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Past Event: 2024 NCSBN Scientific Symposium - Workforce: The Need for Licensure Compacts: Highlights of the APRN and NLC Survey Findings Video Transcript

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Event

2024 NCSBN Scientific Symposium

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Presenter

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Today, I'm honored to present to you the NCSBN compact study. Nursing regulators have taken the lead in license modernization and developed the Nurse Licensure Compact to mobilize the nursing workforce and safeguard patient safety.

Today, we would like to explore nurses' views about the need for compacts. This is the outline of my presentation. We'll start with a brief history of compact. Nurse Licensure Compact (NLC) was introduced by National Council of State Boards of Nursing in 2000s.

It allows a registered nurse, a licensed practical nurse, and a vocational nurse to hold one compact license obtained from their home state to practice in other compact states.

Currently, 41 jurisdictions already enacted the NLC compact license legislation, making NLC the predominant license model in the United States. The APRN Compact was built in 2002.

It allows the APRNs to hold a multistate license with the privilege to practice in other compact states. Currently, three states enacted the APRN Compact legislation. As Mr.

Smiley just announced that South Dakota, they moved four steps ahead towards the APRN Compact. The APRN Compact will become effective once we have seven jurisdictions pass the APRN Compact legislation. This morning, my colleague, Mr.

Richard Smiley, presented the NCSBN National Nursing Workforce Study, which projects a series of nursing workforce shortage after the pandemic. In response, the healthcare policies and the researchers are exploring long-term policy solution to mitigate healthcare crises and increase access to care.

The purpose of our current study is to assess nurses, their opinion about the APRN Compact and the NLC Compact. So, we also would like to address some concerns, the possible concerns they may have.

These online surveys were conducted by National Council of State Boards of Nursing in collaboration with the nursing regulatory bodies.

In the United States, as we know, nursing regulatory bodies are boards of nursing. I would use this term, boards of nursing, during the presentation. Before the survey, all participant boards, they distributed a study announcement informing their nurses the purpose of the study and provided the background of NLC and also the APRN Compact based on the purpose of the study.

Altogether 10 boards participate in the survey, 5 for the NLC survey and 5 for the APRN Compact survey. The survey instrument was developed by NCSBN with input with the boards of nursing. Standard descriptive analysis was performed on quantitative data.

And the open-ended question was classified using the natural language processing. Let's look at the NLC survey first, 66,054 nurses participated in the NLC survey between 2018 and 2020.

The response is 24%. In the NLC survey, we gathered basic information about nurses' out-of-state practice experience, their opinion about the NLC model, and their need for the NLC model.

And also for the nurses who already obtained their compact license from their home state, we wanted to know their experience with the compact license. Our data showed that over 40% of the nurses at the time of survey, they already hold an active license in other states, and about 45% of them, they practiced nursing in other state in the past two years.

At the time of the survey, none of the five participant boards of the states, they were part of NLC. However, two boards asked their nurses about the compact license practice experience when they got the license from their home state.

Our study shows that nearly a quarter of the nurses from these two states, they already obtained an NLC license from their home state. And 68% of them, they use their license, the compact license. Among the nurses who hold a compact license, and they reported the compact license were beneficial to them.

And this statistic is even higher among the nurses who hold a compact license and practiced the... About 96% of them thought the compact license benefited their nursing practice. So, here we can see the nurses' opinion about their states' joint compact.

Among those who expressed their support or opposition, 95 of them thought compacts are beneficial to them. These supports are consistent across states and across nurses' demographic characteristics. So, among the nurses who opposed the compact, their major concern raised by the nurses were the compact may lower the patient safety.

So, about 700 nurses reported their licensing state imposes more stringent license requirement than the other states, so they are better. So, the nurses from other states may not be safe to practice. They worry the NLC may let these unsafe nurses to practice in their states, which will lead to negative patient outcomes.

The second concern was the compact may lower nurses' bargaining power. So, this morning, Dr. Linda Aiken also mentioned that unions are against the compact, though they are supportive for the stacking ratio requirement.

Since the implementation of compact 20 years ago, there is no evidence that facilities would use compact to break strides. Based on the finding from the two states that asked the union question, we found that 94% of the nurses who were members of a union still reported they support compact.

So, the major reason for supporting compact reported by the nurses who support compact include, first, increased access to care, increased job opportunity and cost-effective licensure process.

In addition, the responses also believe that the compact lead to a higher patient safety because of the uniform licensure requirements. Now, we should look at the patient safety issue again. Patient safety is a mandate for all of us.

In this study, 700 nurses believed that compact would lower the patient safety. In the same survey, 945 nurses believed that...they supported compact because the compact will lead to the safe patient care.

So, what did the research tell us? Studies consistently show that the uniform licensure requirement provides the extra layer for patient safety through the mandatory criminal background check.

It requires no active disciplinary action on their license and no current enrollment in an alternative to discipline program. According to nurses, the only national nurse license and discipline database, we found that the annual discipline rates for nurses holding a compact license, the discipline rate is 0.11%.

It's about a quarter of the discipline rate for nurses holding a single-state license. So, these statistics suggest that compact license are safe practitioners. They are not worse.

Let's look at the APRN Compact Survey, 8,453 nurses participated in the study. The survey was conducted between 2021 and 2023. The response is 24%.

In the compact survey, we asked three questions. First, did the nurses, the APRNs, experience a need for across-the-board practice analysis? And what their state...the interest or concerns about the compact model?

Finally, we asked, will they apply for an APRN Compact license when it becomes available? First, we assess the need for the cross-state nursing practice based on their practice experience. First, we found that 46% of the nurses, they already hold an active APRN license in other states, and 67% of them, they practiced, they provided APRN services, so APRN education across the state boards.

Again, when we asked the nurses' opinion about adopting the APRN compact, we found that a vast majority of them are supportive of APRN Compact, so 96%. So, for those nurses who opposed the APRN Compact, so we found this time, the major concern is the 2,008 hours of practice requirement.

That's equal to about one-year practice. This requirement, in fact, it's a policy solution to address the increasing number of states requiring the transition to practice period as a pathway toward the full practice authority. That also reflects the current APRN policy nationwide.

This requirement increased the pool of states eligible for enacting the APRN Compact. So, regarding the concern about lack of APRN representation, the bill languages creating the APRN commission.

In fact, that mirrored the NLC compact commission. It also aligns with the structures observed in others healthcare compacts. So, when we look at the reason for supporting compact, increased access to care and the increase improved patient safety, of course the cost effectiveness of the licensure application.

Many of the APRN license application requirements mirror the NLC standards that's already adopted by 41 jurisdictions. We expect that the stringent licensure application requirements for APRN Compact will lead to safer patient care as evident in other NLC... already evident in other NLC states.

Finally, we found that 84% of the nurses, the respondents showed an interest to apply for an APRN Compact once it becomes available. Limitations.

This study was based on self-reported data. Even though we conducted the survey consistently across states and the executive officers participating were already distributed the standard information, we cannot exclude the possibilities of unobserved factors unique to each state may affect nurses' response.

In particular, COVID-19 pandemic could affect a nurse's opinion about the compact. Like other healthcare compacts, the NLC and the APRN Compact provides a permanent solution to license portability in emergency and non-emergency time.

Compacts benefited the public by enabling nurses to practice across states. In addition, compacts facilitated telehealth, which lead to increased access to care.

For boards of nursing, compact licensure happened to reduce duplicated licensure process, allowing them to using limited manpower and resources toward speeding up the initial licensure and develop more efficient discipline and remediation programs.

For nurses, compact provided them with optional and additional opportunities of mobility and relieve from the burden of the licensure managing extra and paying for multiple licenses.

In conclusion, our studies revealed a clear need for compact across the boarder nursing practice, and the majority of the respondents, they welcome the NLC and the APRN Compact.

The NLC and APRN Compact are for and supported by the nurses. So, the time for implementing the NLC nationally and enact the APRN Compact is now. Before I want to close my talk, I want to thank the co-authors of this study from NCSBN, and some of them are within us here.

And I would thank Dr. Brendan Martin. He is organizer and the brain of the compact projects. And Dr. Maryann Alexander, she is the driving force and a leader of the NCSBN Compact team.

In addition, we would like to thank the boards who participated in the study, especially the executive officers who initiated the process of contacting their nurses to invite them and encourage them to participate in the study.

Furthermore, we really appreciate all the support from over 75,000 nurses who took their time to join our study. Thank you for your support and all your services. So, now I would like to thank all of you who take the time to be here.

So, now I will be glad to take any questions.

- Thank you for this great presentation. It was really informative. I have two quick questions for you. The first being, how were the five states chosen for the APRN component of the survey? And also, were you able to identify the APRNs by type?

Because, you know, there are four distinct types and so not all four share the same transition to practice hours that you see across the country. And I think, when you look at the 500,000 or so nurses who are represented by the four APRN groups who are all fairly strongly in opposition to the APRN Compact, I would wonder if you decipher that a little bit.

- Thank you very much. This is a good question. Yeah. First, the truth of the participation. So, in fact, NCSBN did not choose any of the participant boards. At the time of the survey, these boards, they showed interest to pass there either the NLC or the APRN Compact legislation.

They contacted us, and then we worked together. And the second question about—I think that's what you talked about—the transition to practice, the impact on the funding. For the APRN Compact survey, altogether five states, two of them, they required a transition to practice requirement.

We looked over the findings. We found that boards required the transition hours and those who did not require, there are no significant difference. And as we showed in the presentation, the majority of the nurses they supported.

- Maybe I didn't clearly articulate my question. So, the nurse practitioners or CRNAs, even in states that require a transition to practice hours for a nurse practitioner, you may not see that transition to practice hour requirement for CRNAs.

So, my question really was, were you able to identify if the participants were nurse practitioners or CRNAs or cloned specs or midwives? And did that have any impact on their response to your survey?

- Wonderful, so sorry. In fact, we did tether the data about the four rules of the APRN rules, and we break down the analysis. And we found that there are no differences. In fact, the detailed finding has been published in the Journal of Nursing Regulation in the January issue. So, we'll be happy to share with you more detailed information.

Great question. So, any other questions? So, it seems we do not have... - I have a question.

- Oh, yeah. So, [inaudible]. Yeah.

- Thank you. Very interesting. And I have a question about the APRN Compact, so this might just... Are there plans at this point to go sit back down with the APRN organizations and try to figure out how to come together? Because there's so much opposition by one major organization. I just don't want to say their name here in the room, but everybody knows.

But is there plan for NCSBN to go try to rekindle the conversation and figure out where the impasses and how to go from there? Is there any thought?

- That's a great... - Yeah, it's a good question.

- Excellent question. Yes. However, for me, I'm a researcher, so I represent the result to you. But definitely... But definitely the NCSBN and also will walk with the board to go through this finding to try to identify the real barriers and try to move forward. Yeah.

Thank you. That's really great. Next step. So, if there is no further question, I think I will pass the podium to our next speaker. Thank you.