

2021 HOUSE HUMAN SERVICES

HB 1044

2021 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HB 1044
1/6/2021

Relating to the advanced practice registered nurse licensure compact

Chairman Weisz opened the hearing at 9:24 am.

Representatives	Roll Call
Representative Robin Weisz	P
Representative Karen M. Rohr	P
Representative Mike Beltz	P
Representative Chuck Damschen	P
Representative Bill Devlin	P
Representative Gretchen Dobervich	P
Representative Clayton Fegley	P
Representative Dwight Kiefert	P
Representative Todd Porter	P
Representative Matthew Ruby	P
Representative Mary Schneider	P
Representative Kathy Skroch	P
Representative Bill Tveit	P
Representative Greg Westlind	P

Discussion Topics:

- Inclusion of licensure compact
- Change of 2080 hours of practice
- Telehealth

Stacey Pfenning, ND Board of Nursing Executive Director (9:25) testified in favor and submitted testimony #9.

Representative Kathy Skroch made a motion for a **Do Pass**.

Representative Karen Rohr seconded the motion.

Representatives	Vote
Representative Robin Weisz	Y
Representative Karen M. Rohr	Y
Representative Mike Beltz	Y
Representative Chuck Damschen	Y
Representative Bill Devlin	Y
Representative Gretchen Dobervich	Y
Representative Clayton Fegley	Y
Representative Dwight Kiefert	Y

Representative Todd Porter	Y
Representative Matthew Ruby	Y
Representative Mary Schneider	Y
Representative Kathy Skroch	Y
Representative Bill Tveit	Y
Representative Greg Westlind	Y

The motion passed 14-0-0

Bill Carrier: Rep. Gretchen Dobervich

Additional written testimony: #17, #102

Chairman Weisz adjourned at 9:41 am

Tamara Krause, Committee Clerk

REPORT OF STANDING COMMITTEE

HB 1044: Human Services Committee (Rep. Weisz, Chairman) recommends **DO PASS** (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1044 was placed on the Eleventh order on the calendar.

**House Human Services Committee
North Dakota Board of Nursing Testimony
HB 1044 Advanced Practice Registered Nurse Licensure Compact**

Chairman Weisz and members of the Committee. I am Dr. Stacey Pfenning, Executive Director for the North Dakota Board of Nursing.

HB 1044 is an agency bill filed by the Board of Nursing to amend and reenact 43-12.5-01 of the ND Century Code, relating to the Advanced Practice Registered Nurse (APRN) Licensure Compact, to reflect revisions adopted August 2020 by the National Council of State Boards of Nursing. The APRN Licensure Compact aligns with the Board of Nursing mission through facilitation of a vetted, quality, accessible, and cost-effective nursing workforce.

Background (See Appendix A):

North Dakota enacted the original APRN licensure compact in 2017; however, the compact failed to gain traction. After many meetings and taskforces, the revised APRN licensure compact was adopted in the hopes of reducing barriers and encouraging other states to join. Key changes: 1) inclusion of uniform licensure requirements similar to the Nurse Licensure Compact (NLC); 2) requirement for 2,080 hours of practice prior to qualifying for a multistate license; and 3) implementation at 7 states vs. 10.

APRN Licensure Compact a Mutual Recognition Model (See Appendix B, C):

- APRNs would have one multistate license to practice (physically & via technology) in home state and other compact states. ND would retain autonomy and authority.
- Accessibility to nursing services and mobility for nurses.
 - Access to nurse faculty for online nursing education programs.
 - Mobility of qualified APRNs during disaster/state of emergencies.
 - Supports nursing's role in the rapidly expanding telehealth industry.
 - Benefits military spouses with APRN licenses who relocate often.
- Grants necessary legal authority to facilitate interstate information sharing and investigations in the event of adverse actions to ensure public protection.
- Eliminates redundancy, duplicative regulatory processes, and unnecessary fees for licensee and facilities/employers.

Please note Letters of Support in Appendix D. Thank you in advance for your consideration of HB 1044 and for your attention. I am open for questions.

Dr. Stacey Pfenning DNP APRN FNP FAANP
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Mobility on Deck for Advanced Practice Registered Nurses

Nicole Livanos, JD, MPP

On August 12, 2020, the National Council of State Boards of Nursing (NCSBN) convened a virtual Delegate Assembly. The agenda included the adoption of a new interstate licensure compact for advanced practice registered nurses (APRNs). The proposal received support from the majority of NCSBN delegates, and the journey toward licensure mobility for APRNs can begin once again (NCSBN, 2020a).

A previous rendition of the APRN Compact, approved in 2015, failed to gain traction. Among the roadblocks were the varied state laws governing APRN practice and regulation. The variation exists in states with restrictive practice for APRNs as well as in many states that worked tirelessly to remove the restrictions but were forced to make political concessions, which resulted in patchwork statutes and regulations across states (American Nurses Association, 2020). Uniformity is pivotal in achieving mobility in an interstate compact. The newly adopted APRN Compact act provides uniformity that enables APRNs to obtain a multistate license and practice under the compact; it also makes various additional changes to aid multistate licensure in becoming a reality sooner.

What Changed?

Codifying the APRN Consensus Model

Since its adoption in 2008, states have worked toward adopting the various elements of the APRN Consensus Model, including the national standards for safe APRN practice and regulation. Drafters of the new APRN Compact incorporated those elements into the uniform licensure requirements needed to obtain and maintain a multistate license, as well as into provisions governing practice by multistate licensees (NCSBN, 2020b).

The APRN Consensus Model elements included in the uniform licensure requirements are as follows:

- The applicant must hold an active, unencumbered license as a registered nurse.
- The applicant must graduate from an accredited program or approved foreign APRN education program in a recognized role and population focus.
- The applicant must obtain and maintain national certification in a role and population focus.

Uniformity With the Nurse Licensure Compact

Many uniform licensure requirements mirror the Nurse Licensure Compact (NLC), the interstate licensure compact for registered nurses and licensed practical nurses. For instance, applicants for multistate licenses must meet the licensure requirements in their home states, submit to a criminal background check, and have no felony conviction or misdemeanors related to the practice of nursing. Furthermore, those APRNs actively participating in an alternative-to-discipline program are ineligible for a multistate license until they have completed their program (NCSBN, 2020b). The consistency between the two compacts makes sense, as two-thirds of the states have adopted the NLC and APRNs must hold licensure or a privilege to practice as a registered nurse in those states that join the APRN Compact.

Practice Hour Requirement

Under the newly adopted compact, applicants must have at least 2,080 hours of practice as a licensed APRN in the role and population focus congruent with their education and certification before they can receive a multistate license (NCSBNb, 2020). The practice hour requirement was included in the compact language owing to the prevalence of transitions to practice in state law. Since 1995, the majority of states that have passed laws allowing APRNs full practice authority have included what is often referred to as a "transition-to-practice" period (American Nurses Association, 2020). This transition to practice is predominately negotiated during the legislative process as a way to appease physician groups opposing a full practice bill. For example, nurse practitioners are required to have 4,000 practice hours under a collaborative agreement with a physician before they can practice independently. These transitions to practice presented a unique challenge to the implementation of the compact. For the compact to operate as efficiently as possible, the transitions to practice needed to be addressed while maintaining uniformity and operating without the need for any physician collaboration or supervision.

It's important to note that the 2,080-hour practice requirement under the APRN Compact is distinctly different from a transition-to-practice period; the language reads that in order to qualify for a multistate license, the APRN must have "practiced for at least 2,080 hours as an APRN in a role and population focus congruent with the applicant's education and training" (NCSBN,

2020b). Supervision or collaborative practice is not required. The 2,080 hours of practice are completed by the applicant in the state where he or she hold a single-state license and is thus subject to the practice laws of that state. Inclusion of the 2,080-hour practice requirement is a practical compromise that will increase the likelihood that more states can join the APRN Compact.

The Path to Seven

The newly adopted compact will become effective once seven jurisdictions enact the legislation. Having a threshold number of states for the compact to become effective is common among interstate licensure compacts. For example, the APRN Compact shares the same trigger number as the Psychology Interjurisdictional Compact (PSYPACT), which reached its seven-state threshold in April 2019 (PSYPACT, 2019). Similar to other interstate licensure compacts, the legislative trigger spurs the formation of the commission, a quasi-governmental agency. The composition of the commission is one member from each party state, and that member is the head of the state licensing board or their designee (NCSBN, 2020b). Upon adoption of rules governing implementation and operations of the APRN compact, it will be fully operational and member states can begin processing applications for multistate licensure.

The Need for Mobility Now

Before COVID-19, the need for APRNs to have licensure mobility was great. Once the pandemic changed the healthcare landscape, the need ballooned. During the pandemic, the majority of states authorized practice by out-of-state licensees through either a full waiver or temporary licensure or permit (Hentze, 2020). The goal of the provisions is to permit healthcare practitioners the flexibility to assist with the pandemic relief wherever an acute need surfaced—for example, the northeastern United States in the early months and the southern and western states in Summer 2020 (Yeip, 2020). Some temporary permits authorized practice with pared down application requirements, whereas waivers generally authorized practice as long as the nurses held licensure *somewhere* (Hentze, 2020). The policies were introduced at different times, and each has its own specifications and expiration date, which can make navigating and understanding the processes confusing and difficult for facilities and practitioners alike (Costich & Scheer, 2020).

We can contrast the instability of state emergency actions to that of an interstate compact like the NLC. Registered nurses and licensed practical nurses across 33 states that are party to the NLC were able to be mobilized immediately in March as the first wave of the virus hit, without waiting for the complex and variant emergency policymaking. The 34th state, New Jersey, partially implemented their law to mobilize the existing multistate workforce (NCSBN, 2020c). However, APRNs who wanted to provide critical services in states other than where they held licensure were required to navigate complex and patchwork regulatory structures created by statutes, regulations, and the plethora of executive orders.

This pandemic has demonstrated just how vital the safe and free movement of healthcare professionals are for the health of the nation. APRNs, like many other healthcare professions, should enjoy an interstate compact to facilitate their practice and increase access to care for patients. The newly adopted APRN Compact is just that, and state legislatures can make joining the compact a reality.

References

- American Nurses Association (2020, February). *ANA's principles for advanced practice registered nurse (APRN) full practice authority*. <https://www.nursingworld.org/~f9f695/globalassets/docs/ana/ethics/principles-aprnfpractauthority.pdf>
- Costich, J. E., & Scheer, D. N. (2020, June 17). Looming confusion as COVID-19 state emergency orders begin to expire. *The Hill*. <https://thehill.com/opinion/healthcare/503196-looming-confusion-as-covid-19-state-emergency-orders-begin-to-expire>
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- Yeip, R. (2020, July 3). How the Covid-19 surge shifted to the south and west. *The Wall Street Journal*. <https://www.wsj.com/articles/in-the-u-s-coronavirus-tells-a-tale-of-two-americas-11593797658>

Nicole Livanos, JD, MPP, is a Senior Associate, State Advocacy and Legislative Affairs, Nursing Regulation, NCSBN, Chicago, Illinois.

Conflicts of interest: None.

Key Provisions of the APRN Compact



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312.525.3600 aprncompact.com

Article I Findings and Declaration of Purpose

- Facilitate the states' responsibilities to protect the public's health and safety;
- Ensure and encourage the cooperation of party states in the areas of APRN licensure and regulation, including promotion of uniform licensure requirements;
- Facilitate the exchange of information between party states in the areas of APRN regulation, investigation and adverse actions;
- Promote compliance with the laws governing APRN practice in each jurisdiction;
- Authorizes all party states to hold an APRN accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state privileges to practice;
- Decrease redundancies in the consideration and issuance of APRN licensure; and
- Provide opportunities for interstate practice by advanced practice registered nurses who meet uniform licensure requirements.

Article II Definitions

Reference model legislation at aprncompact.com.

Article III General Provisions and Jurisdiction

- Conduct criminal background checks for applicants for initial APRN licensure or APRN licensure by endorsement.
- Meet home state's requirements for obtaining and retaining a single state license, in addition to meeting the following Uniform Licensure Requirements (ULRs):
 - Graduates from:
 - A graduate-level accredited education program; or
 - An approved foreign APRN education program.
 - Passes an English proficiency examination (applies to graduates of an international education program not taught in English or if English is not the individual's native language).
 - Passes a national certification examination that measures APRN, role and population-focused competencies and maintains continued competence as evidenced by recertification in the role and population focus through the national certification program.
 - Holds an active, unencumbered license as a registered nurse and an active, unencumbered authorization to practice as an APRN.
 - Has successfully passed an NCLEX-RN® examination or recognized predecessor, as applicable.
 - Has practiced for at least 2,080 hours as an APRN in a role and population focus congruent with the applicant's education and training.
 - Has submitted to state and federal fingerprint-based criminal background checks.
 - Has not been convicted or found guilty, or has entered into an agreed disposition, of a felony offense under applicable state, federal, or foreign criminal law;
 - Has no misdemeanor convictions related to the practice of nursing (determined on a case-by-case basis).
 - Is not currently a participant in an alternative program.
 - Is required to self-disclose current participation in an alternative program.
 - Has a valid United States Social Security number.
- An APRN multistate license is recognized as authorizing the APRN to practice in each party state, under a multistate licensure privilege, in the same role and population focus as in the home state.
- An individual may apply for a single-state license, instead of a multistate license, even if otherwise qualified for the multistate license.



- An APRN multistate license shall include prescriptive authority for non-controlled prescription drugs. An APRN shall satisfy all requirements imposed by the state for each state in which an APRN seeks authority to prescribe controlled substances.
- An APRN multistate license holder is authorized to practice independent of a supervisory or collaborative relationship with any healthcare provider.
- Authority to take adverse action against a multistate licensure privilege with application of state due process laws.
- APRN compliance with state practice laws.

Article IV Applications for APRN Licensure in a Party State

- Verification of licensure information via the coordinated licensure information system.
- Limitation to one home state license.
- Outlines process for change of primary residence/home state.

Article V Additional Authorities Invested in Party State Licensing Boards

- Provides authority to:
 - Take adverse action against a multistate licensure privilege.
 - Allow cease and desist orders to limit privileges.
 - Issue subpoenas.
 - Obtain and submit criminal background checks.
- Requires deactivation of multistate licensure privileges when license is under discipline.

Article VI Coordinated Licensure Information System and Exchange of Information

- Requires participation in Coordinated Licensure Information System.
- Requires prompt reporting of adverse action, current significant investigative information and participation in alternative to discipline programs when known to the board of nursing.
- Provides for exchange of information with other party states.

Article VII Establishment of the Interstate Commission of APRN Compact Administrators

Establishes the governing body as a public agency known as an "Interstate Commission." This term is commonly used by other interstate compact governing bodies.

Article VIII Rulemaking

Allows for rules to be adopted directly by the Commission. Such rulemaking is legally binding in all party states. There is no requirement that rules be ratified or adopted by individual states. Such rulemaking authority has been permitted and exercised by other interstate Compacts. The procedural requirements are based on the national Model Administrative Procedures Act, which is similar to most state APAs and includes:

- Provision for notice to the public of proposed and adopted rules.
- Opportunity for comment.
- Opportunity for public hearing.
- Consideration and voting upon proposed rules.
- Responding to comments received.



Article IX Oversight, Dispute Resolution and Enforcement

Ensures compliance with the Compact by member states. The procedures to be followed in the event of a failure by a party state to comply with the Compact include:

- A period of technical assistance in curing the default.
- Improved dispute resolution processes; and
- Termination from the Compact in the event no other means of compliance has been successful.

Article X Effective Date, Withdrawal and Amendment

- Addresses the method for states to enter, withdraw from or amend the Compact.
- Effective when Compact has been enacted into law in seven (7) party states.

Article XI Construction and Severability

Provides for the Compact to remain valid in a state when any provision is declared to be contrary to a party state's constitution.

APRN COMPACT

Issue

Modern health care delivery requires that safe and quality care provided by advanced practice registered nurses (APRNs) be dynamic and fluid across state boundaries. The 100-year-old model of nursing licensure is not flexible, enough to best meet this need.

Solution

The Advanced Practice Registered Nurse Compact (APRN Compact) increases access to care, protects patient safety and reduces costs while supporting state-of-the-art health care delivery. The APRN Compact allows for APRNs with 2,080 hours or more of practice to have one multistate license in their home state, with the privilege to practice in other APRN Compact party states without obtaining additional licenses. To join the APRN Compact, states need to enact the APRN Compact model legislation and implement a federal criminal background check for APRN licensure.

Safe and Efficient

- Facilitates the protection of public health and safety by:
 - Codifying uniform licensure requirements mirroring the national APRN Consensus Model to ensure applicants meet licensure standards for participation.
 - Facilitating the exchange of information between party states in the areas of APRN regulation and investigation whenever an issue arises.
 - Ensuring that party states have the authority to hold an APRN accountable in meeting state practice laws.
- Encourages efficiency by:
 - Decreasing redundancies in applying for and maintaining multiple APRN licenses.
 - Promoting and encouraging interstate practice by APRNs.

Benefits of the APRN Compact

- **Access to Care:** Increases access to APRN services across the country quickly and efficiently, which is essential for the health of many rural and underserved communities.
- **Telehealth:** Enables APRNs to practice in person or provide telehealth services to patients located across the country seamlessly and efficiently
- **Disaster/Pandemic Relief:** Allows APRNs to immediately cross state borders and provide vital services in the event of an emergency, without the need to wait for executive declaration.
- **Military Families:** Allows military spouse APRNs to seamlessly continue working upon relocation and change of employment.
- **Online Education:** Facilitates online nursing education.
- **Cost Effective:**
 - **For APRNs:** APRNs do not have to obtain additional nursing licenses, making practicing across state borders affordable and convenient.
 - **For Employers:** The APRN Compact also removes a burdensome expense for organizations that employ APRNs and may share the expenditure of obtaining and maintaining multiple licenses.
- **Flexible Licensure:** Allows APRNs to obtain or maintain a single state license if preferred.



Solution 4: Legislative support for APRN Nurse Licensure Compact bill.

The Advanced Practice Registered Nurse Compact (APRN Compact) increases access to care, protects patient safety and reduces costs while supporting state-of-the-art health care delivery. The APRN Compact allows for APRNs with 2,080 hours or more of practice to have one multistate license in their home state, with the privilege to practice in other APRN Compact party states without obtaining additional licenses.

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- **Online Education:** Facilitates online nursing education.
- **Efficient:** Eliminates redundant, duplicative regulatory processes and unnecessary fees.
- **Cost Effective:** APRNs do not have to obtain additional nursing licenses, making practicing across state borders affordable and convenient. The APRN Compact also removes a burdensome expense for organizations that employ APRNs and may share the expenditure of obtaining and maintaining multiple licenses.
- **Facilitates Interstate Information Sharing:** Grants the necessary legal authority to facilitate interstate information sharing and investigations in the event of adverse actions to ensure public protection.
- **Flexible Licensure:** Allows APRNs to obtain or maintain a single state license if preferred.



Key Points for North Dakota's Legislative Bill

Repeal-and-replace/Revise

The APRN compact we adopted did not get enough states to become effective. In order to create licensure mobility for APRNs, we need to enact the new APRN Compact.

This compact increase transparency by ensuring every multistate licensee meets the uniform licensure requirements in article III. These requirements mirror many of those in our successfully operating NLC and represent the national standards for APRN regulation.



Effective date

This compact will become effective sooner—once 7 states have enacted the legislation, down from 10 in the previous compact. Several states have expressed interest and plan on introducing the legislation in the upcoming legislative sessions. The changes made to the new language increase the pool of states eligible and interested in enacting the law.

COVID-19

Had the APRN Compact been enacted prior to the COVID-19 pandemic, there would have been an immediately available workforce to assist in compact states. In an emergency such as a pandemic—one that is impacting the entire country, having a mobile workforce to respond to hot spots as they arise would have helped both facilities respond to patients with severe illness and also to increase the primary care workforce that we know is critical for testing and less-acute illness. For practitioners, the options for practicing via telehealth would help to keep their practices afloat all while increasing access to care for our residents and those across the country.

We can contrast this with registered and licensed practical nurses. Nurses in 34 states that are party to the NLC were able to be mobilized immediately, while APRNs who wanted to provide critical services in states other than where they are licensed had to navigate complex and patchwork regulatory structures created by statute, regulation, and the many executive orders and emergency regulations that lacked uniformity across states in both purpose and duration.

For more information about the ND APRN Nurse Licensure Compact Contact: Dr. Stacey Pfenning, Executive Director, North Dakota Board of Nursing at spfening@ndbon.org

Appendix D



December 14, 2020

Dear Dr. Stacey Pfenning,

Thank you for reaching out to the North Dakota Nurses Association (NDNA) regarding the Advanced Practice Registered Nurse (APRN) Compact. We have reviewed the materials you shared with us and have had discussions within the NDNA board of directors as well as with the American Nurses Association on the compacts.

The North Dakota Nurses Association is pleased to offer the North Dakota Board of Nursing our support for the APRN Compact. The American Nurses Association as well as the North Dakota Nurses Association strongly support full practice authority for all APRNs. We agree with the benefits it will provide to telehealth and nurses (including APRNs) as described by the National Council of State Boards of Nursing.

We are pleased to be collaborating with the North Dakota Board of Nursing on these compacts. Please feel free to reach out to NDNA for any further questions or needs. We feel it is important to be a united as nurses in the great state of North Dakota!

Sincerely,

Sherri Miller, BS, BSN, RN
Executive Director
North Dakota Nurses Association

Targeted Solutions for

North Dakota's Nursing Crisis

ND CENTER FOR NURSING BOARD OF DIRECTORS

North Dakota Nurses
Association

College and University Nurse
Education Administrators

North Dakota Area Health
Education Center

North Dakota Emergency
Nurses Association

North Dakota Organization
for Nursing Leadership

North Dakota Board of
Nursing

North Dakota Nurse
Practitioners Association

North Dakota Public Health
Association, Nursing Section

Nursing Student Association
of North Dakota

North Dakota Directors of
Nursing Administration-
Long Term Care

Sigma Xi Kappa at Large
Chapter

North Dakota Association of
Nurse Anesthetists

Public/Consumer Member at
Large

40+ Nursing organizations,
state agencies, nursing
program and other
stakeholders

The North Dakota Center for Nursing is a non-profit, 501c3 organization was developed in 2001 to represent over 20,000 nurses and over 40 nursing organizations across North Dakota. The mission of the North Dakota Center for Nursing is through collaboration guide ongoing development of a well-prepared and diverse nursing workforce to meet health care needs in North Dakota through research, education, recruitment and retention, advocacy and public policy. This policy agenda has been approved by our Board of Directors and is an official policy of the North Dakota Center for Nursing.

A shortage of nurses compared to demand has existed to some extent for twenty-five years and yet today's shortage is uniquely serious. The retirement of baby boomers, the aging population and the associated increase in healthcare needs of our nation's largest generation has intensified the issue, leading to the need for more nurses and supporting healthcare workers across the state. Nursing forms the base for the economic engine for North Dakota's communities. With COVID, facilities have been pushed to the brink of collapse with many unable to provide needed care due to a shortage of nurses. The rural North Dakota landscape makes this shortage particularly acute due to the limited program capacity and distance.

ND's nurses need your help!

Solution 1: Legislative support to provide one-time state appropriation to provide support for organizational structure and to build new nursing workforce recruitment and retention programs serving North Dakota. (SB X)

Solution 2: Legislative support to move funding for the North Dakota Nursing Education Consortium (NEC) from the University of North Dakota budget to the North Dakota University System.

Solution 3: Legislative support to continue Career Builders Program (Bill X), waive the required match or allow use of state dollars for Public and Government employees and add bachelor and graduate degrees to Career Builders Loan Repayment program eligibility to support Nursing Faculty that should be added to the High Needs list. Support continued funding for the ND Health Care Professional Student Loan Repayment Program (NDDOH) (43-12.3)

Solution 4: Legislative support for the APRN Nurse Licensure Compact bill (HB #1044).

Solution 4: Legislative support for APRN Nurse Licensure Compact bill.

The Advanced Practice Registered Nurse Compact (APRN Compact) increases access to care, protects patient safety and reduces costs while supporting state-of-the-art health care delivery. The APRN Compact allows for APRNs with 2,080 hours or more of practice to have one multistate license in their home state, with the privilege to practice in other APRN Compact party states without obtaining additional licenses.

Benefits of the APRN Compact

- **Access to Care:** Increases access to APRN services across the country quickly and efficiently, which is essential for the health of many rural and underserved communities.
- **Telehealth:** Enables APRNs to practice in person or provide telehealth services to patients located across the country seamlessly and efficiently.
- **Disaster/Pandemic Relief:** Allows APRNs to immediately cross state borders and provide vital services in the event of an emergency, without the need to wait for executive declaration.
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- **Cost Effective:** APRNs do not have to obtain additional nursing licenses, making practicing across state borders affordable and convenient. The APRN Compact also removes a burdensome expense for organizations that employ APRNs and may share the expenditure of obtaining and maintaining multiple licenses.
- **Facilitates Interstate Information Sharing:** Grants the necessary legal authority to facilitate interstate information sharing and investigations in the event of adverse actions to ensure public protection.
- **Flexible Licensure:** Allows APRNs to obtain or maintain a single state license if preferred.



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For more information about the ND APRN Nurse Licensure Compact Contact: Dr. Stacey Pfenning, Executive Director, North Dakota Board of Nursing at spfening@ndbon.org

TESTIMONY TO:

HOUSE HUMAN SERVICES COMMITTEE
67TH NORTH DAKOTA LEGISLATIVE ASSEMBLY

HB 1044

Chairman Representative Robin Weisz and Committee Members,

I am Paula Moch, Family Nurse Practitioner (FNP) and Legislative Liaison for the North Dakota Nurse Practitioner Association (NDNPA). I am writing in support of House Bill 1044 Advance Practice Registered Nurse Licensure Compact Bill

NDNPA supports House Bill 1044, Advance Practice Registered Nurse Licensure Compact Bill as written. This bill has many benefits for the residents of North Dakota, many of which have become apparent in our current pandemic situation.

Some benefits of the Compact Licensure:

- The Advance Practice Registered Nurse (APRN) has greater mobility across state lines physically and via telehealth
- Ensures the qualifications of the practitioners meet national standards.
- Streamlined credentialing and licensing process.
- Lessens undue licensure burdens and delays making North Dakota more attractive for relocation.
- This compact agreement aides military families during the relocation process
- Allows for qualified APRNs to fill emergent needs during times of disasters, short staffing, and in underserved rural areas

These are only a few benefits of the APRN Compact Licensure. They are many and numerous to list.

This concludes my written testimony and I am happy to answer any questions in writing or via telephone at your convenience.

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2021 SENATE HUMAN SERVICES

HB 1044

2021 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Sakakawea Room, State Capitol

HB 1044
2/16/2021

A BILL for an Act to amend and reenact section 43-12.5-01 of the North Dakota Century Code, relating to the advanced practice registered nurse licensure compact.

Madam Chair Lee opened the hearing on HB 1044 at 10:32 a.m. Members present: Lee, K. Roers, Hogan, Anderson, Clemens, O. Larsen.

Discussion Topics:

- 20/80 practice hours' requirement
- Commission rules
- Implementation of compact
- State's participation

[10:32] Dr. Stacy Pfenning, Executive Director, North Dakota Board of Nursing. Provided testimony #6637 in favor.

[10:47] Josh Askvig, State Director, AARP. Provided testimony #6643 in favor on behalf of **Janelle Moos, AARP.**

[10:51] Patricia Moulton-Burwell, Executive Director, North Dakota Center for Nursing. Provided testimony #6625 in favor.

Senator Anderson moves **DO PASS.**

Senator K. Roers seconded.

Senators	Vote
Senator Judy Lee	Y
Senator Kristin Roers	Y
Senator Howard C. Anderson, Jr.	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Oley Larsen	N

The motion passed 5-1-0.

Senator Anderson will carry HB 1044.

Additional written testimony: (5)

Robyn Begley, Chief Executive Director, American Organization for Nursing Leadership (AONL). Provided written testimony #6638 in favor.

Sherri Miller, Executive Director, North Dakota Nurses Association. Provided written testimony #6707 in favor.

Senate Human Services Committee
HB 1044
2/16/2021
Page 2

Kyle Zebley, Public Policy Director, American Telemedicine Association. Provided written testimony #6639 in favor.

Hank Drummond, PHD, RN, Senior Vice President/Chief Clinical Officer, Cross Country Healthcare. Provided written testimony #6657 in favor.

Madam Chair Lee closed the hearing on HB 1044 at 10:52 a.m.

Justin Velez, Committee Clerk

REPORT OF STANDING COMMITTEE

HB 1044: Human Services Committee (Sen. Lee, Chairman) recommends **DO PASS** (5 YEAS, 1 NAY, 0 ABSENT AND NOT VOTING). HB 1044 was placed on the Fourteenth order on the calendar.

**Senate Human Services Committee
North Dakota Board of Nursing Testimony
HB 1044 Advanced Practice Registered Nurse Licensure Compact**

Chairman Judy Lee and members of the Committee. I am Dr. Stacey Pfenning, Executive Director for the North Dakota Board of Nursing.

HB 1044 is an agency bill filed by the Board of Nursing to amend and reenact 43-12.5-01 of the ND Century Code, relating to the Advanced Practice Registered Nurse (APRN) Licensure Compact, to reflect revisions adopted August 2020 by the National Council of State Boards of Nursing. The APRN Licensure Compact aligns with the Board of Nursing mission through facilitation of a vetted, quality, accessible, and cost-effective nursing workforce.

Background (See Appendix A):

North Dakota enacted the original APRN licensure compact in 2017; however, the compact failed to gain traction. After many meetings and taskforces, the revised APRN licensure compact was adopted in the hopes of reducing barriers and encouraging other states to join. Key changes: 1) inclusion of uniform licensure requirements similar to the Nurse Licensure Compact (NLC); 2) requirement for 2,080 hours of practice prior to qualifying for a multistate license; and 3) implementation at 7 states vs. 10.

APRN Licensure Compact a Mutual Recognition Model (See Appendix B, C):

- APRNs would have one multistate license to practice (physically & via technology) in home state and other compact states. ND would retain autonomy and authority.
- Accessibility to nursing services and mobility for nurses.
 - Access to nurse faculty for online nursing education programs.
 - Mobility of qualified APRNs during disaster/state of emergencies.
 - Supports nursing's role in the rapidly expanding telehealth industry.
 - Benefits military spouses with APRN licenses who relocate often.
- Grants necessary legal authority to facilitate interstate information sharing and investigations in the event of adverse actions to ensure public protection.
- Eliminates redundancy, duplicative regulatory processes, and unnecessary fees for licensee and facilities/employers.

Please note Letters of Support in Appendix D. Thank you in advance for your consideration of HB 1044 and for your attention. I am open for questions.

Dr. Stacey Pfenning DNP APRN FNP FAANP
Executive Director, North Dakota Board of Nursing
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spfenning@ndbon.org

Mobility on Deck for Advanced Practice Registered Nurses

Nicole Livanos, JD, MPP

On August 12, 2020, the National Council of State Boards of Nursing (NCSBN) convened a virtual Delegate Assembly. The agenda included the adoption of a new interstate licensure compact for advanced practice registered nurses (APRNs). The proposal received support from the majority of NCSBN delegates, and the journey toward licensure mobility for APRNs can begin once again (NCSBN, 2020a).

A previous rendition of the APRN Compact, approved in 2015, failed to gain traction. Among the roadblocks were the varied state laws governing APRN practice and regulation. The variation exists in states with restrictive practice for APRNs as well as in many states that worked tirelessly to remove the restrictions but were forced to make political concessions, which resulted in patchwork statutes and regulations across states (American Nurses Association, 2020). Uniformity is pivotal in achieving mobility in an interstate compact. The newly adopted APRN Compact act provides uniformity that enables APRNs to obtain a multistate license and practice under the compact; it also makes various additional changes to aid multistate licensure in becoming a reality sooner.

What Changed?

Codifying the APRN Consensus Model

Since its adoption in 2008, states have worked toward adopting the various elements of the APRN Consensus Model, including the national standards for safe APRN practice and regulation. Drafters of the new APRN Compact incorporated those elements into the uniform licensure requirements needed to obtain and maintain a multistate license, as well as into provisions governing practice by multistate licensees (NCSBN, 2020b).

The APRN Consensus Model elements included in the uniform licensure requirements are as follows:

- The applicant must hold an active, unencumbered license as a registered nurse.
- The applicant must graduate from an accredited program or approved foreign APRN education program in a recognized role and population focus.
- The applicant must obtain and maintain national certification in a role and population focus.

Uniformity With the Nurse Licensure Compact

Many uniform licensure requirements mirror the Nurse Licensure Compact (NLC), the interstate licensure compact for registered nurses and licensed practical nurses. For instance, applicants for multistate licenses must meet the licensure requirements in their home states, submit to a criminal background check, and have no felony conviction or misdemeanors related to the practice of nursing. Furthermore, those APRNs actively participating in an alternative-to-discipline program are ineligible for a multistate license until they have completed their program (NCSBN, 2020b). The consistency between the two compacts makes sense, as two-thirds of the states have adopted the NLC and APRNs must hold licensure or a privilege to practice as a registered nurse in those states that join the APRN Compact.

Practice Hour Requirement

Under the newly adopted compact, applicants must have at least 2,080 hours of practice as a licensed APRN in the role and population focus congruent with their education and certification before they can receive a multistate license (NCSBNb, 2020). The practice hour requirement was included in the compact language owing to the prevalence of transitions to practice in state law. Since 1995, the majority of states that have passed laws allowing APRNs full practice authority have included what is often referred to as a "transition-to-practice" period (American Nurses Association, 2020). This transition to practice is predominately negotiated during the legislative process as a way to appease physician groups opposing a full practice bill. For example, nurse practitioners are required to have 4,000 practice hours under a collaborative agreement with a physician before they can practice independently. These transitions to practice presented a unique challenge to the implementation of the compact. For the compact to operate as efficiently as possible, the transitions to practice needed to be addressed while maintaining uniformity and operating without the need for any physician collaboration or supervision.

It's important to note that the 2,080-hour practice requirement under the APRN Compact is distinctly different from a transition-to-practice period; the language reads that in order to qualify for a multistate license, the APRN must have "practiced for at least 2,080 hours as an APRN in a role and population focus congruent with the applicant's education and training" (NCSBN,

2020b). Supervision or collaborative practice is not required. The 2,080 hours of practice are completed by the applicant in the state where he or she hold a single-state license and is thus subject to the practice laws of that state. Inclusion of the 2,080-hour practice requirement is a practical compromise that will increase the likelihood that more states can join the APRN Compact.

The Path to Seven

The newly adopted compact will become effective once seven jurisdictions enact the legislation. Having a threshold number of states for the compact to become effective is common among interstate licensure compacts. For example, the APRN Compact shares the same trigger number as the Psychology Interjurisdictional Compact (PSYPACT), which reached its seven-state threshold in April 2019 (PSYPACT, 2019). Similar to other interstate licensure compacts, the legislative trigger spurs the formation of the commission, a quasi-governmental agency. The composition of the commission is one member from each party state, and that member is the head of the state licensing board or their designee (NCSBN, 2020b). Upon adoption of rules governing implementation and operations of the APRN compact, it will be fully operational and member states can begin processing applications for multistate licensure.

The Need for Mobility Now

Before COVID-19, the need for APRNs to have licensure mobility was great. Once the pandemic changed the healthcare landscape, the need ballooned. During the pandemic, the majority of states authorized practice by out-of-state licensees through either a full waiver or temporary licensure or permit (Hentze, 2020). The goal of the provisions is to permit healthcare practitioners the flexibility to assist with the pandemic relief wherever an acute need surfaced—for example, the northeastern United States in the early months and the southern and western states in Summer 2020 (Yeip, 2020). Some temporary permits authorized practice with pared down application requirements, whereas waivers generally authorized practice as long as the nurses held licensure *somewhere* (Hentze, 2020). The policies were introduced at different times, and each has its own specifications and expiration date, which can make navigating and understanding the processes confusing and difficult for facilities and practitioners alike (Costich & Scheer, 2020).

We can contrast the instability of state emergency actions to that of an interstate compact like the NLC. Registered nurses and licensed practical nurses across 33 states that are party to the NLC were able to be mobilized immediately in March as the first wave of the virus hit, without waiting for the complex and variant emergency policymaking. The 34th state, New Jersey, partially implemented their law to mobilize the existing multistate workforce (NCSBN, 2020c). However, APRNs who wanted to provide critical services in states other than where they held licensure were required to navigate complex and patchwork regulatory structures created by statutes, regulations, and the plethora of executive orders.

This pandemic has demonstrated just how vital the safe and free movement of healthcare professionals are for the health of the nation. APRNs, like many other healthcare professions, should enjoy an interstate compact to facilitate their practice and increase access to care for patients. The newly adopted APRN Compact is just that, and state legislatures can make joining the compact a reality.

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Nicole Livanos, JD, MPP, is a Senior Associate, State Advocacy and Legislative Affairs, Nursing Regulation, NCSBN, Chicago, Illinois.

Conflicts of interest: None.

Key Provisions of the APRN Compact



111 E. Wacker Drive, Ste. 2900, Chicago, IL 60601
312.525.3600 aprncompact.com

Article I Findings and Declaration of Purpose

- Facilitate the states' responsibilities to protect the public's health and safety;
- Ensure and encourage the cooperation of party states in the areas of APRN licensure and regulation, including promotion of uniform licensure requirements;
- Facilitate the exchange of information between party states in the areas of APRN regulation, investigation and adverse actions;
- Promote compliance with the laws governing APRN practice in each jurisdiction;
- Authorizes all party states to hold an APRN accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state privileges to practice;
- Decrease redundancies in the consideration and issuance of APRN licensure; and
- Provide opportunities for interstate practice by advanced practice registered nurses who meet uniform licensure requirements.

Article II Definitions

Reference model legislation at aprncompact.com.

Article III General Provisions and Jurisdiction

- Conduct criminal background checks for applicants for initial APRN licensure or APRN licensure by endorsement.
- Meet home state's requirements for obtaining and retaining a single state license, in addition to meeting the following Uniform Licensure Requirements (ULRs):
 - Graduates from:
 - A graduate-level accredited education program; or
 - An approved foreign APRN education program.
 - Passes an English proficiency examination (applies to graduates of an international education program not taught in English or if English is not the individual's native language).
 - Passes a national certification examination that measures APRN, role and population-focused competencies and maintains continued competence as evidenced by recertification in the role and population focus through the national certification program.
 - Holds an active, unencumbered license as a registered nurse and an active, unencumbered authorization to practice as an APRN.
 - Has successfully passed an NCLEX-RN® examination or recognized predecessor, as applicable.
 - Has practiced for at least 2,080 hours as an APRN in a role and population focus congruent with the applicant's education and training.
 - Has submitted to state and federal fingerprint-based criminal background checks.
 - Has not been convicted or found guilty, or has entered into an agreed disposition, of a felony offense under applicable state, federal, or foreign criminal law;
 - Has no misdemeanor convictions related to the practice of nursing (determined on a case-by-case basis).
 - Is not currently a participant in an alternative program.
 - Is required to self-disclose current participation in an alternative program.
 - Has a valid United States Social Security number.
- An APRN multistate license is recognized as authorizing the APRN to practice in each party state, under a multistate licensure privilege, in the same role and population focus as in the home state.
- An individual may apply for a single-state license, instead of a multistate license, even if otherwise qualified for the multistate license.



- An APRN multistate license shall include prescriptive authority for non-controlled prescription drugs. An APRN shall satisfy all requirements imposed by the state for each state in which an APRN seeks authority to prescribe controlled substances.
- An APRN multistate license holder is authorized to practice independent of a supervisory or collaborative relationship with any healthcare provider.
- Authority to take adverse action against a multistate licensure privilege with application of state due process laws.
- APRN compliance with state practice laws.

Article IV Applications for APRN Licensure in a Party State

- Verification of licensure information via the coordinated licensure information system.
- Limitation to one home state license.
- Outlines process for change of primary residence/home state.

Article V Additional Authorities Invested in Party State Licensing Boards

- Provides authority to:
 - Take adverse action against a multistate licensure privilege.
 - Allow cease and desist orders to limit privileges.
 - Issue subpoenas.
 - Obtain and submit criminal background checks.
- Requires deactivation of multistate licensure privileges when license is under discipline.

Article VI Coordinated Licensure Information System and Exchange of Information

- Requires participation in Coordinated Licensure Information System.
- Requires prompt reporting of adverse action, current significant investigative information and participation in alternative to discipline programs when known to the board of nursing.
- Provides for exchange of information with other party states.

Article VII Establishment of the Interstate Commission of APRN Compact Administrators

Establishes the governing body as a public agency known as an "Interstate Commission." This term is commonly used by other interstate compact governing bodies.

Article VIII Rulemaking

Allows for rules to be adopted directly by the Commission. Such rulemaking is legally binding in all party states. There is no requirement that rules be ratified or adopted by individual states. Such rulemaking authority has been permitted and exercised by other interstate Compacts. The procedural requirements are based on the national Model Administrative Procedures Act, which is similar to most state APAs and includes:

- Provision for notice to the public of proposed and adopted rules.
- Opportunity for comment.
- Opportunity for public hearing.
- Consideration and voting upon proposed rules.
- Responding to comments received.



Article IX Oversight, Dispute Resolution and Enforcement

Ensures compliance with the Compact by member states. The procedures to be followed in the event of a failure by a party state to comply with the Compact include:

- A period of technical assistance in curing the default.
- Improved dispute resolution processes; and
- Termination from the Compact in the event no other means of compliance has been successful.

Article X Effective Date, Withdrawal and Amendment

- Addresses the method for states to enter, withdraw from or amend the Compact.
- Effective when Compact has been enacted into law in seven (7) party states.

Article XI Construction and Severability

Provides for the Compact to remain valid in a state when any provision is declared to be contrary to a party state's constitution.

Facts about the APRN Compact

APRNCompact.com



Issue

Modern health care delivery requires that safe and quality care provided by advanced practice registered nurses (APRNs) be dynamic and fluid across state boundaries. The 100-year-old model of nursing licensure is not flexible, enough to best meet this need.

Solution

The Advanced Practice Registered Nurse Compact (APRN Compact) increases access to care, protects patient safety and reduces costs while supporting state-of-the-art health care delivery. The APRN Compact allows for APRNs with 2,080 hours or more of practice to have one multistate license in their home state, with the privilege to practice in other APRN Compact party states without obtaining additional licenses. To join the APRN Compact, states need to enact the APRN Compact model legislation and implement a federal criminal background check for APRN licensure.

Safe and Efficient

- Facilitates the protection of public health and safety by:
 - Codifying uniform licensure requirements mirroring the national APRN Consensus Model to ensure applicants meet licensure standards for participation.
 - Facilitating the exchange of information between party states in the areas of APRN regulation and investigation whenever an issue arises.
 - Ensuring that party states have the authority to hold an APRN accountable in meeting state practice laws.
- Encourages efficiency by:
 - Decreasing redundancies in applying for and maintaining multiple APRN licenses.
 - Promoting and encouraging interstate practice by APRNs.

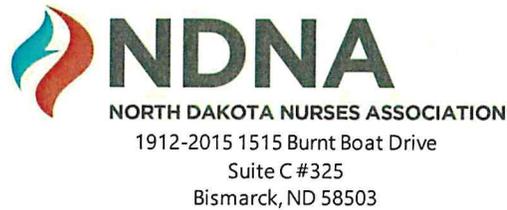
Benefits of the APRN Compact

- **Access to Care:** Increases access to APRN services across the country quickly and efficiently, which is essential for the health of many rural and underserved communities.
- **Telehealth:** Enables APRNs to practice in person or provide telehealth services to patients located across the country seamlessly and efficiently
- **Disaster/Pandemic Relief:** Allows APRNs to immediately cross state borders and provide vital services in the event of an emergency, without the need to wait for executive declaration.
- **Military Families:** Allows military spouse APRNs to seamlessly continue working upon relocation and change of employment.
- **Online Education:** Facilitates online nursing education.
- **Cost Effective:**
 - **For APRNs:** APRNs do not have to obtain additional nursing licenses, making practicing across state borders affordable and convenient.
 - **For Employers:** The APRN Compact also removes a burdensome expense for organizations that employ APRNs and may share the expenditure of obtaining and maintaining multiple licenses.
- **Flexible Licensure:** Allows APRNs to obtain or maintain a single state license if preferred.



Unlocking Access to Advanced Practice Nursing Care Across the Nation

Appendix D



December 14, 2020

Dear Dr. Stacey Pfenning,

Thank you for reaching out to the North Dakota Nurses Association (NDNA) regarding the Advanced Practice Registered Nurse (APRN) Compact. We have reviewed the materials you shared with us and have had discussions within the NDNA board of directors as well as with the American Nurses Association on the compacts.

The North Dakota Nurses Association is pleased to offer the North Dakota Board of Nursing our support for the APRN Compact. The American Nurses Association as well as the North Dakota Nurses Association strongly support full practice authority for all APRNs. We agree with the benefits it will provide to telehealth and nurses (including APRNs) as described by the National Council of State Boards of Nursing.

We are pleased to be collaborating with the North Dakota Board of Nursing on these compacts. Please feel free to reach out to NDNA for any further questions or needs. We feel it is important to be a united as nurses in the great state of North Dakota!

Sincerely,

Sherri Miller, BS, BSN, RN
Executive Director
North Dakota Nurses Association

TESTIMONY TO:

HOUSE HUMAN SERVICES COMMITTEE
67TH NORTH DAKOTA LEGISLATIVE ASSEMBLY

HB 1044

Chairman Representative Robin Weisz and Committee Members,

I am Paula Moch, Family Nurse Practitioner (FNP) and Legislative Liaison for the North Dakota Nurse Practitioner Association (NDNPA). I am writing in support of House Bill 1044 Advance Practice Registered Nurse Licensure Compact Bill

NDNPA supports House Bill 1044, Advance Practice Registered Nurse Licensure Compact Bill as written. This bill has many benefits for the residents of North Dakota, many of which have become apparent in our current pandemic situation.

Some benefits of the Compact Licensure:

- The Advance Practice Registered Nurse (APRN) has greater mobility across state lines physically and via telehealth
- Ensures the qualifications of the practitioners meet national standards.
- Streamlined credentialing and licensing process.
- Lessens undue licensure burdens and delays making North Dakota more attractive for relocation.
- This compact agreement aides military families during the relocation process
- Allows for qualified APRNs to fill emergent needs during times of disasters, short staffing, and in underserved rural areas

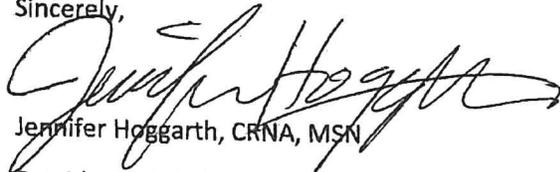
These are only a few benefits of the APRN Compact Licensure. They are many and numerous to list.

This concludes my written testimony and I am happy to answer any questions in writing or via telephone at your convenience.

Paula M Moch, RN, MSN, FNP-BC
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These compacts will benefit nurses, hospitals, patients, and communities here in North Dakota as well as throughout the nation. The NDANA is in full support of North Dakota legislators passing the revised APRN compact.

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer Hoggarth". The signature is fluid and cursive, with a large initial "J" and "H".

Jennifer Hoggarth, CRNA, MSN

President NDANA

North Dakota Association of Nurse Anesthetists

2900 E Broadway Ave # 5, Bismarck, ND 58501

Solution 4: Legislative support for APRN Nurse Licensure Compact bill.

The Advanced Practice Registered Nurse Compact (APRN Compact) increases access to care, protects patient safety and reduces costs while supporting state-of-the-art health care delivery. The APRN Compact allows for APRNs with 2,080 hours or more of practice to have one multistate license in their home state, with the privilege to practice in other APRN Compact party states without obtaining additional licenses.

Benefits of the APRN Compact

- **Access to Care:** Increases access to APRN services across the country quickly and efficiently, which is essential for the health of many rural and underserved communities.
- **Telehealth:** Enables APRNs to practice in person or provide telehealth services to patients located across the country seamlessly and efficiently.
- **Disaster/Pandemic Relief:** Allows APRNs to immediately cross state borders and provide vital services in the event of an emergency, without the need to wait for executive declaration.
- **Military Families:** Allows military spouse APRNs to seamlessly continue working upon relocation and change of employment.
- **Online Education:** Facilitates online nursing education.
- **Efficient:** Eliminates redundant, duplicative regulatory processes and unnecessary fees.
- **Cost Effective:** APRNs do not have to obtain additional nursing licenses, making practicing across state borders affordable and convenient. The APRN Compact also removes a burdensome expense for organizations that employ APRNs and may share the expenditure of obtaining and maintaining multiple licenses.
- **Facilitates Interstate Information Sharing:** Grants the necessary legal authority to facilitate interstate information sharing and investigations in the event of adverse actions to ensure public protection.
- **Flexible Licensure:** Allows APRNs to obtain or maintain a single state license if preferred.



Key Points for North Dakota's Legislative Bill

Repeal-and-replace/Revise

The APRN compact we adopted did not get enough states to become effective. In order to create licensure mobility for APRNs, we need to enact the new APRN Compact.

This compact increase transparency by ensuring every multistate licensee meets the uniform licensure requirements in article III. These requirements mirror many of those in our successfully operating NLC and represent the national standards for APRN regulation.



Effective date

This compact will become effective sooner—once 7 states have enacted the legislation, down from 10 in the previous compact. Several states have expressed interest and plan on introducing the legislation in the upcoming legislative sessions. The changes made to the new language increase the pool of states eligible and interested in enacting the law.

COVID-19

Had the APRN Compact been enacted prior to the COVID-19 pandemic, there would have been an immediately available workforce to assist in compact states. In an emergency such as a pandemic—one that is impacting the entire country, having a mobile workforce to respond to hot spots as they arise would have helped both facilities respond to patients with severe illness and also to increase the primary care workforce that we know is critical for testing and less-acute illness. For practitioners, the options for practicing via telehealth would help to keep their practices afloat all while increasing access to care for our residents and those across the country.

We can contrast this with registered and licensed practical nurses. Nurses in 34 states that are party to the NLC were able to be mobilized immediately, while APRNs who wanted to provide critical services in states other than where they are licensed had to navigate complex and patchwork regulatory structures created by statute, regulation, and the many executive orders and emergency regulations that lacked uniformity across states in both purpose and duration.

For more information about the ND APRN Nurse Licensure Compact Contact: Dr. Stacey Pfenning, Executive Director, North Dakota Board of Nursing at spfenning@ndbon.org



Senate Human Services Committee

IN SUPPORT-HB 1044

February 16, 2021

Janelle Moos, AARP North Dakota

jmoos@aarp.org – (701) 355-3641

Chair Lee and Members of the Committee-

My name is Janelle Moos, Associate State Director for Advocacy with AARP North Dakota. We are here to provide support for HB 1044.

Our nation faces pressing health care challenges—an aging and more diverse population, more people with more chronic conditions, millions more uninsured, rising costs, and a shortage of providers. We can help address some of these challenges by maximizing the use of advanced practice registered nurses (APRNs) to tackle health care challenges in access, quality, and cost. That is why AARP North Dakota supports **House Bill 1044**, which would include North Dakota in the interstate Advanced Practice Registered Nurse Licensure Compact (APRN Compact).

The APRN Compact would streamline access and provide additional choices to patients and families by cutting red tape so APRNs can more easily deliver care across state lines. The APRN Compact also promotes safety and quality. It codifies uniform standards, ensures that states have the authority to enforce public protection at the state level, and makes it easier to exchange information among member states when issues arise.

AARP North Dakota believes enactment of the APRN Compact will enhance and improve health care access in frontier and rural communities across North Dakota, supporting patients and the nearly 68,000 family caregivers that help keep their loved ones safe and independent in the community. The APRN Compact is also a commonsense way to facilitate greater telehealth options making it easier for patients to receive care when and where they need it.

Health care provider shortages hits older residents hard. Older adults sometimes lack the ability or resources to get to their appointments because of mobility issues, long travel distances to a provider, and wait times for appointments. This risks their health and adds unnecessary stress

to family caregivers. Once implemented,¹ the APRN Compact would encourage APRNs to provide care both in-person or through telehealth technologies in multiple states, connecting patients and their family caregivers with qualified primary care. APRNs are a highly valued and integral part of the health care system and a crucial source of support for family caregivers. They are registered nurses with a masters or doctoral level education trained to provide advanced health care services, including primary and preventative care.

Moreover, the APRN Compact can help residents quickly access lifesaving services during natural disasters, weather emergencies, or a public health crisis. As the COVID-19 pandemic has illustrated, there is a need for state-based APRN license portability during a health care crisis to help states secure surge capacity and save lives when local needs exceed local health care supply. Our participation in the APRN Compact would complement North Dakota's participation in the enhanced Nurse Licensure Compact (eNLC or "RN Compact") and allow patients to benefit fully from the array of services APRNs could provide across state lines. Much like the RN Compact, the APRN Compact would also help military families during the relocation process, if the military spouse is an APRN.

We appreciate the opportunity to provide comment on House Bill 1044 and ask for your support.

We believe this policy change will improve patient access to care, facilitate expanded opportunities for telehealth, improve health outcomes, and reduce costs.

Thank you.

¹ The APRN Compact was adopted on August 12, 2020 and the National Council of State Boards of Nursing has developed model language for states to enact the APRN Compact. The APRN Compact will be implemented once seven states enact the APRN Compact. North Dakota is the first state to introduce legislation enacting the APRN Compact.

Legislative Support for APRN Nurse Licensure

Compact Bill (HB 1044)

ND CENTER FOR NURSING BOARD OF DIRECTORS

North Dakota Nurses
Association

College and University Nurse
Education Administrators

North Dakota Area Health
Education Center

North Dakota Emergency
Nurses Association

North Dakota Organization
for Nursing Leadership

North Dakota Board of
Nursing

North Dakota Nurse
Practitioners Association

North Dakota Public Health
Association, Nursing Section

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North Dakota Directors of
Nursing Administration-
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Sigma Xi Kappa at Large
Chapter

North Dakota Association of
Nurse Anesthetists

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Large

40+ Nursing organizations,
state agencies, nursing
program and other
stakeholders

The North Dakota Center for Nursing, a non-profit 501c3 organization, was developed in 2011 to represent over 20,000 nurses and over 40 nursing organizations across North Dakota. The mission of the North Dakota Center for Nursing is through collaboration guide ongoing development of a well-prepared and diverse nursing workforce to meet health care needs in North Dakota through research, education, recruitment and retention, advocacy and public policy. This policy agenda has been approved by our Board of Directors and is an official policy of the North Dakota Center for Nursing.

The Advanced Practice Registered Nurse Compact (APRN Compact) increases access to care, protects patient safety and reduces costs while supporting state- of-the-art health care delivery. The APRN Compact allows for APRNs with 2,080 hours or more of practice to have one multistate license in their home state, with the privilege to practice in other APRN Compact party states without obtaining additional licenses.

The North Dakota Center for Nursing supports the Advanced Practice Nurse Compact Licensure Bill (HB 1044).

Benefits of the APRN Compact

Access to Care: Increases access to APRN services across the country quickly and efficiently, which is essential for the health of many rural and underserved communities.

Telehealth: Enables APRNs to practice in person or provide telehealth services to patients located across the country seamlessly and efficiently.

Disaster/Pandemic Relief: Allows APRNs to immediately cross state borders and provide vital services in the event of an emergency, without the need to wait for executive declaration.

Military Families: Allows military spouse APRNs to seamlessly continue working upon relocation and change of employment.

Online Education: Facilitates online nursing education.



Efficient: Eliminates redundant, duplicative regulatory processes and unnecessary fees.

Cost Effective: APRNs do not have to obtain additional nursing licenses, making practicing across state borders affordable and convenient. The APRN Compact also removes a burdensome expense for organizations that employ APRNs and may share the expenditure of obtaining and maintaining multiple licenses.

Facilitates Interstate Information Sharing: Grants the necessary legal authority to facilitate interstate information sharing and investigations in the event of adverse actions to ensure public protection.

Flexible Licensure: Allows APRNs to obtain or maintain a single state license if preferred.

Key Points for North Dakota's Legislative Bill

Repeal-and-replace/Revise

The APRN compact we adopted did not get enough states to become effective. In order to create licensure mobility for APRNs, we need to enact the new APRN Compact.

This compact increase transparency by ensuring every multistate licensee meets the uniform licensure requirements in article III. These requirements mirror many of those in our successfully operating NLC and represent the national standards for APRN regulation.

Effective date

This compact will become effective sooner—once 7 states have enacted the legislation, down from 10 in the previous compact. Several states have expressed interest and plan on introducing the legislation in the upcoming legislative sessions. The changes made to the new language increase the pool of states eligible and interested in enacting the law.

COVID-19

Had the APRN Compact been enacted prior to the COVID-19 pandemic, there would have been an immediately available workforce to assist in compact states. In an emergency such as a pandemic—one that is impacting the entire country, having a mobile workforce to respond to hot spots as they arise would have helped both facilities respond to patients with severe illness and also to increase the primary care workforce that we know is critical for testing and less-acute illness. For practitioners, the options for practicing via telehealth would help to keep their practices afloat all while increasing access to care for our residents and those across the country.

We can contrast this with registered and licensed practical nurses. Nurses in 34 states that are party to the NLC were able to be mobilized immediately, while APRNs who wanted to provide critical services in states other than where they are licensed had to navigate complex and patchwork regulatory structures created by statute, regulation, and the many executive orders and emergency regulations that lacked uniformity across states in both purpose and duration.

For more information about the ND APRN Nurse Licensure Compact Contact: Dr. Stacey Pfenning, Executive Director, North Dakota Board of Nursing at spfenning@ndbon.org

January 29, 2021

David Benton
Chief Executive Officer
National Council of State Boards of Nursing
111 East Wacker Drive, Suite 2900
Chicago, IL 60601-4277

Dear Dr. Benton:

On behalf of our more than 10,000 member nurse leaders who manage and provide patient care across the health care continuum, the American Organization for Nursing Leadership (AONL) endorses the Advanced Practice Registered Nurse (APRN) Compact.

The COVID-19 pandemic has fundamentally changed the way hospitals and health systems operate, as well as how health care practitioners provide patient care. This is especially true when it comes to APRNs and the expanded use of telehealth. Telehealth allows APRNs to screen and care for individuals within their geographic area and beyond, allowing patients to remain in their homes and increasing the number of patients a provider can safely see. While many state nursing licensure boards granted emergency licensing provisions to increase the nursing workforce available to meet the increased need for patient care during the pandemic, the APRN Compact creates a mechanism to sustain these gains after this public health emergency.

The convergence of multi-state health care systems, a looming physician shortage and increased utilization of telehealth make multi-state APRN licensure critical to the facilitation of quality and safe advanced nursing care. AONL recognized the Nurse Licensure Compact's ability to increase access to care and supported it from its inception. The APRN Compact builds on its success and expands APRNs' ability to care for underserved communities.

Thank you for your leadership on addressing the licensing barriers preventing APRNs from helping meet our nation's health care demands. If we can be of further assistance, please contact AONL Director of Advocacy and External Communications Stacey Chappell at schappell@aha.org.

Sincerely,



Robyn Begley
Chief Executive Officer, AONL
Senior Vice President Workforce, Chief Nursing Officer, AHA



◇ 1912-2021 ◇
1515 Burnt Boat Drive
Suite C #325
Bismarck, ND 58503
701-335-6376

Tuesday, February 16, 2021

HOUSE BILL 1044

Dear Chairman Lee and Senate Human Services Committee Members:

My name is Sherri Miller, and I am the Executive Director of the North Dakota Nurses Association (NDNA). I am writing on behalf of NDNA in support of HB 1044, the Advanced Practice Registered Nurse (APRN) Compact Bill.

As part of the mission of the NDNA is to advance the nursing profession by promoting professional development of nurses and fostering high standards of nursing practice, NDNA, as well as the American Nurses Association (ANA), strongly supports full practice authority for all APRNs. We agree with the value it will provide to as described by the National Council of State Boards of Nursing. Access to care, telehealth, online education, disaster relief/public health emergencies, efficiency, flexible licensure, interstate information sharing, and flexible licensure are among the many benefits that the compact allows.

We are pleased to be supporting and collaborating with the North Dakota Board of Nursing on the compact, and feel it is important to be a united as nurses in North Dakota.

Sincerely,

Sherri Miller, BS, BSN, RN
director@ndna.org
Executive Director
North Dakota Nurses Association



January 13, 2021

Representative Gretchen Dobervich
1625 23rd Street South
Fargo, North Dakota 58103

RE: Support/Comment Letters: HB 1044: A Bill for an Act to amend and reenact section 43-12.4-01 of the North Dakota Century Code, relating to the advanced practice registered nurse license compact

Rep. Dobervich

On behalf of the American Telemedicine Association (ATA), I am writing to express strong support of HB 1044. ATA is pleased to see the North Dakota legislature take an important step towards adopting the Advanced Practice Registered Nurse (APRN) Compact and expanding access to care and telehealth services.

As the only organization completely focused on advancing telehealth, the ATA is committed to ensuring that everyone has access to safe, affordable and appropriate care when and where they need it, enabling the system to do more good for more people. The ATA represents a broad and inclusive member network of technology solution providers and payers, as well as partner organizations and alliances, working to advance industry adoption of telehealth, promote responsible policy, advocate for government and market normalization, and provide education and resources to help integrate virtual care into emerging value-based delivery models.

The APRN Compact allows certified nurse practitioners (CNP), clinical nurse specialists (CNS), certified nurse midwives (CNM), and certified registered nurse anesthetists (CRNA) to have one multistate license, in his or her state of residency, that grants the privilege to practice in other participating state, both physically and remotely using telehealth. Utilizing telehealth nursing improves continuity of care for both urban and rural patients, especially those in underserved communities who may not have access otherwise. This is particularly important to enabling and delivering efficient, 21st century nursing and primary care across state lines using digital health technologies.



We applaud your efforts for taking action to advance this vital legislation and encourage all legislators, including members of the Human Services Committee to advance the APRN Compact legislation.

We believe the APRN Compact not only would continue to protect patients but also would help drive better care coordination and healthcare outcomes for constituents throughout the state. If you have any questions or would like to further discuss the telehealth industry's perspective, please contact kzebley@americantelemed.org.

Kind regards,

A handwritten signature in black ink that reads "Kyle Zebley".

Kyle Zebley
Public Policy Director
American Telemedicine Association

February 12, 2021

To Whom it May Concern;

As Chief Clinical Officer and Senior Vice President of Cross Country Healthcare (CCH), I'd like to share my personal experience with assisting hospitals in need of emergency healthcare staff during the COVID-19 pandemic, and why I believe establishing a nationwide APRN licensure compact is crucial to ensure public health and safety in the future.

Because we are one of the largest healthcare staffing firms in the United States, CCH was called upon to deploy thousands of healthcare professionals throughout the country to provide care to those in need. Our clients pleaded for help as quickly as possible to care for the influx of patients that were arriving at their doorsteps. We received requests from across the United States and all the needs were urgent as many lives were at stake.

In addition to extremely high census, volumes and acuity at these client locations, their own staff members were becoming ill with COVID and many were not able to work. This compounded the burden on overwhelmed hospital staff who were required to cover shifts for sick coworkers while they themselves faced a constant threat of infection. The stress was both physically and mentally exhausting.

Facilities in states with compact RN licensure in place fared better than those without these agreements, as they were able to quickly and easily accept help from out-of-state RNs. Governors of non-compact states needed to issue executive orders, which were often difficult to interpret. This led to additional delays while healthcare leaders and state boards sought clarity, further stressing a healthcare structure that was already at its breaking point.

As one leader told me on the phone, "If I don't have staff here that are qualified to care for the amount of acutely ill patients we have, then patients will die." The pressure of knowing patients needed care urgently yet not being able to deploy staff quickly enough was excruciating. I never want to experience this emotional pain again. We as leaders must do better, and I believe that establishing a nationwide APRN licensure compact can help us do so.

The uniformity of APRN license requirements throughout all states can help ensure public safety during future public health emergencies. This was proven overwhelmingly during the COVID-19 pandemic. Now is the time to enhance our ability to help care for one another during the next crisis. A humane response requires the removal of obstacles to providing this care.

Sincerely,

Hank Drummond PhD, RN

Senior Vice President/Chief Clinical Officer
Cross Country Healthcare