

The enhanced Nurse Licensure Compact and APRN Compact



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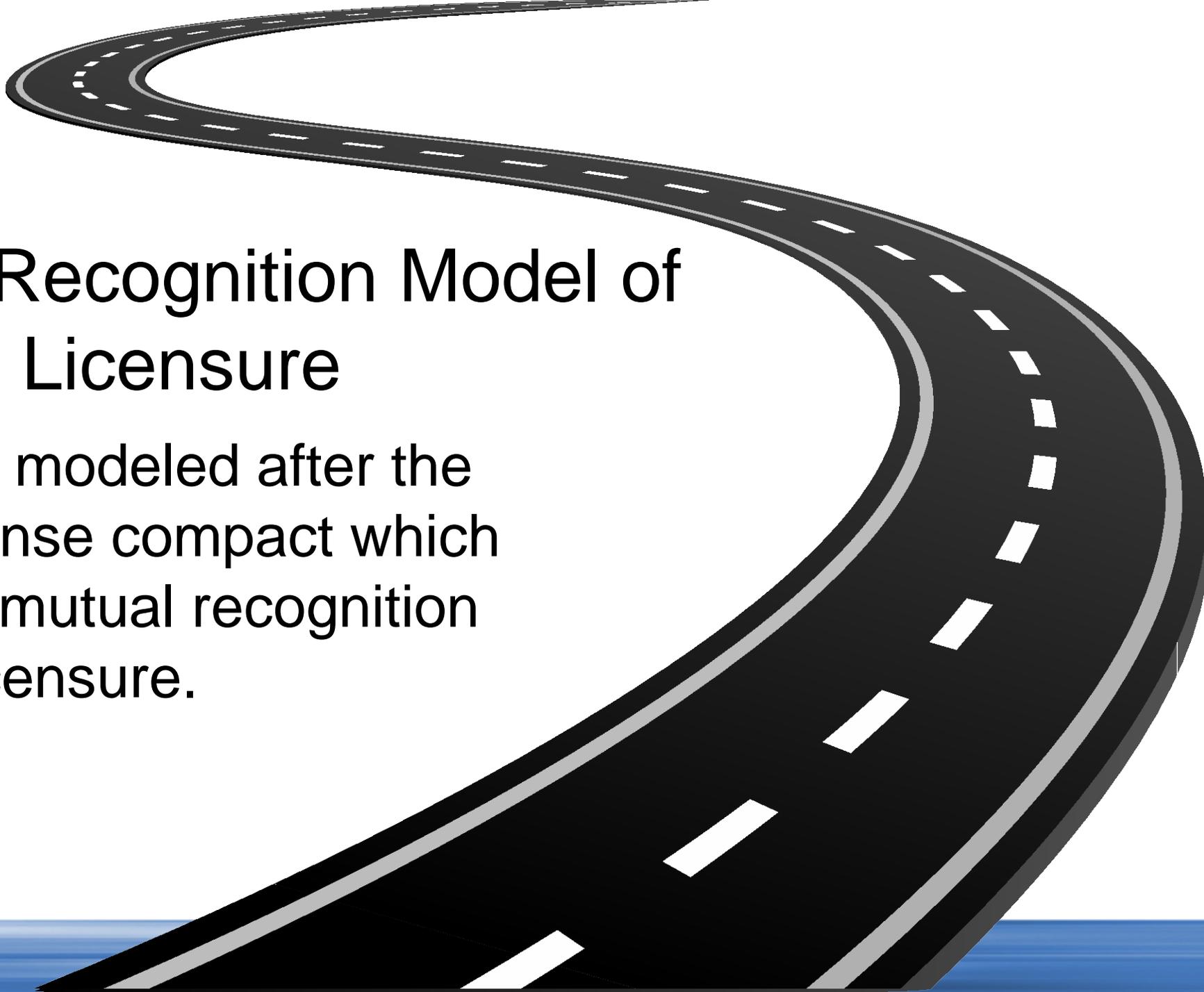


Unlocking Access to Nursing Care Across the Nation

What is the Nurse Licensure Compact?

- The NLC is an interstate compact.
 - It allows a nurse to have one multistate license (in primary state of residency)
 - This permits the nurse to practice in other member states (both physically and electronically) subject to each state's practice laws





Mutual Recognition Model of Licensure

The NLC is modeled after the driver's license compact which follows the mutual recognition model of licensure.

Primary Concepts

- Nurse is issued a multistate license in the declared primary state of residence (PSOR) known as the home state
- Nurse holds only one multistate license issued by the home state
- Nurse has a multistate licensure privilege in other Compact states (remote states)

NLC Benefits for Telehealth



- Nurses can practice in multiple states with one license
- Increases patient access to care
- Enables care continuity for patients regardless of their location
- Provides member states with authority to facilitate a discipline case across state lines

NLC Benefits for Nurses

- Ability to practice in multiple states with one license
- Reduces regulatory requirements by removing necessity for obtaining a license in each state
- Clarifies a nurse's authority to practice in multiple states via telehealth



NLC Benefits for Nursing Boards

- Ability to share complaint and investigative information throughout the investigative course
- Shared responsibility for patient safety not governed by geographical boundaries
- Shared commitment to improving our collective ability to protect patients

Recent Drivers of Change

- NLC adoption slowed
- Affordable Care Act (ACA) has increased access to care for nation's growing and aging population
- Military/veterans' health care challenges



Recent Drivers of Change



- Telehealth services are increasingly being utilized, transforming care delivery and erasing geographic boundaries
- National licensure discussions in Congress
- Other health care professions developing interstate licensure compacts (medicine, physical therapy, EMS, psychology)

What Does it Take to Join?



- A state must enact the enhanced NLC model language into law
- A state must have the ability to conduct a federal criminal background check of a nurse upon initial licensure or licensure by endorsement

Key New Provisions in the Enhanced Nurse Licensure Compact



What's New?

- Uniform licensure requirements
- Grandfathering provision
- Authority to obtain and submit criminal background checks (CBCs)
- Prompt reporting to Nursys® of participation in alternative to discipline programs

What's New?

- Establishes Interstate Commission
- Provides for rulemaking by the Commission
- Improves dispute resolution and termination if necessary

Uniform Licensure Requirements



To receive a multistate license, a nurse must:

- Meet the home state's qualifications
- Graduate from qualifying education program and be proficient in the English language
- Pass the NCLEX-RN® or NCLEX-PN® exam (or predecessor)

Uniform Licensure Requirements

To receive a multistate license, a nurse must:

- Have no active discipline on a license
- Submit to a criminal background check and have no prior state or federal felony convictions
- Not be currently enrolled in an alternative program
- Have a valid U.S. Social Security number

Grandfathering

- A nurse holding a home state multistate license on the compact's effective date may retain and renew the license provided that:
 - A nurse who changes primary state of residence after the enhanced NLC's effective date must meet requirements to obtain a multistate license from a new home state (Article III (c))
 - A nurse who fails to satisfy the requirements in Article III (c) due to a disqualifying event occurring after the compact's effective date is ineligible to retain or renew a multistate license

Interstate Commission

- Governing body that is also a public agency
 - This term is commonly used by other interstate compact governing bodies
- Comparable to the current compact's Nurse Licensure Compact Administrators (NLCA)

Rulemaking

- Rules adopted directly by the Commission
 - Legally binding in all party states
 - No requirement that rules be ratified or adopted by individual states
 - Such rulemaking authority is permitted and exercised by other current interstate compacts that have been enacted in all 50 states



More on Rulemaking

- The procedural requirements include:
 - 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



Oversight, Dispute Resolution and Enforcement

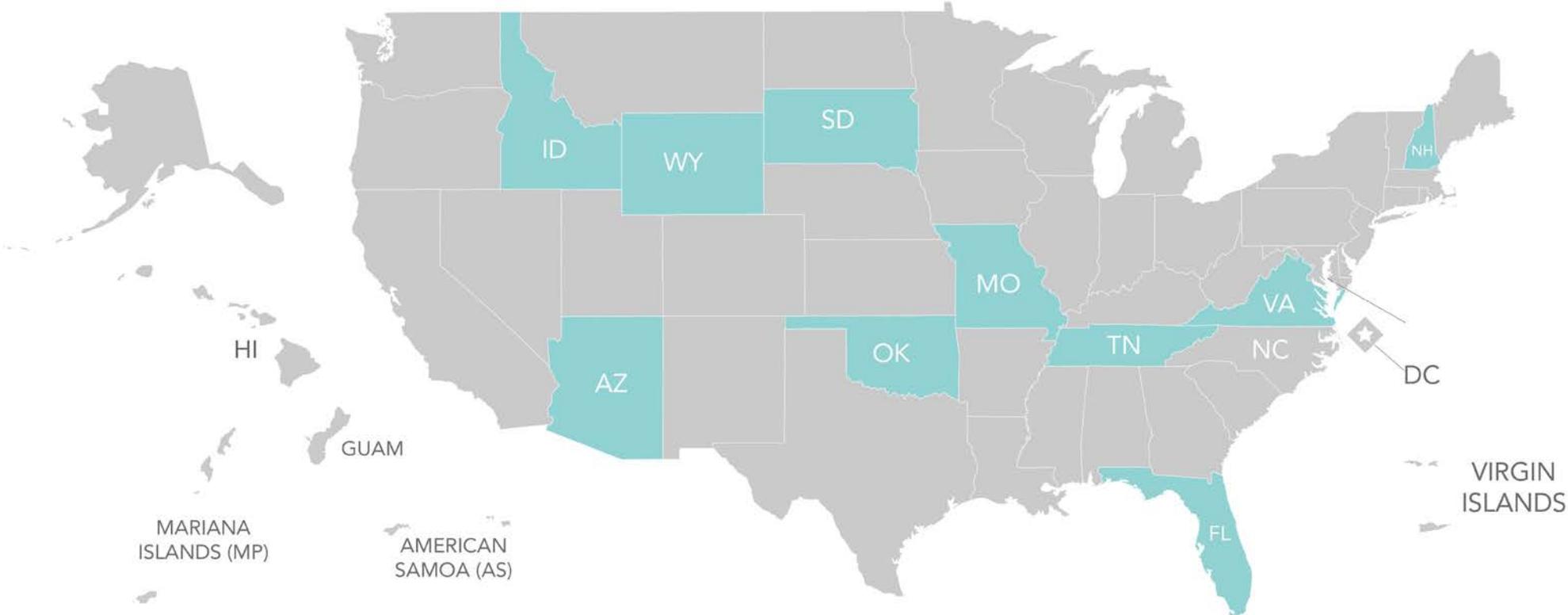
- Procedures followed in the event of noncompliance with the compact:
 - Technical assistance to address noncompliance
 - Dispute resolution processes
 - Termination from the compact if compliance has not been successful

Effective Date

- A state must pass the enhanced NLC legislation to join the compact
 - Does not become effective until the earlier of enactment by 26 states or Dec. 31, 2018
 - Example 1 – If 26 states join by Jan. 1, 2017, the enhanced NLC becomes effective
 - Example 2 – If only 20 states have joined by Dec. 31, 2018, the enhanced NLC still becomes effective
- Multistate licenses issued under the current NLC will still be recognized by party states in the enhanced NLC for six months after that compact's effective date



States with Enacted Enhanced NLC Legislation



Making License Portability a Reality Nationwide

- Voice your support to the board of nursing, the state nurses association, and legislators
- Work with these organizations to identify a legislator to introduce NLC and/or APRN Compact legislation
- Testify at legislative hearings and contact legislators
- Join a state-based compact advocacy coalition
- Ask your company or organization to endorse both compacts



The APRN Compact

APRN Compact

- What is the APRN Compact?
 - Historical perspective
- How does it operate?
- APRN Consensus Model and the APRN Compact
 - In Compact language
 - Multistate license-holding APRN may:
 - » practice without a “supervisory or collaborative relationship with a physician”
 - » prescribe non-controlled substances
 - » prescribe controlled substances in accordance with the state laws and regulations where the APRN is practicing at the time of prescribing
 - What about the other 5 Consensus Model Elements?
- Iowa specifics

What is the APRN Compact?

- 2000-2002: NCSBN Adoption of APRN Compact and Iowa Passage of APRN Compact
 - If Iowa adopted the APRN Compact, why do they need to adopt it again?
 - APRN Compact as previously drafted contained a major weakness—APRN practice at the time varied greatly from state to state
 - NCSBN and stakeholders decided to create uniform practice guidelines for APRNs and revise the compact once states were more uniform

What is the APRN Compact?

- Path to Uniformity
 - 2005-2006: Vision Paper Developed by NCSBN APRN Advisory Committee
 - 2006: Collaboration Between NCSBN & APRN Consensus Workgroup
 - 2007: Joint Dialogue Group Formed
 - 2008: Adoption of Consensus Model for APRN Regulation
 - 2012 – 2014: Revision Workgroup meetings and involvement of Stakeholders to revise APRN Compact and NLC
 - 2015: revised APRN Compact adopted by NCSBN

How does it operate?

- Interstate Commission of APRN Compact Administrators Established
 - “Each party state shall have and be limited to one administrator. The head of the state licensing board or designee shall be the administrator of this Compact for each party state”
- Authority to Obtain and Submit Federal Criminal Background Checks
 - “A state must implement procedures for considering the criminal history records of applicants for initial APRN licensure or APRN licensure by endorsement.”
- Prompt reporting to NURSYS of participation in alternative to discipline programs

How does it operate? Cont.

- Statutory APRN Consensus Model Elements
- Rulemaking Authority
 - Uniform Licensure Requirements
 - Intent of the drafters to align with the APRN Consensus Model
 - Legally binding in all party states, no requirement that rules be ratified or adopted by individual states
 - Procedure: 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

APRN Consensus Model in the APRN Compact

- **Independent Practice**

- “An APRN issued a multistate license is authorized to assume responsibility and accountability for patient care independent of a supervisory or collaborative relationship with a physician. This authority may be exercised in the home state and in any remote state in which the APRN exercises a multistate licensure privilege”

- **Independent Prescribing**

- Compact addresses prescriptive authority for non-controlled substances only
 - Multistate license APRNs may prescribe non-controlled substances
- Prescriptive authority for controlled substances will be determined by the party state laws

Remaining APRN Consensus Model Elements

- Title
 - A P R N
- Roles
 - Certified Nurse Practitioner (CNP)
 - Clinical Nurse Specialist (CNS)
 - Certified Registered Nurse Anesthetist (CRNA)
 - Clinical Nurse Midwife (CNM)
- Licensure
 - RN and APRN
- Education
 - Graduate level
- Certification
 - Maintain national certification

Iowa Leading the Way

- Iowa has been a pioneer of embracing APRNs as safe and effective health care providers and allowing them to practice to the full extent of their education, training, and certification
 - **1994** SF 2053 gave prescriptive authority to ARNPs
 - **1999** SF 277 gave hospital clinical privileges to ARNPs
 - **2000** HF 2105 adopted the NLC and first APRN Compact
 - **2001** Governor Tom Vilsack became the first to opt out of the CMS rule requiring physician supervision of CRNAs
 - **2012** ARNPs retain independence language during state mental health law redesign
 - **2013** resounding victory for ARNPs in the Iowa Supreme Court

APRN Consensus Model Analysis: Iowa

Title & License

- §152.1
 - 1. **“Advanced registered nurse practitioner”** means a person who is **currently licensed as a registered nurse** under this chapter or chapter 152E who is **licensed** by the board of nursing as an **advanced registered nurse practitioner**
- Protection of ARNP acronym in 2014 with the passage of SF 2120
- In 2015, SF 203 moved ARNPs from registration to licensure

Roles

- 655—7.1(152) Definitions.
- “**Certified clinical nurse specialist**” is an ARNP prepared at the master’s level who possesses evidence of current advanced level certification as a clinical specialist in an area of nursing practice by a national professional nursing certifying body as approved by the board.
- “**Certified nurse-midwife**” is an ARNP educated in the disciplines of nursing and midwifery who possesses evidence of current advanced level certification by a national professional nursing certifying body approved by the board. The certified nurse-midwife is authorized to manage the care of normal newborns and women, antepartally, intrapartally, postpartally or gynecologically.
- “**Certified nurse practitioner**” is an ARNP educated in the disciplines of nursing who has advanced knowledge of nursing, physical and psychosocial assessment, appropriate interventions, and management of health care, and who possesses evidence of current certification by a national professional nursing certifying body approved by the board.
- “**Certified registered nurse anesthetist**” is an ARNP educated in the disciplines of nursing and anesthesia who possesses evidence of current advanced level certification or recertification, as applicable, by a national professional nursing certifying body approved by the board.

Education

- Iowa Administrative Rules 655—7.2(152)
 - **7.2(4)** *General education and clinical requirements.* a. The general educational and clinical requirements necessary for recognition by the board as a specialty area of *nursing* practice are as follows: **(1) Graduation from a program leading to a master's degree in a *nursing* clinical specialty area with preparation in specialized *practitioner* skills as approved by the board;** or **(2) Satisfactory completion of a formal *advanced* practice educational program of study in a *nursing* specialty area approved by the board and appropriate clinical experience as approved by the board.**

Certification

- §152.7
- 2. An applicant to be licensed as an advanced registered nurse practitioner shall have the following qualifications:
 - a. Hold a current license as a registered nurse.
 - b. Satisfactory completion of a formal advanced practice educational program of study in a nursing specialty area approved by the board.
 - c. Hold an advanced level certification by a recognized national certifying body**

Independent Practice

- §655—7.1(152)
 - “Collaboration” is the process whereby an ARNP and physician jointly manage the care of a client.
 - “Collaborative practice agreement” means an ARNP and physician practicing together within the framework of their respective professional scopes of practice. This collaborative agreement reflects both independent and cooperative decision making and is based on the preparation and ability of each practitioner
- IABON
 - “In Iowa an ARNP may practice independently within their specialty area. The Iowa Board of Nursing does not require a collaborative agreement between an ARNP and physician.”

Independent Prescribing

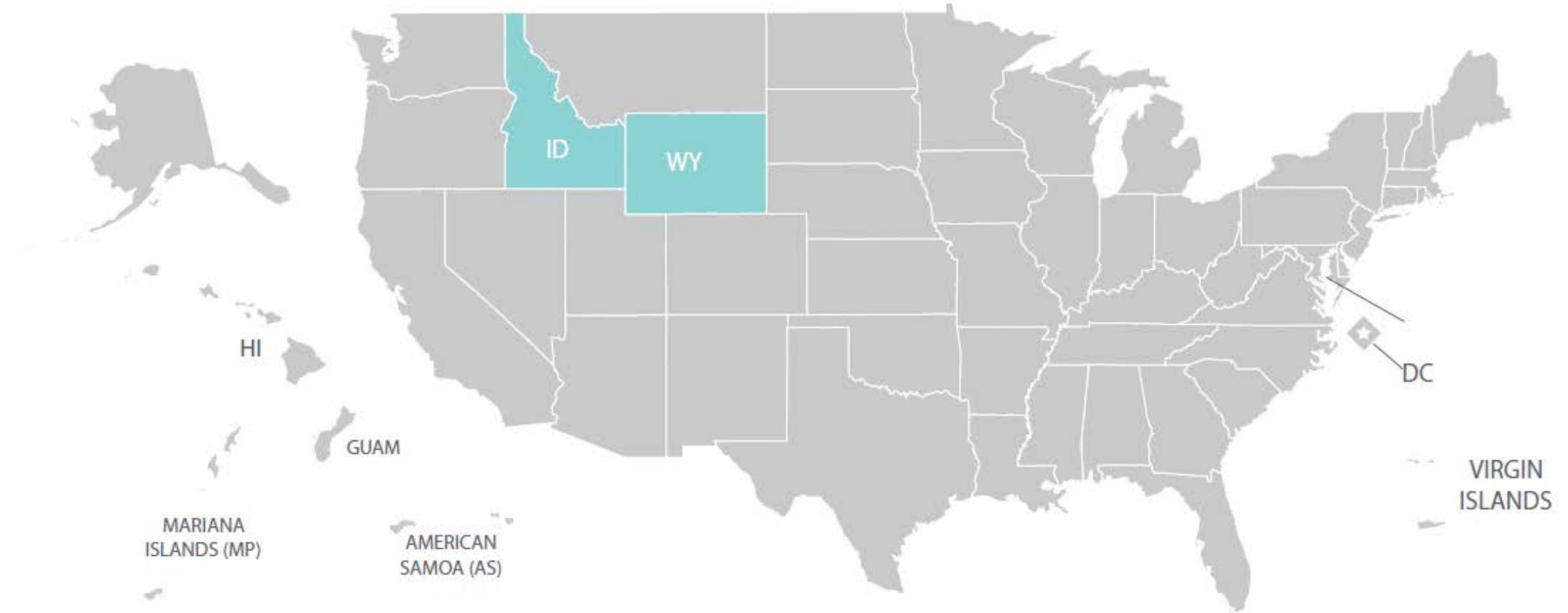
- §147.107
 - 8. Notwithstanding subsection 1, but subject to the limitations contained in subsections 2 and 3, a registered nurse who is licensed as an **advanced registered nurse practitioner may prescribe substances or devices, including controlled substances or devices**, if the nurse is engaged in the practice of a nursing specialty regulated under rules adopted by the board of nursing in consultation with the board of medicine and the board of pharmacy.

IOWA = APRN COMPACT READY

2016 Legislative Session



2016 APRN Compact Enactments



Enacted 2016 APRN Compact Legislation

APRN Compact Effective Date

- The APRN Compact will go into effect once 10 states have joined
 - 2016 saw 2 enactments
 - 2017 may see up to 5 introductions

Contact & Advocacy

Feel free to reach out to us at nlivanos@ncsbn.org or rfotsch@ncsbn.org if you have any questions.

Please email nursecompact@ncsbn.org or visit nursecompact.com if you have questions or need any resources as you embark on your journey adopting the enhanced Nurse Licensure Compact.

Please visit our newly launched aprncompact.com for APRN Compact resources, an interactive map showing introductions and enactments, and to Take Action by sending a letter/tweeting at your state lawmakers.

Questions?