

Good Morning.

Thank you Madam Chair and Committee members for inviting me to participate today and to share a few thoughts and ideas from the Board of Nursing about the Nurse Licensure Compact (NLC). I'll begin by introducing myself. I'm Ellen Watson and Chair of the Vermont Board of Nursing. I'm a Family Nurse Practitioner and spend roughly half of my work week seeing patients clinically in a practice, named Appletree Bay Primary Care. The rest of my work time is devoted to educating new Nurse Practitioners at the University of Vermont as a Clinical Assistant Professor. And finally, in addition to serving as Chair of the Vermont Board of Nursing, other service opportunities have included the Green Mountain Care Board Primary Care Advisory Committee, the Department of Health Opioid Advisory Group, and several Committees for the National Council of State Boards of Nursing, most recently serving on the Board of Directors.

The Board of Nursing has the overarching task of working to ensure safe nursing care and to protect the people of Vermont from unsafe practice. We have taken the Compact under consideration multiple times and we have officially recorded a unanimous vote to move forward with a plan to work to implement the Compact. Since this is the second or third year that the NLC has been included in the OPR bill, I assume that you're all familiar with the Compact to some extent. Consequently, my testimony today will focus three important issues that joining the Compact might improve for the people of Vermont. They are:

1. Provision of telehealth nursing services.
2. Staying current with National nursing and healthcare trends that could make Vermont a more attractive "home state" for both new and experienced nurses.

3. While Vermont has several excellent nursing programs, the number of graduate nurses who stay in Vermont to practice is not as robust as it might be. The Compact would make remaining in Vermont after graduation more attractive.

As we all know, the Corona Virus Pandemic has advanced telehealth as a method of providing healthcare substantially. And from a Board of Nursing perspective, care of a patient takes place where the patient is, not where the provider is. Consequently, any healthcare provider who provides care to a patient in Vermont needs to be licensed in Vermont. At the beginning of the Pandemic, many emergency rules were promulgated in many jurisdictions in an attempt to expedite use of telehealth services. If Vermont were in the Compact, that would have been less urgent and less necessary. There are currently 35 states in the Compact, including Maine and New Hampshire, 10 states with pending action to join, including New York and Massachusetts and only 4 states currently not contemplating becoming a Compact state.

You can probably see from the NLC trends just provided, the move toward borderless provision of healthcare is strong and vibrant. Providing healthcare in today's world demands that nursing care be dynamic and evidence based, as well as being able to safely cross jurisdictional boundaries. The current (in Vermont) 100 year-old model of nursing regulation is not flexible or adaptable. It is unable to meet this need.

The Compact has been safely serving this need for a growing number of states for more than 15 years. The goal of public protection with all the safeguards built into state licensing are in place before a nurse is issued a multistate license. The NLC has uniform licensure requirements so that all states can be confident the nurses practicing in Compact states have met all minimum requirements. You may know that fewer than 1 percent of nurses ever require discipline by a Board of Nursing, but if discipline is needed, swift action can be taken by the BON regardless of the state where the nurse is licensed or practices. When a nurse is disciplined, the information is placed into the national licensure database, called nursys.com. All states that participate in the

enhanced NLC conduct federal criminal background checks to determine eligibility for a multistate license. Many other healthcare professions are establishing Compacts to provide a healthcare system that is better able to meet the needs of all healthcare consumers.

And my final point this morning is more anecdotal, coming from my experience as nursing faculty at UVM. I generally teach in the graduate program, helping to educate new nurse practitioners. However, I also have and enjoy the task of teaching undergraduate, direct entry and graduate students about the Board of Nursing and nursing regulation. I talk to them about their responsibility to know the Scope of Practice and Nurse Practice Act rules and regulations for whatever state they work in. And we always talk about what constitutes unprofessional conduct and how they can behave appropriately to avoid committing unprofessional conduct and ultimately avoid disciplinary action. I always ask them to raise hands for those staying in Vermont to practice and those leaving the state. And for the past 4-5 years, I've added content on the Nurse Licensure Compact. I added a question a few years back asking them, if Vermont was a Compact state, would that make it a more attractive home state. Almost all of them said that it would be more attractive. That is not to say that all of them would stay, but it would be a plus and a benefit to nurses contemplating working in Vermont. It seems to me that anything we can do to make Vermont a more attractive place for nurses to want to work, the better will be our position to minimize the effects of a nursing shortage.

Thank you very much.