



1/4/2022

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Section Chief, Practitioner Licensing & Investigations
Connecticut Department of Public Health

Dear Mr. Andresen,

Thank you for your leadership of the RN/LPN and APRN workgroups to determine whether Connecticut should join any interstate licensure compacts as a result of PA 21-152. In addition to participating in the workgroups, the CT Nurses' Association (CT Nurses) conducted its own research, analysis, and investigation. This process revealed that the proposed compact legislation raises many concerns, and it will not likely relieve CT's nursing shortage, as detailed below.

CT Nurses' is relied upon to monitor and investigate legislative issues that impact nurses, the profession, and the health of the public.

Nurses are the largest segment of the healthcare professions, embedded in all parts of our society – they are in schools, workplaces, communities, healthcare institutions, and on the frontline. Proposed legislative changes must be thoughtful and guided by the needs of the profession as a whole and not just to benefit one segment, especially if the unintended consequences for others outweigh the potential benefits.

CT Nurses carefully researched, analyzed, and considered the proposed legislation not only with nursing groups within Connecticut but also with neighboring states and others to better understand how the proposed legislation would impact Connecticut. Through this process (*beyond our participation in the state-led workgroups*), it became clear the proposed legislation presents adverse, unintended consequences that outweigh any potential benefits. It is also important to note that, based on our research and as more fully explained below, **no compelling reason has been identified for expediting the adoption of the proposed compact in Connecticut.**



Our concerns and recommendations regarding the implementation of the NCSBN/Nurse Licensure Compact (NLC) for nursing include the following:

Workforce

1. **Despite NLC claims the compact is needed to relieve nursing shortages (especially during emergencies), there is no supporting data.** The CT Hospital Association was unable to provide data from the current pandemic related to the number of out-of-state travel nurses hospitals used during the pandemic and if there were issues with licensure or discipline. Similarly, NCSBN was unable to share any data from compact states about the migration of nurses into the state or to support claims the NLC would positively impact staffing shortages. Lastly, states with the compact share that they've suffered shortages despite having the compact in place.
2. **The NLC fails to address the root causes of nursing shortages.** Nurse staffing is at a crisis level in the pandemic throughout the U.S. In our discussions, we learned that the pandemic has heightened underlying issues that have been lurking and leading to shortages. The compact does not provide any benefit that supports retention and stabilization. (See Workforce, 3, below)
3. **NLC's assumption that the compact would relieve nursing shortages is fatally flawed—the door swings both ways.** The compact allows nurses to practice in Connecticut as well as allows CT nurses to practice outside of the state. Throughout the U.S., nurse staffing is in crisis, and all the states share the same hope—to *attract nurses to work in their state*. The NLC proposes to attract nurses to Connecticut by eliminating the need to obtain a CT nursing license. Our research reveals that licensing is not a bar to relocating. The elements most often considered when deciding where to live and work include the cost of housing, food, energy, medical care, transportation, taxes, and other necessities; climate; spouse/partner employment; family/children commitments; crime rate, etc..

It is easy to get a CT license. Connecticut's current licensing system generally runs smoothly, and the costs and applications for multiple licenses are typically absorbed by employers, not individual nurses. With the passage of Public Act No. 21-152, getting a license in CT has never been simpler. If changes are needed to further streamline licensing processing, we favor re-addressing the important work the legislature accomplished in PA 21-152 and/or working with DPH to do so.

It is important to note that if there were any net gain at all from our bordering states, it would likely be very small. No bordering states are compact members. Rhode Island



recently left its compact. In our discussions with bordering states' nursing leaders, there's not much support for the compact. Plus, CT already licenses approximately 5,500 RNs from bordering states.

4. **The NLC would likely lead to unacceptably higher license fees for CT's nursing workforce as well.** CT issues more than 15,000 RN (not including LPN and APRN) licenses to nurses that have an out-of-state home address in a compact state. If the compact is adopted, they would no longer need to purchase a CT license. They could use their compact license when/if they come to CT to work. While the state assures the Advisory Group they will work on absorbing the loss of fees, any increased fiscal mandates to CT's nursing workforce is unacceptable as they already suffer the burden of paying some of the highest nurse licensure fees in the country and, on top of that, CT requires yearly renewal (vs. the 2 year cycle in border states).

The Mental Health of the Profession

1. **The NLC would present barriers to nurses in need of mental health services.** The NLC would remove confidentiality protections. Confidentiality is a critical determinant of whether or not nurses seek out and receive help. Now, more than ever, our nurses need to be able to seek out help without barriers, including fear of shame or retribution. Nurses, along with the rest of the CT's workforce, are experiencing mental health issues such as exhaustion and burn-out. Without confidentiality protection, nurses who need support would be deterred from seeking out help during this time of unprecedented exhaustion and burn-out.
2. **HAVEN's funding: NLC destabilizes CT** led the way in creating HAVEN. HAVEN remains the gold standard alternative to discipline model across the country for substance abuse and other challenges experienced by healthcare professionals. The State of CT has NEVER funded HAVEN. Our licensed health care professionals agreed to a \$5 fee added to the annual professional license fee to fund HAVEN. With COVID relief, unprecedented federal dollars have flowed into CT. It has been suggested that the state will make up for any funding deficit to HAVEN resulting from the NLC. What happens when the federal dollars go away and the state must tighten its belt again? HAVEN would lose revenue from nurses who opted for licenses through the compact. Currently, it's estimated that more than 15,000 nurses have a home address in a compact state. This number could increase.
3. **The NLC creates inequity between licensed nurses and physicians.** The different healthcare profession interstate licensure compacts handle confidential, alternate, and



discipline programs differently. Whereas the physician interstate licensure agreement would have no effect on confidentiality, the same cannot be said for the proposed RN/LPN/APRN NLC. This creates an inequity in the state of how confidential mental health information is managed by the different professions and unintentionally results in nurses being treated unfairly.

Impact on the state

1. **CT's state sovereignty and CT's ability to address CT issues is obliterated by NLC.** Connecticut would lose its legislative sovereignty regarding any issues that breach the Compact agreement. Once adopted, the CT legislature would no longer be able to enact independent legislation regarding licensed nurses. The Compact requires unilateral action, meaning that all states in the compact must be in agreement. This makes responding in a timely manner to needs in any individual state virtually impossible. For instance, the original compact did not call for criminal background checks. There was an outcry from several states, and an enhanced compact had to be developed and approved by all the states. If a state did so on its own, it would violate the compact. Getting the compact states to agree on the criminal background checks they wanted **took 18 years.**
2. **The NLC destroys our gold standard nursing workforce data collection.** Currently, when an out-of-state nurse wants to work in Connecticut, they apply for a license with the CT DPH Licensure Department. The application form includes the collection of a minimum data set. DPH worked with the CT Nurses' Association and the CT League for Nursing and continues to work with the CT Center for Nursing Workforce to identify and collect pertinent data about LPNs, RNs, and APRNs licensed in Connecticut.

In response to our concerns, NCSBN representatives offered the eNotify system to collect data about who is working in the state. Unfortunately, this is a voluntary system, driven by individual nurses. This voluntary system is insufficient for getting accurate, reliable, and valid data. Upon inquiry, NCSBN was unable to offer additional solutions regarding what other states have done to capture local workforce data. *In our discussions with other compact states, we learned that compact states experience major challenges in collecting data and they envy CT's current system.*

Final Remarks

CT Nurses does not support the proposed National Council of State Boards of Nursing (NCSBN)/Interstate Licensure compact for nursing. Rushing into proposed legislation without first conducting a comprehensive analysis, which includes identifying issues and effective



mitigation strategies, only serves to create more problems than it could solve. In our discussions with other compact states, we learned they shared being similarly rushed and wished they had considered the unintended consequences first. Unintentional negative consequences such as the economic loss it may create for our state, negative impacts on the nursing workforce, and ultimately the care of the people in CT must be considered. While the compact offers positive advantages, such as supporting the nurses role in telehealth. At this time, rather than investing in the proposed NLC system, CT Nurses prefers allocating these funds to address the complex, multifaceted needs of the CT Nursing Workforce recruitment and retention.

Thanks for your consideration of the issues we have addressed regarding this important topic.

Respectfully,

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