

June 19, 2020

Julia George, MSN, RN, FRE
President of the Board of Directors
National Council of State Boards of Nursing.
111 East Wacker Drive, Suite 2900
Chicago, IL 60601-4277

Dear Ms. George,

We, the undersigned state nurses associations, are writing to request that the National Council of State Boards of Nursing consider changes to the Nurse Licensure Compact (NLC) that will allow us to understand the impact of the Compact on our states and nationally. We believe such changes are necessary to convince states currently opting out to join the NLC.

- **Registration Requirement / Data Collection**

Proponents of the NLC say that the NLC will improve access to care and help with states' nursing shortage. However, because a registration requirement for nurses entering a state under a Compact license is not allowed under the Compact, no data exists to prove either of these statements are true. In fact, many states in the NLC still say they have a nursing shortage.

The New Mexico Legislature recently passed a bill outside of the NLC legislation that would require nurses entering New Mexico under a Compact licensure to register within 30 days with the State Board of Nursing. Registration allows a state to know who is practicing within its borders and to track the flow of nurses into the state – helping us understand how and where the NLC is making a difference. For example, is the NLC being used by predominantly by nurses living in border cities? Is the NLC bringing additional nurses into New Mexico? Or are more nurses leaving New Mexico to work across the border in Texas?

These questions are critical for workforce planning and development. They are also important for disciplinary proceedings against a nurse license. If states don't know who is practicing in a particular jurisdiction, having advance notice of a disciplinary investigation of a nurse for NLC states is no longer useful.

Knowing who is interested in a Compact versus a home state license and where they are practicing is necessary to understanding our national, regional, and state-based nursing workforce. As nursing associations located in states party to the NLC and states that have opted out, we can agree that this is a flaw in the NLC. **We ask that NCSBN work to fix this and align the NLC with the registration requirements found in other health profession compacts.**

- **Education Tool for Nurses**

Because practice acts vary from state to state, we request that NCSBN create an education tool for nurses practicing under a Compact license to ensure understanding of the biggest differences between Nurse Practice Acts. Because liability of a nurse's practice and license is based in the state where the patient is, nurses opting for a Compact license need to both understand that this is the case and have a reference tool that calls out major differences and links to each state practice act.

For example, some states allow registered nurses to perform conscious sedation using the drug propofol, while others do not. If administered incorrectly, this drug can be deadly – it is widely associated with the death of pop star Michael Jackson. Another example is delegation, where practices vary greatly from state to state. It is in the interest of patient safety to assure that nurses are aware of the Nurse Practice Act in each state in which they are practicing, including major differences.

When the Washington State Nurses Association raised this with its own Nursing Commission (i.e., State Board of Nursing), they were told that NCSBN expects that perhaps they or the American Nurses Association could create such a document. As national administrators of the NLC, who states pay to be party to the Compact, we believe that NCSBN must not abdicate its responsibility to party states and to nurses who pay for a Compact license. **We ask that NCSBN undertake this work and provide a date by which such an education tool will be available.**

- **Fiscal Analysis of NLC Impact on State Boards of Nursing**

State Boards of Nursing have faced various financial loss scenarios when implementing the NLC. While states that were early adopters of the NLC only offered a multi-state license, states joining more recently have offered the NLC as an option in addition to a regular home state license. So far, many of these states have experienced an average of 12 – 16 percent of nurses opting for the Compact license.

It is imperative that states considering joining the NLC have a better understanding of how such a decision would financially impact their State Board of Nursing and nurse home state licensure fees. For example, Vermont’s Board of Nursing performed a fiscal analysis that showed it could lose a quarter of its revenue if the state joined the NLC. In Washington state, limited fiscal analysis provided has indicated that joining the NLC could push home state nursing license fees upwards of \$200.

We ask that NCSBN provide a fiscal analysis of states party to the Compact showing the financial impact the NLC has had on their State Boards of Nursing and on their state-only license fees.

- **Transparency of Proceedings and Finance**

Many states have open public meeting laws and have strong concerns that the NLC administrative body conflicts with those statutes. Under the NLC, the national Compact administrators can hold closed, non-public meetings under certain circumstances. This is concerning given that the NLC is administered by a non-governmental body of which there is no regulatory oversight and is not beholden to the public.

When New Mexico tried to align its participation in the NLC with its open public meetings law by passing a law that would require “[a]ll agendas, minutes, reports, and rulemaking records” of the national Compact administrative body to be filed with its State Board of Nursing, it received a letter from the Special Counsel of the Interstate Nurse Licensure Compact Administrators Commission stating that such state laws “are not permitted” and would be cause for legal action or termination of New Mexico’s participation in the Compact. It is concerning that the national Compact administrators have power to enact rules that are binding on each state. States should have the

authority to make those rulemaking records, meeting minutes, associated agendas and reports available to the public.

Additionally, given the revenue loss that State Boards of Nursing experience when joining the NLC, it is important that NCSBN provide financial transparency allowing states to understand how much revenue in multi-state/Compact license fees is collected and how those funds are spent.

We ask that NCSBN provide full transparency of all meetings and documents related to the NLC and its administration to ensure compliance with state laws regarding open public meetings. We ask that NCSBN provide financial transparency allowing states to understand how much revenue in multi-state/Compact license fees NCSBN is collecting to administer the Compact and how those funds are being spent.

Many of our states have spent considerable time and effort attempting to better understand the impact that the NLC is having on nursing shortages, on individual nurses, and on revenue and license fee projections for our respective State Boards of Nursing. Without this information, our states do not have a clear picture of whether the NLC is meeting its intended goals or how it would potentially impact nurses and our State Boards of Nursing.

We look forward to your response.

Sincerely,



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