

**FISCAL NOTE**  
**Requested by Legislative Council**  
**12/23/2016**

Amendment to: HB 1097

- 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
<b>Revenues</b>		\$0		\$0		\$0
<b>Expenditures</b>		\$0		\$3,000		\$0
<b>Appropriations</b>		\$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
<b>Counties</b>			
<b>Cities</b>			
<b>School Districts</b>			
<b>Townships</b>			

- 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 enhanced Nurse Licensure Compact (NLC) will replace the current NLC with enhancements to current language. Current compact is in NDAC 54-02-10 RN and LPN NLC.

- 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 cost for administrative rule revision to repeal NDAC 54-02-10.

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.*

There are no anticipated revenue revisions, as ND Board of Nursing has been in the current NLC since 2004.

- 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.*

No FTE positions would be affected. North Dakota Board of Nursing does not obtain general funds and is not included in the executive budget. 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.*

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

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**Requested by Legislative Council**  
**12/23/2016**

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**Name:** Stacey Pfenning

**Agency:** ND Board of Nursing

**Telephone:** 701-328-9781

**Date Prepared:** 12/29/2016



**2017 HOUSE HUMAN SERVICES**

**HB 1097**

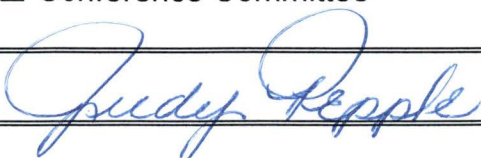
# 2017 HOUSE STANDING COMMITTEE MINUTES

**Human Services Committee**  
Fort Union Room, State Capitol

1097  
1/11/2017  
26798 (1:00 – 30:00)

☐ Subcommittee  
☐ Conference Committee

Committee Clerk Signature



## Explanation or reason for introduction of bill/resolution:

Relating to nurse licensure compact

## Minutes:

1, 2, 3, 4, 5, 6

**Chairman Weisz:** called the committee to order.

**Attendance taken everyone present**

**Chairman Weisz:** Opened the hearing on HB1097

**Dr. Stacey Pfenning,** Executive Director for ND Board of Nursing  
(Attachment 1)

**Chairman Weisz:** Any questions from the committee?

**Representative Seibel:** This was originally started in 1998, when did ND join the compact?

**Dr. Pfenning:** 2004  
(Attachment #2,3,4)

**Chairman Weisz:** page 7 article 5. Is there anything in the language that would be in conflict with or expands the current board practices beyond what we are doing now?

**Dr. Pfenning:** No, we are already doing all of it now.

**Representative McWilliams:** Minnesota is not on the map. Are they working on it?

**Dr. Pfenning:** Minnesota is a very strong union state and the unions are worried. They have brought it forward every year. They are hopeful that it will pass, but they really don't know.

**Representative P. Anderson:** Why aren't they advanced practice nurses?

**Dr. Pfenning:** That is the next bill.

**Chairman Weisz:** Won't go into effect until it is passed by 26 states or end of 2018?

**Dr. Pfenning:** We have 25 now and we should have 26 soon, but it is either 26 states or 2018 whichever one comes first. I am not sure where the number came from, but we should have that by the end of 2017.

**Chairman Weisz:** So if we don't pass this you will be out of the compact and have to start all over?

**Dr. Pfenning:** Yes, and it will effect about 23% of our nurses.

Chairman Weisz: How many is 23%.

Dr. Pfenning: About 3,127 would be effected.

**Chairman Weisz:** Further questions from the committee

**Representative D. Anderson:** Does that number include the contract nurses? Are they included in the 3127?

**Dr. Pfenning:** We don't have that data. Facilities would know that, but we don't have that information.

**Chairman Weisz:** On compact not license fees? Their home state licenses them, right? If they are not part of the compact they have to be licensed in ND to practice here, right? How many nurses are from out of state working here and not part of the compact. Do you have that number or an estimate?

**Dr. Pfenning:** We have people practicing here that have out of state licenses, but I don't know how many. I will try to find that out for you.

**Chairman Weisz:** Further questions from the committee?

Further testimony in support of HB 1097?

**Testimony of Carmen Bryhn**, Exe. Dir. Of the ND Nurses Assoc.  
(Testimony given by Assistant Dir., Patricia Moulton)  
(attachment 5)

If the compact is not passed they would have to get a license here to practice in ND.

**Chairman Weisz:** Not part of the compact has to have license in all 50 states. If they are part of the compact, would they still have to be licensed in the states that are not part of the compact?

**P. Moulton:** They have to reside in a compact state. They can't reside in one state that is not part of the contract and get a license in a compact state and then be able to practice in

other compact states. If they live in a state that is not part of it, they have to get licenses where ever they work.

**Representative P. Anderson:** Of the 18,000 nurses, do you have a gender breakdown? Are there more men entering the field?

**P. Moulton:** For RNs it is about 91% female and 9% male

**Representative P. Anderson:** For instance in the nursing school in Minot are they seeing an increase in males?

**P. Moulton:** They have had some increases, but not a big increase.

**Chairman Weisz:** Further questions from the committee?

**Representative Skroch:** Does the compact bring down the cost of sharing nurses so they aren't paying additional fees? Would it help facilities?

**Dr. Moulton:** I don't have any data on that, but it would save the nurses from having to get more licenses.

**Chairman Weisz:** Further testimony in support of HB 1097?

**Chairman Weisz:** Further testimony in support HB 1097?

**Dr. Jerry Jurena,** President of ND Hospital Association  
(Attachment 6) 24:00

**Chairman Weisz:** Any questions from the committee?

**Chairman Weisz:** Further testimony in support of HB 1097

:

**Dan Hannaher:** HPC

No written testimony, but wants to support because HB 1097 and reiterates the testimony of those before him. Urges a do pass for HB 1097. It is a foundational issue for us these days in work force. In field of nursing at Sanford we have 559 openings in nursing.

**Representative Skroch:** How many nursing openings. Is this including multiple titles in nursing?

**D.Hannaher:** I have no breakdown. I can get you that information.

**Representative Skroch:** Thank you I would appreciate that.

**Chairman Weisz:** Further questions from the committee.

**Chairman Weisz:** Is there any further testimony in support of HB 1097?  
Seeing none.

Is there any opposition of HB 1097?

Seeing none close hearing on HB 1097.

**Representative Schneider:** I move a do pass on HB 1097

**Representative Skroch:** Seconded the motion.

Discussion?  
None

Roll call vote taken: 14 yes 0 no

**Representative B. Anderson:** will carry the bill

**Chairman Weisz:** adjourned



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

2017 HOUSE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. HB 1097

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. Schneider Seconded By Rep. Skrock

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. Skrock	✓				
Rep. Westlind	✓				

Total (Yes) 14 No 0

Absent \_\_\_\_\_

Floor Assignment Rep. B. Anderson

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

**REPORT OF STANDING COMMITTEE**

**HB 1097: Human Services Committee (Rep. Weisz, Chairman)** recommends **DO PASS**  
(14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1097 was placed on the  
Eleventh order on the calendar.

**2017 SENATE HUMAN SERVICES**

**HB 1097**



# 2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee  
Red River Room, State Capitol

HB 1097  
2/15/2017  
Job Number 28409

☐ Subcommittee  
☐ Conference Committee

Committee Clerk Signature

*Sandy Baumgartner for Mame Gunn*

## Explanation or reason for introduction of bill/resolution:

A bill relating to the nurse licensure compact.

## Minutes:

#1,#2,#3,#4

**Stacy Pfennig**, Exec. Director of ND Board of Nursing; Testified in favor, please see attachment #1. Stands for any questions.

**Chair J. Lee:** Let's walk through the bill.

**Dr. Pfennig:** It is the entire compact. It starts out with section 1, article 1. It talks about any of the violations. It is the purpose to facilitate the states responsibility to protect public health. We want to make sure nurses are qualified in all participating states. Go to page 2, article 2, it is the definitions so that all states have clear definitions, including multistate licensure. These parts have not changed. Article 3 is the general provisions and jurisdictions. This is specifically for licensed practice nurses and registered nurses. It talks about what the party states and what each qualification includes. Number 3 states that each party state shall include the following of an applicant, making sure we have quality nurses, demonstrating equal minimal qualifications. Article 4, page 6 is about the application processes. North Dakota has this, but some states have to develop a new process. In article 5, additional authorities invested in the party, so this talks about adverse action taken on nurses. We work with other compact states. Article 6 is the coordinator licensed information system. This hasn't changed. It is a national data base where all the compact states will have names of nurses and any disciplinary action. We are part of this and it won't be new for us.

**Senator Anderson:** So you get an automatic report from the data base if they violate something?

**Dr. Pfennig:** Yes, we do.

**Chair J. Lee:** Would you clarify when it talks about somebody working in a home state or other state and if there is a problem, who handles the complaint?

**Dr. Pfennig:** They will take action if it takes place in their jurisdiction. If we find the violation, then we take action and work with the other state. We are on article 7, and that is establishing the interstate commission. Each compact state has an administrator who is the director and chair of board of nursing. Every compact state has a representative that helps with any of the rule making and participates in meetings to make sure everything is going good and develop rules. This is what we talked about on page 13, where it talks about borrowing capabilities. This is the logistics and having the administrators, which is the board of nursing



and executive directors from each compact state. They have the ability to borrow money or resources. This went through the assistant attorney general and the National Center for Interstate Compacts who worked together to determine that is no longer a concern. All 3 compacts have the same language. The borrowing is very limited and the state doesn't have a liability that they were concerned about. The North Dakota Board of Nursing pays \$6000 annual fee for being part of the compact, which every state does. That goes in to facilitate the compact. We have been doing that since 2004, and there has been no change in the amount. In article 8, it is the rule making part where the commission has the authority to make rules if needed. Article 9, the oversight for the dispute resolution enforcement is where the action take place. In article 10, that is the effective date and how to withdrawal from the compact and the amendments. With this compact, the effective date is 12-31-18, and those who have not adopted the compact will have to establish rules to take themselves out of compact. We can repeal the compact at any time. It's been working since 2004. With article 11 on construction, it looks at the person the state has given authority to practice state law. We have to follow the rules in the state we are working in.

**Senator Anderson:** You have had the interstate compact since 2004. I don't see any repeals or removal of any language. Can you explain?

**Dr. Pfenning:** We are actually 1 of 2 states who have our compact in rule, not in law. It's no longer acceptable to be in rules, when this was enacted in 1998. We'll have to repeal our rules when this in enacted.

**Senator Piepkorn:** Do all of the other states have the same or similar law if they are in compact?

**Dr. Pfenning:** Yes, this cannot be changed, in fact the borrowing capability there just wasn't anyway to add language. There have been cases such as California who have had lawsuits against them due to changing the compact. It has to be identical.

**Senator Piepkorn:** What is the biggest advantage to ND and also what's the greatest advantage to the participating nurses?

**Dr. Pfenning:** The biggest advantage is the mobility of the workforce and accessibility. Montana has just become part of the compact in 2015. We lost some revenue in licensing fees, those individuals can go back and forth and cover in various and sister hospitals. Being a part of the compact for the licensee its huge. In ND, a nurse can pay the \$120 annual fee and work in the other 24 compact states. We have faculty from across the country to come here and help out.

**Senator Piepkorn:** What's the hang up with Minnesota not joining?

**Senator Anderson:** Since this is a hearing on 1096? Please comment on this.

**Dr. Pfenning:** Tele-health is a huge advantage for nurses to go cross states.

**Chair J. Lee:** It'll be good for the workforce needs of North Dakota. Not just for traveling nurses, but for all of our efforts to enhance our workforce.

**Dr. Pfenning:** If it doesn't move forward, we get kicked out of the compact.

**V-Chair Larsen:** There was an amendment about sharing information on infractions, but then you were talking about sharing information. I am confused.

**Dr. Pfenning:** That is exactly why they wanted the amendment placed in so it was perfectly clear, that we were not to share the criminal history record checks. We've never shared it. It just wasn't clear enough in our Nurses Practices Act and it came to a matter of interpretation. We didn't see it as a concern. There's 5 states that states it.

**Chair J. Lee:** That addition doesn't violate the provisions of changing the language?

**Dr. Pfenning:** This is in our Practices Act versus the compact. That is why they wanted it there.



**Chair J. Lee:** The fiscal note which is set at \$3000 would be the cost of the administrative rule revision to repeal the rule mentioned.

**Senator Anderson:** Follow up a little bit about FBI record checks and part of the agreement with them that we won't share and everybody who needs a check has to run their own.

**Chair J. Lee:** I don't think BCI is that eager to do that many more.

**Dr. Patricia Moulton:** Executive Director of the ND Senate for Nursing testified in favor of 1096 and 1097. Please see attachment #2. (23:10-24:17)

**Carmen Bryhn:** Exec. Director Lobbyist for ND Nurses Association; (25:15-26:40) Testified in favor for 1097, please see attachment #3.

**Jerry Jurena Prez:** President of the North Dakota Hospital Association; (27:00-28:00) testimony in favor of 1097, please see attachment #4. This last year in January, we started a workforce program from NDHA. We invited legislatures. Our group went from a board of 12 to 53 members covering several organizations, hospitals, educational institutions and other associations. One recommendation that came out of the workforce committee was that we join compacts in nursing, physical therapy, and medical licensure.

**Chair J. Lee:** Just to elaborate on that, I participated in the workforce group. It isn't just the provider doing the hiring, but we need to see collaboration among other entities of higher ed. facilities. The licensing boards are in the middle and so we can streamline those processes, so there is not any reducing of the credentialing, but to make the processes go more smoothly. That's for your leadership.

**Senator Anderson:** One of the issues the medical board has with their compact is if they have a licensee with an impairment, like a problem with alcohol or drugs. The medical board didn't feel they had an adequate way to address that within the compact. Can you address that?

**Dr. Pfenning:** The compact for medical licensure is an expedited licensure. That is different from a nursing compact which are mutually recognized. That is the same with the physical therapy. There's a lot more collaboration on discipline. That's why we have a 20-page compact. It's different.

**Senator Anderson:** Tell us how you would address one of those issuers.

**Dr. Pfenning:** If a nurse had the diversion here in ND. They go through the same process that an Rn would go through. They are just considered a privilege to practice. They would go through the same monitoring, which has a very large stipulation that tells the nurse that they have to show evidence of rehabilitation. Then they address the board that they have rehabilitated and then go into a monitoring process from a year to 3 years, by board decision.

**Senator Anderson:** That information is shared with other compact participants?

**Dr. Pfenning:** With the home state it is shared.

**Senator Anderson:** What happens if they return home after being put on monitoring in another state?

**Melissa Hanson:** Association Director for Compliance for ND Board of Nursing:

**Senator Anderson:** If a nurse is an alcoholic and taking drugs and being monitored by a board in a state, what happens if she goes to another state?

**Melissa Hanson:** We have the ability to monitor them with an encumber order where they are working. If they work in another state, there are stipulations they have to work with the other state. The monitoring continues throughout the states

**Senator Heckaman:** When you say out there for all to see?

**Melissa Hanson:** So that data base is available to all employers. It is public at nurses.com., so employers can go and actually see the order as well.

**Senator Heckaman:** I as a patient could look as well?

**Melissa Hanson:** You'd need her nurses number or SSN. All employers have that.

**Chair J. Lee:** It is not necessarily the general public. Any other testimony on 1097? None.

**Chair J. Lee:** Back up to 1096.

**Chair J. Lee:** Return to 1097.

**Senator Kreun:** I make a motion to except the proposed amendments on HB 1097

**V-Chair Larsen:** Second

Intern stated on page 21, line 2, it should read article 7 instead article 3.

**Chair J. Lee:** Do you want to add that to your amendment, Senator Kreun?

**Senator Kreun:** Yes, we will add that page 21, line 2.

**Chair J. Lee:** Okay we will add that to the amendment. Senator Larsen, are you okay with that for the second?

**Senator Larsen:** Yes.

**Chair J. Lee:** Any other discussion on the amendment? Please call roll:

7 yeas-0 nays-0 absent

**Chair J. Lee:** The amendment passes 7-0. We have the amended bill before us.

**Senator Anderson:** Move for a Do Pass on 1097 as amended.

**V-Chair Larsen:** Second

**Chair J. Lee:** Any other discussion? None, please call roll.

7 yeas, 0 nays ,0 absent

**Chair J. Lee:** Passed 7-0.

**Senator Anderson** will carry.



February 15, 2017

ET  
2-15-17  
p. 1 of 1

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1097

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 4, 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."

Page 21, line 2, replace "III" with "VII"

Renumber accordingly

Date: 2/15 2017  
Roll Call Vote #: 1

2017 SENATE STANDING COMMITTEE  
ROLL CALL VOTES

BILL/RESOLUTION NO. 1097

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: 17. 8024. 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. Kreun 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: 2/15 2017  
Roll Call Vote #: 2

2017 SENATE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. 1097

Senate 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 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 1097: 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 1097 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 4, insert:

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

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Page 21, line 2, replace "III" with "VII"

Renumber accordingly



**2017 TESTIMONY**

**HB 1097**

HB 1097  
1-11-17<sup>1</sup>  
AH\*

**House Human Services Committee  
North Dakota Board of Nursing Testimony  
HB 1097 Nurse Licensure Compact (enhanced)**

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

HB 1097 is an agency bill filed by the Board of Nursing addressing new model legislation to supersede the **current** Nurse Licensure Compact (NLC) which was enacted in ND (2004).

Background:

The Board of Nursing mission is to assure citizens quality nursing care through regulation of standards of nursing education, licensure, and practice. The NLC aligns with this mission through facilitation of a quality, accessible, and cost-effective nursing workforce.

Interstate compacts date back to 1798 with 215 recognized in the U.S.; and 30 compacts exist in ND law. The NLC is the largest of 6 healthcare licensure compacts. ND is one of 25 states in the NLC (adopted 1998). In 2015, an enhanced NLC was adopted with modifications necessary to correspond with advancements in healthcare and further facilitate compact participation. The enhanced NLC ensures that all nurses practicing under a multistate license meet a minimum set of licensure requirements, including a criminal background check.

HB 1097 contains the enhanced NLC, which will go into effect December 31, 2018 or once 26 states pass legislation. In 2016, 10 states enacted the enhanced NLC. In 2017, 20 states introduced or plan to introduce legislation.

HB 1097 NLC:

- Allows ND licensed practical and registered nurses to continue to have one multistate license to practice (physically and via technology) in both home state and other NLC states (Advanced Practice Registered Nurses **not** included). ND retains autonomy and authority (nurse is subject to each state's practice laws/discipline).
- Provides continued accessibility to nursing services and mobility for nurses.
  - Access to nurse faculty for online nursing education programs.
  - Mobility of qualified nursing services during disaster/times of need.
  - Support of nursing's role in the expanding telehealth industry.
  - Benefits to military spouses who are licensed nurses and relocate often.
- Supports continued elimination of redundant, duplicative regulatory processes, and unnecessary fees (licensee and facilities/employers).

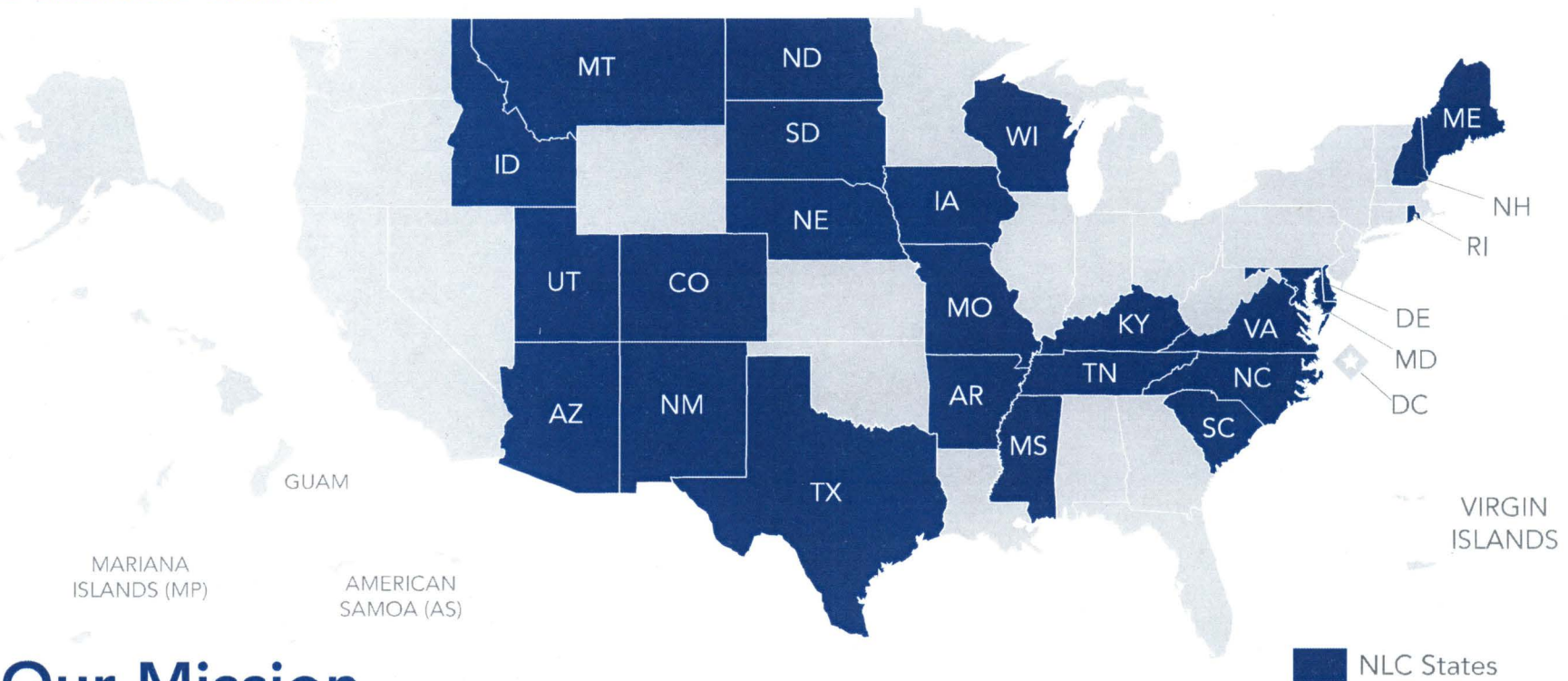
Summary:

In summary, HB 1097 supports the continuation of NDs participation in the NLC, ensuring the continuation of a mobile and accessible nursing workforce while protecting patient safety and reducing costs.

Thank you in advance for your support of HB 1097 and for your attention. I am now open for questions.

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

Att: #2  
HB 1099  
1-11-19



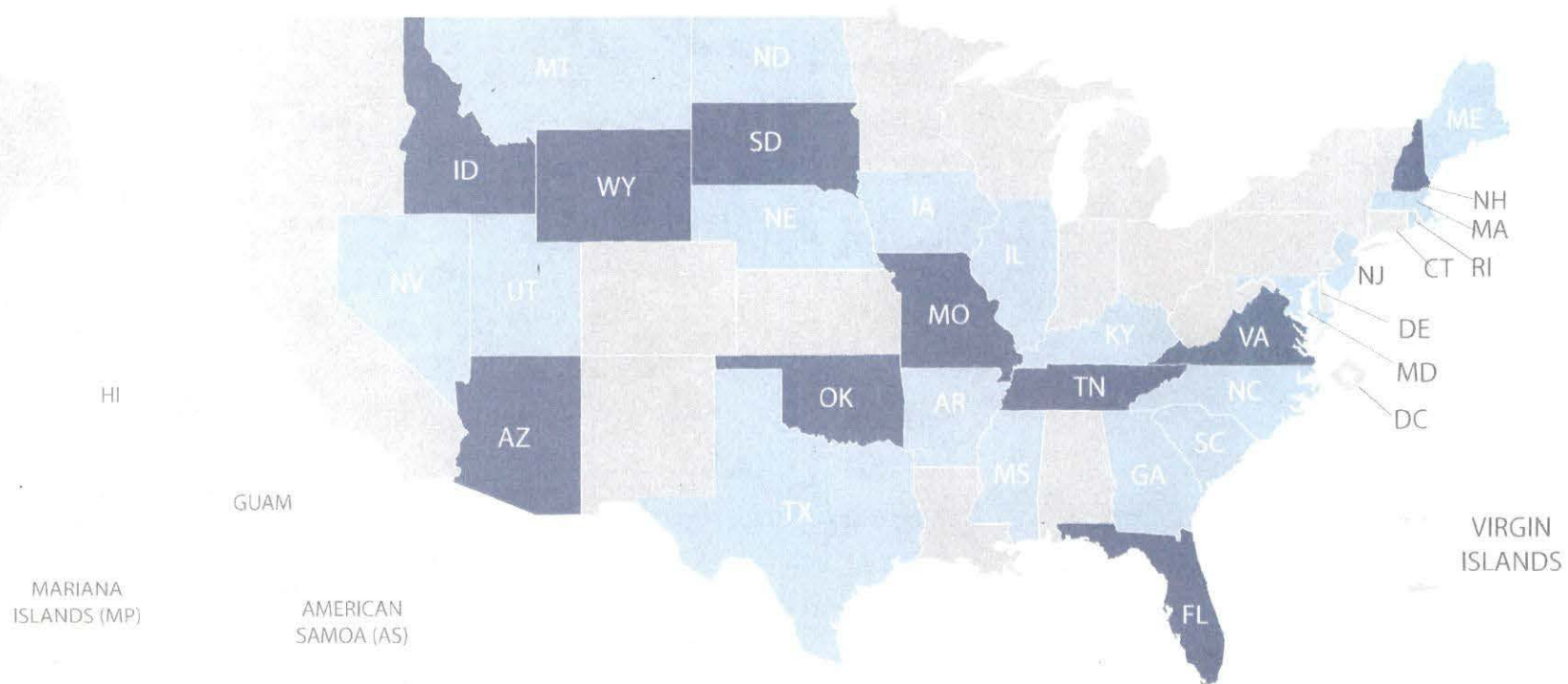
## Our Mission

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



Q.H. 3 1-12-17  
HB 1097

# Enhanced NLC



- States that enacted the enhanced NLC legislation.
- States that introduced or are planning to introduce enhanced NLC legislation in 2017.

# Facts about the NLC



111 E. Wacker Drive, Ste. 2900, Chicago, IL 60601  
312.525.3600 [nursecompact.com](http://nursecompact.com)

att #4  
HB 1097  
1-11-17

## Issue

Modern health care delivery requires that nursing care, today and in the future, be dynamic and fluid across state boundaries, but the 100 year-old model of nurse licensure is not flexible, adaptable nor nimble enough to best meet this need.

## Solution

The enhanced Nurse Licensure Compact (NLC) increases access to care while maintaining public protection at the state level.

- The enhanced NLC, which is an updated version of the current NLC, allows for registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs) to have one multistate license, with the privilege to practice in their home state and other NLC states.
- There are 25 member states in the current NLC.

## Benefits of the NLC

- Enables nurses to practice in person or provide telehealth nursing services to patients located across the country without having to obtain additional licenses.
- Allows nurses to quickly cross state borders and provide vital services in the event of a disaster.
- Facilitates telenursing and online nursing education.
- Cost Effective
  - Nurses do not have to obtain an additional nursing license(s), making practicing across state borders affordable and convenient.
  - The compact removes a burdensome expense not only for nurses, but also organizations that employ nurses and may share the expenditure of multiple licenses.

## Proven, Safe and Efficient

- The NLC has been operational and successful for more than 15 years.
- All the safeguards that are built into the current state licensing process are required before a nurse is issued a multistate license.
- The NLC has uniform licensure requirements so that all states can be confident the nurses practicing within the NLC have met a set of minimum requirements, regardless of the home state in which they are licensed.
- Less than 1 percent of U.S. nurses ever require discipline by a board of nursing (BON), but if discipline is needed, swift action can be taken by the BON regardless of the state where the nurse is licensed or practices. When a nurse is disciplined, the information is placed into the national licensure database, [nursys.com](http://nursys.com).
- All states that participate in the enhanced NLC conduct federal criminal background checks to determine eligibility for a multistate license.

## A Modern Nurse Licensure Solution for the 21st Century

The enhanced NLC 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 NLC, states need to enact the enhanced NLC model legislation and implement a federal criminal background check system for nurse licensure.



Unlocking Access to Nursing Care Across the Nation





## Our Mission

The Nurse Licensure 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 NLC!*

For more information about the enhanced NLC, visit **[nursecompact.com](http://nursecompact.com)**.

If you have a specific question, contact **[nursecompact@ncsbn.org](mailto:nursecompact@ncsbn.org)**.

## Some of the Organizations Supporting the NLC include:

Air & Surface Transport Nurses Association

American Academy of Ambulatory Care Nursing

American Association of Colleges of Nursing

American Association of Neuroscience Nurses

American Association of Occupational Health Nurses (AAOHN)

American Association of Poison Control Centers

American Nephrology Nurses Association

American Organization of Nurse Executives (AONE)

American Telemedicine Association (ATA)

Association of Camp Nurses

Association for Vascular Access

Case Management Society of America (CMSA)

Center for Telehealth and E-Health Law

Citizen Advocacy Center (CAC)

Commission for Case Manager Certification

Emergency Nurses Association (ENA)

Health IT Now

National Military Family Association

National Governors Association Center for Best Practices

National Patient Safety Foundation

Population Health Alliance

Telehealth Leadership Council

U.S. Department of Commerce



att 5  
HB 1097  
1-11-17

Good Morning Chairman Weisz & House Human Service Committee

I was planning to attend the hearings today on HB1097 & HB 1096, however I have an ill child and am unable to attend. Patricia Moulton from the ND Center for Nursing will be reading the testimony from the North Dakota Nurses Association in my place. I have also attached the testimony here for HB 1097 for your reference. Please let me know if you have any questions.

We are also in support of HB 1096 and last year the North Dakota Nurses Association sent a letter of support to the ND Board of Nursing on the new APRN compact that they will be presenting to you today at 9:00am.

The North Dakota Nurses Association would urge you to give a do pass to both HB 1096 & HB 1097.

Thank you for your time and again my apologies for being unable to attend.

*Carmen Bryhn MSN RN  
Executive Director  
North Dakota Nurses Association*





Att. # 5  
HB 1097  
1-11-17



◇ 1912-2017 ◇  
1515 Burnt Boat Drive  
Suite C #325  
Bismarck, ND 58503  
701-335-6376

January 11, 2017

Chairman Weisz, Members of the House Human Services Committee:

My name is Carmen Bryhn. I am a Registered Nurse and the Executive Director of the North Dakota Nurses Association and I am here to testify on behalf of the North Dakota Nurses Association in support of House Bill 1097. There are currently over 13,800 registered nurses in the state of North Dakota and through the Registered Nurse Compact, their one license allows them to care for patients in 25 states.

In the not so distant past, patient care rarely crossed state lines, but with the rise of telehealth, the need for multi-state licensure has increased. The location of the *patient* receiving the care dictates the necessary license of the nurse providing care – which could require multiple licenses to do the job. For example, a phone nurse working for an insurer in a non-compact state (like Minnesota) is required to hold individual licenses in all 50 states to be able to provide care to the many patients they interact with (this is a real example from United Health Group).

Portability of licenses is beneficial to allow for movement of nurses into our state – whether it be from border communities in SD & MT or from military spouses, where nursing is the third most common occupation (ANA, 2013). Many organizations in this state are currently using a number of travel nurses from across the country, which is made simpler and quicker by participation in the Compact. With the workforce shortage in ND, especially in nursing – Governor Burgum quoted a shortage of around 1000 RN's in ND last week – the flexibility of our system is paramount.

This updated Nurse Licensure Compact increases the standards for licensure, including criminal background checks, and establishes the authority for administration of the compact – taking care to improve the safety of patients that nurses care for every day. I urge you to give HB 1097 a Do Pass.

Carmen Bryhn MSN, BSN, RN  
Executive Director  
North Dakota Nurses Association  
director@ndna.org



**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 1097**  
**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 1097 and ask that you give this bill a **Do Pass** recommendation.

As the bill notes, the expanded mobility of nurses and the use of advanced communication technologies as part of our nation's health care delivery system require greater coordination and cooperation among states in the areas of nurse licensure and regulation. New practice modalities and technology make compliance with individual state nurse licensure laws difficult and complex. The current system of duplicative licensing for nurses practicing in multiple states is cumbersome and redundant. With passage of this bill, North Dakota would join the Nurse Licensing Compact (NLC) which would permit registered nurses and licensed practical/vocational nurses the ability to practice in all compact states.

Joining the compact would increase access to care while maintaining public protection at the state level. Under the compact, nurses are able to provide care to patients located in the participating states, without having to obtain additional licenses.



The benefits of the compact include:

- Creates a model that allows nurses 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 nurses during a disaster or other times of great need for qualified nursing services.
- 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 nurses 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

HB 1097  
Attache #1  
2/15/17

**Senate Human Services Committee  
North Dakota Board of Nursing Testimony  
HB 1097 Nurse Licensure Compact (enhanced)**

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

HB 1097 is an agency bill filed by the Board of Nursing addressing new model legislation to supersede the **current** Nurse Licensure Compact (NLC) which was enacted in ND (2004).

Background:

The Board of Nursing mission is to assure citizens quality nursing care through regulation of standards of nursing education, licensure, and practice. The NLC aligns with this mission through facilitation of a quality, accessible, and cost-effective nursing workforce.

Interstate compacts date back to 1798 with 215 recognized in the U.S.; and 30 compacts exist in ND law. The NLC is the largest of 6 healthcare licensure compacts. ND is one of 25 states in the NLC (adopted 1998). In 2015, an enhanced NLC was adopted with modifications necessary to correspond with advancements in healthcare and further facilitate compact participation. The enhanced NLC ensures that all nurses practicing under a multistate license meet a minimum set of licensure requirements, including a criminal background check.

HB 1097 contains the enhanced NLC, which will go into effect December 31, 2018 or once 26 states pass legislation. In 2016, 10 states enacted the enhanced NLC. In 2017, 20 states introduced or plan to introduce legislation.

HB 1097 NLC:

- Allows ND licensed practical and registered nurses to continue to have one multistate license to practice (physically and via technology) in both home state and other NLC states (Advanced Practice Registered Nurses **not** included). ND retains autonomy and authority (nurse is subject to each state's practice laws/discipline).
- Provides continued accessibility to nursing services and mobility for nurses.
  - Access to nurse faculty for online nursing education programs.
  - Mobility of qualified nursing services during disaster/times of need.
  - Support of nursing's role in the expanding telehealth industry.
  - Benefits to military spouses who are licensed nurses and relocate often.
- Supports continued elimination of redundant, duplicative regulatory processes, and unnecessary fees (licensee and facilities/employers).

HB 1097  
#1 p. 2  
2-15-17

2

#### 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 to issue multistate licenses.

#### Summary:

In summary, HB 1097 supports the continuation of NDs participation in the NLC, ensuring the continuation of a mobile and accessible nursing workforce while protecting patient safety and reducing costs.

Thank you in advance for your support of HB 1097 and for your attention. I am now open for questions.

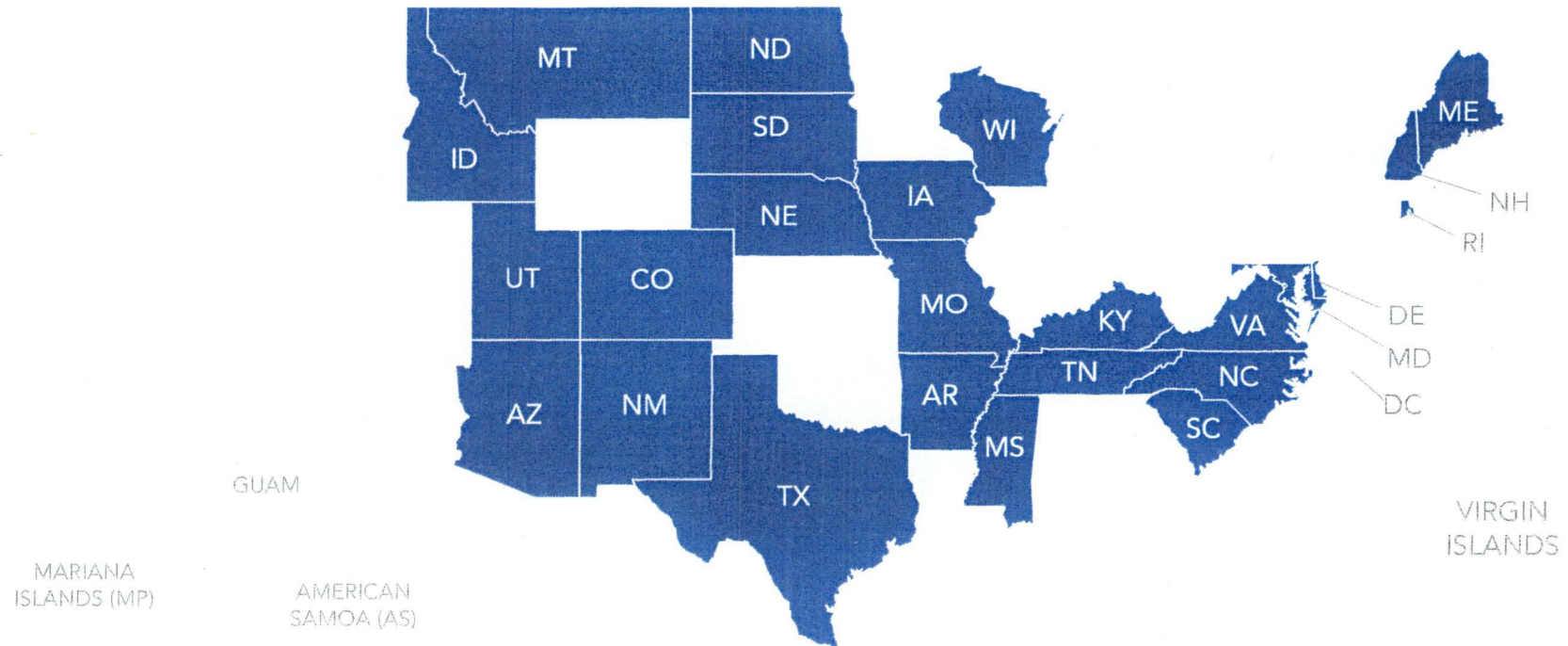
Dr. Stacey Pfenning DNP APRN FNP  
Executive Director, North Dakota Board of Nursing  
Phone: 701-328-9781  
[spfenning@ndbon.org](mailto:spfenning@ndbon.org)



ND Nurse Practices Act 43-12.1  
Proposed Amendments  
HB 1097

HB 1097  
#1p.3  
2-15-17

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.

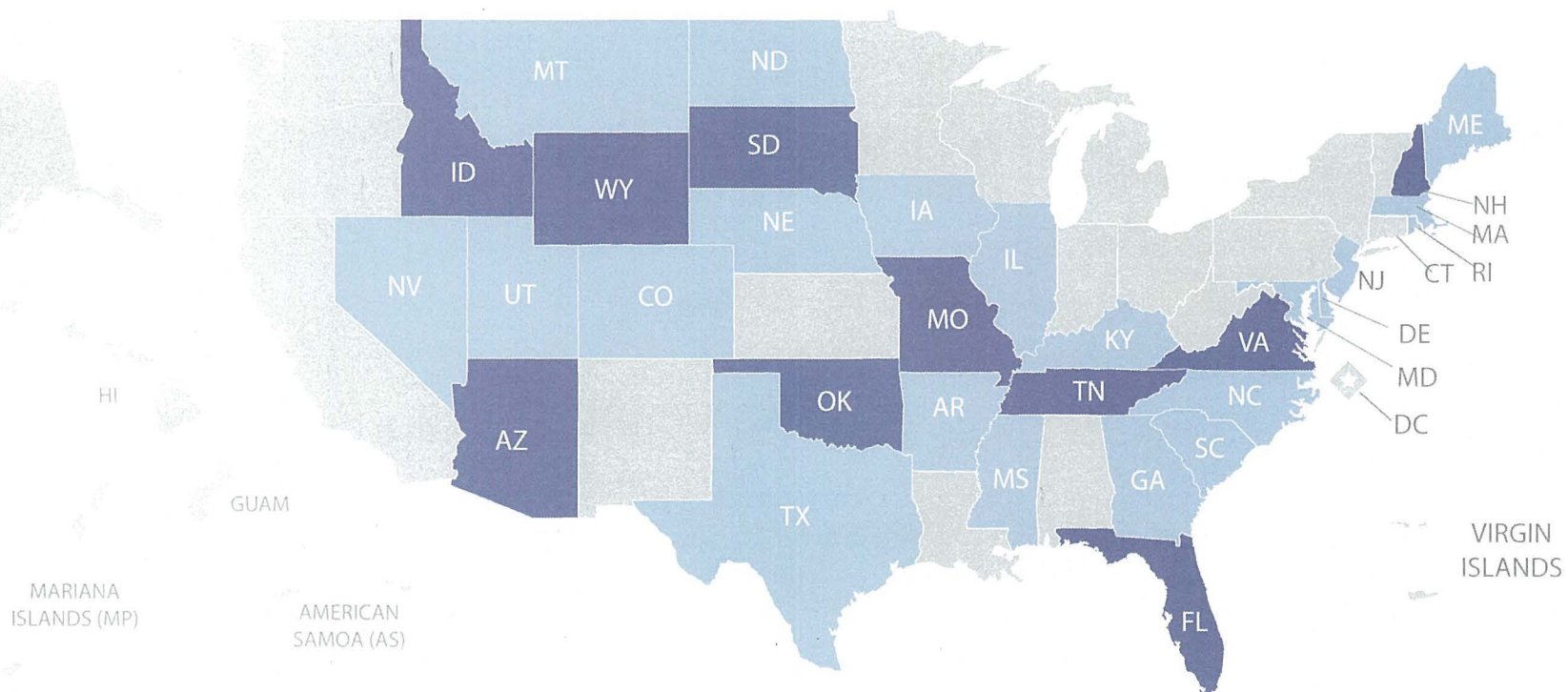


## Our Mission

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

HB 1097  
# 1P.4  
2-15-17

# Enhanced NLC



- States that enacted the enhanced NLC legislation.
- States that introduced or are planning to introduce enhanced NLC legislation in 2017.

HB 1097  
#1 p.5  
2-15-17



## United States Health Care Compact

Compact	Model	Commission/Rule-making	Effective Date	Criminal Background Checks	Miscellaneous	States Passed Compact Bills
<u>Enhanced Nurse Licensure Compact</u>	Mutual Recognition/ Subject to remote states law	Commission with rulemaking ability. Rules have full force/effect of law.	26 states enact enhanced NLC or December 31, 2018;  Currently not in effect.	CBC required/ no felony allowed.	1. Current NLC exists- 25 participating states. All states, even current NLC states, <b>must pass legislation to enter into enhanced NLC.</b> 2. Licensure database, Nursys®, already exists under current NLC.	AZ, FL, ID, MO, NH, OK, SD, TN, VA & WY
<u>APRN Compact</u>	Mutual Recognition/ Subject to remote states law	Commission with rulemaking ability. Rules have full force/effect of law.	Effective after 10 states join.  Currently not in effect.	CBC required/ Felony prohibition anticipated in Rules.	1. Commission to adopt rules modeled after APRN Consensus Model. 2. Party states participate in coordinated licensure information system, Nursys®.	ID & WY
<u>Medical Compact</u>	Expedited Licensure	Commission with rulemaking ability. Rules have full force/effect of law.	Effective after 7 states join.  Currently in effect.	CBC required/ no felony or gross misdemeanor allowed.	1. Compact is voluntary for physicians in compact states. 2. Commission will develop a licensure database for each member state to report discipline information.	AL, AZ, CO, ID, IL, IA, KS, MN, MS, MT, NV, NH, PA, SD, UT, WV, WI & WY.
<u>PT Compact</u>	Mutual Recognition/ Subject to remote states laws	Commission with rulemaking ability. Rules have full force/effect of law.	Effective after 10 states join.  Currently not in effect.	CBC Required.	1. Licensee must notify the Commission that the licensee is seeking the Compact privilege within a remote state. 2. Commission will develop a licensure database for each member state to report discipline information.	OR, AZ, MO & TN.
<u>Psychology Compact</u>	Mutual Recognition/ Subject to remote states laws	Commission with rulemaking ability. Rules have full force/effect of law.	Effective after 7 states join.  Currently not in effect.	Require CBC's no later than 10 years after activation of Compact.  Licensee can have no criminal history that violates Rules of Commission.	1. Compact only applies to telepsychology and <u>temporary</u> in person psychology. 2. Gives the Commission broad rulemaking power, including setting additional licensure requirements. 3. Commission will develop licensure database for each member state to report discipline information.	AZ
<u>EMS Compact</u>	Mutual Recognition/ Subject to remote states laws	Commission with rulemaking ability. Rules have full force/effect of law.	Effective after 10 states enact.  Currently not in effect.	Require CBC's no later than 5 years after activation of Compact.	1. Military/Vets/Spouses who hold valid NREMT certification shall be considered satisfying conditions of compact licensure. 2. Commission will develop licensure database for each member state to report discipline information.	CO, ID, KS, TN, TX, UT & VA

H/B 10/9/17  
 #119.6  
 2-15-17



**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.

November 21, 2016

Dr. Stacey Pfenning, DNP, APRN, RN  
Executive Director  
North Dakota Board of Nursing  
919 S. 7<sup>th</sup> Street, Suite 504  
Bismarck, ND 58504

Dear Dr. Pfenning and the ND Board of Nursing:

On behalf of the North Dakota Hospital Association (NDHA) Workforce Committee, I would like to formally express support for the enhanced Nurse Licensure Compact (NLC) and Advanced Practice Registered Nurse (APRN) compact. We feel these compacts significantly benefit the workforce related to nursing in North Dakota.

The original NLC was launched in 2000 in an effort to expand mobility of nurses as part of our nation's health care delivery system. Currently, 25 U.S. states have adopted the NLC, including North Dakota. The original NLC offers nurses the opportunity to practice safely and competently across state lines without undue licensure burdens through an interstate compact. The compact allows a nurse to have one multistate license (in the primary state of residency) that grants the privilege to practice in other NLC participating states (both physically and via telehealth), subject to each state's practice laws and regulations. The compact supports telehealth as a model of care delivery and recognizes that technological advances can both reduce the cost of care and increase patient access to care in ND and across the nation.

In an effort to increase the number of states participating in the NLC, revisions were made to address concerns raised by states that have not yet joined. Some of those changes include addition of uniform licensure requirements and mandatory criminal background checks for nurses seeking multistate license. Provisions to create operational efficiencies were included in the revisions.

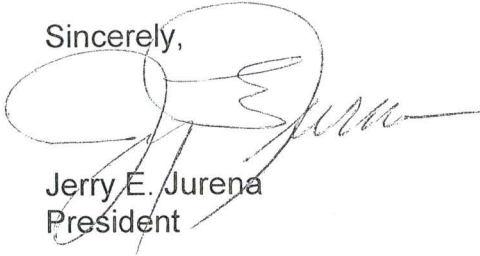
The newly developed APRN Compact will facilitate interstate licensure portability for APRNs and maintain most of the same principles as the NLC, including a mutual recognition licensure model that would allow as APRN to practice in any participating state with one multistate APRN license.

HB 1097  
# 1p8

The NDHA Workforce Committee supports both the enhanced NLC and APRN compact and urges state policymakers to support state legislation enacting both in ND.

2-15-17

Sincerely,

A handwritten signature in black ink, appearing to read "Jerry E. Jurena", is written over a large, loopy, circular mark.

Jerry E. Jurena  
President





## NURSE LICENSURE COMPACT

111 E. Wacker Drive, Ste. 2900, Chicago, IL 60601  
312.525.3600 [nursecompact.com](http://nursecompact.com)

HB 1097  
# 1p. 9  
2-15-17

### Issue

Modern health care delivery requires that nursing care, today and in the future, be dynamic and fluid across state boundaries, but the 100 year-old model of nurse licensure is not flexible, adaptable nor nimble enough to best meet this need.

### Solution

The enhanced Nurse Licensure Compact (NLC) increases access to care while maintaining public protection at the state level.

- The enhanced NLC, which is an updated version of the current NLC, allows for registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs) to have one multistate license, with the privilege to practice in their home state and other NLC states.
- There are 25 member states in the current NLC.

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- Enables nurses to practice in person or provide telehealth nursing services to patients located across the country without having to obtain additional licenses.
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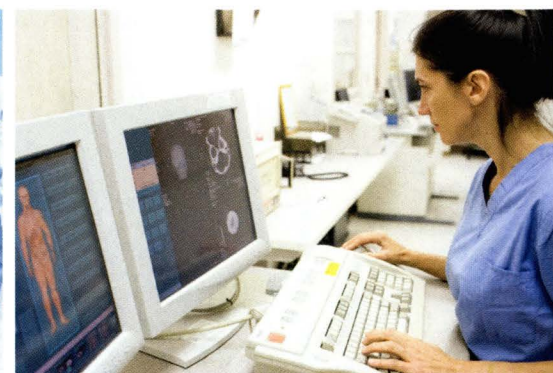
### Proven, Safe and Efficient

- The NLC has been operational and successful for more than 15 years.
- All the safeguards that are built into the current state licensing process are required before a nurse is issued a multistate license.
- The NLC has uniform licensure requirements so that all states can be confident the nurses practicing within the NLC have met a set of minimum requirements, regardless of the home state in which they are licensed.
- Less than 1 percent of U.S. nurses ever require discipline by a board of nursing (BON), but if discipline is needed, swift action can be taken by the BON regardless of the state where the nurse is licensed or practices. When a nurse is disciplined, the information is placed into the national licensure database, [nursys.com](http://nursys.com).
- All states that participate in the enhanced NLC conduct federal criminal background checks to determine eligibility for a multistate license.

### A Modern Nurse Licensure Solution for the 21st Century

The enhanced NLC 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 NLC, states need to enact the enhanced NLC model legislation and implement a federal criminal background check system for nurse licensure.



Unlocking Access to Nursing Care Across the Nation





HB 1097  
# 1 p.10  
2-15-17



## Our Mission

The Nurse Licensure 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 NLC!*

For more information about the enhanced NLC, visit **[nursecompact.com](http://nursecompact.com)**.

If you have a specific question, contact **[nursecompact@ncsbn.org](mailto:nursecompact@ncsbn.org)**.

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American Association of Neuroscience Nurses

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American Telemedicine Association (ATA)

Association of Camp Nurses

Association for Vascular Access

Case Management Society of America (CMSA)

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CGFNS International, Inc.

Citizen Advocacy Center (CAC)

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Health IT Now

National Governors Association Center for Best Practices

National League for Nursing

National Military Family Association

National Organization for Associate Degree Nursing (OADN)

National Patient Safety Foundation

Oncology Nursing Society

Optum

Population Health Alliance

Telehealth Leadership Council

U.S. Department of Commerce



# FAQs: The Enhanced Nurse Licensure Compact What Policymakers Need to Know



111 E. Wacker Drive, Ste. 2900, Chicago, IL 60601  
312.525.3600 [nursecompact.com](http://nursecompact.com)

HB 1097  
#1 p. 11  
2-15-17

## Why should our state join the Nurse Licensure Compact (NLC)?

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

## How does the NLC benefit our state?

- Creates a model that allows nurses to practice freely among member states while still allowing states to retain autonomy and the authority to enforce the state nurse practice act.
- Eliminates redundancy, duplicative regulatory processes and unnecessary fees.
- Improves access to licensed nurses during a disaster or other times of great need for qualified nursing services.
- Benefits military spouses with nursing licenses who often relocate every two years.

## How does the NLC keep patients safe?

**All nurses practicing under a multistate license must meet a minimum set of licensure requirements, including a fingerprint federal criminal background check.** These requirements are based on the highest regulatory standards for licensed health care professionals. Nurses who fail to meet these requirements will not be eligible for a multistate license, and multistate privileges will be removed from nurses when disciplinary actions are taken against a home state multistate license.

## Who supports the NLC and why?

In a nationwide survey (2014), 70 percent of nurses support their state joining the NLC. The NLC has removed barriers and impediments to borderless practice. State hospital associations and health care facilities in every state support the NLC, as well as numerous nursing organizations.

## Why is this idea coming forward now?

The NLC is not a new idea. It has been in existence for 15 years, with 25 participating states, and has proven itself effective and safe. Recently all state boards of nursing met to add enhancements to the NLC to make it safer and better than ever.

## How does the NLC support states' rights?

While the NLC has a minimum set of licensure requirements that all nurses must meet before obtaining a multistate license, a state entering the NLC still maintains its standards, scope of practice and discipline procedures. The NLC is the best way to regulate the practice of nursing while facilitating interstate practice and allowing each state to have jurisdiction over remote state nurses practicing within the state.



HB 1097  
2-15-17  
#1 p. 12

**What is the fiscal impact on my state by joining the NLC?**

There is a nominal annual fee (currently \$6,000) for NLC membership, though the overall fiscal impact of the NLC is unique and varies from state to state. NCSBN offers states grants of financial assistance to help offset the expense of joining and implementing the NLC. NCSBN is also funding the ongoing operational expenses of the compact governing body, the Interstate Commission of Nurse Licensure Compact Administrators.

**Who opposes the NLC and why?**

In a few states, some nurse unions oppose the NLC; however, in the 25 current compact member states, no empirical evidence suggests that the NLC has ever been the basis for interfering in, or acting as an impediment to, lawful activities of any union acting on behalf of its member nurses. In fact, the model compact statute includes an enabling provision explicitly stating that "this compact does not supersede existing state labor laws."

**Does our state belong to any other compacts like this?**

While the NLC is the first interstate compact for a licensed profession, each state is already a member of an average of 25 interstate compacts. The NLC facilitates cross-border practice of nursing whether physically or via telehealth and puts critical systems in place that help keep patients safe. In 2015 the advent of new interstate licensure compacts for physicians, emergency medical technicians, psychologists and physical therapists began. Many states are introducing legislation regarding these additional compacts as well.



# Key Provisions of the Enhanced NLC



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Key policy changes from the current NLC are bolded.

## Article I Findings and Declaration of Purpose

- Facilitate the states' responsibility to protect the public's health and safety;
- Ensure and encourage the cooperation of party states in the areas of nurse licensure and regulation;
- Facilitate the exchange of information between party states in the areas of nurse regulation, investigation and adverse actions;
- Promote compliance with the laws governing the practice of nursing in each jurisdiction;
- Invest all party states with the authority to hold a nurse 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 nurse licenses; and
- Provide opportunities for interstate practice by nurses who meet uniform licensure requirements.

## Article II Definitions

Reference model legislation at [nursecompact.com](http://nursecompact.com).

## Article III General Provisions and Jurisdiction

- **Eligibility and uniform licensure requirements for a multistate license**
- Authority to take adverse action against a multistate licensure privilege with application of state due process laws
- Nurse compliance with state practice laws
- Exclusion of advanced practice nurses (APRNs). There is a separate compact for APRNs called the Advanced Practice Registered Nurse Compact.
- **Grandfathering provision**

## Article IV Applications for Licensure in a Party State

- Required 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 states to revoke a nurse's privilege to practice when a nurse is under investigation
  - Issue subpoenas
  - **Obtain and submit criminal background checks**
- Requires deactivation of multistate licensure privileges when license encumbered

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## **Article VI Coordinated Licensure Information System and Exchange of Information**

- Requires participation in a coordinated licensure information system
- Requires the boards of nursing to promptly report to the database any adverse action taken on a nurse, any information gathered during an investigation on a complaint against a nurse; and notification of any nurse that has been enrolled in an alternative to discipline program.
- Provides for exchange of information with other party states

## **Article VII Establishment of the Interstate Commission of Nurse Licensure Compact Administrators**

Establishes the governing body as a public agency known as an "Interstate Commission."

## **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 NLC by member states. The procedures to be followed in the event of a failure by a party state to comply with the NLC include:

- A period of technical assistance in curing the default
- Improved dispute resolution processes; and
- Termination from the NLC 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 NLC.

## **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.

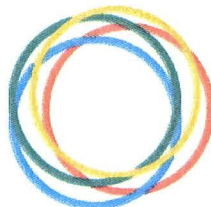


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**NORTH DAKOTA  
CENTER FOR NURSING**

A unified voice for nursing excellence.

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## Enhanced Nurse Licensure and APRN Licensure Compact Policy Brief for Bill #1096 and Bill #1097 2017 Legislative Session

The North Dakota Center for Nursing is a non-profit, 501c3 organization that was developed to represent over 18,000 nurses and over 40 nursing organizations across North Dakota. The mission of the North Dakota Center for Nursing is through collaboration to guide ongoing development of a well-prepared and diverse nursing workforce to meet healthcare needs in North Dakota through research, education, recruitment and retention, advocacy and public policy. This policy brief has been approved by our Board of Directors and is an official policy of the North Dakota Center for Nursing.

**Policy Recommendation: The North Dakota Center for Nursing supports Bill #1096 and Bill #1097.**

**Licensure compacts are a vital recruitment tool to ensure a healthy workforce of LPNs, RNs and APRNs practice in North Dakota. The compacts streamline processes to bring out-of-state nurses to North Dakota and facilitates the provision of telenursing services.**

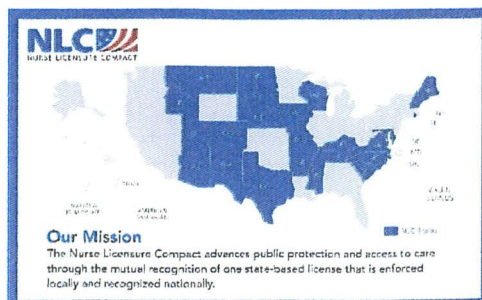
**If North Dakota does not join the new Enhanced Licensure Compact or the APRN Licensure Compact, we will lose this critical employer and regulatory resource, and jeopardize North Dakota's ability to attract and retain the nursing workforce.**

The Nurse Licensure Compact (NLC) is an interstate compact allowing a nurse to have one license (issued by the primary state of residence) with the privilege to practice in other compact states (both physically and via technology used in telenursing). North Dakota has been a member of the NLC which includes Registered Nurses and Licensed Practical Nurses since 2004. For the last 12 years, North Dakota employers have benefited from the ability to seamlessly recruit out-of-state nurses. The Enhanced NLC includes updates to the current NLC and fosters a set of uniform licensure requirements that any nurse seeking a multistate license must meet, such as completing a criminal background check upon initial licensure.

The Advanced Practice Registered Nurse (APRN) Compact will allow APRNs (including Certified Nurse Practitioners, Certified Nurse Midwives, Certified Registered Nurse Anesthetists and Clinical Nurse Specialists) to have one multistate license and practice in all compact states (physically and via technology).

There are many benefits to states that join Nurse Licensure Compacts, especially those states experiencing workforce shortages such as ND. For further information regarding the NLC see [https://nursecompact.com/privateFiles/NLC\\_Facts.pdf](https://nursecompact.com/privateFiles/NLC_Facts.pdf); for APRN Compact

- Licensure portability increases mobility and provides greater access to nurses from other states that would like to work in ND.
- Authorizes nurses to practice across state lines, provide telenursing, and facilitates continuity of care for consumers via e-health."
- Enables North Dakota to act collectively with other states within the Compacts to enhance information sharing and the discipline of Nursing.



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February 15<sup>th</sup>, 2017

Chairman Lee, Members of the Senate Human Services Committee:

My name is Carmen Bryhn. I am a Registered Nurse and the Executive Director & Lobbyist for the North Dakota Nurses Association and I am here to testify on their behalf in support of House Bill 1097.

There are currently over 14,000 registered nurses in the state of North Dakota and through the enhanced Nurse Licensure Compact, their one license will allow nurses to care for patients in other states within the compact.

In the not so distant past, patient care rarely crossed state lines, but with the rise of telehealth, the need for multi-state licensure has increased. The location of the patient receiving the care dictates the necessary license of the nurse providing care – which could require multiple licenses to do the job. With the enhanced Nurse Licensure Compact the nurse will also be able to provide nursing services to patients in other states within the compact without having to obtain additional licenses in that state.

Portability of licenses is beneficial to allow for movement of nurses into our state – whether it be from border communities in SD & MT or from military spouses, where nursing is the third most common occupation (ANA, 2013). Many organizations in this state are currently using a number of travel nurses from across the country, which is made simpler and quicker by participation in the compact. With the workforce shortage in ND, especially in nursing, the flexibility of our system is paramount.

The North Dakota Nurses Association urges you to give HB 1097 a Do Pass. Thank you for your time and consideration in this matter.

Carmen Bryhn MSN, BSN, RN  
Executive Director  
North Dakota Nurses Association  
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#### 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.

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**Testimony: 2017 HB 1097**  
**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 1097 and ask that you give this bill a **Do Pass** recommendation.

As the bill notes, the expanded mobility of nurses and the use of advanced communication technologies as part of our nation's health care delivery system require greater coordination and cooperation among states in the areas of nurse licensure and regulation. New practice modalities and technology make compliance with individual state nurse licensure laws difficult and complex. The current system of duplicative licensing for nurses practicing in multiple states is cumbersome and redundant. With passage of this bill, North Dakota would join the Nurse Licensing Compact (NLC) which would permit registered nurses and licensed practical/vocational nurses the ability to practice in all compact states.

Joining the compact would increase access to care while maintaining public protection at the state level. Under the compact, nurses are able to provide care to patients located in the participating states, without having to obtain additional licenses.

The benefits of the compact include:

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

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- Improves access to nurses during a disaster or other times of great need for qualified nursing services.
- 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 nurses 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