

ALASKA STATE LEGISLATURE
SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

February 25, 2021

1:33 p.m.

MEMBERS PRESENT

Senator David Wilson, Chair
Senator Shelley Hughes, Vice Chair
Senator Mia Costello via teleconference
Senator Lora Reinbold
Senator Tom Begich

MEMBERS ABSENT

All members present

COMMITTEE CALENDAR

SENATE BILL NO. 67

"An Act relating to the licensure of nursing professionals; relating to a multistate nurse licensure compact; and providing for an effective date."

- HEARD AND HELD

PREVIOUS COMMITTEE ACTION

BILL: SB 67

SHORT TITLE: NURSING: LICENSURE; MULTISTATE COMPACT

SPONSOR(S): RULES BY REQUEST OF THE GOVERNOR

02/03/21	(S)	READ THE FIRST TIME - REFERRALS
02/03/21	(S)	HSS, L&C
02/23/21	(S)	HSS AT 1:30 PM BUTROVICH 205
02/23/21	(S)	Heard & Held
02/23/21	(S)	MINUTE (HSS)
02/25/21	(S)	HSS AT 1:30 PM BUTROVICH 205

WITNESS REGISTER

SARA CHAMBERS, Director
Division of Corporations, Business, and Professional Licensing
Department of Commerce, Community and Economic Development
(DCCED)

Juneau, Alaska

POSITION STATEMENT: Answered questions about SB 67.

VICKY BYRD, Montana Nurses Association

Clancy, Montana

POSITION STATEMENT: Testified with concerns about SB 67.

SHANNON DAVENPORT, Member

Alaska Nursing Association

Anchorage, Alaska

POSITION STATEMENT: Testified in opposition to SB 67.

BOB PAWLOWSKI, Chair

Pioneer Homes Advisory Board

Anchorage, Alaska

POSITION STATEMENT: Testified about the value of SB 67 to military spouses and to Pioneer Homes.

LYNN VAN VACTOR, Director of Quality

Alaska State Hospital and Nursing Home Association (ASHNA)

Dillingham, Alaska

POSITION STATEMENT: Testified in support of SB 67.

MIKE COONS, President

Mat-Su Chapter of Association of Mature Citizens (AMAC)

Palmer, Alaska

POSITION STATEMENT: Testified in support of SB 67.

TINA REIN, Director of Nursing

Denali Center

Fairbanks, Alaska

POSITION STATEMENT: Testified in support of SB 67.

REBECCA FOTSCH, Director

State Advocacy & Legislative Affairs

National Council of State Boards of Nursing

Chicago, Illinois

POSITION STATEMENT: Addressed concerns about SB 67.

PATRICIA FISHER, representing self

Wasilla, Alaska

POSITION STATEMENT: Testified in support of SB 67.

LORI ENLOW, representing self

Wasilla, Alaska

POSITION STATEMENT: Testified in support of SB 67.

LAURA BONNER, representing self
Anchorage, Alaska

POSITION STATEMENT: Testified in opposition to SB 67.

BRITTANY MACKEY, Member
Alaska Nursing Association
Wasilla, Alaska

POSITION STATEMENT: Testified in opposition to SB 67.

SARA MASSMANN, Legislative Cochair
Alaska Nursing Association
Ketchikan, Alaska

POSITION STATEMENT: Testified in opposition to SB 67.

PAT DOOLEY, representing self
Anchorage, Alaska

POSITION STATEMENT: Testified in support of SB 67.

MARGE STONEKING, Director for Advocacy
AARP Alaska
Anchorage, Alaska

POSITION STATEMENT: Testified in support of SB 67.

ACTION NARRATIVE

[1:33:29 PM](#)

CHAIR DAVID WILSON called the Senate Health and Social Services Standing Committee meeting to order at 1:33 p.m. Present at the call to order were Senators Begich, Hughes, Reinbold, and Chair Wilson. Senator Costello joined via teleconference.

SB 67-NURSING: LICENSURE; MULTISTATE COMPACT

[1:34:15 PM](#)

CHAIR WILSON announced the consideration of SENATE BILL NO. 67 "An Act relating to the licensure of nursing professionals; relating to a multistate nurse licensure compact; and providing for an effective date." He stated his intent to take public testimony. The committee heard an overview of bill, had a sectional analysis, and heard invited testimony. He noted that Director Sara Cambers was available online for questions.

[1:34:42 PM](#)

SENATOR REINBOLD announced that she needed to excuse herself to attend another meeting.

[1:35:06 PM](#)

SENATOR BEGICH said that in his conversations with Director Chambers and in committee, she had indicated that there had been no opposition to the bill from organized labor. AFL-CIO sent a strong letter of concern to the committee and he also received unsupportive comments from some of the representatives of the Nurses Association, which has 7,000 members. He asked if she had not received any notice of those objections.

[1:36:07 PM](#)

SARA CHAMBERS, Director, Division of Corporations, Business, and Professional Licensing, Department of Commerce, Community and Economic Development (DCCED), replied that her agency had not received any letter or notification of opposition from the AFL-CIO or Nurses Association about this bill this year. As she mentioned on Tuesday, nurses overwhelming support the Nurse Licensure Compact. She review that information and provide responses to any concerns raised.

SENATOR BEGICH said that he thought the responses were a result of the previous hearing on the bill. He looked forward to the public testimony today and he will reach out to make sure those people put their objections on the record.

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At ease

[1:38:35 PM](#)

CHAIR WILSON reconvened the meeting.

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SENATOR HUGHES said the Nurses Association has 7,000 members. She asked how many nurses are licensed overall in the state.

MS. CHAMBERS replied that the state about 20,000 registered nurses and licensed practical nurses who would be affected by the bill. The bill does not affect certified nursing assistants or advanced practice registered nurses.

SENATOR HUGHES said that is a good reference point.

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CHAIR WILSON opened public testimony.

[1:40:10 PM](#)

VICKY BYRD, Montana Nurses Association, Clancy, Montana, said that SB 67 is similar to a bill that already passed in Montana. She wants to share the unintended consequences the committee

should be aware of before considering the NLC. There is no way to monitor compact nurses working in Montana. They do not check in with the state Board of Nursing. The employer only needs to see that they have a current multistate license. If they move to Montana, they are supposed to get a new home state license, but that is not happening. Nurses are renewing their out-of-state licenses. A nurse from Tennessee was hired in 2018 and still does not have a Montana license. There is no way to enforce them to abide by Montana's continuing education rules and get a home state license. That is a loss of revenue. Other Montana nurses must pay for any investigations that may need to happen with those nurses. That is a super challenging aspect. The NLC is a nongovernmental, nonregulatory agency. The compact does not apply to travel nurses. It applies to the agencies that employ them. Agencies usually have to buy licenses in each state that they dispense nurses to, but with the compact, the agencies are saving money, not nurses. Montana passed the NLC, but it was against the wishes of the professional nursing association.

SENATOR BEGICH clarified that Ms. Byrd said that out-of-state nurses didn't have to register with Montana's Board of Nursing.

MS. BYRD replied yes, nurses from other compact states can work immediately without registering with the board. The facility just needs to see if they have a legal license. Those nurses are supposed to get a new home state license once they establish residency in Montana, but it doesn't always happen. Therefore, the state is losing revenue.

[1:45:08 PM](#)

At ease

[1:45:53 PM](#)

CHAIR WILSON reconvened the meeting.

[1:45:58 PM](#)

SHANNON DAVENPORT, Member, Alaska Nursing Association, Anchorage, Alaska, said that she is a hospice nurse at Providence Alaska Medical Center. SB 67 is not a valid option for the state and its people. Every nurse has story about why they become a nurse. Hers began as a mistake. In 2005, she went into premature labor in her first pregnancy while living in North Carolina. Due to a traveling nurse's inability to read pertinent medical information, her family paid the ultimate price. Her daughter lived for 24 minutes. She wonders if the outcome would have been different if the nurse had been held to the same standards as those in North Carolina. Alaska is a

melting pot with a unique and diverse community. Alaska holds her to a higher standard of competency and knowledge. Alaska is a complex and distinct entity that requires that nurses have more than medical knowledge. They need a grasp of culture.

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BOB PAWLOWSKI, Chair, Pioneer Homes Advisory Board, Anchorage, Alaska, said the Pioneer Homes Advisory Board is interested in SB 67 to increase the licensed nurses in the six communities with Pioneer Homes but have yet to take an advisory position to the governor. That will be discussed at their March meeting, but he did want to make the following points. The six Pioneer Homes have assisted living for 446 residents with 243 over the age of 85. Each community that has a Pioneer Home has a significant military presence, whether in Sitka, Ketchikan, and Juneau with the Coast Guard or Anchorage, Palmer, and Fairbanks with the Air Force and Army. The Army and Air Force have used executive orders to allow military spouses to work on federal properties. He could not find anything similar with the Coast Guard. When active duty members come to Alaska with spouses licensed to practice as nurses, the spouses should be able to come into the workplace easily. His board hopes this bill would address that. The U.S. Public Health Service works in the Coast Guard stations and Indian Health Services throughout the state. Those workers also have skilled spouses who travel with them. Department of Health and Social Services Commissioner Crum supported a comparable bill in the last legislature, recognizing the needs of the Pioneer Homes, and [Alaska National Guard] Major General Saxe supported SB 67. Pioneer Homes have 97 nurse positions, but only 83 are filled.

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LYNN VAN VACTOR, Director of Quality, Alaska State Hospital and Nursing Home Association (ASHNA), Dillingham, Alaska, said she is also the liaison for the ASHNA nurser leader committee. This is an important decision and ASHNA requests the committee's full support to join the NLC. The NLC improves access to care by making it easier for nurses to start providing patient care right away rather than waiting weeks for official approval. Timely filling of nursing vacancies is imperative to assure continuity of care and safe staffing levels for patients. The compact has high standards and uniform requirements. Currently, Alaska nurses are required to have multiple licenses to provide training and patient care across state lines. With the advance of telehealth, such licensing burdens are a regulatory nightmare and expensive. Alaska needs to be more competitive to attract professional nursing staff. Travel nurses who would love to stay

and work in Alaska have refused to accept permanent vacant positions because NLC nurses who change their residencies to Alaska do not maintain their NLC licenses. Alaska would be more attractive for nurses as an NLC member. Concerns have been heard that the NLC will allow out-of-state nurses to take jobs away from Alaska nurses. While ASHNHA does not keep track of nursing vacancies, members do have nursing shortages. As of yesterday, one large hospital in Alaska had 101 nursing vacancies, one medium hospital had 20 nursing vacancies, and one critical access hospital had 14. These three facilities alone have 135 nursing vacancies. Alaska has 41 licensed, acute care critical access and long-term care facilities. The need is there, the need is great, and the the need to join the compact is now.

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MIKE COONS, President, Mat-Su Chapter of Association of Mature Citizens (AMAC), Palmer, Alaska, said that his AMAC chapter supports SB 67, along with AARP. He has read the pros and cons. He is impressed with the large support in and out of state. Up to the writing of his testimony, the only opposition is from the nurses union. As an Air Force retiree and contract paramedic, he sees the need for this compact. His chapter supported this legislation in the past session, but it didn't pass because of the pandemic. That was sad because it would have been helpful during the pandemic. More patients could have been treated with far less fatigue by limited nursing staff. Mat-Su AMAC is in full support of SB 67.

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TINA REIN, Director of Nursing, Denali Center, Fairbanks, Alaska, said that she has been in her role for 15 years. Her experience with nursing shortage in the long-term care sector is the same as the Pioneer Homes and other assisted living facilities in the state. Denali Center this last year and historically has not experienced layoffs or furloughs. The center currently has three licensed openings with no applications. The center has 30 licensed nurses. The center is forecasting losing over 40 percent of its licensed staff in the next four years. Its nursing staff is aging and moving toward retirement. The center uses licensed practical nurses (LPN) and with no LPN program in the state, the center has to recruit from out of state. The Interior has over 16,000 people over 65. That number is growing and the need for qualified geriatric nurses is growing, but licensed nurses have options. Many do not choose long-term care assisted living. All of this is creating an oncoming crisis. Delays in licensing is and will continue to

lead to unsafe conditions in long-term care centers across Alaska. ASHNHA supports the NLC.

CHAIR WILSON passed on information that Senator Hughes had to leave for another meeting. She appreciates those testifying and her staff is in the room taking notes. She will follow up by listening to testimony as well.

SENATOR BEGICH noted that Senator Costello was participating by phone and Chair Wilson added that she also has staff in the room.

SENATOR COSTELLO said that she is listening intently to the testimony.

[1:59:37 PM](#)

REBECCA FOTSCH, Director, State Advocacy & Legislative Affairs, National Council of State Boards of Nursing, Chicago, Illinois, said that her organization is the drafter of the NLC language. The compact has been enacted in 34 states and now 10 states have pending legislation like Alaska. She has heard the concerns from states over the years. Many of which are the same. It was brought up that compact nurses do not need to register with the Board of Nursing when practicing in a state. That is true and intentional. The purpose of the compact is to eliminate those regulatory hurdles. By allowing nurses to immediately begin practicing across state lines with the multistate license, nurses can immediately cover gaps in care caused by disasters, flu seasons, or just shortages. It was said that the Board of Nursing would not know who is practicing in a state. Right now Boards of Nursing do not know who is practicing in their states. Employers don't report who is employed. Boards of Nursing know who is licensed but not practicing in their states. It would not be much of a difference with the compact. In the first committee hearing and today, she heard comments about travel nurses. A compact nurse and a travel nurse not synonymous. A compact nurse has a compact license. There are travel nurses practicing in Alaska under their single state license. Travel nurses are used to cover gaps in care and used whether a state has joined a compact or not. The nursing standards are uniform across the country. Nurses must pass the same test, the NCLEX, to be a licensed RN. That is the same in all states. That is why the compact has been able to operate safely and successfully for over 20 years.

SENATOR BEGICH asked if she had any objection to nurses registering with the state.

MS. FOTSCH answered that without getting into too many legal specifics, there have been some states with the same concerns. As a way to address those concerns, they have required their hospitals and institutions to provide that information. The only problem is if nurses are required to do that before practicing because that it is not required in any other state. Compacts act like a contract between states, so Alaska cannot add additional stipulations to that contract, but if the employer is required to do that, that is outside the purview of the compact.

SENATOR BEGICH asked if any state has stepped away from the compact.

MS. FOTSCH answered that no state has repealed the contract language.

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PATRICIA FISHER, representing self, Wasilla, Alaska, said that COVID made it clear that nursing should not be restricted by state lines. The news this past year showed that cities and states were pleading for nurses to come help them. That is not going to go away. There could be a COVID relapse next winter or another medical crisis. Alaska needs to recognize being in the 21st century. The world grows smaller every day. It is time to join the NLC to allow nurses to easily cross state lines. All Alaskans are hurt by a shortage of nurses, which Alaska has had for some time. This shortage has a significant impact on senior Alaskans, like herself. Many older Alaskans do not have the resources or ability to get to their appointments or they live in rural areas. They need the ability to receive healthcare in person or through telehealth technologies. The NLC makes nurses more available to Alaskans. She urged the committee to pass SB 67 with amendments to address the issues raised by Ms. Byrd.

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LORI ENLOW, representing self, Wasilla, Alaska, said she is an RN who works in Anchorage at Providence Medical Center in a specialty nursing field. One thing that has made it difficult this year is that a nurse from another unit cannot just walk into her unit do the job they do in her specialty unit. She supports the NLC because Providence would have been able to get nurses more quickly. She worked in two other states that were part of the NLC. She saw the ability for nurses to be hired quickly, especially for military spouses. Joining the NLC would be a good thing for the state.

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LAURA BONNER, representing self, Anchorage, Alaska, said that is always skeptical of Alaska automatically accepting licensing from other states that may have lower standards. There is a national shortage of nurses, so this won't help Alaska with its shortage. The state should be recruiting in state and growing its own. She knows young women who wants to be nurses but there are few opportunities to be accepted. It would be better to provide the education and training to Alaskans. Alaskans who are educated here are more likely to stay here. They would also understand Native cultures better.

[2:10:20 PM](#)

BRITTANY MACKEY, Member, Alaska Nursing Association, Wasilla, Alaska, said she is a nurse at Providence Medical Center. The NLC would cause a loss of state sovereignty. Alaska would forfeit its self-determination of nursing standards and practice to the unelected, interstate commission of the NLC. Alaska would lose its ability to establish rules that cover all nurses working in the state. It is a threat to public safety with an inability to monitor and discipline unsafe conduct. Nursing education requirements varies widely state to state. Some states don't require any continuing education and the NLC only requires that member states meet minimum standards. No evidence exists to suggest that joining will bring more nurses to Alaska. The nursing shortage is a national issue. There is no current analysis that licensing is a barrier to hiring. The Board of Nursing can expedite license applications and grant temporary or courtesy licenses in case of emergency.

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SARA MASSMANN, Legislative Cochair, Alaska Nursing Association, Ketchikan, Alaska, said she an ICU nurse at Ketchikan Medical Center. The Alaska Nursing Association is the voice of nurses in Alaska and opposes SB 67. Regarding military spouse access to a license, the association has reached out to JBER and Eielson to find out what problems may impede getting licenses. Last year they heard that military spouses couldn't apply for a position until they reached their destination in Alaska. They found that transfer orders come months before moving to Alaska. These spouses are encouraged to find employment off-base if they are interested in that when they get the notice of transfer. They can be fully licensed prior to arrival. For JBER and Eielson the cost of a new license is reimbursed by the military. Joining the NLC will not solve the issue of a nursing shortage. There are not many nursing spots in the universities and nursing graduates

are having trouble finding jobs. Multiple graduates have left the state because of an inability to find jobs.

SENATOR BEGICH said that yesterday, University of Alaska [Interim] President Pitney in the state of the university speech spoke with pride about the 236 students that came out of the university. He asked if Ms. Massmann is saying there are not positions for them. The committee has heard about vacancies today. He asked her to elaborate on that.

MS. MASSMANN replied that it may be more specific to Ketchikan. Ketchikan does not have enough student positions and after graduation there are not enough positions for them in Ketchikan.

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PAT DOOLEY, representing self, Anchorage, Alaska, said she is a recently retired RN. She wants to talk about the economic toll of the current system and quality of care. She spent almost 10 years managing a hospice program in Anchorage and the past two years provided nursing orientation for new nurses at a skilled nursing facility. There is a significant delay in providing a job offer and a nurse actually getting to the bedside to care for someone. This could mean a delay in getting admission for hospice. Travel nurses are expensive and short-term and not the best for continuity of care. Many might stay if there were an easier path to licensure for them. In long-term care, the amount of time it takes to fill positions with out-of-state nurses who are waiting for their licenses takes a toll on staff, resulting in burnout and poor retention of staff. Patients and residents suffer. Alaska has a limited pool of RNs. Currently 34 states are in the compact. Joining the compact would make Alaska attractive to nurses. Some nurses can't wait 90 days to get a job, so the state may lose them. The state makes it so hard for nurses to come up to Alaska and start working. She has no concerns about the quality of care and safety. There will be background checks and nurses will be practicing under state regulations.

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MARGE STONEKING, Director for Advocacy, AARP Alaska, Anchorage, Alaska, said that Alaska has a the fastest growing senior population in the country. The need for healthcare workforce grows as people age. There is already a nursing shortage in Alaska. According to state and federal data, almost half of Alaska RNs are over the age of 45. Given current projections, Alaska will need 5,400 additional nurses by 2030. That is in addition to the hundreds of chronic current vacancies. It is

unrealistic for Alaska to grow its own at that scale. Nurses are the largest segment of the U.S. healthcare workforce. The shortage is only growing worse. The compact makes it easier and more affordable for nurses to practice across state lines, which helps expand access to care, which is particularly important for Alaska seniors and those in rural areas. The nursing compact may not be a silver bullet for the nursing shortage, but it is a proven tool for removing a barrier to quickly and easily supplement the resident workforce. It makes more sense in Alaska than anywhere else as Alaska has a long history of a workforce boosted by traveling nurses. Joining the compact maximizes the use of nurses to address Alaska's most pressing healthcare challenges, access, quality, and cost. AARP urges the committee to pass SB 67.

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CHAIR WILSON noted that written testimony could be sent to shss@akleg.gov. He closed public testimony.

SENATOR COSTELLO said that she would like to follow up with the nurse from Ketchikan.

CHAIR WILSON asked Sara Massmann to reach out to his office.

SENATOR BEGICH shared some observations. The issue of a nationwide shortage needs more detail. If it is a nationwide shortage, then states are competing across state lines. He wants to know the state of that. He did hear the state of the university speech yesterday and noted President Pitney's comments about the nursing program. He is curious about the placement numbers for that program. The committee could request that from the university. The idea of forgiveness as a recruitment tool for nurses has been briefly discussed. The data from the university would help with knowing whether that would keep graduates in state. If there is a nationwide shortage, he asked what does protecting Alaska workforce require. He wants more information about the registration issue. He was concerned the comments that adding additional criteria like registration might violate the compact. There are ways around that, but there should be a discussion. If this becomes law, given the testimony from Montana and other comments perhaps a sunset provision should be explored to have the ability to make sure there are no unintended consequences, such as depressing wages and putting the public at risk.

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CHAIR WILSON said that the bill needs further discussion and his office will work with the bill sponsor to get more information to work through the policy side of this legislation. He held SB 67 in committee.

SENATOR BEGICH thanked Director Chambers and the division legislative liaison for walking him through the bill. Most of his questions arose from discussion of the bill.

CHAIR WILSON said that he will get answers to the committee members.

[SB 67 was held in committee.]

[2:32:08 PM](#)

There being no further business to come before the committee, Chair Wilson adjourned the Senate Health and Social Services Standing Committee meeting at 2:32 p.m.