Past Event: 2022 NCSBN APRN Roundtable- The APRN Compact: Advancing APRN Licensure Mobility Video Transcript

Event
2022 NCSBN APRN Roundtable

More info: https://www.ncsbn.org/16412.htm

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- [Nicole] Hello and welcome to the APRN Compact: Advancing Licensure Mobility. My name is Nicole Livanos, and I'm the associate director of legislative affairs at NCSBN. The targets I hope to address today include the growing number of health care compacts, the APRN Compact fundamentals, including the compact's relationship to the Consensus Model, the progress and growing support for the APRN Compact, its opposition, and our path forward.

There is no doubt that healthcare professionals and other licensed professionals are looking to interstate compacts to mobilize their workforce and modernize regulation to meet today's demands. This map shows the number of healthcare compacts enacted in each state. The darkest orange color shows those states with six or more healthcare compacts.

Those include the Nurse Licensure Compact, the longest operating healthcare compact for registered nurses and licensed practical nurses, and compacts for psychologists, physical therapists, occupational therapists, physicians, and others. On the horizon are compacts for physician assistants, social workers, and dentists. The APRN Compact looks to provide this coveted mobility, increased access to care, and reduced duplicative regulatory processes for APRNs and patients across the country.

The structure and operations of the APRN Compact are modeled after the Nurse Licensure Compact. The compact follows the mutual recognition model, meaning an APRN would hold one multi-state license in their primary state of residence and have the privilege to practice in other states that are party to the compact.

In order to obtain a multi-state license, the applicant would need to first meet their home state licensure requirements and then also meet the uniform licensure requirements of the compact. Again, identical to the NLC, the governing body is a commission made up of one voting member of each party state. The body will govern the operations of the compact and have no role in multi-state licensee scope or other practice issues.

The commissioner shall be regulators of APRNS in each state as is appropriate and common for compact governing structures. Many of the uniform licensure and practice requirements in the APRN Compact will look familiar. The Consensus Model elements are codified in the uniform licensure requirements an applicant must meet in order to obtain a multi-state license.

An applicant must be licensed as a registered nurse, authorized to practice as an APRN in a role in one of the six population foci. They must be educated at graduate level or higher, passed a national certification exam, and hold current certification. Multi-state licensees can practice independent of a supervisor or a collaborative agreement with a healthcare provider.

For prescribing, a multi-state licensee can prescribe non-controlled substances. For controlled substances, however, the licensee must follow all statutes governing controlled substances in the state where the patient is located. In addition to the licensure requirements above, an applicant must have practiced for 2,080 hours as a licensed APRN.

This requirement does not require an APRN to have supervised or collaborative practice but rather complete 2,080 hours of practice under their single-state license or multiple licenses. The 2,080 hours was a solution to the prevalence of transitions to practice. Those periods of supervised practice that many states have enacted in hard fought battles many of us here are involved in.

The practice hours have no impact on holding a single-state license in the primary state of residence nor multiple licenses across states. It's also important to note that about 90% of APRNs would meet this requirement on day one. So let's talk advocacy. The 2021 legislative session was the first since adoption of the new APRN Compact model language.

There were two introductions and two enactments in 2021. Both Delaware and North Dakota enacted the APRN Compact with nearly unanimous legislative support. Stacey Pfenning and Pam Zickafoose will share their experiences from Delaware and North Dakota and share some lessons learned from the process.

The Utah Nurse Practitioners Association led the charge in Utah. After careful consideration of the provisions of the compact, the group decided to move forward with introducing the bill and leading a coalition that included the Utah Nurses Association, CRNA Association, University of Utah School of Nursing to name a few.

There was opposition from two organizations. The Utah Medical Association opposed the full practice authority provisions in the compact, and the American Association of Nurse Practitioners who continue to have concerns over various provisions of the compact also opposed. Despite the opposition, Utah nursing stakeholders united behind the compact.

They propelled the bill to be passed with unanimous support in both the House and Senate. I want to take a moment now to appreciate the growing support for the APRN Compact among nursing, business, patient, and military family organizations. Nursing support at the state and national level include support from the American Organization of Nurse Leaders, National League for Nursing, State Nurses Associations, APRN role associations, and boards of nursing.

Interstate compacts benefit from having diverse coalition groups. This slide highlights many of our non-nursing stakeholders who support or have endorsed the APRN Compact. These organizations include telehealth minded organizations such as the American Telemedicine Association and the Alliance for Connected Care whose board members include Amazon, CVS, and Walmart to name a few.

The Department of Defense-State Liaison Office continues to be a strong partner in our NLC and APRN Compact work, advocating for licensure mobility for military families that is high on the military's priority lists along with many lawmakers. At the state level, we have partnered with AARP state groups, hospital associations, and facilities across rural and urban areas.

To date, over 40 nursing and non-nursing organizations support the APRN Compact. We're confident that number will continue to rise. Turning to opposition to the APRN Compact, first, it will come as no surprise to many that physician organizations at the national and state level have opposed the APRN Compact.

A formal request from the American Medical Association to remove full practice authority provisions for multi-state licensees went unanswered. Full practice authority is key for the mobility of practitioners and aligns with our support for the Consensus Model elements.

Next, various nursing organizations have expressed opposition to the APRN Compact. The main source of opposition is to the 2,080-hour practice requirement. We continue to believe the practice hour requirement, which requires no physician supervision or collaborative practice, is necessary for the compact success as long as transitions to practice are still widely adopted and supported in states.

So I want to close by sharing my thoughts on how we move the APRN Compact forward. I think first and foremost, we do it through continuing to engage and educate APRNs on what the APRN Compact could mean for their practice, the future, and their patients. Three surveys over the last two years demonstrated robust support for the APRN Compact.

In Wyoming, 45% of APRN surveyed responded that they currently hold active licenses in more than one state. Seventy-two percent of survey respondents indicated they support adoption of the revised APRN Compact. In Maryland, a survey conducted by the board of nursing found 92.57% of participants would be supportive of a 2022 introduction of the APRN Compact.

enactment of the Advanced Practice Registered Nurse Licensure Compact in North Dakota included early and consistent building of support among nursing and other healthcare-related special interest groups. Education on compacts and rationale for the changes in the legislation became important points of exploration and clarification for stakeholders including policymakers.

Another key feature for the success and successful movement or momentum of the legislative process in North Dakota was addressing the act of opposition through transparent and consistent education and that transparent and consistent messaging. So in building of support, early and consistent education, I had stated, was a key.

The North Dakota Board of Nursing staff and board members do annual reports related to the compact for all the nursing associations across the state on an annual basis. And so this has been going on for several years, and any time there's anything new with the compacts or even just a refresher, we always bring that to our associations. There's also a podium presentation that we do across the states for facilities, and for stakeholders, and also for any conferences that come up that are nursing-based.

And we have the opportunity to present on the compacts. That's always included in our presentations. And also we have quarterly newsletters that we always include updates on the compacts. And once we had our pre-filed agency bill submitted in October of 2020, we also held two public open forums that were sponsored or hosted by the North Dakota Center for Nursing.

And this provided a really great overview of the changes in the advanced practice licensure compact from the original that was adopted in North Dakota and enacted in North Dakota in 2017, and just what those changes were, what they meant, the rationale for the changes, and provided a question and answer opportunity for the stakeholders that attended. And that was done in December of 2020.

And the next slide shows the great pictures of our North Dakota Association of Nurse Anesthetists. They were a very supportive group. We also had support and testimony from the North Dakota Nurse Practitioner Association, the North Dakota Center for Nursing, and also the North Dakota Nurses Association. In a real grassroots effort, we were able to visit with each of these entities and develop letters of support and full support from each of them.

Some other support that I'd like to mention, National Council of State Boards of Nursing was definitely a phone call away or an email away. And thank you, Nicole, for being so responsive. We had times when she answered the phone for me at 7:00 at night, and she truly did help us through the entire process. We also received some national support letters to North Dakota legislators from Cross Country Healthcare, from American Telemedicine Association, and the National Military Family Association.

And there were other interstate compact support that's general support for compacts across the nation that were included. And in overcoming the opposition, the opposition in North Dakota emerged after the first bill passed the House Human Services Committee in January of 2021. The American Association of Nurse Practitioners president and lobbying team reached out to me to discuss communications that they had received from the American Association of Nurse Practitioners and described the request to have the North Dakota Nurse Practitioners Association oppose the bill due to the practice hour, you know, from licensure requirement.

The AANP and the North Dakota Nurse Practitioner Association held meetings together to discuss this concern. After the meetings, the North Dakota Board of Nursing representatives met with the North Dakota Nurse Practitioner Association and provided clarification, and rationale, and reassurance. The

practice hours was a regulatory common denominator for a uniform licensure requirement that would enable more states to join, which would allow.

The compact to succeed, which was very important in this time of pandemic. Much discussion and education was provided. Regulation and scope of practice differentiations were highlighted. It's very important to show that this common denominator of a practice hour is n

Compact. According to Bardach and Patashnik's Eightfold Path. And there's a picture of my book, and that is my taco sign and the paper that I had written on the policy brief.

And really when you look at a policy analysis, you look at what is the problem, what does the evidence show, what are alternative actions, and the deep dive really needs to be in the alternative actions, and then evaluating what are the evaluative criteria, what do we need to look at for cost analysis, cost risk analysis, benefit analysis, and what would some projective outcomes be of each of the different alternative actions, what the trade-offs are.

And at the end, what is our decision as a profession? So during this time of healthcare crisis with the pandemic, thinking outside the box and outside of our comfort zone is essential. The APRN licensure compact and alternative ideas all lend to a more mobile workforce with positive impact to cost inefficiencies, which are much needed in this time of healthcare challenges across the nation.

Of all the options discussed and all the alternative actions looked at, the APRN licensure compact presented the most achievable policy change that's actually right at our fingertips. And this is just a little bit of an overview of the policy analysis. In the height of the pandemic, it was clear that the APRN profession needed to find a solution to enhance efficiency and licensure and promote mobility of the workforce due to the expanding telehealth services.

Telehealth just blossomed during the pandemic. And we also needed to have interstate practice without loss of precious resources of time. Time became such a valuable resource when you're looking at waiting six weeks to two months to be licensed in each state where you're needed, that is too precious of time to lose. And the fees also at each border became (o be)7(0)n133-137(7(e)for prvfiehs tod(o t)7ecleheal. Mwore

We have many other boards and commissions. We're very small. We have very limited staff and resources. So by having my staff on board, they understand compact licensure, and they're able to talk to people who call in and provide information to inquirers regarding compact licensure.

You also need the support of your nursing associations. I think I've emphasized that pretty heavily in this presentation. I hope I have. I can't say enough about trust and collaboration. I think it's important. You know, I've been in this role for quite a number of years. I've been a nurse in Delaware for over 40 years.

So I have I believe good trust within the nurses in Delaware, and I think that we collaborated exceptionally well in order to be able to get this legislation passed. And the other piece is that the leadership of all the organizations, it says a lot for them as well as how they work together and everyone came together again with the common message of increasing access to care.

We educated, educated, educated, first, the APRNs, then the legislators, other stakeholders. And the other thing is when you do have hearings, your legislators like to hear stories from your constituents like, "I went to my nurse practitioner and I had excellent care. She took the time to talk to me and explain everything, and I just really enjoy my nurse practitioner visits."

We had those kinds of people ready and waiting to testify as necessary. I also think it was important that your key expert witness who speaks at the legislative hearings has a knowledge of the compact and nursing.

I think that the questions that were asked of me in particular... I was the expert witness for Rep. Minor-Brown. And the questions that were asked during the hearings were questions more on how does it really work in the real world, what happens if you have a Maryland nurse who's working in Delaware and she commit some kind of unprofessional conduct, how does that discipline really look.

And I was able to explain to them how it works currently in the NLC, Nurse Licensure Compact, and how I would anticipate it would probably work in the APRN Compact. And they asked some pretty tough questions, especially at the Senate committee. They were very tough questions I felt, but I also was able to answer them with confidence and competence, I thought.

So I also have to say, yes, we did have opposition. I mentioned about the AMA letter and the nurse practitioners. And to counteract that opposition, these are some of the measures that we used. First of all with the nurse practitioner opposition, we brought out the Companion Bill, which basically eliminated the collaborative agreements, which made the NPs very, very happy.

We also conducted town hall meetings. And in these town hall meetings, I really emphasize that this APRN Compact is a licensure model for regulation of nurses. It has nothing to do with changing the scope of practice.

And that is why the committee composition, who will be the oversight of the APRN Compact, those administrators or whatever they end up being called, are usually representatives from the boards of nursing. And the purpose of that is because the people, nurses don't really understand compact licensure. That's evident every day in my work that people don't understand, "Oh, well, I live in Florida. I have to get my license in Florida."

So that was something else that we explained to them. We also have APRNs who are executive directors in several states so they can also have that input. In Delaware, the other piece that we did was changed the composition of the APRN committee, and the purpose of that committee is now to provide guidance on rules, regulations, emerging practices, and things that APRNs can bring to the board, which we also have two board members who are APRNs.

And then when it comes to the board, then I, as the executive director, can take that information back up to the council or the administrators and the APRN Compact. The second big, big opposition was the American Medical Association. And li