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Testimony on S.48 to members of the Senate Health and Welfare Committee

Respectfully Submitted by

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Dear Senators,

Thank-you for inviting me to testify on S.48, a more complex bill than many realize. 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 we 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. Hence it was very appropriate to include that only the home state shall have 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 a discussion with ANA nurse leaders from multiple states February 10th, leaders 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. Those that plan to practice solely in Vermont will provide added income to the Office of Professional Regulation (OPR). 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. Hence, that income will be welcome.

Other concerns expressed included the lack of a ceiling for Compact administration fees by the National Council of State Boards of Nursing (NCSBN). Another was the concern of tracking who is currently practicing in the state. To solve the concern a mechanism to track how many are practicing from the Compact could be implemented via a data portal through the Board of Nursing if the nurse practices more than a few weeks. The exchange of information under the Compact, such as name, state of residence and their area of practice would provide geographic data.

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. The increased cost will be felt for the first time in 2021 when RN's renew for two years. Surrounding states have less costly licensure costs. Maine's re-licensure is \$75 every two years; New Hampshire 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 rise more, it will drive nurses to take their exams in other states, where they may remain or become traveling nurses. I recently heard of price gouging by traveling nurses in other 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.

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. Whether the background check fee is included in the licensure fee, or in addition to the added cost of licensure is a concern to nurses, especially students graduating who have just had this done for nursing school.

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 9 {§ 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, nurses in Vermont rendering care to patients in New Hampshire (NH) via telemedicine would be bound by the laws of NH rather than Vermont. Still, the practice of telemedicine across borders would improve, but education might be needed.

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. Excellent that you specified someone with nursing expertise, the Vermont State Board of Nursing Executive Director.

The Interstate Commission of Nurse Licensure Compact Administrators Final Rules (2021) differs from our bill which under dispute resolution 3b specifies that the decision of a majority of the arbitrators shall be final and binding. In the Final Rules January 2021 draft it specifies on page 10 502. DISPUTE RESOLUTION.

(4)(a) In the event of a dispute between party states that was not resolved through informal resolution or mediation, the party states shall submit to binding dispute resolution. The parties may choose binding dispute resolution either by submitting the question dispute to the Commission for final action or by arbitration.

(b) All party states involved shall agree in order to proceed with arbitration. In the absence of agreement, the matter shall be referred to the Commission for final determination.

It is concerning that the Commission claimed final say, and wanted to make sure legal was aware of the change.

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 many nurses like the idea. Being part of a compact state would facilitate nurses from other states coming to fill vacancies more easily. 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. Student nurses may choose to practice in multiple states. During a pandemic, people want to leave cities. Vermont has a low population and great record for low transmission of COVID19, so, 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>