

Representative Lippert House Committee on Health Care  
115 State Street, Montpelier, Vermont  
5/12/2020

Honored Health Care Committee and Chair Representative William Lippert,

Today I offer testimony on S.125, and hope to give some insights. The idea of national licensure for nurses is appealing. There is one NCLEX taken by registered nurses and the Compact might help to reduce inconsistencies and ease practice across borders. The compact currently spans 34 states, including New Hampshire and Maine at our borders, but not New York who does not want it. What are their concerns?

Wording is clear that a nurse can only hold one Compact license, issued by the nurse's "home state," their primary state of residence which must be a Compact state. If the nurse moves, the nurse applies for a new license in their new home state, and the prior license is deactivated. If the new home state is not a Compact state, a single-state license is needed. If the nurse license date appears current, this deactivation in accordance with rules adopted by the Commission could result in a license expiring before the nurse was aware, if they were practicing across borders such as in NY working per diem during a transition to a new location. It would be beneficial for the deactivation to delay until activation of the new license. Practicing with no license is a criminal offense.

The concern that discipline of Vermont nurses by the Board of Nursing (BON) level could be preempted by the Compact authority has been somewhat alleviated. The current bill notes if a home state disciplines the nurse's license, the nurse's ability to practice under the Compact license is suspended until all encumbrances have been removed from the home state license. The nurse practices under the state law where they practice. Each Compact state may discipline a nurse's license in their state.

Vermont's Board of Nursing would be given jurisdiction over investigations started locally; however, investigations initiated in remote states where the nurse practiced on a Compact license could be investigated by their home state. However, it is usually the state where the nurse is practicing that leads the investigation for practical reasons. Both states can pursue the investigation at the same time, and disciplinary actions must be shared. Hence, a Vermont home state nurse would likely be investigated by an outside state if they erred outside our borders.

I note the bill specifies that each Compact state has one representative on the Compact's Interstate Commission of Nurse Licensure Compact Administrators, which has rulemaking authority to administer the Compact. It is important to ensure that communication of voting or investigation is secure if done by telephone or other means of communication, and that consequences result if the representative is excluded.

Though many other states require mandatory continuing education, the Compact does not require Vermont nurses to add mandatory education. Practice of telemedicine across borders should be easier, with less concern regarding the location of patient or practitioner (the location of practice where the registered nurse is located, versus the Compact view that the location of practice is where the patient is located). Standards of practice may differ across borders, such as the amount of clinical hours needed to graduate.

The biggest concern nurses have is about increasing costs of licensure. Fees increased in 2019 to \$190 for RN's and \$175 for LPN's, but with the expected budget gap of nearly \$1 million, and the compact participation fee of \$6000 a year as well as IT needs, there is talk of fees as high as \$270 for Compact



licensure. In 2021 the impact of the increased fees of 2019 will impact RNs due for re-licensure every two years, and the cost of Vermont licensure is being raised before the effect is known. We should be cognizant that the states surrounding us all have lower licensure fees. Maine's relicensure is \$75, New Hampshire is \$120 (every 2 years) and New York is \$143 every four years (2019 State-by-State guide).

The secretary of State OPR Report *Multi-State Nursing Licensure Compact: The Costs and Benefits for Vermont* (2019, March) shared that 52.8% of Vermont's resident nurses support joining the NLC with a fee increase, but >90% are supportive if there is no fee increase. Please make sure the cost of relicensing stays low and competitive with neighbor states to avoid driving nurses away.

If the Commission can levy on and collect an annual assessment from each party state to cover the cost of its operations, activities, and staff in its annual budget as approved each year, is there a cap on the cost increase that is allocated based upon a formula determined by the Commission? If not, the cost for participation could increase more quickly than expected, impacting Vermont costs.

Federal criminal background checks would be required with the Compact, which can run from \$10 to \$200 (Richardson, 2020); however, the Vermont Crime Information Center mentioned the cost for a criminal conviction report was \$30. Fingerprinting can be another \$25. Maine's Board of Nursing (2020) charges an additional \$52 for their background check. Whether the background check fee is included in the licensure fee, or in addition to the added cost is a concern to nurses, particularly if the frequency is more than once initially, such as recurring with each licensure. Criminal background checks required in nursing schools are paid for by the student. It would be useful for students struggling with loans who had a background check done, to be able to use it again if within the same year for licensure.

The strongest supporters of the compact are employers hoping to make onboarding to their organization easier, and new students who want flexibility, but most nurses like the idea. Both nurse faculty teaching online who pay for multiple licenses and those practicing on borders have costly licensure expenses. Being part of the compact facilitates traveling nurses and new nurses from other states filling vacancies more easily. Nurse leaders with staffing shortages hope that being part of the compact will facilitate onboarding of new nurses from outside states; however, it also facilitates nurses being able to cross borders after receiving their license to collect sign-on bonuses in near states. Nurses see this as a way to be able to practice in multiple states, not just Vermont. Maine and New Hampshire are part of the compact. Sign-on bonuses could mean losing some graduates; yet, this may facilitate salary competition. Additionally, Vermont has a lower population than neighboring states, so by concentration alone, we should gain more nurses than we lose. Most nurses in Vermont support the compact. It is not a silver bullet to solve the workforce problem, but it will make it easier for nurses to cross borders to practice here, and Vermont is an attractive state. Hence, ANA-Vermont supports the compact.

Thank-you for your time.

Respectfully,

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