

March 2024

Dear Colleague,



As the collective voices representing the interests of the state and the nation's advanced practice registered nurses and nurse practitioners, our Associations stand united in requesting changes to the APRN Compact before it is enacted into state laws.



We urge state leaders to listen to the voices of APRN licensees and **do not advance** this version of an APRN Compact until the concerns of the APRN professional community are meaningfully resolved in a future legislative session.



We look forward to returning with an APRN Compact that the broad nursing community across the nation can support.

Shared Concerns of the Advanced Practice Registered Nurse Community:

- **Fails to incorporate lessons from the pandemic.** This APRN Compact was drafted in 2019, prior to the events of the COVID-19 public health emergency. Revisions are needed to reflect the new health care realities of our states and communities.
- **An arbitrary threshold of 2,080 practice hours.** The requirement for 2,080 minimum practice hours for multistate license eligibility is inconsistent with the evidence and is not aligned with the national model for APRN licensure that has been endorsed by state and national nursing associations and regulatory boards.
- **No guaranteed APRN representation in the oversight and administration.** An APRN advisory committee should be built into the underlying structure of the proposed Compact. A guarantee of APRN representation is necessary to inform processes and decisions that are unique to APRNs. Individual bill amendments that *recommend* APRN representation are not a meaningful solution.
- **First: get the compact provisions right. Then we can get it going.** To fully address these concerns, the underlying compact provisions must be revised with these enhancements *outside* the state legislative process. After enactment, improvements to the compact are much more difficult to secure. Our states and communities would benefit from holding on enacting today's APRN Compact legislation into law after those enhancements are finalized.



When done well, interstate compacts have potential to reduce licensure complexity and strengthen the flexible deployment of the APRN workforce across state lines.

Unfortunately, the existing APRN Compact falls short. These outstanding items not only raise concerns for our organizations, but have resulted in a significant number of states choosing not to advance this version of the compact.

Based on the concerns noted above, we believe this APRN Compact is not ready and not right for APRNs and their patients.

