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2020 NCSBN Annual Meeting - Committee Forum: APRN Compact Video Transcript

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Event

2020 NCSBN Annual Meeting

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Presenters

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♪ [music] ♪ - [Rebecca] Hi. My name is Rebecca Fotsch, and I am the director of State Advocacy and Legislative Affairs at NCSBN. I'm here today to present on the APRN compact changes. I'd like to briefly remind the delegates why we are voting on the language today.

You may remember that the APRN compact language was up for a vote last year at Delegate Assembly, but the board of directors decided to withhold a vote on the compact, in order to address concerns voiced from the LACE Network. This is the network created by the consensus model that represents APRN licensure, accreditation, certification, and education stakeholders.

NCSBN hosted a meeting with LACE participants to provide an outlet for discussion on the recommended changes to the APRN compact. The board of directors reviewed the stakeholders' concerns, and in response to concerns raised at that meeting regarding the examination requirement language, the board of directors decided to recommend the language be modified to be consistent with the consensus model.

After the revised draft was presented at Midyear Meeting in March 2020, the board of directors surveyed membership for feedback on two of the major changes. The first major change is the requirement for 2,080 hours of practice before being eligible for a multistate license.

The second major change is allowing felony convictions to be analyzed on a case-by-case basis. After surveying membership, the results showed 73% of those surveys support the 2,080-practice-hour requirement. A case-by-case analysis of felonies, on the other hand, was supported by only 48% of respondents.

Fifty-two percent of respondents favored mirroring the felony language in the NLC. The board decided to make the following final recommendations. Require 2,080 hours of practice, equivalent to 1 year full-

time practice, as a requirement to be eligible 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.

It will include uniform licensure requirements, modeled after the NLC and the APRN consensus model elements. This includes, passage of a national certification exam through national certification programs. Decrease the number of states required for the compact to become effective from 10 to 7.

Allow prescribing of non-controlled substances by multistate licensees. Maintain uniformity with the NLC in barring applicants with felonies from multistate licensure. Amend the compact to include an affirmative statement that the compact has no jurisdiction over a single-state license, and an individual can elect to apply for a single-state license, even if they qualify for a multistate license.

Additionally, there are some smaller recommendations, including providing the commission the power to issue an advisory opinion, clarifying the definitions of party state laws and encumbrance, and revise the finding and declarations to address the wide range of actors who benefit from the compact. Next, I'd like to spend a few minutes to discuss the 2,080-hour practice requirement, since I know there was some uneasiness about this language expressed at Midyear Meeting.

There are a few points that I think that it's important to stress. This is not a requirement for a transition to practice. It only requires practice hours. Those hours could be independent practice, if you are in an independent practice state, or a transition to practice hours if your state currently has a TTP in law.

But what is most important to stress is that the hours are requiring post-single-state licensure experience. It does not require that that experience be under a collaborative agreement or any other supervisory requirement. By way of example, if you are a state that has already enacted independent practice for APRNs, then once you join the compact, all of your licensed nurses who have already practiced for 2,080 hours will be eligible for a multistate license.

For those new APRNs who have not yet practiced 2,080 hours, they will need to meet that threshold before they can be eligible for a multistate license. In essence, the vast majority of APRNs in a state will be eligible to enjoy the benefits of a multistate license as soon as the state joins the APRN compact.

And for a small minority, those that have not yet practiced 2,080 hours, namely, new grads, their practice will remain the same as it is today until they meet that threshold. The purpose of the 2,080-hour requirement is to broaden the pool of states eligible to join the APRN compact.

While working to get the APRN compact enacted in states, we hit a major roadblock. Eleven states have enacted independent practice with no transition to practice. However, any state that has recently enacted independent practice has had to do so by including a transition to practice. The hours may vary, but the fact remains the same.

Nursing coalitions are finding it necessary to include a TTP in order to gain independent practice in state legislatures. It's a compromise that, while not ideal, has led to independent practice for APRNs in the majority of states over the last decade. There are currently 17 states that have enacted transitions to practice for one or more APRN roles for independent prescriptive authority, practice, or both.

The compromises were seen as necessary by nursing stakeholders to achieve independent practice, which leads to better access to care for patients. Unfortunately, or fortunately, depending on the way you look at it, compacts do not allow for much compromise or negotiation at the legislative level.

As we are all aware, compacts are contracts among states, and the language must remain substantially the same, so that every state agrees to the same terms of the contract. Due to this, the compromise needs to take place on the front end in order to achieve that final enactment.

While we wish we lived in a world with no transitions to practice, the reality is that not only do many states currently practice under TTPs, but legislative trends indicate that most, if not all restricted states, will use TTPs to gain independence in the near future. We include the 2,080-practice-hour requirement to expand the pool of states eligible to enact the compact today, and those that are likely to in the future.

Nursing coalitions and states have worked tirelessly to get their state's independent practice by making the practical compromise of a TTP. Accommodating those states by including a 2,080-hour practice requirement in order to increase the number of states able to join the compact is also a practical compromise to get the compact off the ground.

The change is not being made to appease physician groups, nor is it being made because we feel like fighting the physicians without the practice requirement will be too hard. The change is being made because we believe this is the best way to form an APRN compact, offer APRNs licensure mobility, and help provide patients with better access to care, something that NCSBN has been trying to accomplish for over 20 years.

Over the past months, the majority of states have waived the licensure requirements in response to the COVID-19 pandemic. It is now painfully obvious how urgent the need is for a mobile APRN workforce to provide patients with the access to care they so desperately need.

- [David] It is clear from the comments received that there is lack of clarity over why the changes regarding the 2,080 hours are necessary. With increased demand for telehealth practice, both for clinical and education purposes, there is a need to have a compact that facilitates consistent, speedy, safe, and accountable mobility and service delivery.

Let me be absolutely clear, without the 2,080 hours of experience, only 14 states will ever be able to join the compact. For 41 States and territories, it would be a near political impossibility to join the compact without introduction of the 2,080 hours requirement. Let me explain what the 2,080 hours of experience does. Firstly, it provides a pathway to achieving a compact nation by removing "stop at the border" to gain TTP hours, prior to practicing independently in TTP states.

But 92% of APRNs will meet the 2,080 hours requirement for a multistate license from Day 1 of a state joining the compact. Only newly qualified individuals without 2,080 hours of experience will not be eligible until they gain that experience. By introducing the 2,080 hours' experience requirement, we immediately increase the number of states able to join the compact from a maximum of 14 to 23.

Of the remaining 32 states, the 2,080 hours requirement would immediately help 9 states by addressing lengthy TTP requirements. In recent years, all states that have found a path to independent practice have included TTPs. So the 2,080 hours of experience will help limit the impact of these agreements.

Let me show you, in practical terms, what the 2,080 hours will do. Imagine that you have a compact, and Oregon is a member. 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 five years.

Under Oregon law, there is no need for any collaborative agreements. Before joining the compact, Mary would need to undertake 360 hours of supervised practice before being able to work independently in New York. If New York joined the compact, Mary would just need to demonstrate that she has had 2,080 hours of experience, and would be able to work independently from Day 1.

Let's consider an example where Connecticut is a member of the compact. Adam, a CRNA, has had his license for six months. Connecticut requires a collaborative agreement for 2,000 hours and 3 years before granting independent practice. Before joining the compact, Adam would have to work another 2.5 years under a collaborative agreement.

After joining the compact, as Adam has already worked 6 months or 1040 hours, he would just need to work a further 6 months, under the existing state law, before he would get a compact license. Resulting from compact law supremacy, the need for a further two years of supervised practice is removed. Kathleen, an experienced CNP, has just taken up a position in a large multistate health system.

Her state of legal residence is a full-practice state, but the three facilities that she will be routinely deployed to is 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 collaborating 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 multistate license as she has well over 2,080 hours of experience in her state of legal residence.

As she now has a multistate license, she works under a privilege to practice in the other three states without the need for any collaborating agreements, meeting different re-licensure requirements, or the cost of individual licenses. Finally, and let me summarize, these 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 multistate licenses from Day 1. Without a compact, APRNs will continue to incur formidable delays and experience barriers to mobility. Having a compact in place facilitates safe deployment of staff into the state during times of public health emergency.

Proposed changes provide a pathway to achieving a compact nation, and facilitate 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 2,080 hours.