

# MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION

SFN 2053 (2/85) 5M



ROLL NUMBER

DESCRIPTION

11/50

2001 HOUSE JUDICIARY

HB 1150

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1150

House Judiciary Committee

Conference Committee

Hearing Date 02-07-01

Tape Number	Side A	Side B	Meter #
TAPE II		x	2798 to 6242
TAPE III			01 to 726
Committee Clerk Signature <i>Joan Durs</i>			

Minutes: Chairman DeKrey opened the hearing on HB 1150. An act to allow certain administrative agencies to enter into licensing compacts with other states.

Constance Kalanek: Executive Director of the North Dakota Board of Nursing (see attached testimony)

Chairman DeKrey: can you tell me how Nor Dakota compares with the nurses in Minnesota, South Dakota and Montana.

Constance Kalanek: Nurses do not have to write the test, their license is by endorsement.

Chairman DeKrey: So a nurse would only have to write the test in one state?

Constance Kalanek: Every state recognizes the license of North Dakota.

Chairman DeKrey: How will the compact help, would it speed up in any way, nurse licensing?

Constance Kalanek: A multistate licensure would allow the nurses to move across borders when their jobs take them there, such as clinics etc.

Rep. Klemm: Would they be licensed just in North Dakota.

Constance Kalanek: They would be licensed in both states.

Rep Klemin: Even if they started in North Dakota?

Constance Kalanek: They would pay for a license in both states.

Rep Klemin: Is this an issue of licensing fee?

Constance Kalanek: This is an issue of licensing, it would be one license issued.

Rep Klemin: One fee and they could practice in all 13 states of the compact.

Constance Kalanek: Correct.

Rep Klemin: Then to me it is a fee issue.

Constance Kalanek: It allows the nurses the flexibility.

Rep Klemin: In a compact, how do you monitor nurses?

Constance Kalanek: A nurse is accountable to the Care Act in the state where the patient is.

Rep Klemin: In the new system, how will you keep track of the disciplinary action.

Constance Kalanek: There is a national data bank that does that.

Rep Klemin: Does a nurse have to obtain a multi state license.

Constance Kalanek: This hasn't been an option before.

Rep Grande: What is the fee for North Dakota?

Constance Kalanek: \$50.00 for an LPN a renewal and \$60.00 for an RN.

Rep Grande: what is the South Dakota fee?

Kalanek: It is similar to ours.

Rep Grande: I would like to see that information.

Constance Kalanek: You would pay a license o what is required in only one state.

Rep Grande: Do you have to have the same qualifications?

Constance Kalanek: When the compact is made, it has to be as least as the state you have your license in.

Rep Grande: Are there other states higher than North Dakota, do we have to change.

Constance Kalanek: At this point, there is not state higher then North Dakota.

Rep Grande What is the difference then.

Constance Kalanek: the fee.

Rep Grande: Will we have some in North Dakota with the compact license and some without.

Constance Kalanek: Not clear on your question, but anyone who meets the standards gets a multistate license.

Rep Klemin: At present North Dakota requires a bachelor degree.

Constance Kalanek: True.

Rep Klemin: Will all the states have to obtain a bachelor degree?

Constance Kalanek: If they do not have a bachelor degree they will be issued a transite license.

Rep Klemin: They can still come into North Dakota.

Constance Kalanek: If they do not met the full requirements, they can do continuing education to met the standards.

Rep Klemin: It will be easier to leave North Dakota, but harder for nurses to come in.

Constance Kalanek: We have higher standards, but this would allow clinics to have nurses move between states.

Rep Brekke: Does this apply to RN and LPN?

Constance Kalanek: Yes.

Chairman DeKrey: If no further questions, thank you for appearing.

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House Judiciary Committee  
Bill/Resolution Number HB 1150  
Hearing Date 02-07-01

Deborah K Johnson: President of the North Dakota Board of Nursing (see attached testimony)

TAPE III SIDE A

Deborah Johnson continues her testimony. Questions were asked of Ms Johnson.

Chairman DeKrey: If there are no further questions, thank you for appearing.

Jim Flemming: Attorney General Office, we are neutral on the bill. A senate bill has somewhat of the same approach to this issue.

Chairman DeKrey: If there are no further questions, we will close the hearing on HB 1150.

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1150a

House Judiciary Committee

Conference Committee

Hearing Date 02-12-01

Tape Number	Side A	Side B	Meter #
TAPE 1		x	2280 to 2515
Committee Clerk Signature <i>J. van Diers</i>			

Minutes: Chairman DeKrey: we are going to take a look at HB 1150. That was the bill from the State Board of Nursing, they have told us to do a DO NOT PASS motion, because their bill SBA 2115, passed in the Senate and they no longer need this bill.

COMMITTEE ACTION

Rep Maragos moves a DO NOT PASS motion, Rep Mahoney seconded the motion. The clerk will call the roll on a DO NOT PASS motion on HB 1150. The motion passes with 14 YES, 0 NO AND 1 ABSENT. Carrier is Rep Brekke.

Prepared by the North Dakota  
Department of Human Services  
1/31/01

**PROPOSED AMENDMENTS TO HOUSE BILL NO. 1150**

Page 1, line 10, after "." insert "This section does not apply to programs or treatment centers licensed pursuant to North Dakota Century Code chapters 25-03, 25-16, or 50-06."

Renumber accordingly



Date: 02-12-01  
Roll Call Vote #: 1

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. HB-1150

House JUDICIARY

Committee

Subcommittee on \_\_\_\_\_

or

Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken Do Not Pass

Motion Made By Rep Maragos Seconded By Rep Mahoney

Representatives	Yes	No	Representatives	Yes	No
CHR - Duane DeKrey	✓				
VICE CHR --Wm E Kretschmar	✓				
Rep Curtis E Brekke	✓				
Rep Lois Delmore	✓				
Rep Rachael Disrud					
Rep Bruce Eckre	✓				
Rep April Fairfield	✓				
Rep Bette Grande	✓				
Rep G. Jane Gunter	✓				
Rep Joyce Kingsbury	✓				
Rep Lawrence R. Klemin	✓				
Rep John Mahoney	✓				
Rep Andrew G Maragos	✓				
Rep Kenton Onstad	✓				
Rep Dwight Wrangham	✓				

Total (Yes) 14 No 0

Absent 1

Floor Assignment Rep Brekke

If the vote is on an amendment, briefly indicate intent:

**REPORT OF STANDING COMMITTEE (410)**  
February 12, 2001 12:09 p.m.

Module No: HR-25-3037  
Carrier: Brekke  
Insert LC: . Title: .

**REPORT OF STANDING COMMITTEE**

**HB 1150: Judiciary Committee (Rep. DeKrey, Chairman) recommends DO NOT PASS**  
(14 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). HB 1150 was placed on the  
Eleventh order on the calendar.

2001 TESTIMONY

HB 1150



## NORTH DAKOTA BOARD OF NURSING

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*Judiciary*  
HUMAN SERVICES COMMITTEE

TESTIMONY RELATED TO HB 1150

*DeKay* Chairperson *Judiciary* Lee and members of the *Judiciary* Human Services Committee, my name is Constance Kalanek, Executive Director of the North Dakota Board of Nursing.

On behalf of the board, I wish to offer testimony in support of HB 1150 relating to the Administrative Agency Compacts. The focus of my testimony is on multistate licensure compacts. The Attorney General's Office has also introduced legislation in SB 2115 relating to the practice of a regulated occupation or profession that substantively contains the intent of HB 1150.

As multistate health care delivery systems and telecommunications technology has emerged, attention has been drawn to the perceived barriers created by a state-based licensure system. The primary issue faced by the nursing regulatory community has been the increasing practice of nursing across state lines. The geographic borders that separate states and their traditional practice area jurisdictions have been removed by technology. Unless a model of nursing licensure accommodates the nurse and the patient being in different locations, nurses may be practicing without appropriate legal authority if the nursing care processes cross-state lines. I have attached for your review an opinion provided by the Board's attorney Mr. Cal Rolfsen entitled "Opinion Regarding Practicing Nursing by Telecommunication Across State Lines".

In an effort to proactively respond to this issue, the North Dakota Board of Nursing has been studying the current model of nursing licensure and has conducted a comprehensive review of the interstate compact and its implications. The Board of Nursing established a Multistate Licensure Advisory Task Force in 1998 composed of representatives from nursing and medical organizations, health care organizations, state government, legislators, and consumers. The committee has met several times over the last two and one-half years. In September 2000, the Task Force recommended to the Board of Nursing to draft legislation on licensure compacts that would

include all professional and occupational boards. The minutes are attached for your review.

In September 2000, the MULTISTATE LICENSURE ADVISORY TASK FORCE requested dialogue with boards and associations in North Dakota on license compact legislation. Since many regulatory boards could potentially be impacted by multistate licensure, the Task Force asked for input on this proposed legislation. The board surveyed 32 boards, associations, and individuals for input/reaction to the licensure issue. The board received fourteen responses, seven were not opposed, one very interested and took no position, one did not support, four supported, and one indicated they were neutral.

One of the key elements of this model (multistate licensure) of licensure is the interstate compact. An interstate compact is an agreement between two or more states established for the purpose of remedying a particular problem of multistate concern. The model provides that the practitioner is held accountable for the practice act and other regulations in the state where the professional provides nursing services to the citizens of that state. This accountability is similar to the motor vehicle driver who must obey the driving laws in the state where driving occurs.

Implementation of the multistate licensure model will proceed as individual state legislatures adopt the interstate compact and become a party to the compact. It is anticipated that it will take some time for a large number of states to become a party to the compact. To date thirteen states, including South Dakota, Iowa and Nebraska have passed legislation to enact the compact for nursing regulation. The board of nursing is aware of ten states that intend to address multistate licensure through rules or legislation in the next three years.

I have attached for your review a handout from the National Council of State Boards of Nursing entitled, Frequently Asked Questions. I have also attached a list of the states that have either implemented the compact or soon will be doing so. Hopefully, this information may be useful in your deliberation of this proposed legislation.

#### CONCLUSION

The Board of Nursing believes this legislation is a viable option which would increase access to care while maintaining public protection, allows for expedient access to qualified practitioners as expected by the consumer

without regard for state lines, and allows for practice across state lines either physically or electronically.

Individual licensed nurses are always held accountable for their actions. The nurse who practices under a multistate licensure privilege is held accountable to the state's practice act where nursing services are provided. As expected, the board will continue to carry out its mission as to the safety of the specific nursing practices, protection of the public and the provision of competent practitioners. Thank you for giving me the opportunity to provide testimony on behalf of the North Dakota Board of Nursing. The Board appreciates your willingness to consider a proactive approach to licensing practitioners in North Dakota and your support for HB 1150.

I am now open for questions.

