APRN Compact

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Overview

- Licensure Portability Efforts
- Drivers of New Model of Nursing Regulation
- Compact Concepts
- APRN Compact
Licensure Through Interstate Compacts

• National Council of State Boards of Nursing
  • Nurse Licensure Compact for RNs and LVNs since 1997; 24 states have adopted

• Federation of State Medical Boards
  • Drafting underway; expect to have language by 2015

• National Association of EMS Officials
  • Drafting underway; expect to have language by 2015

• Federation of State Boards of Physical Therapy
  • Advisory phase; drafting expected to begin later this summer through fall

• Association of State and Provincial Psychology Boards
  • Advisory phase; drafting expected to begin later this summer through fall

Source: Council on State Governments
Factors Influencing Review of Regulation & Licensure – 21st Century

• Mergers & acquisitions resulting in large, integrated health care delivery systems beyond state borders
• Emergence of Call Centers & Telephone Triage
• On line faculty directing students providing care
• Population growth and aging population
• ACA

Current models not adequate for the demand for access to care
Technological Advances

Computers & Interactive Video

Cell Phones

Video/Tele Conferencing

Telehealth electronic diagnostic technologies & robotics
Solution --- Mutual Recognition

- State Based License
- Nationally Recognized
- Locally Enforced
What is an Interstate Compact?

- Black’s Law Dictionary:

  *Formal agreement between 2 or more states to remedy a problem of mutual concern*

- Each state enacts the Compact through legislation

- Affords states the opportunity to develop self regulatory adaptive structure to meet challenges over time
Interstate Compact

• Compacts not new
• Nurse Licensure Compact One of 200+ Compacts
  (Emergency Management; Child Welfare; Water Resources; Parole; Education for Military Children)
• Average Compacts Per State: 25
How the Interstate Compact Works

• Each State Enacts IDENTICAL Compact

• Mutual Recognition of those who meet the requirements outlined in the Compact

• Example - Driver’s License Model
Key Concept --- Licensure

Why One License in Primary State of Residence?

• Policy decision to enhance public protection while retaining state based authority & reducing administrative burden
• Determining state of practice would be challenging in an era of multiple employers, multiple organizational sites beyond borders & through telenursing
• Tracking a nurse through primary residence better accomplished than employment link
Key Concepts --- Discipline

- Complaint filed where violation occurs
- Complaints in party state are processed & reported to home state
- Significant Investigative Information is entered in database to alert other states
- Discipline
  - Against license – home state
  - Against privilege to practice – home & party state
APRN COMPACT
History of APRN Compact

- **2002** — NCSBN Adoption of APRN Compact
- **2005-2006** — Development of Vision Paper by NCSBN APRN Advisory Committee
- **2006** — Collaboration Between NCSBN and APN Consensus Workgroup
- **2007** — Formation of Joint Dialogue Group
- **2008** — Adoption of Consensus Model for APRN Regulation
Previous APRN Compact

• First adopted in 2002

• Passed by 3 states: Texas, Utah, Iowa

• Was not implemented

  – A major weakness of the previous APRN Compact was the lack of uniformity in APRN licensure requirements among the states.
APRN Compact Working Group

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- Advised by NLCA Counsel, Rick Masters
- Staff: Jim Puente
Goals to Improve the APRN Compact

- Retain or improve positive results of NLC
  - Promote cooperation and information exchange between states
  - Facilitate mobility and access to care while providing for public protection
- Address lessons learned from the previous Compact
- Encourage adoption of the APRN Consensus Model
- Respond to changes in the profession and health care delivery
- Consult with stakeholders throughout process to encourage more widespread support for the APRN Compact before state legislatures.
Stakeholder Involvement

The draft APRN Compact has been reviewed and commented on by several groups:

- NCSBN Board of Directors
- NCSBN Executive Officer Leadership Council
- NCSBN APRN Advisory Committee
- Nurse Licensure Compact Administrators (NLCA) Executive Committee
- NLCA
- National APRN organizations and members
Proposed APRN Compact: Key Changes

- Inclusion of APRN Consensus Model – LACE
- Strengthened Enforcement Provisions
- Rulemaking Authority
- Grandfathering
- Full Practice Authority/Independent Practice and Prescriptive Authority
- Criminal Background Check Requirement
- Eligibility of All States: RN Compact not Required
Key Changes to Proposed APRN Compact:

**APRN Consensus Model**

Inclusion of Consensus Model Licensure Requirements

- Ensure common language
- Establish minimum requirements for licensure across jurisdictions
  - Licensure
  - Accreditation
  - Certification
  - Education
- Facilitate interstate APRN practice, including telehealth
Key Changes to Proposed APRN Compact:

**APRN Consensus Model**

Inclusion of Consensus Model Licensure Requirements in Statute and Rule

- Graduate Education
- One of 4 roles and one of 6 population foci
- Accredited Program
- Certification Required
- Licensure is the authority to practice
APRN REGULATORY MODEL

APRN SPECIALTIES
Focus of practice beyond role and population focus linked to health care needs
Examples include but are not limited to: Oncology, Older Adults, Orthopedics, Nephrology, Palliative Care

Licensure occurs at Levels of Role & Population Foci

Family/Individual Across Lifespan
Adult-Gerontology*
Neonatal
Pediatrics
Women’s Health/Gender-Related
Psychiatric-Mental Health

POPULATION FOCI

APRN ROLES

Nurse Anesthetist
Nurse-Midwife
Clinical Nurse Specialist
Nurse Practitioner
Key Changes to Proposed APRN Compact: Enforcement Provisions

• Strengthened Enforcement Provisions
  - Oversight of Compact Administrators
    - Powers to Enforce the Compact
    - Legal standing
  - Default, Technical Assistance, and Termination
  - Dispute Resolution
Key Elements of the Proposed APRN Compact: Rulemaking

- Under the previous APRN Compact and the NLC, potential rules required individual adoption by all Compact states to have binding effect
  - Impractical to rely upon each individual state BON to adopt rules
  - Without uniform licensure requirements or a realistic process for adopting such requirements by rule, interstate cooperation in APRN licensure is highly problematic
Rulemaking Authority

- Rulemaking by the Interstate Commission of APRN Compact Administrators
  - Rules may be adopted directly by Compact Administrators
    - Legally binding in all party states
    - No requirement that rules be ratified or adopted by individual states
  - However, rules may be withdrawn through action by a majority of member state legislatures
Rulemaking Authority

Legal Justification for Rulemaking Provisions

- Rulemaking authority has been permitted and exercised by other interstate compacts

- The procedural requirements are based on the Model Administrative Procedures Act, which is similar to most state APAs and includes the relevant procedural requirements for exercising rulemaking authority
Grandfathering

• Consensus Model recommends:
  
  • Currently practicing APRNs be permitted to continue practicing in current state of licensure;
  
  • If APRN applies for endorsement, the APRN should be eligible if the Consensus Model requirements are met or if not, that the APRN would have met requirements in place at the time completed educational program
  
  • Once model implemented, all new graduates must meet new requirements
Grandfathering

- APRN Compact Mirrors the Consensus Model
  - Compact license with a privilege to practice in another Compact state limited to APRNs who meet the Consensus Model

  - For those who do not:
    - Retain a single state license
    - Apply for multiple single state licenses in party states

  - Party states may consider single state licensure through endorsement for qualifying APRN license holders if they would have met requirements at the time of initial APRN licensure
Key Changes to Proposed APRN Compact: 
*Scope of Practice and Prescriptive Authority*

**Goal:** Full Practice Authority

- Avoid the need to research and comply with 50 states’ laws regarding scope
- Increase access to care

- Basing scope of practice on education and certification
  
  *Institute of Medicine’s Report on the Future of Nursing*
Key Changes to Proposed APRN Compact: Prescriptive Authority

The Proposed APRN Compact includes prescriptive authority for APRN Compact licensees that is limited to legend drugs:

- Consideration of controlled substance authority shall remain with the state of practice as required by federal law.
- Prescriptive authority for legend drugs may be exercised in the home state as well as any remote state while working under a privilege to practice.
- Prescriptive authority will not be granted under the compact to APRNs who were previously licensed but not granted prescriptive authority.
Key Changes to Proposed APRN Compact: Biometric CBC Requirement

- **Criminal Background Check Requirement**
  - Compact membership is limited to states that conduct CBCs for all applicants for initial APRN licensure or APRN licensure by endorsement.
    - Does not affect current licensees that may have been licensed prior to CBC fingerprinting by their Board
    - Does not address the effect of specific criminal history on licensure decisions. Retains authority in the state.
    - If APRN has previously submitted to a fingerprint CBC for LVN and/or RN licensure, not required under the Compact to submit again. However, state may do so according to its own policies.

- **Conservative Approach to Begin With**
  - If more specific requirements regarding CBCs for previous licensees or effect of certain criminal history is deemed necessary, the Commission may address this issues through rulemaking once the Compact goes into effect.
Other Notable Provisions of Proposed APRN Compact: *Eligibility of non-NLC States*

- Under the Proposed Compact, Membership Is Open to non-NLC States
- Drivers
  - Momentum of the Consensus Model
  - Telehealth Practice Growing
  - Increased demand for telehealth and access to care under the ACA
  - Political environment may support adoption of APRN Compact, but not NLC in some jurisdictions
Next Steps

- Adoption by NCSBN Delegate Assembly
- Consideration by State Legislatures
  - The goal is for the Compact to be adopted by January of 2016, which coincides with the Consensus Model timeline
Compact Information

Visit NCSBN website:  
http://www.ncsbn.org  
Click on Nurse Licensure Compact

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The world is not static, and the status quo is not sacred.

--- Harry Truman
Questions?