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**Assembly Health and Human Services Committee Meeting
February 10, 2003
Presentation by Debra Scott, MS, RN, Executive Director,
Nevada State Board of Nursing**

Madam Chair and members of the committee, thank you for the opportunity to tell you a little bit about the mission of the Nevada State Board of Nursing and the role it is playing regarding solutions to the nursing shortage.

The role of the Nevada State Board of Nursing is to protect the public by making sure nurses and nursing assistants practice safely and competently, through:

- ensuring licensees meet minimum education standards
- investigating allegations of incompetency and unsafe practice
- taking action against nurses who violate the law, from mandating nondisciplinary remedial classes to revoking their license to practice

There are two common misconceptions regarding our role:

- 1) that we are here to advocate for nurses. Our role is to protect the public; advocating for nurses is the role of nurse associations.
- 2) that we have authority over facilities; we have authority over the individual nurse and certified nursing assistant. The Nevada State Health Division's Bureau of Licensure and Certification has authority over facilities.

In addition to regulating individual nurses and CNAs, we also approve schools of nursing and CNA training programs. In that role, the Board voted to support the plan to double the enrollment capacity and believes it is a vital component in Nevada's efforts to address the nursing shortage, both in the short term and in the long term.

Given our regulatory role, the Board believes that one of the most important contributions it can make is to remove unnecessary regulatory barriers, as long as such action does not lower standards or compromise patient safety. That is why we are introducing Mutual Recognition (BDR 54-96), a new model for nurse licensure that allows nurses to have one license in their state of residency and practice in any state that has signed an interstate compact.

ASSEMBLY HEALTH AND HUMAN SERVICES
DATE: 2/10/03 ROOM: 3138 EXHIBIT C-1 of 6
SUBMITTED BY: Debra Scott

What is the Nevada State Board of Nursing doing about the nursing shortage?

- 1) The Board is taking the legislative lead on Mutual Recognition (BDR 54-96), a new model for nurse licensure that allows nurses to have one license in their state of residency and practice in any state that has signed an interstate compact.
- 2) The Board adopted a policy regarding increasing the instructor to student (1:8) ratio in leadership classes where there is a formal, 1:1 relationship with a preceptor.
- 3) The Board streamlined the application form for all applicants.
- 4) The Board streamlined the application process for international nurse graduates, reducing the time and cost for applicants with specific qualifications.
- 5) The Board removed its requirement for social security numbers before processing applications for examination to help in the recruitment of international nurse graduates. (A social security number is still required before a license is issued.)
- 6) The Board continues its efforts to identify and remove other unnecessary regulatory barriers, as long as such action does not lower standards or compromise patient safety.
- 7) Regarding mandatory overtime, the Board supports the August 2001 resolution by the National Council of State Boards of Nursing: *NCSBN promotes safe and effective nursing practice in the interest of protecting public health and welfare. Therefore, National Council recognizes the professional responsibility of nurses to accept or decline overtime assignments based on their self-assessment of ability to provide safe care.*
- 8) The Board continually conducts education efforts about how to report staffing concerns and how to refuse unsafe assignments in accordance with the Nurse Practice Act.
- 9) The Board has never disciplined a nurse or nursing assistant for mistakes made solely due to working in an understaffed environment. When conducting investigations, the Board considers each case on an individual basis and always takes staffing into consideration as a mitigating or aggravating condition.
- 10) The majority of actions the Board takes are focused on remediation and/or rehabilitation, keeping nurses and CNAs working while helping them improve their practice.
- 11) The Board actively supports efforts to fund increased nursing school enrollments, including an increase in faculty salaries and the doubling of nursing school capacity.
- 12) The Board is a founding member of the Nevada Nurse Task Force, now the Nursing Institute of Nevada, a nonprofit organization dedicated to developing and achieving collaborative solutions to the nursing shortage.

2-10-03

Comparison of Current and Mutual Recognition Models of Nurse Licensure

Current Model ⇌ Mutual Recognition

Initial Licensure

- Apply and pay fee to state where expect to practice. ⇌ Apply and pay fee to home state.
- Comply with state requirements.* ⇌ *Comply with state requirements.*
- Practice only in state(s) where licensed; *acknowledging accountability for each respective state's laws.* ⇌ Practice privileges in all compact states, *acknowledging accountability for each respective state's laws.*

Initial Licensure

Move to New Home State

- Apply per time frame specified by new state and pay fee. ⇌ Apply to new home state and pay fee. *Must meet new state's requirements for licensure. Issued endorsement by new state.*
- Must meet new state's requirements for licensure. Issued endorsement by new state.*
- Licensee may hold multiple licenses. ⇌ Relinquish old state license. Central database updated to reflect one license in new home state. Licensee holds only one RN and/or LPN license at a time.

Move to New Home State

Renewal

- Submit application and fee to state. ⇌ Submit application and fee to home state.
- Renew in every state where license is held. ⇌ Renew only in home state.
- Receive license/registration with new expiration date.* ⇌ *Receive license/registration with new expiration date.*

Renewal

Lapse/Re-entry/Reinstate

- Apply to state, *according to state's laws.* ⇌ Apply to home state, *according to state's laws.*
- Inactive status depends on laws of state of licensure.* ⇌ *Inactive status depends on laws of state of licensure.*

Lapse/Re-entry/Reinstate

Discipline

- Disciplinary action by state where patient was (or where incident occurred, if no patient): ⇌ Disciplinary action on the license taken only by state of licensure, regardless of where patient was or incident occurred.
- Each state of licensure may choose to take its own disciplinary action on the licensee. ⇌ Any compact state may choose to take its own disciplinary action on the licensee's practice privilege.
- Information is exchanged between states.* ⇌ *Information is exchanged between states through a centralized database of licensure and disciplinary information.*
- Standards used are those of each state which chooses to take disciplinary action.* ⇌ *Standards used are those of each state which chooses to take disciplinary action.*

Discipline

Tracking

- Board doesn't know who is practicing in state; employers are legally responsible for verifying licensure.* ⇌ *Board doesn't know who is practicing in state; employers are legally responsible for verifying licensure.*

Tracking

- Board doesn't know where nurses are practicing in state; by law, licensed healthcare facilities must submit list of employed nurses to Board three times a year.* ⇌ *Board doesn't know where nurses are practicing in state; by law, licensed healthcare facilities must submit list of employed nurses to Board three times a year.*

Mutual Recognition— FAST FACTS

Guiding principles for nursing regulation

- provide for public protection
- facilitate access to nursing care within a seamless practice arena on a national scope
- allow competent nurses to care for clients wherever they are
- respect states' rights to determine who does and does not practice

Key elements of the nursing interstate compact

- licensure by state of residence
- can practice in any other party state
- maintains state-based authority for licensure, practice standards, discipline
- defines practice as occurring where client is located
- authorizes remote states to take disciplinary action against licensee's privilege to practice
- authorizes sharing of current significant investigative information among party states
- each party state holds nurse accountable for acceptable practice regardless of which state issues license
- centralized database of licensure and disciplinary information – facilitates tracking
- public and non-party state access to licensure and discipline information consistent with each state's laws

Mutual recognition

- allows greater access to safe, qualified health care without regard to state lines
- avoids added fees and time delays resulting from duplicative processes for multiple state licenses
- eliminates redundant, cumbersome, expensive barriers to practice
- enhances information sharing among states
- establishes a cooperative system for disciplinary action

Mutual recognition

- will not affect Nevada's current standards for licensure
- will not significantly alter Nevada's existing Nurse Practice Act
- will not change how nursing is defined or practiced in Nevada
- will not result in nurses leaving Nevada for other states

States which have already adopted the nursing interstate compact

Arizona, Arkansas, Delaware, Idaho, Indiana, Iowa, Maine, Maryland, Mississippi, Nebraska, New Jersey, North Carolina, North Dakota, South Dakota, Tennessee, Texas, Utah and Wisconsin

States which have recently introduced legislation to adopt to the nursing interstate compact

Nevada, Georgia, Missouri and New Mexico

For more information, contact:

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or visit:

www.ncsbn.org and click on "Nurse Licensure Compact"

Nevada State Board of Nursing Fact Sheet

Mutual Recognition—

A model for nursing regulation in the 21st century

Mutual recognition establishes a rational, efficient system for the regulation of nursing. **The Nursing Interstate Compact will remove barriers to safe nursing care in a time of shortage.**

While the field of nursing has changed much over the last century, the way nurses are licensed has changed very little. Until now.

There is a new vision for nursing regulation in the 21st century. That vision is embodied in the mutual recognition licensure model, created by the National Council of State Boards of Nursing (NCSBN), supported by the Nevada State Board of Nursing, and passed in 18 states, so far.

Mutual recognition allows nurses to have one license in their state of residency and practice in any state that has signed an interstate compact. Of course, the nurses still have to follow the laws and regulations of every state in which they practice.

It is similar to the drivers' license model. "A common example of an existing interstate compact is your driver's license," explains Debra Scott, Executive Director of the Nevada State Board of Nursing. "You have a Nevada license, but are allowed to drive in Nebraska, Delaware, Texas, or wherever. And while driving in another state, you have to follow the laws of that state, whether or not they're like Nevada laws."

This year, the Nevada State Board of Nursing is sponsoring legislation to add Nevada to the list of states who have decided that it is time to move to this modern system of nurse licensure.

The current system is 100 years old. For a century, a single-state-issued license was adequate to regulate the practice of nursing. The nurse who moved or practiced in another state got a new license by filling out forms, verifying credentials, and paying fees. Then the nurse received a license and was authorized to practice in the new state.

Regulation needs to keep up with health care. As the health care system continues to evolve, nurses regularly practice across state lines, both physically and electronically. Currently, in Nevada and other states that have not yet adopted mutual recognition, nurses must hold licenses in each state in which they practice.

The enactment of a nurse licensure compact would mean Nevada nurses would hold a state-based nursing license that is mutually recognized by all states that are part of the compact. Of the 18 states that have passed the interstate compact, neighboring Utah was the first (in 1998); our neighbors Idaho and Arizona adopted the compact in 2001.

Mutual Recognition—A model for nursing regulation in the 21st century (page 2)

It will remove barriers to safe nursing care in a time of shortage. At its core, mutual recognition means removing regulatory barriers to give consumers greater access to safe, qualified nurses. This is especially important to Nevada, which according to a recent report by the Health Resources and Services Administration, is experiencing the greatest nursing shortage in the nation. Being a member of the interstate compact will give Nevada a competitive edge in its efforts to recruit and retain qualified nurses. Mutual recognition will benefit nurses, employers and the public.

Nurses will only need one license. For the individual, it will cut down the time and expense of paying for several licenses, and it could make it easier for a nurse to make career moves.

It will help employers recruit nurses. For health care employers, filling positions with qualified people will be easier, because they won't have to limit a job search to individuals who hold a Nevada license.

Public safety will improve. Since a person will only have one license, it will improve the Board's ability to track and take action against those few nurses who are involved in improper activity. Because the Board will be able to track a license through a central clearinghouse of information, public safety will be improved.

It will increase access and reduce cost, especially in rural Nevada. Mutual recognition will help Nevadans, especially those who live in rural areas, gain greater access to telenursing services, which provide expert nursing care through new technologies such as long-distance monitoring and video-conferencing. Such "telehealth" technologies reduce health care costs by preventing complications and maximizing the use of limited resources. Stating that the widespread use of telehealth is hampered by regulatory barriers, the Western Governors' Association in 1998 passed a resolution supporting multistate licensure for all health professions.

The goals are to simplify processes, remove barriers, and increase access. The goals of the mutual recognition model are to simplify governmental processes, remove regulatory barriers, and increase consumer access to safe nursing care. It will assure strong nurse practice and increase access to safe nursing care for the citizens of Nevada.