Testimony to the House Health and Human Services Finance Committee on behalf of Nurse Licensure Compact Legislation

March 27, 2018

Mr. Chair and members of committee, my name is Diane Twedell. I am a registered nurse and immediate past president of the Minnesota Organization of Leaders in Nursing (MOLN) and am speaking on behalf of MOLN in support of House File 3848, Nurse Licensure Compact.

The MOLN is a nonprofit organization that consists of nurse leaders throughout the state and gives nurse leaders a collective voice in guiding nursing and impacting the health care system of Minnesota. I wish to share MOLN’s support for the Nurse Licensure Compact.

The NLC increases access to health care, protects patient safety, reduces costs and supports state-of-the-art health care delivery. It also enhances nurses’ mobility across states and allows nurses to quickly cross state borders when there is a disaster. The NLC is also cost-effective, both for organizations and individual nurses. Organizations and/or individual nurses pay for licensure fees for multiple state licenses because they provide telehealth care across state lines or direct patient care such as a flight nurse across state lines.

MOLN sees adoption of the NLC in Minnesota as providing Minnesota nurses with the opportunity to provide their expertise and skilled services to patients in border states and in currently 29 states throughout the country more efficiently. We are all working to provide our patients with the best health care. Our care models have evolved – instead of patients coming to us to receive care, we are delivering care where the patient is, and many times this is virtually through a telephone visit, a virtual visit through IPad technology, or even an e-visit through an electronic email exchange.

We recognize that we will not be treating patients the same in the future as we are today and we need to be prepared to meet the needs of our patients and evolve to accommodate new models of care. The NLC helps breakdown state boundaries that are not relevant to providing patients with safe, quality care.

The Minnesota Board of Nursing conducted a descriptive online survey to over 120,000 nurses who held active RN or PN licenses in Minnesota to assess knowledge and opinions about the enhanced nurse licensure compact. Over 20,000 nurses responded to the survey with over 80% of them (16,000 nurses) in favor of Minnesota becoming a compact state. Almost 40% of all respondents reported they had provided nursing services to and/or communicated with patients or clients located in a state other than Minnesota.

Critics of the Nurse Licensure Compact will cite that because the compact does not require continuing education hours that less competent and less educated nurses will provide care in the state of Minnesota. A study by the National Council of State Boards of Nursing (2003) concludes that:

1) There is no evidence that completion of continuing education (CE) requirements equates to competence.

2) Research shows that nurses tend to accumulate CE hours whether or not they are mandated to do so. In states where continuing education is not mandated, licensees complete an average of 32 hours of CE and more often complete continuing education that relates to their practice setting or specialization.

It is time for the NLC in Minnesota. Minnesota is seen as a national leader in safe quality health care. Our patients do not stay within the circumscribed boundaries of Minnesota at all times – why should we expect our nurses to have to conform to the same boundaries with their practice? It is time for us to support a nurse licensure system that supports our healthcare system.

Thank you for your time and consideration of this bill.

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Immediate Past President

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