preceptor Tax Incentive Program
Washington[g]		Tax credit.	Grant for preceptors of all nursing students.	Any nurse precepting nursing students for at least 80 hours per term.	All areas.	Legislative grant funding.

[a]Alabama Statewide AHEC Program Office, n.d.
[b]Arizona Nurses Association, n.d.
[c]Maryland Department of Health, 2025; Maryland General Assembly, 2016.
[d]Massachusetts General Court, 2025.
[e]MInnesota Legislature, 2022; Minnesota Department of Health, n.d.
[f]Tennessee Center for Health Workforce Development, n.d.; Tennessee Hospital Association, 2025.

[g]Washington State Board of Nursing, n.d.
[h]American Association of Nurse Practitioners (AANP). (2023).

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III. Subcommittee C - Barriers to nursing school enrollment and retention

1. Barriers for Students and Faculty
2. Pre-determination
3. Repetitive Workload Elimination

Subcommittee C – Topic 1: Barriers for Nursing Students and Faculty

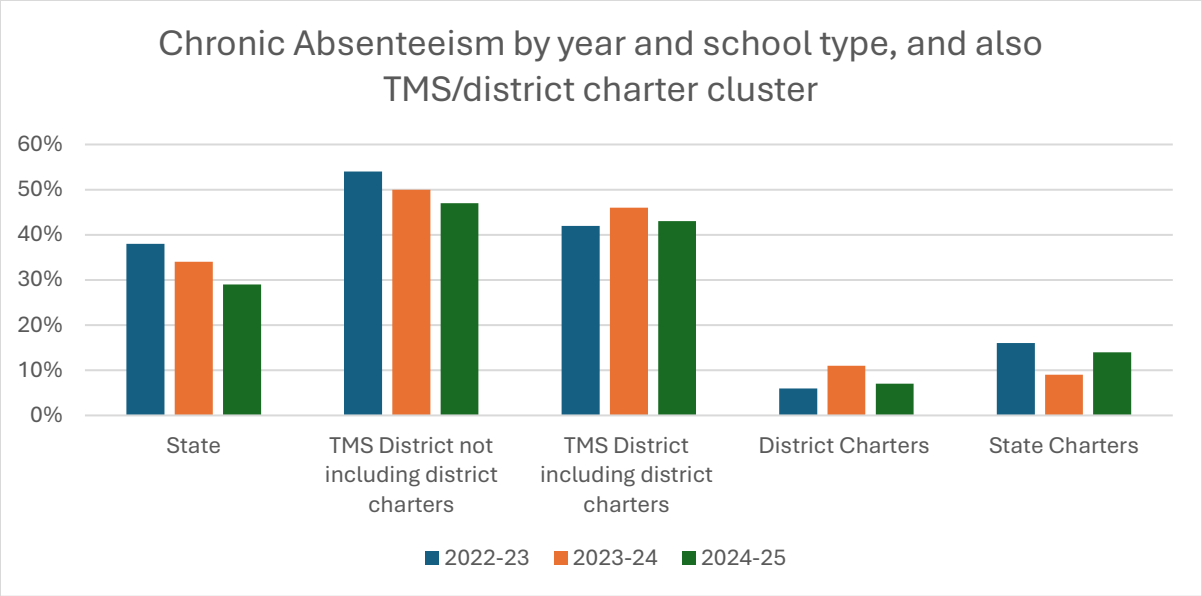
Overview

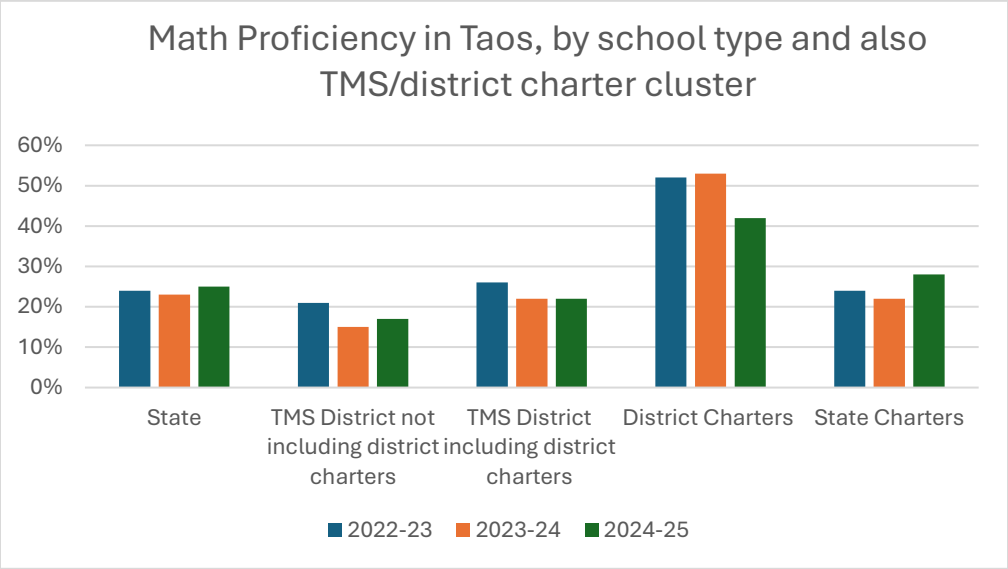
Barriers to nursing school enrollment and retention in New Mexico are systemic, cumulative, and pipeline-driven, beginning with K–12 academic preparation and extending through financial access, program capacity, and student persistence factors. These barriers reduce both the size of the applicant pool and the ability of students to successfully complete nursing programs, requiring coordinated, multi-level policy responses.

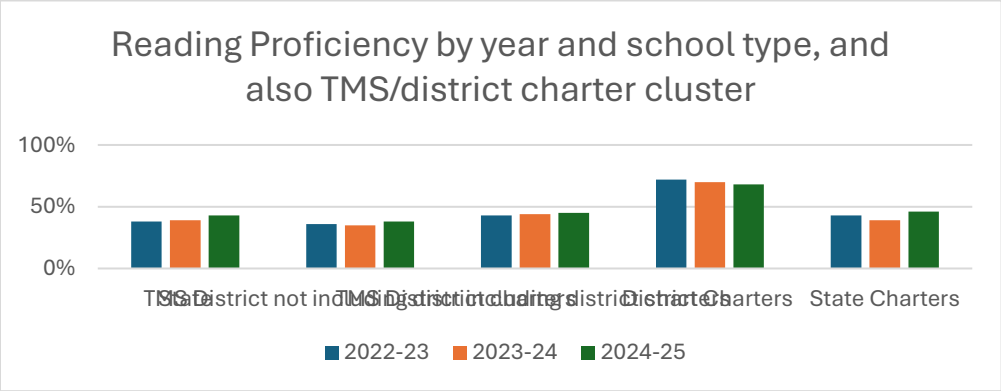
1. Academic Readiness and Pipeline Constraints

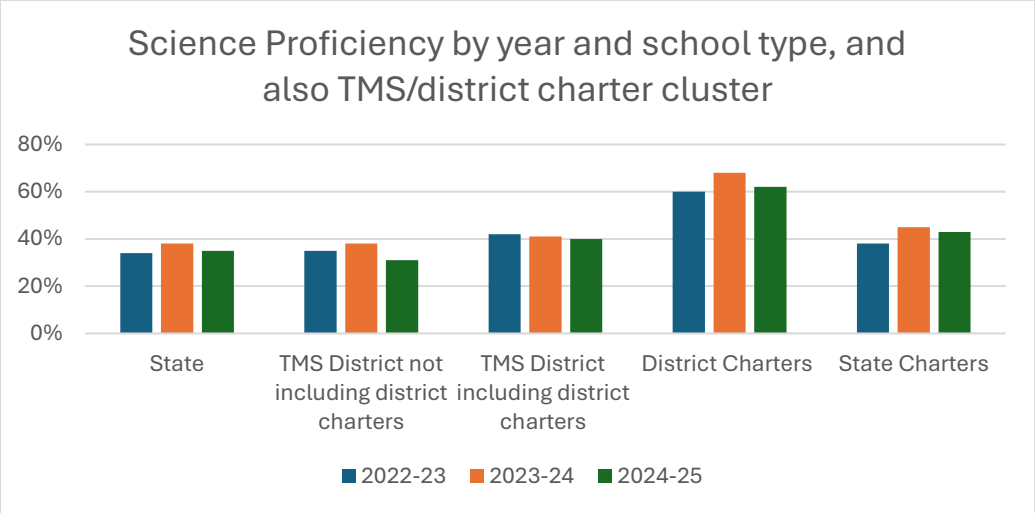
The most significant barrier to nursing enrollment originates in **K–12 academic readiness**.

- Only **25% of New Mexico students demonstrate proficiency in math**, limiting eligibility for prerequisite coursework.
- **Science (35%) and reading (43%) proficiency** further constrain readiness for nursing curricula.
- Average **State chronic absenteeism rate 34%,** [Example: Taos District not including charter schools 50%; Taos District Charter 8% and State Charter 13%] (NM Vistas, graphs)
- Achievement gaps among **economically disadvantaged, Native American, and English learner populations** reduce the diversity and size of the applicant pool.


Chronic Absenteeism by year and school type, and also TMS/district charter cluster
60%
50%
40%
30%
20%
10%
0%
State
TMS District not including district charters
TMS District including district charters
District Charters
State Charters
2022-23
2023-24
2024-25


Math Proficiency in Taos, by school type and also TMS/district charter cluster
60%
50%
40%
30%
20%
10%
0%
State
TMS District not including district charters
TMS District including district charters
District Charters
State Charters
2022-23
2023-24
2024-25


Reading Proficiency by year and school type, and also TMS/district charter cluster
100%
50%
0%
State
District Charters
State Charters
2022-23
2023-24
2024-25



Impact:

Upon admission to college or university, students often require remediation before starting prerequisite coursework, delaying or preventing entry into nursing programs.

Policy Recommendations:

- Expand targeted **math and science readiness initiatives** aligned with health careers.
- Fund a **public education initiative/ public service announcements** aimed at raising expectations among parents and children regarding the value and attainment of education.
- Increase access to **dual credit health pathway courses**, especially in rural areas.
- Fund **bridge and summer preparatory programs** focused on prerequisite success.

Expected Outcome:

Improved academic readiness and increased numbers of students eligible for nursing degree pathways.

2. Financial Barriers to Enrollment and Retention

Financial barriers remain one of the most significant obstacles to recruiting and retaining nursing students in New Mexico. The cost of nursing education extends well beyond tuition and fees and disproportionately affects students from rural, frontier, Tribal, low-income, and other underrepresented communities. Financial hardship delays enrollment, reduces academic success, contributes to student attrition, and limits New Mexico's ability to produce the nursing workforce needed to meet current and future healthcare demands.

a. Broad Financial Barriers

Nursing students incur substantial educational and living expenses throughout their programs, many of which are unique to nursing education. In addition to tuition and fees, students are responsible for textbooks, uniforms, technology, clinical supplies and equipment, transportation, background checks, drug screening, immunizations, CPR certification, licensing examinations, and other clinical compliance requirements. These expenses can create significant financial hardship, particularly for students with limited financial resources.

Many nursing students must maintain employment while enrolled to meet basic living expenses. Balancing employment with the rigorous academic and clinical demands of nursing programs increases stress, reduces academic performance, and contributes to delayed progression and attrition. Students who reduce work hours or leave employment to attend full-time nursing programs may also lose employer-sponsored health insurance and other employment benefits. Furthermore, extensive unpaid clinical experiences limit students' ability to earn income during the most demanding phases of their education.

b. Second-Degree Nursing Student Barriers

Second-degree nursing students—including those enrolled in Associate Degree in Nursing (ADN), Dual Degree ADN/BSN, Accelerated BSN, and Direct-Entry Master of Science in Nursing (MSN) programs—represent one of New Mexico's greatest opportunities to rapidly expand the nursing workforce. Because these individuals have already completed a bachelor's degree or higher, they can often enter the workforce in significantly less time than traditional nursing students. Despite this advantage, they face unique financial barriers that frequently discourage enrollment.

Common barriers include:

- Significant educational debt from a previous degree.
- One to two years of prerequisite coursework that often must be completed without access to financial aid because students are enrolled part-time or are seeking prerequisite courses only.
- Ineligibility for the New Mexico Lottery Scholarship and Opportunity Scholarship because they already possess a prior degree.
- Limited eligibility for federal financial aid after reaching aggregate federal loan limits.
- Loss of employment income, employer-sponsored health insurance, and other employment benefits while completing intensive full-time nursing curricula.
- Additional expenses associated with prerequisite coursework, entrance examinations, application fees, technology, clinical travel, books, supplies, licensing examinations, and living expenses.

Impact:

Financial barriers discourage qualified applicants from entering nursing programs, delay enrollment and graduation, and contribute to preventable student attrition. These barriers are particularly significant for second-degree students, who represent one of the fastest and most cost-effective pathways for expanding New Mexico's nursing workforce. Without targeted financial investments, many qualified individuals are unable to pursue or complete nursing education, limiting the state's ability to address critical healthcare workforce shortages.

Policy Recommendations:

- Increase state-funded scholarships, stipends, and need-based financial assistance for students enrolled in New Mexico nursing programs.
- Provide state-funded clinical participation and living expense stipends during periods of intensive clinical education to reduce students' reliance on outside employment.
- Establish a state-funded Second-Degree Nursing Scholarship Program to offset tuition and educational expenses for students enrolled in accelerated nursing pathways.

- Create state-funded prerequisite completion grants to cover prerequisite coursework, entrance examinations, application fees, and other pre-admission expenses.
- Expand state-funded loan repayment and loan forgiveness programs for graduates who commit to practicing in rural, frontier, Tribal, border, and other high-need communities.
- Explore state-supported health insurance options for healthcare professional students who lose employer-sponsored coverage while enrolled full-time.
- Provide travel and housing assistance for students completing required clinical experiences in rural and underserved communities, particularly graduate nursing students in nurse practitioner, nurse anesthesiology, and nurse-midwifery programs.

Expected Outcomes:

- Increased enrollment in prelicensure and graduate nursing programs, particularly accelerated and second-degree pathways.
- Reduced financial barriers to program entry and completion.
- Lower student debt at graduation.
- Improved student retention and on-time graduation.
- Increased recruitment of nurses into rural and underserved communities.
- Expanded production of practice-ready nurses to meet New Mexico's healthcare workforce needs.

3. Nursing Education Capacity

New Mexico's nursing education programs consistently produce highly qualified graduates who perform well on licensure examinations and successfully enter the healthcare workforce. Nursing programs across the state demonstrate strong student retention rates and NCLEX pass rates that meet or exceed national accreditation standards. Despite these outcomes, expansion of the nursing workforce is constrained by educational capacity rather than student demand or program quality. Faculty shortages and limited clinical education capacity remain the primary barriers to increasing nursing program enrollment and graduation.

a. Faculty Recruitment and Retention Barriers

The shortage of qualified nursing faculty is one of the most significant barriers to expanding nursing education capacity in New Mexico. Every unfilled faculty position reduces student enrollment capacity, delays graduation of future nurses, and limits the state's ability to address healthcare workforce shortages.

Although New Mexico has invested in programs that support graduate nursing education and nurse educator preparation, recruiting and retaining qualified faculty remains challenging. Salary disparities between academic and clinical practice frequently make faculty positions less financially competitive than clinical employment. In addition, many faculty members assume substantial educational debt to obtain the graduate degrees required for teaching, while managing increasing administrative responsibilities, regulatory requirements, accreditation expectations, and student support responsibilities.

These factors contribute to persistent faculty vacancies, difficulty recruiting experienced clinicians into academic positions, and loss of faculty to higher-paying clinical roles.

b. Clinical Education Capacity Barriers

Clinical education is an essential component of every nursing program and represents another major constraint on workforce production. Student enrollment is limited by the availability of high-quality clinical learning experiences rather than classroom capacity alone.

Limited clinical placement opportunities, particularly in specialty practice settings and rural communities, restrict admissions and may delay student progression toward graduation. Competition for clinical sites has increased as nursing programs, medical schools, physician assistant programs, and other health professions expand enrollment. Rural and frontier communities often have fewer clinical training sites, further limiting opportunities for students to complete required clinical experiences close to home.

High-quality simulation has become an increasingly important strategy for expanding educational capacity and enhancing student learning. However, simulation requires substantial investment in facilities, technology, equipment, faculty training, and ongoing operational support and should complement—not replace—direct patient care experiences.

Impact:

Faculty shortages and limited clinical education capacity prevent qualified applicants from entering nursing programs despite strong workforce demand. These constraints reduce program enrollment, delay graduation, and limit the number of nurses entering New Mexico's healthcare workforce each year. Without strategic investments in educational capacity, the state's nursing shortage will continue despite sustained student interest in nursing careers.

Policy Recommendations:

- Provide tax credits for nurse educators comparable to those available for nurses in direct clinical practice to support recruitment and retention of nursing faculty.
- Increase state funding to recruit, retain, and competitively compensate nursing faculty.
- Expand faculty loan repayment, loan forgiveness, and scholarship programs for nurses who pursue careers in nursing education.
- Support faculty recruitment through state-funded fellowship programs, educator residency models, and transition-to-faculty initiatives for experienced clinicians.
- Invest in simulation laboratories, simulation technology, and faculty development to expand high-quality simulation experiences that complement clinical education.
- Support statewide data collection and workforce planning to identify clinical placement shortages and, where appropriate, implement a coordinated clinical placement system for high-demand regions and specialty practice areas.
- Expand partnerships between academic institutions and healthcare organizations to increase clinical education capacity across the state.
- Provide travel and housing assistance for students completing required clinical experiences in rural and underserved communities.

Expected Outcomes:

- Increased recruitment and retention of qualified nursing faculty.

- Expanded student enrollment capacity across New Mexico nursing programs.
- Increased availability and coordination of clinical education experiences.
- Reduced delays in student progression and graduation.
- Expanded production of practice-ready nurses to meet New Mexico's current and future healthcare workforce needs.

4. Education-to-Workforce Pipeline

Building New Mexico's future nursing workforce requires a coordinated education-to-workforce pipeline that begins in high school and continues through licensure and employment. While interest in nursing remains strong, many potential students encounter barriers before they ever become qualified applicants. Academic preparation gaps, limited awareness of nursing careers, complex admissions processes, and inconsistent educational pathways reduce the number of students who successfully enter nursing programs. Strengthening the nursing pipeline requires coordinated investments across K–12 education, higher education, and healthcare partners.

Specific barriers include:

- Limited exposure to nursing careers and healthcare professions reduces student interest and preparedness, particularly in rural, frontier, Tribal, and other underserved communities.
- Participation in health science career pathways, dual credit opportunities, and career and technical education programs varies considerably across the state.
- FAFSA completion rates remain below desired levels, limiting student access to federal and state financial aid.
- Many prospective students experience delays completing prerequisite coursework because of limited course availability, scheduling conflicts, or transfer credit challenges.
- The cost of prerequisite courses, entrance examinations, application fees, and required documentation creates financial barriers before students are admitted to nursing programs.
- Students often have limited access to academic advising, tutoring, mentoring, and preparation for nursing entrance examinations such as the TEAS and HESI.
- Pathways between Certified Nursing Assistant (CNA), Emergency Medical Technician (EMT), Licensed Practical Nurse (LPN), Associate Degree in Nursing (ADN), Bachelor of Science in Nursing (BSN), and graduate nursing programs are not consistently aligned statewide, resulting in unnecessary duplication and delays.
- Limited statewide data collection and tracking of healthcare career pathways make it difficult to evaluate workforce pipeline outcomes and identify opportunities for improvement.

Impact:

Barriers throughout the education-to-workforce pipeline reduce the number of qualified applicants entering New Mexico nursing programs and delay progression into the nursing workforce. Missed opportunities to recruit and prepare students early in their educational journey contribute to persistent nursing shortages despite continued workforce demand.

Policy Recommendations:

- Expand health science career pathways, dual credit opportunities, and nursing career exploration programs in middle schools and high schools, with particular emphasis on rural, frontier, Tribal, and underserved communities.
- Increase support for HOSA–Future Health Professionals, healthcare career academies, job shadowing, and other experiential learning opportunities that encourage students to pursue nursing careers.
- Develop and implement a statewide nursing workforce recruitment and public awareness campaign to promote nursing as a high-demand, high-impact profession.
- Increase FAFSA completion initiatives and early financial aid counseling to improve student access to federal and state financial assistance.
- Provide state-funded grants to support prerequisite coursework, entrance examination preparation, application costs, and academic readiness for prospective nursing students.
- Standardize and strengthen stackable educational pathways, including CNA-to-LPN, LPN-to-RN, RN-to-BSN, and BSN-to-graduate nursing programs.
- Expand statewide articulation agreements and transfer pathways to reduce duplication of coursework and accelerate student progression.
- Develop a statewide data system to monitor nursing education pathways, including CNA, EMT, LPN, RN, and advanced practice nursing programs, to better inform workforce planning and policy decisions.

Expected Outcomes:

- Increased interest in nursing careers among New Mexico students.
- Larger and more diverse pools of qualified nursing program applicants.
- Improved educational transitions and reduced barriers to program entry.
- More efficient progression through nursing education pathways.
- Earlier entry into the nursing workforce and increased long-term workforce capacity.

5. Student Success and Retention

Student retention is influenced by more than academic performance. Many nursing students leave their programs for preventable non-academic reasons despite demonstrating the academic ability to succeed. Financial hardship, competing family and work responsibilities, mental health challenges, and limited access to support services reduce persistence and delay graduation. Addressing these barriers is essential to increasing the number of nurses entering New Mexico's workforce and maximizing the return on the state's investment in nursing education.

Specific barriers include:

- Many nursing students balance rigorous academic and clinical requirements with employment, family responsibilities, and caregiving obligations.
- Childcare, transportation challenges, housing instability, food insecurity, and unexpected financial emergencies create significant barriers to academic success and program completion.

- The intensity of nursing education, combined with financial strain, burnout, and mental health stressors, contributes to student attrition.
- Limited access to tutoring, academic advising, faculty and peer mentoring, and other student success services reduces persistence and timely degree completion.
- First-generation college students, students from rural and underserved communities, and English language learners may require additional academic and social support to successfully navigate nursing education.
- The demanding schedule of nursing programs often limits opportunities for flexible employment, making it difficult for students to meet basic living expenses while remaining enrolled.

Impact:

Students leave nursing programs for preventable reasons unrelated to academic ability, reducing the number of qualified graduates entering New Mexico's healthcare workforce. Improving student retention is one of the most cost-effective strategies for increasing the nursing workforce because it builds upon investments already made in student recruitment and enrollment.

Policy Recommendations:

- Expand state-funded wraparound student support services, including childcare, transportation assistance, housing support, food assistance, and emergency financial aid.
- Increase funding for tutoring, academic advising, faculty and peer mentoring, learning support services, and evidence-based student success initiatives.
- Invest in accessible mental health, wellness, resilience, and stress management programs designed to address the unique demands of nursing education.
- Provide funding to nursing programs to strengthen retention initiatives for first-generation college students, students from rural and underserved communities, and other populations with historically lower completion rates.
- Encourage innovative scheduling, student support models, and academic success programs that improve persistence while maintaining educational quality.

Expected Outcomes:

- Improved student retention and on-time graduation.
- Reduced attrition related to financial, personal, and non-academic barriers.
- Improved student well-being and academic success.
- Increased educational equity and nursing workforce diversity.
- Expanded production of practice-ready nurses to meet New Mexico's healthcare workforce needs.

Subcommittee C - Topic 2: Predetermination Rule

Purpose/Goal:
Past legal entanglements are often viewed as a barrier to school enrollment due to NCLEX and licensure for potential nursing students. Other states have passed legislation authorizing nursing boards (and

other boards) to evaluate the past legal entanglements for impact on nursing or other school enrollment, NCLEX, and licensure (see table below).
New Mexico has laws that provide guidance on a pre-determination evaluation:

- Criminal offenders Employment Act NMSA 1978, § 28-2-4 and HB 131.

Recommendations:

1. Authorize the NM BON to create a policy and process on Predetermination in line with state laws.
2. Authorize a reasonable fee for this review.

Legislation from other states:

MD	H557	Predetermination from a state agency on the disqualification of a criminal history from nursing licensure.
KY	H185	Predetermination from a state agency on the disqualification of a criminal history from nursing licensure.
IL	S3666	Re-evaluates disciplinary outcomes; confidential and remove from public view if 10 or more years since event.
NH	S470	Low level disciplines may be eligible for expungement if certain restrictions are met after 7 years by petition.
AL	S138	May license if criminal history is unrelated to the professional role in which they will be licensed.
AZ	H2408	Many parts to the bill, expungement of some disciplines after time and no further infractions.
GA	S207	No automatic denials based on criminal history, provides for a hearing

Smf:6/12/2026

Subcommittee C: Topic 3 - Repetitive Work/Administrative Burden

Problem Statement

Nursing programs across the state are faced with administrative burden and duplication of health compliance and clinical onboarding processes. Nursing faculty and students are frequently required to complete extensive health compliance documentation and institutional onboarding requirements for each individual clinical agency utilized by their educational program.

Students and faculty often teach in multiple healthcare systems or at multiple educational institutions simultaneously and may be required to complete repetitive onboarding processes at each facility despite holding an active nursing license and having already completed equivalent training through their employing institution or other clinical agency. For example, an Albuquerque student over the course of their multi-year program may have to complete HIPAA modules for five different facilities.

Examples of duplicative requirements may include:

- Annual bloodborne pathogen training

- HIPAA and patient privacy training
- Fire and life safety training
- Workplace violence prevention training
- Electronic health record training
- Cybersecurity and information technology training
- Infection prevention and control education
- Personal protective equipment training
- CPR verification
- Immunization and health record verification

Many nursing programs already provide comprehensive instruction related to infection prevention, bloodborne pathogens, HIPAA, workplace safety, and regulatory requirements. Faculty are often required to repeat substantially similar educational modules multiple times each academic year for different healthcare organizations, frequently without reciprocity or recognition of previously completed training, and without reimbursement for the duplication.

In addition, nursing students and faculty are commonly required to submit personal health information, including immunization records, tuberculosis screening results and CPR certifications to multiple private third-party vendors despite the existence of a statewide mandated health information system at the state Health Care Authority.

Impact:

- Significant loss of student and faculty time that could otherwise be devoted to student instruction, curriculum development, mentoring, and scholarly activities.
- Increased administrative burden on nursing programs and healthcare organizations.
- Delayed clinical placement onboarding and reduced flexibility in securing clinical experiences.
- Increased out-of-pocket costs for faculty, and students.
- Duplication of educational and regulatory requirements already completed through nursing programs or employing institutions.
- Increased faculty frustration and burnout from duplication
- Reduced efficiency in statewide clinical education partnerships.

New Mexico has an opportunity to establish a standardized, statewide approach to nursing clinical onboarding and health compliance verification.

A shared statewide compliance framework could reduce duplication, while maintaining patient safety, regulatory standards, and institutional requirements.

<u>Recommendations:</u>

1. Develop a statewide standardized clinical onboarding process recognized by participating healthcare organizations and nursing programs throughout the state.

2. Establish reciprocity agreements among healthcare organizations for commonly required compliance education such as bloodborne pathogens, HIPAA, fire safety, and infection prevention trainings.
3. Utilize existing state systems, including NMSIIS, whenever possible to verify immunizations and health records.
4. Explore a centralized statewide nursing education compliance repository or passport system that could be accepted across educational institutions and clinical agencies.
5. Provide legislative and BON agency support to improve interoperability and reduce unnecessary duplication of compliance requirements across healthcare and educational systems.

References in support of Universal Onboarding Initiatives:

1. Maryland developed a statewide, standardized onboarding program for nursing students in partnership with schools of nursing and healthcare organizations. The goal was to eliminate repetitive hospital onboarding and create common safety education that could be accepted across clinical agencies statewide. The implementation guide specifically discusses reducing duplicate onboard, improving efficiency, and standardizing safety education.
   F. Reference: Maryland Universal Onboarding Implementation Guide
   G. Maryland is not alone. Several states have implemented standardized clinical placement, onboarding, and compliance initiatives to reduce duplication, improve efficiency, and expand access to clinical education opportunities. Examples from Maryland, Massachusetts, and Washington demonstrate that statewide collaboration among academic institutions, healthcare organizations, and regulatory agencies can successfully streamline onboarding while maintaining regulatory compliance and patient safety.
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Smf/ll: 6/25/2026

IV. **Subcommittee C1** – Pathways <u>into</u> Health Careers when not ready for college

M. 1. HS LPN

N. 2. Expand Clinical Access Sites in SNF/LTC and Others

O. 3. HS C-PCT and CNA programs.

P. 4. CNA Quality

Subcommittee C1: Topic 1: High School LPN

Purpose/Goal:
In a previous task force on Nursing Workforce convened in 2019 by the Governor, a recommendation vastly supported from the representative educators of New Mexico's nursing programs throughout the state shared examples and expressed concerns about readiness for college for some High School graduates.

Some members of the Taskforce also have experience with first becoming a Certified Nursing Assistant or other Technician position prior to enrolling in a college or university program (Ferguson, Gonzales).

A recent High School LPN program was terminated for a lack of student success due to student readiness (Lucas). The state of NM nursing program educators continue to see a population that would benefit from an entry-to-health-careers program in their local community where there is family support. The Albuquerque Public Schools program at the Career Enrichment Center has been a multi-decade successful program with graduates having successful completion of a national certification, attaining well-paying jobs, and a majority of them continuing on for an RN degree.

Recommendations:

- Create a curriculum program for High School students that can be facilitated in schools for the Certified Nursing Assistant (CNA) and Certified Patient Care Technician (CPCT)
- Using a NEF grant, build a Module/Video program for both CNA/CPCT High School Programs
- Support/Funding for approved testing sites or virtual capabilities across the state for CNA/CPCT
- Standardized curriculum and national certification (ex: CPCT) that permit matriculation to an LPN program.
- Create processes for student stipends through the Department of Workforce Solutions (WIOA).
- Facilitate Workforce Innovation and Opportunity Act support through local office facilitation.

Smf:6/24/2026 - Revised: 6/29/2026

Subcommittee C1 - Topic 2: Expanding clinical site access, clarifying student ages & facility standing

Purpose/Goal:
In a previous task force on Nursing Workforce convened in 2019 by the Governor, a recommendation vastly supported from the representative educators of New Mexico's nursing programs throughout the state shared examples and expressed concerns about readiness for college for some High School graduates.

One of this subcommittee's topics (1) was the development of High School programs as a pathway to increase the number of health careers.

Topic 2 was to increase clinical experiences sites in Skilled Nursing Facility and Long-term Care facilities. Confusion exists regarding:

- Any age requirements for students to be in Residential Care Facilities.
- Any limitations on a facility's quality standing (deemed status) as an education site.

- Resident photos vs. wristbands for nursing student clinicals for medication administration.

Recommendations:

- Memo from NM Health Care Association board welcoming students as a priority.
- This would include access for CNA and LPN/RN students.
- Memo would clarify any laws or restrictions for student age.
- Memo would clarify any restrictions or laws on students at facilities with focal rules.
- Memo would clarify any non-wrist-banded resident situations that may impede clinicals.
- Memo would provide a possible method for communication on available clinical options.
- Ideally, the identification of a team or process to jointly work in real-time on any barriers.

Reminder, nursing students who have completed their initial nursing courses are eligible for hire as a certified medication aide when he/she has been validated.

Smf:6/25/2026

Subcommittee C1 – Topic 3: High School Patient Care Technician-Certified (PCT-C)

Executive Summary

The proposed Patient Care Technician-Certified (PCT-C) Microlearning Pilot is a one-year workforce development initiative designed to prepare high school seniors for entry into the healthcare workforce during the 2026–2027 academic year. The pilot will enroll 26 students using NMSU Global's Microlearning platform for didactic instruction, simulation-based education, and supervised clinical experiences. Hatch Valley High School will serve as the rural demonstration site to evaluate the feasibility of expanding this model across New Mexico.

Statement of Need

Healthcare employers across New Mexico continue to experience shortages of entry-level patient care staff, particularly in rural communities. A successful program addresses those shortages by creating an accessible educational pathway for high school students while establishing a scalable model that can be replicated statewide.

Innovative Educational Model: NMSU Global Microlearning

NMSU Global Microlearning delivers instruction through short, focused learning modules that improve learner engagement, retention, and immediate application of knowledge. Multimedia lessons are mobile-accessible, self-paced, and organized into stackable learning pathways. Students earn digital badges documenting mastery of individual competencies while progressing toward PCT-C certification. The curriculum will be refined and validated with the goal of becoming a reusable educational product available for future adoption by school districts, healthcare organizations, and workforce partners throughout New Mexico.

Recommendations:

1) Identify a curriculum that can be used in multiple high schools.

2) The emphasis is on in-school video learning followed by clinical practice hours.

3) The NM BON would create a program of supplied videos and small grants from the NEF to facilitate RN educators for clinical practice.

Success parameters:

- Achieve at least an 85% program completion rate.
- Achieve at least an 85% national PCT-C certification pass rate.
- Place at least 75% of graduates into healthcare employment or postsecondary healthcare education within six months.
- Achieve at least 90% student satisfaction.
- Validate the complete NMSU Global PCT-C microlearning curriculum.
- Develop a scalable implementation model for expansion into additional rural communities with competency assessments across multiple sites. This model supports expansion into rural communities where access to qualified instructors is limited.

Subcommittee C1 - Topic 4: CNA program quality

Opportunity:

Prior to the development of the Health Care Authority (HCA), the Certified Nursing Assistant (CNA) program was held within the Department of Health. As the CNA role is part of the nursing care ladder, a consideration for the CNA to be housed within the Board of Nursing (BON) makes sense, particularly when the scope of practice is being evaluated within the context of the nursing shortage. A national target for patient care is the evaluation of the scope of practice.

The location of the CNA program within the HCA has benefitted from oversight by a nurse director with extensive nursing experience. However, the program would benefit from direct oversight clinically. For example, the BON can address concerns about program quality and successful CNA exam pass rates. At present, there is not a mechanism for CNA program surveys nor validation of CNA program quality. The BON has program surveyors in the field for hemodialysis technician, medication aides, and nursing programs.

Through the BONs work with long-term care facilities, direct examples of some deficiencies in CNA program training have been identified with written complaints from end-users about new CNAs requiring additional training and skills validation, as well as difficulty passing the national test. Creating quality standards will then assist with CNAs wanting to return to school to become LPNs and being successful.

Recommendations:

1) The CNA program should be moved to the BON, building on the quality structure started at HCA.
2) The BON should start a survey process for any CNA training programs in the state, monitoring their student pass rates and employer satisfaction.
3) The BON should transparently post graduation rates on the website, in addition to program costs.

References:

Griego, F. communication “failure to pass rates and quality lacking in some CNA schools”. McKee, C. communication “retraining needs for newly graduated CNAs”.

V. Subcommittee C2 - Pathways for those in Health Careers to Move Up into Higher Careers
   1. Military Corpsman to LPN Testing
   2. CNA>CMA>PCT>Accelerated LPN

Subcommittee C2 – Topic 1: Military Corpsman to LPN

New Mexico continues to face significant nursing workforce shortages, particularly in rural and underserved communities. At the same time, highly trained military healthcare personnel leaving active duty possess extensive clinical experience that is not fully recognized within the state’s nursing licensure framework.

The New Mexico Board of Nursing should be granted statutory authority to establish an alternative pathway allowing qualified military healthcare personnel who meet established eligibility requirements, sit for the National Council Licensure Examination for Practical Nurses (NCLEX-PN) upon verification of education, training, clinical experience, and demonstrated competencies.

This proposal would create a workforce pipeline that recognizes military medical training while maintaining public safety and nursing standards.

Background

Military healthcare personnel, including but not limited to: Navy Hospital Corpsmen, Army Combat Medics, and Air Force Medical Service Technicians, Coast Guard Health Services Technicians, Space Force medical personnel, and other military healthcare occupations who routinely perform patient assessments, medication administration, wound care, emergency interventions, documentation, and other clinical skills that overlap significantly with Licensed Practical Nurse responsibilities.

Despite this experience, many veterans must repeat substantial portions of healthcare education before becoming eligible for nursing licensure. This creates unnecessary barriers to employment and contributes to healthcare workforce shortages.

Several states have adopted military-to-nursing pathways that recognize military healthcare training while requiring applicants to demonstrate competency through licensure examinations and supplemental education when necessary.

Georgia:
https://sos.ga.gov/sites/default/files/forms/Transitioning%20Military%20Medical%20Personnel%20to%20Licensed%20Practical%20Nurse%20Guidelines%20%28For%20applicants%29.pdf

Mississippi (page 14):
https://www.msbn.ms.gov/sites/default/files/documents/Legal/Nurse%20Practice%20Law.pdf

New York: https://www.boces.com/adult/army-medic-to-practical-nursing

Texas: https://www.alamo.edu/sac/academics/program-index/nursing-education/career-mobility-lvn-to-rn-aasmilitary-to-rn-aas/

Virginia: https://www.dhp.virginia.gov/Boards/Nursing/ApplicantResources/MilitaryServiceApplicants/

Washington: https://www.olympic.edu/academics/academic-pathways/healthcare/nursing/corpsmanmedic-practical-nursing-program-overview

Proposed Eligibility Requirements

The New Mexico Legislature should authorize the Board of Nursing to permit military healthcare personnel to apply for NCLEX-PN eligibility if they meet all of the following criteria:

1. Completion of military medical training from all branches who meet the New Mexico Board of Nursing's required education, training, and competency standards should be eligible to apply for the NCLEX-PN examination.
2. Total of all training must provide a minimum of 500 hours: 250 hours didactic and 250 hours of clinical hours which includes: OB/Peds - 30 hours didactic/40 hours clinical; medical-surgical - 60 hours didactic/ 90 hours clinical; pharmacology - 45 hours didactic; and behavioral health - a combination of didactic and clinical for 60 total contact hours.
3. Honorable discharge or current service in good standing.
4. A minimum of two years of documented direct care clinical experience in a military healthcare setting.
5. Verification of competency in:
    - Medication administration,
    - Patient assessment,
    - Infection prevention,
    - Documentation,
    - Basic nursing care,
    - Emergency response and patient stabilization.
6. Completion of any Board-identified bridge coursework necessary to address gaps between military training and practical nursing education, including an approved Licensed Practical Nursing transition course
7. Satisfaction of all existing background check and professional conduct requirements applicable to nursing applicants.
8. Any candidate who fails the NCLEX-PN twice is required to attend a review course before eligibility to retest will be granted.

Benefits to New Mexico

Addressing Workforce Shortages

New Mexico consistently experiences shortages of licensed nurses, particularly in rural hospitals, long-term care facilities, correctional healthcare settings, tribal communities, and primary care clinics. Expanding licensure pathways would increase the available workforce without lowering standards.

Supporting Veterans

Veterans possess valuable clinical skills acquired through military service. Recognizing equivalent military healthcare education and clinical experiences provides qualified service members and veterans a pathway to licensure while maintaining rigorous public safety standards in New Mexico.

Maintaining Public Safety

Allowing qualified military medical personnel to sit for the NCLEX-PN does not eliminate competency requirements. Candidates would still be required to pass the same national licensing examination as all practical nursing applicants.

Reducing Educational Redundancy

Military healthcare personnel often receive training equivalent to portions of civilian nursing curricula. Recognizing prior learning reduces duplication of education and accelerates workforce entry while preserving quality standards.

Strengthening Rural Healthcare

Veterans frequently return to rural communities following military service. This pathway could increase the availability of licensed practical nurses in areas where recruitment remains challenging.

Recommended Legislative Action

The Legislature should amend the Nursing Practice Act to authorize the New Mexico Board of Nursing to establish rules creating a military healthcare pathway to practical nursing licensure. The Board should be empowered to:

- **A.** Evaluate military education and training programs across all military branches;
- **B.** Establish competency and experience requirements;
- **C.** Require supplemental coursework when needed;
- **D.** Determine eligibility to take the NCLEX-PN; and
- **E.** Monitor outcomes to ensure public safety and workforce effectiveness.

Conclusion

Creating a military-to-LPN pathway represents a practical workforce solution that honors military service, supports veterans, and helps address New Mexico's nursing shortage. By allowing qualified military healthcare personnel, whose documented education, clinical experience and competencies satisfy board established requirements to challenge the NCLEX-PN, New Mexico can expand access to healthcare while maintaining rigorous professional standards and patient safety.

Access to healthcare in New Mexico can also be expanded while maintaining rigorous professional standards and patient safety by allowing qualified military healthcare personnel, whose documented education, clinical experience and competencies satisfy established Board requirements to challenge the NCLEX-PN.

Subcommittee C.2 – Topic 2: CNA>Certified Medication Aide (CMA)>accelerated LPN

Purpose/Goal for this Topic:

New Mexico currently has a gap in RNs with one of the largest hospital staffing shortages in the country.

As a result of the nursing shortage, the demand for Licensed Practical Nurses (LPNs) in New Mexico is growing. LPN jobs have been projected to surge by 15.9% from 2022 to 2032 as LPNs are sought to fill the gap driven by the RN shortage and the growth of the aging population. LPNs cannot only help to fill some of the nursing shortage gaps, but they may then be able to advance their careers by pursuing RN degrees.

The New Mexico Nursing Education Consortium (NMNEC) which consists of three public universities and nine community colleges in the state has been working on articulation through a statewide nursing education curriculum for over ten years. They are currently working on a statewide LPN curriculum that could be shared across the state. CNM currently has stand alone LPN program with 3 graduation cohorts.

Given the urgency to have more LPNs and RNs in the state of New Mexico, academic institutions and clinical facilities must work together to fill the gap through innovation and accelerated training models. Other states such as Virginia, have passed legislation for a statewide common curriculum for practical nursing programs that align with registered nursing programs at community colleges and are transferable to Bachelor of Science Nursing programs. Models CNA-LPN pathway.

(https://law.lis.virginia.gov/vacodeupdates/title23.1/section23.1-903.5/)

Recommendations:

1. Recommend the NM Higher Education Department add a staff position (1.0 FTE) or assign a HED staff member as a point person to facilitate coordination in the state with the New Mexico Nursing Education Consortium (NMNEC) for implementation of a Statewide Common Curricula for RN and LPN training.

2. Recommend the NM Legislature and the NM Board of Nursing (NM BON) establish a common pathway of stackable nursing credentials that consists of a certified nursing assistant (CNA)/certified medication aide (CMA) to practical nursing (LPN) to Associate Degree of Nursing (ADN) to Bachelor of Science in Nursing (BSN).

3. Recommend the NM Legislature provides emergency funding (one to two faculty 1.0 FTEs) to public or tribal nursing programs that have a practical nursing program and are willing to give credit for prior learning for the first two LPN courses of the program to CNAs who are also CMAs.

4. Recommend the NM BON allow the LPN programs in the state to establish credit for prior learning guidelines for CNAs who are also CMAs and meet the programs' admission criteria to receive credit for the first term LPN courses.

5. Recommend the NM BON establish a requirement that BSN programs give LPNs with active licenses who meet the requirements for acceptance into the nursing program credit for the nursing didactic and lab/clinical courses in the first term of the nursing program.

6. Recommend the NM BON establish a requirement that all practical and registered nurse programs in the state must apply to be registered on the Eligible Training Provider List (ETPL) which allows individuals who are unemployed or underemployed to use Workforce Innovation and Opportunity Act (WIOA) funds through the NM Department of Workforce Solutions.

VI. Subcommittee D - recommendations to improve the nursing educational gap.

1. Statewide Clinical Placement System (with historical clinicals preserved)
2. Compliance Education Synchronization
3. Clinical Judgement Gap Analysis
4. Preceptor Education Program
5. Nurse Residency Standardization

VIII. Final Recommendations to the Steering Committee

Purpose: The following recommendations represent the unanimous consensus (7/7) of Workgroup D and are submitted for consideration by the HM36 Steering Committee. These are listed in order of priority.

Problem

Academic leaders report insufficient clinical space to meet current needs, let alone with the demand for growth. 150 Nursing Students were surveyed with 20 providing feedback, from urban to rural and private to non-profit. 33% of students reported needing more skill development and 29% realistic simulation experiences. 8% reported they need better quality and quantity of clinical experiences. Students have upwards of 16 hours of seat time for redundant modules to achieve clearance for multiple clinical placements.

Employers report nursing graduates lack critical thinking and clinical judgement, failure to recognize changes in condition, and actual patient harm from lack of competency. 29% of nursing students report that employers extended their orientation and offered nurse residency to support the transition into practice. Additionally, we cannot place students nor orient new nurses without preceptors. Both academic and employer partners report several deficits in qualified preceptors, averaging less than 3 years' experience on units where 60% of the staff either are new graduates or contract staff. As experienced nurses leave the profession, and 100% of Baby Boomers reaching retirement age by 2030, the need for preceptor development is a crucial component.

The national average for new RNs leaving their first job in the first year is 22.3%, up to 33% by the second year. Evidence supports they are experiencing higher levels of transition shock, burnout, and moral distress entering the workforce in a severe nursing shortage. Nurse Residency programs have published evidence of improving competency and confidence in nursing practice through the first year. Physician residency programs typically last 3-7 years, nurses deserve the same opportunity to develop competency and have guided mentorship when entering practice.

New Mexico needs to address both sides of the problem: *get more students successfully through nursing education and ensure they are better prepared and better supported once they enter practice.* The strongest path is a coordinated framework that combines statewide placement infrastructure, standardized student compliance training, clinical judgment-focused simulation and assessments, expanded teaching capacity, and a structured transition-to-practice strategy. These recommendations are meant to support the continuum of nursing from placement into the first year of practice.

Recommendation 1: Implement a Statewide Clinical Placement System

- Establish a statewide advisory committee/clinical placement consortium to oversee governance and placement coordination.

The digital system shall:

- Have a repository for compliance documents
- Provide transparent, statewide visibility into clinical placement capacity and requests.
- Allow drill-down reporting on partner requests and placement utilization.
- Support interoperability with institutional systems.
- Provide benchmarking datasets and statewide analytics.
- Ensure no hidden costs are passed on to students.
- Include long-term pricing protections to avoid escalating costs.
- Support expansion to additional health professions.
- Provide employer dashboards, recruitment tools, and operational reporting.

Proposed Metric:

- Increase clinical capacity by 25% within the first 24 months

Recommendation 2: Standardize Student Compliance Education

- Utilize the statewide clinical consortium multidisciplinary task force to develop standardized statewide curriculum.

A digital system shall:

- Provide evidence-based content reviewed within the past five years.
- Allow compliance records to follow learners into professional practice.
- Provide automated certification tracking, reminders, and regulatory reporting.
- Give students easy access to their compliance transcript.
- Support facility-specific onboarding modules.
- Provide visual indicators for compliance status.

Proposed Metric:

- Reduce nursing student compliance seat time by 50% within the first year

Recommendation 3: Implement a Digital Clinical Judgment Assessment & Development Platform

- HealthStream's JaneAI was identified as the preferred clinical judgment solution for further evaluation. This is the only tool that utilizes industry standards with research to confirm it is effective.

A digital system shall:

- Be a fully digital platform without paper tracking
- Include baseline clinical knowledge assessments with individualized remediation.
- Provide dashboards comparing educational, demographic, and performance data.
- Support exportable reports and datasets.
- Include built-in analytics to assist with data interpretation.

Proposed Metric:

- Determine the NM nursing student baseline clinical knowledge vs judgement
- Improve clinical judgement by 7% in year 1, 14% by year two after implementation
- Decrease in patient harm events by 25% over 5 years

Recommendation 4: Develop a Statewide Preceptor Development and Incentive Program

- Design a scalable model serving rural and underserved communities.
- Establish a task force to develop standards with annual review.
- Use evidence-based educational content in a digital platform

A digital system shall:

- Provide robust dashboards and analytics.
- Offer asynchronous, blended, and instructor-led learning options.
- Incorporate preceptor/student matching tools (e.g., Cotter's assessment).
- Facilitate identification of statewide preceptor shortages.
- Include standardized student evaluation of preceptors.
- Provide annual continuing education and advanced development opportunities.
- Allow flexible delivery of educational content.

Recognize preceptors through official Board of Nursing recognition once training is completed.

- Legislation to determine a tax incentive for Board recognized preceptors

Proposed Metric:

- Increase in qualified preceptors by

Recommendation 5. Implement a Statewide Nurse Residency Program

- Establish a statewide nurse residency consortium to provide expertise and guidance to sites
- Support sustainable state funding or reimbursement.

A digital system shall:

- Provide access for rural and underserved communities.
- Allow local customization while maintaining statewide standards.

- Align with PTAP, ANA, AACN, and other national standards where appropriate.
- Include an administrative/educator dashboard to track outcomes
- Include web-based simulation consistent with INACSL and SSH standards.
- Address specialty-specific competency and clinical judgment development, including adult and pediatric practice.

Proposed Transformation Timeline

This is a **5-year transformation** of the New Mexico nursing workforce from entry through the first year of practice.

Time	Initiative	Deliverables
Months 0–6	Governance & Planning	Establish HM36 Steering Committee, statewide collaboratives, finalize statewide vision, select vendor(s), implementation planning
Months 6–18	Infrastructure	Clinical placement platform, standardized compliance bundles, affiliation processes, initial dashboards and reporting
Months 12–24	Clinical Learning Transformation	Immersion model pilots, externship/internship framework, clinical quality metrics, academic–clinical partnership standards
Months 18–30	Competency & Clinical Judgment	Jane AI (or equivalent), competency framework, benchmarking, practice readiness dashboards, faculty and employer reports
Months 24–42	Preceptor & Residency	Statewide preceptor collaborative, standardized preceptor development, statewide residency framework, PTAP alignment, rural residency pilots
Months 36–60	Continuous Improvement	Longitudinal outcome reporting, workforce forecasting, legislative dashboards, refinement based on statewide data and outcomes