

SB 2249
Senate Workforce Development Committee
Testimony of
ND Board of Nursing

Chairman Wobbema and members of the Committee. I am Dr. Stacey Pfenning, Executive Director of the North Dakota Board of Nursing (“Board”).

I am here to provide testimony opposing **SB 2249, a bill to centralize administration of occupational boards**, as this bill would greatly disrupt and impede nurse licensure and in turn negatively impact the already critical nursing workforce in ND.

The Board was established in 1915 and codified in the Nurse Practices Act (N.D.C.C. 43-12.1) and Administrative Code Title 54 which contains six articles with over thirty-five chapters. As an independent state agency, the Board does not utilize state appropriations but functions within the nurse licensure fee structure set forth in the Administrative Code. North Dakota nurse licensure fees remain in alignment with other nurse licensure fees across the nation.

The Board employs a team of eleven highly efficient administrative personnel to conduct daily operations and core functions. This team includes a unique blend of professional nurses and skilled nurse licensing specialists with over 200 years of collective experience in nursing, licensing, and regulation. These experts ensure timely and proper processing of complex license applications and manage highly confidential and complicated documents including Criminal History Record Check (CHRC) reports in accordance with FBI mandates.

Currently there are over 21,000 active licensees and registrants with over 77,000 in the database. Operations of the Board occur within four divisions which comprise of licensure/registration, education, compliance, and practice for all Licensed Practice Nurses, Registered Nurses, Advanced Practice Registered Nurses, and Unlicensed Assistive Persons and technicians. The Board utilizes real-time technology to provide daily processing of applications which occurs within 1-3 business days from receipt of completed applications. The Board works with BCI to process Criminal History Record Checks (CHRC) on applicants and utilizes a temporary permit to allow work during the state’s completion of the mandated CHRC.

The Board’s enduring legacy of innovation began over one hundred years ago and continues to define the important work being done. With an eye toward public protection and right touch regulation, the Board continues to be a leader in regulatory excellence making significant and lasting contributions to nursing.

The changes proposed in SB 2249 would disrupt the core processes of the Board, potentially contributing to delays in licensure and regulatory actions which could be a direct threat to patient safety and patient care in ND. Therefore, **the ND Board of Nursing requests to be exempt or removed from this bill.**

Thank you for the opportunity to share the Board’s concerns. At this time, I would like to ask Kyle Martin, the Board’s Associate Director for Operations, to complete this testimony.

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Dr. Stacey Pfenning DNP APRN FNP FAANP
Executive Director, NDBON
701-527-6761
spfенning@ndbon.org

(Committee members: Sen. Michael Wobbema, Chairman, Sen. Michelle Axtman, Vice Chairwoman, Sen. Diane Larson, Sen. Merrill Piepkorn, Sen. Jonathan Sickler.)

Bill introduced by **Sen. Hogue, Larsen, Vedaa**, Representatives **Nathe**, Senator **Roers** (Chair State and Local Government Committee), Jones, Vetter.