February 10, 2014

The Honorable Jeffrey Sanchez
Chairman
Joint Committee on Public Health
State House, Room 130
Boston, MA 02133

The Honorable John Keenan
Chairman
Joint Committee on Public Health
State House, Room 413B
Boston, MA 02133

Dear Chairman Sanchez, Chairman Keenan and Honorable Members of the Committee:

As organizations representing healthcare providers and other stakeholders, we are writing to respectfully request that the Public Health Committee give a favorable report to SB1060/HB2006, "An Act Adopting the Nurse Licensure Compact." 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 medical staff response in times of disaster, and enhances access to quality nursing care for all residents of the Commonwealth.

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). Since its establishment, twenty-four (24) states, including Maine, New Hampshire and Rhode Island have joined the NLC. SB1060/HB2006 authorizes Massachusetts to join with these states.

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, for one

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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.”
organization that employs nurses working telephonically in states across the country that obtains nurse licenses for their nurses, initial licensing by endorsement for a compact nurse in the non-compact states is approximately $11,000.00 (this includes all fee's associated with licensing). License renewals run around $4,500 every 2 years. However, initial licensing for a non-compact nurse 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 grows on an annual basis, it is important that Massachusetts joins the effort. 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 collectively urge the committee to issue SB1060/HB2006 an expedited favorable report at its earliest convenience.

Sincerely,

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