



NCSBN

National Council of State Boards of Nursing

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September 16, 2014

The Honorable Bill Nelson
United States Senate
Chairman, Special Committee on Aging
716 Hart Senate Office Building
Washington, DC 20510

The Honorable Susan Collins
United States Senate
Ranking Member, Special Committee on Aging
413 Dirksen Senate Office Building
Washington, DC 20510

Chairman Nelson and Ranking Member Collins:

Thank you for the opportunity to provide comments in conjunction with the Special Committee on Aging hearing today entitled, "Harnessing the Power of Telehealth: Promises and Challenges." We appreciate the chance to communicate our organization's priorities to you.

The National Council of State Boards of Nursing (NCSBN) is an independent, non-profit association comprising 59 boards of nursing (BONs) from across the U.S., the District of Columbia and four U.S. territories. BONs are responsible for licensure, practice and discipline of the 5.1 million registered nurses (RNs), licensed practical/vocational (LPN/VNs) and advanced practice registered nurses (APRNs) in the U.S. with active licenses, in addition to the approval of prelicensure nursing education programs in the U.S. NCSBN was created by these boards of nursing to act and counsel with one another and to lessen the burden of state government. The mission of NCSBN is to provide education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection. Through NCSBN, BONs can work together on policy matters that will affect the future of nursing and health care.

One important policy issue that is at the forefront of these discussions is telehealth. NCSBN understands and supports efforts to expand telehealth as a model of care delivery. We

recognize that technological advances can both reduce the cost of care and increase patient access to care across the country. While we also recognize the growing need for those providers to be able to practice safely and competently across state lines without undue licensure burdens, proposals that undermine the authority of state licensing boards overlook important public protection needs. Boards of Nursing were established to protect the public's health by overseeing and assuring the safe practice of nursing. In the U.S., state boards of nursing have successfully protected the public from the unsafe, incompetent, or unethical practice of nursing.

We are concerned by recent legislative proposals in the House of Representatives that would change the location of the practice of medicine, require only one state license to practice in all 50 states, or nationalize state licensure. Any of these proposals would undermine the authority of state boards of nursing and weaken their ability to fulfill their charge to keep the public safe. Licensure should be based on the location of the patient as current state laws dictate. Moving licensure away from the patient's location to the site of the provider will create confusion for nurses, patients, and BONs. In addition to the added confusion, moving licensure to the provider's location would directly conflict with states' constitutional rights. Moreover, providers must be held accountable to the state boards in the states where they are practicing. Patients need to be able to seek recourse in the event that an adverse action occurs with their care. If a provider is not located in their state, that process can often be complicated due to legal jurisdictional issues.

As proposals to advance telehealth continue to be considered by Congress, NCSBN would like to work with you, your fellow members of Congress, and telehealth advocates to resolve concerns around state-based licensure. One way that we have worked to facilitate interstate mobility of nurses is through our Nurse Licensure Compact (NLC), an interstate compact that allows a nurse to have one multistate license (in his or her state of residency) that also grants the privilege to practice in other NLC participating states (both physically and electronically), subject to each state's practice laws and regulations. NCSBN launched the NLC in 2000 in an effort to expand the mobility of nurses as part of our nation's health care delivery system.

BONs under the NLC facilitate interstate cooperation and coordination through participation in Nursys®, the only national database currently available for verification of nurse licensure and discipline for RNs, LPN/VNs and APRNs. Nursys® allows access to the status of a nurse's license and provides information about any history of discipline. Ultimately, the NLC creates the necessary legal structure that requires BONs to report and share license and discipline information with one another, a key component to ensuring nurse competency and patient safety across the country. Currently, 24 U.S. states have adopted the NLC, and that number is expected to grow in the coming years as the NLC is revised to address concerns raised by states that have not yet joined. Several organizations

have endorsed the NLC, including the American Telemedicine Association and the Center for Telehealth & e-Health Law.

In addition to the NLC, we have also developed a compact that would facilitate interstate license portability for APRNs, who are increasingly delivering primary care and helping with chronic disease management via telehealth to seniors. The APRN Compact maintains most of the same principles as the NLC, including a mutual recognition licensing model that would allow an APRN to practice in any participating state with just one license.

In an effort to increase the number of states that adopt these compacts, NCSBN decided to establish work groups to determine how the compacts could be improved to facilitate the addition of new states. Ultimately, the work groups decided it was prudent to update and revise the language of both compacts. The revision process is expected to wrap up in the next few months, opening the possibility for our membership Delegate Assembly to adopt the revisions early next year and new states to potentially join shortly thereafter.

NCSBN asks for your support to have the federal government encourage state legislatures to adopt the NLC and the APRN Compact. The ultimate goal of a nurse having one license with the ability to practice virtually or physically in all states while protecting the public is within reach with your help.

Once again, NCSBN appreciates the opportunity to provide comments on efforts to expand the application of telehealth at the federal level. If you have any questions or need any additional information, please do not hesitate to contact us. Elliot Vice, NCSBN's Director of Government Affairs, can be reached at evince@ncsbn.org and 202-530-4830. We look forward to continuing the dialogue with your committee on this very important issue.

Sincerely,

A handwritten signature in blue ink that reads "Kathy Apple". The signature is fluid and cursive, with a long horizontal line extending to the right.

Kathy Apple, MS, RN, FAAN
Chief Executive Officer