

May 12, 2020

Testimony provided for the House Government Operations
Enhanced Nurse Licensure Compact – S. 125

Good morning and thank you for granting me the opportunity to speak with you today on a subject I care very deeply about, the nursing shortage in Vermont. My name is Deb Snell and as well as being the President of AFT-VT and the Vermont Federation of Nurses I have been a nurse at the UVM Medical Center for over 20 years with 18 of them in the Medical Intensive Care Unit. Trust me when I say I have first-hand working knowledge of this issue.

I am here today to raise a number of serious concerns my members have about the NLC.

1. Loss of state sovereignty: The compact imposes regulatory standards and mechanisms each compact state must abide by, therefore, our states ability to enjoy complete autonomy over the regulation of the nursing profession and allowing local experts to make local decisions that are best for your state will not continue. As the rulemaking is accomplished by the commission (made up of BON EOs) and the rules are adopted directly by the commission and are legally binding in all compact states. The NLC gives the Commission some serious legal powers binding all member states
2. Other major issues in the new compact, related to the creation of the Commission are:
 - The additional cost and the fact that the Commission, located in Illinois is funded by state revenue.
 - The additional required participation (such as the required participation as a voting member in Commission activities and attendance at Commission meetings) and additional duties of state BON's EDs (administrators) to the Commission (such as required reporting through the "coordinated licensure system" and processing of data sets received from the compact administrator);
 - The fact that the Commission is not subject to state transparency requirements and other such state requirements, although funded by the state and acting as an agent of the state.
 - The Commission can adopt rules binding on the VT BON and the State of VT without undergoing state rule-making processes.
3. Have we privatized nursing regulation?
 - A significant problem with the compact is that it is a legal agreement in statute that all compact states have entered into with the Commission under the NCSBN (non-governmental, non-regulatory agency), as is, and if there is any attempt to amend the compact to meet Vermont needs, NCSBN can take the state of Vermont to federal court in DC. (This is now a significant reason other states are hesitating to enter the compact).
 - A significant issue is VT having ceded many of its rights and responsibilities with regard to nurse licensure to a private organization based out of Illinois. (of which Illinois is not a compact state).

4. It will significantly change the practice of nursing in Vermont, as the compact now defines our license jurisdiction as residing with the patient and not with the nurse.
5. NLC is advantageous to out of state care manager, telehealth, and travel agencies, not the individual nurse, as these agencies only have to purchase perhaps one license instead of multiple, which is a large part of the reason our license fees will increase.
6. There is NO documentation addressing the impact on nurses, nurse staffing, nor on improving patient's access to care.
7. We have learned during this pandemic that it is not difficult to get nurses here. Many states allowed for emergency licenses to be issued within days. The nurses that came during the crisis were paid \$125.00/hr. The over one hundred travel nurses in our hospital are now sitting in their hotel room collecting anywhere between \$68-\$125 in pay waiting for a phone call on the off chance we may need them. This is happening at the same time regular staff are being furloughed.

You only hear about the compact being beneficial when there is a crisis. They are talking about the ability to bring in travel nurses, not nurses who will eventually reside in the state. As the OPR testified, it only took a few days to process the several hundred licenses that were needed for the strike at UVMMC in 2018. Our state would be out a significant amount of revenue if that were ever to happen again.

The last point I wish to make is this, I looked high and low to find evidence of the compact truly alleviating the nursing shortage in any of the compact states but found none. What I did find is that the vast majority of the compact states are still experiencing moderate to severe nursing shortages. This is because on a state and national level we have failed or waited too long to make this a priority. This compact will not fix the fact that we are listed as number 46 in nursing journals as a good place to work based on salary adjusted for cost of living. We haven't fixed the problem on why nurses are leaving to begin with and until we do and the compact won't alleviate our shortage.