

July 7, 2020

David C. Benton, RGN, PhD, FFNF, FRCN, FAAN Chief Executive Officer
National Council of State Boards of Nursing
111 E. Wacker Drive, Suite 2900
Chicago, IL 60601-4277
Re: APRN Compact

Dear Dr. Benton and NCSBN Delegate Assembly:

We, the undersigned, requests the National Council of State Boards of Nursing (NCSBN) Delegates to reject the proposed language in the APRN Compact supporting 2,080 practice hours. This provision is a contradiction of the long-standing [Consensus Model for APRN Regulation](#) and conflicts with several existing state laws.

The Consensus Model supports the definition of APRNs as licensed independent practitioners although more recently, the term "full practice authority" (FPA) was adopted. This has been defined as an APRN's ability to utilize knowledge, skills and judgment to practice to the full extent of their education and training. Competency based education has determined APRNs are prepared to practice upon completion. As such, there should not be requirements for a written collaborative agreement nor supervision. These are outdated notions, and there is nothing to substantiate any additional conditions for full practice once the education / certification is completed.

To date, nearly half the states and U.S. territories have adopted FPA licensure laws for at least one of the four APRN roles. In a handful of states, legislation was enacted with the intention of moving closer to full practice authority for one or more APRN roles, with requirements for a supervised practice period following licensure and/or certification. The number of hours varies and for some, the proposed 2,080 in the APRN Compact would impose an additional burden if wishing to obtain a multistate license. This is particularly true for a nurse unable to work full time. Most importantly, the established transition to practice hours by some states are not based on evidence but have been the result of political compromise.

Unlike the E-NLC, the 2020 proposed APRN Compact imposes unnecessary and an unsubstantiated number of practice hours, jeopardizing the goal of facilitating APRNs as full contributors to the interprofessional team and creation of a more effective and more responsive healthcare system. We implore the NCSBN Delegates to reconsider this provision.

Respectfully,

American Association of Nurse Anesthetists
American College of Nurse Midwives
American Nurses Association
Alabama Nurses Association
ANA-Illinois

ANA-Maine
ANA- Massachusetts
ANA-Michigan
ANA-New York
ANA – Rhode Island
Arizona Nurses Association
Arkansas Nurses Association
Colorado Nurses Association
Georgia Nurses Association
Hawaii - ANA
Idaho Nurses Association
Indiana State Nurses Association
Iowa Nurses Association
Kansas Nurses Association
Missouri Nurses Association
Minnesota Organization of Registered Nurses
Montana Nurses Association
Nevada Nurses Association
New Hampshire Nurses Association
New Hampshire Nurse Practitioner Association (NHNPA)
New Hampshire Association of Nurse Anesthetists.
New Mexico Nurses Association
Oregon Nurses Association
Pennsylvania State Nurses Association
South Carolina Nurses Association
South Dakota Nurses Association
Tennessee Nurses Association
Texas Nurses Association
Utah Nurses Association
Washington State Nurses Association
West Virginia Nurses Association
Wyoming Nurses Association