“You feel that what you’re doing matters.”

NCSBN’s CRE grants advance the science of nursing policy and regulation. Researchers share their experiences.

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The Impact of Mentorship

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Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was initially created to lessen the burdens of state governments and bring together nursing regulatory bodies (NRBs) to act and counsel together on matters of common interest. It has evolved into one of the leading voices of regulation across the world.

NCSBN’s membership is comprised of the NRBs in the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are five exam user members and 25 associate members that are either NRBs or empowered regulatory authorities from other countries or territories.

Mission: NCSBN empowers and supports nursing regulators in their mandate to protect the public.

The statements and opinions expressed are those of NCSBN and not the individual member state or territorial boards of nursing.

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The APRN Compact: Two Years in Legislative Action

In August 2020, NCSBN delegates adopted model language for the APRN Compact. Since this adoption, the APRN Compact has been introduced in the 2021 and 2022 legislative sessions and has been enacted in three states, Delaware, North Dakota and Utah. Once seven states adopt the model language, the APRN Compact will become operational. After two years of legislative action, the APRN Compact has found a strong source of support in state-level nursing organizations and many lessons have been learned regarding the policy.

The APRN Compact was also introduced in Maryland in the 2022 legislative session and was heard by the Senate Education, Health and Environment Committee. While this bill ultimately did not advance, we anticipate a reintroduction of the APRN Compact in Maryland in the 2023 legislative session. On March 10, 2021, North Dakota became the first state to enact the APRN Compact with nearly unanimous legislative support. This bill was supported by the North Dakota Nurse Practitioner Association, the North Dakota Association of Nurse Anesthetists, and the North Dakota Nurses Association, among other stakeholders. North Dakota is a state with full independent practice and does not have a transition to practice (TTP) period, a requisite period of temporary supervision, collaboration, or mentorship with a physician or other health care provider prior to independent practice. Because of this, there was concern expressed by national stakeholder groups that the physician lobby in the state would equate the APRN Compact’s inclusion of a 2,080-hour practice uniform licensure requirement to a restrictive TTP and lobby for the state to adopt a TTP. This fear was not realized, as neither lawmakers nor physician groups argued before the legislature that APRNs should be restricted by a TTP period.

The Nurse Licensure Compact (NLC) increases access to care while maintaining public protection. Under the NLC, nurses can practice in other NLC states without having to obtain additional licenses. Take action to bring the NLC to your state. Visit www.nursecompact.com or contact NurseCompact@ncsbn.org.

The APRN Compact allows an advanced practice registered nurse to hold one multistate license with a privilege to practice in other compact states. The APRN Compact will be implemented when seven states have enacted legislation. Take action to bring the APRN Compact to your state. Visit www.aprncompact.com or contact aprncompact@ncsbn.org.

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A Policy Solution: 2,080-Hour Practice Requirement for Obtaining a Multistate License

The APRN Compact allows multistate licensees to practice without a supervisory, collaborative, or mentorship relationship with a physician or any other health care provider and the prevalence of TTPs created a barrier to the legislative feasibility of the compact. A 2,080-hour practice requirement was included as a uniform licensure requirement to obtain a multistate license, a practical solution to achieve licensure mobility for APRNs, without imposing the restrictions of a TTP on licensees. After analyzing TTPs across the country in 2018, the most common length was 2,080 hours, so, the number was chosen to enable a majority of states with the TTP roadblock to have a better chance of successfully enacting the APRN Compact.

It is crucial to note that about 90% of APRN licensees would meet this requirement on day one.

In addition to support seen at state legislatures from nursing organizations, the APRN Compact has also seen strong backing from individual APRNs, which has been demonstrated through surveys conducted by boards of nursing. A 2021 survey conducted in Wyoming found that 45% of APRNs held active licenses in more than one state and 72% of APRNs supported the adoption of the APRN Compact. In a 2022 Maryland Board of Nursing survey, 92.57% of participants stated they would be supportive of a 2022 introduction of APRN Compact legislation. Finally, Arizona conducted a survey in 2022 which revealed that 65% of APRNs felt there was a need to provide APRN care or educational services to individuals living or traveling outside of the state, and 92.5% of APRNs stated that they are in favor of Arizona adopting the APRN Compact. These surveys demonstrate both the need and wide support for the APRN Compact among APRN licensees.

Over the past two legislative sessions, the APRN Compact has continued to grow in membership and in state-level organizational support. Surveys have demonstrated increased interest from individual APRNs as they continue to learn how the APRN Compact will benefit their practice and the potential multistate licensure has for modernizing the APRN profession.

The Future … More Interstate Licensure Compacts

In a recent issue of In Focus, we shared the progress of current interstate licensure compacts. While the pandemic fueled the passage of a record number of licensure compact bills, this public health emergency also caused other professions to consider alternate pathways to enable licensure portability and practitioner mobility. While physicians and nurses were a focus during the pandemic, nearly all health care professions were impacted during a time when practitioner mobility was needed most. Mobility and cross-border telehealth practice enable the existing workforce to stretch its capabilities and resources to attend to the greatest number of patients. This is the type of workforce agility that is needed, especially during a wide-scale crisis event.

The current operational licensure compacts encompass registered nurses (RNs), licensed practical/vocational nurses (LPN/VNs), advanced practice registered nurses (APRNs), physicians, physical therapists, emergency medical technicians and psychologists. Other professions, both in and out of the health care field, are in various phases of compact development or implementation. Occupational therapists, speech-language pathologists and audiologists and counselors have recently met the threshold number of enacted states to become operational. These compacts will hold inaugural commission meetings in the near future.

In 2023, we expect to see the initial compact bills introduced in state legislatures for the professions of social work, teaching and cosmetology/barbering. We also anticipate that dentistry, massage therapy and physician assistants will complete the stakeholder review and final drafting phases of their respective compacts in 2023.

Four additional health care professions and one non-health care profession are in the due diligence phase; investigating the potential of an interstate licensure compact for their respective professions. In the next several years, approximately 20 licensure compacts for health care professions could be realized.

Much of the recent activity related to the development of interstate licensure compacts has been due to the availability of grants from the U.S. Department of Defense (DoD). The DoD has been very supportive of occupational licensure reform which enables streamlined licensure for military and military dependents.

Delaware Gov. John Carey signed the APRN Compact into law on Aug. 4, 2021, making Delaware the second state to enact the APRN Compact. Delaware was the first state to successfully remove their TTP from statute in a companion bill to the APRN Compact legislation. The APRN Compact not only spurred the removal of a 24-month TTP, but also eliminated the joint regulation of APRNs by the Delaware Board of Medical Licensure & Discipline. The Delaware Nurses Association, the Delaware Association of Nurse Anesthetists, and the Delaware Organization of Nurse Leaders were among key supporters of the APRN Compact.

The third and most recent state to enact the APRN Compact was Utah, which enacted legislation during the 2022 legislative session. The Utah Nurse Practitioners Association took the helm on APRN Compact efforts by having the bill introduced and leading a coalition that included the Utah Nurses Association, the Utah Association of Nurse Anesthetists and the University of Utah School of Nursing, among others. While this bill ultimately passed with unanimous support, there was opposition from two organizations- the Utah Medical Association who opposed the full practice authority provisions in the compact, and the American Association of Nurse Practitioners who continued to have concerns over the 2,080-hour experience requirement. Despite opposition, Utah nursing stakeholders united behind the compact and propelled the bill forward to passage.
Motivated for the Future
A Seasoned Clinician and Educator Finds Support and Inspiration in NCSBN’s International Center for Regulatory Scholarship Certificate Program

Gerianne Babbo, EdD, MN, RN, first learned about the International Center for Regulatory Scholarship (ICRS) certificate program via an email she received shortly after she had transitioned to a new leadership role at her board of nursing. “When I received that email I thought, this is a wonderful opportunity to learn and grow in the nursing regulatory body of knowledge, and it was perfectly timed for this new position I’d started.”

Babbo is a seasoned clinician who worked in emergency trauma, both as a staff nurse and as an administrator in the ER. She also worked in acute dialysis as a head nurse. As an educator, she was nursing program faculty member for 28 years, and a dean for 15 of those years.

In 2019 Babbo embarked on a new path and was hired as an education nurse consultant at the Washington State Nursing Care Quality Assurance Commission. Shortly after starting, her superior left and Babbo was chosen for that role, director of education. “When the opportunity presented itself, it was a new experience and a bit of a risk,” she recalls. “And then when my boss left, I was really in a position where I thought, ‘okay, this is on my shoulders.’"

The ICRS certificate program is a competency based, experiential, online and blended course of study. Participants enhance their knowledge and skills in governance, expand their leadership skills and network with participants around the world and. Courses are offered in 4, 8 or 12-week segments and taught by renowned experts who lead discussions and provide feedback on assignments.

The faculty were very supportive and were there to do anything we needed in order to learn.
— Gerianne Babbo

continued on page 10
After earning six online credits and attending the Advanced Leadership Institute, participants are awarded an ICRS certificate. Courses are offered at no charge for NCSBN members. Tuition for nonmembers is currently $300 and includes all course materials and texts. ICRS certificate program participants pursue one of three pathways, Governance & Leadership, Public Policy & Legislation or Research & Measurement. Babbo chose the Governance & Leadership pathway because she felt it would be useful in her new role.

Her first class was The Role of the Education Consultant, taught by NCSBN’s Director of Nursing Education Nancy Spector, PhD, RN, FAAN, and Senior Associate, Nursing Education Josephine Silvestre, MSN, RN (this course has evolved into Cracking the Code to Nursing Education Program Approval: The Evidence). “That course was fabulous, and the content was applicable to everyday work as the director of the education program,” says Babbo. She explains she learned how to create a dashboard that includes pertinent information about Washington’s nursing programs. “At the time it was challenging keeping track of program approval dates and times. I was able to take that idea, and work we had done in class, and apply it directly to what we actually did at the board. We still use the dashboard to this day. I also kept a notebook of articles for each course I took. I knew I was going to be hiring for my old position and I have a wonderful notebook I can now use to orient future education consultants. As another example, nurse educators frequently ask us why they need to have national accreditation and approval from boards of nursing. Dr. Spector presented articles she had written about those very topics, so I was able to share them with deans and directors. These were very practical, realistic assignments that have helped me in my role. And that’s not always the case in education. I really appreciated how meaningful the content was.”

Another course that stood out for Babbo was Synergy or Strife? Communication Skills for Regulatory Professionals, taught by NCSBN Nursing Regulation Associate Sherri Ter Molen, PhD, MA. “That was a wonderful course, such useful information. My husband teaches interpersonal communications at the college level and I was discussing some of the content with him.”

Babbo had many other positive experiences. “I felt like the purpose was truly to learn,” she explains. “The faculty were very supportive and were there to do anything we needed in order to learn. Administrative Law, taught by Eileen Fry-Bowers, PhD, JD, APRN, FAAN, was excellent. I found it challenging and, I’m not embarrassed to say, humbling. We had to do some case studies, and I put a lot of work into it.”

In Experts In Humanity: The History of Nursing Education, taught by NCSBN Nursing Regulation Associate Amy Lippert, PhD, MA, Lippert took the time to answer some of Babbo’s questions. “She explained from a historical perspective why we might be where we are today in our country. The entire faculty created an environment that was very conducive to learning. As an educator myself for 28 years, it was exactly what I would have hoped for in a classroom — and you’re not always successful. I found that the faculty were amazing.”

Babbo also made connections with other nurse regulators. “The connections, both with NCSBN and my colleagues across the U.S. have been wonderful. I’ve had conversations with counterparts who were in some of my courses and it’s like we are old friends. I was new in my role back when I started and it was nice to make those connections. I feel like I have a community of nurse regulators, and that’s special.”

ICRS participants who complete the certificate program requirements are eligible to attend the Advanced Leadership Institute, an exclusive, invitation-only event featuring speakers and a graduation ceremony. The inaugural ICRS Advanced Leadership Institute was held April 6–7, 2022, in Washington, D.C. and graduated 32 scholars from around the world. Babbo praises the event’s content and the speakers’ positive, hopeful and insightful message. “They shared their experiences and their perspective, and it was quite thought-provoking. We have been hit recently with so many challenging situations. The Leadership Institute filled my spirit and gave me tremendous things to ponder and to think about. It was also very motivating. In fact, a colleague turned to me at one point and said, ‘this makes me wish I was 25 years younger!’ There’s so much to accomplish, and if we do this together, we can grow.”

Even though she graduated, Babbo plans to continue taking ICRS courses. “This is an amazing opportunity to take excellent courses with content that is applicable to your everyday work. I encourage everyone to do it. I am going to sign up for another course because I want to learn about survey development. It’s not over just because I earned the certificate.”

Courses are currently open for enrollment to all regulatory, nursing and policy leaders around the world. Access to ICRS courses is free of charge to all NCSBN Members, Associate Members and Exam User Members. Contact ICRS for questions concerning the courses, refunds and/or tuition assistance.

The culmination of the ICRS certificate program is the ICRS Advanced Leadership Institute, a conference where ICRS participants hear world-renowned speakers, network with their peers and enjoy a celebratory graduation ceremony and dinner. The first ICRS Advanced Leadership Institute was held April 6–7, 2022, in Washington, D.C.
Foundations of Regulation
Dive into the world of regulation with courses designed for professionals looking to enhance their regulatory skills and knowledge. Perfect for new staff members or those interested in serving on boards and committees. Each self-paced course can be completed in one day and all offer continuing education (CE) credits.

Certificate Program
Take the next step in regulation with this competency-based program, offering courses to enhance leadership and governance skills. This online and blended curriculum is designed to cultivate and elevate leaders of state, national and international regulatory bodies. This two-year program provides specialized education on topics unique to health care regulation along three pathways: Governance & Leadership, Public Policy & Legislation, Research & Measurement.

Advanced Leadership Institute
At the culmination of the ICRS certificate program, participants graduate at the Advanced Leadership Institute, an exclusive, invitation-only event that will take them to the next level in their journey as a leader in regulation. They will learn from prominent leaders and network with other regulatory professionals from around the world.

Explore the courses at icrsncsbn.org

Mentor Impact on My Leadership Journey
By Tammy Buchholz, DNP, RN, CNE, FRE, Chair, NCSBN Leadership Succession Committee, Associate Director for Education, North Dakota Board of Nursing

Impact. The word is defined by Merriam-Webster as “having a strong effect on someone or something.” Reflecting on my professional journey as a nurse, I am struck by how many amazing people invested in me and impacted the direction of my career: encouragement from a supervisor who saw leadership potential in me; consistent nudges from a colleague who saw my love for teaching and my potential as a nurse educator and put the idea of graduate school in my head. These impacts were career and life-changing for me.
Many remarkable mentors have impacted my leadership journey and guided me to set ever-higher goals for myself and to achieve those goals. At key points in my life when I decided to make a role change or pursue more education, specific individuals were instrumental in my decision making, choices and eventual successes.

In 2020 while completing my doctoral degree, my research focus was on the professional development of novice nurse faculty. I found a mountain of evidence supporting the mentoring relationship in the nursing education environment. But there is also a tremendous amount of evidence supporting mentoring in general, not just specific to nursing or nursing education. Fedele (2018) describes the benefits to both the mentor and mentee who engage in a collaborative relationship and notes that there are rewards for both. The mentor has an opportunity to give back to the profession while supporting the career advancement for someone. The mentee can gain confidence, knowledge, and skills while having guidance and support to reach professional goals.

One of the most effective mentors who impacted my career was a nurse who served as my mentor while I conducted a research study in pursuit of my NCSBN Fellow of Regulatory Excellence credential. This mentor was kind and supportive, always challenging me yet always conveying her belief in me and my ability. She gave me positive feedback when deserved and constructive feedback in a respectful and gentle manner that was never intimidating or demeaning. She was consistent and clear and always encouraged my growth. When I told her I could not have achieved my goals without her, she humbly replied that I certainly could have, but she was delighted to have been able to work with me and contribute in a small way.

That mentor was Mary Baroni, PhD, RN, the recipient of NCSBN’s 2020 Exceptional Contribution Award. After our initial introduction, I quickly realized my good fortune in having crossed paths with Mary, who has given unselfishly of her gifts and time to mentor others for over three decades. When accepting her NCSBN award, she acknowledged her incredible role models and mentors who served to guide her on her nursing regulation journey. She also shared her awareness that we are all part of something much larger and more important than any one person, and noted that exceptional contributions most often occur when approached with a collaborative spirit and a common good faith.

My positive mentor relationships have empowered me to achieve goals far beyond what I believed I was capable of. I can only hope to pay it forward and be the type of mentor for others whom I have had role-modeled for me. — Tammy Buchholz

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References
At its heart, a grant is an investment in positive change. Established 15 years ago, NCSBN’s Center for Regulatory Excellence (CRE) Grant Program has awarded nearly $23 million in grants to 98 grantees. The program provides up to $300,000 in funding for scientific research projects that promote positive change by advancing the science of nursing policy and regulation and building regulatory expertise worldwide.

“The NCSBN CRE Grant Program is the only grant program in the U.S. that focuses on advancing the science of nursing policy and regulation,” says Maryann Alexander, PhD, RN, FAAN, NCSBN chief officer of Nursing Regulation and director of the CRE Grant Program.

NCSBN’s website lists a number of research priorities potential applicants may consider. Additional factors that may go into consideration include NCSBN’s current strategic initiatives; the expressed needs of NCSBN members, including evidence that may support policy objectives; and known gaps in research literature.
“Research that addresses important regulatory or policy issues, as well as NCSBN research priorities, is key,” explains Nancy Spector, PhD, RN, FAAN, NCSBN director of Nursing Education. “However, we especially look for a study to be rigorously conducted, addressing any of the intervening variables. The lead researcher should have experience in writing proposals and conducting studies and should come from an institution that has a record of supporting researchers.”

Proposals are considered by a grant review committee that includes Spector, members of the NCSBN Research Department and three external consultants from universities. “Our external reviewers have in-depth experience, both with conducting research and with reviewing grants for other organizations, including NIH,” says Spector.

Once a grant proposal is accepted and contractual paperwork completed, grantees make quarterly progress reports to NCSBN, detailing their adherence to the project’s timeline and budget. Changes to the timeline, budget or the study design must be reviewed and approved by the grant review committee. Once a study is completed, any unused funds are returned to NCSBN. Grantees may then submit a manuscript containing their major findings for publication in NCSBN. Grantees may then submit a manuscript containing their major findings for publication in the Journal of Nursing Regulation.

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— Maryann Alexander

CRE Grant Program

Next Submission Due Date: March 31, 2023

Apply for grants up to $300,000.

All projects are to be completed in 12-24 months following the project start date.

CRE Grant Program Research Priorities

• Impact of legalized marijuana
• Substance use disorders in nursing
• National and international regulatory issues
• Economic analyses, e.g., Nurse Licensure Compact, APRN practice, etc.
• Remediation
• Innovations in nursing education

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even tentative ideas, I have received honest, authentic, constructive feedback. NCSBN’s willingness to share feedback has at times opened our eyes to how our work could be better. I felt like we learned something about how to make a better project. And that was nice for the students too, to see that process.”

Trinkoff adds that NCSBN’s engagement goes beyond just constructive feedback. “They invest in the studies. They care about what they are funding, they are there to help and they’re happy to share their wisdom. I share those values, too, in terms of helping other people. In a sense, the more the merrier. They have a lot of insight.”

Trinkoff says she feels fortunate to have found the CRE Grant Program. “They helped me to develop a body of work. And when I look back at some of the other people they have funded — just some of the most thoughtful people in the field who had something to say and questions to answer for nursing. I have been lucky enough to have substantial funding from NCSBN, but if you multiply that by the other researchers year after year, it begins to add up to something quite striking and important.”

The CRE is a great sponsor that supports researcher autonomy. And it is a great way to get research out to the right policymakers and the right audience.

— Moiz Bhai

In 2020, Bhai received a CRE grant to examine how scope of practice reforms that allow nurse practitioners independent practice authority impact children’s health. An article on the study will appear in a forthcoming issue of JNR. He and co-author David T. Mitchell, PhD, University of Central Arkansas, also recently had an article, “The Effects of Occupational Licensing Reform for Nurse Practitioners on Children’s Health,” published in Southern Economic Journal.

Bhai observes that health care-focused public policy proposals are often demand-side interventions, like the Affordable Care Act (ACA) and the Children’s Health Insurance Program (CHIP). Such demand-side interventions, while beneficial, can exacerbate provider shortages. Bhai feels the potential for supply-side interventions to improve access to care gets overlooked. His study focuses on occupational licensing restrictions, namely those limiting independent practice authority, a scope-of-practice limitation for nurse practitioners. Bhai’s findings indicate that an expansion in the supply of health care through occupational licensing reform can positively influence health outcomes for children.

“The process was full of integrity.”

As an economist, Moiz Bhai, PhD, MA, is interested in how public policies can impact health outcomes. “My research interests are primarily in labor, health and education economics,” he explains. “Recently, I have worked primarily in the area of scope of practice and occupational licensing.”

Bhai is associate professor in the Department of Economics and Finance at the University of Arkansas at Little Rock. He teaches classes in predictive analytics and intermediate microeconomics. He is also an affiliate research fellow at the Health Economics and Analytics Lab at the Georgia Institute of Technology where he does research on insurance such as Medicare Advantage.

“The process was full of integrity.”

“One aim of my research is to analyze public policies and see if there is any way to make the world better,” says Bhai. “Can we reform our public policies to make America better? In the case of health care, that’s improving access to care, reducing disparities and making Americans healthier.”
Bhai applied for the CRE grant on the NCSBN website. “My experience with CRE has been very positive. They have sponsored and reviewed the research, and they have been very supportive in modifying timelines as needed. But what good funders — they are involved while also providing autonomy. Good funders will generally accept the proposal, provide funding and then the research is what it is. The CRE process has been full of integrity. To people considering applying, I would say that if it is a good fit, you should consider it. The CRE is a great sponsor that supports researcher autonomy. And it is a great way to get research out to the right policymakers and the right audience.”

One of the criteria the CRE review panel considers when reviewing a grant proposal is whether or not it contributes to the nursing regulatory body of knowledge. When asked how his research does this, Bhai says, “the strength that a population health-focused project like this brings is that it shows how nursing regulations matter. It contributes to how these nursing regulations affect the U.S. as a whole. The whole idea is that these supply-side changes are good for advanced practice registered nurses, they’re beneficial to consumers and they’re good for society.”

**“The CRE program is adaptable and flexible.”**

While evidence points to the therapeutic benefits of medical marijuana use, the complexities of local, state and federal regulations have presented challenges for patients and health care providers. As more U.S. states legalize marijuana for medical use, nurses and nurse leaders will play increasingly important roles. “The regulatory system is not equipped to deal with this reality,” says Ellen T. Kurtzman, PhD, MPH, RN, FAAN. “It often moves slower than what occurs in the public space.”

Kurtzman is a professor and executive director of Health Administration at the Rutgers University, Edward J. Bloustein School of Planning and Public Policy. Her research explores the impact of federal, state, and institutional policies on health care quality and the role of the health care workforce in achieving higher value care. “I always hope that my research provides insights and guidance about how policy influences the health care delivery system,” she says. “And how different policies, better policies or smarter policies might have a more favorable impact on the health care delivery system.”

It has been fantastic. The staff are easy to work with and the structure of the program allows for more flexibility than other grants.

— Ellen T. Kurtzman

In July 2022, her article, “Nurse Leaders’ Attitudes Toward and Experiences With Medical Marijuana,” was published in JNR. It reports on the findings of an 18-month, mixed-methods study supported by NCSBN’s CRE Grant Program.

Medical marijuana came on Kurtzman’s radar several years ago when she was a Robert Wood Johnson Health Policy fellow, a program that places researchers and social scientists on Capitol Hill to learn about policy and congressional action. She worked in the Office of the Surgeon General, where she got her first exposure to marijuana policy. When she resumed her academic role, her research began to include marijuana policy and how it influences the health care delivery system and vice versa. “It was really my time in the surgeon general’s office that gave me a taste of how complicated the marijuana policy landscape was and how, like other policies, it’s really a patchwork of 50 different state policies.”

Kurtzman was aware of the CRE grant program. “Researchers are always looking for sponsors to support their research,” she says. “The CRE program had been on my radar for quite some time. I took a look at the CRE website and saw that one of the program’s priorities happened to be the impact of legalized marijuana. After many years looking for an opportunity, this seemed like the perfect project to submit.”

Seeking to examine nurse leaders’ attitudes toward and experiences with medical marijuana by state policy environment, Kurtzman assembled a team to conduct focus groups and interviews with nurse leaders about the influence of medical marijuana legalization. “From those interviews and focus groups, we designed a national survey that was fielded with the CRE grant program’s support. A sizeable sample responded to the national survey; approximately 800 nurse leaders. And we fielded it in the summer of 2021. The research drew lessons and new knowledge from the focus groups, from the interviews and from the national sample that completed the survey.”

The study found that nurse leaders were supportive of legalization and viewed nurses and nursing organizations as central to patients’ acceptance of, access to, and use of medical marijuana. It also found that nurse leaders acknowledged they were unaware of existing guidelines on the topic, and most respondents believed education about medical marijuana should be provided in prelicensure programs.

Kurtzman is extremely complimentary of the CRE Grant Program. “It has been fantastic. The staff are easy to work with and the structure of the program allows for more flexibility than other grants. My project started just as COVID-19 was really taking off. We had to pivot on the spot and figure out a way to hold planned in-person interviews and focus groups virtually. We were able to make the shift seamlessly. It’s an example of how the CRE program is adaptable, and how the staff who administer the program are very accommodating when course corrections are needed.”

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In advance of the grant being funded, Kurtzman had conversations with Maryann Alexander. “I talked to Maryann about what would be appealing to nursing regulators and NCSBN in terms of the project. She shared her honest impressions, and I was able to make some adaptations to the grant and the proposal. It was consistent with what I wanted to do, and the changes made it more appealing to the funder.”

Kurtzman also praises the direct line of communication she maintained with staff. “It’s not a big bureaucracy, from my perspective. As a researcher, you want to spend your time doing research. I think the CRE program does a nice job recognizing that researchers need to be accountable, but it does not shift a disproportionate amount of my time to producing progress reports or project administration.”

With NCSBN’s support, Kurtzman has added several peer-reviewed articles to the research body of knowledge, something in short supply due to marijuana’s classification by the federal government as a Schedule I drug. “One of the lessons from my research is that it is confusing for patients, which makes it confusing for nurses. And that makes it confusing for the institutions in which nurses work. Everybody is perplexed about how to handle it while states are moving very quickly to legalize it, both for medical and recreational use. It is wonderful that NCSBN is interested in marijuana research and that it is a priority of the CRE grant program. It is difficult to find funding, and it is refreshing that the CRE program recognizes a gap and is willing to put support behind it.”

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News & Notes

Colorado Board of Nursing Supports Fee Relief for Nurses, Provides Resources
In recognition of the tremendous strain put on front line health care workers during the COVID-19 pandemic, in May 2022 the Colorado General Assembly passed, and Gov. Jared Polis signed, HB22-1298 Fee Relief Nurses Nurse Aides And Technicians to provide licensure and certification fee relief.

The Colorado Board of Nursing is fully supportive of this legislation and joins the Colorado General Assembly in thanking critical health care workers for their extraordinary service throughout the COVID-19 pandemic and continuing today. The Board is currently working to implement the bill.

View the Colorado Board of Nursing’s Fee Relief FAQ.

Renewal periods for Licensed Practical Nurses, Registered Nurses, Certified Nurse Aides, and Licensed Psychiatric Technicians in Colorado are staggered throughout the period running Aug. 31, 2022–Sept. 30, 2023. Renewals are largely handled online. Fees will be automatically deducted at the time of renewal.

West Virginia Board of Registered Nurses Announces Early Career Nurse Initiative
The West Virginia Board of Registered Nurses has announced the West Virginia Early Career Nurse Initiative, a new program that offers free virtual peer support groups for early-career nurses to support their transition from an academic setting to the professional health care workplace.

This initiative by the West Virginia Nurse Health Program (NHP), in partnership with Birchwood Solutions, will improve job satisfaction, resulting in an improved nurse retention rate for West Virginia.

Through confidential, facilitator-guided sessions, the program will:
- Promote skills for early career nurses (in their first three years of practice) to adjust to the health care workplace via professionally facilitated groups.
- Establish a safe, confidential environment where nurses can openly discuss workplace experiences, frustrations, struggles and challenges, and explore favorable resolutions.
- Address the experiences of early-career nurses and provide self-care and coping skills to decrease burnout and increase retention.
- Demonstrate to the early-career nurse that they are not alone, so they can explore reasons to stay.

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Maryann Alexander, PhD, RN, FAAN, editor-in-chief of the JNR, and chief officer of Nursing Regulation at NCSBN, sat down with In Focus to answer this and other questions.

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Why did NCSBN create the Journal of Nursing Regulation?
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“Regulation covers so many aspects of nursing – education, practice, substance use disorder, licensure. So while we are very focused on helping boards of nursing do their job in protecting the public, we also have something in the Journal for almost every nurse in the profession.”
— Maryann Alexander, PhD, RN, FAAN, Chief Nursing Officer

The JNR is a quarterly, peer-reviewed, academic and professional journal. It publishes scholarly articles that advance the science of nursing regulation, promote the mission and vision of NCSBN, and enhance communication and collaboration among nurse regulators, educators, practitioners and the scientific community.

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Congratulations to the NCSBN 2022 Awards Recipients

At NCSBN’s 2022 Annual Meeting in August, we celebrated the work that enhances public protection and honored the special awardees who made such enrichment possible. Their success inspires others on their own journey toward regulatory excellence. These awards honor not only the recipient but the accomplishments that effect positive change for the betterment of all.

R. Louise McManus Award
Anne Coghlan, MScN, RN, Former Executive Director and CEO, College of Nurses of Ontario

The R. Louise McManus Award is NCSBN’s most prestigious award. Individuals nominated for this award shall have made sustained and significant contributions through the highest commitment and dedication to the mission and vision of NCSBN.

Regulatory Achievement Award
North Dakota Board of Nursing

The Regulatory Achievement Award recognizes the member board or associate member that has made an identifiable, significant contribution to the mission and vision of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare.

Elaine Ellibee Award
Barbara Blozen, EdD, MA, RN-BC, CNL, Board President, New Jersey Board of Nursing

The Elaine Ellibee Award is granted to a member who has served as a board president within the past two years and who has made significant contributions to NCSBN.

Executive Officer Recognition Awards

Five Years
Denise Bowen, MN, RN, Executive Director, Registered Nurses Association of the Northwest Territories and Nunavut
Jeff Bugajn, Nursing Bureau Manager, Utah State Board of Nursing
Karen E.B. Evans, MSN, RN-BC, SD-CLTC, CLC, Executive Director, Maryland Board of Nursing
Phyllis Folk-Johnson, DNP, RN, FNP-BC, Executive Director, Mississippi Board of Nursing
Carol Moody, MS, RN, NEA-BC Administrator, South Carolina Board of Nursing
Carol Moreland, MSN, RN Executive Administrator, Kansas State Board of Nursing
Joy Poacock, MSc, RN, Chief Executive Officer/Registrar, College and Association of Registered Nurses of Alberta
Kerry Ryan Pryzybylo, JD, Manager, Boards and Committees Section, Michigan Board of Nursing
Wanda Wadman, MN, RN, Chief Executive Officer/Registrar, College of Licensed Practical Nurses of Newfoundland and Labrador

10 Years
Lynn Ansardi, RN, Executive Director, Louisiana State Board of Practical Nurse Examiners
Cynthia Johansen, MAL, MSc, Registrar/Chief Executive Officer, British Columbia College of Nurses and Midwives
Suzanne Sullivan, JD, RN, Executive Secretary, New York State Board of Nursing

20 Years
Jay Douglas, MSM, RN, CSAC, FNEA, Executive Director, Virginia Board of Nursing

Nominations Coming Soon
The NCSBN Awards Program recognizes the outstanding achievements of our membership and celebrates significant contributions to nursing regulation. NCSBN awards will be announced at the 2023 Annual Meeting.

NCSBN members can visit the Awards Program webpage for informative tools and guidance for preparing a comprehensive awards nomination.

Submission Deadline: March 2023

Watch videos of past awardees

Kim Glazier
LGU, RN
North Carolina Board of Nursing

R. Louise McManus Award

Lori Scholte
MCCLT, RN
Executive Director, Minnesota Board of Nursing

NCSBN AWARDS
Recognition. Celebration. Inspiration.

News & Notes highlights NCSBN member achievements and updates as well as individual leadership and staff accomplishments.

Have news to share? Send your News & Notes submissions via email.
NCSBN’s 44th annual meeting, the first in hybrid format, offered an opportunity for nursing regulators to be inspired and energized by speakers, focus group participation and discussion surrounding Delegate Assembly actions focused on public protection. A key action was the adoption of the 2023-2025 Strategic Initiatives that take into consideration our recent turbulent times and will ensure NCSBN is fit for the future.

— NCSBN Board of Directors President Jay Douglas, MSM, RN, CSAC, FRE, executive director, Virginia Board of Nursing