2019 NCSBN ANNUAL MEETING

CHICAGO · AUG. 21–23, 2019

APRN Compact Forum

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Task Force Members

Kathy Thomas, *Chair*

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NCSBN Staff

- Maryann Alexander
- Rebecca Fotsch
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How We Got Here

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- **APRN Compact adopted by NCSBN Delegate Assembly in 2015.**
- **Enactment in 3 states: Idaho, North Dakota, and Wyoming.**
- **Recent trends in APRN statutes and legislation hindered further enactments.**
  - Transitions to practice
  - Ancillary supervision provisions (ex. requiring collaborative agreement for APRNs working in pain management)
- **Legal analysis: APRN Compact would supersede all transitions to practice and ancillary supervision provisions.**

How We Got Here continued…

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- NCSBN Board of Directors convened a World Café in June 2018.
- BOD directs a Task Force to look at transitions to practice and ancillary supervisory provisions and make recommendations.
- Task Force recommendations presented at MYM in San Antonio, TX
- Online member feedback submission period completed and sent to BOD for review
- BOD moves to send APRN Compact amendments to Delegate Assembly

Proposed Amendment #1:

APRN Compact ULR for 2,080 hour experience requirement

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- **Key Findings**
  - No evidence to suggest TTPs are necessary for public protection.
  - 17 states have some type of transition to practice ranging from 400 hours to 10,000 hours. The most common TTP is 2,080 hours
  - The most common number of hours across states is 2,080 hours which is equivalent to 1 year full-time
- **Proposed Amendment**
  - Require APRNs to have 2,080 hours of **experience** before becoming eligible for a multistate license.
- **Key Points**
  - Experience must be in a role and population focus congruent with APRN education.
  - Vast majority of APRNs will meet 2,080 hour experience requirement upon implementation.

Proposed Amendment #2:

No change to APRN Compact in treatment of ancillary supervision provisions

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- **Key Findings**
  - Ancillary supervision provisions differ in role, setting, area of practice, geographic location, etc.
  - Uniformity is paramount to the safe and operational success of an interstate compact.
- **Example**

  Minnesota: "(b) A registered nurse anesthetist may perform nonsurgical therapies for acute and chronic pain symptoms upon referral and in collaboration with a physician licensed under chapter 147…"
- **Proposed Amendment**

  The APRN Compact should continue to supersede these provisions. If an ancillary provision requires a supervisory relationship with a physician, the compact will supersede that provision.

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Proposed Amendment #3:
Amend Article X to require seven state enactments.

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- **Key Findings**
  - Current effective date requires 10 state enactments
  - PSYPACT requires 7 enactments
- **Proposed Amendment**
  - Reduce number of states required for effective date of the compact to seven.
- **Key Points**
  - Licensure mobility will be a reality sooner
  - Need for increasing access to care is urgent

Article X

Effective Date, Withdrawal and Amendment

a. This Compact shall come into limited effect at such time as this Compact has been enacted into law in ten (10) party states for the sole purpose of establishing and convening the Commission to adopt rules relating to its operation and the APRN ULRs

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Proposed Amendment #4:
Amend the compact to include ULRs

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Key Findings

- APRN Consensus Model contains the standards for APRN regulation
- Vagueness in APRN Compact presents enactment challenges

Proposed ULRs:

- From the consensus model: roles, population foci, certification, licensure, education
- Include from NLC ULRs: CBC, misdemeanors related to nursing, alternative to discipline program reporting, foreign education provisions
- For felony prohibition: felony conviction must relate to patient safety
- For felony and misdemeanors: rules will be adopted by the commission

Key Points

- **ULRs**
  - Promotes transparency for lawmakers and APRNs
  - Adopts consensus model elements
  - Mirrors major elements of NLC
- **For Felony Amendment:**
  - Current regulatory environment
    - Since 2015, 27 states reformed occupational licensure laws to make it easier for ex-offenders to find work.
    - Specifically, 16 states bar licensing boards from denying ex-offenders licenses unless there is a nexus to the license sought.
  - Case-by-case determinations promotes flexibility and transparency while maintaining public safety

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Proposed Amendment #5:
Amend compact to explicitly allow for applicant to elect single-state license.

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- **Discussion:**
  - Original intent of the APRN Compact
  - Whether APRN Compact has jurisdiction over single state license
- **Proposed Amendment:**
  - Add language to affirmatively state compact has no jurisdiction over single-state license
  - Add language to affirmatively state an applicant can elect to apply for single-state even if they qualify for a multistate

Proposed Amendment #6:
Amend compact to allow non-controlled* prescribing for multi-state licensees.

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- **Discussion:**
  - APRN Compact allows multistate licensees to prescribe non-controlled substances if they held authority to do so in the state prior to enactment.
- **Proposed Amendment:**
  - If applicant meets statutory ULRs, they will have authority to prescribe non-controlled substances in their home state and party states.

***No amendment recommended for prescriptive authority of controlled substances**

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Other Proposed Amendments:

- **Clarify various conflicting definitions.**
- **Amend "findings and declarations" to stress access and beneficiaries of a mobile APRN workforce.**
- **Add "issuing advisory opinions" to commission powers**
  - Discussion: ability for commission to issue opinions on questions, including interpretations of ancillary supervision provisions.

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Questions?

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