

Department of Legislative Services
Maryland General Assembly
2022 Session

FISCAL AND POLICY NOTE
First Reader

Senate Bill 154 (Senator Eckardt)
Education, Health, and Environmental Affairs

Advanced Practice Registered Nurse Compact

This bill enters Maryland into the Advanced Practice Registered Nurse Compact. The bill establishes (1) specified procedures and requirements for an advanced practice registered nurse (APRN) to practice under a “multistate license” in a “party state” or “remote state”; (2) the composition, powers, and responsibilities of the Interstate Commission of APRN Compact Administrators; and (3) requirements related to the oversight, dispute resolution, and enforcement of the compact. The bill is contingent on similar legislation being enacted in six other states.

Fiscal Summary

State Effect: Special fund expenditures for the State Board of Nursing (BON) increase by *at least* \$202,900 in the first fiscal year after the compact is adopted. Any impact on BON special fund revenues is anticipated to be minimal, as discussed below.

Local Effect: The bill does not directly affect local government operations or finances.

Small Business Effect: Potential minimal. APRNs who currently operate or are employed by small businesses may seek to obtain a license through the compact to practice as an APRN in other party states.

Analysis

Bill Summary: Generally, the purpose of the compact is to (1) facilitate the states’ responsibility to protect the health and safety of the public; (2) ensure and encourage the cooperation of party states in APRN licensure and regulation; (3) facilitate the exchange of information between party states in APRN regulation, investigation, and adverse actions;

(4) promote compliance with laws governing APRN practice in each jurisdiction; (5) authorize all party states to hold an APRN accountable for meeting all state practice laws in the state in which the patient is located; (6) decrease redundancies in the consideration and issuance of APRN licenses; and (7) provide opportunities for interstate practice by APRNs who meet uniform licensure requirements.

State Participation in the Compact

To participate in the compact, a state must:

- license APRNs;
- participate in the commission's data system;
- have a mechanism in place for receiving and investigating complaints;
- notify the commission of any adverse action or the availability of investigative information regarding an APRN;
- implement or utilize procedures for considering the criminal history of applicants;
- comply with the rules of the commission; and
- utilize only a recognized national examination for licensure.

Nothing in the compact may affect the requirements established by a party state for the issuance of a single-state license, and individuals not residing in a party state may continue to apply for a single-state license.

Multistate License Privilege

“Multistate license” means a license to practice as an APRN issued by a home state licensing board that authorizes the APRN to practice in all party states under a multistate licensure privilege, in the same role and population focus as the APRN is licensed in the home state.

To obtain or retain a multistate license in the home state, an APRN must, among other requirements (1) meet the home state's qualifications for licensure or renewal of licensure and hold an active, unencumbered license as a registered nurse (RN) and an active, unencumbered authorization to practice as an APRN; (2) complete an accredited graduate-level education program, as specified; (3) successfully pass an English proficiency examination, if required; (4) successfully pass a national certification examination; (5) successfully pass an NCLEX-RN examination or recognized predecessor, as applicable; (6) have practiced for at least 2,080 hours as an APRN; (7) complete a criminal background check; (8) not have been convicted or found guilty, or not entered into an agreed disposition, of a felony or misdemeanor offense; (9) not be enrolled in an alternative program, as specified; and (10) have a valid Social Security number.

An APRN issued a multistate license must be licensed in an approved role and at least one approved population focus. An APRN multistate license must include prescriptive authority for noncontrolled prescription drugs. For each state in which an APRN seeks authority to prescribe controlled substances, the APRN must satisfy all requirements imposed by the state.

An APRN practicing in a remote state is subject to that state's regulatory authority. A remote state may, in accordance with due process and that state's laws, remove an APRN's multistate licensure privilege.

Changing Home State License

An APRN may hold a multistate APRN license, issued by the home state, in only one state at a time. The bill establishes a process by which an APRN can change their home state when moving between two compact states.

Adverse Actions

The bill establishes processes for imposing adverse actions and allows remote states to investigate and take adverse action against an APRN's multistate licensure privilege. In the event of an adverse action by an APRN's home state, that APRN's multistate licensure privilege must be deactivated until all encumbrances have been removed from the APRN's multistate license.

Interstate Commission of APRN Compact Administrators

The commission is an instrumentality of the party states. The head of the licensing board from each party state (or their designee) must serve as an administrator of the compact for the party state. The commission must meet at least once during each calendar year and must, among other actions:

- adopt bylaws or rules to govern its conduct;
- maintain financial records;
- promulgate uniform rules to facilitate and coordinate implementation and administration of the compact that have the force and effect of law and must be binding in all party states;
- bring and prosecute legal proceedings or actions;
- appoint committees;
- establish a budget and make expenditures; and
- perform such other functions as may be necessary or appropriate to achieve the purposes of the compact.

The commission may levy a fee on and collect an annual assessment from each party state to cover the cost of the operations of the commission and its staff.

Coordinated Licensure Information System

All party states must participate in a coordinated licensure information system of all APRNs, licensed RNs, and licensed practical/vocational nurses. The commission must formulate necessary procedures for the identification, collection, and exchange of information under the compact. State licensing boards must promptly report any adverse action, any current significant investigative information, any application denials, and APRN participation in alternative programs known to the licensing board. A party state may designate information that may not be shared with nonparty states.

Oversight, Dispute Resolution, and Enforcement

Each party state must enforce the compact and take all actions necessary and appropriate to effectuate the compact's purposes and intent.

If the commission determines that a party state has defaulted in the performance of its obligations or responsibilities under the compact, the commission must (1) provide written notice to the defaulting state and other party states of the nature of the default, the proposed means of curing the default, or any other action to be taken by the commission and (2) provide remedial training and specific technical assistance regarding the default. If a state in default fails to cure the default, the defaulting state's membership may be terminated from the compact upon an affirmative vote of a majority of the party states.

Construction and Severability

The compact must be liberally construed to effectuate the purposes of the compact and the provisions of the compact must be severable.

Current Law: Generally, an individual must be licensed or certified by BON to practice nursing in the State. In Maryland, an individual must be licensed as an RN and certified as an APRN by BON to practice as a nurse practitioner, nurse anesthetist, nurse midwife, or clinical nurse specialist.

Registered Nurse

Practice registered nursing means the performance of acts requiring substantial specialized knowledge, judgment, and skill based on the biological, physiological, behavioral, or sociological sciences as the basis for assessment, nursing diagnosis, planning,

implementation, and evaluation of the practice of nursing to maintain health, prevent illness, or care for or rehabilitate the ill, injured, or infirm.

An applicant for an RN license must complete and meet all requirements for a diploma or degree from a registered nursing education program approved by BON, or an education program in registered nursing in any other state or country that BON finds substantially equivalent to programs in the State. RN applicants must also pass an examination developed by the National Council of State Boards of Nursing, demonstrate English language competency, and be of good moral character.

Advanced Practice Registered Nurse

An applicant for an advance practice certification must (1) be a licensed RN or have a privilege to practice under the Nurse Licensure Compact (NLC); (2) complete an education program approved by BON; (3) submit a completed application for each area in which certification is sought; and (4) submit documentation that the applicant has graduated from a graduate-level accredited program for advanced practice registered nursing and of certification as an APRN by a national certifying body recognized by BON.

Nurse Licensure Compact

Since 1999, Maryland has participated in NLC, which currently has 39 participating states and territories. Under NLC, a multistate license authorizes an individual to practice as an RN or a licensed practical nurse in a remote state. Licenses are issued by the home state.

State Revenues: Once the compact is adopted, BON special fund revenues may decrease as APRNs who do not reside in the State but chose to be licensed and certified by BON, instead seek multistate licensure in their home state under the compact. Currently, each new applicant for an APRN license in Maryland must pay a \$100 RN license fee and a \$50 certification fee. On a biannual basis, each APRN must pay a \$110 RN license renewal fee and a \$10 certification renewal fee. However, the Department of Legislative Services notes that any loss in revenues from licensure and certification fees is indeterminate as (1) the bill is contingent upon six other states adopting legislation to enter the compact (only North Dakota and Delaware have enacted legislation, while Utah has introduced legislation) and (2) only one of these states borders Maryland.

State Expenditures: Based on an anticipated significant number of APRNs seeking multistate licensure under the compact, BON advises that additional staff are necessary. Currently, BON has only two full-time positions in their Advanced Practice department to process and verify APRN certifications and does not have sufficient staff to absorb additional responsibilities. Furthermore, one-time only updates to BON's information

technology (IT) system are required to update the licensure system and create a new online multistate licensure application.

Thus, BON special fund expenditures increase by *at least* \$202,887 in the first fiscal year after the compact is adopted (which is contingent on legislation being enacted by six other states). This estimate reflects the cost of hiring one administrative specialist to review initial and renewal APRN compact application documents and to verify national certification through collaboration with the appropriate certifying body. It includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses. The estimate also includes one-time costs to update the board's IT system.

| | |
|--|------------------|
| Position | 1.0 |
| Salary and Fringe Benefits | \$45,544 |
| One-time Information Technology Update | 150,000 |
| Operating Expenses | <u>7,343</u> |
| Total BON Special Fund Expenditures | \$202,887 |

Future year expenditures reflect a full salary with annual increases and employee turnover as well as annual increases in ongoing operating expenses and elimination of one-time IT expenditures.

Special fund expenditures further increase to pay any annual assessment levied by the commission; this analysis assumes the board would pay the assessment and that any such impact could not occur prior to adoption of the compact. The amount of any such assessment cannot be reliably estimated at this time.

Additional Information

Prior Introductions: None.

Designated Cross File: None.

Information Source(s): Maryland Department of Health; Department of Legislative Services

Fiscal Note History: First Reader - February 9, 2022
fnu2/jc

Analysis by: Amberly Holcomb

Direct Inquiries to:
(410) 946-5510
(301) 970-5510