Our Current Regulatory Model is Not Sustainable

Drivers of Change

Alternative Models of Care?
Telehealth

• Improve Rural Access
• Bring Specialists Where Needed
• Maintain Independence
• Decrease Readmissions
• Teach Patients Self-Management

Growth = Increasing Demand

- Population of the United States estimated to be 322,833,006 (July 2014)
- U.S. ranks number 3 in the list of countries by population.
- In 2010, the US spent an average of $8,915 per person on health care, reaching a total of $2.8 trillion.
- In 2010, 1 in every 8 Americans are older persons (65+) was more than 2 X their number in 2000.
- In 2010, persons 65 and over accounted for one-third of health spending but made up just 13% of the population.

Blurring of State Boundaries
Challenges for Licensure

Over 100 years of evolution of current model
Why multiple licenses?
- Cost
- Bureaucracy
- Delays affecting access to care and employment
- Lack of jurisdiction across borders
- Patients’ rights to file a complaint

What is an Interstate Compact?

Compacts are contracts between states creating an agreement that carries the force of statutory law

NLC Status

- Initially adopted by NCSBN in 1997
- Enacted by 24 states as of March 2015
- Revisions adopted May 4, 2015
NLC Status: 25 States

APRN Compact Status
- Initially adopted by NCSBN in 2002.
- Adopted by 3 states in 2002.
- Revisions adopted by NCSBN on May 4, 2015

How Does it Work?
- Based on the Driver’s License Compact (DLC)
- A nurse residing in a Compact state is issued a multistate license
- State where practice occurs enforces practice standards
Why Aren’t More States in the NLC?

- To join, each state must enact model legislation
- Advocates work to introduce legislation; not always include the Board
- Opposition: some nurse unions
- Misconceptions about the compact: costs, information exchange, enforcement and board authority

Future of Healthcare

- Traditional face to face plus
  - Practice via telecommunication (telehealth nursing)
  - Remote patient monitoring

Threat of National Licensure

- Federal Government Facing
  - Rising Cost of Health Care
  - Increasing demand
  - Limited Resources
- Solution: We Can Do It!
What is NCSBN Doing?

- 2014-2015 Executive Directors of Boards of Nursing assembled to reconsider regulation that best supports cross-border practice
- Commissioned three working groups: Compact Revision, Legislative Strategy, Fiscal Impact
- Convened a Special Delegate Assembly on May 4, 2015

The NCSBN Initiative

- Members agreed to revise the compact language to address concerns about public protection
- Decided to align the provisions of the NLC and APRN Compact
- Determine implementation strategies

What is Different?

- Criminal background checks are now required for all compact states
- Felony convictions are a bar to a compact license
- Various provisions to improve the operations of the Compact
- NCSBN commits to fund ongoing operations of the compacts and assist states with grants for implementation expenses
The Effect
- Removed the primary barriers for most states to adopt the compacts
- Legislative strategies and tactics to assist states in adoption
- Progress toward goal: adoption by all states

Making Nationwide Licensure Portability a Reality
- Political: Boards of Nursing, State Nurses Associations and State Legislators
  - Goal: Adoption by at least 26 states before 2018

Stay tuned......