

Is There an APRN Working In Your Nebraska Community?

APRN Compact Legislation Introduced in Nebraska as LB687

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Advanced Practice Registered Nurse (APRN) Compact legislation introduced by Senator Carol Blood in January 2018 will facilitate licensure of APRNs seeking practice opportunities in Nebraska communities. In some cases, the face-to-face encounter with a patient occurs electronically via telehealth access, so that services can be provided by APRNs from a location in another state.

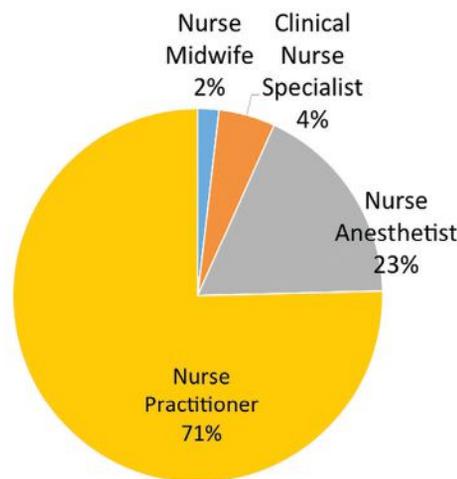
Licensure compacts increase access to quality health care while maintaining public protection at the state level. The APRN Compact allows for advanced practice registered nurses (APRNs) to hold one multistate license in their home state with the privilege to practice in other APRN Compact States. Nebraska is already a member of 31 compacts, including the enhanced Nurse Licensure Compact (eNLC) for RNs and LPNs.

Four Groups of APRNs

Advanced Practice Registered Nurses are educated and credentialed to manage specific patient populations. The APRN workforce includes four groups: Certified Nurse Midwives (CNMs), Clinical Nurse Specialists (CNSs), Certified Registered Nurse Anesthetists (CRNAs) and Nurse Practitioners (NPs). There are nearly 2300 licensed APRNs in Nebraska. Approximately **20% of APRN licensees hold licensure in one or more states**. Nurse practitioners and CRNAs combined account for 94% of APRNs licensed in Nebraska (Figure 1).

License renewal data indicates that NPs and CRNAs have attained steady growth in the state since the year 2006.

Figure 1: APRN Distribution



Source: DHHS Licensure Information System, 2016.

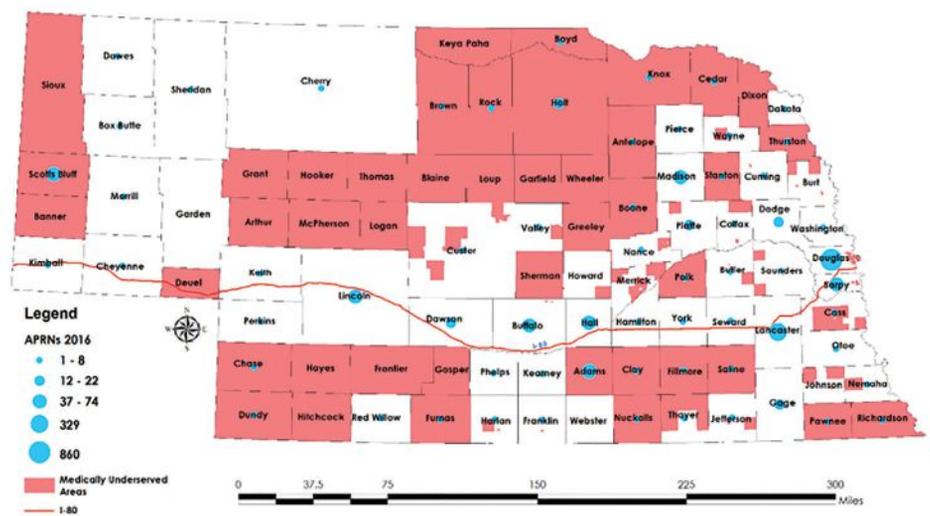
In the last 10 years (2006 through 2016), the number of NPs has tripled and the number of CRNAs has almost doubled. The percentage of NPs and CRNAs working in rural areas has remained steady over the same 10 yr period, increasing from 7 to 8% for NPs and 14 to 16% for CRNAs.

Medically Underserved Areas (MUAs)

The Health Resources and Services Administration (HRSA) has identified geographic areas in the U.S. having a shortage of primary medical care, dental and mental health providers. A MUA can be a whole county, a group of neighboring counties, a group of census tracts, such as in Lancaster and Douglas counties, or civil divisions (i.e., cities, townships).

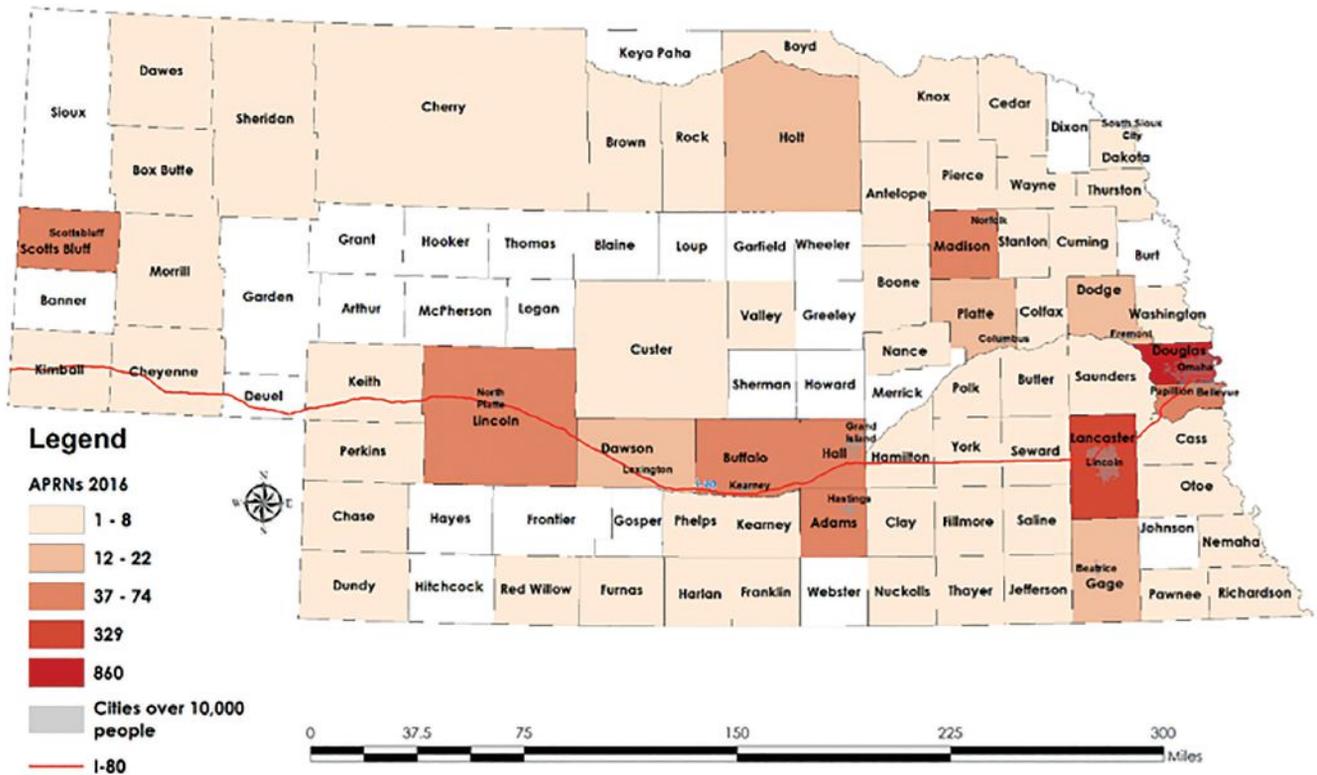
HRSA has identified **79 geographic areas** in Nebraska that are considered MUAs. Overall, there are 66 counties that in whole or in part are designated MUAs (Figure 2). **Advanced practice nurses are working in 44 of these 66 counties**, which represents 86% of the total APRN workforce in Nebraska.

Figure 2: 2016 Medically Underserved Areas



Source: Health Resources & Services Administration, 2017

Figure 3: 2016 Geographic Location of APRNs



Source: Nebraska Center for Nursing 2016 RN License Renewal Survey

Geographic Distribution of APRNs in Nebraska

Advanced Practice Registered Nurses (APRNs) work in Nebraska counties with a combined total population of 1.76 million people, which represents **96% of the total population** in the state (Figure 3).

The highest number of APRNs working in Nebraska by county was reported in Douglas County ($n = 860$), followed by Lancaster County ($n = 329$), and then Buffalo County ($n = 74$). Fourteen counties reported one APRN working there.

APRNs From Other States

Growth in the NP workforce (Bhuyan, Deras, Cramer, Cuddigan and Stimpson, 2013) has become increasingly important to the provision of primary care services in Nebraska. In those communities, however, where the demand for services exceeds the supply of providers, there is reliance on APRNs from other states. *Locum tenens* NPs travel from other states to complete short-term assignments (Inset 1).

Certified registered nurse anesthetists working as subcontractors in critical access hospitals in western Nebraska make it possible for those hospitals to offer surgical and other procedures requiring anesthesia services (Inset 2).

Mental health providers are amongst the most acute shortages in the state. Advancements in healthcare technology enable nurse practitioners in specialty practice to offer much needed services across state lines (Inset 3).



Karlee Edwards, APRN-NP, FNP-C has recently accepted an emergency department assignment in a critical access hospital in southeastern Nebraska. The demand for her services as a locum tenens provider in rural Midwest communities is steady. "The process for licensure in other states is long and costly... the needs in some communities are immediate." Karlee is retired from the USAF Reserve as a

RN working in Air Staging and Transport. She has 15 years combined experience as a RN and NP in Interventional Cardiology, Cardiac Catheterization Lab, Urgent Care and Emergency Services. The North Dakota resident says locum work allows her to interact with the people in rural communities in ways that she would not otherwise be able to do, "I come from a family of rural farmers and understand the difficulties they experience accessing health care services."

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What is Compact Licensure?

All nurses must be licensed in their primary state of residence. Nurses relocating or traveling to a member state to work, or providing telehealth services across state lines must be licensed in the state where the recipient of health care services is located (Chaudhry, Catizone & Apple, 2014). Compact licensure enables nurses to hold multistate licensure privileges in member states.

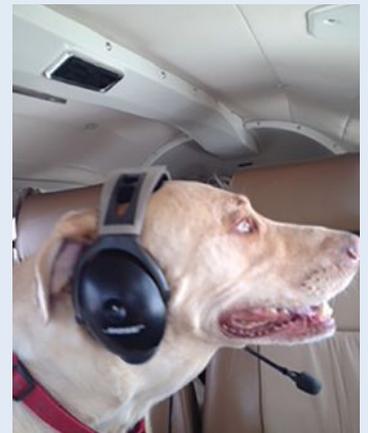
Cost-effective. Compact licensure is cost-effective. Advanced Practice Registered Nurses will no longer have to obtain additional licenses, making practicing across state borders more affordable and convenient. The APRN Compact also relieves employers of the burdensome expense of duplicative licensure.

Saves time. Compact licensure saves licensees time to attain viable employment. This effect is especially beneficial for Strategic Air Command (SAC) families in Bellevue, NE. Military spouses with nursing licenses may relocate as often as every two years and are required to re-apply and receive a different state license every time. Compact licensure privileges enable APRNs in those households to transition to new employment without the delays typically encountered when changing licensure status to a new state residence.

Patient safety. Compact licensure requires the use of uniform licensure requirements, including federal criminal background checks. Uniform licensure requirements ensure that APRNs practicing in a state have met a minimum set of requirements, regardless of licensure location. Less than one percent of APRNs ever require discipline, but boards of nursing will maintain the ability to take action against a nurse, no matter where the nurse is licensed or practicing.



Gary Kliewer has been a nurse anesthetist for over 40 years and working as a subcontractor since 1987. He logged 300 hours of flight time last year in his Cessna. He estimates that 98 percent of that time is travel between his home in Morgan, CO to hospitals in a tri-state region that includes western Kansas, and Kimball, Imperial and Benkelman, NE. He says that residents are less likely to put off procedures if the surgeon and anesthesia provider come to them. "I will drive if the weather prevents me



from flying...whatever it takes...If the patient is prepped and ready, I will be there. Sometimes, I travel to a second location in the same day. Those of us not committed to providing outreach services in rural communities are weeded out pretty quickly."



Sarah Klein, APRN-NP, PMHNP-BC specializes in child/adolescent psychiatry. She says that rural communities are most severely impacted by nationwide shortages of mental health care providers. She provides telepsychiatry services to Nebraska residents from Des Moines. "In my practice it is not uncommon for families to drive an hour or more for psychiatric care because it is their only option... they incur additional stressors such as cost of gas, taking time off work, missing school, and/or finding coverage for the care of a sibling. The goal of telepsychiatry is to keep patients and their families close

to their home base which decreases disruption in their daily lives. Telepsychiatry enables me to serve several rural locations in a work day."

Compact Licensure...Work in Progress

Currently three states (Wyoming, North Dakota and Idaho) have entered the APRN Compact. (Figure 4). The APRN Compact will become effective when 10 states have enacted legislation.

The 2018 legislative proposal by Senator Carol Blood for APRN Compact licensure will enable advanced practice nurses to hold one license in their primary state of residence with multi-state privileges to practice in other member states. Increased mobility of the APRN workforce across states lines as *locum tenens* and subcontractors improves the provision of essential health care services in

Nebraska communities. The Compact will expedite employment for military spouses and other APRNs seeking to relocate to Nebraska. It also enables APRNs in specialty practice to use telehealth technologies to deliver services to under-served populations.

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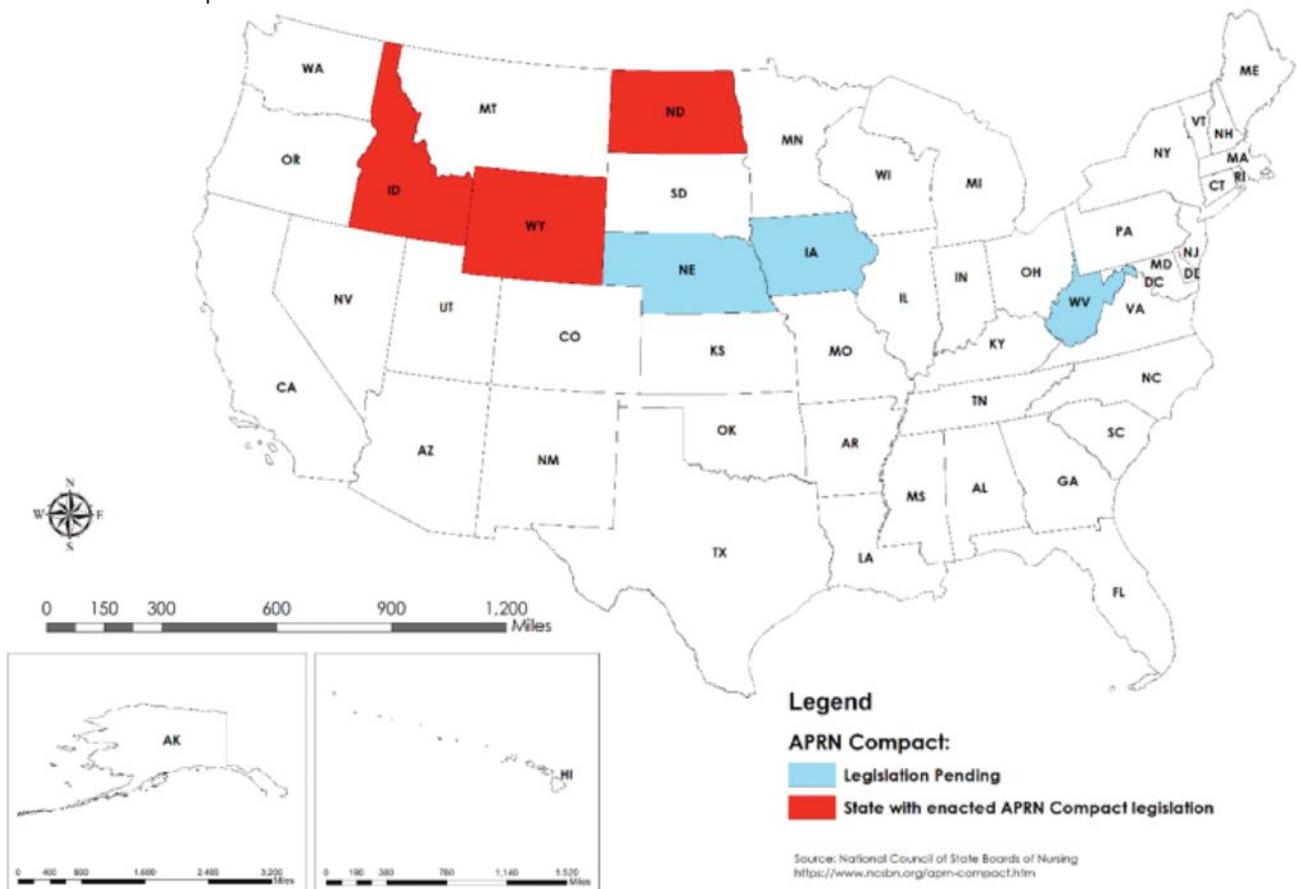
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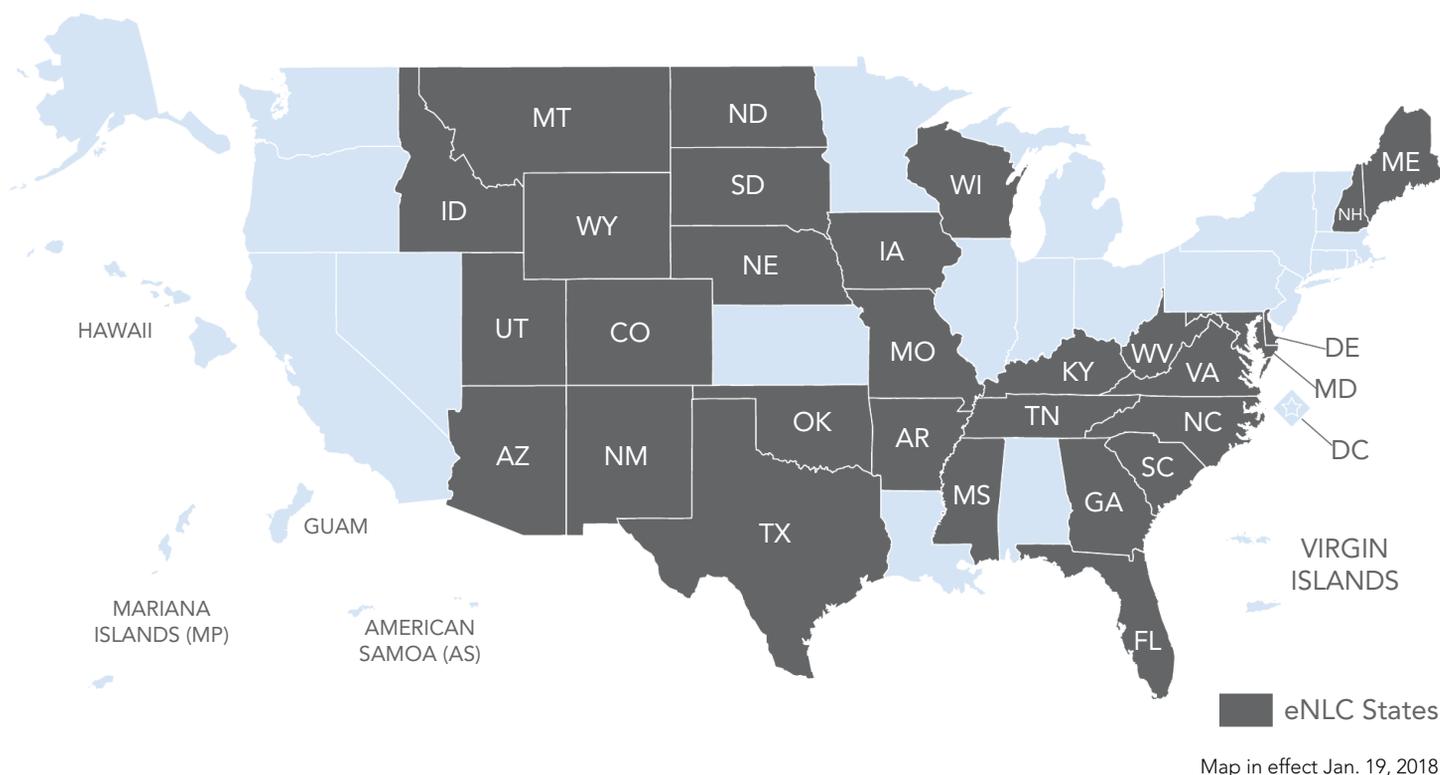
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Figure 4: APRN Compact



The State of the Compact

The eNLC officially went live on Friday, Jan. 19, 2018 with 29 member states. The eNLC allows for registered nurses (RNs) and licensed practical nurses (LPNs) to have one multistate license, with the ability to practice in person or via telehealth in both their home state and other eNLC states.



Licensing standards are aligned in eNLC states so all nurses applying for a multistate license are required to meet the same standards, which include a federal and state criminal background check. Nurses residing in Nebraska and other original NLC states that also enacted the eNLC are "grandfathered" into the eNLC if they held a multistate license on July 20, 2017.



For up-to-date information, visit ncsbn.org/eNLC.