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Testimony on S.48 to members of the House Committee on Government Operations

Respectfully Submitted by

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Dear Representatives and Madam Chair Sarah Copeland Hanzas,

Thank-you for inviting me to testify on S.48. ANA-VT has chosen to support this bill after discussion. It makes sense to have a nurse license that allows nurses to practice across states when registered nurses (RN's) all take the same national NCLEX exam. Yet we must be careful to ensure the Compact Commission will not have more control over the clinical practice of nursing in Vermont, than national accreditors, or our Board of Nursing (BON). Hence it is appropriate to include that only the home state has the power to take adverse action against a nurse's license issued by the home state to ensure that the Commission will not preside over the clinical practice of nursing in Vermont.

In the Compact, each state is limited to one administrator, the head of the state licensing Board or their designee who is entitled to one vote for rules, bylaws, business affairs etc. For Vermont, the person is the Vermont State Board of Nursing Executive Director or their designee. The Nurse Licensure Compact (NLC) also has an Executive Committee and Director who monitor the NLC's finances, with annual audits performed. The Board of Nursing (BON) mission does not currently include nurse advocacy, so it will be important for the administrator to ensure collaboration with Vermont nurses to ensure their voices are represented, and to potentially consider including advocacy in the next updated BON mission statement.

In a discussion with ANA nurse leaders from multiple states February 10th 2021, nurse executive leaders from states around the nation advised Vermont to ensure there was the ability for nurses to opt out of the Compact, and just have the single-state license, as well as the choice to opt in. This is within our bill, and allows nurses that have a "disqualifying event" to get the help they need to resume practice in their home state. A nurse must meet the home state's qualifications for licensure or renewal. Federal criminal background checks are required and, the Vermont Crime Information Center lists the cost for a criminal conviction report at \$30. Fingerprinting can be another \$25. These added costs are in addition to the increasing cost of licensure, which is a concern to nurses, especially students graduating with loan debt. Reducing home state costs can make Vermont a more appealing home state for nurses.

Each state in the Compact pays a flat fee, with the compact participation fee of \$6000 a year to start. Vermont expects a budget gap of nearly \$1 million, due to lost license revenue, and there are costs to the needed technology to track licenses. There is no ceiling for Compact administration fees by the National Council of State Boards of Nursing (NCSBN). Another concern was tracking who is currently practicing in the state. To solve the concern a mechanism to track how many are practicing from the Compact implemented via a data portal through the Board of Nursing could be done. Information collected vis the

Compact, such as name, state of residence and their area of practice would provide geographic data, helpful to inform decisions about where nurses choose to be.

We cannot continue to place the burden of cost on nurses by raising nurse license costs. Licensing fees increased in 2019 to \$190 for RN's. This increased cost was felt for the first time in 2021 when RN's renewed for two years. Surrounding states have less costly licensure costs. Maine's re-licensure is \$75 every two years; New Hampshire (NH) is \$120 to apply and \$80 for renewal (every 2 years); and New York nurses renew their license for \$143 every three years (Trusted, 2020). If fees continue to climb, it will drive nurses to take their exams in other states, where they may remain or become traveling nurses. There has been price gouging by traveling nurses in some states who were receiving up to \$600/hour for ICU work (in Georgia). Instead, to solve the workforce crisis, we must draw nurses to Vermont by making it appealing to practice here. Compact nurses cost less than traveling nurses, and more may stay in Vermont. Tax credits for licensure and more could be an incentive.

Within the bill the section that discusses the authority to hold a nurse accountable for meeting all state practice laws *in the state in which the patient is located* at the time care is rendered On page 8 {§ 1647c. GENERAL PROVISIONS AND JURISDICTION (e)} The bill notes "The practice of nursing is not limited to patient care but shall include all nursing practice... subject a nurse to the jurisdiction of the licensing board, the courts, and the laws of the party state in which the client is located at the time service is provided". Thus, Vermont nurses rendering care to patients in NH via telemedicine are bound by the laws of NH rather than Vermont. Still, the practice of telemedicine across borders would improve, and its use has increased. Hospital discharge follow up and long distance patient monitoring would be legally possible across borders.

Concerns about the Interstate Commission of Nurse Licensure Compact Administrators Final Rules (2021) under dispute resolution have been reviewed by finance committees, with writing inserted to help protect us from potential disbursement from the National Council of States Boards of Nursing (NCSBN).

As the Secretary of State OPR Report *Multi-State Nursing Licensure Compact: The Costs and Benefits for Vermont* (2019) revealed 53% of Vermont resident nurses support the Compact with a fee increase, but >90% support it if licensure costs are not raised. The nurses who most strongly support the Compact, are employers hoping to make onboarding to their organization easier, and new students who want flexibility, but most nurses like the idea. If all RN's take the same national exam, nurses wonder why there is not a national registry and an equal licensure fee. Being part of a compact state would facilitate nurses from other states coming to fill vacancies more easily and increase consistency. There is the risk of it facilitating nurses to cross borders after receiving their license to collect sign-on bonuses in nearby states. Yet, this may facilitate salary competition, and improve workplace standards. Nurses may choose to practice in multiple states. I spoke this week with one nurse who has a license in three states. Having the NLC will increase flexibility for nurses and reduce costs for these nurses and educators who sometimes teach across borders

During a pandemic, people want to leave cities. Vermont has a low population and great record for low transmission of COVID19; hence, we should gain nurses. 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.

References

NCSBN.(2021).*Nurse Compact Final Rules*.https://www.ncsbn.org/FinalRulesadopted81120clean_ed.pdf

The Trusted Team.(2020, Dec).*Updated list of nurse licensure changes by state in response to COVID-19*. <https://www.trustedhealth.com/blog/federal-government-allows-states-to-loosen-license-requirements>

Vermont Crime Information Center <https://vcic.vermont.gov/ch-information/record-checks/faq>