

FISCAL NOTE
Requested by Legislative Council
12/23/2016

Amendment to: HB 1096

- 1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2015-2017 Biennium		2017-2019 Biennium		2019-2021 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues		\$0		\$(4,000)		\$0
Expenditures		\$0		\$0		\$0
Appropriations		\$0		\$0		\$0

- 1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2015-2017 Biennium	2017-2019 Biennium	2019-2021 Biennium
Counties			
Cities			
School Districts			
Townships			

- 2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

The APRN Compact would allow practice in ND based on licensure in another home state. The fiscal impact would be lost revenues for licensure fees of APRNs that would otherwise need a ND licensure.

- B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

The fiscal impact would be lost revenues for licensure fees of APRNs that would otherwise need a ND licensure. The fiscal impact would occur once 10 states enact the APRN Compact, which is not predicted to occur in this biennium. In the event the APRN Compact is enacted in 10 states, implementation would potentially result in approximately 100 less APRN licensure fees. At \$40/renewal, the fiscal impact would be approximately \$4,000 less revenue. This number is subject to change depending on which states enact the compact.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

- A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

At \$40/renewal, the fiscal impact would be approximately \$4,000 less revenue. This number is subject to change depending on which states enact the compact. North Dakota Board of Nursing does not obtain general funds and is not included in the executive budget.

- B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

The ND Board of Nursing anticipates minimal programming expenditures which can be absorbed into our current technology contract.

- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

At \$40/renewal, the fiscal impact would be approximately \$4,000 less revenue. This number is subject to change depending on which states enact the compact. The ND Board of Nursing operates under ND 54-44-12 deposit and disbarment of funds of occupational and professional boards and does not receive general funds.

Name: Stacey Pfenning

Agency: ND Board of Nursing

Telephone: 701-328-9781

Date Prepared: 12/29/2016

FISCAL NOTE
Requested by Legislative Council
12/23/2016

Bill/Resolution No.: HB 1096

- 1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2015-2017 Biennium		2017-2019 Biennium		2019-2021 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues		\$0		\$(4,000)		\$0
Expenditures		\$0		\$0		\$0
Appropriations		\$0		\$0		\$0

- 1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2015-2017 Biennium	2017-2019 Biennium	2019-2021 Biennium
Counties			
Cities			
School Districts			
Townships			

- 2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

The APRN Compact would allow practice in ND based on licensure in another home state. The fiscal impact would be lost revenues for licensure fees of APRNs that would otherwise need a ND licensure.

- B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

The fiscal impact would be lost revenues for licensure fees of APRNs that would otherwise need a ND licensure. The fiscal impact would occur once 10 states enact the APRN Compact, which is not predicted to occur in this biennium. In the event the APRN Compact is enacted in 10 states, implementation would potentially result in approximately 100 less APRN licensure fees. At \$40/renewal, the fiscal impact would be approximately \$4,000 less revenue. This number is subject to change depending on which states enact the compact.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

- A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

At \$40/renewal, the fiscal impact would be approximately \$4,000 less revenue. This number is subject to change depending on which states enact the compact. North Dakota Board of Nursing does not obtain general funds and is not included in the executive budget.

- B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

The ND Board of Nursing anticipates minimal programming expenditures which can be absorbed into our current technology contract.

- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

At \$40/renewal, the fiscal impact would be approximately \$4,000 less revenue. This number is subject to change depending on which states enact the compact. The ND Board of Nursing operates under ND 54-44-12 deposit and disbarment of funds of occupational and professional boards and does not receive general funds.

Name: Stacey Pfenning

Agency: ND Board of Nursing

Telephone: 701-328-9781

Date Prepared: 12/29/2016

2017 HOUSE HUMAN SERVICES

HB 1096

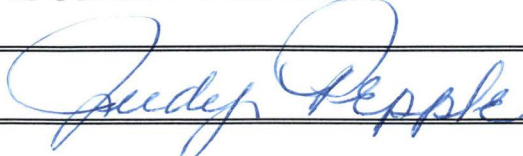
2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB 1096
1/11/2017
26798 (starting at 30:00-1:3:16)

- Subcommittee
 Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Relating to the advanced practice registered nurse licensure compact

Minutes:

1, 2, 3, 4

Chairman Weisz: called the committee to order.

Chairman Weisz: open hearing on HB 1096

Testimony in support of HB 1096

Dr. Pfenning, Exe. Director of the ND Board of Nursing
(Attachment 1)

Chairman Weisz: Only two states in this compact so far. Do those states have to belong to the nursing compact as well?

Dr. Pfenning: No, they can be part of one or the other or both. Some states are working on getting the advanced practice compact first because they have trouble getting advanced practice nurses to come to their states.

Chairman Weisz: Questions from the committee?

Vice Chairman Rohr: Fiscal note. What does it cover?

Dr. Pfenning: It covers the loss of revenues for licensure fees of APRN that would otherwise need a ND licensure. That impact would only occur once the 10 states enact the compact which is not predicted to occur in this biennium.

Vice Chairman Rohr: Will your license look different?

Dr. Pfenning: Yes, it will have a multistate designation on it.

Chairman Weisz: Further testimony in support of HB 1096?

P. Moulton presenting the testimony of:
Cheryl Rising, Family Nurse Practitioner and Legislative Liaison for NDNPA
(Attachment 2)

Chairman Weisz: Any questions from the committee?

Chairman Weisz: Further testimony in support of HB # 1096

Paula Schmalz: Advance Practice Registered Nurse
(Attachment 3)

Chairman Weisz: Any questions from the committee?

Representative Damschen: Ten state requirement was that set by the commission? Where does the number come from?

P. Schmalz: yes that was established by the commission.

Chairman Weisz: You said you have been working on this for years. How long is it going to take to get 10 states? So far there are only two states passed and two working on it including us.

P. Schmalz: The RN compact has been around longer, but the ANPA is a new program just started in 2014. The first two states to adopt it were Wyoming and Idaho. We will get them, but no one knows how long it will take.

Chairman Weisz: What other states are there that are drafting legislation?

P. Schmalz: Dr. Pfenning will be better able to answer that.

Chairman Weisz: We are bringing her back up, so we will wait and let her answer that.

Chairman Weisz: Further questions from the committee?

Vice Chairman Rohr: We have heard much about the nursing faculty shortage. Have we seen more faculty available because of the compact?

P. Schmalz: Dr. Pfenning will answer that too.

Representative McWilliams: Is there an existing compact now or is it all state by state?

P. Schmalz: No. It is state by state. This is very new.

Chairman Weisz: Further questions from the committee?

Chairman Weisz: Further testimony in support of HB 1096?

Dr. Jerry Jurena: President of ND Hospital Assoc.
Attachment 4

Over the summer we put together a workforce study group. There were 53 people on that committee. Legislators, colleges, workers. We tried to figure out how we get around the workforce shortage we have in the state. We divided up into 3 groups innovation, one was training and one was regulatory. Out of the regulatory group came the recommendation that we support compacts. We are currently supporting the nursing compact, the physical therapy compact and the medical staff compact. That all came out of our committees so we are supporting HB 1096.

Chairman Weisz: More testimony in favor of HB1096?

Dan Hannaher: H.P.C.

I have no written testimony, but I was part of the committee that met during the summer and I want to urge a do pass for HB 1096.

Chairman Weisz: Is there any further testimony in support of HB 1096?

Hearing none.

Is there any opposition to HB 1096

None

Chairman Weisz: Dr. Pfenning we have a couple of questions for you.

Dr. Pfenning:

Representative Skroch: How many staff does this involve?

Dr. Pfenning: They have already been added, so it would not be any different.

Faculty have been made up of some ANP from other states to assist with the faculty shortage and it would effect those teachers to not have to have those licenses.

Chairman Weisz: Switch back to 1097 We are currently in the compact, so why are we doing it again. Do we not have to repeal something before we do this?

Dr, Pfenning: It is in rules but was never made into law. The attorney for the compact stated that that would not be allowed, because the compacts are required to be in law. Don't know how that happened.

Representative Damschen: Going back to 1096. Who is on the interstate commission. How is that made up and who is on it? We don't have a compact, but we have this commission

Dr. Pfenning: It will be made up of the directors from each state involved in the compact. The commission can't be made up until the 10 states have implemented the compact. Then the commission will be the executive directors for each state. There are 10 that are working on it, but only two that have legislation pending.

Representative Damschen: 10 states just tentative?

Pfenning: No, it was set up that way. We are hoping it will take 2 years to have all 10 states.

Chairman Weisz: You said you didn't know where the number 10 came from, but you don't have a commission until it is established by 10 states, so someone came up with the requirement of 10.

Pfenning: Until there are 10 state there will not be a commission, because of the fiscal impact if there are less. National Board of Nursing came up with it and ND has 2 delegates on that board.

Representative Devlinn: Why couldn't the advanced practice nurses be included in the nurse compact?

Pfenning; Don't know. It was just set up for RNs and LPNs. Sometimes it is just cleaner to file them separately.

Chairman Weisz: How do the licenses differ in ND between different kinds of nurse.

Pfenning: To be a registered nurse or a licensed practical nurse you have to attend licensed program, you apply for licensure, take the state board.

Chairman Weisz: further questions

Close hearing on HB1096

Discussion

Representative Devlin: I think if there had been someone would have caught it was not made into law. I am not sure that it was available to us that it had to be in statute instead of rule in 2004, but I could be wrong. I think legislative council would have caught that before it got to us.

Comfortable in taking them up, or do you need more time.
I don't like 20 page bills, but I understand the importance of compacts.

Representative B. Anderson: I make a motion do pass on HB 1096

Representative Westlind: I second the motion

Chairman Weisz: We have a motion and a second on HB 1096. That is the APRN bill.

Discussion needed?

Chairman Weisz: Obviously this is not going to go into effect for a while because it takes 10 states, but it will be in place if 9 more states pony up.

Chairman Weisz: Clerk will call the roll for a do pass on HB 1096

Roll call vote taken; 14 yes 0 no

Chairman Weisz: Volunteers to carry it?

Representative McWilliams: will carry the bill

1:03:15

Date: 1-11-17
Roll Call Vote #: 1

2017 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1096

House Human Services Committee

Subcommittee

Amendment LC# or Description: _____

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
Other Actions: Reconsider _____

Motion Made By Rep. B. Anderson Seconded By Rep. Westlind

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. P. Anderson	✓	
Vice Chairman Rohr	✓		Rep. Schneider	✓	
Rep. B. Anderson	✓				
Rep. D. Anderson	✓				
Rep. Damschen	✓				
Rep. Devlin	✓				
Rep. Kiefert	✓				
Rep. McWilliams	✓				
Rep. Porter	✓				
Rep. Seibel	✓				
Rep. Skroch	✓				
Rep. Westlind	✓				

Total (Yes) 14 No 0

Absent _____

Floor Assignment Rep. McWilliams

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1096: Human Services Committee (Rep. Weisz, Chairman) recommends DO PASS
(14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1096 was placed on the
Eleventh order on the calendar.

2017 SENATE HUMAN SERVICES

HB 1096

2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

HB 1096
2/15/2017
Job Number 28408

- Subcommittee
 Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

A bill relating to the advanced practice registered nurse licensure compact.

Minutes:

3 Attachments

Chair J. Lee: Opened the meeting. I have a question for the people in the room, can you stick around for an hour so we can combine these two? As Dr. Pfenning has said, 1096 makes more sense if we hear 1097 first and then move back to 1096. If you could share briefly 1096 and then we will move into 1097.

Dr. Stacy Pfenning, Executive Director for the North Dakota Board of Nursing. (1:16)
This is an agency bill filed by the Board of Nursing, outlining the Healthcare Licensure Interstate Compact for Advanced Practice Nurses. The Board has participated in the Compact since 2004.

Chair J. Lee: Asked Dr. Pfenning to move to HB 1097. (The recording was paused, please see the minutes for HB 1097, Job Number 28409.)

Dr. Stacy Pfenning (2:50-3:40) testified in favor, please see attachment #1. (recording will skip during the reading of testimony, please refer to attachment 1)

Chair J. Lee: Are there any particular things make it different from the other one? It's quite similar.

Dr. Pfenning: This focuses more on the consensus model, APRN's have a national consensus model. That is under article 1 in the LPN and RN compact (HB 1097) looked licensure requirements, for APRN consensus model, which is our version of licensure requirements. That the only real difference. It articulates the individual as the Board of Nursing Executive Director as the administrator; the prior bill had us add enabling language.

Jenna Herman, Family Nurse Practitioner, ND Nurse Practitioners Organization (5:40-6:41) testified in favor, please see attachment #2.

Senator Anderson: Who do you perceive loses money now, when you are licensed by the compact and not paying a fee in all those other states?

Dr. Herman: I lose money, so do employers.

Senator Anderson: You mean under the current system?

Dr. Herman: correct.

Senator Anderson: Under the new system then, you wouldn't be paying those other states that you are currently paying, right?

Dr. Herman: Correct.

Jerry Junera, President, NDHA (7:41-8:15) testified in favor, please see attachment #3.

No opposing or neutral testimony.

Chair J. Lee: Closed the public hearing.

Senator Anderson: I move to adopt amendments suggested by the Board of Nursing.

V-Chair Larsen: Second.

Motion passes 7-0-0.

Senator Anderson: I move do pass as amended.

V-Chair Larsen: Second.

Motion passes 7-0-0.

Senator Anderson will carry.

Chair J. Lee: Closed the hearing on HB 1096.

February 15, 2017

FILE
2/15/17
LJ

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1096

Page 1, line 2, after "compact" insert "; and to amend and reenact section 43-12.1-09.1 of the North Dakota Century Code, relating to criminal history record checks"

Page 1, after line 3, insert:

"SECTION 1. AMENDMENT. Section 43-12.1-09.1 of the North Dakota Century Code is amended and reenacted as follows:

43-12.1-09.1. Nursing licensure or registration - Criminal history record checks.

The board shall require each applicant for initial licensure and registration, including applicants for a multistate license under section 2 of this Act, to submit to a statewide and nationwide criminal history record check. The board may require any licensee or registrant who is renewing a license or registration, including renewal of a multistate license under section 2 of this Act, and any licensee or registrant who is the subject of a disciplinary investigation or proceeding to submit to a statewide and nationwide criminal history record check. The nationwide criminal history record check must be conducted in the manner provided by section 12-60-24. All costs associated with obtaining a background check are the responsibility of the applicant, licensee, or registrant. The board may grant a nonrenewable temporary permit to an applicant for initial or renewed license or registration who submits to a criminal history record check as required by this chapter if the applicant has met all other licensure or registration requirements in accordance with subsection 2 of section 43-12.1-09. The board may not share with, or disclose to, the interstate commission of nurse licensure compact administrators any contents of a nationwide criminal history record check."

Renumber accordingly

Date: 2/15 2017

Roll Call Vote #: 1

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. 1096

Senate Human Services Committee

Subcommittee

Amendment LC# or Description: 17.8023.01001

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
Other Actions: Reconsider _____

Motion Made By Sen. Anderson Seconded By Sen. Larsen

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	X		Senator Joan Heckaman	X	
Senator Oley Larsen (Vice-Chair)	X		Senator Merrill Piepkorn	X	
Senator Howard C. Anderson, Jr.	X				
Senator David A. Clemens	X				
Senator Curt Kreun	X				

Total (Yes) 7 No 0

Absent 0

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 2/8 2017

Roll Call Vote #: 2

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1096

Senate Human Services Committee

Subcommittee

Amendment LC# or Description: 17. 8023. 01001

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar

Other Actions: Reconsider

Motion Made By Sen. Anderson Seconded By Sen. Larsen

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	X		Senator Joan Heckaman	X	
Senator Oley Larsen (Vice-Chair)	X		Senator Merrill Piepkorn	X	
Senator Howard C. Anderson, Jr.	X				
Senator David A. Clemens	X				
Senator Curt Kreun	X				

Total (Yes) 7 No 0

Absent 0

Floor Assignment Sen. Anderson

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1096: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (7 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1096 was placed on the Sixth order on the calendar.

Page 1, line 2, after "compact" insert "; and to amend and reenact section 43-12.1-09.1 of the North Dakota Century Code, relating to criminal history record checks"

Page 1, after line 3, insert:

"SECTION 1. AMENDMENT. Section 43-12.1-09.1 of the North Dakota Century Code is amended and reenacted as follows:

43-12.1-09.1. Nursing licensure or registration - Criminal history record checks.

The board shall require each applicant for initial licensure and registration, including applicants for a multistate license under section 2 of this Act, to submit to a statewide and nationwide criminal history record check. The board may require any licensee or registrant who is renewing a license or registration, including renewal of a multistate license under section 2 of this Act, and any licensee or registrant who is the subject of a disciplinary investigation or proceeding to submit to a statewide and nationwide criminal history record check. The nationwide criminal history record check must be conducted in the manner provided by section 12-60-24. All costs associated with obtaining a background check are the responsibility of the applicant, licensee, or registrant. The board may grant a nonrenewable temporary permit to an applicant for initial or renewed license or registration who submits to a criminal history record check as required by this chapter if the applicant has met all other licensure or registration requirements in accordance with subsection 2 of section 43-12.1-09. The board may not share with, or disclose to, the interstate commission of nurse licensure compact administrators any contents of a nationwide criminal history record check."

Re-number accordingly

2017 TESTIMONY

HB 1096

HB 1096
1-11-17
A.H. #1

**House Human Services Committee
North Dakota Board of Nursing Testimony
HB 1096 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 1096 is an agency bill filed by the Board of Nursing outlining a healthcare licensure interstate compact for Advanced Practice Registered Nurses (APRN). The Board of Nursing has successfully participated in the Nurse Licensure Compact (NLC) for licensed practical and registered nurses since 2004. In 2014, state boards of nursing approved the adoption of the APRN Licensure Compact, which extends the same mutual recognition model, as delivered in the NLC, to APRNs (Nurse Practitioners, Nurse Anesthetists, Clinical Nurse Specialists, Nurse Midwives).

Background:

The APRN Licensure Compact aligns with the Board of Nursing mission through facilitation of quality, accessible, and cost-effective nursing workforce. In 2016, the APRN Licensure Compact was enacted in 2 states (ID, WY). Two states are moving forward with legislation in 2017. The compact requires 10 states for implementation.

APRN Licensure Compact Education:

- APRNs would have one multistate license to practice (physically and via technology) both 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/times of need for advanced nursing services.
 - 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.

Thank you in advance for your support of HB 1096 and for your attention. I am open for questions.

Dr. Stacey Pfenning DNP APRN FNP
Executive Director, North Dakota Board of Nursing
Phone: 701-328-9781
spfенning@ndbon.org

/



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

What is an APRN? What are the APRN roles?

Advanced practice registered nurses (APRNs) are prepared with advanced knowledge, skills, and scope of practice in nursing as well as further didactic and clinical education. There are four recognized APRN roles. The four roles are clinical nurse specialist (CNS), certified registered nurse anesthetist (CRNA), certified nurse midwife (CNM) and certified nurse practitioner (CNP).

Why should our state join the APRN Compact?

Dramatic changes are occurring in health care delivery. It is common for patients to travel across state lines for health care and APRNs often provide care across state borders both physically and electronically. The single state license (one license for every state in which the APRN practices) is not economical for APRNs or employers. The current licensure model limits the mobility of APRNs and therefore the access to care for patients. In addition, the current model requires APRN educators who teach online students across the country to hold multiple licenses—one license for each state their students log on from. The 100-year-old licensure model needs updating, and the APRN Compact offers an innovative and safe approach that is in lockstep with 21st century health care.

How does the APRN Compact benefit our state?

- Creates a model that allows APRNs to practice freely among member states while still allowing each state to retain autonomy and the authority to enforce its state nurse practice act.
- Improves access to licensed APRNs during a disaster or other times of great need for qualified advanced nursing services.
- Benefits military spouses with APRN licenses who often relocate every two years.
- Grants the necessary legal authority to facilitate interstate information sharing and investigations in the event of adverse actions to ensure public protection.
- Eliminates duplicative regulatory processes and unnecessary, burdensome fees.

How does the APRN Compact increase access to care?

Telehealth has revolutionized the way providers are able to care for their patients, making care more convenient and accessible than ever before. The APRN Compact will remove the licensure barrier to telehealth practice for APRNs. The APRN Compact will also allow APRNs bordering rural areas in neighboring states to more easily provide care for those patients.

How does the APRN Compact keep patients safe?

All APRNs practicing under a multistate license must meet the uniform licensure requirements adopted by the Interstate Commission of APRN Compact Administrators. These requirements will be based on the highest regulatory standards for licensed health care professionals. The compact requires a multistate license-holding APRN to practice in the same role and population focus as the APRN is licensed in their home state. APRNs who fail to meet the uniform licensure requirements will not be eligible for a multistate license, and multistate privileges will be removed from an APRN when disciplinary actions are taken against their home state multistate license. Additionally, as a requirement for issuance of a multistate license, the APRN must submit to a federal fingerprint criminal background check.

2



How does prescriptive authority work under the APRN Compact?

An APRN granted prescriptive authority for non-controlled prescription drugs in their home state will be authorized to prescribe non-controlled substances in any party state. An APRN may only prescribe controlled substances in a party state in accordance with the requirements imposed by that party state.

How does independent practice work under the APRN Compact?

An APRN with a multistate license is authorized to assume responsibility and accountability for patient care independent of a supervisory or collaborative relationship with a physician. This privilege extends to both the APRN's home state and any party state where the APRN has a multistate licensure privilege.

Why is this idea coming forward now?

Health care compacts are not a new idea. The Nurse Licensure Compact has been in existence for more than 15 years, with 25 participating states, and has proven safe and effective. In 2014, state boards of nursing approved the adoption of the APRN Compact. The APRN Compact will facilitate cross-border practice of advanced practice nursing, whether physically or via telehealth. The APRN Compact puts critical systems in place that help keep patients safe.

How does the APRN Compact support states' rights?

A state entering the APRN Compact will maintain its standards, scope of practice, and discipline procedures for APRNs. The APRN Compact is the best way to regulate the practice of advanced nursing while facilitating interstate practice and allowing each state to have jurisdiction over remote state APRNs practicing within the state.

What is the fiscal impact on my state by joining the APRN Compact?

There will be a nominal annual fee for APRN Compact membership, though the overall fiscal impact of the APRN Compact varies from state to state. The National Council of State Boards of Nursing (NCSBN) offers states grants of financial assistance to help offset the expense of joining and implementing the APRN Compact. NCSBN will also fund the operational expenses of the compact governing body, the Interstate Commission of APRN Compact Administrators.

Does our state belong to any other compacts like this?

Each state is already a member of an average of 25 interstate compacts with the number of health care professional compacts growing. In 2015, the advent of new interstate licensure compacts for physicians, emergency medical technicians, psychologists and therapists began with many states introducing legislation regarding these compacts.

The APRN Compact: A Summary of the Key Provisions



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 licenses;
- 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

- A member state must implement procedures for considering the state and federal criminal history records of applicants for initial APRN licensure or APRN licensure by endorsement.
- The APRN Uniform Licensure Requirements (ULRs) adopted by the Commission provide the minimum requirements for APRN multistate licensure.
- To obtain/retain a multistate license, an APRN must meet the home state's qualifications, in addition to the ULRs.
- The Commission identifies in rule the approved APRN roles and population foci for licensure. An APRN shall be licensed in an approved APRN role and at least one approved population focus.
- 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 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 a physician.
- 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 encumbered

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.
- Compact is effective when Compact has been enacted into law in ten (10) 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.

HB 1096
att. 2
1-11-17



TESTIMONY TO:

House Industry, Business & Labor Committee

65TH NORTH DAKOTA LEGISLATIVE ASSEMBLY

House Bill 1086 1/11/2017

Chairman Keiser and Committee Members:

I am Cheryl Rising, Family Nurse Practitioner (FNP) and Legislative Liaison for the North Dakota Nurse Practitioner Association (NDNPA). I am here to testify in support of House Bill 1086 with proposed changes.

Health care in ND is provided by many different health care providers, one of them being Advance Practice Registered Nurses (APRN's). Please see the MAPs that are provided that display data on where APRN's are practicing. House Bill 1086 uses the term doctor throughout the bill. I propose that we change doctor to health care provider. Changes are needed on page 1, line 9, page 2 line 9,12,13,15,19,22,24,27,28,29,30, page 3 line 30,31, page 4 line 2,3,11,12,15,16,17, page 5 line 3,10.

Over the last years the North Dakota Nurse Practitioner Association has worked with a variety of groups to work on provider neutral language. This will decrease barriers to care in our communities.

That concludes my testimony and I entertain any questions.

Cheryl Rising, RN, MS, FNP-BC

701-527-2583 crisingnp@gmail.com

Att. 3
HB1096
1-11-17

January 11, 2017

Testimony in support of HB 1096 the “Advanced Practice Registered Nurse Licensure Compact”

Good Morning Chairman Representative Weisz; Vice Chair, Representative Rohr; and members of the Human Service Committee.

My name is Paula Schmalz. I am an Advanced Practice Registered Nurse specifically practicing as a certified registered nurse anesthetist. I deliver anesthesia services for people having procedures or surgery. I also serve on the North Dakota Board of Nursing in the Advanced Practice Registered Nurse position.

I am in support of House Bill 1096, a bill for an Act providing adoption of an interstate compact entitled “The Advanced Practice Registered Nurse Licensure Compact”.

The Advanced Practice Registered Nurse Compact License advances public protection and promotes access to health care for ND citizens through mutual recognition of one state based license that is enforced within the state of residence and recognized nationally by other participating compact states.

Modern health care delivery requires that advanced practice registered nursing care today and in the future, be dynamic and fluid across state boundaries. The century old model of nursing licensure is not flexible or adaptable enough to best meet current needs.

In North Dakota, the Nurse License Compact was enacted in 2004. In 2017 House Bill 1097 is for an Act providing for the adoption of an enhanced Nurse License Compact. Additionally, House Bill 1096 is for an Act providing adoption of an interstate compact titled “The Advanced Practice Registered Nurse (APRN) License Compact. The APRN Licensure Compact applies the same principles as the Nurse License Compact, that is, a mutual recognition licensure model that allows the Advanced Practice Registered Nurse to practice in any participating compact state.

This multistate compact license would be granted in the state of residence and recognized by other states participating in the APRN interstate compact. Currently Wyoming and Idaho adopted the APRN License Compact in 2016. Two states have introduced legislation for Advanced Practice Registered Nurse license compacts in 2017. Once 10 states adopt the APRN license compact it becomes effective for those participating compact states.

Advantages of the APRN license compact are:

- Benefits the workplace increasing practitioner mobility
- Facilitates telehealth across state lines
- Expedites the licensing process among participating compact states
- Curtails undue licensure burdens in delays and duplicate fees
- Creates nationwide consistency improving upon the current patchwork of interstate regulation
- Standardizes requirements for graduate level education and national certification to practice in the role of an Advanced Practice Registered Nurse
- Facilitates a dynamic approach to nursing distant education
- Assists in the relocation of military families
- Expedites access to health services during times of disaster and need

The APRN Compact model complements standards established by Nurse Practice Acts, rules and regulations for each state and jurisdiction.

Development of this model has been a lengthy, challenging process. This Bill is the result of several years of work by the National Council State Board of Nursing, member Boards of Nursing, numerous professional nurse organizations. The result is this framework used in writing House Bill 1096. The model legislation must pass without differences to garner uniformity in regulation of the APRN role nationwide. These uniform license requirements were adopted by the Interstate Commission of Advanced Practice Registered Nurse Compact Administrators.

I support passage of House Bill 1096 for an Act providing for the adoption of an interstate compact entitled “The Advanced Practice Registered Nurse Licensure Compact”.

Thank you for your time and consideration.

Are there questions?

Paula Schmalz, APRN, CRNA

Att: 4 1-11-17
HB 1096



Vision
The North Dakota Hospital Association will take an active leadership role in major Healthcare issues.

Mission
The North Dakota Hospital Association exists to advance the health status of persons served by the membership.

Testimony: 2017 HB 1096
House Human Services Committee
Representative Robin Weisz, Chairman
January 11, 2017

Good morning Chairman Weisz and Members of the House Human Services Committee. I am Jerry E. Jurena, President of the North Dakota Hospital Association (NDHA). I am here to testify regarding 2017 House Bill 1096 and ask that you give this bill a **Do Pass** recommendation.

The current system of duplicative licensing for advanced practice registered nurses practicing in multiple states is cumbersome and redundant. Traditionally in the U.S., health care professionals wishing to practice within a state are required to be licensed by that state or multiple states if crossing borders. With passage of this bill, North Dakota would join the Advanced Practice Registered Nurse Compact (APRN Compact) that would permit advanced practice registered nurses the ability to practice in all compact states. Joining the APRN Compact would increase access to care while maintaining public protection at the state level. Under the APRN Compact, APRNs are able to provide care to patients located across the country, without having to obtain additional licenses.

The benefits of the APRN Compact include:

- Creates a model that allows APRNs to practice freely among member states while still allowing states to retain autonomy and the authority to enforce the state nurse practice act.

PO Box 7340 Bismarck, ND 58507-7340 Phone 701 224-9732 Fax 701 224-9529

- Improves access to licensed APRNs during a disaster or other times of great need for qualified advanced nursing services.
- Facilitates APRN education by supporting online APRN educator multistate licensure.
- Grants the necessary legal authority to facilitate interstate information sharing and investigations in the event of adverse actions to ensure public protection.
- Eliminates redundant, duplicative regulatory processes and unnecessary fees.

The benefit of joining such a compact is substantial in a rural state such as North Dakota with multiple border communities. Recruitment of qualified healthcare professionals takes place in an increasingly national market and has been made more difficult in our state because of high workforce demands and a growing population. In addition, the continued development of telemedicine services makes such legislation important as providers work to meet increased demand for services and provide better access to services closer to home. While making it easier for APRNs to obtain licenses to practice in multiple states, the compact strengthens public protection by enhancing the ability of states to share investigative and disciplinary information.

We support this bill and ask that you give it a **Do Pass** recommendation.

I would be happy to try to answer any questions you may have. Thank you.

Respectfully Submitted,

Jerry E. Jurena, President
North Dakota Hospital Association

**Senate Human Services Committee
North Dakota Board of Nursing Testimony
HB 1096 Advanced Practice Registered Nurse Licensure Compact**

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

HB 1096 is an agency bill filed by the Board of Nursing outlining a healthcare licensure interstate compact for Advanced Practice Registered Nurses (APRN). The Board of Nursing has successfully participated in the Nurse Licensure Compact (NLC) for licensed practical and registered nurses since 2004. In 2014, state boards of nursing approved the adoption of the APRN Licensure Compact, which extends the same mutual recognition model, as delivered in the NLC, to APRNs (Nurse Practitioners, Nurse Anesthetists, Clinical Nurse Specialists, Nurse Midwives).

Background:

The APRN Licensure Compact aligns with the Board of Nursing mission through facilitation of quality, accessible, and cost-effective nursing workforce. In 2016, 2 states enacted the APRN Licensure Compact (ID, WY). Two states are moving forward with legislation in 2017 (IA, ND). The compact requires 10 states for implementation.

APRN Licensure Compact Education:

- 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/times of need for advanced nursing services.
 - 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.

Nurse Practices Act Amendment

- NDBON Attorney and NLC Legal Counsel collaborated with ND Bureau of Criminal Investigation and FBI Criminal Justice Information Law Unit to provide required amendments to 43-12.1-09.1 to safeguard criminal history record check results and reflect ability for NDBON to issue multistate licenses.

1096

#1

2/15

Thank you in advance for your support of HB 1096 and for your attention. I am open for questions.

Dr. Stacey Pfenning DNP APRN FNP
Executive Director, North Dakota Board of Nursing
Phone: 701-328-9781
spfenning@ndbon.org

1096
#1
2/15
Pg 3

February 15, 2017

Testimony in support of HB 1096 the "Advanced Practice Registered Nurse Licensure Compact"

Good Morning Chair Senator Lee; Vice Chair Senator Larsen and members of the Senate Human Service Committee.

My name is Paula Schmalz. I am an Advanced Practice Registered Nurse specifically a certified registered nurse anesthetist. I serve on the North Dakota Board of Nursing in the Advanced Practice Registered Nurse position.

I am in support of House Bill 1096, a bill for an Act providing adoption of an interstate compact entitled "The Advanced Practice Registered Nurse Licensure Compact".

The APRN License Compact advances public protection and promotes access to health care for ND citizens through mutual recognition of one state based license that is enforced within the state of residence and recognized nationally by other participating compact states.

Modern health care delivery requires that advanced practice registered nursing care today and in the future, be dynamic and fluid across state boundaries. The century old model of nursing licensure is not flexible or adaptable enough to best meet current and future needs.

In North Dakota, the Nurse License Compact was enacted in 2004. In 2017 House Bill 1097 is for an Act providing for the adoption of an *enhanced* Nurse License Compact. Additionally, House Bill 1096 is for an Act providing adoption of an interstate compact titled "The Advanced Practice Registered Nurse License Compact. The APRN Licensure Compact applies the same principles as the *enhanced* Nurse License Compact, that is, a mutual recognition licensure model that allows APRN to practice in any participating compact state.

This multistate compact license would be granted in the state of residence and recognized by other states participating in the APRN interstate compact. Currently Wyoming and Idaho adopted the APRN License Compact in 2016. Two states have introduced legislation for Advanced Practice Registered Nurse license compacts in 2017. Once 10 states adopt the APRN license compact it becomes effective for those participating compact states.

Advantages of the APRN license compact are:

- Benefits the workplace increasing practitioner mobility
- Facilitates telehealth across state lines
- Expedites the licensing process among participating compact states
- Curtails undue licensure burdens in delays and duplicate fees
- Creates nationwide consistency improving upon the current patchwork of interstate regulation
- Standardizes requirements for graduate level education and national certification to practice in the role of an APRN
- Facilitates a dynamic approach to nursing distant education
- Assists in the relocation of military families
- Expedites access to health services during times of disaster and need

1096
#1
2/15
Pg. 4

The APRN Compact model complements standards established by Nurse Practice Acts, rules and regulations for each state and jurisdiction.

Development of this model has been a lengthy, challenging process. This Bill is the result of several years of work by the National Council State Board of Nursing, member Boards of Nursing, numerous professional nurse organizations. The result is this framework used in writing House Bill 1096. The model legislation must pass without differences to garner uniformity in regulation of the APRN role nationwide. These uniform license requirements were adopted by the Interstate Commission of Advanced Practice Registered Nurse Compact Administrators.

I support passage of House Bill 1096 for an Act providing for the adoption of an interstate compact entitled "The Advanced Practice Registered Nurse Licensure Compact".

Thank you for your time and consideration.

Paula Schmalz, APRN, CRNA

1096
#1
2/15
Pg.5

ND Nurse Practices Act 43-12.1
Proposed Amendments
HB 1096

43-12.1-09.1. Nursing licensure or registration - Criminal history record checks. The board shall require each applicant for initial licensure and registration, **including applicants for a multistate license under section 1 of this Act,** to submit to a statewide and nationwide criminal history record check. The board may require any licensee or registrant who is renewing a license or registration, **including renewal of a multistate license under section 1 of this Act,** and any licensee or registrant who is the subject of a disciplinary investigation or proceeding to submit to a statewide and nationwide criminal history record check. The nationwide criminal history record check must be conducted in the manner provided by section 12-60-24. All costs associated with obtaining a background check are the responsibility of the applicant, licensee, or registrant. The board may grant a nonrenewable temporary permit to an applicant for initial or renewed license or registration who submits to a criminal history record check as required by this chapter if the applicant has met all other licensure or registration requirements in accordance with subsection 2 of section 43-12.1-09. **The board may not share with, or disclose to, the interstate commission of nurse licensure compact administrators any contents of a nationwide criminal history record check.**

APRN COMPACT

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

Issue

Modern health care delivery requires that advanced practice registered nursing care, today and in the future, be dynamic and fluid across state boundaries. The 100-year-old model of nursing licensure is not flexible, adaptable or nimble enough to best meet this need.

Solution

The Advanced Practice Registered Nurse Compact (APRN Compact) increases access to care while maintaining public protection at the state level. The APRN Compact allows for advanced practice registered nurses (APRNs) to have one multistate license in their home state, with the privilege to practice in other APRN Compact states. The APRN Compact was approved in 2015 by state boards of nursing, and was introduced in state legislatures for the first time in the 2016 legislative session.

Benefits of the APRN Compact

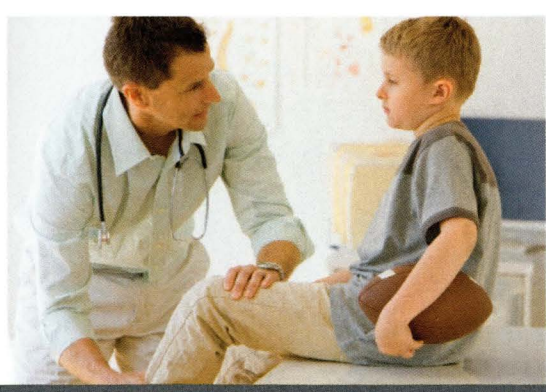
- Increases access to care by enabling APRNs to serve patients in rural areas across state boundaries.
- Enables APRNs to practice in person or provide care via telehealth to patients located across the country without having to obtain additional licenses.
- Allows APRNs to quickly cross state borders and provide vital services in the event of a disaster.
- Facilitates telehealth and online APRN education.
- Cost Effective
 - APRNs do not have to obtain additional licenses, making practicing across state borders both affordable and convenient.
 - The compact benefits health care delivery organizations that employ APRNs and often share in the expenditure and maintenance of multiple state licenses.

Safe and Efficient

- Facilitates the states' responsibility to protect the public health and safety by:
 - Promoting uniform licensure requirements to ensure and encourage the cooperation of party states.
 - 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 in the state where the patient is located during the time of care.
- Encourages efficiency in the 100-year-old licensure model by:
 - Decreasing redundancies in both the consideration and issuance of APRN licenses.
 - Promoting and encouraging interstate practice by APRNs.

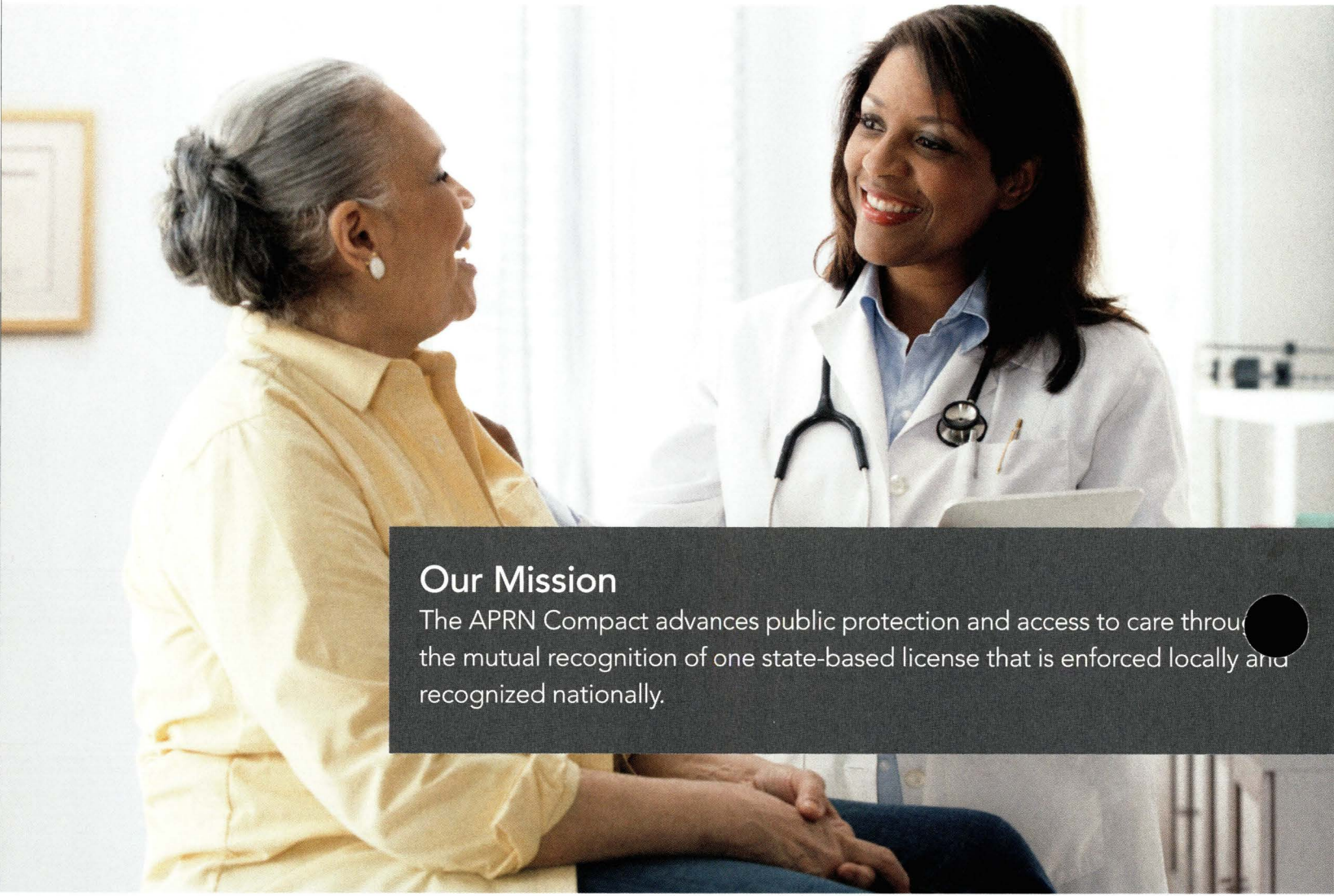
A Modern Nurse Licensure Solution for the 21st Century

The APRN Compact increases access to health care, protects patient safety and reduces costs while supporting state-of-the-art health care delivery—for today and in the future. To join the APRN Compact, states need to enact the APRN Compact model legislation and implement a federal criminal background check for APRN licensure.



Unlocking Access to Advanced Practice Nursing Care Across the Nation

1096
#1
2/15
Pg. 2A



Our Mission

The APRN Compact advances public protection and access to care through the mutual recognition of one state-based license that is enforced locally and recognized nationally.

MAKE YOUR VOICE HEARD

Support the APRN Compact!

For more information about the APRN Compact, visit aprncompact.com

If you have a specific question, contact aprncompact@ncsbn.org



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

What is an APRN? What are the APRN roles?

Advanced practice registered nurses (APRNs) are prepared with advanced knowledge, skills, and scope of practice in nursing as well as further didactic and clinical education. There are four recognized APRN roles. The four roles are clinical nurse specialist (CNS), certified registered nurse anesthetist (CRNA), certified nurse midwife (CNM) and certified nurse practitioner (CNP).

Why should our state join the APRN Compact?

Dramatic changes are occurring in health care delivery. It is common for patients to travel across state lines for health care and APRNs often provide care across state borders both physically and electronically. The single state license (one license for every state in which the APRN practices) is not economical for APRNs or employers. The current licensure model limits the mobility of APRNs and therefore the access to care for patients. In addition, the current model requires APRN educators who teach online students across the country to hold multiple licenses—one license for each state their students log on from. The 100-year-old licensure model needs updating, and the APRN Compact offers an innovative and safe approach that is in lockstep with 21st century health care.

How does the APRN Compact benefit our state?

- Creates a model that allows APRNs to practice freely among member states while still allowing each state to retain autonomy and the authority to enforce its state nurse practice act.
- Improves access to licensed APRNs during a disaster or other times of great need for qualified advanced nursing services.
- Benefits military spouses with APRN licenses who often relocate every two years.
- Grants the necessary legal authority to facilitate interstate information sharing and investigations in the event of adverse actions to ensure public protection.
- Eliminates duplicative regulatory processes and unnecessary, burdensome fees.

How does the APRN Compact increase access to care?

Telehealth has revolutionized the way providers are able to care for their patients, making care more convenient and accessible than ever before. The APRN Compact will remove the licensure barrier to telehealth practice for APRNs. The APRN Compact will also allow APRNs bordering rural areas in neighboring states to more easily provide care for those patients.

How does the APRN Compact keep patients safe?

All APRNs practicing under a multistate license must meet the uniform licensure requirements adopted by the Interstate Commission of APRN Compact Administrators. These requirements will be based on the highest regulatory standards for licensed health care professionals. The compact requires a multistate license-holding APRN to practice in the same role and population focus as the APRN is licensed in their home state. APRNs who fail to meet the uniform licensure requirements will not be eligible for a multistate license, and multistate privileges will be removed from an APRN when disciplinary actions are taken against their home state multistate license. Additionally, as a requirement for issuance of a multistate license, the APRN must submit to a federal fingerprint criminal background check.

1096
1
2/15
pg. 4A



How does prescriptive authority work under the APRN Compact?

An APRN granted prescriptive authority for non-controlled prescription drugs in their home state will be authorized to prescribe non-controlled substances in any party state. An APRN may only prescribe controlled substances in a party state in accordance with the requirements imposed by that party state.

How does independent practice work under the APRN Compact?

An APRN with a multistate license is authorized to assume responsibility and accountability for patient care independent of a supervisory or collaborative relationship with a physician. This privilege extends to both the APRN's home state and any party state where the APRN has a multistate licensure privilege.

Why is this idea coming forward now?

Health care compacts are not a new idea. The Nurse Licensure Compact has been in existence for more than 15 years, with 25 participating states, and has proven safe and effective. In 2014, state boards of nursing approved the adoption of the APRN Compact. The APRN Compact will facilitate cross-border practice of advanced practice nursing, whether physically or via telehealth. The APRN Compact puts critical systems in place that help keep patients safe.

How does the APRN Compact support states' rights?

A state entering the APRN Compact will maintain its standards, scope of practice, and discipline procedures for APRNs. The APRN Compact is the best way to regulate the practice of advanced nursing while facilitating interstate practice and allowing each state to have jurisdiction over remote state APRNs practicing within the state.

What is the fiscal impact on my state by joining the APRN Compact?

There will be a nominal annual fee for APRN Compact membership, though the overall fiscal impact of the APRN Compact varies from state to state. The National Council of State Boards of Nursing (NCSBN) offers states grants of financial assistance to help offset the expense of joining and implementing the APRN Compact. NCSBN will also fund the operational expenses of the compact governing body, the Interstate Commission of APRN Compact Administrators.

Does our state belong to any other compacts like this?

Each state is already a member of an average of 25 interstate compacts with the number of health care professional compacts growing. In 2015, the advent of new interstate licensure compacts for physicians, emergency medical technicians, psychologists and therapists began with many states introducing legislation regarding these compacts.

The APRN Compact: A Summary of the Key Provisions

1096
#1
2/15
pg. 5A



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 licenses;
- 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

- A member state must implement procedures for considering the state and federal criminal history records of applicants for initial APRN licensure or APRN licensure by endorsement.
- The APRN Uniform Licensure Requirements (ULRs) adopted by the Commission provide the minimum requirements for APRN multistate licensure.
- To obtain/retain a multistate license, an APRN must meet the home state's qualifications, in addition to the ULRs.
- The Commission identifies in rule the approved APRN roles and population foci for licensure. An APRN shall be licensed in an approved APRN role and at least one approved population focus.
- 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 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 a physician.
- 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

Unlocking Access to Advanced Practice Nursing Care Across the Nation



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 encumbered

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.
- Compact is effective when Compact has been enacted into law in ten (10) 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.

HB 1096
Attachment #2
2/15



TESTIMONY TO:

SENATE HUMAN SERVICES COMMITTEE

65TH NORTH DAKOTA LEGISLATIVE ASSEMBLY

House Bill 1096 2/15/2017

Chairman Lee and Committee Members:

I am Jenna Herman, Family Nurse Practitioner (FNP) and here representing the North Dakota Nurse Practitioner Association (NDNPA). I am here to testify in support of House Bill ~~1256~~ 1096.

As a practicing FNP and faculty member, my positions require multiple state licensure, including ND, MN, WA, and TX. Having licenses in these other states helps recruit and educate FNP students to establish or maintain a connection with ND. From discussion in previous hearings on other bills, over half of NP graduates from the last three years from our schools stay and practice in ND, so personal connections are important. However, keeping up with the requirements of individual state licenses is cumbersome and costly.

I also practice in a locum tenens role as an NP in the rural areas of our state and northwestern MN. Rural health disparities are well documented and it is difficult for this population to get into specialists. Telehealth has been helpful, but has not solved all of the rural health issues. HB 1096 to enact the APRN compact would increase accessibility to specialists, attract additional providers to our state, and ultimately help decrease the provider shortage.

Jenna Herman, DNP, APRN, FNP-BC 701-355-8116 jmherman@umary.edu

HB 1096
Attache
#3
2/15



Vision
The North Dakota Hospital Association will take an active leadership role in major Healthcare issues.

Mission
The North Dakota Hospital Association exists to advance the health status of persons served by the membership.

Testimony: 2017 HB 1096
Senate Human Services Committee
Senator Judy Lee, Chairman
February 15, 2017

Good morning Chairman Lee and Members of the Senate Human Services Committee. I am Jerry E. Jurena, President of the North Dakota Hospital Association (NDHA). I am here to testify regarding 2017 House Bill 1096 and ask that you give this bill a **Do Pass** recommendation.

The current system of duplicative licensing for advanced practice registered nurses practicing in multiple states is cumbersome and redundant. Traditionally in the U.S., health care professionals wishing to practice within a state are required to be licensed by that state or multiple states if crossing borders. With passage of this bill, North Dakota would join the Advanced Practice Registered Nurse Compact (APRN Compact) that would permit advanced practice registered nurses the ability to practice in all compact states. Joining the APRN Compact would increase access to care while maintaining public protection at the state level. Under the APRN Compact, APRNs are able to provide care to patients located across the country, without having to obtain additional licenses.

The benefits of the APRN Compact include:

- Creates a model that allows APRNs to practice freely among member states while still allowing states to retain autonomy and the authority to enforce the state nurse practice act.
- Improves access to licensed APRNs during a disaster or other times of great need for qualified advanced nursing services.

1096
3
2/15

- Facilitates APRN education by supporting online APRN educator multistate licensure.
- Grants the necessary legal authority to facilitate interstate information sharing and investigations in the event of adverse actions to ensure public protection.
- Eliminates redundant, duplicative regulatory processes and unnecessary fees.

The benefit of joining such a compact is substantial in a rural state such as North Dakota with multiple border communities. Recruitment of qualified healthcare professionals takes place in an increasingly national market and has been made more difficult in our state because of high workforce demands and a growing population. In addition, the continued development of telemedicine services makes such legislation important as providers work to meet increased demand for services and provide better access to services closer to home. While making it easier for APRNs to obtain licenses to practice in multiple states, the compact strengthens public protection by enhancing the ability of states to share investigative and disciplinary information.

We support this bill and ask that you give it a **Do Pass** recommendation.

I would be happy to try to answer any questions you may have. Thank you.

Respectfully Submitted,

Jerry E. Jurena, President
North Dakota Hospital Association