

POSITION STATEMENT

ENHANCED NURSE LICENSURE COMPACT

On April 13, 2018, the ANA-MI Board of Directors voted to support the Enhanced Nurse Licensure Compact, that would permit Michigan to join the current 30 states who are part of the “enhanced nurse licensure compact”. The Public Policy Council studied and discussed in-depth strengths and weaknesses. The Council and Board members held a “learning session” on the eNLC with a presentation by a representative from the National Council of State Boards of Nursing. The Council recommended SUPPORT with the provision that the MI Department of Licensing and Regulatory Affairs (MI-DLARA) does not pass on the costs of implementation of the eNLC through another increase in the nurse licensure fees. The legislature doubled Michigan nurse licensure renewal fees in 2017.

WHAT IS THE NURSE LICENSURE COMPACT?

The NLC allows a registered nurse (RN) or licensed practical nurse (LPN) to possess a multistate license, which permits practice in both their home state and other compact states, while maintaining the primary state of residence. Unless the nurse is under discipline or restriction, a multistate license permits practice (physically or telephonically/electronically) across state lines in all NLC states.

WHAT IS THE RATIONALE FOR ANA-MI’s SUPPORT OF eNLC?

The Council first considered:

Is this bill consistent with the tenets of ANA-MI’s Policy Platform?

FACTORS INFLUENCING SUPPORT FOR THE BILL

- There is an increase in nursing practice and patient care access across state lines (care coordination, occupational health, etc.)

- Regional or national health crises require rapid deployment of nurses to areas of need.
- There is need to move nurses with highly specialized skills to states with medical crises for patient populations. A recent example is the number of Michigan residents who required specialized care available only through nurses employed in multiple states across a national healthcare system who were experienced in this specialized care. This care was related to contaminated injections prepared at a compounding pharmacy in Massachusetts
- There are increasing national and international infectious disease outbreaks that require movement of nurses to meet patient and community needs (Ebola, flu, etc.).
- New nurse graduates will have more flexibility with a Michigan “home state” license if there are not sufficient available nursing positions in Michigan.
- Nursing faculty and students are sometimes engaged in clinical placements across state lines.
- Nurses move across states to support family care needs. These nurses may desire to continue nursing employment. They may be delayed in their ability to obtain a new state license.

FACTORS INFLUENCING CHALLENGES OF THE BILL

- Nurses are responsible to know multiple state requirements for ongoing licensure. For example, Florida requires continuing education for infection control.
- Nurses must be knowledgeable about and abide by varying state laws and regulations.
- In cases of nurses providing care through technology (telephonic, web site, etc.), it is not clear in which state the nursing practice is located (the state of the nurse or the state of the patient receiving care). There

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does not appear to be ongoing monitoring, data collection, or an evaluation plan to inform policies related to eNLC.

- eNLC membership does not provide assurance that nurses will in fact be knowledgeable of laws that pertain to nursing practice within those jurisdictions prior to engaging in practice in member states.

OTHER INFORMATION

- The Michigan Organization of Nurse Leaders (MONL) who are predominately hospital chief nursing officers are in support of HB4938.
- Rep. Whiteford is awaiting ANA-MI's position and a discussion prior to scheduling a House Health Policy Committee hearing.
- If the bill is passed, Michigan nursing education programs will need to include information about nurse licensure compacts and, as importantly, prepare faculty with this information for teaching.
- Legislators and organizations such as the AARP are interested in knowing ANA-MI's position on this bill.

NEED MORE INFORMATION?

- For more information on the enhanced NLC, visit nursecompact@ncsbn.org
- For a current map of eNLC states, visit www.nursecompact.com

Good morning, I'm Carole Stacy registered nurse and President of the American Nurses Association - Michigan. Thank you Chairman Iden and members of the House Ways and Means committee for the opportunity to address you.

The ANA-Michigan Board of Directors has voted to support the recommendation for Michigan to join the enhanced Nurse Licensure Compact. Thirty-Four other states including our neighbors Indiana, Illinois and Wisconsin are already members of the Nurse Licensure Compact.

We base our recommendation and support on the following:

- There is an increase of nursing practice and patient care across state lines. Many citizens of Michigan leave our state each year to winter in Florida, Texas, Arizona and California, yet their healthcare remains in Michigan. Michigan nurses providing telephone information to their patients, wintering out of state, must hold licenses in those other states, in order to provide consultation. The compact removes the burdensome expense for organizations to pay for multiple licenses.
- Nursing faculty and nursing students at times engage in clinical placements across state lines.
- Nurses with highly specialized skills must at times move from state to state due to medical crisis or to meet patient, community, or disaster needs.
- New nurse graduates see travel nursing as an exciting way to begin their nursing careers. They would prefer Michigan as their home state for licensure. Recent studies show that if new graduates leave after graduation they frequently return "home" as they start families. Currently New graduates wanting to do travel nursing may opt to take their initial NCLEX in a compact state instead of their home state of Michigan.

Questions have been asked about maintaining quality standards in the Licensure Compact. There is no relationship to quality of care from licensure. Employers are in control of the quality of staff they hire and supervise. Licensure is only an entrance to practice. All nurses in every state take the same licensure exam. Meaning all nurses start on a level playing field.

Employers can validate a nurse's license using the Nursys system available 24/7. This is a national system. This is a free system for employers.

Michigan Nurses will still pay their license fees to LARA. All licensure fees remain in the home state. LARA recently (2017) doubled the nurse license fees with no increase in services. The fee for Michigan to be part of the compact is a yearly fee of \$6,000. As small portion of the \$10.8 million increase in revenue the license increase provided to Lara. In addition, there may be grant funding from the National Council of State Boards of Nursing available for the initial set up of the License Compact.

The enhanced Nurse License Compact began in 2015. In the 4 years since inception there has not been an increase in disciplinary actions. Nurses must know and comply with the practice laws in the state where they practice. There have not been any instances of nurses from one compact state going to another compact state during labor strikes.

Thank you, I would be happy to take your questions.

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