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# **Select Committee on Affordable Healthcare Access**

**Tuesday, December 1, 2015  
9:00 AM – 11:30 AM  
Morris Hall**

**Steve Crisafulli  
Speaker**

**Jose Oliva  
Chair**

# Committee Meeting Notice

## HOUSE OF REPRESENTATIVES

### Select Committee on Affordable Healthcare Access


**Start Date and Time:** Tuesday, December 01, 2015 09:00 am  
**End Date and Time:** Tuesday, December 01, 2015 11:30 am  
**Location:** Morris Hall (17 HOB)  
**Duration:** 2.50 hrs

Workshop on the Interstate Nurse Licensure Compact:

- Jennifer Johnson, OPPAGA
- Lori Scheidt, Missouri State Board of Nursing; Vice-Chair, Nurse Licensure Compact Administrators
- Elizabeth Gunn, MSN, RN, Vice President of Patient Services, Baptist Health
- Hank Drummond, Chief Clinical Officer, Cross Country Staffing
- Dwight Cooper, CEO, PPR Travel Nursing

**NOTICE FINALIZED on 11/24/2015 2:02PM by Iseminger.Bobbye**





# 2015 Nurse Licensure Compact Revisions Address Some Barriers and Disadvantages in 2006 OPPAGA Report

A Presentation to the House Select Committee on Affordable Healthcare Access

Jennifer Johnson  
Staff Director, OPPAGA

December 1, 2015

# OPPAGA Addressed Four Questions

1. What is the Nurse Licensure Compact and what revisions did the National Council of State Boards of Nursing make to the compact in May 2015?
2. How does the revised compact address barriers and disadvantages identified in the 2006 OPPAGA report?
3. How does the revised compact affect benefits identified in the 2006 OPPAGA report?
4. What options are available if the Legislature is interested in participating in the Nurse Licensure Compact?

# **What is the Nurse Licensure Compact and What Revisions Did the National Council of State Boards of Nursing Make to the Compact in May 2015?**

# Compacts

- ▶ Compacts are formal agreements among states that bind them to the compact's provisions with the force of statutory law and take precedence over conflicting state laws
- ▶ Compacts regulate issues that cross state lines
- ▶ Florida is a member of several compacts
  - E.g., Interstate Compact on Educational Opportunity for Military Children (2008)

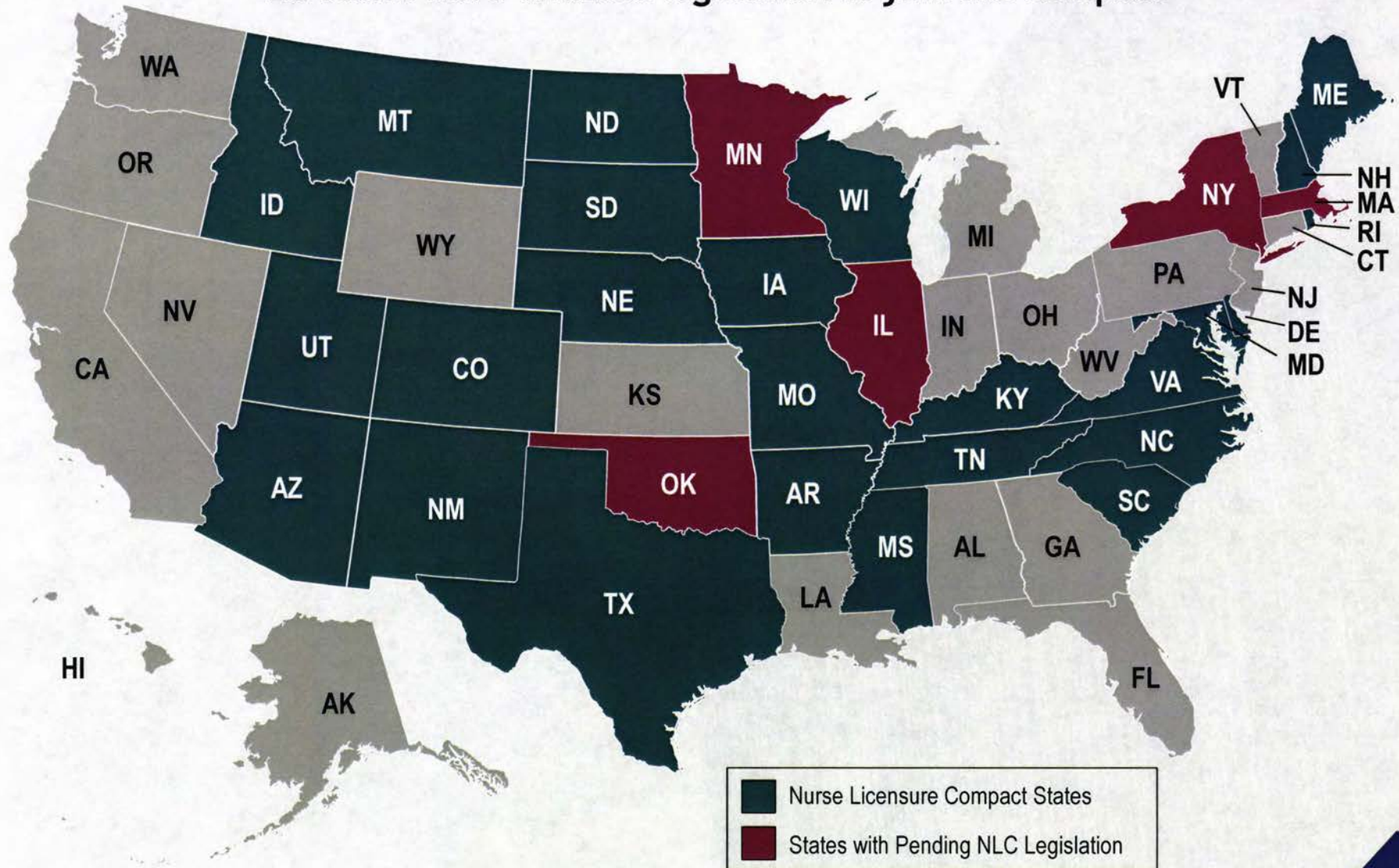
# Nurse Licensure Compact

- ▶ Grants multistate license based on licensure in home state; allows practice in other compact states without obtaining a license from that state
- ▶ Developed by National Council of State Boards of Nursing Delegate Assembly
- ▶ To join, states must adopt all compact provisions
- ▶ Provisions are for licensure procedures only, not practice regulations



# Nurse Licensure Compact

25 states have enacted legislation to join the compact



# The National Council Revised the Compact in May 2015

- ▶ Compact licensure provisions
  - Adds 11 requirements for licensure
- ▶ Interstate Commission of Nurse Licensure Compact Administrators
  - Specifies authority for governing the compact
- ▶ Rulemaking procedures
  - Creates rulemaking authority for administering and implementing the compact and procedural requirements

# **How Does the Revised Compact Address Barriers and Disadvantages Identified in the 2006 OPPAGA Report?**

# Constitutional Issues Regarding Public Meetings and Public Records

2006 REPORT:

*The compact does not meet some of Florida's constitutional requirements for public meetings and public records*

- ▶ Revisions ***partially address*** issues of public meetings through the Interstate Commission and rulemaking authority
  - Requires public notice of meetings and open meetings
  - Can still close meetings for topics that may be inconsistent with Florida law—e.g., personnel issues and purchasing decisions
  
- ▶ Revisions do not address issues of public records
  - States may designate that information may not be shared, which could be considered a public record in Florida

# Delegation of Legislative Authority

2006 REPORT:

*Compact language authorizes administrators to develop rules that states must adopt, which is a potential unlawful delegation of legislative authority*

- ▶ Revisions **address** this issue by specifying rules to facilitate and coordinate implementation and administration of the compact
  - However, Florida would still be obligated to enforce any compact rule adopted by the commission
- ▶ Legislature has used statutory strategies to further address this barrier in joining other compacts
  - Establish opportunity to review rules adopted by the compact since the state joined the compact

# Criminal Background Screening

2006 REPORT:

*Florida requires applicants to submit fingerprints for state and federal criminal records checks; the compact does not require criminal background screening of nurse licensure applicants*

- ▶ Revisions ***partially address*** this issue by requiring nurses to submit biometric data to obtain criminal records from FBI and the state
  - Grandfather clause exempts nurses currently holding or renewing their multistate privilege

# Continuing Education Requirements

2006 REPORT:

*Florida's continuing education requirements (24 hours of continuing education over two years) would not apply to compact nurses*

## ▶ Revisions *do not address* this issue

- Florida's Board of Nursing could not require or enforce these requirements for nurses from other states
- Some compact states, including Arizona, Idaho, and South Dakota, do not require continuing education

# How Does the Revised Compact Affect Benefits Identified in the 2006 OPPAGA Report?



# Benefits Identified in 2006 Report Remain

- ▶ The revisions do not affect the benefits identified in the 2006 report
  - Allows nurses to begin working quickly
  - Improves access to other states' licensure and discipline information
  - Provides faster notification of nurses under investigation in other states
  - Improves access to other states' records

# **What Options Are Available if the Legislature Is Interested in Participating in the Nurse Licensure Compact?**

# Options for Joining the Nurse Licensure Compact

- ▶ Seek prior approval to use alternative compact language for public records and public meetings
- ▶ Consider enacting the compact with periodic legislative review of the compact's rules and ongoing membership in the compact

# Questions?

THE FLORIDA LEGISLATURE'S  
OFFICE OF PROGRAM POLICY ANALYSIS & GOVERNMENT ACCOUNTABILITY

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OPPAGA supports the Florida Legislature by providing data, evaluative research, and objective analyses that assist legislative budget and policy deliberations.

# Contact Information

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## 2015 Nurse Licensure Compact Revisions Address Some Barriers and Disadvantages in 2006 OPPAGA Report

November 20, 2015

As directed by the Legislature, OPPAGA evaluated revisions to the Nurse Licensure Compact and answered four questions.

- What is the Nurse Licensure Compact and what revisions did the National Council of State Boards of Nursing make to the compact in May 2015?
- How does the revised compact address barriers and disadvantages identified in the 2006 OPPAGA report?
- How does the revised compact affect benefits identified in the 2006 OPPAGA report?
- What options are available if the Legislature is interested in participating in the Nurse Licensure Compact?

### ***What is the Nurse Licensure Compact, and what revisions did the National Council of State Boards of Nursing make to the compact in May 2015?***

The National Council of State Boards of Nursing administers the Nurse Licensure Compact, which grants a multistate license to nurses based on licensure in their state of primary residency; the multistate license allows them to practice nursing in other compact member states without having to obtain a second license. The council revised the compact provisions in May 2015; the revisions included specifying licensure requirements, establishing rulemaking provisions, and establishing a commission to govern the compact.

**The Nurse Licensure Compact allows nurses to hold a multistate license and practice outside of the primary state of residency in which they are licensed.** Every state, territory, and the District of Columbia have a Board of Nursing that is responsible for nurse licensure and discipline. Inter-state compacts allow states to share regulatory responsibilities for practices or professions that could cross state lines and to more effectively manage this shared responsibility. Compacts are formal agreements between states that bind them to the compact's provisions with the force of statutory law and take precedence over conflicting state laws. In 1998, the National Council of State Boards of Nursing Delegate Assembly finalized the Nurse Licensure Compact. Under the compact, licensed practical and registered nurses have the privilege to practice in other states (referred to as remote states) that have joined the compact by maintaining a single license in the primary state of residence.<sup>1</sup>

Traditionally, nurses wishing to practice in more than one state are required to hold a license in each state in which they practice. In Florida, and many other states, nurses who hold a license from another state can be licensed in the second state through examination or by endorsement. Licensure by endorsement is a process by which the state's Board of Nursing examines the

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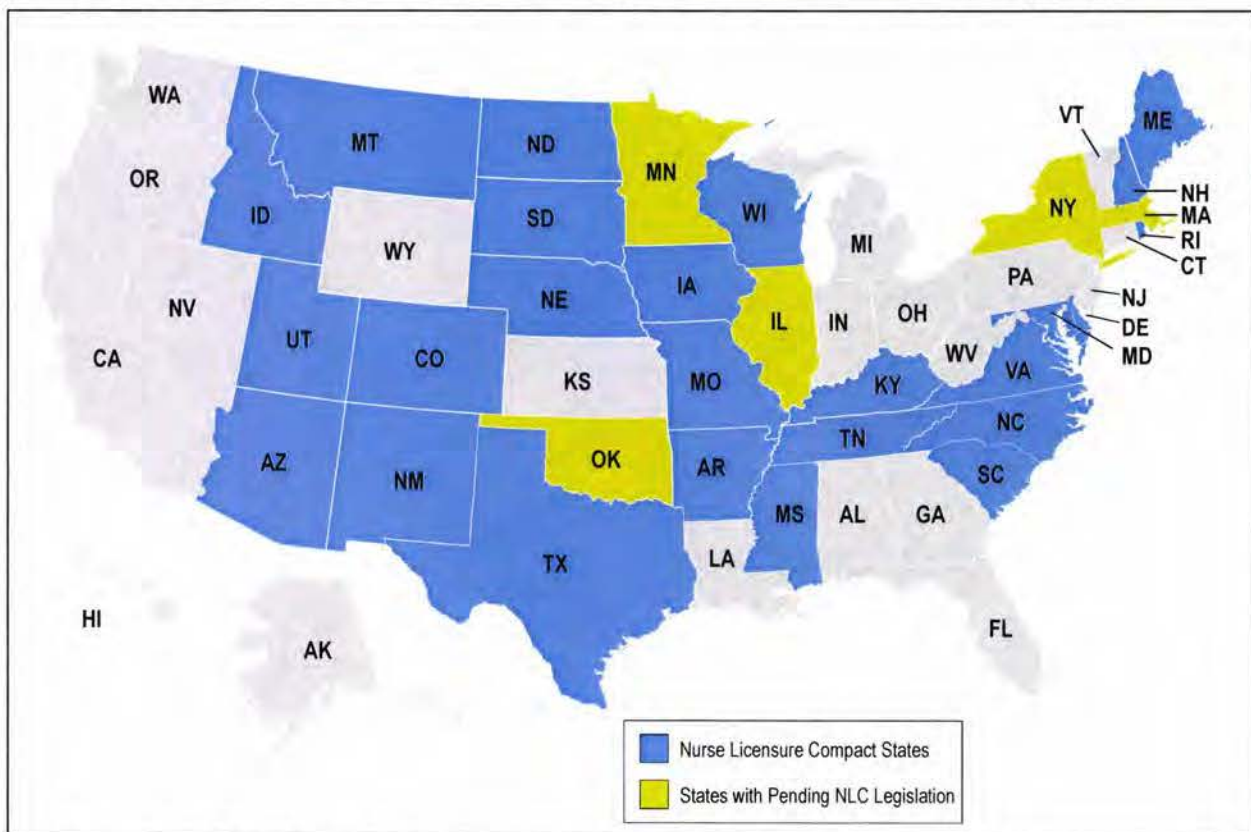
<sup>1</sup> The compact refers to the primary state of residence as the nurse's home state and the other compact state in which a nurse may practice as a remote state.

licensure standards of the home state and grants licensure if the standards are similar.<sup>2</sup> (See Appendix A for information on Florida’s requirements for licensure by endorsement.)

Under the compact, nurses who are licensed in a compact state do not have to complete the endorsement process to practice in remote compact states. Instead, nurses hold a multistate license that allows them to practice in remote compact states and thereby immediately begin working.<sup>3</sup> While compact provisions include specific licensure procedures to which states must adhere, the compact does not apply to practice regulations, such as administering medications. When nurses practice in remote compact states, they must follow the practice regulations for the state in which they are working.

Any state wishing to participate in the nurse licensure compact must adopt the full body of the national compact unless an exception is granted. Since 1998, 25 states have implemented the Nurse Licensure Compact; Montana has joined the compact but not yet implemented it. (See Exhibit 1.)

**Exhibit 1**  
**Twenty-five States Have Enacted Legislation to Join the Nursing Licensure Compact (NLC)**



Source: National Council of State Boards of Nursing.

<sup>2</sup> In Fiscal Year 2014-15, almost 61,926 of 304,566 active licensed nurses in Florida were here under endorsement. The Florida Board of Nursing reports that most of these nurses come from Georgia, New York, Ohio, Pennsylvania, and Texas. New York has compact legislation pending; Georgia, Ohio, and Pennsylvania are not in the compact; and North Carolina has been a compact member since July 2000.

<sup>3</sup> Nurses may still obtain endorsements from non-compact states.

The National Council of State Boards of Nursing (National Council) is non-profit organization that coordinates the efforts of member states. The council also manages NURSYS™, the national database for verification of nurse licensure, discipline, and practice privileges for registered nurses licensed in participating boards of nursing, including all states in the compact. Nursys™ provides online verification to a nurse asking to practice in another state and nurse license look-up reports to employers and the general public. With limited exceptions, most states, including Florida, use three Nursys™ services that include<sup>4</sup>

- e-Notify, which allows employers to automatically receive publicly available discipline and license status updates of their employees;
- QuickConfirm, which allows for online license look-up; and
- license verification, which allows nurses to verify their current license(s) in order to obtain a new license in another state.

While all states can use Nursys™, only compact states may access investigative information posted by other compact states.

**In May 2015, the National Council passed amendments revising the Nurse Licensure Compact.**<sup>5</sup> The council amended the compact to address states' concerns and facilitate greater participation. The revisions include establishing compact licensure requirements, an interstate governing body, and rulemaking procedures.<sup>6</sup> (See Exhibit 2 for a summary of revisions and Appendix B for a detailed description.)

**Compact licensure requirements.** The council significantly expanded the general provisions for multistate licensure by establishing uniform licensure requirements. Prior to the revisions, the compact simply required nurses to meet their home state's qualifications in order to obtain or retain a license. The revisions add 11 provisions.<sup>7</sup> For example, the revisions established requirements for states to implement procedures for considering the criminal history records of applicants for initial multistate licensure. In addition, the revisions included a grandfather clause that allows nurses holding a multistate license on the effective date of the revised compact to retain that license unless they move to another state or fail to satisfy licensure requirements in their state.

**Interstate Commission.** The revisions create an Interstate Commission of Nurse Licensure Compact Administrators (Interstate Commission) to govern the compact, and specify the responsibilities and powers of the commission. Previously, the compact specified that each member state becomes a member of the compact administrators group, and stated that these administrators had the authority to make rules for the compact. The new commission has the same members, but its authority to coordinate implementation of the compact and conduct administrative and business functions for the compact (e.g., contracting for services and establishing personnel policies and programs) is now specified.

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<sup>4</sup> All but three states—Alabama, Hawaii, and Oklahoma—participate in providing some data to NURSYS's services, regardless of their compact participation.

<sup>5</sup> The National Council of State Boards of Nursing also developed a new Advanced Registered Nurse Practitioner (ARNP) Compact, with much of the same language as the nurse licensure compact. However, unlike the nurse licensure compact, the ARNP compact is predicated on each state allowing ARNPs to practice independently, and allows these nurses to prescribe controlled substances under their individual licensure with the Drug Enforcement Administration. Thus, the ARNP compact language presents a conflict with current Florida law and rules, as Florida requires physician supervision of ARNPs and does not allow ARNPs to prescribe controlled substances.

<sup>6</sup> Revisions also included expanding disciplinary information reported on nurses to nurse participation in alternative disciplinary programs; creating a new article outlining oversight, dispute resolution, and enforcement of the compact; and restructuring provisions outlining states' responsibilities related to regulatory actions and sharing information.

<sup>7</sup> Appendix C compares Florida's licensure requirements to the compact licensure requirements.



**Rulemaking procedures.** The revisions also further clarify and supplement the compact’s rulemaking procedures. The revisions create rulemaking authority for administering and implementing the compact and procedural requirements and reference topics that could be managed by rule. The revisions specifically provide that commissioners shall adopt rules and bylaws pertaining to operations of the compact, including meeting procedures, financial procedures, commission duties, and personnel standards. These provisions specify promulgation and adoption procedures consistent with the federal Administrative Procedure Act. Previously, each state had to adopt the compact rules according to their processes. In Florida that would have meant the Board of Nursing within the Department of Health would have promulgated and adopted rules, which would have then been considered binding. In adopting the 2015 compact, the Legislature would be delegating authority to the Interstate Commission to conduct a public rule promulgation process and adopt binding rules.

**Exhibit 2**

**The 2015 Nursing Compact Makes Revisions to Licensure, Rulemaking, and Administrator Meetings**

Article	Provision	2015 Revision
I	Findings and Declaration of Purpose	Unchanged
II	Definitions	Unchanged
III	General Provisions and Jurisdiction	Eligibility and licensure requirements for a multistate license, includes grandfathering provisions
IV	Applications for Licensure in a Party State	Unchanged
V	Additional Authorities Invested in Party State Licensure Boards	Obtain and submit fingerprint or other biometric information to the FBI and the state responsible for retaining criminal records in order to conduct criminal background checks
VI	Coordinated Licensure Information System and Exchange of Information	Unchanged
VII	Establishment of the Interstate Commission of Nurse Licensure Compact Administrators	Establishes the Interstate Commission as the governing body that is charged with managing the compact, including rulemaking
VIII	Rulemaking	Provides the process for adopting and amending rules, including public notice, public comments, and effective date of adopted rules; rules are legally binding in all party states; no requirement that rules be ratified or adopted by individual states; procedural requirements are based on the federal Administrative Procedure Act
IX	Oversight, Dispute Resolution and Enforcement	Directs each member state to enforce the compact, defines terms of default and appeal rights
X	Effective Date, Withdrawal and Amendment	Unchanged
XI	Construction and Severability	Unchanged

Source: OPPAGA analysis of the 2015 Nurse Licensure Compact.

### ***How does the revised compact address barriers and disadvantages identified in the 2006 OPPAGA report?<sup>8</sup>***

OPPAGA's 2006 report identified several barriers to Florida's participation in the Nurse Licensure Compact: constitutional issues with public meetings and release of public records, potential for unlawful delegation of legislative authority; lack of information about where compact nurses are employed; and insufficient time to implement the compact. The revised compact addresses some of the barriers, but others are unresolved. While the revisions address previous concerns about delegation of legislative authority, statutory strategies also are available that further allow the Legislature to address this concern.

The 2006 report also identified disadvantages: problems with investigations and the potential for increased costs; lack of requirements for standardized continuing education and criminal background checks; and lack of public access to nurse information. The revised compact addresses some of the disadvantages, but others remain.

#### *Barriers*

**The revised compact partially addresses Florida's constitutional issues regarding public meetings but did not address public records issues.** In 2006, OPPAGA found that the original compact did not meet some of Florida's constitutional requirements for public meetings and public records. Under *The Constitution of the State of Florida*, these meetings have to be publicly noticed and must provide public access.<sup>9</sup> In addition, Florida statutes also require that meeting minutes be public.<sup>10</sup> However, the prior compact did not require open meetings, recorded minutes, or methods for public comment on council actions. In addition, the prior compact did not identify procedures or guarantees to ensure public access to council records or provide easy access to information about nurses licensed in other states.

The revisions creating the Interstate Commission of Nurse Licensure Compact Administrators and compact rulemaking procedures establish administrative procedures for operating the compact, which appear to address OPPAGA's prior concern. These provisions require the commission to provide public notice of meetings on its and member states' web sites; meetings will be open to the public under most conditions. However, the new provisions allow for closed meetings on topics that may be inconsistent with Florida's open meetings law. For example, the revised compact allows closed or non-public commission meetings to address topics such as personnel issues, investigations of a state's compact compliance, and purchasing decisions.

Further, the revised compact does not address concerns about public records. The compact provisions continue to specify that compact state licensing boards that contribute information to the coordinated licensure information system may designate information that may not be shared with non-party states, or disclosed to other entities or individuals without the express permission of the contributing state. Once Florida is in the possession of particular information, it could be subject to the state's public records law.<sup>11, 12</sup>

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<sup>8</sup> For comparison purposes, we present information by barriers and disadvantages so that it is consistent with the 2006 OPPAGA report, *Nurse Licensure Compact Would Produce Some Benefits But Not Resolve the Nurse Shortage*, Report No. 06-02.

<sup>9</sup> Article I, s. 24(b), *The Constitution of the State of Florida*.

<sup>10</sup> Section 286.011, *F.S.*, provides a right of access to governmental proceedings of public boards or commissions at both the state and local levels.

<sup>11</sup> Chapter 119, *F.S.*

<sup>12</sup> Article I, s. 24(c) of *The Constitution of the State of Florida* authorizes the Legislature to enact limited exemptions to public access to records by meeting certain requirements.

The legislative option from the 2006 report remains—if the Legislature wishes to join the compact, it could seek prior approval from the Interstate Commission to use alternative compact language recognizing Florida’s obligation to abide by its constitutional public meetings and records requirements.

**The revisions address the issue of delegation of legislative authority on rulemaking; however, strategies that the Legislature has used to join other interstate compacts could further address this barrier.** The prior compact provided general and broad rulemaking authority to the council, and there were not sufficient limits or direction to indicate legislative intent for the compact’s rulemaking. For Florida, prior compact language authorizing the compact administrators’ group to develop rules that member states were required to adopt could have been an unlawful delegation of legislative authority to this group. The authority given to the compact administrators was very broad and could have been construed as a violation of the non-delegation doctrine, under which the Legislature may not delegate the power to enact a law or the right to exercise unrestricted discretion in applying the law.<sup>13</sup>

The revised compact specifies that the compact’s binding rules would be limited to rules to facilitate and coordinate implementation and administration of the compact. The council reports that rules the commission has the authority to develop likely include topics that are currently managed in compact policy documents, including multistate licensure, nurse disciplinary information, and compact compliance. While the revisions improve the compact’s rule adoption procedures, Florida would still be obligated to enforce any compact rule adopted by the commission without specific consideration of each rule. If an adopted rule exceeded the limits described in the compact, that rule could be challenged by an affected Florida nurse as an unlawful delegation of legislative authority through traditional administrative or judicial proceedings.

The Legislature has addressed this barrier with other compacts by authorizing Florida to join compacts that include statutory strategies for ensuring the Legislature’s role in setting policy. For example, in the statutory language for some compacts, the Legislature has included an expiration date, an automatic repeal provision, or a required review of the compact.<sup>14</sup> This provides the Legislature the opportunity to review rules adopted by the compact since the state joined the compact. Based on its review, the Legislature could decide whether to reenact or withdraw from the compact. (See Appendix D for a list of compacts in which Florida currently participates.)

**The revised compact does not address mandated reporting for compact nurses or employers of compact nurses.** The 2006 report noted that contrary to Florida rule, the compact did not allow member states to require nurses with a multistate license to notify the licensing authority when they enter the state to practice; the revisions did not address this barrier. The compact continues to prohibit state boards of nursing from setting up barriers to nurse entry except when a nurse has a restriction on their license or some level of disciplinary action. Florida requires nurses to report their site of practice at biennial license renewal.<sup>15</sup> As noted in 2006, this provision hinders the capture of workforce data on compact nurses and estimates of workforce needs.

**The revised compact addresses the amount of time states will need to educate stakeholders.** The 2006 report estimated that the state would need 6 to 12 months to educate stakeholders about implications of the compact. The revised compact addresses this barrier by building in time for

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<sup>13</sup> *Bush v. Schiavo*, 885 So.2d 321 (Fla. 2004).

<sup>14</sup> For example, see the Interstate Compact on Educational Opportunity for Military Children, s.1000.36, *F.S.*

<sup>15</sup> Section 64B9-1.013, *F.A.C.*, requires nurses with licensure under Ch. 464, *F.S.*, the Nurse Practice Act, to report this information

the education process. The compact is effective and binding once 26 states have legislatively enacted it, or December 31, 2018, whichever is earlier. If this amount of time were to be insufficient, the Legislature could include a delayed effective date in the compact statute.

### *Disadvantages*

**The revised compact requires criminal background screening for new compact nurses, but current compact nurses are excluded from this requirement.** A significant deficiency of the prior compact was the lack of a requirement for criminal background screening of nurse licensure applicants. Florida requires that applicants submit fingerprints for state and federal criminal records checks; the 2006 report identified some other states that did not require screening at all. The revised compact requires all participating states to compel all nurses seeking multistate privileges to submit biometric data to obtain criminal records information from the FBI and from the state. In Florida, both forms of information are required for licensure and criminal records are maintained by FDLE. However, the compact requirement will only apply to nurses seeking multistate licensure for the first time. Thus, out-of-state nurses who currently hold or are renewing their license for multistate practice privilege will not have to obtain a criminal background check unless it is required for their home-state license.<sup>16</sup> Under the revised compact, Florida would not be able to mandate background checks for these compact nurses as it does for nurses who apply for licensure by endorsement.<sup>17</sup>

**The revised compact did not address concerns about continuing education and other Florida nurse licensure requirements.** The 2006 report found that Florida's continuing education requirements would not apply to compact nurses. The revisions did not address this disadvantage, as the compact's licensure standards continue to not require nurses to pursue continuing education. Compact nurses are only required to meet the continuing education or competency requirements from their home state. Some compact states, including Arizona, Idaho, and South Dakota do not require continuing education for nurses they license. In contrast, Florida requires at least 24 hours of continuing education over two years, or national certification, including a course in Florida nursing laws and rules for licensure.<sup>18, 19</sup> If Florida joins the compact, the Board of Nursing could not require or enforce these continuing education requirements with nurses from other states. Employers could require compact nurses that they hire to comply with the Florida continuing education standards, but current law would not mandate this.

**Improved data and new services improve public access to nurse disciplinary and licensure information.** OPPAGA's 2006 report noted that interested citizens would have to contact a compact nurse's home state to access licensure and disciplinary information. At the time of the previous review, only a few compact states participated in the NURSYS, making it a poor source for nurse information. While compact revisions do not address this issue, evolution of the data

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<sup>16</sup> We identified four compact states—Colorado, Maine, Nebraska, and Vermont—that do not currently conduct criminal background checks for registered nurse licensure, although they may ask for self-reports of criminal history.

<sup>17</sup> The compact would require the Florida Board of Nursing to review cases of nurses guilty of a misdemeanor related to the practice of nursing and make case-by-case decisions about allowing their multistate practice. The revised compact requires that impaired practitioners self-disclose their treatment for drug or alcohol abuse to the Board of Nursing; Florida does not require this self-disclosure for licensure. The revised compact would also exclude some licensed Florida nurses from multistate practice, including nurses convicted, found guilty, or who entered into an agreed disposition of any felony; some nurses guilty of a misdemeanor offense related to the practice of nursing; and impaired nurses who are currently in treatment. (See Appendix C.)

<sup>18</sup> In 2014, at least 28 states and the District of Columbia required some form of ongoing training to maintain nurse licensure.

<sup>19</sup> National Certification is advanced training in a specialty area of nursing, such as anesthesiology, cardiology, or obstetrics, and typically applies to Advanced Registered Nurse Practitioners. Certification is granted by approved nursing specialty boards. Florida's approved boards and specialties are specified in s. 64B-4.002, *F.A.C.*

system and increasing state participation in NURSYS largely address this issue. NURSYS has a public view where anyone can look up a registered nurse to see if the license is valid. The public can also see if a nurse has a record of current or past disciplinary actions. Currently, 47 states, including Florida, upload licensure information to NURSYS daily.<sup>20</sup> In addition, the council also recently developed an e-notify service for employers, using the NURSYS data. This service allows employers to inquire about specific nurses and to be notified if a nurse has a report of disciplinary action.

### ***How does the revised compact affect benefits identified in the 2006 OPPAGA report?***

OPPAGA previously reported that the compact could help attract nurses to Florida to meet short-term needs and improve access to other states' nurse licensure and discipline information.<sup>21</sup> It also could provide Florida with faster notification of nurses under investigation, improved access to other states' records, and the opportunity to influence compact policy. The compact revisions did not affect the benefits of compact membership that OPPAGA identified in 2006.

Joining the nurse compact will not help long-term nursing shortages but will facilitate the timely employment of nurses who move into the state.<sup>22</sup> To ensure that nurses practicing in Florida have the proper credentials, the Florida Board of Nursing licenses through endorsement nurses who are licensed in other states. The board reports the endorsement process typically takes about two weeks. The Board also noted that participating in the compact would eliminate the time and resources that out-of-state nurses and the Florida Board of Nursing must invest to complete the endorsement process.

Compact participation would also provide the Florida Board of Nursing access to information on investigations that are in progress in other compact member states.<sup>23</sup> Access to investigative information could provide the Florida Board of Nursing with earlier notification of an issue and enable it to open its own investigation if the nurse is practicing in Florida.

Finally, OPPAGA noted in 2006 that under a revised compact, Florida would have an opportunity to participate in the commission. As a compact member state, Florida could participate in negotiations and have a voice in developing new compact policies.

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<sup>20</sup> NURSYS participation is only compulsory for compact states, thus a few non-compact states do not provide information to NURSYS. Alabama, Hawaii, and Oklahoma provide no information, and Louisiana only provides information on registered nurses. To access equivalent information for a nurse in these states, the public would still have to contact the relevant Board of Nursing.

<sup>21</sup> In 2006, OPPAGA reported that the Florida Board of Nursing's estimated start-up costs for joining the compact would be \$435,265 during the first year, with ongoing costs at approximately 25% of that amount in following years. A new grant program sponsored by the National Council could cover expenses that the Florida Board of Nursing identifies for implementing the revised compact, but recurring costs to maintain membership would not be offset by grants. These costs would include, at a minimum, the compact's annual fee, and possibly more multistate investigations. The board also told us that its regulatory fees are sufficient to absorb some additional costs and that it does not expect to lose any license revenue from joining the compact.

<sup>22</sup> Florida may have a nursing shortage for some shifts and specialties, but Florida's nursing supply has increased since the 2006 OPPAGA report. The Florida Department of Economic Opportunity projected 6,979 openings for nurses between 2014 and 2022. The state graduated 15,856 nursing students in academic year 2013-14, a 4.8% increase from the previous year.

<sup>23</sup> Regardless of its compact membership, the Florida Board of Nursing cannot share information with employers or the public about an investigation in progress, nor can they make public whether or not an investigation is occurring. As such, a nurse who has allegedly committed an adverse act may still work at a Florida facility or a facility in any state until an investigation closes with a finding of probable cause. Until the state board makes a final decision, no information can be released.

***What options remain if the Legislature is interested in participating in the Nurse Licensure Compact?***

If the Legislature wishes to participate in the Nurse Licensure Compact, it could consider two options for approaching any remaining constitutional concerns related to delegation of authority, public meetings, and public records.

- The Legislature could seek prior approval from the Interstate Commission of Nurse Licensure Compact Administrators to use alternative compact language to recognize Florida's sovereign power to observe its constitutional requirements for public records and public meetings.
- The Legislature could also consider enacting the compact with statutory provisions that set up recurring intervals for the Legislature to review the compact's rules and consider its ongoing membership in the compact.

## ***Appendix A***

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# **Florida's Nurse Licensure Endorsement Requirements**

Nurses from out of state who wish to work temporarily in Florida may obtain licensure via examination or endorsement. Exhibit A-1 presents Florida's endorsement requirements.

### **Exhibit A-1**

### **Licensure by Endorsement Requires Applicants to Be Initially Licensed by an Examination and to Meet Equivalent State Licensure Criteria**

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Apply to the Board of Nursing by submitting the following:

- a. Fee of \$110
- b. Live scan of fingerprints
- c. Copy of current active license
- d. Verification of licensure for the original and current license(s)
- e. Copy of the licensure requirements of the original state of licensure at the time of original licensure and proof of a passing score on a licensing exam approved for the year the applicant took the exam; or, if applicant has not taken the National Council Licensure Examination (NCLEX), evidence of actively practicing nursing in another part of the United States for two of the preceding three years without having action against the license by the licensing authority
- f. If the applicant completed his or her nursing education in a foreign country, a report evaluating the education from an approved credentialing agency
- g. If the applicant admits to participating in a drug, alcohol, or an impaired practitioner program, or treatment or recurrence of a diagnosed mental disorder, physical impairment, or addictive disorder within the past five years, related documentation such as a self-explanation, court records, or letters from medical professionals
- h. Demonstration of English competency
- i. Applicants with a felony conviction are subject to review by the Board of Nursing. If the applicant was convicted of or pleaded nolo contendere to any offense other than minor traffic violations, arrest, and final disposition records, a letter from the applicant's current nursing employer and a letter written by the applicant concerning the circumstances of the offense
- j. If applicant had any action against a license or has been denied a license, related documentation, including information on the final action
- k. Applicants educated outside of the United States must have their education evaluated by an approved agency

The Board of Nursing conducts the following activities:

- a. Submits a request for a background check to the Federal Bureau of Investigation
- b. Submits a request for background check to the Florida Department of Law Enforcement
- c. Verifies the applicant's license(s) in the other state(s)

Once the board receives the federal background check results, as well as all other application materials, and the applicant receives a clear review, the board issues a final license.

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Source: OPPAGA analysis of Florida Board of Nursing data.

## Appendix B

# Comparison of 2015 and 1998 Nurse Licensure Compact

To address states' concerns and facilitate greater participation, in May 2015, the National Council passed amendments revising the Nurse Licensure Compact. The revisions include establishing compact licensure requirements, an interstate governing body, and rulemaking procedures. (See Exhibit B-1.)

### Exhibit B-1

#### Compact Revisions Establish Licensure Requirements, an Interstate Governing Body, and Rulemaking Procedures

2015 Compact Provisions	Changes from 1998 Compact
Findings and Declaration of Purpose, Article I	Substantively the same
Definitions, Article II	Substantively the same
General Provisions and Jurisdiction, Article III	<ul style="list-style-type: none"> <li>▪ Criminal records check (federal and state)<sup>1</sup></li> <li>▪ Disqualification based on criminal record</li> <li>▪ Graduate of an accredited school</li> <li>▪ Fluent in English</li> <li>▪ National board exam</li> <li>▪ Not currently in an alternative treatment program</li> <li>▪ Must self-disclose, if in an alternative program</li> <li>▪ A valid social security number</li> </ul>
Applications for Licensure in a Party State, Article IV	Substantively the same
Additional Authorities Invested in Party State Licensing Boards, Article V	Substantively the same; adds FBI and state criminal records check
Coordinated Licensure Information System and Exchange of Information, Article VI	Substantively the same
Interstate Commission of Nurse Licensure Compact Administrators, Article VII	<ul style="list-style-type: none"> <li>▪ Creates Commission and delineates membership, powers, financing</li> <li>▪ Requires the Council to adopt rules related to: fiscal year, meetings, delegations of function or authority, establishing committees, elections, officers, closing the commission, and personnel policies</li> </ul>
Rulemaking, Article VIII	<ul style="list-style-type: none"> <li>▪ Article VIII c. "compact administrators shall have the authority to develop uniform rules to facilitate and coordinate implementation of the compact"</li> <li>▪ Process for adopting, amending rules including public notice, public comments, and effective date</li> </ul>
Oversight, Dispute Resolution and Enforcement, Article IX	<ul style="list-style-type: none"> <li>▪ Directs each state to enforce the compact</li> <li>▪ Defines default and termination, costs</li> <li>▪ Defaulting state may appeal the action of the Commission to the U.S. District Court</li> <li>▪ Provides remedies, not limited to action in the U.S. District Court</li> </ul>
Effective Date, Withdrawal and Amendment, Article X	<ul style="list-style-type: none"> <li>▪ Compact becomes effective on the earlier date of when 26 states have enacted the compact or December 31, 2018</li> <li>▪ Representatives of non-party states are invited to participate on a non-voting basis before the compact is adopted by all states</li> </ul>
Construction and Severability, Article XI	Substantively the same

<sup>1</sup> Nurses with a current multistate license will not be subject to criminal records check to retain or renew a license.



## Appendix C

# Comparison of 2015 Nurse Compact Licensure Requirements to Florida's Nurse Licensure Requirements

Where the previous compact provided limited language on licensure requirements for nurses, the revised compact spells out a number of these requirements. See Exhibit C-1 for a comparison of the 2015 compact licensure provisions and Florida's law for in-state nurses and endorsements.

### Exhibit C-1

#### Florida's Licensure and Endorsement Requirements are Generally Similar to the 2015 Nurse Licensure Compact

2015 Compact Licensure Requirements	Florida Nurse Licensure Requirements	Florida Nurse Endorsement Requirements
State and federal criminal background screening	√	√
High school diploma or the equivalent	√	√
Graduated from an approved program	√	√
Is able to communicate in English	√	√
Passed the national examination and meets education requirements	√	√
No license revoked, suspended, or denied	√	√
Not convicted or found guilty of a misdemeanor directly related to nursing <sup>1</sup>	√	√
Not convicted or found guilty of a felony under state or federal law	Substantially different <sup>2</sup>	√
Not impaired by illness, alcohol, drugs, narcotics, or chemicals or any mental or physical condition	√	√
Impaired practitioners who are in an approved treatment program self-report their status to the state licensing board	Substantially different <sup>3</sup>	Substantially different <sup>3</sup>
Valid social security number	√	√

<sup>1</sup> The compact provides that these applications will be reviewed on a case-by-case basis.

<sup>2</sup> Florida identifies specific felonies that prevent licensure; the compact prevents multistate practice privilege for any felony conviction.

<sup>3</sup> The compact requires that Florida licensees self-disclose if they are in treatment for drug or alcohol misuse. Nurses working in Florida under Florida licensure do not have to self-disclose if they put themselves in treatment.

Source: OPPAGA analysis of Ch.464, Part 1, F.S., and the 2015 revised Nurse Licensure Compact.

## ***Appendix D***

# **Florida Statutes Authorize a Number of Interstate Compacts**

As listed in Exhibit D-1, Florida statutes authorize at least 25 compacts for the purpose of managing interstate governmental issues.

### **Exhibit D-1 Florida Statutes Authorize Interstate Compacts**

<b>Compact</b>	<b>Florida Statutes Citation</b>	<b>Year of Joinder</b>
Interstate Compact on Educational Opportunity for Military Children	Section 1000.36	2008
Compact on Adoption and Medical Assistance	Sections 409.406, 409.407	2002
Interstate Compact for Adult Offender Supervision	Section 949.07	2001
Interstate Compact on Licensure of Participants in Horse Racing With Pari-Mutuel Wagering	Section 550.901	2000
National Crime Prevention and Privacy Compact	Section 943.0543	1999
Apalachicola-Chattahoochee-Flint River Basin Compact	Section 373.71	1997
Emergency Management Assistance Compact	Section 252.921	1996
National Guard Mutual Assistance Compact	Section 250.540	1993
National Guard Mutual Assistance Counter-Drug Activities Compact	Section 250.533	1993
Southeast Interstate Low-Level Radioactive Waste Compact	Section 404.30	1982
Nonresident Violator Compact	Section 322.50	1977
Compact on the Placement of Children	Section 409.408	1974
Interstate Corrections Compact	Section 941.55	1973
Agreement on Detainers	Section 941.45	1973
Interstate Library Compact	Section 257.28	1972
Compact on Mental Health	Section 394.479	1971
Agreement on Qualifications of Educational Personnel	Section 1012.99	1969
Compact for Education	Section 1000.34	1967
Driver License Compact	Section 322.43	1967
Interstate Compact for Juveniles	Section 985, Part XIII	1957
Southeastern Forest Fire Protection Compact	Section 590.31	1955
Southern Regional Education Compact	Section 1000.32	1949
Gulf States Marine Fisheries Compact	Section 370.20	1947
Interstate Compact to Conserve Oil and Gas	Section 377.01	1945
Atlantic States Marine Fisheries Compact	Section 370.19	1941

Source: OPPAGA analysis of Florida Statutes.



## Panelist Biographies

**Lori Scheidt is the executive director of the Missouri State Board of Nursing.** She has over twenty-five years of regulatory experience. Lori is the vice-chair of the Nurse Licensure Compact Administrators. She has served on numerous national and state committees and has been awarded a national award for her outstanding contribution to nursing regulation and the Governor's Award for Quality and Productivity for significant improvements in nursing investigations. Active in patient safety, Lori has been the chair of the Missouri Center for Patient Safety's Advisory Panel. Lori holds a bachelor of science in computer information management and a MBA in Healthcare Management.

**Elizabeth Gunn, MSN, RN, is vice president of Patient Services for Baptist Medical Center South.** Previously, she was with Southeast Georgia Health System, where she served as vice president of Patient Services. In this position, Gunn oversaw nursing practice for the entire health system, including its two hospitals in Brunswick and St. Marys, Ga. Gunn has more than 26 years of health care experience. She has also worked at Florida Hospital Orlando, where she was director of the Emergency Department and the Emergency Psychiatric Clinical Decision Unit, as well as in a variety of nursing leadership positions at hospitals in Georgia, Oklahoma, Texas and Kansas. She earned her Master of Science degree in Nursing Administration and her Bachelor of Science degree in Nursing from the University of Texas at El Paso. Gunn is a member of the Emergency Nurses Association, the American Association of Critical Care Nurses, Sigma Theta Tau Honor Society for Nurses, the Association of Nurse Executives and the American College of Healthcare Executives.

**Mr. Henry (Hank) Drummond holds the position of Chief Clinical Officer within the Cross Country Healthcare organization** located in Boca Raton, Florida. His experience includes more than 25 years' of directly applicable healthcare administration and a broad base of exceptional management expertise. His past leadership roles include executive and director level positions as Chief Nursing Officer, Nursing Administrator and Nurse Executive. He has also served as an University Instructor. Mr. Drummond's proficiency in balancing patient care with business efficiencies provides his clients with the added benefit of an innovative approach with cutting edge technology solutions to meet the daily demands of healthcare delivery. He travels the US to interface with Nursing Leaders from all healthcare settings consulting and reviewing practices for improvement. Hank is seen as a true leader within the industry as he brings years of experience and knowledge with providing care in various areas and settings.

**Dwight Cooper is Co-Founder and Chief Executive Officer of PPR Healthcare Staffing.** In 19 years of operation the company has three times been named one of *America's 500 Fastest-growing Private Companies by Inc. Magazine* and for eleven consecutive years among the *Top 25 Best Small Companies to Work for in the America* according to the Great Place to Work Institute. In 2013 that organization announced in Fortune Magazine that PPR Talent Management Group is the number one small business in America to work for. Innovation has allowed PPR to outgrow its market by a multiple of 10 and organically grow 8 successful businesses under the PPR umbrella. PPR Talent Management Group hires over 8,000 RNs annually on behalf of healthcare organizations in Florida and around the country.





NCSBN

*National Council of State Boards of Nursing*

# The Enhanced Nurse Licensure Compact and APRN Compact



# What is an Interstate Compact?

- A statutory agreement between two or more states established for the purpose of remedying a particular problem of multistate concern
- A contract between two or more party states



# Mutual Recognition Model of Licensure

The NLC is modeled after the driver's license compact which follows the mutual recognition model of licensure.



NCSBN

*National Council of State Boards of Nursing*



# Primary Concepts

- Nurse is issued a multistate license in the declared primary state of residence (PSOR) known as the home state
- Nurse holds only one multistate license issued by the home state
- Nurse has a multistate licensure privilege in other Compact states (remote states)

# Public Policy Goal

## Nurse Licensure Compact

A State-Based License

Nationally Recognized

Locally Enforced

# NLC Benefits for Telehealth

- Nurses can practice in multiple states with one license
- Increases patient access to care
- Enables care continuity for patients regardless of their location
- Provides member states with authority to facilitate a discipline case across state lines



# NLC Benefits for Nurses

- Ability to practice in multiple states with one license
- Reduces regulatory requirements by removing necessity for obtaining a license in each state
- Clarifies a nurse's authority to practice in multiple states via telehealth



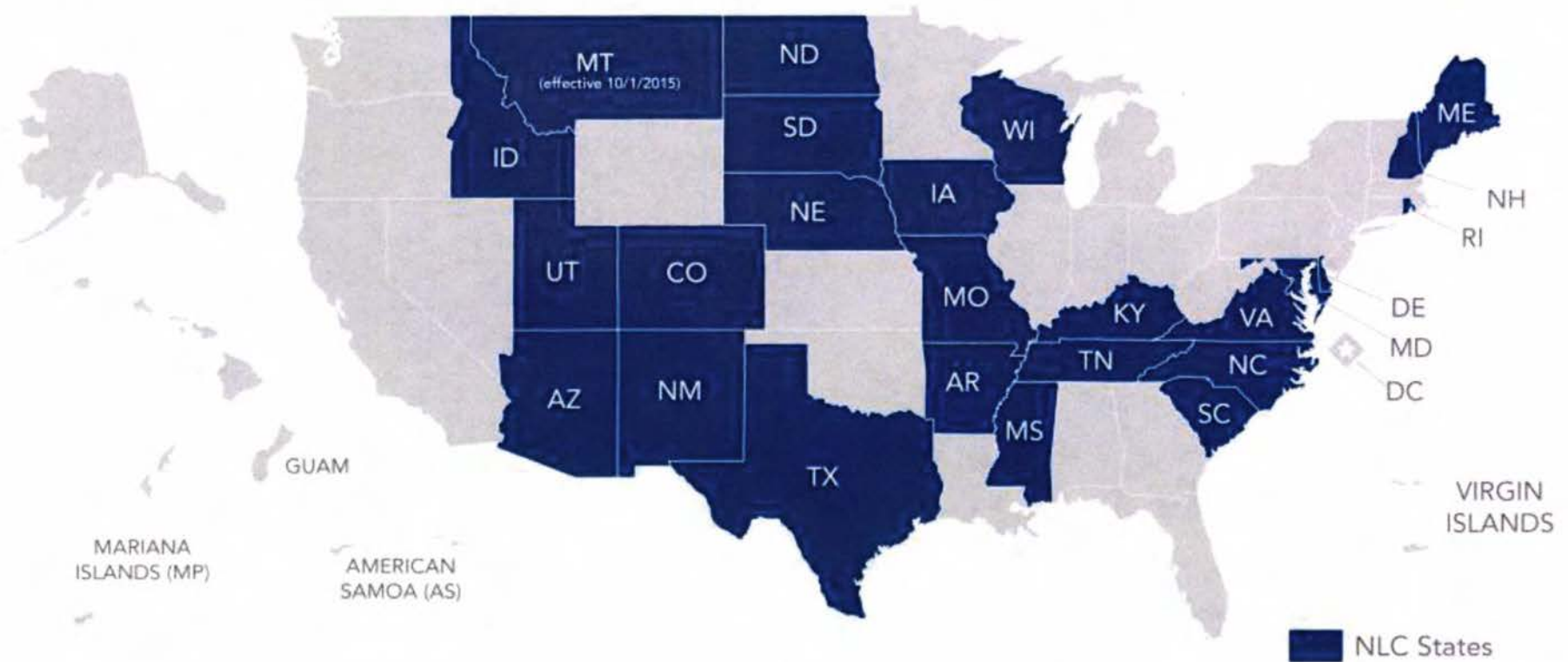
# NLC Benefits for Nursing Boards

- Ability to share complaint and investigative information throughout the investigative course
- Shared responsibility for patient safety not governed by geographical boundaries
- Shared commitment to improving our collective ability to protect patients

# More Benefits for Nursing Boards

- Multiple states working together to assure patient safety
- Ability to locate, isolate or limit ability to practice on Privilege to Practice
- Reduces duplicative board actions
- Uniform statutes, rules and policies applicable and enforceable to all compact states

# NLC Participating States



# Recent Drivers of Change

- Telehealth services are increasingly being utilized, transforming care delivery and erasing geographic boundaries
- National licensure discussions in Congress
- Other health care professions developing interstate licensure compacts (medicine, physical therapy, EMS, psychology)





# What Does it Take to Join?



- A state must enact the enhanced NLC model language into law
- A state must have the ability to conduct a federal criminal background check of a nurse upon initial licensure or licensure by endorsement

# Key New Provisions in the Enhanced Nurse Licensure Compact

# What's New?

- Uniform licensure requirements
- Grandfathering provision
- Authority to obtain and submit criminal background checks (CBCs)
- Prompt reporting to Nursys<sup>®</sup> of participation in alternative to discipline programs

# What's New?

- Establishes Interstate Commission
- Provides for rulemaking by the Commission
- Improves dispute resolution and termination if necessary

# Uniform Licensure Requirements

To receive a multistate license, a nurse must:

- Meet the home state's qualifications
- Graduate from qualifying education program
- Pass the NCLEX-RN® or NCLEX-PN® exam (or predecessor)



# Uniform Licensure Requirements

To receive a multistate license, a nurse must:

- Have no active discipline on a license
- Submit to a criminal background check and have no prior state or federal felony convictions
- Not be currently enrolled in an alternative program
- Have a valid U.S. Social Security number

# Grandfathering

- A nurse holding a home state multistate license on the compact's effective date may retain and renew the license provided that:
  - A nurse who changes primary state of residence after the enhanced NLC's effective date must meet requirements to obtain a multistate license from a new home state (Article III (c))
  - A nurse who fails to satisfy the requirements in Article III (c) due to a disqualifying event occurring after the compact's effective date is ineligible to retain or renew a multistate license

# Effective Date

- A state must pass the enhanced NLC legislation to join the compact
  - Does not become effective until the earlier of enactment by 26 states or Dec. 31, 2018
    - Example 1 – If 26 states join by Jan. 1, 2017, the enhanced NLC becomes effective
    - Example 2 – If only 20 states have joined by Dec. 31, 2018, the enhanced NLC still becomes effective
- Multistate licenses issued under the current NLC will still be recognized by party states in the enhanced NLC for six months after that compact's effective date



# Authorities of Party State Licensing Boards

- Submit applicant fingerprints to FBI and obtain FBI criminal background checks for licensure
- Required to deactivate multistate licensure privileges when license is encumbered or participant is in alternative to discipline program

# Interstate Commission

- Governing body that is also a public agency
  - This term is commonly used by other interstate compact governing bodies
- Comparable to the current compact's Nurse Licensure Compact Administrators (NLCA)

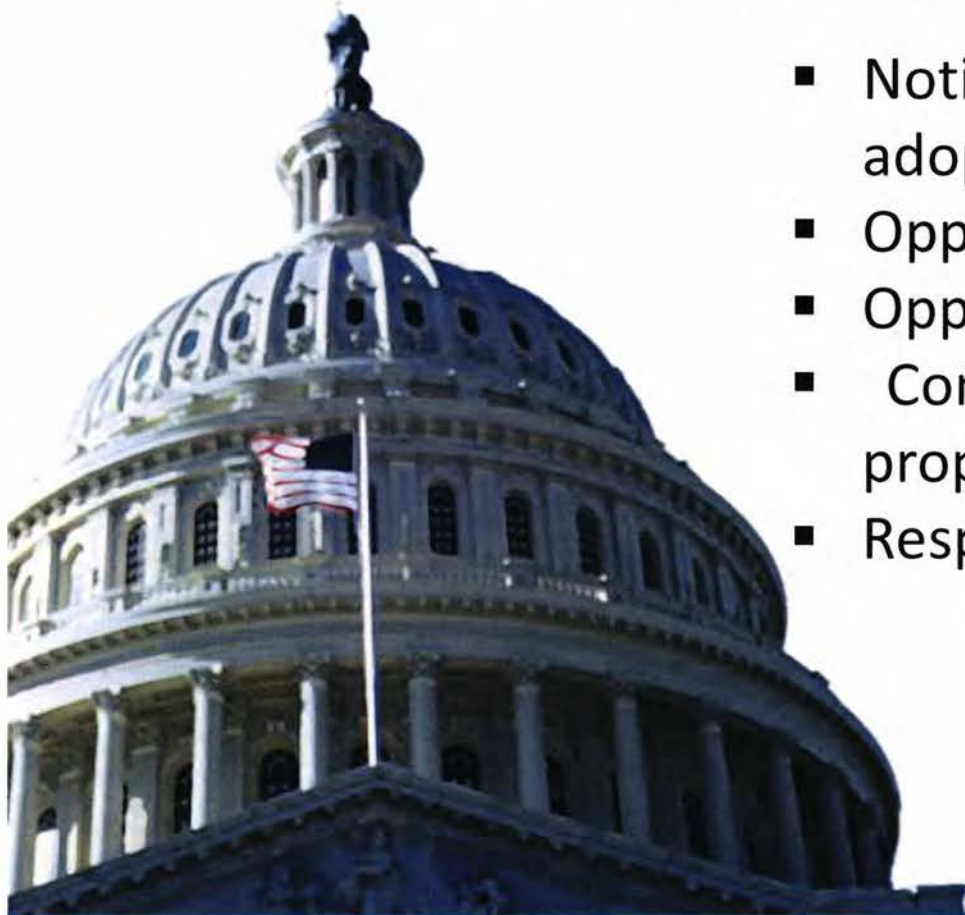
# Rulemaking

- Rules adopted directly by the Commission
  - Legally binding in all party states
  - No requirement that rules be ratified or adopted by individual states
  - Such rulemaking authority is permitted and exercised by other current interstate compacts that have been enacted in all 50 states



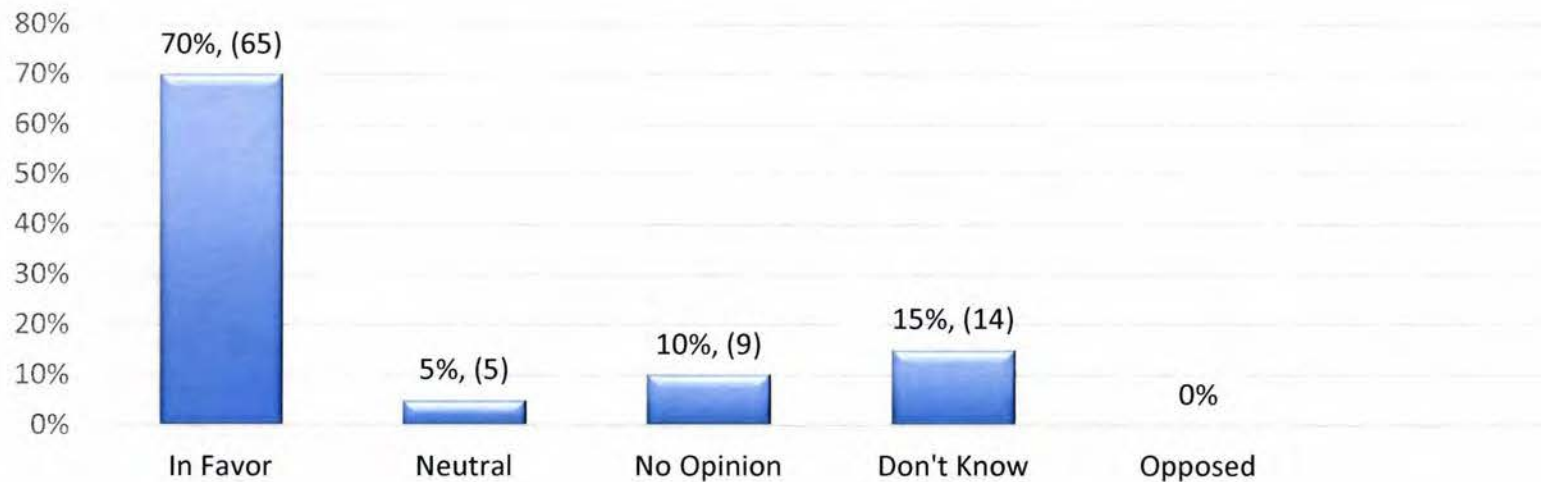
# More on Rulemaking

- The procedural requirements include:
  - Notice to the public of proposed and adopted rules
  - Opportunity for comment
  - Opportunity for public hearing
  - Consideration and voting upon proposed rules
  - Responding to comments received



# Florida Nurse Data

## Of Nurses Employed in Past 24 Months, Whose Primary Residence is Florida, Opinion of Florida Joining the NLC

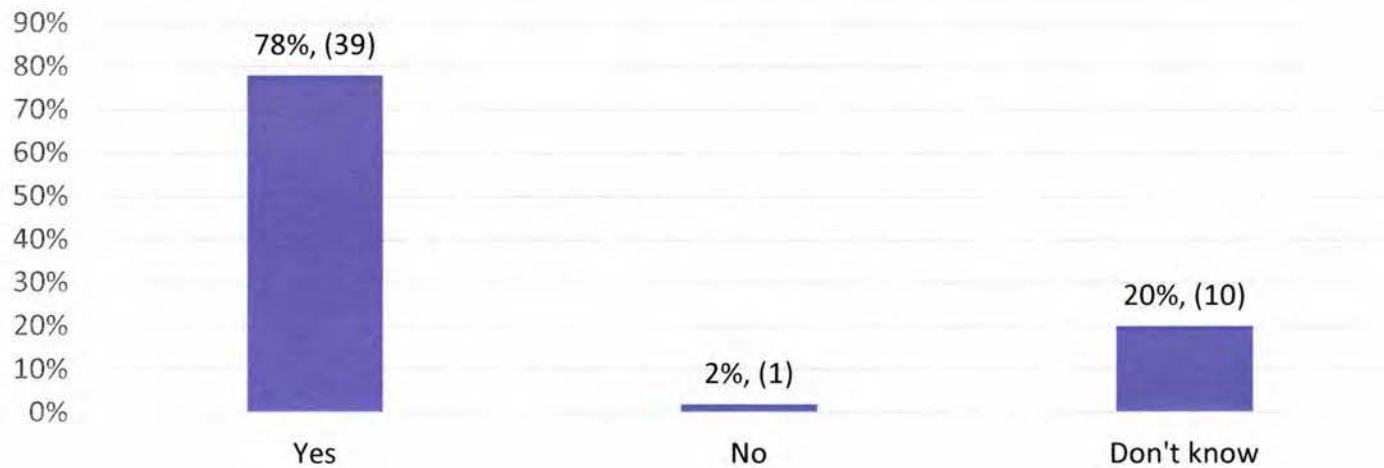


National data reflect 71% nurses (out of 3,520 respondents) are in favor of their state joining NLC and 2% opposed.

Source: National Council of State Boards of Nursing, National NLC Survey , 2014

# Florida Employer Data

## Of Florida Employers Familiar with the NLC, Would There be Advantages for your Organization if Florida Joined the NLC?

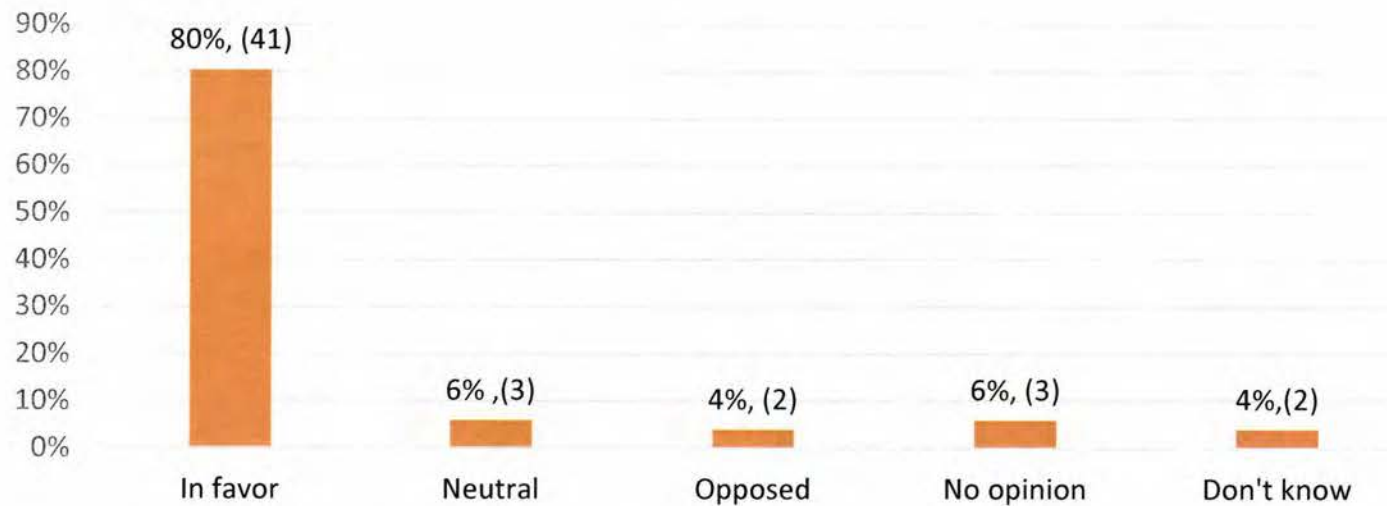


National data reflect that 73% of employers feel there would be advantages to the state joining NLC and 5% disagreed.

Source: National Council of State Boards of Nursing, National NLC Survey , 2014



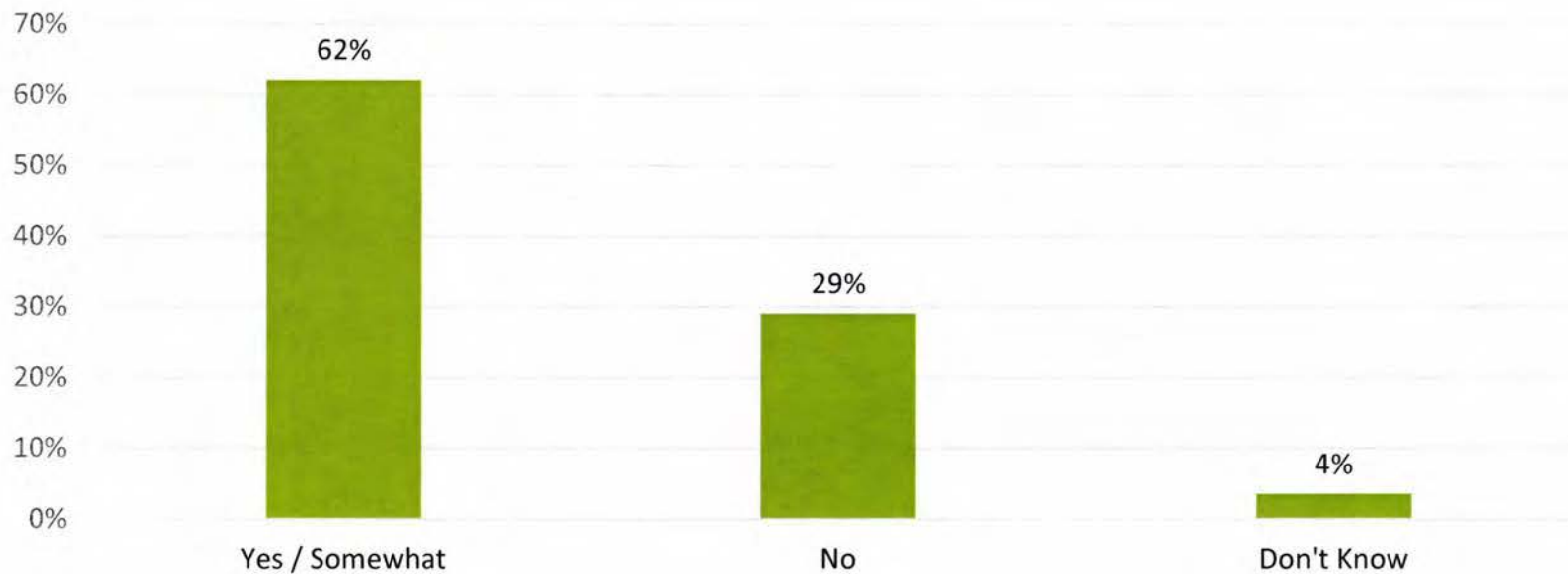
## Of Florida Employers Familiar with the NLC, Do You Favor or Oppose Florida Joining the NLC?



National data reflect 85% of 795 employers responding favor their state joining the NLC and 0% oppose.

Source: National Council of State Boards of Nursing, National NLC Survey , 2014

## Of Employers (Nationally) Familiar with the NLC, Does the NLC Help Expedite Hiring?



Source: National Council of State Boards of Nursing, National NLC Survey , 2014

# Benefits Related to Recruitment of Nurses

- Today's millennials want mobility and maximized benefits.
  - Nursing students overwhelmingly self-report planning to live and work in a NLC state rather than a non-NLC state.
- When a nurse holds a multistate license and is being recruited by an employer in another NLC state, the nurse can be available to the prospective employer immediately since the nurse already has the authority to practice in that state.

# Better Access to Health Care

- Telehealth enhances patient access to care.
  - The current system of licensure is a known barrier to telehealth.
  - The NLC enables telehealth as it allows a nurse to practice in any other NLC state with a multistate license, thus, removing the barrier.
- Florida is a snow bird and tourist state.
  - Millions of people travel to Florida and need healthcare on a seasonal basis.
  - Employers need the ability to hire qualified nurses to help meet the demand without the unnecessary hassle and delay of waiting for licensure.

# Cost Savings to Florida Employers, Nurses

- Hospitals and hospital systems are increasingly merging in today's healthcare environment. When there is an immediate temporary need for a specialty nurse, a hospital can relocate a specialty nurse from a system facility in another state to fill the immediate vacancy. This saves a hospital recruitment expenses.
- Florida hospitals utilize temporary staffing from other states. As a NLC state, nurses from other NLC states can work immediately, which saves a hospital from paying overtime in order to fill a staffing gap.

# Cost Savings (continued)

- Nurses save thousands of dollars in time and money by not having to complete lengthy applications and pay licensure, background check fees and license verification fees for each state license.
- Should employers reimburse nurse employees for licensure expenses, this then is a significant savings to the employer.

# Compact Implementation

- NCSBN and NLCA work with state board of nursing to ensure implementation readiness.
- Minor board of nursing licensure database changes are needed.
- Updates to license application forms are needed.
- Education to licensees, employers and stakeholders is needed.
  - NCSBN provides collateral material for educating constituents.
- NCSBN provides grants for expenses related to NLC implementation.
- NCSBN and NLCA provide comprehensive onsite NLC training to board of nursing staff.

# Questions and Advocacy

Please email [nursecompact@ncsbn.org](mailto:nursecompact@ncsbn.org) if you have questions or need any resources as you embark on your journey adopting the enhanced Nurse Licensure Compact.







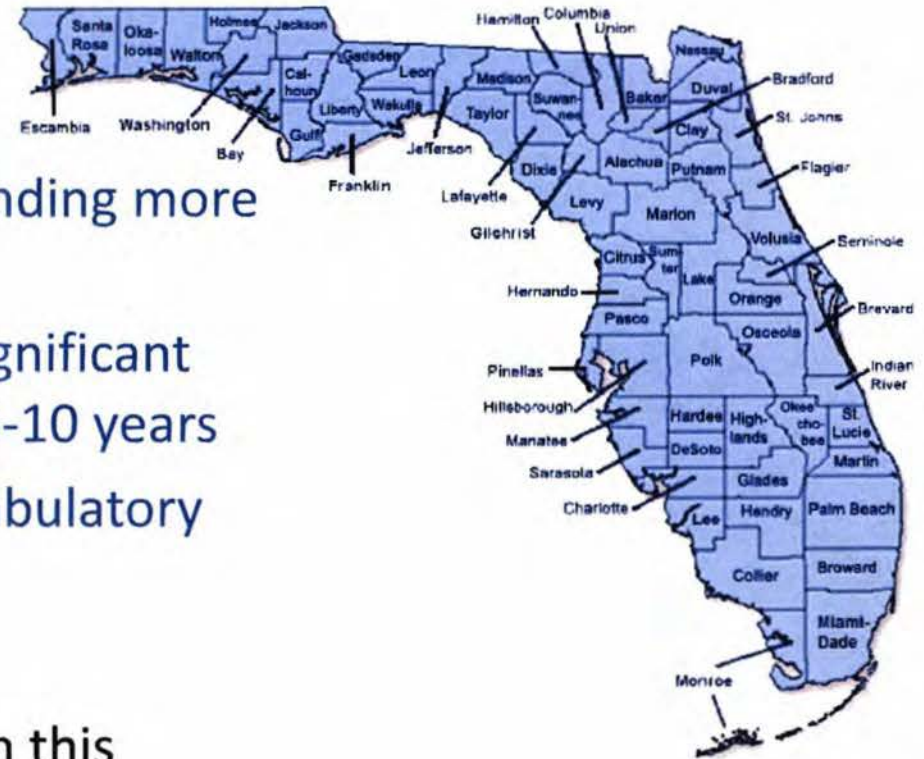
**State of Florida**  
**House of Representatives**  
**Select Committee Meeting**  
**Nurse Licensure Compact**



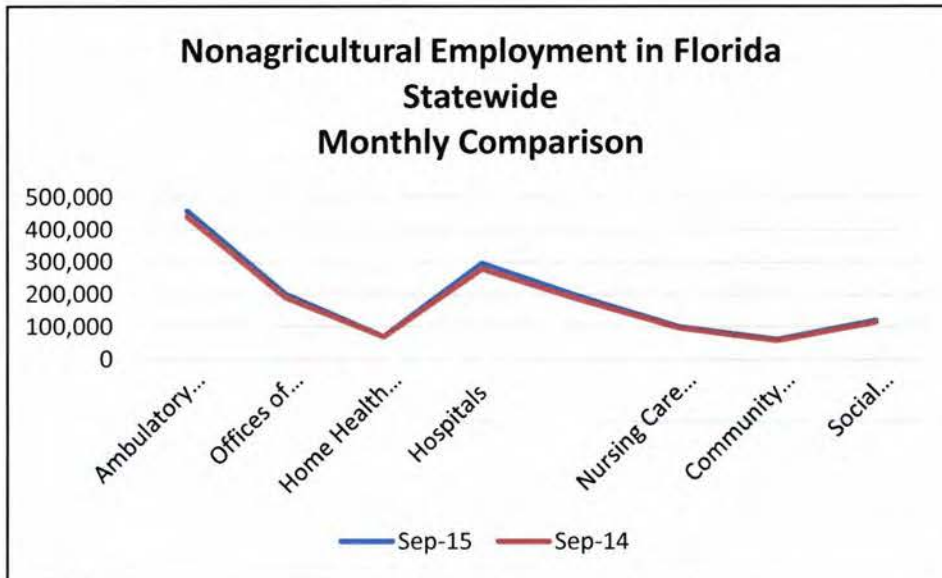
NURSE & ALLIED STAFFING  
PHYSICIAN STAFFING  
OTHER HUMAN CAPITAL MANAGEMENT SERVICES

# Healthcare Labor Market Challenges

- Growing \$13B market with multiple secular demand drivers
  - Increasing, aging population demanding more hospital services
  - Aging RN/physician populations; significant shortages expected over the next 5-10 years
  - Affordable Care Act and shift to ambulatory care
- Demand near all time historic highs
- Candidate attraction is key to success in this market

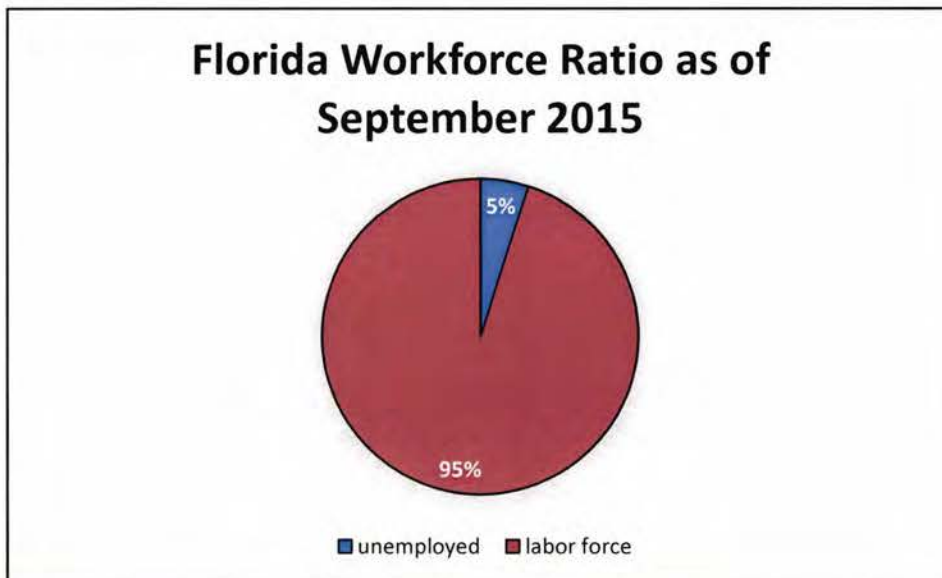


# Florida Healthcare Market Trends



September 2015 Unemployment Rate: 5.2%  
 August 2015 Unemployment Rate: 5.4%  
 September 2014 Unemployment Rate: 5.8%

September 2015 Employment: 8,113,900  
 August 2015 Employment: 8,111,800  
 September 2014 Employment: 7,878,200



September 2015 Healthcare Services has increased by 4.3 percent, up over 50,000 jobs.

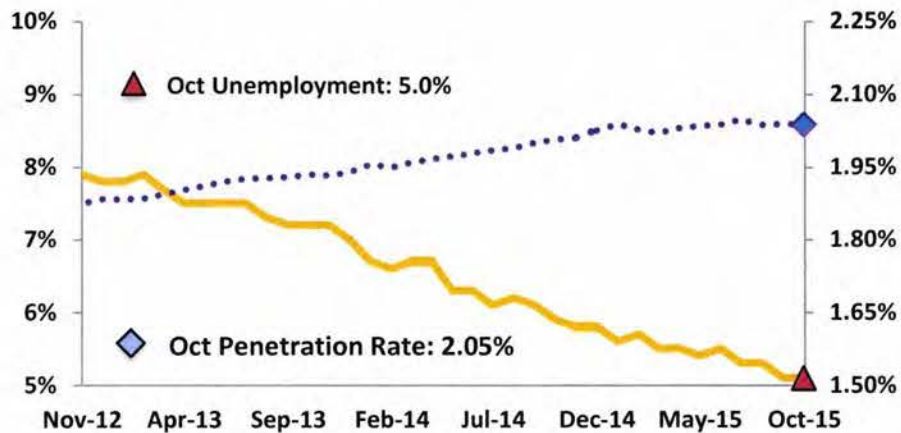
Florida's annual job growth rate has exceeded the nation's rate since April 2012.

Registered Nurses had the highest job demand with over 16,000 online ads for October 2015.

Source: Florida Department of Economic Opportunity

# Current Market Labor Trends

## National Unemployment Rate

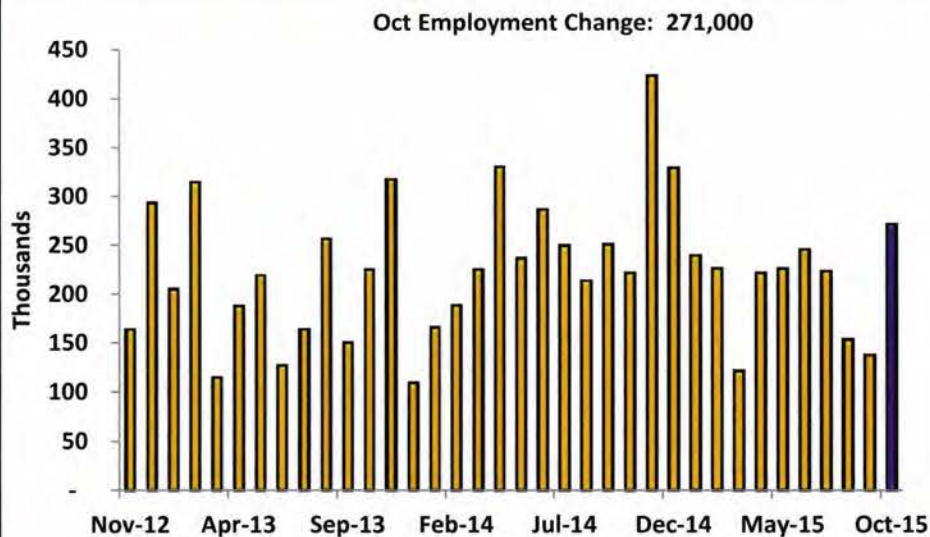


Source: U.S. Bureau of Labor Statistics

## Economic Update

- Unemployment at lowest rate since April 2008
- Over the last twelve months, job growth has averaged 235,000 per month
- Over the last 12 months, 18% of all job growth came from healthcare
- Weekly unemployment initial claims near all time historic lows

## Nonfarm Payroll Employment Over-the-Month Change



Source: U.S. Bureau of Labor Statistics






## Weekly Unemployment Insurance Initial Claims



Source: Department Of Labor

# Healthcare Labor Market Overview


## Nursing

-  2.9MM nurses currently in the United States<sup>1</sup>
-  Projected shortfall of RN's by region and specialty over the next ten years<sup>1</sup>
-  1/3 of the current workforce will reach retirement age in the next ten years<sup>2</sup>
-  >150K taking nurse board exam for the first time – not keeping up with demand<sup>3</sup>
-  50% of RN's in acute Care are over 55yrs old

## Locum Tenens

-  700K practicing physicians in the United States under the age of 75<sup>3</sup>
-  Physicians between 55 and 75 comprised over 30% of the workforce<sup>3</sup>
-  Study suggests demand for physician services is growing faster than supply<sup>3</sup>
-  Demand will increase in variety of specialties as the Affordable Care Act is implemented<sup>3</sup>

## Allied / Other

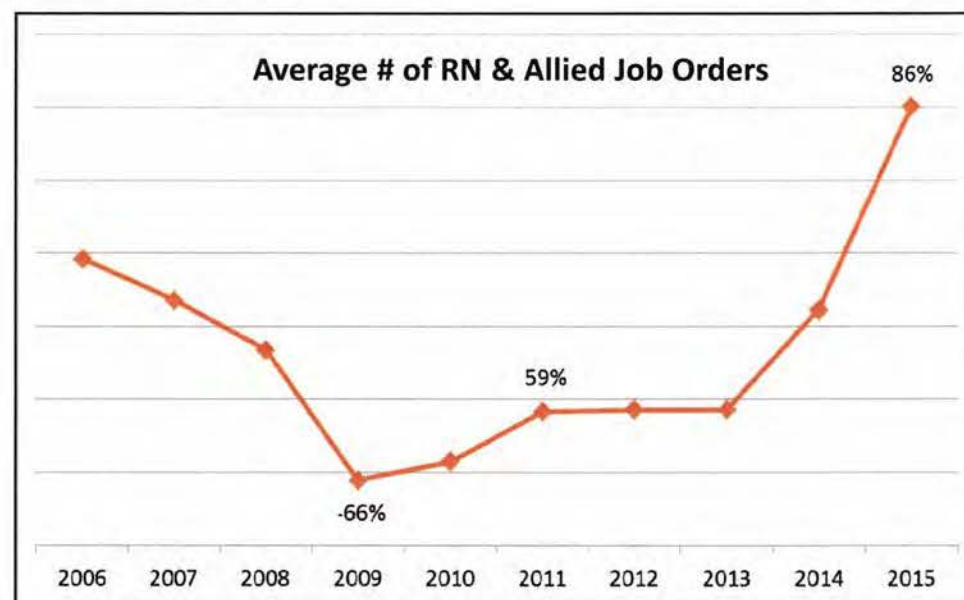
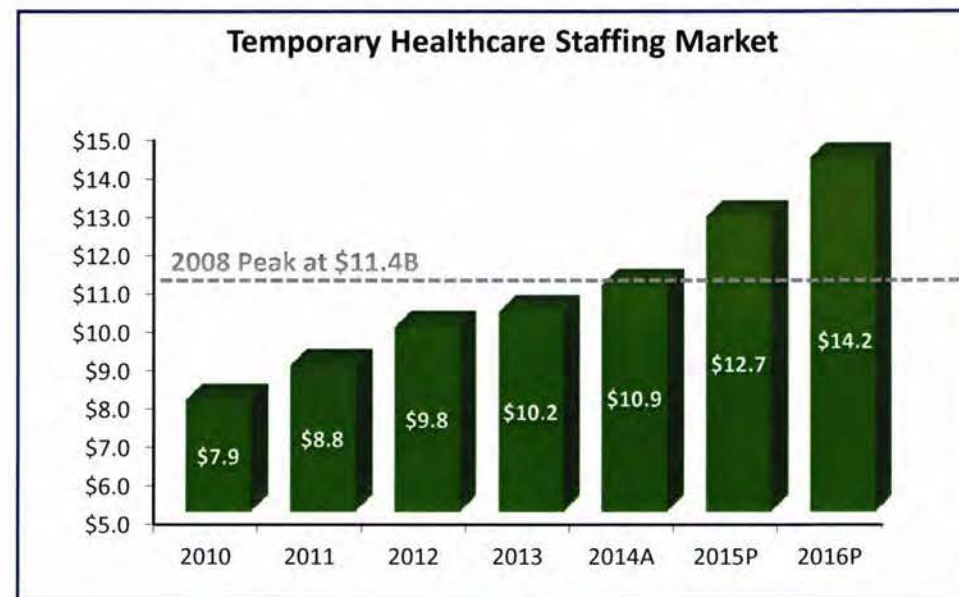
-  63% of hospital leaders include expansion of outpatient services among methods used to fuel financial growth<sup>4</sup>
-  73% of hospitals surveyed will be a part of an Accountable Care Organization (HCO) within the next 5 years<sup>5</sup>
-  Variety of allied specialties expected to experience shortfalls



Source: <sup>1</sup>U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. The Future of the Nursing Workforce: National- and State-Level Projections, 2012-2025. Rockville, Maryland, 2014; <sup>2</sup>Future of the Nursing Workforce, Health Resources and Services Administration December 2014; <sup>3</sup>Association of Medical Colleges: The Complexities of Physician Supply and Demand: Projections from 2013 to 2025 – IHS inc. March 2015; <sup>4</sup> HealthLeaders Media, 2015 HealthLeaders Media Industry Survey; <sup>5</sup>HealthLeaders Media, Intelligence, HealthLeaders Media 2011 Overall Cross-Sector Survey

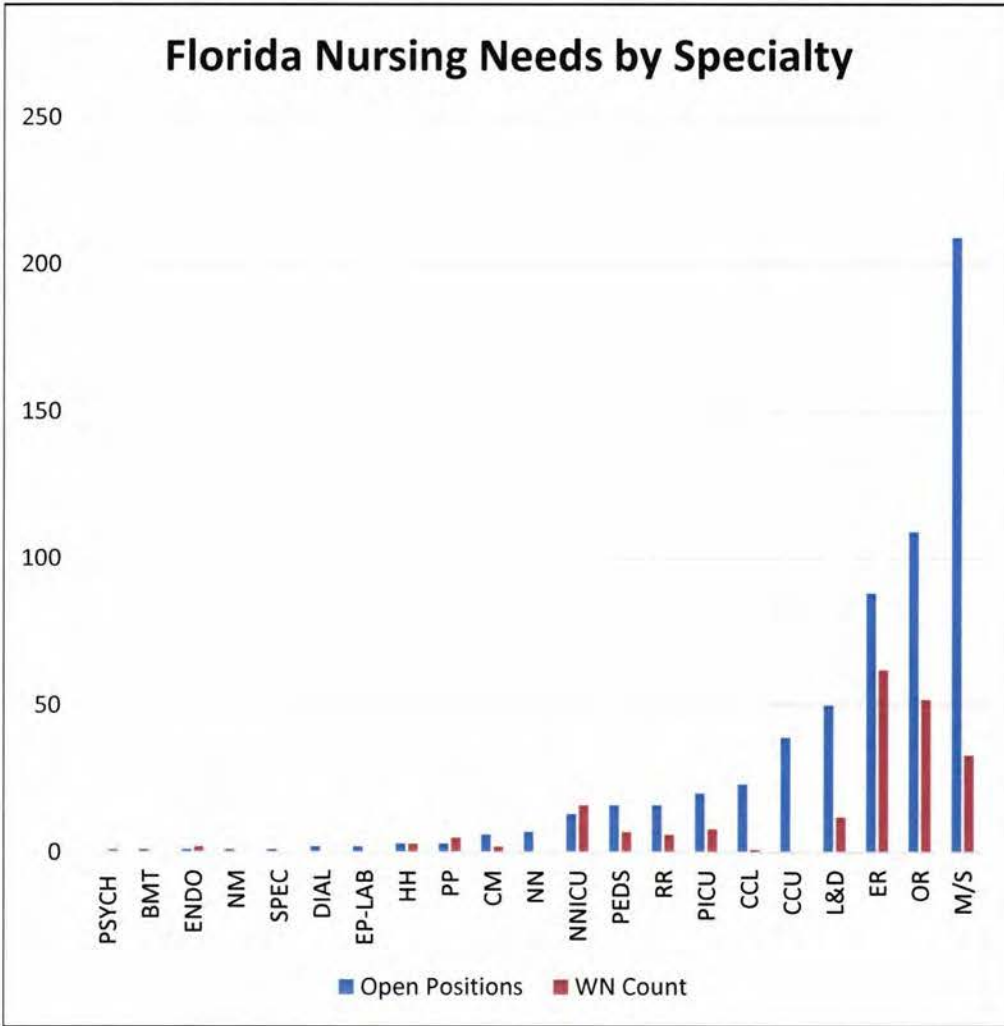
# U.S. Temporary Healthcare Staffing Market on the Rebound

- High healthcare consumption by elderly positively effects demand
  - Americans  $\geq 65$  years old to grow est. 36-39% by 2020 and consume 3x-4x as much healthcare
  - All baby boomers are now over 50 years of age (24.5% of the total population)
  
- Healthcare reform increases healthcare utilization
  - 30MM uninsured people to gain healthcare coverage by 2017
  - Of the ~1.2M jobs created in 2015, 18% came from the healthcare industry
  - Affordable Care Act upheld by U.S. Supreme Court

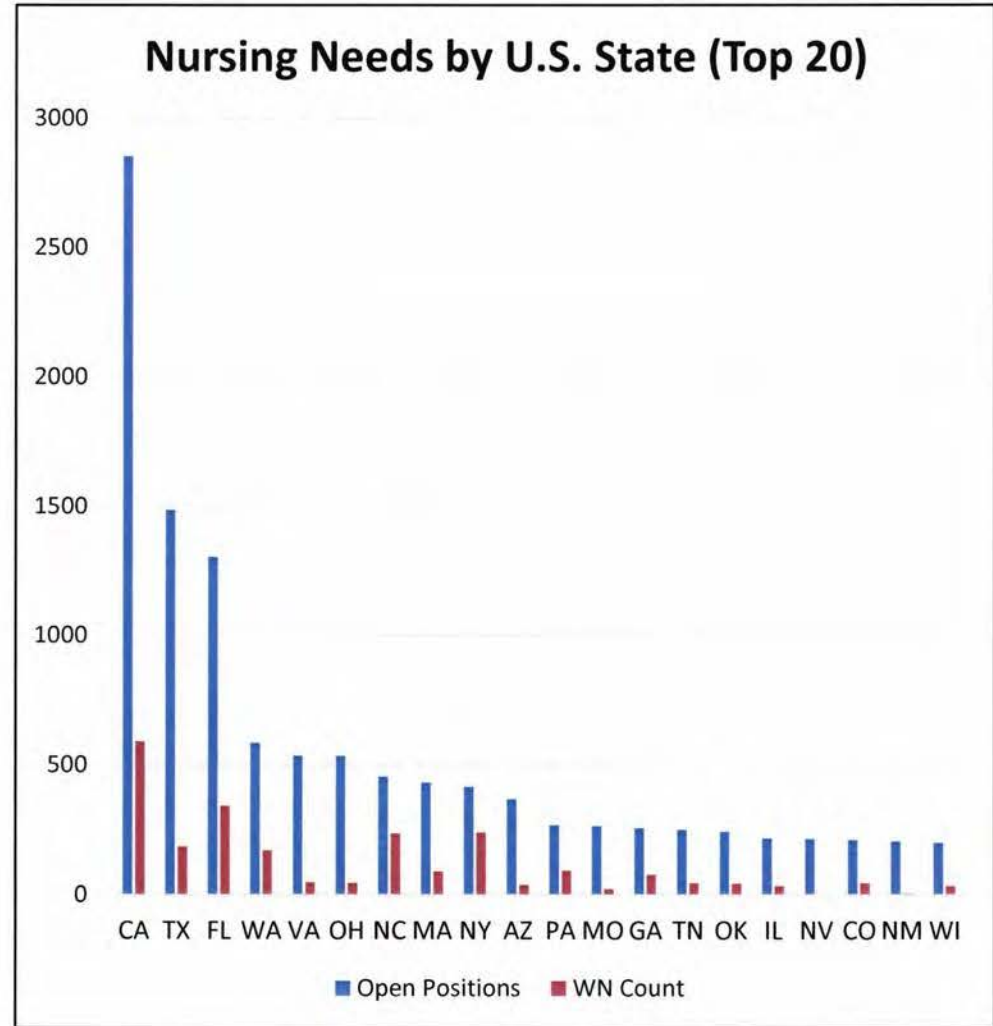


# Cross Country: Current Nursing Demand

## Florida Nursing Needs by Specialty



## Nursing Needs by U.S. State (Top 20)





# Trends Affecting the Florida Healthcare Industry

Florida ranks first in the nation in the percentage of citizens who are age 60 or older, according to the Florida Department of Elder Affairs.

Florida adds close to 55,000 new retirees (age 55 or older) each year, with an annual growth of 138%.

54.1 MM tourists visited Florida in Q1&2 of 2015, up 5.5% from 2014.

1,000 people move to Florida each day according to the Florida Department of State.

# In Summary: Why Nurse Licensure Compact is Important to Florida?

- Current Trends in the Local Population
  - ✓ Aging Residents
  - ✓ Recent Retirees
  - ✓ Booming Tourism Industry
  
- Healthcare Industry Trends
  - ✓ Nurses are in Increasingly Higher Demand
  - ✓ Nurses Retiring vs. Current Graduates
  - ✓ Affordable Care Act Impact





