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Testimony on S.48 to members of the House Committee on Ways and Means

Respectfully Submitted by

Meredith Roberts, RN, PhD Executive Director, ANA-VT

VTnurse@ana-vermont.org

Dear Representatives and Madam Chair Janet Ancel,

ANA-VT has chosen to support S.48 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 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 our clinical practice of nursing.

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 BON Executive Director or their designee. The Nurse Licensure Compact (NLC) has an Executive Committee and Director who monitor the NLC's finances, with annual audits performed. The BON mission does not currently include nurse advocacy, so the administrator must ensure collaboration with Vermont nurses to ensure their voices are represented.

In a discussion with ANA nurse leaders from around the nation, 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 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 meets the home state's qualifications for licensure or renewal. Each state joining the NLC is held to high standards such as criminal background checks on initial licensure. The Vermont Crime Information Center lists the cost for a criminal conviction report at \$30. Fingerprinting can be another \$25. The increasing costs of licensure, are a concern, especially to students graduating with loan debt. Reducing home state costs will make Vermont an appealing for nurses. As an appealing home state, we are far more likely to draw more nurses to Vermont.

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. The lack of ceiling for Compact administration fees by the National Council of State Boards of Nursing (NCSBN) and concerns about the Interstate Commission of Nurse Licensure Compact Administrators Final Rules (2021) under dispute resolution were reviewed and prior committees limited our liability. Another concern mentioned by multiple states was tracking who is currently practicing in the state, with recommendation of a registry. A mechanism to track how many are practicing from the Compact implemented via a data portal registry through the Board of Nursing or OPR

could solve tracking concerns. Information collected, such as name, state of residence and their area of practice could also provide geographic data, helpful to inform decisions about where nurses choose.

We cannot continue to place the burden of cost on nurses by raising nurse license costs. Licensing fees increased in 2019 with the increased cost 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). New York (NY) nurses renew their license for \$143 with infection control courses required. If fees climb, nurses may take their exams in other states, where they may remain or become traveling nurses. Retiring nurses may not renew. Instead, to solve the workforce crisis, we must draw nurses to Vermont by making it appealing to practice with Vermont as their home state.

Employers cannot afford the price gouging by traveling nurses (who have housing costs and licensure fees paid for them) reported in some states. Using Compact nurses helps employers reduce onboarding costs when recruiting out of state nurses, with a greater probability of them staying in Vermont, or near it. Governor Scott provided incentives for people who move here and we could offer incentives for nurses who stay a year or more, offer education discounts, low interest rates, or tax credits for licensure costs, but not just for new graduates. Retention is needed.

The bill section {§ 1647c. GENERAL PROVISIONS AND JURISDICTION (e) discusses nurse accountable for meeting all state practice laws *in the state in which the patient is located* when care is rendered. Thus, Vermont nurses caring for patients in NH via telemedicine are bound by the laws of NH, not 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 possible across borders.

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. Nurses most strongly supporting the Compact, are employers hoping to make onboarding to their organization easier, and new students who want flexibility, but most nurses like the idea. It expedites a nurse's ability to practice when a military spouse is assigned to another state. RN's take the same national exam, so wonder why there is not a national registry and equal licensure fee. A Compact may improve practice consistency. It would facilitate nurses from other states coming to fill vacancies more easily, keeping us competitive.

The committee noted the risk of facilitating nurses to cross borders after receiving their license to collect sign-on bonuses in nearby states. Yet, this also facilitates salary competition, and may improve workplace standards. Some nurses choose to practice in multiple states, including older nurses who hope to practice in Vermont and Florida, not just border nurses. I spoke recently with a nurse who has a license in three states who is tired of renewing. Having the NLC increases flexibility for nurses and reduces costs for nurses and educators who may 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 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

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