

***Past Event: 2022 NCSBN Annual Meeting -
future of nursing regulation? Discussion with the NCSBN Board of Directors
and NCSBN Leadership Video Transcript***
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Event

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Presenter

2022 NCSBN Board of Directors

- [President Douglas] So, we're here this afternoon, the Board of Directors joining you to consider some of the questions that were submitted to us ahead of time. This year what we did was go about this to give you an opportunity to submit some questions. We ended up with a lot of questions.

So, many of them have been combined. We've had to defer some, but we are happy to try and answer them. I think board members... I will be asking the questions and then turning to the board member who is assigned to the question. And I think they have some notes and some prepared thoughts that they'll share with you. And looking at the range of topics, we've certainly covered a lot of the key issues that have been raised during this meeting and I know are key issues for you all as regulators.

So, without further ado, let's get started. And the first question came to us from Joe Baker from Florida and really has to do with board governance. And the question is, can you discuss alternative models to appoint, select nurse regulatory board members since many experienced numerous vacancies and delays with gubernatorial appointments?

And Susan VanBeuge is going to take this question. Susan, I'll turn it over to you.

- [Susan] Thank you very much, Board President. So, I have some prepared notes to answer this question. It was a great question from Joe Baker. So, this question has both pragmatic and political dimension. First, members are there both to provide strategic direction and contribute to the necessary operation of the Board, particularly in relation to the timely and fair consideration of complaints.

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Board in different ways. For example, this is a model used by Washington State and also the Nurse and Midwifery Council in the United Kingdom.

With the absence of board members, the composition of the Board can be compromised when expertise is missing. This, depending on the vacancies, may result in the likelihood of biased decision making, increased vulnerabilities such as those highlighted by the Supreme Court case of the FTC v.

The North Carolina Dental Board. So, by highlighting the consequence, along with building a coalition of advocates both from the public, interested entities like AARP, and professional organizations such as the associations and local education providers leveraged with the governor to make appointments can be increased. So, we can put some pre

and, of course, that's the state where the nursing program would be located should approve the nursing program using NCSBN's model rules as a guide. The host state where the student takes the didactic or the clinical education, therefore, would not need to further approve the clinical or didactic portion of the program, and this could prevent all of this confusion that happens that we see across states.

The focus is on trust among the Boards of Nursing as well as using the model education rules to promote

In follow-

Under the APRN Compact, a CNS or clinical nurse specialist could provide remote monitoring of a stroke patient who returned home to recover in another state. A certified registered nurse anesthetist or CRNA could remotely access pain management for a patient. A certified nurse midwife or CNM could evaluate a mother and baby in a rural area, and the nurse practitioner, or NP, could remotely monitor a diabetic patient, all made easier by removing the barrier of requiring multiple single-state licenses through the APRN Compact.

A report released in December by the U.S. Department of Health and Human Services found that massive increases in the use of telehealth helped maintain access to healthcare services during the first year of the pandemic. The report found that Medicare visits conducted via telehealth increased 63-fold from about 840,000 in 2019 to over 52 million in 2020.

That's a lot to sink in right there, I think. CMS released its Medicare telemedicine data snapshot which looked at claims for Medicare fee-for-service, Medicare Advantage, encounter data, and Medicare enrollment information. They identified over 28 million unique telemedicine users from March 2020 through February 2021.

The expansion of remote and virtual technologies while increasing access to patients, especially in the underserved and rural areas may create challenges for Boards of Nursing, but it's also a great opportunity.

Thank you.

- Thank you. The next questions have to do with workforce, something that we've already talked quite a bit about and so we know it's on everybody's mind. This came from Sue Smith, Robert Muster, Joyce Jeter, Juliana Resic [SP], Lori Glenn, Kalika Bible [SP], Donna Hanley, Kendra Lindloff [SP], Carolyn McCormick, Linda Stone, Crystal Tillman, and Anne Rich.

So, just to summarize those various questions, it focused on how to increase adaptability, flexibility, and response time, supply of nurses, impact on COVID, how will we move forward to regulate the nursing profession in light of this? The cost of healthcare and the risk of patient care in light of staffing shortages, overworked RNs, and a decrease in LPN licensure, staffing ratio issues.

and measurable solutions. And I think Karen Lyons, you're going to take the first part of this, is that right?

- Yes, Yes, I am, President Douglas. I'm going to take the first part. My partner in crime over here, Cathy, is going to take the second part. In its State of the World Nursing 2020 Report, the World Health Organization called on countries and regulators to consider mechanisms to increase the demographic and geographical diversity of students in nursing schools.

NCSBN is committed to the principles of diversity, equity, and inclusion. In our current strategic plan, Objective 8 specifically addresses the need to promote and encourage diversity while increasing member participation. The International Center for Regulatory Scholarship or ICRS, which you've heard so much about this week has created several resources for our membership and other regulatory bodies, including the diversity, equity, and inclusion and regulatory practice course.

This course provides an overview of concepts and practices in diversity, equity, and inclusion that is relevant to nurse leaders and gives participants the opportunity to analyze a workplace policy or practice that could produce inequities in how certain individuals can progress, succeed, and advance in their nursing career.

- [Cathy] So, in addition to the certificate program course, NCSBN staff are also developing a tool for diversity recruitment and retention planning that can be used by nursing regulatory bodies. This tool will walk regulatory bodies through the steps of designing a diversity recruitment plan for your jurisdiction and provide creative solution for implementation.

This could be shared with nursing programs and other institutions to help increase diversity at a broader level. NCSBN's 2020 National Nursing Workforce Study reports that 19.2% of the U.S. registered nurse workforce self-identifies as belonging to a minority group.

The voices of the various cultural group that make up your jurisdiction have the potential to enrich your nursing regulatory body by highlighting issues and identifying solutions that might otherwise be overlooked. Our communities are diverse, and nursing regulatory bodies will be better positioned to protect the public if our boards and staff are comprised of professionals who are representative of the population they are charged with protecting.

- Are we surprised?

- And I wanted just to put a little personal feeling into this. And that said, from our workplace to our home, we have to be comfortable having discussions about racism, diversity, and inclusion. These are necessary for us to be aware of our own personal biases and promote action and change. We have to look at how our regulations, and when we look at discipline, how different groups of people may be charged or looked at different and have a different experience.

And you can't do that when you only see the world through your eyes. There is a great HR specialist, Chief People Officer for UKG, Pat Wadors, who said, "When we listen and celebrate what is both common and different, we become wiser, more inclusive, and better as an organization."

And NCSBN is doing that.

- Thank you, Cathy. And actually, I think you have the next one as well.

- Yeah, I'm going

The work that is currently being done on Objective 1 takes foundational material to a new level. Products such as the critical review of the CORE system and the thematic analysis of the Sunrise reviews, and the soon-to-be-published "Sunset Report" all provide building blocks for a new regulatory board accreditation system.

And additionally, a publication titled "Acting in the Public Interest" also provides evidence-based arguments to counter many of the criticisms that we face when deregulation is on the legislative agenda.

- [Phyllis] So, in terms of strategy and modernization, we are entering a particularly exciting time. Not only will we be dealing with the consequences of what we have learned as a result of COVID, but also with the publication of new global guidelines for the regulation of health professions by the World Health Organization.

In the coming year, there will be many drivers for change. Working together, grounded in our collective experience, we can generate solutions fit for the future. The coordinated action of bringing legislation to our respective states makes development and implementation of standardized approaches possible.

Just look at what we have achieved together over the past seven years relating to the compact. Model acts and rules is yet another tool. And importantly, the generation, curation, and implementation of evidence-based practices are part and parcel of what will bring about normative change.

New models of practice are a reality, as is the increasing use of technology. Spotting these trends ahead of the curve is critical if we are to have regulatory systems fit for the future. Our annual environmental scan is a treasure trove of what is and what could be coming to a legislature near you, Madam President.

- Thank you. And last but not least, the question of something that impacts us all, legislative impact. We received submissions from several people, Colleen Casper, Vicky Byrd, Sue Painter, Kathleen Cohen, Lori Scheidt, and Donna Hanley, compact licensing and the impact of Dobbs v.

Jackson SCOTUS decision on licensees and what steps NCSBN is prepared to take to protect licensees' ability to provide essential services. Now, the part of that, no national licensure or keeping state Boards of Nursing, regulating nurses in their state, compliance with individual nurses and obtaining home state licensure is failing.

The rapidly changing regulatory environment. The challenges of licensure with changing state laws and regulations related to the Supreme Court decision and RaDonna Vaught case, generally, how regulations will work in what seems to be a post-regulatory environment, and then mechanisms to safeguard the public by carefully evaluating applicants being challenged by pursuits of legislation that weaken public protection.

So, various things that legislation certainly impacts. And together, Mark Majek and Lori Scheidt are going to tackle this last question.

- [Lori] Thank you, President Douglas. I will address the current and controversial issues that have impacts on regulatory boards, and my colleague, Mark, will pick up on the regulatory board control over licensure and licensure processes in this ever-changing environment. The Supreme Court decision on Dobbs v.

Jackson resulted in the immediate implementation of so-called trigger laws and a flurry of legislative activity as lawmakers across the country sought to either protect abortion rights or restrict access to abortion services. We know that this issue has and will continue to impact the nursing profession and regulation in various ways. We anticipate, and some of you may have already seen that there's a dramatic increase in the need for interstate licensure as patients likely will travel across state lines to seek these essential services from qualified providers when they're not able to get those in their own state.

The functionality of both the NLC and APRN Compact will all avrsing profession and

