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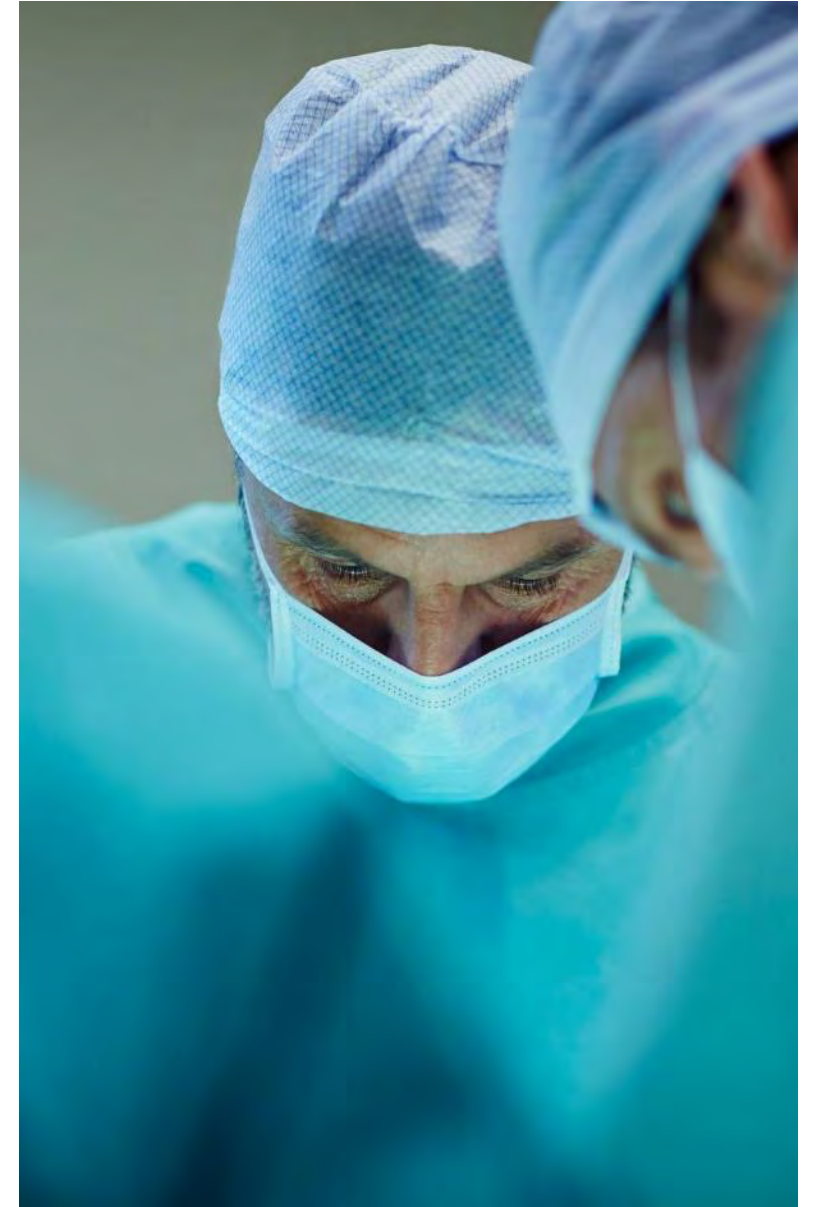
# THE APRN COMPACT: ADVANCING LICENSURE MOBILITY

Nicole Livanos JD, MPP  
Associate Director, Legislative Affairs  
NCSBN

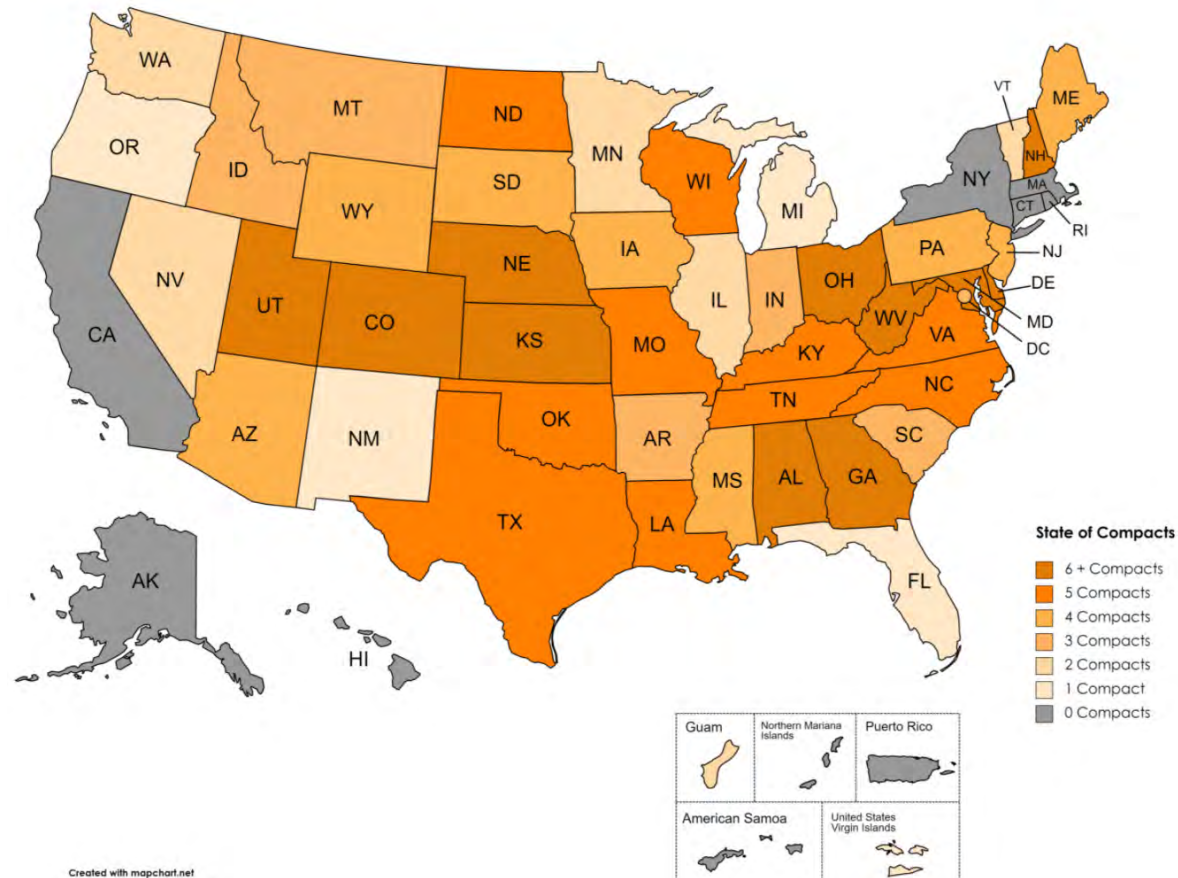


# TARGETS

- Healthcare Compacts
- The APRN Consensus Model and the APRN Compact
- Advocacy
  - Progress
  - Stakeholders
- Opposition
  - Main Arguments
  - Continued discussions
- Path forward



# HEALTHCARE COMPACTS



Created with mapchart.net

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# THE APRN COMPACT FUNDAMENTALS

- Compact structure and operations modeled after Nurse Licensure Compact
  - Mutual recognition model
  - Uniform licensure requirements + home state licensure requirements
  - Commission
    - Composition
    - Duties

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# THE APRN COMPACT FUNDAMENTALS

- Uniform licensure requirements and practice as a multistate licensee
  - Consensus model elements:
    - Title, roles + population foci, education, certification, licensure
    - Practice: independent of a supervisory or collaborative relationship with a healthcare provider
    - Prescribing: non-controlled substances vs controlled substances
  - 2,080 hour practice requirement
    - Solution to policy hurdles created by TTP
    - No impact on single state license in PSOR or party states
    - 90% meet requirement on day 1

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# ADVOCACY



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## PROGRESS

- Two APRN Compact bill introductions in 2021
  - Delaware
  - North Dakota
- Both bills enacted into law with nearly unanimous legislative support
- 2022 Legislative Session
  - Maryland Senate Bill 154
  - Utah Senate Bill 151
- Seven state enactments needed for the compact to come into effect

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# LESSONS FROM UTAH

- UT NPs leading the charge
- Nursing united
- Unique issues: Mentorship related to CS II for certain NPs
- Passed with unanimous support
- Opposition





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# STAKEHOLDERS



Nursing



Business



Patients



Military Families

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# NURSING STAKEHOLDERS

## National Support

- American Organization of Nurse Leaders (AONL)
- National Association of Neonatal Nurses
- National League for Nursing
- Oncology Nursing Association
- + more

## State Support:

- State nurses associations
- Organization for nurse leaders
- CRNA Assoc.
- Board of Nursing
- Center for Nursing
- CNP Assoc.



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# KEY NON-NURSING STAKEHOLDERS

## ■ **National Support**

- Alliance for Connected Care (board members include Amazon, CVS, Walmart)
- Amazon
- American Telemedicine Association
- Cross Country Healthcare
- Department of Defense State Liaison Office
- Health Innovation Alliance
- National Military Family Association
- National Rural Health Association

## ■ **State Support**

- AARP
- Hospital assoc.
- Home and community care assoc.
- Public health assoc.
- Healthcare Assoc.
- Health care facilities assoc.
- Facilities

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# OPPOSITION



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# OPPOSITION

- Organized medicine
- Various national nursing groups
  - Continue to work with groups to educate and advocate for the APRN Compact
  - Encouraged by success in Delaware and North Dakota in 2021 and progress in Utah and Maryland



PATH FORWARD

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# APRNS SUPPORT FOR THE COMPACT

## 2021 Wyoming Survey

- **45%** of APRNs responded that they held active licenses in more than one state
- **72%** of APRNs responded that they support adoption of the revised APRN Compact

## 2022 Maryland Survey

- **92.57%** of participants responded that they would be supportive of a 2022 introduction of the APRN Compact

## 2022 Arizona Survey

- **65%** of APRNs responded that there was a need to provide APRN care or educational services to individuals living or traveling outside of Arizona
- **92.5%** of APRNs responded they are in favor of Arizona adopting the APRN Compact



## RESOURCES

[APRNCcompact.com](https://www.aprncompact.com)

- Interactive map showing introductions and enactments
- Downloadable resources: model legislation, one-pager, key provisions document and Uniform Licensure Requirements summary
- Take Action: ability to send pre-written (customizable) letter of support to lawmakers

Our team- contact us for questions/presentation opportunities and/or endorsements

[nlivanos@ncsbn.org](mailto:nlivanos@ncsbn.org)



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THANK YOU!





# APRN Licensure Compact North Dakota's Journey

DR. STACEY PFENNING DNP APRN FNP FAANP,  
EXECUTIVE DIRECTOR FOR ND BOARD OF NURSING

# Objectives

Describe political strategies and experiences leading to the enactment of the APRN Licensure Compact in ND

- Building Support
- Overcoming Opposition

Explore strategic activities to promote licensure mobility across the U.S.,

- NCSBN APRN Licensure Compact Taskforce
- Policy Analysis

# North Dakota Compact History

Member of Nurse Licensure Compact since 2004

2004

2011

Successful alignment with the Consensus Model with the repeal of physician collaboration regarding prescriptive authority 2011

Enacted the original APRN Licensure Compact 2017 (ND, WY, UT)

2017

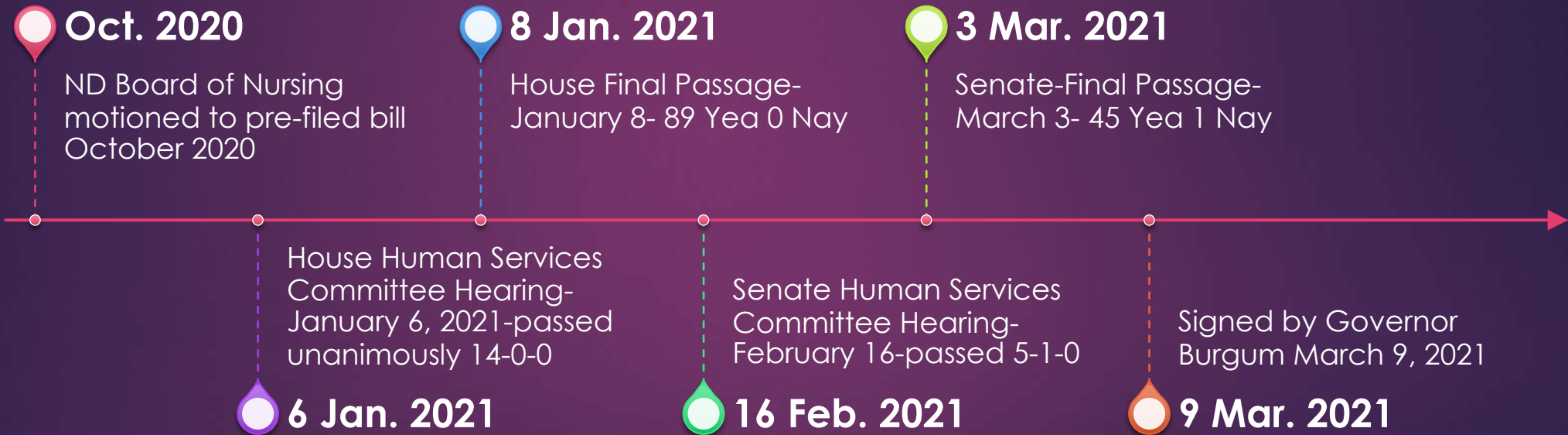
Enacted the enhanced Nurse Licensure Compact

2017

Enacted the revised APRN Licensure Compact

2021

# Legislative Process for H.B. 1044 APRN Licensure Compact





ND Board of Nursing celebrates the successful passage of the APRN Licensure Compact with Governor Burgum and Lt Governor Sanford.

# Political Strategy

1

Building support for the  
APRN Licensure Compact  
at the state level

2

Addressing opposition  
openly with constituents  
and stakeholders

# Building of Support

## Early and Consistent Education

- Annual reports on compacts to all nursing associations
- Podium presentations across the state
- Newsletter publications

## Open forums for stakeholders

- Provided 2 open forums hosted by the ND Center for Nursing in December 2020
- Question and answer provided



# Building of Support

Letters of Support and Testimony from Stakeholders

- ▶ ND Nurse Practitioner Association
- ▶ ND Association of Nurse Anesthetists
- ▶ ND Center for Nursing Policy Brief
- ▶ ND Nurses Association



ND Association of Nurse Anesthesia Representatives

# Building of Support

## Other Support

- ▶ NCSBN
- ▶ Cross Country Healthcare
- ▶ American Telemedicine Association
- ▶ National Military Families Associate

## Interstate Compact Support

- ▶ Federal Trade Commission
- ▶ AARP
- ▶ Occupational Licensing Policy Learning Consortium
- ▶ The Department of Defense
- ▶ Hospital Associations

# Overcoming Opposition



Grass roots approach



Education



Clear and consistent messaging



Stakeholder meetings

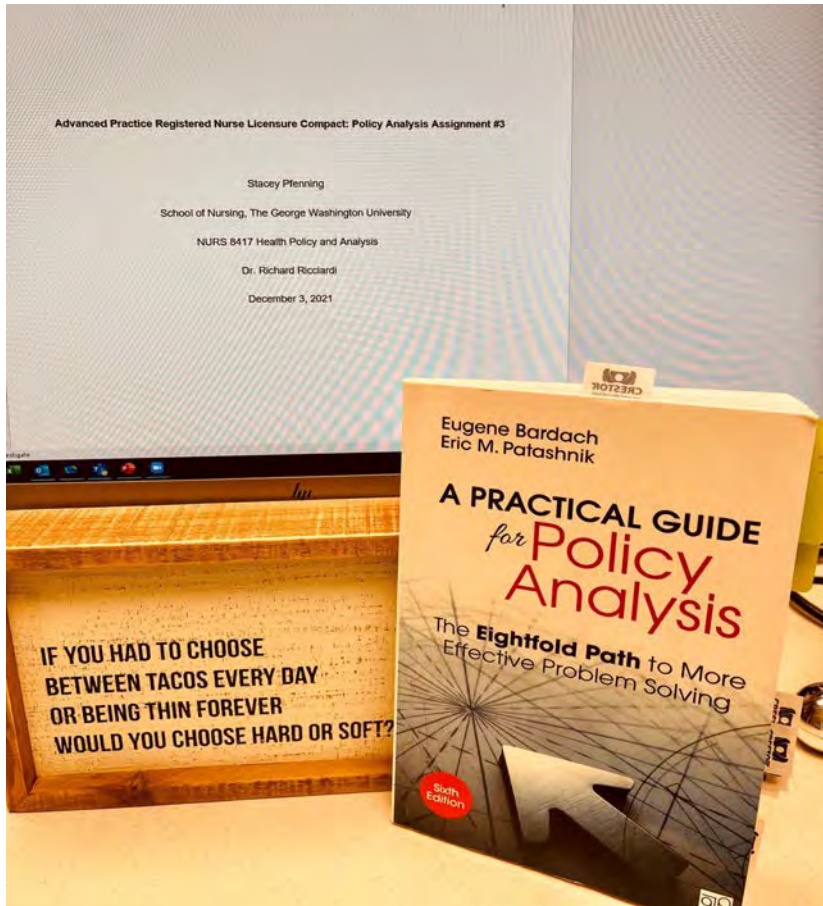


NCSBN collaboration

# Promoting licensure mobility across the U.S: NCSBN Taskforce

- ▶ NCSBN APRN Licensure Compact Taskforce 2018-2019
  - ▶ Charged to explore necessary changes in the policy to allow for forward movement of a successful APRN Licensure Compact
  - ▶ In-person deliberations with a diverse team of Executive Officers, legal counsel, and special interest group/stakeholder guests throughout the taskforce
  - ▶ Provided recommendations to ensure achievable common denominators within uniform licensure requirements to promote forward movement of the compact
  - ▶ Revised compact ultimately approved at the NCSBN Delegate Assembly 2020

# Promoting licensure mobility across the U.S: Policy Analysis



## APRN Licensure Compact: Bardach & Patashnik Eightfold Path (2020)

- ▶ The problem
- ▶ The evidence
- ▶ Alternative actions
- ▶ Evaluative Criteria; Cost/Benefit analysis
- ▶ Projected Outcomes
- ▶ Trade-offs
- ▶ Decide

# APRN Licensure Compact Policy Analysis Summary

## Problem & Evidence

- Pandemic
- Growth of telehealth
- Licensure cost/redundancy
- Limited interstate mobility/agility of APRN workforce
- NLC successes and notably mobile/agile workforce during pandemic

## Alternative Actions

- No compact/status quo
- State action and Executive orders to allow mobility
- Federal action/National Licensure
- Deregulation or deferral to 3<sup>rd</sup> party certification

## Outcomes & Decide

- Status quo-licensure at each border
  - Limits mobility of workforce
  - Costly in time and cost
- Federal action, national licensure, deferral to 3<sup>rd</sup> party certification, deregulation are least politically feasible
  - Reduces professional ownership
  - Concerns regarding vetted workforce
- State action/Executive orders
  - Reduce uniformity
  - EOs temporary

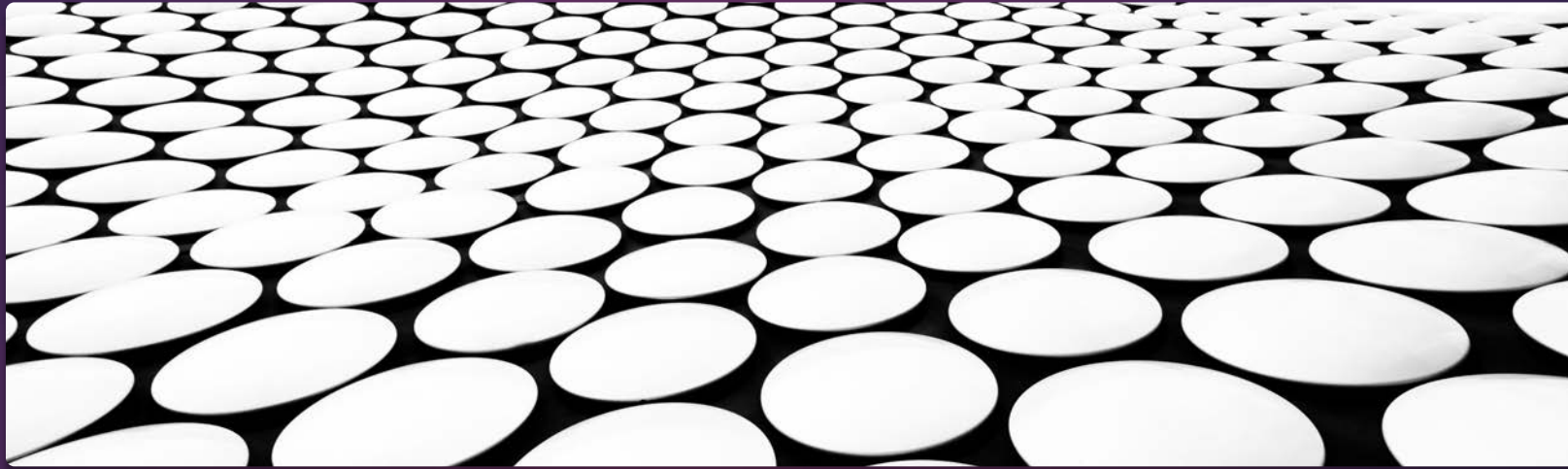
# In Summary

- ▶ Early and consistent building of support is a vital key to success: education, transparency, and rationale
- ▶ Overcoming opposition through open forums and addressing misconceptions.
- ▶ The APRN Licensure Compact
  - ▶ Vetted
  - ▶ Revised to meet modernization of practice and codify the Consensus Model
  - ▶ Ready to path the way to a mobile and agile workforce for APRNs across the U.S.

# References

- ▶ Bardach, E. & Patashnik, E. (2020). *A Practical Guide for Policy Analysis: The Eightfold Path to More Effective Problem Solving* (6<sup>th</sup> ed.). Sage.
- ▶ National Council of State Board of Nursing. (2021, January Supplement). *Journal of Nursing Regulation*, 11, S3-S36.





# APRN Compact Journey in DE

PAMELA C ZICKAFOOSE, ED, DE BOARD OF NURSING

# APRN Journey in DE Timeline

Consensus Model Legislation passed; Implemented process for Independent Practice; 2 years/4000 hours Collaborative agreement  
APRN Committee formed with physicians, pharmacist, and APRNs

2015

APRN Compact Passed; HB 141 Passed  
Removed collaborative agreements and process for independent practice  
Grants full practice authority for APRNs upon licensure  
APRN Regulation placed solely under DE BON  
APRN Committee reformed 2022 with all APRNs

2020

2021

NCSBN Delegate Assembly passed APRN Compact

# September 1, 2015

- ▶ Governor Markell signed two APRN bills into law
  - ▶ Consensus Model for APRN Licensure
  - ▶ Title Protection—changed to APRN title and each role and population protected
- ▶ Collaborative Agreements eliminated except for new graduates who had not practiced 2 years and 4000 hours
- ▶ Granted Full Practice Authority and Ability to Sign Death Certificates
- ▶ Created APRN Committee for Independent Practice (October 26, 2015)
  - ▶ 4 nurses (one from each role), 4 physicians, 1 pharmacist
  - ▶ Purpose was to review applications for APRNs to open own business, ie. Independent Practice definition
  - ▶ March 2017 First Independent Practice Applications Approved

# Report to General Assembly

- ▶ Report required by 2015 legislation that after four years the Nursing and Medical boards must submit a report to the GA
- ▶ Report submitted 3/19/2019- signed by both presidents of Medical and Nursing boards
- ▶ As of February 2019 there were 137 applications for independent practice approved and zero disciplinary complaints or actions
- ▶ Nursing board recommended removing language for independent practice and the Medical board opposed. No action was taken by GA.

# 2021 Legislation (Signed into law 8/4/21)

## HB 21- APRN Compact Licensure

## HB 141- Companion Bill to APRN Compact

- Aligns nursing statute with APRN Compact language
- Removes collaborative agreements for licensure purposes
- Removes process for Independent Practice
  - IP granted with licensure
  - Philosophical difference in definitions of IP
    - MDs see it as opening own business
    - APRNs see it as FPA without a CA
- Changes composition of APRN Committee to all APRN members





# Strategies for Success

- ▶ Nurse Legislator to sponsor bills (Asked her in 2018 to be the sponsor)
- ▶ Communication- One message (To increase access to care) to all; kept stakeholders informed
- ▶ Collaboration- worked with DNA, DANA, DCNP, DONL, and many other organizations
- ▶ Grassroots Efforts- DE nurses contacted legislators
- ▶ Leadership- ability of all leaders to work together for a common purpose
- ▶ Support of outside Constituents- Amazon Web Services, DE AARP, DHA, DHCFA, American Telehealth Association, Alliance for Connected Care, AONL
- ▶ Have data and facts related to APRN prescribing practices, disciplinary actions
- ▶ Long, slow process over many years to get to this point



# Letters of Support for APRN Compact

- ▶ AARP Delaware
- ▶ Alliance for Connected Care
- ▶ Amazon Web Services
- ▶ American Association of Nurse Practitioners Delaware Representative (HB 141)
- ▶ American Nurses Association (HB 141)
- ▶ American Organization of Nurse Leaders
- ▶ American Telemedicine Association
- ▶ Delaware Academy of Medicine and the Delaware Public Health Association
- ▶ Delaware Association for Home and Community Care
- ▶ Delaware Association of Nurse Anesthetists
- ▶ Delaware Board of Nursing
- ▶ Delaware Coalition of Nurse Practitioners
- ▶ Delaware Division of Professional Regulation
- ▶ Delaware Healthcare Association
- ▶ Delaware Health Care Facilities Association
- ▶ Delaware Nurses Association
- ▶ Delaware Organization of Nurse Leaders
- ▶ Linda Jones, MS CNS, Former VP Emergency and Trauma Care Christiana Care, APRN Committee member

# APRN Compact Keys to Success Summary

1. It helps if state is a member of the RN/LPN Nurse Licensure Compact (NLC) first. That will ensure the state has a licensing system that can issue multistate licenses. However, this is not mandatory.
2. The Consensus Model with title protection is needed for the APRN Compact. Ensures licenses issued are synonymous with the four roles and six populations of APRNs.
3. State boards of nursing need to upload all APRN licensure data including disciplinary actions into Nursys-the national coordinated licensure system mentioned in the APRN Compact.
4. You need board of nursing support for the compact as well as the Division if you are an umbrella state (meaning the BON is not a stand-alone board or self-sufficient). BON staff need to implement the compact and issue the licenses, so this is critical.
5. You need support of your nursing associations in your state for each type of APRN, meaning the NPs, the CRNAs, the CNMs, and CNS's along with your state nursing association, healthcare facilities association, Organization of Nursing Leaders, Healthcare Association for hospitals, etc.

# APRN Compact Keys to Success Summary (continued)

6. TRUST and collaboration is vital along with unified, coordinated communication and leadership to be sure all parties are saying the same message for your grassroots efforts.
7. The message for the APRN compact is “to increase access to care.”
8. Educate your legislators, APRNs, and stakeholders. Legislators also like to hear stories from constituents.
9. Key witness at legislative hearings should have a vast knowledge of compact licensure and nursing, as well as how the compact actually works in the real world. Witness should speak with confidence and competence.
10. Use a nurse legislator to sponsor your bills. S/he can speak the language of nursing and politics!

# Opposition and Measures to Counteract

- ▶ Nurse Practitioner Opposition
  - ▶ Brought out HB 141 which was originally intended to be a clean-up bill after APRN Compact passed; Town Hall Meetings with NPs to educate
- ▶ AMA Letter
  - ▶ ED wrote rebuttal letter and sent to all legislators prior to hearings
- ▶ Anesthesiologists Letter
  - ▶ ED Contacted Anesthesiologist and had Zoom meeting to answer questions and clarify misconceptions
- ▶ Medical Society of DE
  - ▶ ED met with them on several occasions and was firm with not changing the bills



# Questions