

JOINT STATE GOVERNMENT COMMISSION

General Assembly of the Commonwealth of Pennsylvania

LICENSE PROCESSING TIMES OF THE PENNSYLVANIA STATE BOARD OF NURSING

Staff Study

April 2022



*Serving the General Assembly of the
Commonwealth of Pennsylvania Since 1937*

REPORT

License Processing Times of the Pennsylvania State Board of Nursing

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The Joint State Government Commission was created in 1937 as the primary and central non-partisan, bicameral research and policy development agency for the General Assembly of Pennsylvania.¹

A fourteen-member Executive Committee comprised of the leadership of both the House of Representatives and the Senate oversees the Commission. The seven Executive Committee members from the House of Representatives are the Speaker, the Majority and Minority Leaders, the Majority and Minority Whips, and the Majority and Minority Caucus Chairs. The seven Executive Committee members from the Senate are the President Pro Tempore, the Majority and Minority Leaders, the Majority and Minority Whips, and the Majority and Minority Caucus Chairs. By statute, the Executive Committee selects a chairman of the Commission from among the members of the General Assembly. Historically, the Executive Committee has also selected a Vice-Chair or Treasurer, or both, for the Commission.

The studies conducted by the Commission are authorized by statute or by a simple or joint resolution. In general, the Commission has the power to conduct investigations, study issues, and gather information as directed by the General Assembly. The Commission provides in-depth research on a variety of topics, crafts recommendations to improve public policy and statutory law, and works closely with legislators and their staff.

A Commission study may involve the appointment of a legislative task force, composed of a specified number of legislators from the House of Representatives or the Senate, or both, as set forth in the enabling statute or resolution. In addition to following the progress of a particular study, the principal role of a task force is to determine whether to authorize the publication of any report resulting from the study and the introduction of any proposed legislation contained in the report. However, task force authorization does not necessarily reflect endorsement of all the findings and recommendations contained in a report.

Some studies involve an appointed advisory committee of professionals or interested parties from across the Commonwealth with expertise in a particular topic; others are managed exclusively by Commission staff with the informal involvement of representatives of those entities that can provide insight and information regarding the particular topic. When a study involves an advisory committee, the Commission seeks consensus among the members.² Although an advisory committee member may represent a particular department, agency, association, or group, such representation does not necessarily reflect the endorsement of the department, agency, association, or group of all the findings and recommendations contained in a study report.

¹ Act of July 1, 1937 (P.L.2460, No.459); 46 P.S. §§ 65–69.

² Consensus does not necessarily reflect unanimity among the advisory committee members on each individual policy or legislative recommendation. At a minimum, it reflects the views of a substantial majority of the advisory committee, gained after lengthy review and discussion.

Over the years, nearly one thousand individuals from across the Commonwealth have served as members of the Commission's numerous advisory committees or have assisted the Commission with its studies. Members of advisory committees bring a wide range of knowledge and experience to deliberations involving a particular study. Individuals from countless backgrounds have contributed to the work of the Commission, such as attorneys, judges, professors and other educators, state and local officials, physicians and other health care professionals, business and community leaders, service providers, administrators and other professionals, law enforcement personnel, and concerned citizens. In addition, members of advisory committees donate their time to serve the public good; they are not compensated for their service as members. Consequently, the Commonwealth receives the financial benefit of such volunteerism, along with their shared expertise in developing statutory language and public policy recommendations to improve the law in Pennsylvania.

The Commission periodically reports its findings and recommendations, along with any proposed legislation, to the General Assembly. Certain studies have specific timelines for the publication of a report, as in the case of a discrete or timely topic; other studies, given their complex or considerable nature, are ongoing and involve the publication of periodic reports. Completion of a study, or a particular aspect of an ongoing study, generally results in the publication of a report setting forth background material, policy recommendations, and proposed legislation. However, the release of a report by the Commission does not necessarily reflect the endorsement by the members of the Executive Committee, or the Chair or Vice-Chair of the Commission, of all the findings, recommendations, or conclusions contained in the report. A report containing proposed legislation may also contain official comments, which may be used to construe or apply its provisions.³

Since its inception, the Commission has published over 400 reports on a sweeping range of topics, including administrative law and procedure; agriculture; athletics and sports; banks and banking; commerce and trade; the commercial code; crimes and offenses; decedents, estates, and fiduciaries; detectives and private police; domestic relations; education; elections; eminent domain; environmental resources; escheats; fish; forests, waters, and state parks; game; health and safety; historical sites and museums; insolvency and assignments; insurance; the judiciary and judicial procedure; labor; law and justice; the legislature; liquor; mechanics' liens; mental health; military affairs; mines and mining; municipalities; prisons and parole; procurement; state-licensed professions and occupations; public utilities; public welfare; real and personal property; state government; taxation and fiscal affairs; transportation; vehicles; and workers' compensation.

Following the completion of a report, subsequent action on the part of the Commission may be required, and, as necessary, the Commission will draft legislation and statutory amendments, update research, track legislation through the legislative process, attend hearings, and answer questions from legislators, legislative staff, interest groups, and constituents.

³ 1 Pa.C.S. § 1939.



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April 2022

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To the Members of the General Assembly of Pennsylvania:

House Resolution 142 of 2021 directed the Joint State Government Commission to conduct a study of the State Board of Nursing to learn about the length of time to issue licenses and the length of time to approve applicants to take licensing exams. Also, HR142 directed the Commission to compare Pennsylvania's processing times to those of other states and to make recommendations on how to reduce processing time and eliminate delays.

Commission staff met with stakeholders representing different parts of the system, including nursing schools, healthcare associations and advocates, and the state's nursing board. The results of the meetings and staff research led to several recommendations to reduce time frames and improve efficiency to help ensure that qualified candidates and professional nurses are available to meet the Commonwealth's healthcare needs.

Sincerely,

Glenn J. Pasewicz
Executive Director

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INTRODUCTION

On October 26, 2021, House Resolution 142, Printer's No. 2138, was adopted directing the Joint State Government Commission to conduct a comprehensive study and review of the State Board of Nursing (the Board). A report was to include the Commission's findings and recommendations, including but not limited to the following:

- 1) The current processing times for the issuance of initial licensure and renewal of licensure for all types of licenses under the State Board of Nursing's jurisdiction;
- 2) The current processing times for the issuance of authorization to test for applicants;
- 3) The current processing times and related fees for the approval of proposed nursing curriculum revisions and new nursing education programs;
- 4) An analysis and comparison of the current processing times for the State Board of Nursing compared to similar boards in other states;
- 5) The impact of lengthy processing times on applicants regarding their ability to practice and seek employment in this Commonwealth;
- 6) The cause of the delays in processing times for initial licensure, license renewal, issuance of authorization to test, and approval of proposed nursing curriculum revisions and new nursing education programs;
- 7) Recommendations for statutory or regulatory changes to reduce the delays in processing times;
- 8) Recommendations on ways to improve the communication between integrated technology systems utilized by the State Board of Nursing; and
- 9) Recommendations on ways to improve processing times under the State Board of Nursing, communication with licensees and stakeholders, and the overall processes within the State Board of Nursing.

As part of its research, Commission staff was directed to solicit input from organizations representing licensed nurses, representatives from nursing education programs and schools, representatives from hospitals and health care facilities, representatives from the Bureau of Professional and Occupational Affairs and any other groups necessary to inform the Commission. The Commission received responses or had meetings with the following organizations:

- The Pennsylvania Bureau of Professional and Occupational Affairs, including The Pennsylvania Board of Nursing;
- Pennsylvania Health Care Association (PHCA);
- The Hospital and Healthsystem Association of Pennsylvania (HAP);
- LeadingAge PA;
- Pennsylvania State Nurses Association;
- University of Pittsburgh;
- University of Pennsylvania; and
- Harrisburg Area Community College.

Of the organizations providing input on the current processing times for the issuance and renewal for all types of licenses under the Board's jurisdiction, the consensus was that processing times for nursing licenses were longer than the posted times on the Board's website. Beginning in early 2020, two retirements left a large institutional knowledge gap and there were issues early in the pandemic when staff transitioned to work remotely from home. A combination of retirements of key personnel and the COVID-19 pandemic made it challenging for the board to keep up with the Commonwealth's case load of nursing licenses and program revisions.

By rehiring one of the retirees to help with the knowledge gap and providing all remote-working employees access to all of the databases and work-related computer programs necessary to carry out all of their duties, the board believes it now has processing times back to pre-pandemic levels. However, this report still contains findings and recommendations which can improve upon processing times even if they are back to pre-pandemic levels.

FINDINGS AND PROPOSED RECOMMENDATIONS

The Commission was directed to make recommendations for statutory or regulatory changes to reduce the delays in processing times, to improve communication, and ways to improve processing times under the Board. After a careful review of the statutes and regulations and having received feedback from professional organizations, Commission staff proposes the recommendations outlined below. It should be noted that the recommendations contained in this report represent the collection of responding organizations and the research conducted by the Commission. The recommendations may not be unanimously endorsed and should not be considered the official position of all the organizations represented in this report.

RECOMMENDATION – Increase staffing levels within the Board of Nursing.

As of March 2022, the Board of Nursing has a complement of 32 employees (including vacancies) working within its current budget. The Board had two significant retirements recently, leaving a large institutional knowledge gap, including the Board’s only nursing education advisor who reviews and approves nursing curriculum changes and new nursing educational and training programs across the Commonwealth.

- 1) The Board should increase its complement and have additional funding to support the new employees. The Board informed the Commission that a total of 43 employees would be an ideal complement level, 11 more than their current complement level. The number, position title, and position descriptions are listed below:⁴
 - One Administrative Officer 2 (AO2) – Ideally, management of the day-to-day operations of the Board would fall under an AO2, who has direction of two Administrative Officer 1s (AO1).
 - One Administrative Officer 1 (AO1) – Under the current Board structure, one AO1 has direct oversight of two clerical supervisors, who supervise all Board clerical staff, and five Education Certification Evaluator (ECE). The addition of an AO2 and a second AO1 would allow for better distribution of the supervisory workload and give the Board more flexibility in the oversight of ECEs, who, cannot be supervised by the Board's Clerical Supervisor 2s due to the level and complexity of their work.

⁴ E-mailed material provided by Kayla Gruber, Department of State, March 3, 2022 (on file with the Joint State Government Commission).

- Three Education Certification Evaluators (ECE) – The Board receives thousands of applications for licensure by endorsement each year. Due to the large number of items required to complete the review and the complexity of the review, endorsement processing times are usually the longest of the Board's reviews. Additional ECEs would help reduce that timeframe. The Board cannot control the amount of time it takes for an applicant to respond to a discrepancy notification; however, an increase in ECE personnel would allow the Board to reduce the time to initial evaluation and to reevaluation once additional information has been submitted. Also, the ECE job description includes evaluation of complex applications for licensure by examination and advanced practice applications, as well as preparing application summaries for Board meetings. Although the ECEs have been assisting with complex exam applications, the endorsement application workload has not allowed time for the training the ECEs in the evaluation of advanced practice applications or writing summaries. Currently, these complex applications are going to either the AO1, a Nursing Practice Advisor as needed, and the Nursing Practice Advisors who are writing the summaries for the Board.
- Two Clerk Typist 3s (CT3) – With the exception of the applications for licensure by endorsement processed by ECEs, CT3s process the applications submitted to the Board, including advanced practice, licensure by examination, renewal and reactivation applications. For applications for licensure by examination, the Board is committed to keeping the timeframe from receipt of the nursing education verification (NEV) and application to issuance of an authorization to test (ATT) and from receipt of licensure examination results to issuing a license to a minimum. CT3s also manage high call volume and respond to the Pennsylvania Licensing System's (PALS) support tickets and emails.
- Two Nursing Education Advisors (NEA) – There are currently 85 Registered Nurse (RN) programs and 55 Practical Nurse (PN) programs in Pennsylvania. The Nursing Education Advisors play a critical role in ensuring the quality of nursing education in the Commonwealth and ensuring program compliance with regulatory requirements. NEAs review applications for new prelicensure nursing education programs and review and approve curriculum changes, program director and faculty appointments, clinical sites and clinical rotations. Pre-licensure nursing education program compliance monitoring includes review and approval of the program's annual reports and tracking each program's National Council Licensure Examination (NCLEX) pass rate. There is currently one NEA position and an annuitant, but the annuitant is limited to 95 work days. The current complement is inadequate to meet the current demands on the role, let alone the anticipated increasing demand for new nursing education programs.

- Two Clerk Typist 2s (CT) – The Board experiences high call volumes and receives a large volume of mail on a daily basis. The responsibility for processing mail and payments received by check has recently returned to the Board. CT2 staff is needed to handle the call volume in the screening queue and offset the number of calls that need to go to the staff that processes applications, as well as upload and attach documents to applications. The Board also experiences a high volume of emails to its resource account and PALS support tickets directed to the Board. CT2s are needed to respond to basic inquiries and direct the remaining inquiries to the appropriate staff members.
- 2) If hiring additional permanent full-time staff is not feasible, the Board should explore hiring more temporary staff during peak times, which occur during program graduations in December and May. These hires could be the equivalent of the Department of Revenue hiring seasonal employees during tax season. The Board does occasionally pull staff from the Commonwealth’s temporary clerical pool, but staff from that pool does not always have a nursing background or appropriate experience.

The Board could also explore sharing full-time employees with other Boards who are assigned on a temporary basis to the Board of Nursing. These Board employees would have experience with Commonwealth processes, initial licensure applications, and license renewals. Union rules, however, may be a barrier to this approach.

RECOMMENDATION – Improve the licensing system.

There were numerous technical difficulties identified which have also posed challenges to the Board’s ability to process license applications. Oftentimes, Board personnel would not know about an error until an applicant notified them. Further, applicants could not go back and change any aspect of the application once it was submitted. The Board had provided regular information sessions for new nursing education program approvals, but those sessions were temporarily halted during the pandemic.

- 1) The Board acknowledged many of the issues identified and already plans on taking steps to replace its current licensing system (PALS). However, a new system will take time to implement.

- 2) While a new system should be able to communicate with the existing testing system (Pearson VUE⁵), students should not be required to complete their Board application and file for Pearson's testing on the exact same day. It was reported to the Commission that applicants would experience problems with their applications if they did not fill out both systems' forms on the same day. The systems should be able to identify when someone registers for the examination and submits an application with the Board, as some students intentionally apply for the test and with the Board on separate days for financial reasons.

RECOMMENDATION – Create a State Board of Nursing Task Force.

Due to the nature of this project, the causes and delays of processing times are broadly summarized throughout the report. There were many specific examples of causes and delays that could be examined by nursing-related experts throughout the Commonwealth. For example, the Board's Certified Registered Nurse Practitioner (CRNP) Program Annual Report Form requests information for the period starting June 1st and ending May 31st. Most program graduation cycles do not follow that time frame which causes confusion, questions, and delays for institutions to arbitrarily split their information to fit within those dates. The Board informed Commission staff that they cannot correct a problem until they are aware it exists. A group of interested stakeholders would be able to notify the Board of many of the issues that cause delays and recommend corrective action.

In addition, the American Association of Colleges of Nursing (AACN), which is responsible for ensuring quality standards for nursing education, recently published the New Essentials document.⁶ The changes in this document focus on a competency-based model for nursing education which will require many programs to submit undergraduate curriculum as well as graduate education updates to the Board. The staffing issues and delays for program approval are outlined in the Causes and Delays of Processing Times section of this report and the New Essentials initiative will significantly increase the problems in the near future.

- 1) A Task Force should be created to review issues such as specific forms and to examine the pending updates published in the New Essentials document. The Task force should consist of organizations representing licensed nurses, representatives from nursing education programs and schools, representatives from hospitals and health care facilities, and representatives from the Board.

⁵ Pearson VUE is a contracted service that provides testing across numerous occupations.
<https://home.pearsonvue.com/About.aspx>

⁶ American Association of Colleges of Nursing, AACN Essentials, April 6, 2021,
<https://www.aacnnursing.org/AACN-Essentials>.

RECOMMENDATION – Reexamine the composition of the Board of Nursing.

The State Board of Nursing shall consist of:⁷

[t]he Commissioner of Professional and Occupational Affairs, three members appointed by the Governor, with the advice and consent of a majority of the members elected to the Senate, who shall be persons representing the public at large, and nine members appointed by the Governor, with the advice and consent of a majority of the members elected to the Senate, six of whom shall be registered nurses, graduated from schools of nursing where practical and theoretical instruction is given, at least three of whom shall possess Masters' degrees in nursing, two of whom shall be licensed practical nurses and one of whom shall be a licensed dietitian-nutritionist, and all of whom shall have been engaged in nursing or the practice of dietetics-nutrition in this Commonwealth for the five-year period immediately preceding appointment.

Therefore, 12 of the 13 members in the Commonwealth are appointed by the Governor, with the advice and consent of a majority of the Senate. The 13th member is the Commissioner of Professional and Occupational Affairs.

- 1) The state of North Carolina was suggested as a model to consider because of the selection of its board members. In North Carolina, 11 board seats are filled by nurse members who are elected by nurses holding valid North Carolina nursing licenses. Registered nurses hold eight positions and include a nurse administrator in a hospital or hospital system, an advanced practice registered nurse, a staff nurse, a nurse educator, and an at-large member. In addition to its 11 elected members, the Board has three members which are appointed. The Governor, the President pro-tempore of the Senate, and the House Speaker each appoint a member to serve.⁸ North Carolina is the only state that elects the majority of nurses to its board, with nomination validation from January 1st to April 1st, candidate qualifications from April 1st to April 15th and open voting from July 1st to August 15th.⁹

⁷ Professional Nursing Law, 63 P.S. § 212.1, Act of May 22, 1951, P.L. 317, No. 69.

⁸ North Carolina Board of Nursing, "Governance," Feb. 2, 2022, <https://www.ncbon.com/board-information-governance-board-members>.

⁹ North Carolina Board of Nursing, "Election," Feb. 2, 2022, <https://www.ncbon.com/board-information-election-general-information>.

- 2) In Pennsylvania, a term for members of the Board shall be six years and no member shall be eligible for appointment to serve more than two consecutive terms.¹⁰ In NC, both elected nurse members and public members serve a four-year term and may be elected or re-appointed for a second term not to exceed eight consecutive years.¹¹
- 3) Currently, there is no requirement for a Board member be a resident of Pennsylvania. It was suggested that a Board member should at least be required to be a resident of the Commonwealth if they serve on the Board.

RECOMMENDATION – Separate approaches between new and existing program approvals.

Organizations that met with Commission staff raised concerns that there was not a shorter process for getting approval for updating wording to previously approved programs, as opposed to approval for an entirely new program. It was noted that even a simple change in terminology of an approved program or curriculum had to go through a lengthy approval process and was not approved any faster than an entirely new program. Institutions noted that the medical community is constantly changing, and making updated language is a necessity. For example, language specific to COVID-19 may need to be incorporated into an existing curriculum or program and it may not be feasible to wait months or years to update the terminology. An expedited process should be created for the approval of language changes within an existing program.

RECOMMENDATION – Publish data collected by the Board of Nursing.

Organizations reported to Commission staff that the Board has been collecting, but does not publish, a large amount of data concerning the Commonwealth's nursing workforce. The information is gathered through a questionnaire nursing license applicants fill out regarding their education, demographics, and employment. This information could provide valuable insight into the Commonwealth's nursing workforce. No other entity within the Commonwealth can collect and publish such data.

The data collected by the Board could form the basis of more frequently published nursing workforce reports. With greater availability of data, the General Assembly, nursing and health care stakeholders, and the general public would have access to longitudinal data showing changes in nurse demographics, education, employment, and other similar metrics.

¹⁰ Professional Nursing Law, *supra* note 7.

¹¹ North Carolina Board of Nursing, *supra* note 8.

RECOMMENDATION – Reform the criminal background check process for nursing license applicants.

The Board requires that applicants for RN, LPN, CRNP, CNS, and Dietician-Nutritionist licenses undergo an official state criminal history record check for their current state of residence. Additionally, the applicant will need to submit an official state criminal history record check from every state in which the applicant has lived, worked, or been educated within the past ten years. For CRNP and CNS applicants, the records check period is the preceding five years. In lieu of the state background checks, the applicant may elect to provide both a state criminal history record check from the state in which they currently reside and an FBI Identity History Summary Check.

The Board reported to the Commission that the background check portion of the initial licensure process is a stumbling block for some applicants, contributing to the delays in licensure. Even prior to the COVID-19 pandemic, the requirement to provide state criminal history checks from all states in which the applicant has lived, worked, or been educated has stymied the process for some applicants who do not supply the required checks from all necessary states.

To remedy this error, it was recommended that the background check procedure be reformed to request that the applicant supply the state criminal records check only from their state of residence as well as making the FBI background check mandatory, rather than an alternative to the other states' criminal history reports. An applicant should no longer be required to provide state background checks from all states where they have lived, worked, or been educated within the previous ten years.

A new background procedure could simply require an applicant to provide both a state criminal history record check from the state in which they currently reside, and an FBI Identity History Summary Check. However, a new procedure could also be crafted to require an applicant to provide a state criminal history record check from the state in which they currently reside, and for the Board to perform a criminal history record check from the FBI on behalf of an applicant. If it is preferred that the Board perform the check, a new statute would be required authorizing them to make the request and include the safeguards and informed consent statements required by federal regulation.

NURSING BACKGROUND AND REQUIREMENTS

Professional nursing has origins as a distinct and secular profession traceable to 1860's England and a nurse by the name of Florence Nightingale. As the profession developed in the late nineteenth century, the code of conduct for nursing professionals became analogous to that of physicians. That code not only required working to promote health and prevent illness but also to perform care for a patient experiencing physical, psychological, and even spiritual suffering. Since the 1960s, actual patient care has remained the corner stone of a nurse's work. In caring for the world's afflicted, it has been said that "wholeness of character, which involves integrity, knowing the value of the nursing profession and one's own moral values, is central to the value system of this profession."¹²

The practice of professional nursing is very wide-ranging in Pennsylvania. It involves the diagnosing and treating of human responses to actual or potential health problems. Diagnosing and treatment are performed through "such services as case findings, health teaching, health counseling, provision of care supportive to or restorative of life and well-being, and executing medical regimens as prescribed by a licensed physician or dentist."¹³ Professional nursing does not include acts of medical diagnosis or prescription of medical therapeutic or corrective measures, unless expressly authorized by rules and regulations jointly promulgated by the State Board of Medicine and the Board of Nursing.¹⁴

Nurses can take different paths to achieve their nursing career goals. Specialization may determine their direction, but even nurses in the same roles or specialty may take different routes to reach the same end (Figure 1).¹⁵ Using a registered nurse as an example, a person can take the following three paths:

Path 1

- Obtain a Diploma in Nursing;
- Pass the NCLEX-RN (National Council Licensure Exam for Registered Nurses);
- Receive state RN licensure; and
- Begin working as a registered nurse.

¹² Sundeep Mishra, "Respect for Nursing Professional: Silence must be Heard," *Indian Heart Journal*, (Sept.- Oct. 2015), 67(5): 413-415, doi:10.1016/j.ihj.2015.07.003

¹³ 49 Pa. Code § 21.1.

¹⁴ *Id.*

¹⁵ Nursing License Map, Powered by 2U Inc., "Nursing Career Paths [Infographic]," March 16, 2020, <https://nursinglicensemap.com/blog/nursing-career-pathways/#Tabular-Data>.

Path 2

- Obtain an Associate of Science in Nursing (ASN);
- Pass the NCLEX-RN (National Council Licensure Exam for Registered Nurses);
- Receive state RN licensure; and
- Begin working as a registered nurse.

Path 3

- Obtain a Bachelor of Science in Nursing (BSN);
- Pass the NCLEX-RN (National Council Licensure Exam for Registered Nurses);
- Receive state RN licensure; and
- Begin working as a registered nurse.

Aspiring nurses should do extensive research before determining which path is best for them. Based on a survey from the American Association of Colleges of Nursing, 40.6 percent of hospitals and other healthcare settings require new hires to have a bachelor's degree in nursing, while 77.4 percent of employers expressed a strong preference for a BSN.¹⁶

BSN programs cover the sciences, nursing research, public and community health, management, and the humanities in greater depth than associate's or nursing diploma programs. Students graduate with a deeper understanding of the complexities of health care delivery and are prepared for a broader scope of practice, often specializing in subfields such as oncology and pediatrics. Students who earn a BSN can progress to an advanced practice registered nurse certification (APRN). Typically for an APRN, the student obtains a Master of Science in Nursing (MSN) or Doctorate of Nursing Practice (DNP) specializing as a nurse practitioner (NP), clinical nurse specialist (CNS), certified registered nurse anesthetist (CRNA), certified nurse midwife (CNM), or clinical nurse leader (CNL).¹⁷

There are various types of nursing professionals subject to different state practicing regulations and licensing requirements. Specifically, Pennsylvania, through its Board of Nursing (the Board) and pursuant to state statute, regulates and licenses Registered Nurses (RNs), Licensed Practical Nurses (LPNs), Certified Registered Nurse Practitioners (CRNPs), Clinical Nurse Specialists (CNSs), Licensed Dietician-Nutritionists (LDNs), and Certified Registered Nurse Anesthetists (CRNAs). This report reviews the training and educational requirements, testing requirements, and other requirements to obtain licensure for each.

¹⁶ American Association of Colleges of Nursing, "Employment of New Nurse Graduates and Employer Preferences for Baccalaureate-Prepared Nurses," August 2021, <https://www.aacnnursing.org/News-Information/Research-Data-Center/Employment/2021>.

¹⁷ Nursing License Map, Powered by 2U Inc., *supra* note 15.

Figure 1



Source: Nursing License Map, Powered by 2U Inc., “Nursing Career Paths [Infographic],” March 16, 2020, <https://nursinglicensemap.com/blog/nursing-career-pathways/#Tabular-Data>.

Registered Nurses

In Pennsylvania, a Registered Nurse (RN) is an individual who has graduated from a state-approved school of nursing, passed the NCLEX-RN Examination, and is licensed by the Board to provide patient care.¹⁸ RNs often provided direct care to patients. Once licensed, RNs can perform health assessments; diagnose¹⁹ and treat patients' responses to diagnosed health problems; teach and advise patients about their health; and implement medical regimens as directed by licensed physicians, dentists, certified nurse practitioners, nurse midwives, physician assistants, and podiatrists. RNs may also contribute as members of interdisciplinary health care teams and health-related committees to propose and apply health care measures.²⁰

Those who provide care to a patient establish a professional relationship with that patient. The professional relationship between an RN and his or her patient begins with the first professional contact or consultation with a patient and ends with the patient's discharge from or discontinuance of services by the nurse or by the nurse's employer. A professional relationship with the patient is not established when an RN is administering emergency medical treatment or transitory trauma care.²¹

For an RN providing mental services to a patient, the professional relationship begins with the first professional contact or consultation with the patient and ends two years after discharge from or discontinuance of services. If the RN's patient is a minor, the professional relationship carries on for two years or until one year after the age of majority, whichever is longer, after discharge from or discontinuance of services.²² When caring for a patient, an RN must:

- 1) Only undertake a practice of care if he or she has the necessary knowledge, preparation, experience, and competency to properly execute the practice.
- 2) Respect and consider, while providing nursing care, the individual's right to freedom from psychological and physical abuse.
- 3) Safeguard the patient from the incompetent, abusive, or illegal practice of any individual.

¹⁸ 49 Pa. Code § 21.1; Pennsylvania Department of State, "Registered Nurses," <https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Nursing/Pages/Registered-Nurses-Licensure-Requirements-Snapshot.aspx>, last accessed on January 27, 2022.

¹⁹ Nursing diagnosis is not the same as medically diagnosing a patient. Nursing diagnosis includes identifying and discriminating between physical and psychosocial signs and symptoms essential to effective execution and management of the nursing regimen only. RNs may not perform medical diagnosis.

²⁰ Pennsylvania Department of State, "Nursing Navigator: Registered Nurse," <https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Nursing/Pages/Nursing-Guide.aspx#:~:text=A%20person%20is%20eligible%20for,program%20was%20completed%2C%20and%20obtain> ed, last accessed on February 7, 2022.

²¹ 49 Pa. Code § 21.1.

²² *Id.*

- 4) Safeguard a patient’s dignity, the right to privacy and the confidentiality of patient information, notwithstanding his or her reporting responsibilities under 23 Pa.C.S. Chapter 63 (relating to the Child Protective Services Law), the Older Adults Protective Services Act (35 P. S. §§ 10211--10224), and other statutes which may mandate reporting of this information.
- 5) Document and maintain accurate records.²³

Training and Educational Requirements

To be an applicant eligible for examination for licensure as an RN in Pennsylvania, an individual must demonstrate with evidence satisfactory to the Board, that he or she completed work equal to the standard high school course as evaluated by the Board and has satisfactorily completed an approved program of professional nursing.²⁴

There are three different types of approved nursing educational programs: associate degree programs, baccalaureate degree programs, and diploma nursing programs. To sit for the licensing examination, an applicant must have completed one of these types of approved programs. Both associate degree and baccalaureate degree programs provide a nursing education through a department, division, school, or college within a controlling educational institution such as a college or university.²⁵ Baccalaureate programs are generally four-year programs while associate degree programs are generally two-year programs.

Alternatively, a diploma nursing program is generally a hospital-based one-to-three-year course of study that prepares a student nurse for entry-level nursing positions. The nursing program is established as an educational unit of the hospital.

An applicant must also demonstrate proficiency in English by submitting proof that his or her nursing education program was conducted in English or that he or she, prior to being approved to take the licensure examination, received a passing score on a Board-approved English proficiency examination. This would not apply if the applicant has already met the language requirement in satisfaction of a temporary practice permit.²⁶ The Board provides a list of Board-approved English proficiency examinations on its web site.²⁷

Individuals who graduated from a professional nursing education program in another country or territory outside of the U.S. or Canada must have their educational credentials evaluated by a Board-approved foreign credentials evaluator to determine whether the education obtained is equivalent to the program of study required in Pennsylvania at the time of program completion by the applicant. An applicant is eligible for licensure by endorsement if they graduated from an

²³ 49 Pa. Code § 21.18.

²⁴ Pennsylvania Department of State, “Registered Nurses: Pennsylvania Licensure Requirements,” <https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Nursing/Pages/Registered-Nurses-Licensure-Requirements-Snapshot.aspx>, last accessed on January 28, 2022.

²⁵ 49 Pa. Code § 21.61(a).

²⁶ 49 Pa. Code § 21.7.

²⁷ 49 Pa. Code § 21.23(a).

approved professional nursing education program in the U.S. or Canada, or a professional nursing program deemed to be equivalent to the program of study required in Pennsylvania at the time the program was completed. They must have also obtained licensure in another jurisdiction by passing their Board-approved examination or another examination equivalent to it. If an applicant has not taken the examination or its equivalent, they are required to take and pass the licensure examination required in Pennsylvania and discussed in further detail below.²⁸

An applicant for initial RN licensure must also complete three hours of approved training in child abuse recognition and reporting. For license renewal, an RN must complete two hours of approved training in child abuse recognition and reporting. An applicant would also be required to complete three hours of this training if seeking certification by endorsement.²⁹

Examination Requirements

An applicant for licensure must score a passing grade on the licensure examination approved by the Board.³⁰ The examinations approved by the Board include the National Council of State Boards - Registered Nursing Exam (NCLEX-RN) or the State Board Test Pool Exam (SBTPE).³¹ A passing score on an examination is required by the Board for licensure as a Registered Nurse.³² An applicant must take the examination for the first time within one year of completing their professional nursing education program unless prevented by certain circumstances such as emergencies, illnesses, military service, or other good cause shown, or the applicant holds a license to practice nursing in another state or country.³³

An applicant may take the licensing examination as many times as necessary to pass it; however, said applicant must apply for reexamination each time. Furthermore, those who apply to take the examination again two years or more after their initial examination attempt, must satisfy all administrative and educational requirements prevailing at the time of reapplication.³⁴ For example, if there are new administrative or educational requirements to sit for the examination at the time of an applicant's application for reexamination, that applicant must meet those new requirements.

²⁸ 49 Pa. Code § 21.23(b); Pennsylvania Department of State, "Nursing Navigator," <https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Nursing/Pages/Nursing-Guide.aspx>, last accessed on April 11, 2022.

²⁹ 49 Pa. Code §§ 21.20, 21.29(3.1); Child Protective Services Law - 23 Pa.C.S. § 6383(b)(2). This general requirement, with permitted exceptions enumerated in the § 21.508(c) of the regulations, was added to the Board of Nursing regulations for all professional licensures pursuant to 52 Pa. B. 1916, effective March 26, 2022. This was a preexisting requirement for nursing professionals pursuant to the Child Protective Services Law.

³⁰ 49 Pa. Code § 21.24.

³¹ The State Board Test Pool Exam is the original paper and pencil licensing examination which became the NCLEX, <https://www.nursingald.com/articles/19137-next-generation-nclex>.

³² Pennsylvania Department of State, "Registered Nurse: Licensure Requirements," <https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Nursing/Pages/Registered-Nurses-Licensure-Requirements-Snapshot.aspx>, last accessed on February 4, 2022.

³³ 49 Pa. Code § 21.23(c).

³⁴ 49 Pa. Code § 21.25(a)-(c).

After meeting the educational qualifications, including the confirmation of completion of an approved professional nursing educational program, an applicant formally applies to sit for the licensure examination together with the required fee. The application should be submitted no sooner than 90 days prior to completing a professional nursing education program.³⁵

Applicants who graduate from a professional nursing education program outside of Pennsylvania are required to file an official transcript validating their program completion with the application. In addition, an applicant seeking a waiver of the one-year requirement must submit documentation to demonstrate that an emergency, illness, military service, or other good cause prevented compliance, or that the applicant holds a license to practice nursing in another state or country.³⁶

Other Licensure Requirements

In addition to the requirements discussed above, applicants for RN licensure must not have been convicted of a felony under the Controlled Substance, Drug, Device and Cosmetic Act³⁷ or a felony relating to a controlled substance within the 10 years preceding their application.³⁸ An identical requirement is found in the Practical Nursing Law.³⁹

Pursuant to authority under these statutes and regulations, the Board requires applicants to undergo an official state criminal history record check for their current state of residence. Additionally, the applicant will need to submit an official state criminal history record check from every state where the applicant has lived, worked, or been educated within the past 10 years.

Applicants may supply an FBI background check in lieu of the state checks. The applicant may elect to provide both a state criminal history check from the state in which they currently reside and their FBI Identity History Summary Check. The criminal background process for all licensed nursing professionals will be discussed more specifically later in this report.⁴⁰

Initial licensure fees are \$95 for in-state educated RN exam applicants, \$115 for RN exam applicants educated in another jurisdiction, \$120 for applications for licensure by endorsement, and \$145 for licensure by endorsement with examination. The current licensure renewal fee is \$122.⁴¹

³⁵ 49 Pa. Code § 21.21(a),(b).

³⁶ 49 Pa. Code § 21.21(d).

³⁷ The Controlled Substance, Drug, Device, and Cosmetic Act, Act of April 14, 1972, (P.L. 233, No. 64).

³⁸ Professional Nurse Law, Act of May 22, 1951 (P.L. 317, No. 69) § 6(b)(4)(c); 63 P.S. § 216(c).

³⁹ Practical Nurse Law, Act of March 2, (1956) 1955 (P.L. 1211, No. 376, § 5; 63 P.S. § 655.

⁴⁰ Pennsylvania Board of Nursing, "Application Checklist Instructions (Jan. 2022).

⁴¹ Pennsylvania Department of State, "Registered Nurses: Pennsylvania Licensure Requirements," <https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Nursing/Pages/Registered-Nurses-Licensure-Requirements-Snapshot.aspx>, last accessed on February 24, 2022.

Licensed Practical Nurses

Pennsylvania law defines the “practice of practical nursing” as “the performance of selected nursing acts in the care of the ill, injured or infirm under the direction of a licensed professional nurse, a licensed physician or a licensed dentist which do not require the specialized skill, judgment and knowledge required in professional nursing.”⁴² An LPN establishes a professional relationship with his or her patient beginning with the first professional contact or consultation with his or her patient and ending with the final professional contact with the patient. Providing emergency medical treatment or transitory trauma care for a patient does not generally establish a professional relationship for an LPN.⁴³ Much like RNs, Licensed Practical Nurses (LPNs) must adhere to the standards of nursing conduct mentioned previously.

Training and Educational Requirements

An applicant seeking licensure as an LPN is required to provide evidence satisfactory to the Board that he or she has completed not less than 12 years of education with diploma in public, parochial or private school, or its equivalent as evaluated by the Department of Education; and has satisfactorily completed a course in practical nursing prescribed and approved by the Board in a school, hospital or other institution of not less than 1,500 hours and within a period of not less than 12 months.⁴⁴ LPN programs can be found in schools throughout the Commonwealth. Board-approved nursing education programs for LPNs must also achieve and maintain a minimum pass rate of 80 percent or more of its first-time examinees during an examination year.⁴⁵

Graduates of practical nursing education programs outside of Pennsylvania are required to file an official transcript validating program completion with their application to take the licensure examination.⁴⁶ In addition, individuals who graduated from a program outside of the U.S. or Canada must have their education credentials evaluated by a Board-approved foreign credentials evaluator to determine whether the education obtained is equivalent to the program of study required in Pennsylvania at the time the program was completed.⁴⁷

An applicant must also demonstrate proficiency in English by submitting proof that his or her nursing education program was conducted in English or that he or she has, prior to being approved to take the licensure examination, received a passing score on a Board-approved English proficiency examination unless the applicant has already met this requirement in satisfaction of temporary practice permit requirements. The Board provides a list of Board-approved English proficiency examinations on its web site.⁴⁸

⁴² 49 Pa. Code § 21.141.

⁴³ *Id.*

⁴⁴ 49 Pa. Code § 21.158.

⁴⁵ 49 Pa. Code § 21.162b.

⁴⁶ 49 Pa. Code § 21.151(c).

⁴⁷ 49 Pa. Code § 21.151(e).

⁴⁸ 49 Pa. Code § 21.151(d).

An applicant is also required to complete at least three hours of training in child abuse recognition and reporting before he or she can receive initial certification. Applicants seeking certification by endorsement are also required to complete the three hours of training as well. Two hours of this training is required when an LPN is seeking to renew his or her license.⁴⁹

Examination Requirements

If an applicant for LPN licensure meets all the statutory educational and training requirements, he or she must also pass the examinations approved by the Board. Board approved examinations include the National Council of State Boards - Registered Nursing Exam (NCLEX-RN) and the State Board Test Pool Exam (SBTPE). The Board must provide examinations two times annual for all applicants eligible for examination. The Board issues to each examination passing proper certificate setting forth that such person is licensed to practice as a licensed practical nurse.⁵⁰ The Board cannot deny access to sit for the licensure examination for a graduate of a one-year state-approved practical nursing program.⁵¹

An applicant may take the licensing examination as many times as necessary to pass the licensure examination; however, to do so an applicant must submit a re-examination application, including the required fee. Applicants who reapply for examination two years or more after their initial examination attempt must satisfy all administrative and education requirements prevailing at the time of reapplication.⁵²

Applicants must take the examination for the first time within one year of completing the professional nursing education program unless prevented by certain circumstances such as emergencies, illnesses, military service, or other good cause shown, or the applicant holds a license to practice nursing in another state or country.⁵³ An applicant for the licensing examination may apply (with the required fee) no sooner than 90 days prior to completing a practical nursing education program.⁵⁴

As mentioned previously, an applicant may have to pass a Board-approved English proficiency examination unless they have already satisfied this requirement.

Other Licensure Requirements

Some general requirements for obtaining licensure as an LPN are that an applicant must be at least 18 years of age or older, a U.S. citizen or one who has legally declared their intention to become one and must be a person of good moral character. Applicants for LPN licensure must not have been convicted of a felony under the Controlled Substance, Drug, Device and Cosmetic Act⁵⁵ or a felony relating to a controlled substance within the 10 years preceding their application.⁵⁶

⁴⁹ 49 Pa Code §§ 21.150, 21.155(f), 21.331(c)(2).

⁵⁰ 63 P.S. § 654.

⁵¹ 63 P.S. § 655.1.

⁵² 49 Pa. Code § 21.153(a)-(c).

⁵³ 49 Pa. Code § 21.151(f).

⁵⁴ 49 Pa. Code § 21.151(a).

⁵⁵ Act of April 14, 1972 (P.L. 233, No. 64).

⁵⁶ Professional Nursing Law, Act of May 22, 1951 (P.L. 317, No. 69), § 6(b)(4)(c); 63 P.S. § 216(c).

Applicants must file a formal application for licensure and pay the fee for initial licensure of \$95. The fee for a license renewal is currently \$76. The licensing fee for LPN applicants educated in another state or jurisdiction is \$115, while the fee for licensure by endorsement is \$120 and the fee for licensure by endorsement with examination is \$145.⁵⁷

Pursuant to authority under these statutes and regulations, the Board requires applicants to undergo an official state criminal history record check for their current state of residence. Additionally, the applicant will need to submit an official state criminal history record check from every state where the applicant has lived, worked, or been educated within the past 10 years. As is the case with RNs, applicants may supply an FBI background check in lieu of the state checks.⁵⁸

Certified Registered Nurse Practitioners

A Certified Registered Nurse Practitioner (CRNP) is defined in Pennsylvania as a professional nurse licensed in the Commonwealth and who is Board-certified in a specialty and who “while functioning in the expanded role as a professional nurse, performs acts of medical diagnosis or prescription of medical therapeutic or corrective measures in collaboration with a physician licensed to practice in [Pennsylvania]... .”⁵⁹

According to the American Association of Nurse Practitioners (AANP), CRNPs have been providing primary, acute, and specialty health care to all types of patients for over half a century. However, the CRNP workforce nationwide has been significantly growing over the past decade. In 2019, the AANP estimated that a record of more than 270,000 nurse practitioners were licensed to practice in the U.S. – an increase from 248,000 in March 2018 and a substantial increase from the 120,000 reported in 2007.⁶⁰

CRNPs enjoy increased authority in treating patients in comparison to other nursing professionals. Only a professional nurse who has satisfactorily met the requirements to become a CRNP pursuant to state law and holds current certification as a CRNP or whose certification is maintained on inactive status may use the designation CRNP. However, only an individual who holds current active certification may practice as a CRNP. The Board will identify the certified specialty of a CRNP on his or her certification.⁶¹

⁵⁷ Pennsylvania Department of State, “Licensed Practical Nurses: Pennsylvania Licensure Requirements,” <https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Nursing/Pages/Licensed-Practical-Nurses-Licensure-Requirements-Snapshot.aspx>, last accessed on February 24, 2022.

⁵⁸ *Supra* note 40.

⁵⁹ 49 Pa. Code § 21.251.

⁶⁰ American Association of Nurse Practitioners, “Nurse Practitioner Role Grows to More Than 270,000,” (Jan. 28, 2019), <https://www.aanp.org/news-feed/nurse-practitioner-role-continues-to-grow-to-meet-primary-care-provider-shortages-and-patient-demands#:~:text=Nearly%20two%20out%20of%20three,this%20excludes%20anesthesiologists%20and%20surgeon> s.), last accessed on February 9, 2022.

⁶¹ 49 Pa. Code § 21.261.

Once properly certified, a CRNP is authorized to engage in and perform many different types of patient care so long as they are collaborating with a physician who holds a current license to practice in Pennsylvania. The collaboration between the CRNP and physician must be pursuant to a collaborative agreement covering the CRNP's specialty. If this requirement is met, a CRNP can perform comprehensive assessments of patients and establish medical diagnoses. In addition, CRNPs can order, perform, and supervise diagnostic tests for patients. Moreover, if and to the extent the interpretation of diagnostic tests is within the scope of the CRNP's specialty and consistent with his or her collaborative agreement, the CRNP may also interpret diagnostic tests.⁶²

Collaboration with one or more physicians must include a licensed physician being immediately available to a CRNP through direct communications or by radio, telephone, or telecommunications and there must be a predetermined plan for emergency services. A physician must be available to a CRNP on a regularly scheduled basis for referrals. The physician must also be available for a review of the standards of medical practice incorporating consultation and chart review, drug and other medical protocols, periodic updating in medical diagnosis and therapeutics, and cosigning records when necessary.⁶³

CRNP's collaborating with Pennsylvania-licensed physicians under an agreement within his or her specialty are also authorized to initiate referrals to and consultations with other licensed professional health care providers, as well as consult with such other providers at their request. CRNPs may also develop and implement treatment plans, which may include issuing orders to implement treatment plans. It should be noted that only a CRNP with current prescriptive authority approval has the legal authority to develop and implement treatment plans involving pharmaceutical treatments so long as there is a written and signed agreement between a CRNP with prescriptive authority and a collaborating physician in which they agree to the details of their collaboration. Among other things, prescriptive authority agreements must identify the parties, including the collaborating physician, the CRNP, and at least one substitute physician, include the signature of the CRNP and the collaborating physician, and contain the date that the agreement is executed and the date that the agreement is effective.⁶⁴ CRNPs may also:

- Complete admission and discharge summaries;
- Order blood and blood components for patients;
- Order dietary plans for patients;
- Order home health and hospice care;
- Order durable medical equipment;
- Issue oral orders to the extent permitted by the health care facilities' by-laws, rules, regulations or administrative policies and guidelines;

⁶² 49 Pa. Code § 21.282a(a)-(b)(1)-(2).

⁶³ 49 Pa. Code § 21.251.

⁶⁴ 49 Pa. Code § 21.285(a)(1).

- Make physical therapy and dietitian referrals;
- Make respiratory and occupational therapy referrals;
- Perform disability assessments for the program providing temporary assistance to needy families (TANF);
- Issue homebound schooling certifications; and
- Perform and sign the initial assessment of methadone treatment evaluations, provided that any order for methadone treatment shall be made only by a physician.⁶⁵

In practice, a CRNP is required to undertake his or her specific practice or procedure only if he or she has the necessary knowledge, preparation, experience, and competency to properly execute the practice or procedure. In addition, said practice must be within the scope of the CRNP's specialty and be consistent with his or her collaborative agreement. Like all other nursing professionals, a CRNP must comply with the previously mentioned standards of conduct found in § 21.18 of the Pennsylvania Code.⁶⁶

Training and Educational Requirements

To obtain initial certification⁶⁷ as a CRNP, an applicant must hold a current, unrestricted license as a professional nurse in Pennsylvania. In addition, an applicant must have completed an accredited, Board-approved master's or postmaster's nurse practitioner program or other program approved by the Board that awarded an advanced degree or a course of study considered by the Board to be equivalent to that required for certification in Pennsylvania at the time of course completion.⁶⁸

Pennsylvania law expressly requires that an applicant for initial certification after February 7, 2005 hold current national certification in the specialty in which the professional nurse is seeking certification. The national minimum requirements are 500 clinical hours (least national minimum requirements) in each specialty or with designated populations. For specialties that provide care to multiple age groups, such as family CRNPs, or for those who are intending to practice in multiple care settings, CRNPs must receive additional clinical hours depending on the complexity of the specialty content, as well as the need for clinical experience enhance retention and skills.⁶⁹

⁶⁵ 49 Pa. Code § 21.282a.(b)(3)-(15). Subsection (c) of the Code notes that the provisions of this section are subject to limitation as set forth in section 8.2(c.2) of the act (63 P. S. § 218.2(c.2)), regarding the authority of state agencies and health care facilities.

⁶⁶ 49 Pa. Code § 21.288.

⁶⁷ 49 Pa. Code § 21.251 – “Initial Certification” is the first certification or licensure as a nurse practitioner that an individual receives in any jurisdiction.

⁶⁸ 49 Pa. Code § 21.271(a)(1)-(2).

⁶⁹ 49 Pa. Code § 21.271(a)(3); Pennsylvania Department of State, “Certified Registered Nurse Practitioners: Requirements,” <https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Nursing/Pages/Certified-Registered-Nurse-Practitioner-Licensure-Requirements-Snapshot.aspx>, last accessed on February 11, 2022.

Applicants are required to complete at least three hours of training in child abuse recognition and reporting before he or she can receive initial certification. Applicants seeking certification by endorsement are also required to complete the three hours of training as well. Two hours of this training is required when an a CRNP is seeking biennial renewal of his or her license.⁷⁰

A CRNP applicant who holds a current, unrestricted license or certificate as a nurse practitioner from another state, territory or possession of the U.S. or a foreign country, must meet the certification requirements effective at the time the applicant was licensed or certified by the other jurisdiction. In addition, applicants initially licensed or certified by another state, territory, or possession of the U.S. or a foreign country after February 7, 2005, must also hold current national certification in the specialty in which he or she is seeking certification. CRNPs applying for certification from a jurisdiction that does not designate the CRNP's specialty must present evidence to the Board's satisfaction demonstrating the specialty.⁷¹

To add a specialty certification, a CRNP with unrestricted certification to practice may apply for such additional certification. To be granted an additional specialty certification, a CRNP must meet the educational and national certification requirements for the specialty in which he or she is applying for certification.⁷²

Examination Requirements

Pennsylvania law requires that a CRNP applicant pass a Board-recognized national certification organization nurse practitioner examination in a particular specialty.⁷³ For example, those seeking to specialize as family nurse practitioners take an examination in that specialty. There is a Family Nurse Practitioners examination endorsed by the American Academy of Nurse Practitioners Certification Board (AANPCB). The AANPCB is an independent, non-profit certifying body for the evaluation of individuals wishing to enter, continue, or advance in the nurse practitioner's profession through the certification process.⁷⁴

Other Licensure Requirements

Applicants seeking certification as a CRNP in their given specialty must comply with a set of application requirements. Applicants must apply to the Board (and pay the prescribed initial application licensing fee, currently \$100 for applicants educated in-state; \$140 for applicants educated out-of-state) for its review and approval. The current fee to renew a license is \$81. Applicants must verify their compliance as a nonparticipating health care provider under the Medical Care Availability and Reduction of Error (Mcare) Act,⁷⁵ regarding professional liability

⁷⁰ 49 Pa. Code § 21.271(a)(4), (b).

⁷¹ 49 Pa. Code § 21.271(b).

⁷² 49 Pa. Code § 21.271(c).

⁷³ Pennsylvania Department of State, "Certified Registered Nurse Practitioners: Requirements," <https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Nursing/Pages/Certified-Registered-Nurse-Practitioner-Licensure-Requirements-Snapshot.aspx>, last accessed on February 11, 2022.

⁷⁴ American Academy of Nurse Practitioners Certification Board, "About AANPCB," <https://www.aanpcert.org/about>, last accessed on February 12, 2022.

⁷⁵ Act of March 20, 2002 (P.L. 154, No. 13); *Supra* note 73.

coverage, but are not eligible to participate in the Mcare Fund regarding professional liability coverage.⁷⁶

Applicants seeking certification by endorsement must provide documentation to the Board of the following:

- 1) Verification of current, unrestricted licensure or certification as a nurse practitioner issued by the proper licensing authority of another U.S. state, territory or of a foreign country.
- 2) Copy of the licensure or certification requirements at the time the applicant was initially licensed by another jurisdiction and a copy of the criteria for said licensure, obtained from the jurisdiction's board of nursing or licensing authority.
- 3) Official transcript from the applicant's nurse practitioner program, including degree awarded.
- 4) Proof of current National certification in the specialty in which the nurse is seeking certification by the Board.
- 5) Proof of specialty designation.⁷⁷

An applicant who holds certification and is applying for certification in another specialty must submit an official transcript from his or her nurse practitioner program and any additional educational programs, including degree awarded, demonstrating a concentration in the specialty sought. The applicant is also required to provide proof of current national certification in the specialty.⁷⁸

The Board also requires applicants to undergo an official state criminal history record check for their current state of residence. Additionally, the applicant will need to submit an official state criminal history record check from every state where the applicant has lived, worked, or been educated within the past five years. Applicants may supply an FBI background check in lieu of the state checks.⁷⁹

⁷⁶ 49 Pa. Code § 21.273(a); 63 P.S. § 218.7.

⁷⁷ 49 Pa. Code § 21.273(c)(1)-(5).

⁷⁸ 49 Pa. Code § 21.273(d)(1)-(2).

⁷⁹ *Supra* note 40.

Clinical Nurse Specialists

A Clinical Nurse Specialist (CNS) is defined in Pennsylvania as an “individual licensed in [the] Commonwealth to practice professional nursing who meets the educational and examination or equivalency requirements of the act and who is certified by the Board as a clinical nurse specialist.” Specifically, a CNS practices as a clinician with advanced education and training in a specialized area of nursing. CNSs often specialize in patient populations such as pediatrics, geriatrics, or women’s health. These clinicians also specialize in settings, such as critical care or emergency room settings. Other specialties may include pathology or medical subspecialties such as diabetes or oncology, as well as pain, wounds, and stress-related problems.⁸⁰ The law does not permit a CNS to engage in the practice of medicine or surgery as defined by the Medical Practice Act of 1985.⁸¹

According to the National Association of Clinical Nurse Specialists (NACNS), CNSs provide diagnosis, treatment, and ongoing management of patients. In addition, they also provide knowledge and support to bedside nurses, help develop practice changes throughout health organizations, and ensure the use of best practices and evidence-based care to achieve the best possible patient outcomes.⁸²

While the work and training background of a CNS appears to be very similar to that of a CRNP, there are subtle differences between the two nursing professionals. CRNPs typically practice autonomously and collaboratively with other health care professionals to perform patient assessments, order laboratory and diagnostic tests, diagnose, prescribe medications and treatments, and perform other aspects of care authorized by their scope of practice. CNSs often manage the care of complex and vulnerable populations. In addition, CNSs help to educate and support professional staff to improve patient care within health systems. CNSs and CRNPs both often work in hospital settings, but CRNPs also tend to work in private practice, ambulatory clinics, long-term care facilities, and outpatient settings.⁸³

Training and Educational Requirements

To qualify for initial certification as a CNS by the Board, a nurse must hold a master’s degree, doctoral degree, or post-master’s certificate from an educational program in nursing that prepares graduates to practice as a CNS and is approved by the Board.

⁸⁰ National Association of Clinical Nurse Specialists, “What is a CNS?” <https://nacns.org/about-us/what-is-a-cns/>, last accessed on February 17, 2022.

⁸¹ Act of May 22, 1951 (P.L. 317, No. 69), § 8.6; 63 P.S. § 218.6; The Medical Practice Act, Act of December 20, 1985 (P.L. 457, No. 112), § 2.

⁸² *Supra* note 40.

⁸³ Johns Hopkins School of Nursing, “NP and CNS Role Comparison,” <https://nursing.jhu.edu/academics/programs/doctoral/msn-dnp/np-vs-cns.html>, last accessed on February 23, 2022.

In addition, a nurse must hold a current national certification as a CNS in a designated specialty or in an area relevant to the specialty.⁸⁴ The applicant must also possess a current, unrestricted license to practice professional nursing in Pennsylvania.⁸⁵ The Board is required to annually prepare and make available for public distribution a list of all CNS programs approved and classified by it. Students enrolled in any school that end up being removed from the approved list are given credit toward the satisfaction of the Board's requirements that said student satisfactorily completed prior to the removal of the school. Upon the student's satisfactory completion of the remainder of said requirements in any approved school will then be eligible for examination for licensure. The Board may remove schools from its approved list if any of them fail to meet and maintain minimum standards, as established by regulation of the Board, of education, curriculum, administration, qualifications of the faculty, organization and function of the faculty, staff, and facilities.⁸⁶

The law permits those who completed an educational program in a related discipline previously recognized for national certification as a CNS from a Board-recognized national certification organization to receive certification as a CNS in Pennsylvania so long as they apply to the Board and provide evidence of having current American Nurses Association or American Nurses Credentialing Center certification.⁸⁷ The Board may grant initial certification in a Board-designated specialty or other pertinent specialty to an applicant who demonstrates current national certification by examination.⁸⁸

The Board also has the authority to grant initial certification without specialty to applicants whose educational program does not make them eligible to take a national certification examination and who can demonstrate the equivalence. The Board determines equivalence on a case-by-case basis after consideration of the applicant's official transcript, course descriptions, current curriculum vitae, work history in the CNS role, professional recommendations and additional advanced nursing education and certification examinations.⁸⁹

Like all other nursing professional applicants, CNS applicants are required to complete at least three hours of training in child abuse recognition and reporting before they can receive initial certification. Applicants seeking certification by endorsement are also required to complete the three hours of training as well. Two hours of this training is required when a CNS is seeking biennial renewal of his or her license.⁹⁰

Examination Requirements

A CNS applicant must have obtained national certification. This is a credential awarded by a Board-recognized organization that demonstrates the applicant passed a national certification

⁸⁴ *Supra* note 80 at § 8.5; 63 P.S. § 218.5(a).

⁸⁵ 49 Pa. Code § 21.811(1).

⁸⁶ *Id.* at § 8.5; 63 P.S. § 216.2(a).

⁸⁷ *Id.* at § 8.5; 63 P.S. § 218.5(b)(1)-(2).

⁸⁸ 49 Pa. Code § 21.811(4)(i).

⁸⁹ 49 Pa. Code § 21.811(4)(ii).

⁹⁰ 49 Pa. Code §§ 21.811(5), 21.812(a), 21.822(d).

examination and has maintained current national certification as a CNS in a designated specialty or in an area pertinent to the designated specialty as specified by the organization.⁹¹

Other Licensure Requirements

To obtain certification by the Board, applicants who completed an educational program in a related discipline previously recognized for national certification as a CNS from a Board-recognized national certification organization must submit an application to the Board and produce evidence of current American Nurses Association or American Nurses Credentialing Center certification. A licensed RN seeking certification as a CNS must file a Board-prepared application with the Board and pay the fee prescribed by the Board.⁹² The fee for initial licensure is currently \$115 and the renewal fee is \$56.⁹³

As is required for CRNPs, all CNSs practicing within Pennsylvania are required to maintain a level of professional liability coverage as required for a nonparticipating health care provider under the Mcare Act and are not eligible to participate in the Mcare Fund.⁹⁴

The Board also requires CNS applicants to undergo an official state criminal history record check for their current state of residence. Applicants must submit an official state criminal history record check from every state where the applicant has lived, worked, or been educated within the past five years. Applicants may supply an FBI background check in lieu of the state checks.⁹⁵

Dietician-Nutritionists

The practice of Licensed Dietician-Nutritionists (LDNs) involves the application of food nutrition sciences, biochemistry, physiology, management, and behavior to provide nutrition therapy services and medical nutrition therapy to individuals and groups, compatible with dietitian-nutritionist education and professional competence.⁹⁶ An LDN establishes a professional relationship with a patient by providing professional food and nutrition services to a patient. The relationship continues for 30 days after termination of professional services by either the LDN or the patient.⁹⁷

⁹¹ *Supra* note 80 at § 8.5; 63 P.S. § 218.5(a)(1); Pennsylvania Department of State, “Clinical Nurse Specialist: Pennsylvania Licensure Requirements,”

<https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Nursing/Pages/Clinical-Nurse-Specialist-Licensure-Requirements-Snapshot.aspx>, last accessed on February 23, 2022.

⁹² *Supra* note 80 at § 8.5; 63 P.S. § 218.5(b)(1)-(2).

⁹³ Pennsylvania Department of State, “Clinical Nurse Specialist: Pennsylvania Licensure Requirements,”

<https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Nursing/Pages/Clinical-Nurse-Specialist-Licensure-Requirements-Snapshot.aspx>, last accessed on February 23, 2022.

⁹⁴ *Supra* note 80 at § 8.5; 63 P.S. § 218.5(e).

⁹⁵ *Supra* note 40.

⁹⁶ *Supra* note 80 at § 2; 63 P.S. § 212(7).

⁹⁷ 49 Pa. Code § 21.701

LDNs fall under the regulations and licensure requirements of the Board much like all nursing professionals discussed in this report. The Professional Nursing Law requires that before any individual can hold him or herself forth as a licensed LDN, he or she must first have obtained a license from the Board. Once an individual has received a license from the Board, they may use the professional letters L.D.N. in connection with their names. LDN's are treated uniquely under the Professional Nursing Law when it comes to reimbursement. For instance, the law states that insurance companies are neither required nor precluded from covering reimbursement for services. Further, insurers and other third-party payors may require that an LDN obtain a referral from a licensed physician, dentist, or podiatrist or that an LDN file an evaluation and treatment plan with the insurer or third-party payor as a precondition of reimbursement.⁹⁸

Training and Educational Requirements

An applicant applying for licensure as a dietitian-nutritionist shall submit a written application on forms provided by the Board evidencing and insuring to the satisfaction of the Board that the applicant has received a baccalaureate or higher degree from a Board-approved, regionally accredited college or university, including a major course of study in human nutrition, food and nutrition, dietetics, or food systems management.

Applicants for licensure must possess a baccalaureate degree or higher. Every applicant must also furnish evidence satisfactory to the Board that he or she has completed a planned continuous preprofessional experience component in dietetic practice of not less than 900 hours supervised by a registered dietitian, an LDN, or an individual with a doctoral degree conferred by a regionally accredited U.S. college or university with a major course of study in human nutrition, food and nutrition, nutrition education, dietetics or food systems management as approved by the State Board of Nursing.⁹⁹

In addition, applicants are required to complete at least three hours of training in child abuse recognition and reporting before he or she can receive initial certification. Two hours of this training is required when an LDN is seeking biennial renewal of his or her license.¹⁰⁰

Examination Requirements

Applicants are required to satisfactorily complete a written academic examination developed, prepared, administered, and scored by the Commission on Dietetic Registration (CDR), which is the credentialing agency for the Academy of Nutrition and Dietetics.¹⁰¹

⁹⁸ *Supra* note 80 at § 3.1; 63 P.S. § 213.1(a)-(b).

⁹⁹ Pennsylvania Department of State, "Licensed Dietitian-Nutritionist: Pennsylvania Licensure Requirements," <https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Nursing/Pages/Licensed-Dietitian-Nutritionist-Licensure-Requirements-Snapshot.aspx>, last accessed on February 24, 2022.

¹⁰⁰ 49 Pa. Code §§ 21.721(c), 21.723(a)(3).

¹⁰¹ 49 Pa. Code § 21.701.

Other Licensure Requirements

An applicant must file a written application for licensure with the Board on approved forms demonstrating that they have met all the training, educational, and examination requirements to the Board's satisfaction.¹⁰² According to the Pennsylvania Department of State, the current initial licensing fee is \$95 and the current renewal fee is \$71.

Applicants for licensure must also possess "good moral character" as well as meet the requirements set forth in section 6(b)(1)-(4) of the Professional Nursing Act relating to controlled substance felonies.¹⁰³ LDN applicants must undergo an official state criminal history record check for their current state of residence. Additionally, they are required to submit an official state criminal history record check from every state in which the applicant has lived, worked, or been educated within the past ten years. Applicants may supply an FBI background check in lieu of the state checks.¹⁰⁴

Certified Registered Nurse Anesthetists

A Certified Registered Nurse Anesthetist (CRNA) is an RN licensed in Pennsylvania who is certified by the State Board of Nursing as a CRNA. CRNAs perform anesthesia services in cooperation with physicians, dentists, or podiatrists involved in a procedure for which anesthesia care is being provided and under the overall direction of the physician, dentist, or podiatrist. The term "overall direction" means:

[O]versight of anesthesia services and medical management of patient care by a qualified individual who is present and available onsite, but not necessarily present in the same procedure room as a certified registered nurse anesthetist performing anesthesia services for the duration of the services provided.¹⁰⁵

While CRNAs work under the overall direction of other health care practitioners, they are not expressly prohibited from providing brief periods of care in the event of an emergency that temporarily prevents or interferes with their overall direction. In addition, Pennsylvania law does not currently restrict health care facilities from requiring additional oversight for CRNAs practicing within the facility or limiting or prohibiting CRNAs from engaging in activities which normally constitute the practice of professional nursing under the Professional Nursing Law.¹⁰⁶

¹⁰² *Supra* note 96.

¹⁰³ 49 Pa. Code § 21.721.

¹⁰⁴ *Supra* note 40.

¹⁰⁵ Act of May 22, 1951 (P.L. 317, No. 69) as amended by Act of June 30, 2021 (P.L. 326, No. 60), § 8.9; 63 P.S. § 212.

¹⁰⁶ *Id.* 63 P.S. § 218.9(b)(1)-(3).

The role of CRNAs has risen in recent years. For instance, their expertise in airway management, monitoring and managing patients on ventilators, placement of invasive lines, and overall management of critically ill patients “uniquely positioned them to provide lifesaving care to those suffering from COVID-19” during the pandemic.¹⁰⁷

In June of 2021, Pennsylvania enacted Omnibus Amendments to the Professional Nursing Law that include a definition for a CRNA, along with recognition of their advanced and specialized training as nursing professionals in the Commonwealth. According to the American Association of Nurse Anesthesiology (AANA), there are 13 CRNA training programs in Pennsylvania that provide educational and clinical training. The AANA also claims Pennsylvania is ranked among the top states nationally for CRNA students. However, prior to formal legal recognition, many students relocated to other states after graduating from a Pennsylvania CRNA program to better utilize the full scope of their education and training. With statutory recognition, CRNAs are permitted to use the professional abbreviation C.R.N.A once they are certified.¹⁰⁸

Training and Educational Requirements

To receive initial certification as a CRNA, an individual must be an RN who holds a master’s degree, doctoral degree, or post-master’s certificate from an accredited educational program in nurse anesthesia approved by the Board. Said program must be one that prepares graduates to practice as a CRNA.¹⁰⁹

An RN who does not have a graduate degree as required will qualify for certification as a CRNA if the RN:

- 1) Meets the educational requirements for CRNA that were in effect in this Commonwealth at the time the registered nurse completed a nurse anesthesia educational program;
- 2) Submits evidence of recertification as a certified registered nurse anesthetist from a Board-recognized national certification organization which required passing of a national certifying examination in nurse anesthesia;
- 3) Submits an application and the required fee as established by the Board; and
- 4) Complies with all other board requirements to practice as a CRNA.¹¹⁰

¹⁰⁷ American Association of Nurse Anesthesiology, “Pennsylvania Legislature Recognizes Role of CRNAs: Governor Signs Bill Clarifying CRNA Authority and Recognition,” *News Wise* (Jun. 30, 2021), <https://www.newswise.com/articles/pennsylvania-legislature-recognizes-role-of-crnas>, last accessed on February 28, 2022.

¹⁰⁸ *Id.*

¹⁰⁹ *Supra* note 105 at § 8.8; 63 P.S. § 218.8(b).

¹¹⁰ *Id.* at § 8.8; 63 P.S. § 218.8(c)(1)-(4).

The Board can also issue CRNA certification to an RN who has completed a course of study considered by the Board to be equivalent to a course of study required by the Professional Nursing Law at the time the course was completed, or who is licensed or certified by another state, territory, or possession of the U.S. or a foreign country as deemed equivalent to Pennsylvania's certification requirement. Said individual would also be required to have met all other licensure requirements, including good moral character.¹¹¹

CRNA applicants are also required to complete at least three hours of training in child abuse recognition and reporting before they can receive initial certification. Two hours of this training is required when an a CRNA is seeking biennial renewal of his or her license.¹¹²

Examination Requirements

An applicant for CRNA certification must also hold a current national certification as a CRNA from a Board-recognized national certification organization which required passing of a national certifying examination in nurse anesthesia.¹¹³

Other Licensure Requirements

In addition to satisfying training, educational, and examination requirements, an applicant must also submit a formal application and the required fee of \$100 to the Board. The application must provide verification of satisfactory educational requirements mentioned above and a national certification through the passing of a national certifying examination in nurse anesthesia.¹¹⁴

In addition, CRNA's must demonstrate good moral character, and as such the Board requires applicants to undergo an official state criminal history record check for their current state of residence. The applicant will also need to submit an official state criminal history record check from every state where the applicant has lived, worked, or been educated within the past ten years. Applicants may supply an FBI background check in lieu of the state checks.¹¹⁵

Once CRNA's are certified to practice in Pennsylvania, they are required to maintain a level of professional liability coverage as required for a nonparticipating health care provider under the Medical Care Availability and Reduction of Error (Mcare) Act and are not eligible to participate in the Mcare Fund.¹¹⁶

¹¹¹ *Id.* 63 P.S. § 218.8(d).

¹¹² 49 Pa. Code § 21.508(a)-(b).

¹¹³ *Id.*; 63 P.S. § 218.8(b)(1).

¹¹⁴ *Id.*; 63 P.S. § 218.8(b)(1)-(3).

¹¹⁵ *Supra* note 40.

¹¹⁶ *Supra* note 105; 63 P.S. § 218.8(f).

LICENSING AND STATE BOARDS OF NURSING

With more than 4.5 million individuals holding licenses, nurses are the second largest group of licensed professionals in the United States. The purpose of a professional license is to protect the public from harm by setting minimal qualifications and competencies for entry-level practitioners. The general public may not have sufficient information and experience to identify an unqualified health care provider, so a license is issued by a governmental entity (e.g., the state board of nursing) to provide assurances to the public that a nurse has met predetermined standards.¹¹⁷

Licensing

As of June 2021, there were 301,897 active licenses for nursing related occupations in the Commonwealth (Table 1). The largest group of nurses were Registered Nurses, at 229,639. Practical Nurses and Certified Registered Nurse Practitioners were the next largest groups with 51,151 and 16,307, respectively.¹¹⁸

Table 1
Pennsylvania Nursing Counts
Number of Active Licenses
as of June 2021

License Type	Count
Registered Nurse	229,639
Practical Nurse	51,151
Certified Registered Nurse Practitioner	16,307
Licensed Dietician-Nutritionist	4,536
Clinical Nurse Specialist	264
Total	301,897

Source: Pennsylvania Department of State, State Board of Nursing, "Number of Active Licenses," June 15, 2021, <https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Nursing/Pages/General-Information.aspx>.

¹¹⁷ National Council of State Boards of Nursing, "Licensure," *What You Need to Know About Nursing Licensure and Boards of Nursing*, accessed Jan. 26, 2022, <https://www.ncsbn.org/licensure.htm>.

¹¹⁸ Pennsylvania Department of State, State Board of Nursing, "Nursing Navigator," Nov. 9, 2021, <https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Nursing/Pages/Nursing-Guide.aspx>.

The Board is responsible for processing applications for new licenses (Table 2). On average, there were more than 15,000 nursing-related licenses issued per year in Pennsylvania from 2018 through 2020. Licenses issued for the nursing-related occupations increased from 15,421 in 2018 to 17,001 in 2019, a 10.2 percent increase. However, licenses issued in 2020, after the start of the pandemic, decreased 8.9 percent to 15,480.

Registered Nurse, Licensed Practical Nurse, and Certified Registered Nurse Practitioner had the most licenses issued in 2020 with 11,434 licenses, 2,026 licenses and 1,699 licenses issued, respectively. Registered Nurse had the highest number of licenses issued in all three years, with more than 11,000.

Table 2
Licensed and Certified Occupations
Regulated by the Bureau of Professional and Occupational Affairs
for Nursing Related Licenses
by Licenses Issued and Percentage Change
2018 – 2020

License Type	2018		2019		2020	
	# of Licenses Issued	% Change	# of Licenses Issued	% Change	# of Licenses Issued	% Change
Registered Professional Nurse	11,221	--	12,684	13.0%	11,434	-9.9%
Licensed Practical Nurse	2,437	--	2,510	3.0	2,026	-19.3
Certified Registered Nurse Practitioner	1,425	--	1,435	0.7	1,699	18.4
Licensed Dietitian-Nutritionist	307	--	320	4.2	280	-12.5
Nurse-Midwife License	31	--	52	67.7	41	-21.2
Total	15,421	--	17,001	10.2	15,480	-8.9

Source: PA Department of Labor and Industry, "Licensed and Certified Occupations," Data downloaded from the Labor Market Information System. (August 2, 2021) (on file with PA Joint State Government Commission).

Boards of Nursing

More than 100 years ago, state governments established individual boards of nursing to protect the public's health and welfare by overseeing and ensuring the safe practice of nursing. Currently, state boards regulate and oversee practice of nurses by enforcing the nursing laws of their state. Jurisdiction, board structures, decision-making powers, and authority are unique for each state. Every nurse in the U.S. is responsible for knowing their nurse practice laws and regulatory requirements for nursing in every jurisdiction in which they hold a license.¹¹⁹

State and territorial legislatures enact legislation that defines how nursing is regulated in their jurisdiction. Each jurisdiction implements an act that establishes administrative rules which typically:¹²⁰

- Defines the authority of the BON, its composition and powers;
- Defines nursing and the boundaries of the scope of nursing practice;
- Identifies types of licenses and titles;
- States the requirements for licensure;
- Establishes educational program standards;
- Protects titles; and
- Determines the grounds for disciplinary action, other violations and possible remedies.

The composition of Pennsylvania's Board of Nursing is set by the Professional Nursing Law.¹²¹ The Board consists of:

- 1) The Commissioner of Professional and Occupational Affairs;
- 2) Three members appointed by the Governor, with the advice and consent of a majority of the members elected to the Senate, who shall be persons representing the public at large; and
- 3) Nine members appointed by the Governor, with the advice and consent of a majority of the members elected to the Senate:

¹¹⁹ National Council of State Boards of Nursing, "Licensure," *State and Territorial Boards of Nursing: What Every Nurse Needs to Know*, accessed Jan. 26, 2022, <https://www.ncsbn.org/licensure.htm>.

¹²⁰ National Council of State Boards of Nursing, *supra* note 117.

¹²¹ 63 P.S. § 212.1, Act of May 22, 1951, P.L. 317, No. 69, § 2.1.

- a. Six of whom shall be registered nurses, at least three of whom must possess Masters' degrees in nursing,
- b. Two of whom shall be licensed practical nurses,
- c. One licensed dietitian-nutritionist.

There are 13 total Board members. The terms of the Board members are for six years or until a members' successor has been appointed and qualified but not longer than six months beyond the six-year period. The Board annually selects its chairman and an executive secretary. The executive secretary may, with the approval of the Commissioner of the BPOA, be someone who does not sit on the Board of Nursing. Members of the Board who are representing the public at large may not have a financial interest in the provision of goods and services for dietitian-nutritionists and may not be a dietitian-nutritionist or have a household member who is a dietitian-nutritionist.

A majority of the members of the Board constitute a quorum. By statute, a member is not counted as part of the quorum and may not vote unless they are physically present at the meeting (with an exception for temporary and automatic suspensions under section 15.1 of the Professional Nursing Law). A member who fails to attend three consecutive meetings forfeits his or her seat. A member who fails to attend two consecutive training sessions required by statute forfeits his or her seat.

The National Council of State Boards of Nursing (NCSBN), collects data through a survey of the 59 member boards. Members include the 50 states, as well as other jurisdictions such as Guam and the District of Columbia. In addition, some states have separate boards that respond as separate jurisdictions in the survey. For example, Louisiana submits a response for their separate jurisdictions of Louisiana Registered Nurses (LA-RN) and Louisiana Practical Nurses (LA-PN). The data is gathered in a comprehensive database which provides detailed profiles about NCSBN's member boards. The data includes a snapshot of each board's:¹²²

- Structure and Governance;
- Licensure Requirements and Operations;
- Education Requirements;
- Discipline Practices;
- Advanced Practice Registered Nurse Regulation; and
- Assistive Personnel Regulation.

¹²² National Council of State Boards of Nursing, "Member Board Profiles," Updated March 10, 2022, <https://www.ncsbn.org/profiles.htm>.

As noted in the recommendation section in the beginning of the report, North Carolina is the only state to elect its board members as opposed to the other boards whose members are appointed. In addition, North Carolina is the only board that sits as an independent agency outside the control of government. Pennsylvania is in the majority (58 percent) of the boards within an umbrella state agency, while the remaining (41 percent) boards are an independent agency within state government.¹²³

Two other board requirements were suggested to Commission staff - the requirement to be a state resident to serve on a board and the length of board terms. Both topics are included as questions in the NCSBN survey. Pennsylvania and Georgia are the only two states that do not require board members to reside within the jurisdiction at the time of the appointment. Every other state requires a board member to be a resident and it was recommended that Pennsylvania's Board of Nursing should at least require each member to be a resident of the Commonwealth.¹²⁴ As for the length of Board terms, Pennsylvania is in the minority, as one of three jurisdictions which have terms of six years or more. A majority of the respondents (58 percent) have term lengths of four years. The next most common term length was a three-year term (22 percent).¹²⁵ However, like a majority of jurisdictions (78 percent), Pennsylvania limits a board member to two consecutive terms.¹²⁶

Another recommendation made to the Commission was that data collected by Pennsylvania's Board should be published. Organizations reported to the Commission that the Board has been collecting, but does not publish, a large amount of data concerning the nursing workforce in the Commonwealth. The information is gathered through a questionnaire nursing license applicants fill out regarding their education, demographics, and employment. In examining the survey results, Pennsylvania does publish a newsletter, but does not publish an annual report.¹²⁷ A majority of the jurisdictions (59 percent) publish an annual report which could be a way that the board could share its nursing workforce data.

Unfortunately, some jurisdictions could not provide data for certain questions on the survey. A concern raised to the Commission was that Pennsylvania's Board spends too much of its time on disciplinary matters. One question related to the percent of a board's budget that is allocated for disciplinary matters. Pennsylvania was one of the 51 percent of all Boards whose budget allocation details were unavailable. Of the jurisdictions that responded, a majority allocated 31-60 percent of their budget to disciplinary matters. Only Nevada allocated more than 60 percent of its budget to disciplinary matters.¹²⁸

¹²³ *Id.* at 3.

¹²⁴ *Id.* at 17.

¹²⁵ *Id.* at 22.

¹²⁶ *Id.* at 23.

¹²⁷ *Id.* at 46 and 49.

¹²⁸ *Id.* at 40.

eNLC

The Nursing Licensure Compact (NLC), originally developed in 2000, was an agreement between states that allowed nurses to have one license and the ability to practice in other states. The Enhanced Nurse Licensure Compact (eNLC) was implemented in 2018 to streamline the process and included licensure standards which the original nursing compact lacked. For example, the original NLC did not require applicants to undergo state and federal fingerprint-based criminal background checks, but they were added for the eNLC.¹²⁹ The terms nursing compact, NLC, eNLC, and multistate license may all appear in different sources used in this report depending on the source referenced, but they all essentially mean the same thing.¹³⁰

As of January 2022, there were 39 states and jurisdictions that were part of the eNLC and another six states have pending legislation to join (Figure 2).¹³¹ Act 68, signed into law on July 1, 2021, began the official process of adding Pennsylvania to the nursing compact, but the Commonwealth is still awaiting implementation.¹³² The Board needs FBI approval of the eNLC language so that it can provide the criminal background check, regulations implementing fees for the licenses, and technological changes to the licensure system so that information can be transmitted to the Interstate Commission of Nurse Licensure Compact Administrators. More specifics on the criminal background check can be found in the Causes and Delays of Processing Times section of this report. As of the release of this report, the Board was awaiting a response from the FBI on background checks, actively working on draft regulations, and exploring changes to the licensure system.¹³³

The nursing compact is important because it allows a nurse to practice in their home state and all participating states with one license issued by the home state, eliminating the burdensome, costly, and time-consuming process of obtaining single state licenses in each state of practice.¹³⁴ States that are participants in the nursing compact benefit from greater access to a wider variety of more mobile and logistically available nurses which helps to promote travel nursing and per-diem shifts across state lines. Therefore, it increases access to high-quality nursing professionals who are not constrained by a single-state license and removes most of the complexities of licensing and renewing a nursing license across multiple states.¹³⁵

¹²⁹ National Council of State Boards of Nursing, “Nurse Licensure Compact (NLC),” Dec. 20, 2021, <https://www.ncsbn.org/nurse-licensure-compact.htm>.

¹³⁰ Trusted, “The Complete Guide, Nursing Compact States,” Jan. 18, 2022, <https://www.trustedhealth.com/compact-states>.

¹³¹ National Council of State Boards of Nursing, “Compact Nursing States List 2022,” Jan. 18, 2022, <https://nurse.org/articles/enhanced-compact-multi-state-license-enlc/>.

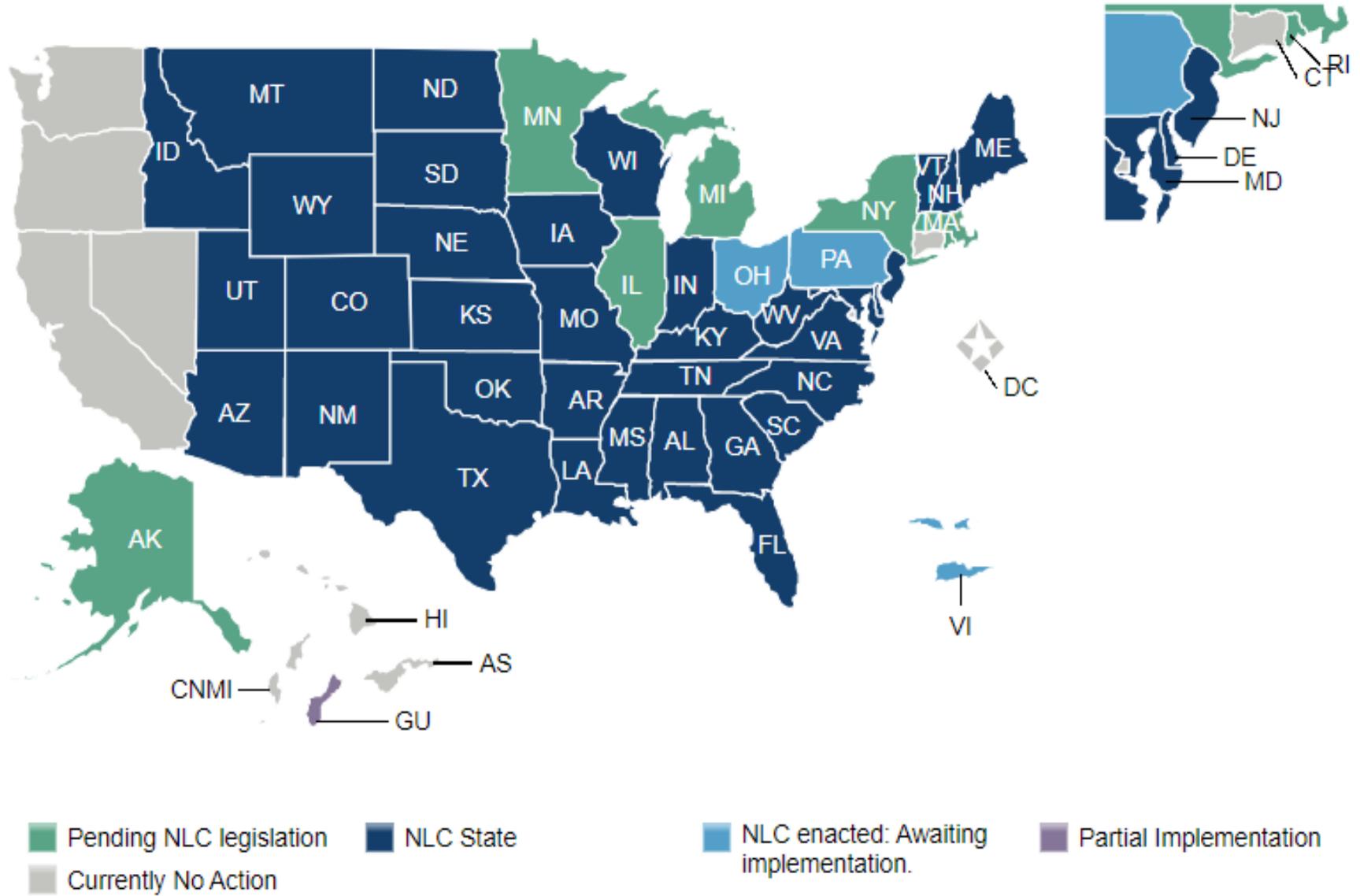
¹³² Act 68 of 2021 (P.L. 358, No. 68).

¹³³ Pennsylvania Department of State, “State Board of Nursing,” Jan 24, 2022, <https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Nursing/Pages/default.aspx>.

¹³⁴ National Council of State Boards of Nursing, *supra* note 129.

¹³⁵ Pennsylvania Department of State, *supra* note 133.

Figure 2
39 Jurisdictions and Status



PROCESSING TIMES FOR LICENSURE

Posted Processing Times

The Pennsylvania State Board of Nursing has a nursing guide to provide transparency, inform applicants of expected timelines for receiving a license, reduce mistakes, and mitigate delays. The two primary ways to receive a Registered Nurse (RN) license in Pennsylvania are by exam or by endorsement. In order to obtain an RN license by examination for Pennsylvania, the applicant must have completed a Board approved RN nursing program, passed the NCLEX-RN, and must also meet the additional requirements for licensure. The licensing process times for examination is broken down into the three phases shown in Table 3 below.¹³⁶

The process for an RN license is given as the example in the nursing guide and the timelines are outlined for RNs in the tables below. RNs represent the largest percentage of licenses which are processed annually, 76.1 percent in 2021. However, there are some differences in the process for specialized nursing licenses, such as Certified Registered Nurse Practitioners and Licensed Dietician-Nutritionists, which are outlined in the Licensure and Regulation Background section of this report. Even though the nursing guide timelines are based on RNs, processing times discussed in this report can be applied to every type of nursing license in general. Commission staff was not informed of any major variations in the timeline once the application reaches the Board. One exception was with dietary nurse files which only have certain files stored at the office and cannot be accessed remotely. Therefore, there may be some additional delays if a Board employee starts an application for a dietary nurse remotely and has to wait until returning to the office to finish their work.

¹³⁶ Pennsylvania Department of State, State Board of Nursing, "Nursing Navigator," Nov. 9, 2021, <https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Nursing/Pages/Nursing-Guide.aspx>.

Table 3
RN License by Examination

Phase	Timeframe in Calendar Days	Process
Phase I	4-5 Weeks	Measures the time between when the Department receives notice of an applicant’s program completion from their educational institution and when the Department notifies the applicant that they are eligible to take the exam or that the application is incomplete and needs additional information.
Phase II	7-8 Weeks	Measures the time that it takes for an applicant or third-party entity to respond to the Department with all application requirements, including the Department receiving notification that the applicant has passed the exam.
Phase III	1-2 Weeks	Measures the time between the Department’s receipt of a complete application, including examination results and when a license is issued to an applicant.
Total	12-15 Weeks	

Source: Pennsylvania Department of State, State Board of Nursing, “Nursing Navigator,” Nov. 9, 2021, <https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Nursing/Pages/Nursing-Guide.aspx>.

To help reduce processing time, the nursing guide notes the following suggestions:

- An official state criminal history record check (CHRC) is required from the current state of residence. For applicants living, working, or completing training in Pennsylvania, a CHRC will be generated automatically as part of the application and the required fee will be included at checkout;
- In addition to the background check from the current state of residence, the applicant will need to submit official state CHRCs from every state where they have lived, worked, or completed training during the last ten years. An FBI background check can be submitted in lieu of state checks where they previously lived, worked or trained. No record checks can be dated more than 90 days prior to the date they submit their application;
- The applicant is required to complete three hours of Board-approved continuing education on the topic of child abuse recognition and reporting. Confirmation of the course completion must be sent directly to the Board from the education provider so

the applicant should indicate that they are applying for Pennsylvania licensure to ensure confirmation is sent to the Board; and

- An applicant should register for the NCLEX exam with Pearson VUE and pay the required fee.

To obtain an RN license by endorsement, an applicant must have already obtained an RN license in another jurisdiction. A person is eligible for licensure by endorsement if they graduated from an approved professional nursing education program in the United States or Canada, or a professional nursing program deemed to be equivalent to the program of study required in Pennsylvania at the time the program was completed and obtained licensure in another jurisdiction by passing the NCLEX-RN or another examination equivalent to the NCLEX-RN. Otherwise, an applicant is required to take and pass the NCLEX-RN for licensure in Pennsylvania.¹³⁷ The licensing process for endorsement is broken down into the three phases below.

Table 4
RN License by Endorsement

Phase	Timeframe in Calendar Days	Process
Phase I	2-3 Weeks	Measures the time between a submitted application and the Board staff's initial determination of the application status. This phase may include license issuance or a follow-up request, in the case of incomplete applications.
Phase II	6-7 Weeks	Measures the time for an applicant to respond to the Department with all application requirements. This phase lasts from the date that a follow-up request is sent to the applicant until all items are received by the Department. This phase may include education documents, background checks, or completing required training.
Phase III	3-4 Weeks	Measures the time between the Department's receipt of a complete application and a licensure decision.
Total	11-14 Weeks	

Source: Pennsylvania Department of State, State Board of Nursing, "Nursing Navigator," Nov. 9, 2021, <https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Nursing/Pages/Nursing-Guide.aspx>.

¹³⁷ *Id.*

To help reduce processing time, the nursing guide notes the following suggestions:

- An official state criminal history record check (CHRC) is required from the current state of residence. For applicants living, working, or completing training in Pennsylvania, a CHRC will be generated automatically as part of the application and the required fee should be paid;
- In addition to the background check from the current state of residence, the applicant will need to submit official state CHRCs from every state where they have lived, worked, or completed training during the last ten years. An FBI background check can be submitted in lieu of state checks where they previously lived, worked or trained. No record checks can be dated more than 90 days prior to the date they submit their application;
- The applicant is required to complete three hours of Board-approved continuing education on the topic of child abuse recognition and reporting. Confirmation of the course completion must be sent directly to the Board from the education provider so the applicant should indicate that they are applying for Pennsylvania licensure to ensure confirmation is sent to the Board;
- The applicant's school must submit an official transcript identifying the RN education that qualified them for their original RN license, the degree awarded, and the date they completed the program. The applicant should request that their school send it directly to the Board; and
- An applicant should request that a verification of licensure from each state or jurisdiction where they held a license must be submitted directly to the Board. If their state participates in NURSUS, they should pay the fee.

For the renewal of existing RN licenses, the Board's website indicates that they are issued within three calendar days.¹³⁸ A notice for renewal will be sent biennially prior to the expiration date of the current license or certification, and failure to receive the notice for renewal will not relieve them the responsibility of renewing the license by the expiration date.¹³⁹ Licensees who do not complete renewal requirements by the deadline will be required to submit a reactivation application, which would also delay the renewal.¹⁴⁰

¹³⁸ *Id.*

¹³⁹ Pennsylvania Department of State, State Board of Nursing, "Renewal Information," Feb. 3, 2022, <https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Nursing/Pages/Renewal%20Information.aspx>.

¹⁴⁰ *Id.*

Table 5
Renewal of Existing Registered Nurse Licenses

Phase	Timeframe in Calendar Days	Process
Renewal	3 Days	Renewal of Existing Registered Nurse Licenses
Total	3 Days	

Source: Pennsylvania Department of State, State Board of Nursing, “Nursing Navigator,” Nov. 9, 2021, <https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Nursing/Pages/Nursing-Guide.aspx>.

Reported Processing Times

While the Board’s website indicates that a license renewal for an RN takes three days and new licenses can take anywhere from 11 to 15 weeks, the recent length of time it takes to renew a license is a major concern of nurses and their advocacy organizations. Commission staff was told about multiple examples where it could take up to 15 weeks to renew a license and up to six months for new licenses. Similarly, recent delays in processing applications for a change in curriculum and for approval of new nursing programs were also severe. The Commission was advised that the Board had been taking months to approve curriculum changes or new programs. The Commission heard specific examples of how it took between 18 and 24 months to receive approval for a program’s curriculum changes, and one case where a university has been waiting for over two years to receive approval.

More specifics can be found in the Causes and Delays of Processing Times section of this report, but the consensus was that processing times for nursing licenses were longer than the time posted on the Board’s website. Between a combination of retirements of key personnel and the COVID-19 pandemic, the Board has had difficulty keeping up with the Commonwealth's case load of nursing licenses and program revisions. Beginning in early 2020, two retirements left a large institutional knowledge gap and there were issues early in the pandemic when staff transitioned to remote work. It should be noted that the Board believes it can now provide all remote-working employees access to all of the necessary databases and work-related computer programs necessary to carry out all of their duties. In addition, one of the retirees has come back on an annuitant basis to assist in the succession process of their position.

Organizations responding to the Commission acknowledged that the Board has undergone a number of changes in recent years, including the transition of information technology systems and attempts to support applicants and licensees through the development of a “Nurse Navigator” webpage. While these developments have offered some support, the reality remains is that obtaining timely customer service from the Board has remained difficult.

COVID-19 has also had a significant impact on nursing schools and programs across the country, including graduates taking the NCLEX. The pandemic created a significant demand for more nurses, but also made the process of completing the NCLEX much more difficult and reduced the number of nurses who are eligible for licensure. In order to comply with local health and government social distancing measures, the availability of testing centers had been changing on a daily basis due to the COVID-19 pandemic. Pearson VUE, the company contracted by the Commonwealth to operate the NCLEX testing centers, had to reschedule many NCLEX appointments and close some of the locations in early 2020. Many of the testing centers operated at a reduced capacity to implement the newly created social distancing measures when they reopened after the pandemic.¹⁴¹

The following changes were made to the exam due to the decreased number of students allowed at each sitting:¹⁴²

- 1) The maximum time allowed for writing the exam had been shortened from 6 hours to 4 hours.
- 2) The minimum number of questions that must be answered correctly to pass the NCLEX had been decreased from 75 questions to 60 questions. The maximum number of exam questions that can be answered had been decreased from 265 questions to 130 questions, less than half the original number of questions on the previous version of the NCLEX.
- 3) The 15 pre-test questions were removed from the exam. In the past, 15 pretest questions were included in all exams. These questions did not count in a student's exam mark but were a way to collect statistics from students for future exams.
- 4) The research section at the end of the exam had been removed. The NCSBN has been collecting additional information from students at the end of the exam in the past for use in preparing the "next generation" of NCLEX. This work was being collected to help with future exam changes.
- 5) Students were able to wear a mask and gloves during the exam.

Continuous delays can lead to the increased financial burden of paying additional staff, the stress of finding staff to meet regulatory minimums, and quality providers closing their doors leading access-to-care problems, as demonstrated by numerous hospitals being unable to discharge patients to local nursing homes. Steps should be taken to support the life-saving and sustaining businesses in every community, including addressing exacerbated delays in obtaining licensure for new graduates.

¹⁴¹ Pearson, VUE, "Important COVID-related testing information," accessed Feb.10, 2022, <https://home.pearsonvue.com/coronavirus-update>.

¹⁴² Nurse.org Staff, *Nurse.org*, "5 NCLEX Exam Changes Due to COVID-19," May 19, 2020, <https://nurse.org/education/covid-19-nclex-changes/>.

In March 2022, NPR (an independent, nonprofit media organization) conducted an investigative examination of license applications of nurses who had recently graduated and those moving between states. NPR asked every state nursing board in the country for records showing when nurses submitted an application and when their license was issued from 2019 to 2021. A final data set was received from 30 states containing more than 226,000 nurses that were issued new, permanent licenses in 2021. The application date was then subtracted from the license issue date to calculate each nurse's processing time in days. Table 6 contains the median processing times (in days) for nurses that received a license in 2021.

For LPNs applying by endorsement and exam, Pennsylvania had the longest wait times of any state with 126 days and 111 days, respectively. Pennsylvania was the only state with a median processing time for applications by exam that exceeded 100 days for LPNs. While Pennsylvania did not have highest median number of days for RN applications by endorsement or exam, the Commonwealth did have the third highest number of days for RN applications by endorsement and the second highest number of days for applications by exam. Of all the licenses examined, the Commonwealth had some of the highest median number of days to approve applications for all of the licenses examined.

Table 6

Median Processing Times in Days
Nurses that Received a License in 2021
for 30 States

State	Licensed Practical Nurse		Registered Nurse	
	# of Days for Endorsement Applications	# of Days for Exam Applications	# of Days for Endorsement Applications	# of Days for Exam Applications
Arkansas	35	76	39	84
California	78	83	103	96
Colorado	19	42	19	42
Hawaii	46	82	41	84
Illinois	33	63	30	88
Indiana	48	77	41	95
Iowa	45	56	44	66
Kentucky	27	63	28	80
Louisiana	51	75	--	--
Maine	28	37	30	48
Massachusetts	31	47	28	56
Michigan	24	50	29	73
Minnesota	107	74	83	83
Mississippi	54	75	50	92
Montana	34	78	32	97
Nebraska	26	59	23	76
New Hampshire	35	58	36	52
New Jersey	52	78	49	80
New Mexico	24	49	21	48
North Carolina	58	59	56	78
Ohio	106	61	119	65
Oklahoma	44	80	38	77
Oregon	35	53	31	82
Pennsylvania	126	111	90	97
South Carolina	21	44	24	60
Tennessee	63	73	36	70
Texas	73	96	70	118
Vermont	1	36	1	50
West Virginia	--	--	35	86
Wyoming	--	--	34	57
Median for 30 States	51	73	49	83

Note: -- Louisiana only provided LPN records and West Virginia and Wyoming only provided RN records.

Source: NPR, "Nurses are waiting months for licenses as hospital staffing shortages spread," *Investigations*, March 10, 2022, <https://www.npr.org/2022/03/10/1084897499/nurses-are-waiting-months-for-licenses-as-hospital-staffing-shortages-spread>.

CAUSES AND DELAYS OF PROCESSING TIMES FOR LICENSURE IN PENNSYLVANIA

Cause of Delays in Approving the Licensure of Registered Nurses

During the course of the Commission's research, it became evident that there are three primary causes for the State Board of Nursing's difficulty in the timely processing of new licenses, license renewals, and providing authorization-to-test to new graduates. These issues can be summarized as volume, communication, and work process.

Volume of New License Applications and Renewals Compared to Available Staff

Registered nurses make up the majority of the professionals regulated by the Board of Nursing, and new registered nursing graduates outnumber new LPN, CRNP, CNS, and Dietician-Nutritionist program graduates.¹⁴³ Registered Nursing programs graduate students in the spring - typically May - leading to a spike in the volume of new license applicants. Stakeholder organizations representing nurses suggested that the staff of the Board may get overwhelmed with applicants at this time, contributing to delays in processing authorization-to-test and applications for licensure.

The Board acknowledged that, given the volume of work, their level of manpower contributes to delays in processing new license applications and renewals. The Board oversees 300,000 licensees and has 32 employees to process initial license applications, license renewals, and handle other matters across the five professions it regulates. The Board stated that each year it receives approximately 10,000 applications for licensure by examination (representing new nursing graduates) and 10,000 applications for licensure by endorsement (representing out-of-state or internationally licensed nurses seeking a Pennsylvania nursing license). This is in addition to the license renewals for all existing nurses. Because licensing is biennial, there are approximately 150,000 renewals to process every year.¹⁴⁴

Communication with Applicants

Some nursing organizations indicated that they did not have a positive, collaborative, working relationship with the Board or the Bureau of Professional and Occupational Affairs. These organizations believe that there is an adversarial posturing by the Board toward the nurses

¹⁴³ Pennsylvania Department of State, State Board of Nursing, "Number of Active Licenses," June 15, 2021, <https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Nursing/Pages/General-Information.aspx>.

¹⁴⁴ 63 P.S. § 221; 49 Pa. Code § 21.29.

whom it licenses and regulates. Some organizations feel that the Board does not “show urgency” in reviewing applications or issuing authorizations to test.

Licensees reported that e-mails to the Board went unreturned. The phone line to the Board has been described as a “dead line,” as phone calls were neither answered nor were the callers provided an option to leave a voicemail message. The phone line’s operational hours were only two days per week, from 9 AM to 2 PM.

Board of Nursing’s Work Process and IT Problems

Several factors contribute to the processing time for each application. These factors include the type of license, whether the applicant is applying for licensure by examination (requiring an authorization to test) or by endorsement. Where the applicant went to school is also a factor, and applications from graduating students who attended Pennsylvania nursing schools are quicker to process. The processing time is also affected by whether there are any errors that the applicant needs to correct before their application can go forward. Applications are processed on a first-received basis, and applications which need to be amended or corrected by an applicant who provides incorrect or incomplete information are not expedited for processing but go “back in line.”

While these factors may always weigh on the licensure process, how the Board handles the workload and its available software tools affect its processing time for license applications and renewals. And from the perspective of the licensees, applicants, and the organizations which represent the interests of nurses, the Board of Nursing has several problems with its work process which inhibit efficient management of applications for licensure and the renewal of existing licenses.

One issue is the software used by the Board. All professional licensing boards under the jurisdiction of the Bureau of Professional and Occupational Affairs, including the Board of Nursing, utilize online licensing infrastructure known as the Pennsylvania Licensing System or “PALS.”¹⁴⁵ When inputting their information into the PALS software, an applicant for licensure by examination or endorsement must put their last name first and their first name last. If an applicant erroneously puts his or her first name first, they cannot go back into their application and edit their name so that it appears in the correct format. Applicants sometimes also use their maiden name instead of their married name or have spacing in a hyphenated name that the PALS software deems unacceptable.

To fix errors that are caught early, such as the frequent last-name-first mix-up, the applicant may contact the PALS IT team and lodge a ticket. The PALS IT team will request identification from the applicant and then permit the applicant to make corrections. The Board has stated that it takes one to two business days to resolve an IT ticket. Although requesting assistance from PALS’ IT help desk assists in moving along the application, it adds additional time and contributes to the delay in processing the application.

¹⁴⁵ Pennsylvania Department of State, Bureau of Professional and Occupational Affairs, “Pennsylvania Licensing System,” pals.pa.gov.

Other errors require the applicant to wait until their incorrect application is rejected to amend their information. However, this increases the amount of time it takes an applicant to receive their nursing license. Making matters worse, Commission staff was informed by nursing stakeholders that when an application is rejected, the applicant is often not told what aspect of their application is incorrect or what remediation is necessary to make the application complete and acceptable. The rejection is handled by the software and the nursing students are informed via an automated e-mail. The applicants are frustrated by the rejection, as they believe their applications are complete and accurate, but nonetheless are rejected by the PALS software.

The length of time it takes to renew a license has also left nurses and their advocacy organizations concerned. The Board's website indicates that a license renewal for an RN takes three days.¹⁴⁶ However, it was reported to the Commission that it can take between 12 and 15 weeks for already practicing registered nurses to renew their licenses. These were anecdotal reports and there are no data showing how common it is for a nurse to wait 12 to 15 weeks to renew their license. Nevertheless, waiting months to renew a license can create a substantial hardship for those who are affected by such a delay. A delay of such a timespan can result in a lapse of licensure. A nurse whose license has lapsed cannot work and may be subjected to not only lost income, but also to potential termination by their employer.

The Board, for its part, acknowledged the technical problems it is having and noted that it is taking steps to replace its current online licensing infrastructure. The Board reported to the Commission that PALS is subject to numerous IT issues, and as of March 2022, the Board is in the process of soliciting a Request for Proposal (RFP) to replace the IT system. The Board had earlier issued a Request for Information (RFI).

The delays in processing applications for a change in curriculum and for approval of new nursing programs are also severe. The Commission was advised that the Board of Nursing has been taking months to approve curriculum changes or new programs. A nursing diploma program stated to the Commission that it has taken between 18 and 24 months to receive approval for changes to their program's curriculum. It was noted that even a simple change in terminology of an approved program or curriculum had to go through a lengthy approval process and was not approved any faster than entirely new programs. Institutions noted that the medical community is constantly changing and recommending updates. For example, COVID-19 specific language may need to be incorporated into an existing curriculum.

Delays in processing applications for a change in curriculum for nursing programs or for creating new nursing programs have been at least partially caused by a loss of institutional knowledge related to the retirement of one staff member who was the Board's only Nursing Education Advisor.

¹⁴⁶ Pennsylvania Department of State, Bureau of Professional and Occupational Affairs, "Nursing Navigator," <https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Nursing/Pages/Nursing-Guide.aspx>, accessed Dec. 14, 2021.

Since the passage of HR 142, the Board has filled the Nursing Education Advisor position with a new full-time hire and has also brought back the previously retired Nursing Education Advisor on a part-time basis to assist with the transition of the new staff member.¹⁴⁷

The Board acknowledged delays in the approval of curriculum changes but noted that an application for a program change filed by an institution in January 2022 would take much less time to process than if the institution had applied for the same program change during the same timeframe in 2021.

Turnover of Experienced Personnel at the Board of Nursing

During the COVID-19 pandemic, the Board of Nursing, like many employers, had to arrange alternate and work-from-home accommodations for its employees. Mirroring a nationwide trend, some of the Board of Nursing's employees used this as an opportunity to resign or retire, leaving the Board of Nursing with unfilled positions and a drain of institutional knowledge.

According to the Board, since the onset of the COVID-19 pandemic in early 2020, staff turnover has not affected normal operations. Board staff alternate working from home and in the office on an "A/B" schedule, where the group of staff in the "A" group work from home one week while the group of staff in "B" group work in the office. The following week the groups switch, with the "B" group working from home while the "A" group works from the office. The Board stated to the Commission that their work-from-home arrangement should not be slowing down the licensure process, as staff have access to the same PALS software and tools at home as they do in the office.

However, the Board did note that they lost two important staff members who have been difficult to replace. During the pandemic the Board saw the departure of the Nursing Education Advisor who oversaw the approval of nursing program curriculum changes and new nursing programs, and the Board's long-standing executive secretary. These departures represented a loss of institutional knowledge for the Board. As noted above, the position of Nursing Education Advisor has since been filled and retiree was re-hired on a part-time basis to assist the new hire acclimate to the role.

The Board's staff work on different aspects of the licensure process. For instance, some staff members work on CRNP licenses, others work on RN licenses, some handle the Authorization to Test (ATT) process for new nurses seeking licensure by examination while others handle nurses seeking licensure by endorsement. Some staff members are cross-trained to handle multiple areas of license processing. On occasion, the Board employs temporary workers. These temporary workers engage in administrative work, freeing up more time for the Board's permanent staff members to spend more time handling licensing matters.

¹⁴⁷ Communication between the Board of Nursing and staff of the Joint State Government Commission, Jan. 5, 2022.

Board of Nursing's Background Check Requirement

To be eligible for licensure, applicants seeking licensure as an RN cannot have been convicted of a felony under the Controlled Substance, Drug, Device and Cosmetic Act (Act of April 14, 1972, P.L. 233, no. 64) or a felony relating to a controlled substance within the 10 years preceding their application.¹⁴⁸ An identical requirement is found in the Practical Nursing Law.¹⁴⁹

This rule also applies to other professions regulated by the Board of Nursing. For Dietitian-Nutritionists, the applicant must possess “good moral character” as well as “meet the qualifications set forth in section 6(b)(1)-(4) of the [Professional Nursing] [A]ct,” relating to controlled substance felonies.¹⁵⁰ An applicant for licensure as a CRNP must already possess an unrestricted license as a practical nurse, and so must already meet the qualifications for possession of that license.¹⁵¹

Pursuant to these statutes and regulations, the Board of Nursing requires that applicants for RN, LPN, CRNP, CNS, and Dietician-Nutritionist licenses undergo an official state criminal history record check for their current state of residence. Additionally, the applicant will need to submit an official state criminal history record check from every state where the applicant has lived, worked, or been educated within the past 10 years. For CRNP and CNS applicants the records check period is the preceding 5 years. In lieu of the state background checks, the applicant may elect to provide both a state criminal history record check from the state in which they currently reside and an FBI Identity History Summary Check.

The FBI's authority to conduct an Identity History Summary check for noncriminal justice purposes is constrained by federal law and several federal regulations. The federal statute authorizing the sharing of criminal history information with state agencies responsible for professional licensing is buried in an appropriations bill from 1972. This bill provides that “funds ... may be used ... for the exchange of identification records ... if authorized by State statute and approved by the Attorney General, to officials of State and local governments for purposes of employment and licensing.”¹⁵² Because the federal law permitting the FBI to share criminal history information with state and local governments requires a state enabling act to authorize the state agency to request and receive such information, the FBI is prohibited from simply handing out criminal history record information of third parties to persons or entities not specifically permitted to possess that information by a state enabling statute.

Federal regulation allows criminal history record information within the possession of the FBI to be made available for use in connection with licensing and employment.¹⁵³ However, dissemination guidelines are found in another federal regulation and have several requirements which must be met before the information will be shared. These include a requirement that the government institution or entity submitting fingerprints to the FBI to receive criminal history records notify the individual that they are using their fingerprints for that purpose and must provide

¹⁴⁸ Professional Nurse Law, Act of May 22, 1951, P.L. 317, No. 69 § 6(b)(4)(c); 63 P.S. § 216(c).

¹⁴⁹ Practical Nurse Law, Act of March 2, 1956, P.L. 1955, No. 1211, § 5; 63 P.S. § 655.

¹⁵⁰ 49 Pa. Code § 21.721.

¹⁵¹ 49 Pa. Code § 21.271.

¹⁵² Pub. L. 92-544, 86 Stat. 1115 (Oct. 25, 1972).

¹⁵³ 28 CFR § 20.33.

the applicant with the opportunity to complete or challenge the accuracy of the information contained therein. They must also advise the applicants regarding the procedures to change, correct, or update their FBI identification record. Officials using the FBI's criminal history records may not deny a license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.¹⁵⁴

Of course, these rules only apply when “officials” request the record on behalf of an applicant. They do not apply when an individual requests their own Identity History Summary Check. However, the FBI cautions that these checks are not to be used for employment or licensing.¹⁵⁵ There is no regulation prohibiting their acceptance for employment or licensing purposes, but the FBI cannot guarantee that the records have not been tampered with, as the records are delivered to the individual requesting them, and not to the employer or licensing body. Fingerprints must still be submitted to the FBI by an individual to obtain their Identity History Summary.

The instructions provided by the Board of Nursing require the applicant obtain their criminal history records from the FBI via an Identity History Summary Check (if they choose to use FBI records as an alternative to providing state checks from all states in which they have lived, worked, or been educated in the previous 10 years). The Board of Nursing will not request the criminal history check from the FBI and there is no state statute authorizing the Board to do so.¹⁵⁶

It was reported by the Board of Nursing to the Commission that the background check portion of the initial licensure process is a stumbling block for some applicants, contributing to the delays in licensure. Even prior to the COVID-19 pandemic, the requirement to provide state criminal history checks from all states in which the applicant has lived, worked, or been educated has stymied the process for some applicants who do not supply the required checks from all necessary states.

To remedy this error, it was recommended that the background check procedure be reformed to request that the applicant supply the state criminal records check only from their state of residence as well as making the FBI background check mandatory, rather than an alternative to the other states' criminal history reports. An applicant should no longer be required to provide state background checks from all states where they have lived, worked, or been educated within the previous 10 years.

A new background procedure could simply require an applicant to provide both a state criminal history record check from the state in which they currently reside and an FBI Identity History Summary Check. However, a new procedure could also be crafted to require an applicant to provide both a state criminal history record check from the state in which they currently reside and for the Board to perform a criminal history record check from the FBI on behalf of an applicant.

¹⁵⁴ 28 CFR § 50.12

¹⁵⁵ Federal Bureau of Investigation, “Identity History Summary Checks,” <https://www.fbi.gov/services/cjis/identity-history-summary-checks>, accessed Jan. 24, 2022.

¹⁵⁶ This is not to say that the Board of Nursing does not have the authority to conduct a background check into applicants for licensure — they do have such authority. However, for the Board of Nursing to be permitted to request a criminal history record for an applicant from the FBI, federal regulations require that there be a state statute enabling the official or agency to do so, and it must be compliant with certain other federally-required provisions.

If it was preferred that the Board perform the check, a new statute would be required authorizing them to make the request and include the safeguards and informed consent statements required by federal regulation.

The reform would reduce the likelihood of applicants erroneously providing insufficient criminal history information to the Board. However, the decision would need to be made as to whether it will accept the self-requested and self-reported Identity History Summary Check from applicants or whether the Board would prefer to request that information directly from the FBI itself. If the Board prefers the latter, then legislation compliant with federal regulation is required.

Additionally, the Board should go through the regulatory rulemaking process outlined in the Commonwealth Documents Law and make its background check guidance a formal regulation. A regulation that clearly spells out the background check procedure for license applicants would benefit the Board, applicants for licensure, and ultimately the Commonwealth.

Impact of Delays

The delay in obtaining or renewing licensure is more than an inconvenience to the RNs, LPNs, and CRNPs affected. It negatively affects the ability of nursing professionals to provide for their families, incentivizes nurses to leave Pennsylvania for other states, and interferes with health care providers' ability to provide care to their patients.

New Jersey and Delaware are two neighboring states that are members of the Nurse Licensure Compact. These two states make it easier for out-of-state nurses to obtain a license to work in their state. The delays in Pennsylvania's nurse licensure process combined with the relative ease of licensure in neighboring states may lead to a "brain drain" of nurses from Pennsylvania to those neighboring states. Already, there are anecdotal reports that newly graduated RNs from nursing programs in the Pittsburgh area are leaving for West Virginia because the licensure process in that state is faster and easier.

Delaying the licensure of nurses delays their entry into the workforce. Nurses are on the front lines providing medical care and delays to nursing graduates' ATT and initial licensure, and renewal of licenses for practicing nurses, obstructs the ability of health care providers throughout the Commonwealth to provide care to their patients. If a hospital, for instance, cannot staff a floor with a particular RN because his or her license renewal has not been processed and their license has lapsed, the hospital must either require its available complement of nurses to cover more patients, work more shifts, or hire an additional nurse, thereby contributing to burnout of existing staff and compounding the demand for available nursing professionals.

OTHER STATES

While many states participate in the Enhanced Nurse Licensure Compact (eNLC), getting a license to be a nurse in another state can still be confusing due to differences in requirements, processes, and timeframes. Nurse.org, an organization which publishes nursing content focused on the lives of nurses and nursing students, created a state-by-state guide to explain the licensing process and outline the estimated time frames for each state.¹⁵⁷ Below is a 2019 comparison of temporary and permanent license time-frames, walk-through state status, cost of fees, application requirements, renewal requirements, and renewal date. The category of walk-through is for whether the state allows a nurse to be issued a temporary state nursing license within one hour to one day's time to practice nursing while awaiting a permanent license to be processed.¹⁵⁸ Finally, a state's compact (eNLC) status has been added based on a state's membership as of January 2022. Collectively, there are 39 states and jurisdictions that are part of the compact.¹⁵⁹ The state comparison is as follows:¹⁶⁰

Alabama

Temporary License Time-Frame: 48 hours.

Permanent License Time-Frame: No set time frame - processed when materials are received.

Compact (eNLC): Yes.

Walk-Through: No.

Cost: \$85 application fee, \$50 temporary license fee, \$3.50 transaction fee.

Application Requirements: Proof of citizenship, official transcripts and license verification.

Renewal Requirements: 24 CEU, plus 12 hours of independent study through CEU.

Renewal Date: Every 2 years.

¹⁵⁷ Angelina Walker, Director of Nursing Content and Social Media, *Nurse.org*, "2019 State-by-State Guide to RN Licensure: eNLC Update," <https://nurse.org/articles/guide-to-registered-nurse-licensure-by-state/>.

¹⁵⁸ USNursing Corporation, "Compact & Walk Through States," Dec. 1, 2021, <https://www.usnursing.com/nurses/compact-walk-through-states>.

¹⁵⁹ National Council of State Boards of Nursing, "Nurse Licensure Compact (NLC)," Jan. 18, 2021, <https://www.ncsbn.org/nurse-licensure-compact.htm>.

¹⁶⁰ Temporary License Time-Frame, Permanent License Time-Frame, Walk-Through, Cost, Application Requirements, Renewal Requirements and Renewal Date Source - Angelina Walker, Director of Nursing Content and Social Media, *Nurse.org*, "2019 State-by-State Guide to RN Licensure: eNLC Update," <https://nurse.org/articles/guide-to-registered-nurse-licensure-by-state/>, Compact (eNLC) Source - National Council of State Boards of Nursing, "Nurse Licensure Compact (NLC)," Jan. 18, 2021, <https://www.ncsbn.org/nurse-licensure-compact.htm>.

Alaska

Temporary License Time-Frame: 10 business days.

Permanent License Time-Frame: 10 business days.

Compact (eNLC): No.

Walk-Through: No.

Cost: \$275 (permanent license only) or \$325 (including temporary permit).

Application Requirements: Proof of citizenship, official transcripts, license verification.

Renewal Requirements: Must complete 2 of the following: 30 contact hours; 30 hours professional nursing activities; or 320 hours nursing employment.

Renewal Date: November 30th - even numbered years only.

Arizona

Temporary License Time-Frame: 48 hours walk-in or 2 weeks mail.

Permanent License Time-Frame: 1-2 months.

Compact (eNLC): Yes.

Walk-Through: Yes.

Cost: \$50 temporary, \$150 application fee, \$50 fingerprints.

Application Requirements: N/A.

Renewal Requirements: One of the following requirements: Practiced as a nurse for 960 hours or more in the past 5 years; or graduated from a nursing program and obtained a degree within past 5 years; or completed an Arizona Board approved refresher course in the past 5 years; or obtained an advanced nursing degree in the past 5 years (i.e. LPN to RN, RN to BSN, masters, or doctorate).

Renewal Date: Every 4 years

Arkansas

Temporary License Time-Frame: 3-5 business days.

Permanent License Time-Frame: 3-5 business days.

Compact (eNLC): Yes.

Walk-Through: No.

Cost: \$30 (temporary license), \$125 (permanent license).

Application Requirements: N/A.

Renewal Requirements: Nurses born in odd-numbered years renew in odd years, and those born in even years renew in even years. Active licensed practical nurses, registered nurses, and advanced practice nurses must complete the continuing education requirement by one of these methods prior to each biennial renewal: Earn 15 contact hours of appropriately accredited practice-focused activities; or hold a current nationally recognized certification/recertification; or complete a minimum of one college credit hour course in nursing with a grade of C or better during licensure period.

Renewal Date: Every 2 years.

California

Temporary License Time-Frame: 8-10 weeks.
Permanent License Time-Frame: 10-12 weeks.
Compact (eNLC): No.
Walk-Through: No.
Cost: \$50 (temporary license), \$100 (permanent license), \$49 fingerprints.
Application Requirements: N/A.
Renewal Requirements: 30 CEU.
Renewal Date: Every 2 years on your birthday.

Colorado

Temporary License Time-Frame: 4-5 weeks.
Permanent License Time-Frame: 6 weeks.
Compact (eNLC): Yes.
Walk-Through: No.
Cost: \$88 (nurse grads), \$164 renewal fee.
Application Requirements: N/A.
Renewal Requirements: None.
Renewal Date: Every 2 years - By September 30th.

Connecticut

Temporary License Time-Frame: 2-3 weeks.
Permanent License Time-Frame: 5-7 business days - once all documents received.
Compact (eNLC): No.
Walk-Through: No.
Cost: \$180 (includes the cost of a temporary license).
Application Requirements: N/A.
Renewal Requirements: None.
Renewal Date: Every year.

Delaware

Temporary License Time-Frame: 4-6 weeks.
Permanent License Time-Frame: 4-6 weeks.
Compact (eNLC): Yes.
Walk-Through: No.
Cost: \$40 (temporary license), \$141 (permanent license).
Application Requirements: N/A.
Renewal Requirements: One of the following: 1,000 practice hours within the past 5 years; or 400 practice hours within the past 2 years; or a refresher course within the past 2 years; and CEU-30 including 3 hours on substance abuse.
Renewal Date: Every 2 years.

Florida

Temporary License Time-Frame: 30 days.

Permanent License Time-Frame: 30 days.

Compact (eNLC): Yes.

Walk-Through: No.

Cost: \$110.

Application Requirements: N/A.

Renewal Requirements: CEU - 24 hours including 2 hours on the laws and rules that govern the practice of nursing in Florida. As of 1/2019, 2 hours of education on human trafficking.

Renewal Date: Every 2 years.

Georgia

Temporary License Time-Frame: Unavailable.

Permanent License Time-Frame: 15 business days.

Compact (eNLC): Yes.

Walk-Through: No.

Cost: \$50.

Application Requirements: N/A

Renewal Requirements: See Georgia's state page for more detailed information.

Renewal Date: Every 2 years.

Hawaii

Temporary License Time-Frame: Unavailable.

Permanent License Time-Frame: 15-20 business days.

Compact (eNLC): No.

Walk-Through: No.

Cost: \$146-\$202.

Application Requirements: N/A

Renewal Requirements: One of the following: national certification or recertification related to the nurse's practice role; 30 contact hours of continuing education activities; completion of a board-approved refresher course; completion of a minimum of two-semester credits of post-licensure academic education related to nursing practice from an accredited nursing program; participation as a preceptor, for at least one nursing student or employee transitioning into new clinical practice areas for at least one hundred twenty hours, in a one-to-one relationship as part of an organized preceptorship program; completion as principal or co-principal investigator of a nursing research project that is an institutional review board project or evidence-based practice project that has been preapproved by the board; authoring or co-authoring a peer-reviewed published nursing or health-related article, book, or book chapter; developing and conducting a nursing education presentation or presentations totaling a minimum of five contact hours of actual organized instruction that qualifies as continuing education; completion of a board-recognized nurse residency program; or a similar type of learning activity option; provided that the type of activity shall be recognized by the board.

Renewal Date: Every 2 years on June 30th of odd years.

Idaho

Temporary License Time-Frame: No set timeline - issued once all documents received.

Permanent License Time-Frame: No set timeline - issued once all documents received.

Compact (eNLC): Yes.

Walk-Through: No.

Cost: \$25 (temporary license), \$152 (permanent license).

Application Requirements: N/A

Renewal Requirements: As of 2019 License Renewal: Current nursing specialty certification or 100 hours of practice or simulation practice; 15 contact hours of continuing education or completion of a minimum of 1 semester credit hour of post-licensure academic education or completion of a Board-recognized refresher course or Participation in or presentation of a workshop, seminar, or conference; and acknowledged contributor to a published nursing-related article or teaching or developing a nursing-related course of instruction or participation in related professional activities.

Renewal Date: Every 2 years on August 31.

Illinois

Temporary License Time-Frame: 2 weeks.

Permanent License Time-Frame: 4-6 weeks.

Compact (eNLC): No (pending eNLC legislation).

Walk-Through: Yes.

Cost: \$25 (temporary license), \$50 (permanent license).

Application Requirements: N/A

Renewal Requirements: CEU - 20 hours.

Renewal Date: Every 2 years by May 31.

Indiana

Temporary License Time-Frame: 2 weeks.

Permanent License Time-Frame: 2-4 weeks.

Compact (eNLC): Yes.

Walk-Through: No.

Cost: \$50 (temporary license), \$60 (permanent license).

Application Requirements: N/A

Renewal Requirements: None.

Renewal Date: Every odd year on October 31.

Iowa

Temporary License Time-Frame: 5-10 business days.

Permanent License Time-Frame: 5-10 business days, but up to 8 weeks during high volume.

Compact (eNLC): Yes.

Walk-Through: No.

Cost: \$169.

Application Requirements: N/A

Renewal Requirements: CEU - 36 hours; license less than 3 years - 24 CEU; and 2 hours child abuse training.

Renewal Date: Every 3 years.

Kansas

Temporary License Time-Frame: 7-10 business days.

Permanent License Time-Frame: Varies.

Compact (eNLC): Yes.

Walk-Through: No.

Cost: \$75.

Application Requirements: N/A

Renewal Requirements: CEU - 30 hours.

Renewal Date: Every 2 years.

Kentucky

Temporary License Time-Frame: No set timeline - issued once all documents received.

Permanent License Time-Frame: 2 weeks.

Compact (eNLC): Yes.

Walk-Through: No.

Cost: \$165 (temporary license), \$165 (permanent license), \$12 fingerprint fee.

Application Requirements:

Renewal Requirements: One of the following within the past 2 years (waived for the first renewal after licensure): 14 contact hours; national, practice-related certification or recertification; completion of nursing research project as director, principal investigator, or co-investigator; publication of nursing-related article; professional nursing education presentation; 120 hours as preceptor; 7 contact hours plus satisfactory employment evaluation for CE; 3 contact hours of domestic violence education within the first 3 years after licensure (one time only); and 2 contact hours of HIV/AIDS education.

Renewal Date: Every year - October 31.

Louisiana

Temporary License Time-Frame: No set timeline - issued once all documents received.

Permanent License Time-Frame: 4-6 weeks.

Compact (eNLC): Yes.

Walk-Through: Yes.

Cost: \$240.75 (temporary license), \$140.75 (permanent license).

Application Requirements: N/A

Renewal Requirements: Continuing Education Hours: Full-time nurses: 5 CEU; part-time nurses: 10 CEU; and inactive nurses: 15 CEU.

Renewal Date: Every year.

Maine

Temporary License Time-Frame: Unavailable.

Permanent License Time-Frame: 1-2 weeks.

Compact (eNLC): Yes.

Walk-Through: No.

Cost: \$75 (temporary license), \$75 (permanent license).

Application Requirements: N/A

Renewal Requirements: None.

Renewal Date: Every 2 years.

Maryland

Temporary License Time-Frame: 48-72 hours.

Permanent License Time-Frame: 4-6 weeks.

Compact (eNLC): Yes.

Walk-Through: No.

Cost: \$40 (temporary license), \$100 (permanent license).

Application Requirements: N/A

Renewal Requirements: 1,000 practice related hours or board approved refresher course.

Renewal Date: Every 2 years.

Massachusetts

Temporary License Time-Frame: Unavailable.

Permanent License Time-Frame: 4-6 weeks.

Compact (eNLC): No (pending eNLC legislation).

Walk-Through: No.

Cost: \$275.

Application Requirements: N/A

Renewal Requirements: CEU - 15 hours (waived for first renewal).

Renewal Date: Every 2 years.

Michigan

Temporary License Time-Frame: 4-6 weeks - Only applies to individuals licensed as a registered nurse in Canada.

Permanent License Time-Frame: 4-6 weeks.

Compact (eNLC): No (pending eNLC legislation).

Walk-Through: No.

Cost: \$64.

Application Requirements: N/A

Renewal Requirements: CEU - 25 hours.

Renewal Date: Every 2 years.

Minnesota

Temporary License Time-Frame: 1 business day.

Permanent License Time-Frame: Varies.

Compact (eNLC): No.

Walk-Through: No.

Cost: \$105.

Application Requirements: N/A

Renewal Requirements: CEU- 24 hours.

Renewal Date: Every 2 years.

Mississippi

Temporary License Time-Frame: Unavailable.

Permanent License Time-Frame: 7-15 business days.

Compact (eNLC): Yes.

Walk-Through: No.

Cost: \$100.

Application Requirements: N/A

Renewal Requirements: CEU - 20 hours.

Renewal Date: Every 2 years.

Missouri

Temporary License Time-Frame: In person - Same day, Mail - 2 weeks.

Permanent License Time-Frame: 10-12 business days.

Compact (eNLC): Yes.

Walk-Through: Yes.

Cost: \$55.

Application Requirements: N/A

Renewal Requirements: None.

Renewal Date: Every 2 years - Expires 4-30 of even-numbered years.

Montana

Temporary License Time-Frame: Unavailable.

Permanent License Time-Frame: 30-60 days.

Compact (eNLC): Yes.

Walk-Through: No.

Cost: \$200, \$27.25 background check fee.

Application Requirements: N/A

Renewal Requirements: CEU - 24 hours.

Renewal Date: Every 2 years.

Nebraska

Temporary License Time-Frame: No set timeline - issued once all documents received.

Permanent License Time-Frame: 4-5 weeks.

Compact (eNLC): Yes.

Walk-Through: No.

Cost: \$123.

Application Requirements: N/A

Renewal Requirements: One of the following (waived if licensed within the past 2 years): 500 practice hours within the past 5 years and 20 contact hours of board-approved CE within the past 2 years; graduated between 2 and 5 years ago, and completed at least 20 contact hours of board-approved CE; board-approved refresher course within the past 5 years; current or new certification in nursing specialty; or portfolio demonstrating current continuing competency goals and evidence of professional activity to meet those goals.

Renewal Date: On October 31st of odd-numbered year.

Nevada

Temporary License Time-Frame: 7-10 business days.

Permanent License Time-Frame: 2-4 months.

Compact (eNLC): No.

Walk-Through: No.

Cost: \$105.

Application Requirements: N/A

Renewal Requirements: CEU - 30 hours, including 4 hours on bioterrorism.

Renewal Date: Every 2 years.

New Hampshire

Temporary License Time-Frame: No set timeline - issued once all documents received.

Permanent License Time-Frame: 4-6 weeks.

Compact (eNLC): Yes.

Walk-Through: No.

Cost: \$20 (temporary license), \$120 (permanent license).

Application Requirements: N/A

Renewal Requirements: CEU - 30 hours.

Renewal Date: Every year.

New Jersey

Temporary License Time-Frame: Unavailable.

Permanent License Time-Frame: No set timeline - issued once all documents received.

Compact (eNLC): Yes.

Walk-Through: No.

Cost: \$140 (temporary license), \$200 (permanent license).

Application Requirements: N/A

Renewal Requirements: CEU - 30 hours, 1 CEU on organ and tissue donation.

Renewal Date: Every 2 years.

New Mexico

Temporary License Time-Frame: 2-3 weeks.

Permanent License Time-Frame: No set timeline - issued once all documents received.

Compact (eNLC): Yes.

Walk-Through: No.

Cost: \$50 (temporary license), \$110 (permanent license).

Application Requirements: N/A

Renewal Requirements: CEU - 30 hours.

Renewal Date: Every 2 years.

New York

Temporary License Time-Frame: 6-8 weeks.

Permanent License Time-Frame: No set timeline - issued once all documents received.

Compact (eNLC): No (pending eNLC legislation).

Walk-Through: No.

Cost: \$35 (temporary license), \$143 (permanent license).

Application Requirements: N/A

Renewal Requirements: 3 CEU on infection control every 4 years, 2 CEU on child abuse recognition.

Renewal Date: Every 4 years.

North Carolina

Temporary License Time-Frame: 1-2 weeks.

Permanent License Time-Frame: 6-8 weeks.

Compact (eNLC): Yes.

Walk-Through: No.

Cost: \$150.

Application Requirements: N/A

Renewal Requirements: Must adhere to the following: National certification or recertification by a national credentialing body recognized by the Board; 30 contact hours of continued education; completion of a Board-approved refresher course; completion of a minimum of two semester hours of post-licensure academic education related to nursing practice or 15 contact hours of continued education and one of the following: completion of a nursing project as principal investigator or co-investigator to include statement of problem, project objectives, methods, date of completion and summary of findings; authoring or co-authoring a nursing related article, paper, book or book chapter; developing and conducting a nursing continuing education presentation or presentations totaling a minimum of five contact hours, including program brochure or course syllabi, objectives, date and location of presentation, and approximate number of attendees; and 640 hours of active practice within previous 2 years.

Renewal Date: Every 2 years.

North Dakota

Temporary License Time-Frame: 3-5 business days.

Permanent License Time-Frame: 7-10 business days.

Compact (eNLC): Yes.

Walk-Through: No.

Cost: \$160.

Application Requirements: N/A

Renewal Requirements: CEU - 12 hours and 400 practice hours within last 4 years.

Renewal Date: Every year.

Ohio

Temporary License Time-Frame: 4-6 weeks.

Permanent License Time-Frame: 4-6 weeks.

Compact (eNLC): Yes.

Walk-Through: No.

Cost: \$75.

Application Requirements: N/A

Renewal Requirements: CEU - 24 hours, including 1 hour Ohio nursing law.

Renewal Date: Every 2 years.

Oklahoma

Temporary License Time-Frame: Varies.
Permanent License Time-Frame: Varies.
Compact (eNLC): Yes.
Walk-Through: No.
Cost: \$95 (temporary license), \$85 (permanent license).
Application Requirements: N/A
Renewal Requirements: CEU - 24 hours.
Renewal Date: Every 2 years.

Oregon

Temporary License Time-Frame: Unavailable.
Permanent License Time-Frame: 3-6 weeks.
Compact (eNLC): No.
Walk-Through: No.
Cost: \$195.
Application Requirements: N/A
Renewal Requirements: CEU - 7 hours on pain management and 960 practice hours (within 5 years).
Renewal Date: Every 2 years and expire at midnight the day before their birthday.

Rhode Island

Temporary License Time-Frame: Unavailable.
Permanent License Time-Frame: 1 week.
Compact (eNLC): No (pending eNLC legislation).
Walk-Through: No.
Cost: \$135.
Application Requirements: N/A
Renewal Requirements: CEU - 10 hours including 2 hours of substance abuse education.
Renewal Date: Every 2 years.

South Carolina

Temporary License Time-Frame: 1 day.
Permanent License Time-Frame: 10-14 business days.
Compact (eNLC): Yes.
Walk-Through: Yes.
Cost: \$10 (temporary license), \$100 (permanent license).
Application Requirements: N/A
Renewal Requirements: One of the following: 30 contact hours of CEU; certification or recertification by a national certifying body, completion of an academic program in nursing or related field; or employer certification of competency and number of hours practiced.
Renewal Date: Every 2 years.

South Dakota

Temporary License Time-Frame: 2-3 business days.

Permanent License Time-Frame: 4-6 weeks.

Compact (eNLC): Yes.

Walk-Through: Yes.

Cost: \$25 (temporary license), \$100 (permanent license), \$43.25 background check fee.

Application Requirements: N/A

Renewal Requirements: One of the following: 140 practice hours during any 12-month period within the past 6 years; 480 total practice hours within the past 6 years; or board approved refresher course.

Renewal Date: Every 2 years.

Tennessee

Temporary License Time-Frame: Unavailable.

Permanent License Time-Frame: 6 weeks.

Compact (eNLC): Yes.

Walk-Through: No.

Cost: \$115.

Application Requirements: N/A

Renewal Requirements: Proof of practice.

Renewal Date: Every 2 years.

Texas

Temporary License Time-Frame: 2 weeks.

Permanent License Time-Frame: 2 weeks.

Compact (eNLC): Yes.

Walk-Through: No.

Cost: \$186.

Application Requirements: N/A

Renewal Requirements: CEU - 20 hours in the area of practice including 2 hours on bioterrorism.

Renewal Date: Every 2 years.

Utah

Temporary License Time-Frame: Unavailable.

Permanent License Time-Frame: 2-4 weeks.

Compact (eNLC): Yes.

Walk-Through: No.

Cost: \$100.

Application Requirements: N/A

Renewal Requirements: One of the following: 400 practice hours or 15 CEU hours; or 200 practice hours or 30 CEU hours.

Renewal Date: Every 2 years.

Vermont

Temporary License Time-Frame: Unavailable.

Permanent License Time-Frame: 3-5 business days.

Compact (eNLC): Yes.

Walk-Through: No.

Cost: \$150.

Application Requirements: N/A

Renewal Requirements: One of the following: 960 practice hours within the past 5 years; 400 practice hours within the past 2 years; or re-entry program within the past 5 years.

Renewal Date: Every 2 years.

Virginia

Temporary License Time-Frame: Unavailable.

Permanent License Time-Frame: 4-6 weeks.

Compact (eNLC): Yes.

Walk-Through: No.

Cost: \$190.

Application Requirements: N/A

Renewal Requirements: One of the following activities: Current specialty certification by a national certifying organization; completion of a minimum of three credit hours of post-licensure academic education relevant to nursing practice; board-approved refresher course in nursing; completion of nursing-related, evidence-based practice project or research study; completion of publication as the author or co-author during a renewal cycle; teaching a nursing-related course resulting in no less than three semester hours of college credit or specialty certification; teaching nursing-related continuing education courses for up to 30 contact hours; 15 contact hours of workshops, seminars, conferences or courses relevant to the practice of nursing and 640 hours of active practice as a nurse; or 30 contact hours of workshops, seminars, conferences or courses relevant to the practice of nursing.

Renewal Date: Every 2 years.

Washington

Temporary License Time-Frame: 3 weeks.

Permanent License Time-Frame: 3 weeks.

Compact (eNLC): No.

Walk-Through: No.

Cost: \$120.

Application Requirements: N/A

Renewal Requirements: CEU - 45 hours and 531 hours of active nursing practice.

Renewal Date: Every 3 years.

West Virginia

Temporary License Time-Frame: 7-10 business days.

Permanent License Time-Frame: 7-10 business days.

Compact (eNLC): Yes.

Walk-Through: No.

Cost: \$25 (temporary license), \$100 (permanent license).

Application Requirements: N/A

Renewal Requirements: CEU- 12 hours, including two hours on mental health conditions, one hour on drug diversion training and best practice prescribing of controlled substances.

Renewal Date: Every year - October 31.

Wisconsin

Temporary License Time-Frame: 10-15 business days.

Permanent License Time-Frame: 10-15 business days.

Compact (eNLC): Yes.

Walk-Through: No.

Cost: \$10 (temporary license), \$75 (new graduates), \$82 (out of state nurses).

Application Requirements: N/A

Renewal Requirements: None.

Renewal Date: Every 2 years.

Wyoming

Temporary License Time-Frame: 10-14 business days.

Permanent License Time-Frame: Up to 90 days.

Compact (eNLC): Yes.

Walk-Through: No.

Cost: \$195.

Application Requirements: N/A

Renewal Requirements: One of the following: 500 practice hours within the past 2 years; 1,600 practice hours within the past 5 years; 20 CE units in the past 2 years; or a refresher or reentry program in the past 5 years.

Renewal Date: Every 2 years.

PRINTER'S NO. 2138

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 142 Session of
2021

INTRODUCED BY HEFFLEY, PICKETT, RYAN, JAMES, CIRESI AND MILLARD,
SEPTEMBER 20, 2021

REFERRED TO COMMITTEE ON PROFESSIONAL LICENSURE,
SEPTEMBER 20, 2021

A RESOLUTION

1 Directing the Joint State Government Commission to conduct a
2 comprehensive study and review of the State Board of Nursing.

3 WHEREAS, The Bureau of Professional and Occupational Affairs
4 within the Department of State is charged with oversight of 29
5 licensing boards and commissions and the facilitation of
6 approximately 130 individual licenses and 39 facility licenses;
7 and

8 WHEREAS, The State Board of Nursing protects the health and
9 safety of the residents of this Commonwealth through the
10 licensure, certification and regulation of the practice of
11 professional and practical nursing and dietetics-nutrition by
12 registered nurses, practical nurses, certified registered nurse
13 practitioners, clinical nurse specialists, dietitian-
14 nutritionists and graduate nurses; and

15 WHEREAS, The State Board of Nursing issues licenses and
16 certifications to qualified applicants, approves nursing
17 education programs, establishes standards of practice and

1 disciplines licensees and unlicensed individuals for violations
2 of State laws and regulations; and

3 WHEREAS, The State Board of Nursing has oversight over 51,151
4 practical nurses, 229,639 registered nurses, 16,307 certified
5 registered nurse practitioners, 4,536 licensed dietitian-
6 nutritionists and 264 clinical nurse specialists; and

7 WHEREAS, The State Board of Nursing is the largest board with
8 the greatest number of licensees under the Bureau of
9 Professional and Occupational Affairs; and

10 WHEREAS, Nursing schools, recent nursing school graduates and
11 licensees have been experiencing lengthy license processing
12 times; therefore be it

13 RESOLVED, That the House of Representatives direct the Joint
14 State Government Commission to conduct a comprehensive study and
15 review of the State Board of Nursing; and be it further

16 RESOLVED, That the Joint State Government Commission
17 specifically study, at a minimum, the processing times for
18 initial licensure and renewal, the processing times for the
19 issuance of authorization to test for applicants, the reasons
20 for delays in processing times and related issues; and be it
21 further

22 RESOLVED, That the Joint State Government Commission compile
23 a report of its findings and recommendations, including, but not
24 limited to, all of the following:

25 (1) The current processing times for the issuance of
26 initial licensure and renewal of licensure for all types of
27 licenses under the State Board of Nursing's jurisdiction.

28 (2) The current processing times for the issuance of
29 authorization to test for applicants.

30 (3) The current processing times and related fees for

1 the approval of proposed nursing curriculum revisions and new
2 nursing education programs.

3 (4) An analysis and comparison of the current processing
4 times for the State Board of Nursing compared to similar
5 boards in other states.

6 (5) The impact of lengthy processing times on applicants
7 regarding their ability to practice and seek employment in
8 this Commonwealth.

9 (6) The cause of the delays in processing times for
10 initial licensure, license renewal, issuance of authorization
11 to test and approval of proposed nursing curriculum revisions
12 and new nursing education programs.

13 (7) Recommendations for statutory or regulatory changes
14 to reduce the delays in processing times.

15 (8) Recommendations on ways to improve the communication
16 between integrated technology systems utilized by the State
17 Board of Nursing.

18 (9) Recommendations on ways to improve processing times
19 under the State Board of Nursing, communication with
20 licensees and stakeholders and the overall processes within
21 the State Board of Nursing;

22 and be it further

23 RESOLVED, That the Joint State Government Commission solicit
24 input from organizations representing licensed nurses,
25 representatives from nursing education programs and schools,
26 representatives from hospitals and health care facilities,
27 representatives from the Bureau of Professional and Occupational
28 Affairs and any other groups as necessary to assist the Joint
29 State Government Commission with the report of its findings and
30 recommendations; and be it further

1 RESOLVED, That no later than six months after adoption of
2 this resolution, the Joint State Government Commission issue the
3 report of its findings and recommendations to the chair and
4 minority chair of the Consumer Protection and Professional
5 Licensure Committee of the Senate and the chair and minority
6 chair of the Professional Licensure Committee of the House of
7 Representatives.