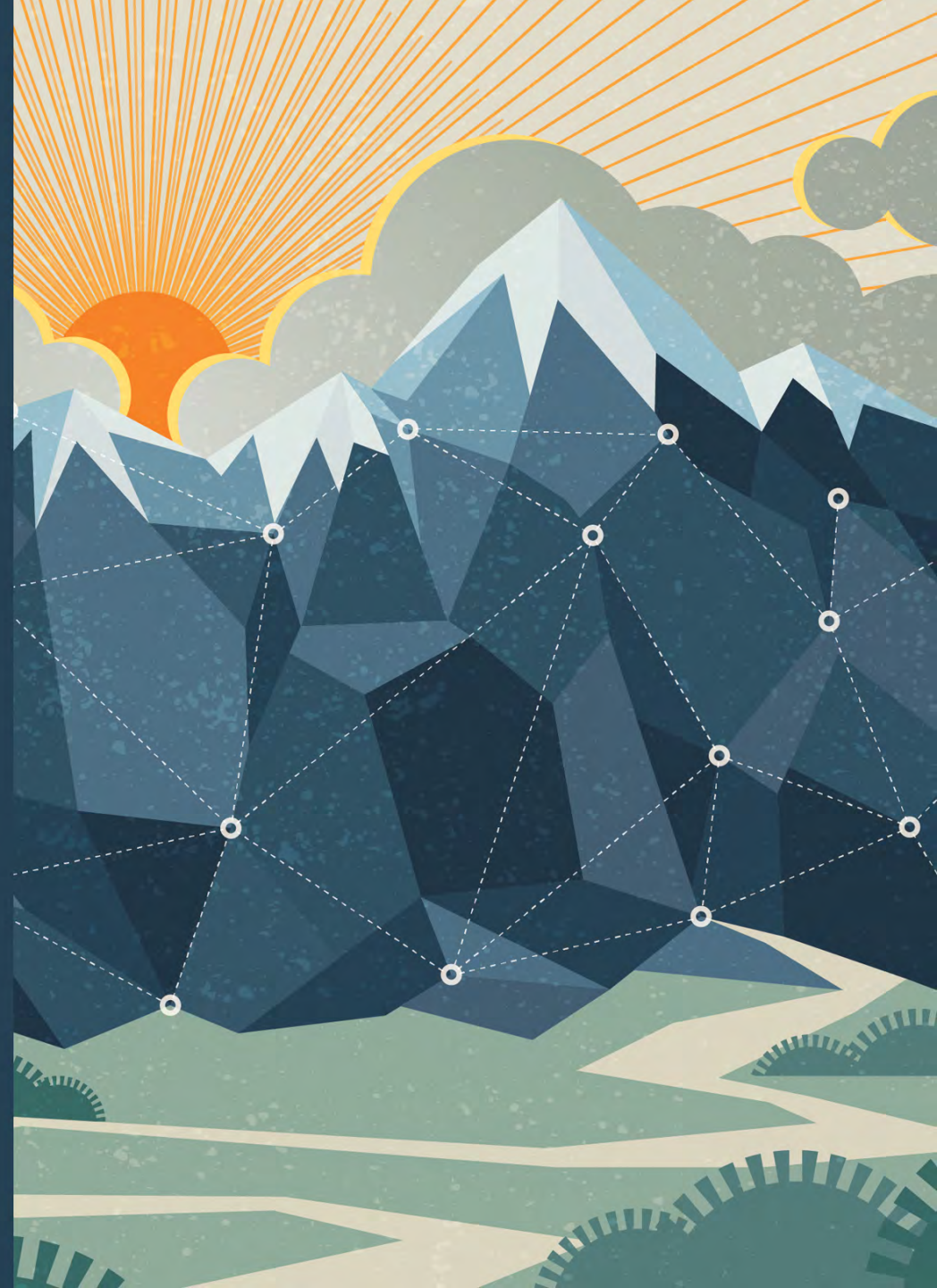


2020 NCSBN ANNUAL MEETING

CHICAGO
AUG. 12, 2020





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ANNUAL
MEETING**

APRN Compact Forum

Rebecca Fotsch, JD
Director, State Advocacy

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Timeline

- **2018 – 2019 NCSBN Advanced Practice Registered Nurse (APRN) Compact Task Force**
 - Convened meetings to identify roadblocks to enactment and make recommendations
- **2019 NCSBN Delegate Assembly**
 - No vote held on APRN Compact Recommendations
- **2019 NCSBN holds stakeholder meeting with LACE Network**
 - NCSBN Board of Directors (BOD) agree to LACE Network recommendation for changing examination Uniform Licensure Requirements (ULR)

Timeline

- **2020 Midyear Meeting presentation and discussion in Area Meetings**
 - Post MYM – member survey conducted
- **May 2020 Board of Directors Meeting**
 - Recommend practice hour requirement remain
 - Align felony provisions with Nurse Licensure Compact (NLC)

NCSBN Member Survey Results

- **Support for 2,080 Hour Practice Requirement**
 - 73% yes
 - 26% no
 - *BOD recommends maintaining 2,080 hour practice requirement ULR
- **Support for case-by-case analysis for felonies**
 - 48% yes
 - 52% no
 - *BOD recommends amending recommendation to mirror NLC.
Recommend felony bar ULR.

Final Recommendations

- **2,080 hours of practice (equivalent to one year full-time practice) as a requirement for a multistate license.**
- **In keeping with compact law it will be made clear that the compact will supersede all ancillary supervisory provisions in state law.**
- **Include uniform licensure requirements modeled after NLC and APRN Consensus Model elements. Include passage of national certification exam through national certification program.**

Final Recommendations Cont.

- **Decrease the number of states required for the compact to become effective from 10 to seven.**
- **Allow prescribing of noncontrolled substances by multistate licensees. Controlled substances will continue to be regulated under state law.**
- **Maintain uniformity with the NLC in barring applicants with felonies from multistate licensure.**

Final Recommendations Cont.

- **Amend the compact to include an affirmative statement that the compact has no jurisdiction over the single-state license, and an individual can elect to apply for a single-state license even if they qualify for a multistate license.**
- **Additional recommendations:**
 - 1) **Provide the Commission power to issue advisory opinions;**
 - 2) **Clarify the definition of party state laws and encumbrance; and**
 - 3) **Revise the “findings and declarations” to address the wide range of actors who benefit from the compact.**

2,080 Practice Hour Requirement

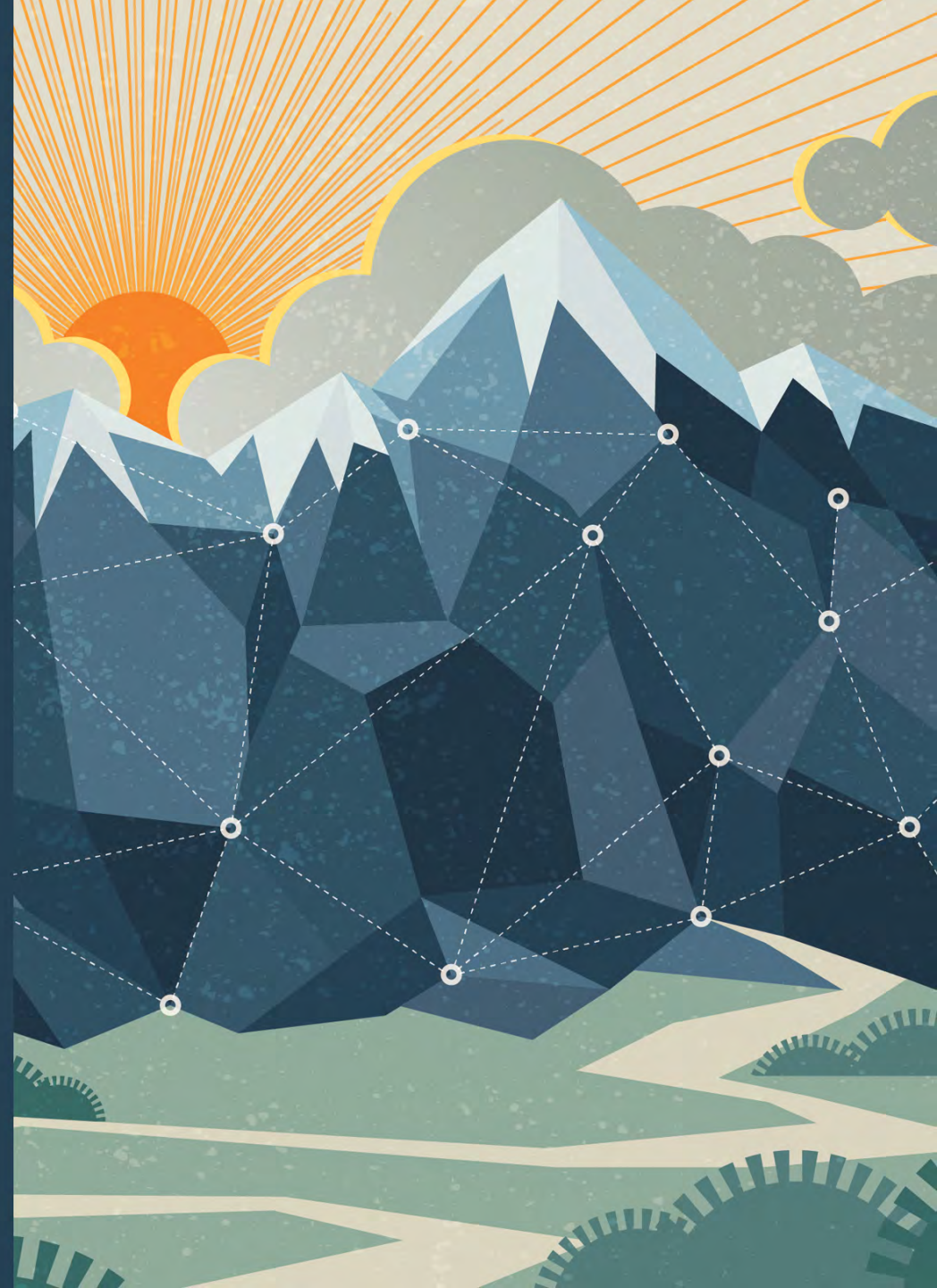
- 2,080 hours is a requirement in order to be eligible for multistate license only. A single state license can be obtained under the current licensure process. The hour requirement is not a transition to practice.
- Furthers the consensus model by requiring full practice authority for APRNs practicing under the compact. Once an applicant is granted a multistate license, they can practice in the home state and party states independently.

2,080 Practice Hour Requirement

- The 2,080 hour practice requirement will broaden the pool of states able to enact the compact. Currently, 17 states have a *transition period physician collaboration* requirement for one or more APRN roles for practice, prescribing, or both.
- The vast majority of APRNs will meet the experience requirement upon implementation of the compact. Upon the implementation of the APRN Compact, all APRNs with 2,080 hours of practice that meet the uniform licensure requirements will be eligible for multistate licensure.

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**David C. Benton, RGN, PhD, FFNF, FRCN, FAAN
CEO**

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Why are these changes necessary?

- COVID-19 and the increased demand for tele-practice both clinical and in education has demonstrated the urgent need for a compact to facilitate consistent, speedy, safe and accountable mobility.
- Without the 2080 hours only 14 states will ever be eligible to join the compact as these 14 states already have independent practice and prescriptive authority for all 4 roles or just need minor modifications.
- 41 States/Territories it would be a nearly impossible political probability to join the compact without the introduction of the 2080-hour experience requirement.

Impact of changes ^(A) – 2080-hour experience

- Provides a pathway to achieving a compact nation by removing “stop at the border” to gain TTP – hours before practicing in a TTP state.
- 92% of APRNs will be eligible to apply for a multi-state license from day one of implementation of the compact.
- Immediately increases the number of states able to join the compact from 14 to 23 states.

Impact of changes ^(B) – 2080-hour experience

- Of the remaining 32 states the 2080 requirement would assist 9 states by addressing existing TTP requirements
- The remaining states have significant restrictions to independent practice but again the 2080 hours would potentially help.
- In recent years all the states that have found a path to independent practice have included TTPs so the 2080 hours of experience will help limit the impact of such agreements.

Some Examples Imagine that New York joined the compact

- Mary is a CNP working in Oregon and moves to New York. Oregon is a full practice state and a member of the compact. Mary has been working independently for 5 years. Under Oregon law there is no need for any collaborative agreements.
 - **BEFORE JOINING THE COMPACT**
 - New York requires Mary to complete 3,600 hours of physician supervised collaborative practice before she can work independently again.
 - **AFTER JOINING THE COMPACT**
 - Mary has already more than 2080 hours of experience and has a multi-state license. Mary can work independently from day one.

Some Examples Imagine that Connecticut joined the compact

- Adam is a CRNA working in Connecticut and licensed 6 months ago. Connecticut requires a collaboration agreement for 2000 hours **AND** 3 years before full independent practice is achieved.
 - **BEFORE JOINING THE COMPACT**
 - Adam has to work a further 2.5 years under a collaboration agreement.
 - **AFTER JOINING THE COMPACT**
 - Adam has already 6 months 1040 hours of experience. After a further 6 months (1040 hours of experience) under the existing state law that requires him to have a collaborative agreement he is now eligible for a multi-state license and because the state has joined the compact the remaining 2 years of collaboration is not needed as a result of supremacy of the compact law.

Some Examples – Telehealth across 4 States

- Kathleen, an experienced CNP has just taken up a position in a large multi-state health system. Her state of legal residence is a full practice state but the three facilities that she will be routinely deployed to are located in three states that require different collaborative agreements.
 - **BEFORE THE COMPACT**
 - Kathleen needs to meet all the requirements of holding a license in each of the four states. This incurs considerable costs. The states have different re-licensure requirements and the required collaborative agreements are of differing lengths, in one case there is a geographic proximity requirement and in another the potential collaborating physician is about to retire.
 - **AFTER THE STATES JOIN THE COMPACT**
 - Kathleen obtains a multi-state license as she has well over 2080 hours of experience in her State of legal residence. As she now has a multi-state license, she works under a privilege to practice in the other three states without the need for any collaborating agreements, meeting differing re-licensure requirements or the cost of individual licenses.

Bottom Lines

- Changes have no impact on APRNs ability to obtain a single state license or licenses.
- When a State joins the implemented compact 92% of APRNs are eligible for multi-state license from day one.
- Without a compact APRNs will continue to incur formidable and expensive barriers to mobility
- Having a compact in place facilitates safe deployment of staff into the state during times of public health emergency.
- Proposed changes provides a pathway to achieving a compact nation and facilitates mobility and modern treatment modalities.
- The redesigned compact reinforces the LACE model; provides a means of accelerating attainment of full practice authority by avoiding the need to stop at the border of those states with TTPs; and reduces those TTPs that are in place in excess of 2080 hours.



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Questions?

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