Alaska State Medical Board – 2023 Time Limited Interstate License Medical Compact (ILMC) Work Group

During the May 2023 Board Meeting, the State Medical Board approved the creation of a time limit open work group comprised of board members and members of the public for the purpose of exploring the Interstate License Medical Compact commission in order to make a recommendation to the Board regarding whether to endorse the ILMC for Alaska. A series of working meetings were held during which participants reviewed and discussed, the Compact Model language, asked questions and received information provided by both the ILMC Commission and Division staff. Detailed minutes for these meetings were not generated due to the frequency of the meetings and staff workload. Instead, a brief summary and the working documents reviewed during the meeting is provided. A recording of the meeting is available upon request to: Medicalboard@alaska.gov

November 8, 2023 - ILMC Work Group Meeting Summary

Participants included:

Richard Wein, MD (Board Chair)
David Barnes , DO, Board Member
Maria Freeman, MD, Board Member
Matt Heilala, DPM, Board Member
David Wilson, Public Board Member
Glenn Saviers, Deputy Director, CBPL
Natalie Norberg, Medical Board Staff
Pam Ventgen, Alaska Medical Association

Chair Wein opened the floor to board members to identify any outstanding questions or concerns. Concerns about the FSMB's political views and ability to influence the ILMC were noted by Dr. Barnes, Dr. Heilala and Mr. Wilson. Concerns about being coerced and intimidated by the FSMB and potentially losing autonomy over practice were also raised.

Chair Wein cited concerns regarding the potential the Alaska Board to have to adopt a forced narrative and ideology if it adopts the ILMC.

Deputy Director Saviers clarified that the conditions of the compact that are adopted into state law are specific to licensing criteria and are not related to the scope of practice. The compact has nothing to do with the regulation of the practice of medicine.

Dr. Heilala asserted that being compelled to reciprocate license sanctions imposed by the state of principle license is one way the ILMC could influence the scope of practice in our state. For example, if the state of principle license disciplined a doctor for prescribing ivermectin, the other states in which that physician was licensed through the compact would be compelled to impose a similar sanction.

Chair Wein identified four key areas for himself and board members to consider with respect to whether the ILMC would be good for Alaska:

1) Do I agree in concept with the interstate compact (meaning with its foundational issues)?
2) What are the costs? (This includes the cost of both time and money)
   What is the legislative costs? What is the cost to the Board? Will this take legal resources? Will it save time and create efficiency?

3) Que bono? Who Benefits? Does this benefit only telemedicine doctors? Will it benefit those doctors who actually come to Alaska? Does it benefit the board and staff?
4) What are some of the solutions?

Chair Wein invited Pam Ventgen to address the work group. Ms. Ventgen reiterated that Alaska has a shortage of physicians and encouraged the board to eliminate barriers to the lengthy application process that currently exists.

Chair Wein asserted that creating efficiencies in the existing processes are important and may serve as an alternative to adopting the ILMC. Ms. Saviers introduced some items that have been identified by the Division as being duplicative and cumbersome in the existing licensing process. These items will be presented to the Board at its next meeting as a regulation package for the Board's consideration to help streamline/decrease delays in processing license applications.

Q&A with CBPL & IMLCC

July 19, 2023

1. **When a state joins the Compact, how do already-licensed physicians transfer their license from single-state to compact-eligible license?** A physician who wishes to use the Compact process must hold a full, unrestricted license issued by the State of Principal License (SPL). Once the SPL has determined eligibility to participate, a Letter of Qualification (LOQ) is issued. The LOQ is used by the physician to obtain licenses in other member states. The SPL is responsible for verifying eligibility to participate from primary source documents.

2. **Is there any annual cost to states to be in the Compact or an anticipated annual cost?** There is no cost to participate. Member boards have found that participation in the Compact is a cash positive activity. Each member board receives its license fee and renewal fees as part of a weekly remittance process. The IMLCC paid member boards over $23M in fees collected in FY2023. Additionally, a member state acting as an SPL receives $300 per LOQ application processed to defray costs associated with that process.

3. **I understand that physicians apply through the Compact and receive separate licenses from each state where they intend to practice, and that licenses are still issued by individual states, but the application process is routed through the compact to significantly streamline the process. However, all licenses are still state-based and there's no Compact license. So, with that said:**

    a. **Does this mean that SPLs go into the Compact's coordinated information system to pull the documentation for the license, and then transfer that to our state licensing database to issue the state license?** Yes. There is a training process where the IMLCC staff will work with the board staff to ensure that the process is understood prior to implementation.

    b. **How do member states usually differentiate a Compact license versus a single-state license when they are the SPL? For instance, the Nurse Licensure Compact generally differentiates by calling them multistate licenses versus single-state licenses, but I recognize that may not apply if each state still issues a single-state license; or is there no need to differentiate?** The license issued is a full, unrestricted license which is no different than any other full, unrestricted license issued by the board. Most member boards use a numbering or sequencing process so that they can know licenses issued via the Compact process from single-state licenses. However, the public should not be able to differentiate between a single-state and Compact-process issued license.

    c. **Same question as (b), except how do member states usually differentiate a Compact license versus a single-state license when they are <u>not</u> the SPL?** Each member board has their method, some examples are: All Compact process licenses start with the number 5 or have a series of letters at the beginning or end of the number sequence. The IMLCC staff will work through this process during the on-boarding process.

4. **For state license fees set per Section 6 of the model law, are those paid by the physician to the Compact, and the Compact issues the funds to States; or how does that work?** The IMLCC sends a weekly remittance with the transactions that occurred in the prior week (Friday to Thursday). The remittance is reviewed, and payment is authorized by the board (or adjustments are made until the board authorizes payment). Once authorized, the IMLCC pays the remittance via paper check, ACH, or credit card. The member board determines the remittance payment method.

5. **How do states report all physicians licensed or physicians who have applied for a license in the Coordinated Information System as required under Section 8 of the model law; and how often do the states report?** The IMLCC system records the transactions and status of each application. This is done without action required by the member board, beyond the application processing requirements. There is no data reconciliation process unless requested by the board.

6. **When SPLs approve someone for a license per the terms of Section 5 of the model law, how do they notify the other states where the physician is interested in practicing? Is it through the Coordinated Information System?** Member boards from whom the physician wishes to obtain a license are provided notification via email that an application is available for process. Each member board's staff have access to the Coordinated Information System.

7. **Have any member states experienced an increase in investigations as a result of joining this Compact?** No increase in investigation activity has been reported. Of the over 15,000 physicians who have used the Compact process, only 28 have had disciplinary action taken. There has been only one (1) joint investigation.

8. **Have any member states experienced an increase in costs as a result of joining this Compact?** The costs associated with joining the Compact are generally associated with system enhancements and additional staff (1 to 2 FTE) to process the applications. Member boards have reported that these costs are quickly recovered based on the increased licensing volume and fees associated with that increased volume (generally 5-15 applications per week).

9. **Do states tend to experience decreased revenue as a result of joining the Compact?** No member board has reported a decrease in revenue. All member boards have reported an increase. Most boards will see a 10-15% increase in the number of applications year-over-year.

10. **How does a physician apply for another state license through the Compact if they weren't initially intending to practice there when they obtained their license through the SPL initially?** The physician makes an application for the states from whom they wish to obtain a license. This can be done as part of the initial application process or at any time during the 365 days the LOQ is valid. Whether the physician actively uses the licenses obtained is not something the IMLCC tracks.

11. **Does the Coordinated Information System integrate with other state's existing licensing databases?** It does not at this time.

    a. **If so, how does that work?** The member board's licensing system is unique and separate from the IMLCC's Coordinated Information System. Interaction requires a human to make the connection.

12. **How much time have member states needed between the time Compact legislation is passed to the date it was successfully implemented?** The implementation process is dictated by the member board. Implementation depends upon the motivation of the member board with most implementations taking place 6-9 months after the member board initiates the training process. There is an active training process which includes a test processing environment. The initial training is done in three 2-hour sessions. Test accounts are prepared for the member boards to work through. The implementation announcement is authorized by the member board.

13. **Is travel to Commission meetings (by the two elected Commissioners) funded by the Compact, or do state boards incur that cost?** The travel expenses for Commissioners are reimbursed by the Commission. There is no cost to the member state for these expenses.

Q&A with SMB Compact Work Group & IMLCC

September 28, 2023

- **Are advisory letters issued by the Board to licensees considered "discipline" under the Compact?** ***(Section 2(k)(7), Section 7(a)(3), Section 10).*** Discipline as used for the purposes of the IMLCC process and for the sections cited in the question is defined in IMLC Rule, Chapter 5, paragraph 5.2(p) "Discipline by a licensing agency in any state, federal, or foreign jurisdiction" means discipline reportable to the National Practitioner Data Bank." If the advisory letters are reported to the NPDB, then they qualify as discipline, otherwise it would not be a disqualifying event.

- **Is there public access to a database identifying who is a Compact doctor versus not, or does the public have any way of finding out whether a doctor qualified for their state license through the Compact?** There is not a publicly accessible database of the physicians who have applied for a license through the IMLCC process. Since there is no such license as a Compact License, requests for information about physicians holding a license are referred to the issuing member board's webpage for information.

- **Is there a fee for license renewals through the Compact?** ***(Section 7)*** Yes, IMLC Rule Chapter 3 establishes the fees charged to a physician to utilize the IMLCC process. There are 2 types of fees charged, "License Fees" and "Service Fees". License Fees are those established and charged by the member board for the issuance of a license and the renewal of a held license. Service Fees are charged by the IMLCC to administer the program. The fee for processing a renewal application is $25.00 per renewal request.

- **Does any info on non-Compact doctors have to be provided to the Compact?** ***(Section 8).*** **If not, could that change if the Commission establishes a bylaw requiring it per Section 8(c)?** The application of the IMLC Statute is limited to those physicians who have voluntarily decided to utilize the Compact process [Section 8, paragraph (2)]. Rules and Bylaws do not have the legal standing to contradict or go beyond established statutory boundaries. The direct answer to the question is - No - a change in the IMLC Bylaws (or rules) cannot alter IMLC Statute, Section 8.

- **Are any Executive Committee members non-Commissioners and/or is that allowable?** ***(Section 11(k))*** Only commissioners appointed by each member state can serve on the Executive Committee. Please reference IMLC Bylaws, Article II.

- **How do we know who is currently on the executive committee?** A complete list of commissioners and their committee assignments can be found on the IMLCC webpage at - https://www.imlcc.org/imlc-commission/roster-of-imlcc-commissioners/

- **Section 12 says the Commission can accept donations. Are they a 501(c)3?** ***(Section 12(l) &(m))*** The IMLCC is considered a "state instrumentality" as defined by IRS Code, §115(1).

- **The model language says that in the event the Commission exercises rulemaking authority beyond the scope of the purposes of the Compact or the powers it granted, then such action by the Commission is invalid and has no force or effect. How does this section get enforced?** ***(Section 15(a)).*** **What is the course of action if a State thinks the Commission has gone beyond its scope and the Commission disagrees? What is the course of action if a Commissioner thinks the Commission has gone beyond its scope and the Commission disagrees?** IMLC Rule, Chapter 1 governs the Rulemaking process. Paragraph 1.4(i) provides instructions regarding the process to challenge a rule passed by the IMLCC. This section is enforced through the Federal courts.

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- **How will the board be notified of new rules established by the Executive Committee or Compact Commission?** ***(Section 4(c), Section 5(g), Section 6(b), Section 7(f), Section 8(c) & (g), Section 12(b), Section 12(a), Section 15, Section 18(e), Section 19(b), Section 21(g))*** Rules may only be promulgated by a majority vote at a meeting of all commissioners. The authority to do rulemaking is not delegated to the Executive Committee or any other committee of the IMLCC. The rulemaking process involves multiple opportunities for commissioners and the public to comment on the proposed rules. Notification of the rule change is provided on the IMLCC webpage, also via emails to Commissioners and Interested Parties.

- **What is the definition of "default" (i.e., when a member state is in "default")?** ***(Section 17(b), Section 18)*** Default is the failure of a member state to meet their obligations as established by the enabling statute or established rules [reference IMLC Statute, Section 18, paragraph (a)].

- **Have any states withdrawn from the Compact or attempted to withdraw?** ***(Section 21)*** No.

Survey of Alaska Nurses' Views on the Nurse Licensure Compact

Alaska State Board of Nursing

NCSBN
Leading Regulatory Excellence

December 12, 2019

ABSTRACT
With the implementation of enhanced nurse licensure compact (eNLC) which includes mandatory criminal background checks among other uniform licensure requirements in 2018, 34 states enacted the eNLC. To gather Alaska nurses' opinion on the eNLC, the Alaska board of nursing (BON) collaborated with the National Council of State Boards of Nursing (NCSBN) to conduct an online survey of all nurses licensed in Alaska. The current survey shows that 92% of respondents licensed in Alaska support Alaska joining the compact. This is an increase over already high levels of support reported in 2014, when 87% of Alaska nurses declared themselves in favor of joining the NLC in the NCSBN National NLC Survey.

BACKGROUND

The National Council of State Boards of Nursing (NCSBN) developed the Nurse Licensure Compact (NLC) to allow for mutual recognition of state licenses between the participating states (Hellquist & Spector, 2004). The NLC streamlines nurse mobility and promotes the standardization of nursing practice regulations (Evans, 2015; Litchfield, 2010; Poe, 2008; Thomas & Thomas, 2018). To further increase access to care and enhance public protection, NCSBN promoted the enhanced NLC (eNLC) in 2015 (Alexander, 2016; Fotsch, 2018). The eNLC requires mandatory criminal background checks as well as 10 additional uniform licensure requirements (Halpern, 2016; NCSBN, 2018). The eNLC was implemented in January 2018. Currently, 34 states enacted the eNLC.

As one of the most desirable states for traveler nurses, mobile nursing practice is a public interest in Alaska. To gather opinions from Alaska nurses on the eNLC, the Alaska Board of Nursing (AK BON), in collaboration with NCSBN, conducted the current survey of all nurses licensed in Alaska in November 2019.

METHODOLOGY

This was a descriptive online survey of all nurses who hold an active registered nurse (RN) or licensed practical nurse (LPN) license in Alaska. Findings from the 462 Alaska nurses who participated in the 2014 NCSBN National NLC survey were used for control. The survey instrument was developed by the AK BON, in collaboration with NCSBN. It comprised nine questions regarding nurses' opinions about Alaska joining the compact, as well as basic details regarding their license and practice (Appendix A). It was estimated to take less than five minutes to complete the survey. NCSBN designed and maintained the online survey via the Qualtrics platform.

Study Population

The study subjects are all nurses who hold an active RN or LPN license in Alaska and who have access to Internet. Based on the national nurse database, over 16,000 active RN or LPN licenses registered Alaska (https://www.ncsbn.org/national-nursing-database.htm).

Procedures
On November 12, 2019, the AK BON distributed the study announcement with an anonymous survey link via the AK BON mailer to all study subjects. On November 21, the AK BON sent out 10,000 follow-up emails and 5,000 fliers (Appendix B). The survey was also posted on the AK BON website to attract participation (Appendix C). The online survey was closed on December 7, 2019.

Data Analysis
Data were exported from Qualtrics via an Excel file. Standard descriptive analysis of data was performed using SAS Enterprise Guide 7.1. Findings from the 462 nurses licensed in Alaska who participated in the 2014 NCSBN National NLC Survey were used as baseline data for comparison.

Confidentiality
The current survey did not collect identifiable personal information such as name or social security number of the participants. Only aggregate data were analyzed and reported.

RESULTS
As of December 7, 3,573 completed surveys were returned. On an assumption that non-response is random, at the 95% confidence level, the maximum margin of error for the findings from the current survey is less than ±2%[1].

I. Characteristics of Study Subjects
Over half of the respondents (56% n=2,018) considered Alaska their primary residence (Table 1). The proportion of non-Alaska respondents reported in the current survey increased from 21% in 2014 to 44% in 2019 (Table 1).

Table 1. Primary Residency in Alaska

	2019 AK Compact Survey (n=3,573)		**2014 NLC Survey (n=461)**	
Yes	56%	2,018	78%	361
No	44%	1,555	21%	100

The majority (87%) of the responding nurses hold an RN license, while 8% hold an LPN license, well reflecting the RN and LPN license composition reported in the 2014 survey. Two hundred and ninety-five respondents (8%) also hold an advanced practice nurse (APRN) license (Table 2).

[1] The margin of error (MOE) can be calculated with the formula: MOE =Z* √p* (1-p)/√n

Table2. Type of License Held

	2019 AK Compact Survey (n=3,762)*		2014 NLC Survey (n=499)*	
RN	87%	3,268	85%	424
LPN	5%	199	6%	28
APRN	8%	295	9%	47

*Note. Respondents could select more than one response option

Over fifty percent of the respondents (58%) were direct care nurses (Table 3). Eighteen percent of the respondents specified some other roles, which include certified registered nurse anesthetist; nurse practitioner; certified nurse midwife, and travel nurse, etc. Most of the respondents (97%) practiced nursing in the past 24 months (Table 4).

Table3. Primary Role in Nursing

	2019 AK Compact Survey (n=3,504)	
Telephone triage nurse	4%	153
Transport nurse	1%	33
Case manager nurse	7%	249
Nurse administration/manager	8%	263
Dire care nurse	58%	2,029
Nurse educator	4%	149
Other	18%	628

Table 4. Practice in the Past 24 Months with a Nurse License

	2019 AK Compact Survey (n=3,573)		2014 NLC Survey (n=461)	
Yes	97%	3,466	94%	435
No	3%	107	6%	26

More than sixty percent of the respondents (61%) also hold an active nursing license in another state, a slight increase from 53% from the 2014 survey (Table 5).

Table 5. Hold a License Outside of Alaska

	2019 AK Compact Survey (n=3,527)		2014 NLC Survey (n=371)	
Yes	61%	2,148	53%	195
No	39%	1,379	47%	176

The current survey further indicates 64% of the respondents had provided nursing services and/or communicated with a patient or client who was located in a state other than Alaska (Table 6). This proportion increased substantially compared to that reported in the 2014 survey (22%).

Table 6. Practice in the Past 24 Months with Patients/Clients Outside of Alaska

	2019 AK Compact Survey (n=3,504)		2014 NLC Survey (n=433)	
Yes	64%	2,240	22%	97
No	36%	1,264	78%	336

Additionally, we found that among those who practice nursing in the past 24 months, 22% of the respondents were members of a union (Table 7).

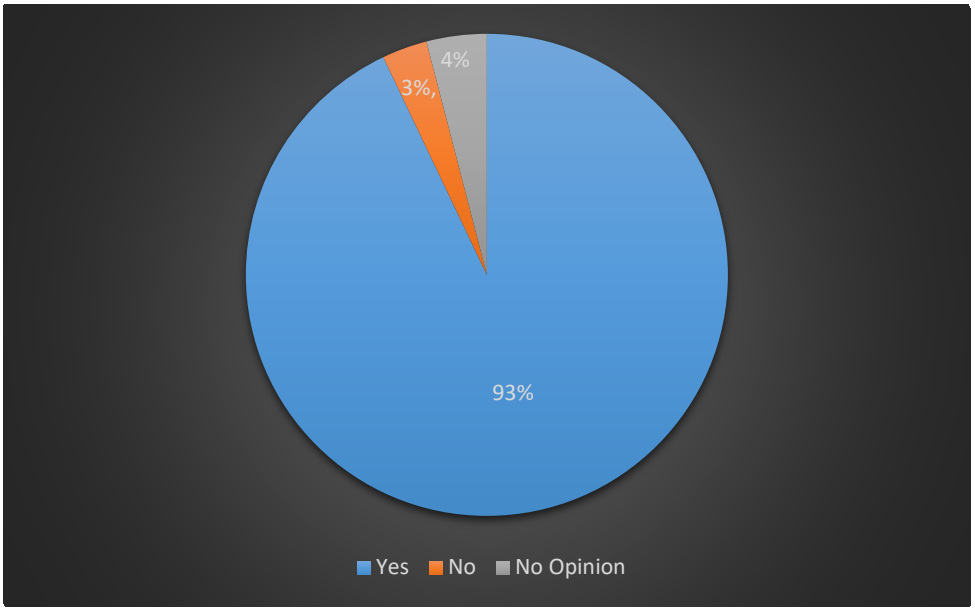
Table 7. Union Membership during Employment

Union Membership	2019 AK Compact Survey (n=3,466)		2014 NLC Survey (n=417)	
Yes	22%	749	29%	121
No	78%	2,717	71%	296

The majority of the respondents (92%, n=3,259) support Alaska joining the compact (Figure 1).

Figure 1. Nurses' Opinions about Alaska Joining the eNLC

(n=3,527)



Compared to the 2014 survey report, the proportion of nurses who are in favor of Alaska joining the compact increased from 87% in 2014 to 92% in 2019. Meanwhile, the proportion of nurses who had no opinion about Alaska joining the compact decreased from 10% in 2014 to 4% in 2019 (Table 8). Three percent of respondents opposed Alaska joining the Compact, a portion essentially unchanged from 2014.

Table 8. In Favor of Alaska Joining the Compact

	2019 AK Compact Survey (n=3,527)		2014 NLC Survey (n=199)*	
Yes (in favor)	92%	3,259	87%	173
No (opposed)	3%	119	3%	6
No Opinion	4%	149	10%	20

*The 2014 survey included six different answers. Only comparable answers in both surveys were used.

In addition, the current survey shows that 87% of the respondents (3,058 out of 3,519) would be interested in applying for a compact license if Alaska were to join the compact. Several respondents indicated that they would consider moving to Alaska if Alaska became a compact state.

Further analysis of support for the compact among sub-groups of respondents indicated a high level of support among all categories (Table 9). The highest level of support (90% and above) was indicated in nurses with primary residency outside of Alaska (97%), those who provided nursing services outside of Alaska (96%), those holding a license outside of Alaska (96%), nurses who are not members of a union (94%), and those who practiced nursing in the past two years (93%).

Table 9. Opinions about Alaska Joining the Compact

Sub-group		In Favor of Joining the Compact		
		Yes	No	No Opinion
Primary residency in Alaska	Yes	89% (1,773)	5% (105)	6% (121)
	No	**97% (1,486)**	**1% (14)**	**2% (28)**
Practiced nursing within the past 24 months	**Yes**	**93% (3,169)**	**3% (118)**	**4% (139)**
	No	89% (90)	1% (1)	10% (10)
Provided services/communicated with patients out of AK within the past 24 months	**Yes**	**96% (2,148)**	**2% (41)**	**2% (51)**
	No	86% (1,092)	6% (76)	8% (96)
Member of a union during employment	Yes	87% (643)	8% (57)	6% (43)
	No	**94% (2,526)**	**2% (61)**	**4% (96)**
Hold a license outside of Alaska	**Yes**	**96% (2,058)**	**2% (44)**	**2% (46)**
	No	87% (1,201)	5% (75)	7% (103)

The current survey also asked respondents to specify why they are for or against Alaska joining the compact. Two text boxes were provided for these respondents' comments. Several respondents also sent their comments to NCSBN via emails. A brief summary is provided below. Additional comments from the respondents are listed in Appendix D.

Benefits of Alaska Joining the Compact

- Increases access to standardized patient care and safety.
- Serves the best interests of nurses.
- Facilitates the care of patients who seek treatment across states.
- Eliminates cost and difficulty of applying for and maintaining multiple state licenses.
- Allows flexibility for travel nurses.
- Allows nurses incentive to work in Alaska, and freedom to work across state borders, particularly given the population of military spouses needing to move states.
- Eases hospital and clinic employment delays.
- Makes it easier to meet staffing needs and fill nursing shortage; efficient and cost-effective placement.
- Encourages nursing students who attend nursing schools outside Alaska, to work in Alaska.
- Broadens collective nurse practice experience and knowledge base.

- Patient safety (unsafe nurse may practice in Alaska; potential deficiencies in quality control)
- Difference in nursing scope of practice in Alaska compared to other states, especially in rural areas
- Loss of Alaska state and BON revenue from licensing fees
- Potential increase in licensing and renewal cost
- Loss of union protection. Preservation of nursing union bargaining power, particularly in event of potential strike
- Geographic and cultural differences in Alaska compared to contiguous United States
- Facilitation of orientation to unique nursing practice environment
- Lack of interest by Alaska nurses (no intention to practice outside of Alaska, retired or retiring, or not a resident of a compact state, etc.)
- Increase in population, pollution, and disrespect
- Lack of knowledge on the NLC

LIMITATIONS

This study relied upon voluntary self-reported data. It is possible that our respondents are a self-selected group with strong opinions about the compact, such that we may overestimate both support and opposition and underestimate the size of the "no opinion" group among the Alaska nursing workforce. The current survey was distributed to all Alaska licensed nurses via an anonymous web link. We were unable to track the exact response rate. It was reported that some nurses were unable to access the survey due to security by their network administrator. Some nurses who could not participate in the survey contacted NCSBN, indicating that they are in favor of Alaska joining the compact.

CONCLUSION

We surveyed all nurses with an active Alaska license who have access to Internet, and over three thousand nurses responded. The vast majority (92%) of the respondents are in favor of Alaska joining the compact, and 3% of the respondents oppose Alaska joining the compact due to the concerns that unsafe nurses might come to practice in Alaska, lowering the quality of care. The enhanced compact that has included criminal background checks and additional standardized licensure requirements should have adequately addressed these concerns. The current study shows that some nurses are not fully aware of the licensure requirements in the enhanced compact. Additional outreach education could help the remaining non-supportive nurses to make an educated decision and feel more positive about joining the compact.

An important point to note is that 64% of our respondents reported having provided nursing services to and/or communicated with patients or clients located in a state other than Alaska. This is a substantial increase over the 22% of Alaska nurses who reported similar cross-border activities in the 2014 survey. The proportion of the responding nurses who held a license outside of Alaska also increased, from 53% in 2014 to 61% in the current survey. These data suggest an increasing demand on Alaska nurses to practice beyond state borders.

In sum, 3,573 Alaska nurses completed the current compact survey. The vast majority (92%) were in favor of Alaska joining the Compact, and 64% of the respondents already practice across state borders. The respondents (87%) also showed interest in applying for a compact license if Alaska joins the compact.

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Appendix A: 2019 Alaska Compact Survey Instrument

Introduction: The Alaska Board of Nursing (AK BON) is seeking your input on the Nurse Licensure Compact (NLC).

The NLC allows a nurse who holds one multi-state license issued by a Compact state to practice in any other Compact state without obtaining additional licenses. Currently 34 states have enacted the NLC legislation in the United States. The NLC facilitates cross-border practice and allows a nurse to move freely among Compact states without obtaining a license from each.

To better understand your opinions of joining the NLC, please answer the following questions.

Q1. In the past 24 months, have you been employed in a position that required a nursing license?

□ Yes
□ No

Q2. During that employment, were you a member of a nursing union?

□ Yes
□ No

Q3. Is Alaska your state of primary residence?

□ Yes
□ No

4. Other than Alaska, do you hold an active nursing license in any other state?

□ Yes
□ No

Q5. Would you be in favor of Alaska joining the Nurse Licensure Compact?

□ Yes (please provide reason)_____
□ No (please provide reason) _____
□ No opinion

Q6. If Alaska were to join the Nurse Licensure Compact, would you be interested in applying for a Compact license?

□ Yes
□ No

Q7. What type of license do you currently hold? (Select all that apply)

- □ LPN/VN
- □ RN
- □ APRN

Q8. In the past 24 months, have you provided nursing services and/or communicated with a patient, client or a student who was in a state other than Alaska?

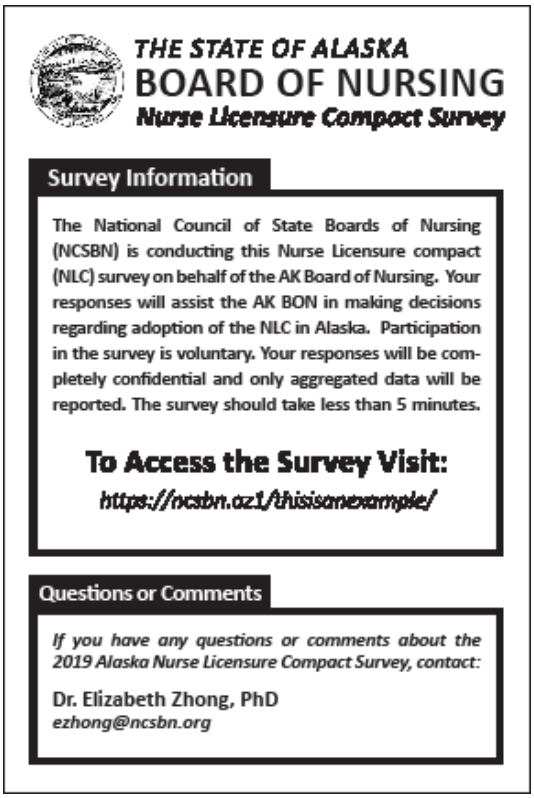
- □ Yes
- □ No

Q9. What is your primary role in nursing? (Select one only)

- □ Telephone Triage Nurse
- □ Transport Nurse
- □ Case manager nurse
- □ Nurse Administrator/Manager
- □ Direct Care Nurse
- □ Nurse Educator
- □ Other_____ (please specify)

Thank you very much for your time and participation!

Appendix B. Study Announcement and Follow up Reminder from the Alaska Board of Nursing



THE STATE OF ALASKA
BOARD OF NURSING
Nurse Licensure Compact Survey

Survey Information

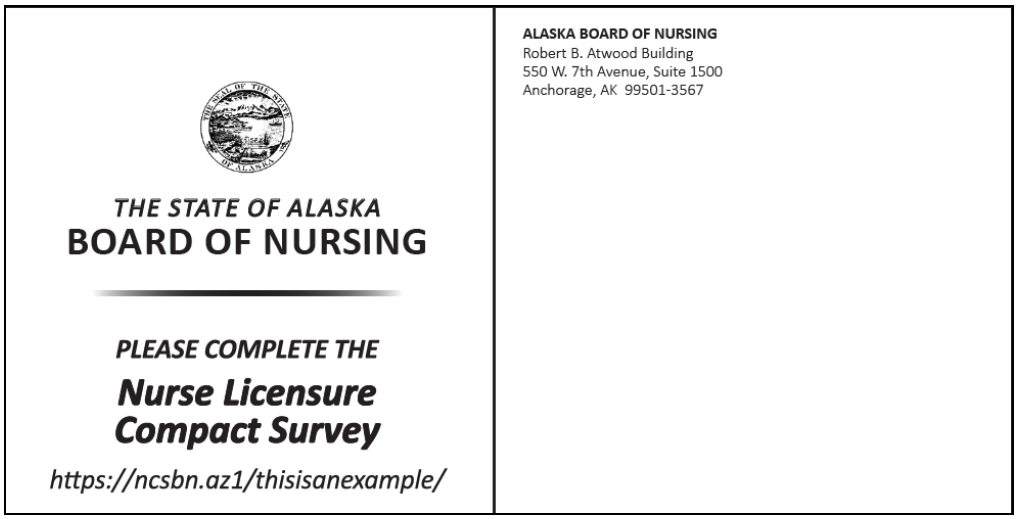
The National Council of State Boards of Nursing (NCSBN) is conducting this Nurse Licensure compact (NLC) survey on behalf of the AK Board of Nursing. Your responses will assist the AK BON in making decisions regarding adoption of the NLC in Alaska. Participation in the survey is voluntary. Your responses will be completely confidential and only aggregated data will be reported. The survey should take less than 5 minutes.

To Access the Survey Visit:
https://ncsbn.az1/thisisanexample/

Questions or Comments

If you have any questions or comments about the 2019 Alaska Nurse Licensure Compact Survey, contact:

Dr. Elizabeth Zhong, PhD
ezhong@ncsbn.org

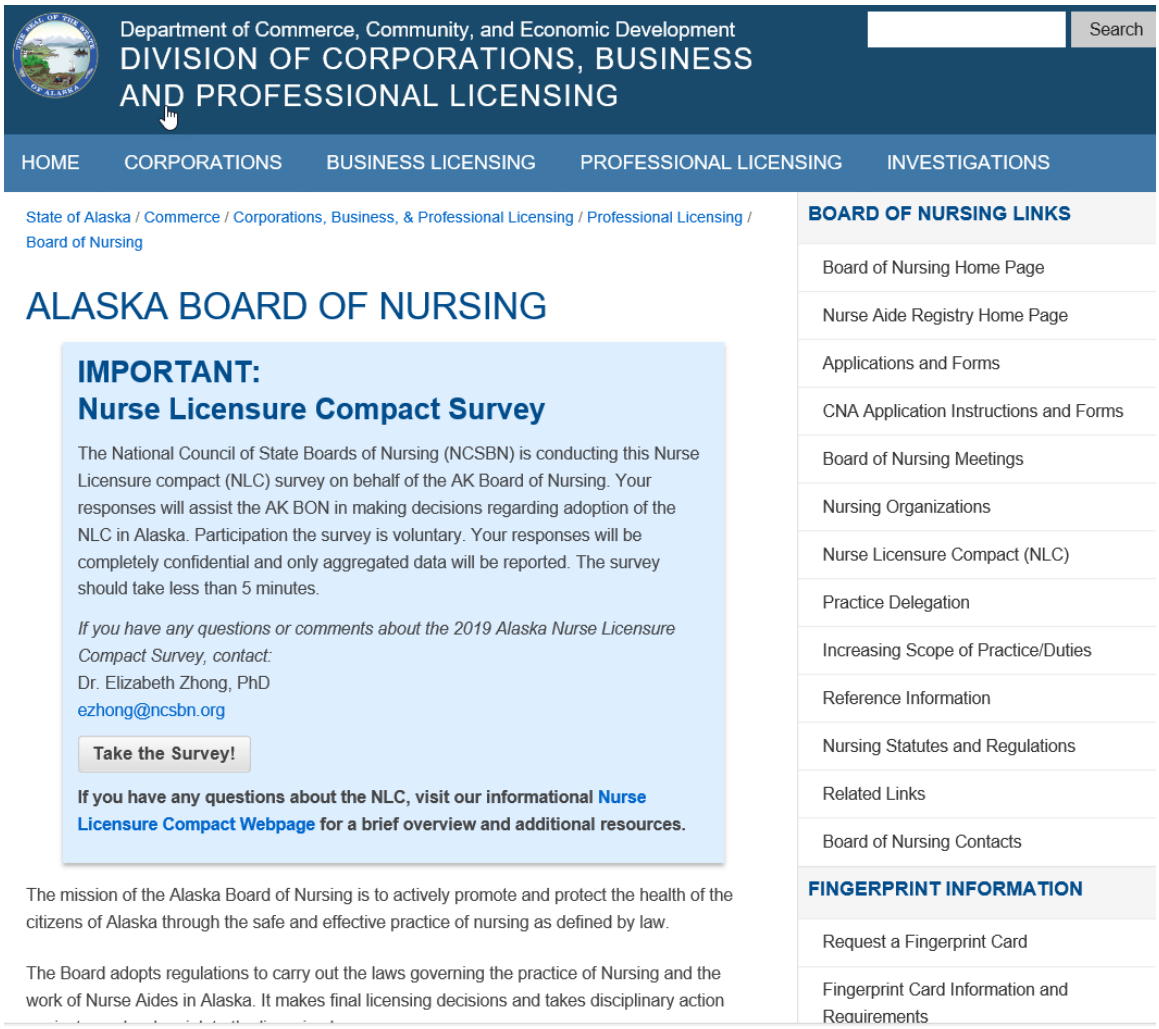


THE STATE OF ALASKA
BOARD OF NURSING

PLEASE COMPLETE THE
Nurse Licensure Compact Survey
https://ncsbn.az1/thisisanexample/

ALASKA BOARD OF NURSING
Robert B. Atwood Building
550 W. 7th Avenue, Suite 1500
Anchorage, AK 99501-3567

Appendix C. AK BON Web Post of the Nursing Nurse Licensure Compact Survey
https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/BoardofNursing.aspx



Appendix D: Selected Comments from the Respondents

The following is a summary of some de-identified quotes from respondents.

- *I currently hold a compact license. Please become part of the eNLC. With the shortage of nurses nationwide, I am surprised that most state BON's haven't adopted this legislation.*

- *Alaska will continue to lose many outstanding nurses and be subjected to continual nursing shortages without it. It is paramount to join the Compact.*

- *We all take a national exam in order to become licensed, getting state specific licenses delays/prevents getting nurses where they are needed in an efficient amount of time.*

- *I am currently a part of an organization that provides relief across many states to sister facilities in order to provide more seamless patient care. Supporting our hospital in Alaska is not possible without compact licensing.*

- *Our facility frequently must use travelers (nurses) and hires military spouses from out of state. It would be beneficial to not have to wait for their licensing to come through.*

- *I have an Alaska license but now live in Colorado, where I would have to obtain a CO license to be considered for a nursing position.*

- *I have been licensed in all 50 states and many more states have accepted compact. It goes with the future of healthcare moving to the virtual arena.*

- *Becoming a compact state would speed up the process of obtaining travel nurses in low staffed and difficult to staff areas of the state since there would be no wait for licensure of individuals holding compact state licenses.*

- *We would very much have benefited from a compact in which many states are included. It has been expensive to carry three licenses all these years, not to mention doing CEU's for all states involved. Now, the volunteer hours being increased from 30 to 60 hours, has placed an additional burden on those of us who are "retired".*

- *The compact licensure would open more doors of opportunity to remain in the state while practicing nurse coaching in particular. I want to be a part of transforming healthcare in our state, and the nation, through Nurse Coaching and evidence based holistic approaches to wellness. Being a part of a compact licensure would support this vision. Thank you for your time in considering my voice as you move forward with your decision.*