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Commission for Case Manager Certification



November 17, 2015

The Honorable Kate Hogan
Chairwoman
Joint Committee on Public Health
State House, Room 130
Boston, MA 02133

The Honorable Jason Lewis
Chairman
Joint Committee on Public Health
State House, Room 511B
Boston, MA 02133

Dear Chairwoman Hogan, Chairman Lewis and Honorable Committee Members:

As organizations representing healthcare providers and other stakeholders, we are writing to respectfully request your support for the attached substitute language which we would like to introduce for **HB2002, "An Act Adopting the Nurse Licensure Compact in Massachusetts"**. As you know, we strongly support this bill because it enhances the state's efforts to respond to the changing landscape of health care delivery, permits qualified nurses to care for patients across the health care continuum, allows for better emergency preparedness and more rapid staff response in times of disaster,¹ and enhances access to quality nursing care for all residents of the Commonwealth.

As you are aware, the mutual recognition model of nurse licensure facilitated by the NLC allows a nurse to have one license (in his or her state of residency) and to practice in other states (both physical and electronic), subject to each state's practice law and regulation. Under mutual recognition, a nurse may practice across state lines unless otherwise restricted. However, in order to achieve this mutual recognition, each state must enact legislation or regulation authorizing the Nurse Licensure Compact (NLC).

¹ *Trust for America's Health; Robert Wood Johnson Foundation Ready or Not? Protecting The Public's Health From Diseases, Disasters, And Bioterrorism, Report December, 2012* – Scores States' levels of Emergency Preparedness, and lists States' participation in the Nurse Licensure Compact as an indicator of better preparedness. "The ability for nurses to be able to work across state lines can be a tremendous benefit during disasters or disease outbreaks, when affected communities may experience severe workforce shortages. The NLC benefits both nurses and states in the following ways: - Allows nurses flexibility and mobility; Drives standardized licensure requirements; Enables states to act jointly and collectively; Facilitates continuity of care; and Allows different boards of nursing to build relationships and improve processes by learning from one another."

However, the Nurse Licensure Compact has recently undergone certain revisions which have resulted in new model legislation to supersede the currently enacted original NLC legislation that has been adopted by 25 states. The National Council of State Board of Nursing adopted this new version of the Nurse Licensure Compact on May 4, 2015 and states wishing to participate in the compact must adopt the new version.

Among the most noteworthy issues that were adopted in the revised compact include:

1. Criminal background checks are now required for all compact states. As nurses seek the multi-state licensure privilege, they will have to submit to criminal background checks to the Board of Registration in Nursing as a condition of licensure. Such procedures shall include the submission of fingerprints or other biometric-based information by nurse applicants to obtain an applicant's criminal history record information from the FBI and the state criminal record agency.
2. Felony convictions will disqualify nurses from receiving a multi-state license
3. Various provisions to improve the operations of the Compact – including the adoption of model rulemaking provisions, improved dispute resolution processes for states who are compact members, etc.

In addition, the National Council of State Boards of Nursing commits to fund the ongoing operations of the compacts and assist states with grants for implementation expenses.

By joining the NLC, Massachusetts can decrease barriers to the provision of nursing care and help ensure the availability of licensed nurses during a disaster or other time of great need for qualified nursing services. Membership in the NLC clarifies the authority to practice for nurses currently engaged in tele-nursing, interstate practice, or other models of contemporary nursing practice. Eliminating existing regulatory barriers and uncertainties allows nurses to provide patient-centered care across the continuum of care and across state lines, delivered where the patient needs it and in a manner that is cost-effective. The remote delivery of health care through targeted case management programs is consistent with mandates under the Affordable Care Act and the Commonwealth's Chapter 224 cost containment law to develop alternative payment and care delivery models with the goal of improving health outcomes and reducing the costs of healthcare. The ability of nurses to provide remote, often inter-state nursing through case management programs is central to achieving these goals, and adoption of the NLC in Massachusetts is central to facilitating interstate nursing practice through such Case Management models for Massachusetts nurses. The Massachusetts Board of Registration in Nursing's role in patient safety and public protection is also enhanced through the NLC by ensuring earlier identification of nurses facing adverse actions in other states, as only NLC member states have the ability to access the database of actions that may be pending against a licensed nurse in other states.

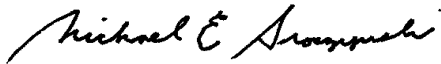
Additionally, the NLC enhances information-sharing among states and facilitates an accurate understanding of the nursing population. When we know how many nurses we have regionally, and where and when they work, employers and other stakeholders can best design strategies for education, recruitment, employment, retraining, retention, and patient safety and care. In addition, membership in the NLC streamlines the process to obtain a Massachusetts RN license for an RN coming in from out of state. The current licensure by endorsement process can be administratively burdensome, time-consuming, resource-intensive and may unnecessarily delay the Registered Nurse from starting a new job, joining a new patient care team and providing care. As an example: one organization employs nurses working telephonically in states across the country and obtains nurse licenses for its nurses. The costs to the organization for initial licensing by endorsement for compact nurses in the non-compact states are approximately \$11,000.00 (this includes all fees associated with licensing). License renewals run around \$4,500 every 2 years. However, initial licensing for non-compact nurses seeking licensure by endorsement in all 50 states is approximately \$21,000.00, with licensure renewals running around \$8,500 every two years. This is a huge commitment for any healthcare organization employing nurses in this fashion.

As the membership in the NLC has grown on an annual basis, with 25 states participating as of this February, it is important that Massachusetts adopt the Compact. Because many of our contiguous states have already joined, Massachusetts and many organizations are at a disadvantage in the provision of accountable healthcare and it is

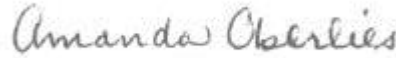
essential that Massachusetts join the effort as soon as possible. Membership in the NLC will start nurses in healthcare organizations with patients sooner and improve the quality care for our patients.

We look forward to an opportunity to speak with you regarding the newly updated compact language that we have proposed for **HB2002**. Should you have any questions or concerns or need further information, please do not hesitate to contact Adam Delmolino, Senior Manager of State Government Advocacy at the Massachusetts Hospital Association at (781) 262-6030 or adelmolino@mhlink.org.

Sincerely,



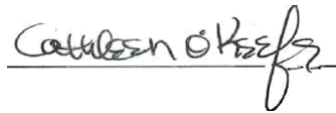
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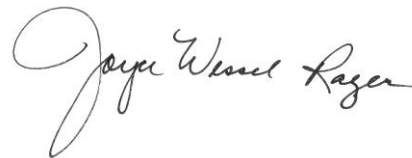
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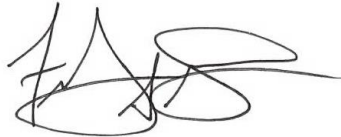
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Population Health Alliance

Attachment Enclosed