

## Advancing a culture of health.

*Testimony in Support of  
Senate Bill S48  
An act relating to Vermont's Adoption of the Interstate Nurse Licensure Compact  
Submitted to the House Committee on Government Operations  
April 13, 2021*

Dear distinguished members of the House Committee on Government Operations, we are submitting this testimony on behalf of the Organization of Nurse Leaders (ONL). We wish to be recorded in strong support of **Senate Bill 48, An act relating to Vermont's Adoption of the Interstate Nurse Licensure Compact**.

As the voice of over 1100 nurse leaders across five New England states, ONL is committed to advancing the nursing profession, promoting the delivery of quality patient care and influencing the development of health policy in the region. ONL members represent a wide diversity of nursing leaders – from nurse managers at community hospitals or academic deans of nursing schools to nurse managers at major teaching hospitals or the directors of home care organizations. Collectively, we play a vital role in transforming health care to ensure patients in all care settings receive patient-centered, safe, high-quality and affordable care.

ONL offers its strong support for H. 99, which would allow Vermont to join the 34 other states already a part of the National Enhanced Nurse Licensure Compact (NLC or eNLC).

Joining the National Enhanced Nurse Licensure Compact will positively impact the nursing workforce in Vermont by decreasing licensing and employment barriers imposed by our current state-based licensing system. Becoming a compact state will standardize the nursing licensure process ensuring uniformity across states and across the country. Adoption of the compact will achieve positive outcomes for patients and health care consumers, and will improve the governance of nursing practice by:

- Increasing patient access to nursing care;
- Facilitating continuity of care
  - for patients through e-health and telenursing, and allowing patients in rural areas or with restricted mobility to be monitored and connected to their nurse from home;
  - for patients who live in one state and receive health care from nurses in another state;
- Clarifying the authority to practice for nurses currently engaged in telenursing and interstate practice;
- Ensuring the availability and rapid deployment of qualified, licensed nurses in response to a disaster or statewide emergency;

- Building effective interstate communication on nursing licensure and enforcement issues to enhance patient safety and public protection.

The nursing workforce is regional and even before the COVID-19 pandemic, we were experiencing shortages that will continue to get worse as more nurses from the baby boomer generation retire. When compared to other regions of the country New England has more nurses over the age of 50 and the fewest nurses under the age of 40. It is not uncommon for specialty nursing positions in areas such as the operating room, labor and delivery, or the emergency department remain open and un-filled for months. While organizations hire newly licensed nurses into these roles- often with extended orientation periods- they cannot fill all vacant positions with new graduate nurses. Travel nurses, or agency nurses are another solution used by organizations to fill prolonged and numerous vacancies.

However, travel nurses are extremely expensive, commanding pay well above the base pay of a local nurses during normal times. As you know, the past year has been anything but normal, and the pandemic has significantly increased the competition for travel nurses, forcing organizations to pay more than double the normal nurse salary just to keep hospital beds open and staffed. In Vermont, one organization was quoted a price of \$150,000/12 weeks of daytime coverage of med/surg by one traveler (that translates to \$312.00/hour). Another organization reported a travel agency rate increase in the per/hour cost of an emergency or operating room nurse by 51%. Many organizations have suffered staffing shortages due to patient needs, COVID illness or exposure of nursing staff, and the competing priorities of providing bedside care and staffing vaccination clinics. The costs associated with contingency staffing constitute a crisis and are unsustainable costs to the healthcare organizations in the state.

A recent market analysis of the New England Region (2/10/21) reflects the current status of nursing vacancies and costs to replace with contingency staff. There are 354 med/surg-telemetry positions are open right now, 59% of which are considered “crisis”. Since last January the replacement rate for these nurses increased from \$91-\$172/hour. There are 396 open ICU positions, 80% of which are considered “crisis”. The yearly increase of the rate for these highly skilled nurses has risen from \$98-\$176/hour. 215 Med/surg nursing vacancies currently exist in the region, 64% of which are considered “crisis”. Replacement rates for those nurses has jumped from \$77-\$139. It has been estimated that the cost to Vermont organizations to provide safe and effective nursing care is in the range of \$20-40 million. This cost of care is also unsustainable.

It is not uncommon for nurses to hold licenses and work in more than one state. Nurses who live near a state boarder may work locally during the week and then pick up shifts at larger medical centers on the weekend. Without the Nurse Licensure Compact, this is a burdensome, expensive and administratively inefficient way to approach nurse licensure. Additionally, **all nurses must take the same national licensing exam known as NCLEX**, further highlighting the alignment that would be gained from moving to a national model for licensure. Adoption of the Nurse Licensure Compact is a critical step in transforming our nation’s health care system, especially as we move into technology-supported modes of care delivery such as telemedicine, which has also been instrumental in meeting patient care needs during the pandemic. Another advantage is the opportunity to identify potential “recruiting” strategies by targeting nurses and nursing students in other compact states. Vermont could strengthen its workforce and academic pipeline by partnering with academic programs in other compact states and creating innovative relationships with hospitals in other impact states to invite seasonal nurse “visitors” to work in VT hospitals while they are here.

The current state-based license systems impede hiring processes – and this has implications for nurses who are interested open nursing positions in Vermont and implications for employers who may or may not want to wait for out-of-state nurses to obtain a new license as part of the hiring process. The two examples below illustrate the value of working within the National Nurse Licensure Compact, and the implications for remaining in the current state-based licensing system.

- A major teaching hospital in New England had an unplanned departure of a key nursing leader for its Surgical ICU Services. These services oversee care for patients following open heart surgery, transplants and other life-saving surgery. **This occurred in a compact licensure state therefore it was possible to fulfill the hospital’s urgent need for an interim nurse leader in less than one week. If this occurred in Vermont, and if a candidate could not be identified with a Vermont nursing license, the placement would have taken at least 4-5 weeks.** The potential delay of placing such an interim nurse leader could impact patient safety and satisfaction and result in deferred or delayed care.
- A small hospital in New England experienced a major surge in volume due to the closure of a neighboring hospital. This resulted in considerable demand for the hospital’s existing services necessitating a rapid infusion of direct patient care nurses and additional nursing leaders. This hospital was not in a Nurse Licensure Compact state. The hospital’s HR department was not successful in finding local nurses so interim nursing leaders and travel RNs were sought to resolve the immediate staffing needs. Filling the positions was slowed by the processes necessary to obtain the state nursing license. This delay impacted patient satisfaction scores and stressed existing staff to the point that resignations increased and further compounded the staffing problem at this hospital. **If this occurred in a Nurse Licensure Compact state, additional staffing resources could have been expedited, providing more immediate staffing stability to meet the patient care needs.**

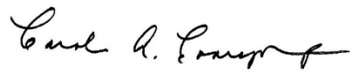
For more than a decade, efforts have been underway to move nurse licensure to a national model. If Vermont adopts the Enhanced Nurse Licensure Compact the state Board of Nursing and each employer still retains the oversight and responsibility of ensuring a nurse’s qualifications to practice including education; competence; experience and certification.

ONL believes that participation in the NLC has numerous benefits including: improving coordination among doctor and nursing teams when telemedicine practice is used as is often the case with military veterans in our healthcare system and when patients reside rural and less-resourced areas of the state; ending confusing and redundant licensure regulations across neighboring state lines; strengthening public safety through finger-print background checks; facilitating the hiring of qualified nurses to care for patients across the health care continuum; and supporting better emergency preparedness and more rapid staff responses in times of disaster or public health emergency.

On behalf of our more than 1100 members who serve in health care organizations across New England, please record the Organization of Nurse Leaders MA, RI, CT, NH in strong support of **Senate Bill 48**. We respectfully urge the Committee to give this legislation a favorable report

and so that Vermont will be one step closer to joining the 34 other states participating in the National Nurse Licensure Compact.

If you have any questions or would like to discuss points addressed in this testimony, please do not hesitate to contact the following ONL Leaders: **Carol Conroy**, ONL President (978) 808-0147 or [carconroy@aol.com](mailto:carconroy@aol.com), **Lauren Tronsgard-Scott**, ONL Government Affairs VT Representative and Director of Women's Care, Pediatrics, and Psychiatry at The University of Vermont Medical Center [Lauren.tronsgard-scott@uvmhealth.org](mailto:Lauren.tronsgard-scott@uvmhealth.org), or **Amanda Stefancyk Oberlies**, ONL Chief Executive Officer (781) 272-3500 or [astefancyk@oonl.org](mailto:astefancyk@oonl.org).



*Carol Conroy DNP, RN, FAAN  
President Organization of Nurse Leaders-MA, RI, NH, CT, VT  
Trustee Southwestern Vermont Medical Center  
Trustee Vermont Association of Hospitals and Health Systems  
564 Chittenden Drive  
Arlington, VT 05250  
978-808-0147  
[carconroy@aol.com](mailto:carconroy@aol.com)*



**Amanda Stefancyk Oberlies PhD, MBA, RN, CENP**  
*Chief Executive Officer  
Organization of Nurse Leaders – MA, RI, NH, CT, VT  
800 West Cummings Park, Suite 5600  
Woburn, MA 01801  
781-272-3500 (p)  
781-281-2524 (f)  
[astefancyk@oonl.org](mailto:astefancyk@oonl.org)*



**Lauren Tronsgard-Scott BSN, MSOL, RN**  
*Director of Women's Care and Pediatrics  
Interim Baird 4 and Psychiatry  
The University of Vermont Medical Center  
111 Colchester Ave  
Burlington Vermont 05401  
[Lauren.tronsgard-scott@uvmhealth.org](mailto:Lauren.tronsgard-scott@uvmhealth.org)*