ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis ☑ Original □ Updated □Corrected	2. Date	
	January 13, 2021	
3. Administrative Rule Chapter, Title and Number (and Clearinghouse Number if applicable) N 1.08 (5m) (a) 3.		
4. Subject Clinical Learning Simulations		
5. Fund Sources Affected	6. Chapter 20, Stats. Appropriations Affected	
7. Fiscal Effect of Implementing the Rule ☑ No Fiscal Effect ☐ Increase Existing Revenues ☐ Indeterminate ☐ Decrease Existing Revenues	Increase Costs Decrease Costs Could Absorb Within Agency's Budget	
8. The Rule Will Impact the Following (Check All That Apply)		
□ State's Economy □ Specific Businesses/Sectors		
Local Government Units Public Utility Rate Payers		
Small Businesses (if checked, complete Attachment A)		
9. Estimate of Implementation and Compliance to Businesses, Local Governmental Units and Individuals, per s. 227.137(3)(b)(1). \$0		
 10. Would Implementation and Compliance Costs Businesses, Local Governmental Units and Individuals Be \$10 Million or more Over Any 2-year Period, per s. 227.137(3)(b)(2)? Yes X No 		
11. Policy Problem Addressed by the Rule		
This rule project removes the requirement that a simulation used to meet clinical requirements must provide an		
opportunity for each student to participate while in the role of the nurse. The board considers this requirement to be		
unnecessary given that there is significant evidence that students learn as much from playing the patient role or observing the simulation as they do playing the role of the nurse.		
12. Summary of the Businesses, Business Sectors, Associations Representing Business, Local Governmental Units, and Individuals		
that may be Affected by the Proposed Rule that were Contacted for Comments.		
The rule draft was posted on the department's website for 14 days to solicit economic impact comments from businesses,		
business sectors, associations representing business, local governmental units, and individuals. No comments were received.		
13. Identify the Local Governmental Units that Participated in the Development of this EIA.		
No local governmental units participated.		
14. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)		
None.		
15. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule		
The benefit of implementing the rule is to remove an uncessary rule provision that created a burden on educators and		
students. The alternative to implementing the rule is to continue requiring that each student participate in the role of the		
nurse in each simulation.		
16. Long Range Implications of Implementing the Rule		
The long range implication of implementing this rule is to remove an unnecessary requirement in the education of nursing students,		
and to instead allow educators and students to determine whether a particular role in a simulation provides a student with useful learning experience		
learning experience.		

17. Compare With Approaches Being Used by Federal Government

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None.

18. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota) Illinois:

Illinois administrative rules do not discuss the use of simulations for clinical learning purposes. The Illinois Board of Nursing has issued guidelines for the use of simulation in nursing programs:

http://nursing.illinois.gov/PDF/2015-11-06_IDFPR_BON_Simulation_Guidelines.pdf

The guidelines do not specify that each student participant in the simulation be required to play the role of the nurse.

Iowa:

The Iowa Board of Nursing provides that nursing programs with a simulation component must ensure that simulation does not exceed 50% of total clinical hours in a course. There is no requirement that each student participant in the simulation be required to play the role of the nurse (655 IAC s. 2.10 (7)).

Michigan:

The Michigan Board of Nursing limits the use of clinical simulation to being used to meet no more than 50% of the required clinical experience. The Board adopts the International Nursing Association for Clinical Simulation and Learning's "Standards of Best Practice: Simulation" 2016 (Mich. Admin. Rules R 338.10308 (2)). Those standards do not require each student participant in the simulation be required to play the role of the nurse.

Minnesota:

The Minnesota Board of Nursing allows for the use of "high-fidelity simulation" to meet no more than 50% of the clinical learning requirement. The simulation must provide each student "an opportunity to demonstrate clinical competence while in the role of the nurse" (MN Admin Rules 6301.2340 (3) (B) (4)).

19. Contact Name	20. Contact Phone Number
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This document can be made available in alternate formats to individuals with disabilities upon request.

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ATTACHMENT A

1. Summary of Rule's Economic and Fiscal Impact on Small Businesses (Separately for each Small Business Sector, Include Implementation and Compliance Costs Expected to be Incurred)

2. Summary of the data sources used to measure the Rule's impact on Small Businesses

- 3. Did the agency consider the following methods to reduce the impact of the Rule on Small Businesses?
- Less Stringent Compliance or Reporting Requirements
- Less Stringent Schedules or Deadlines for Compliance or Reporting
- Consolidation or Simplification of Reporting Requirements
- Establishment of performance standards in lieu of Design or Operational Standards
- Exemption of Small Businesses from some or all requirements

Other, describe:

4. Describe the methods incorporated into the Rule that will reduce its impact on Small Businesses

5. Describe the Rule's Enforcement Provisions

6. Did the Agency prepare a Cost Benefit Analysis (if Yes, attach to form)

🗌 Yes 🗌 No