



NCSL OCCUPATIONAL LICENSING CONSORTIUM CASE STUDY REPORT

INDIANA CASE STUDY UPDATE

DECEMBER 2020

Gauri (Gee) Rege | Christina Curnow, PhD

MAKING RESEARCH RELEVANT

INDIANA

NURSING AND EMS COMPACT LEGISLATION – PROCESS AND CHALLENGES

Introduction

Overview of effort

Indiana’s state grant application for participation in the Occupational Licensing Policy Learning Consortium identified increasing portability of licensure for targeted professionals as an area of focus. The 2019 Indiana General Assembly passed the Enhanced Nurse Licensing Compact (eNLC) legislation, which went into effect July 1, 2019. This was the first attempt to pass the bill, but it had been a legislative priority for Representative Ed Clere and Indiana hospitals starting in 2016. The eNLC allows Registered Nurses (RNs) and Licensed Practice Nurses (LPNs)/Vocational Nurses (VNs) to have one multistate license, with the privilege to practice in their home state and other eNLC member states without obtaining additional licenses. Having passed eNLC legislation, Indiana anticipates that more nurses will be able to move to Indiana, strengthening the state’s healthcare workforce.

The Recognition of EMS Personnel Licensure Interstate CompAct (REPLICA) is a multistate compact that allows Emergency Medical Services (EMS) professionals to move and work across state lines. In 2019, REPLICA legislation was introduced in Indiana. At the time, the bill did not receive substantial support from the rescue and emergency services community. Knowing the bill was unlikely to pass without their support, the bill was not read in committee. However, introduced by Senator Ed Charbonneau, the 2020 Indiana General Assembly successfully passed REPLICA legislation.

This case study focuses on the process and challenges that Indiana faced when passing the eNLC and REPLICA legislation and on the lessons learned.

Key findings:

- ✚ eNLC succeeded because of widespread and carefully cultivated support.
 - ✚ For REPLICA, the focus on a high-priority need and buy-in from key stakeholders was critical to successfully passing the compact legislation.
 - ✚ Participating in eNLC and REPLICA strengthens Indiana’s ability to address the approaching need for vaccinators due to COVID-19.
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Case Study Approach. The overall approach to this case study was similar to previous case study reports compiled.¹ Details that are specific to Indiana’s case study are listed in Exhibit 1.

Exhibit 1. Sources of data and information used for Indiana’s case study

Type of Data	Source of Data
Background Review	<ul style="list-style-type: none">❖ Summary of Indiana’s Occupational Licensing Policy Learning Consortium application, the 2018 semi-annual report, and several state-specific technical assistance documents❖ Notes from occupational licensing meetings and state facilitators meetings, the Occupational Licensing Action Plan Draft, and Health Workforce Licensing Session Plans❖ House Bill 1344 and Senate Bill 61❖ Article from the <i>Journal of Emergency Medical Services</i>
Qualitative Data	Interviews with two subject matter experts: Dr. Michael Kaufmann , Core Team Member and Indiana State EMS Medical Director (Interview 1, July 2019; Interview 2, December 2020) Dr. Ken Sauer , Core Team Member, Senior Associate Commissioner and Chief Academic Officer, Indiana Commission for Higher Education
Quantitative Data	Data on ENLC and REPLICA participant states

¹ Rege, G., Riley, T., Mitchel-Slantz, B. W., Yibass, S., & Curnow, C. (2019). *NCSL Occupational Licensing Consortium case study reports*. Washington, DC: American Institutes for Research. Retrieved from <https://www.air.org/system/files/NCSL-Case-Study-Report-Nov-2019-rev2.pdf>

Findings

The data collection activities listed in Exhibit 1 provide insight into the process and challenges Indiana faced when attempting to pass licensure compact legislation. They also provide context for Indiana's efforts to continue strengthening its healthcare workforce. Below are the summarized findings from the data collection activities.

eNLC succeeded because of widespread and carefully cultivated support

Indiana joined eNLC with bipartisan support and the support of several state associations. Joining the eNLC, introduced by Representative Ed Clere, is expected to increase the number of licensed nurses in

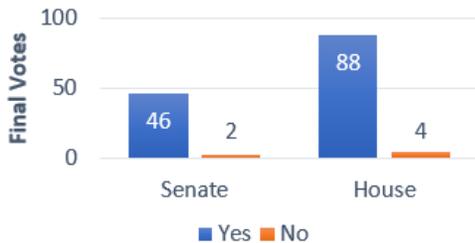


Exhibit 2. Final Votes in Indiana legislature for entering eNLC

Indiana by increasing the mobility of nurses from other states into Indiana. The legislation passed through the Senate and the House with little opposition (see Exhibit 2).

The Governor's Health Workforce Council, established in 2016, had been focusing on the topic of nursing. In talking about the nursing workforce in Indiana, Dr. Ken Sauer shared that the state has long dealt with a *"perennial shortage of [qualified] nurses,"* and tackling this shortage in the workforce has been a state priority.

While nurse shortages are common across many states, by joining the eNLC, Indiana opens the door to a much larger pool of qualified licensed nurses to meet its hospitals' workforce needs. The **State Nurses Association** and **Indiana hospitals**, particularly those in proximity to the Indiana-Kentucky state line, also provided support for the legislation. It received a lot of support for **addressing the state's nursing shortage**, for directly addressing the needs of hospitals in close proximity to the Indiana-Kentucky state line, and for increasing the value of each individual nurse's licensure by **promoting portability**.

For REPLICA, the focus on a high-priority need and buy-in from key stakeholders was critical to successfully passing the compact legislation

As a public safety issue, REPLICA was a legislative priority for the Indiana Department of Homeland Security. In talking about the EMS workforce in Indiana in 2019, Dr. Michael Kaufmann stated that there had been a **decline in licensed Emergency Medical Technicians (EMTs) in Indiana since 2010** and that this shortage in the workforce presented a **public safety issue**.

In 2019, the introduction of REPLICA legislation was met with resistance from industry groups, including the International Association of Fire Fighters (IAFF). The IAFF's concerns included the **funding source for background checks** and that compacts can be used to bring in workers from neighboring states to **replace striking workers**. Dr. Kaufmann shared that, after the initial attempt at passing REPLICA legislation in 2019, he and his team worked with representatives of IAFF to discuss the true benefits of participation in REPLICA, clarify misunderstandings, and give **assurances that any costs that came from joining the compact would not be passed on to union members**. This led to the IAFF supporting the compact legislation when it was introduced during the 2020 legislative session. Introduced by Senator Ed Charbonneau, the legislation passed the Senate and the House with no opposition.

Based on his experience with the REPLICA legislation, Dr. Kaufmann's advice to other state teams that plan on going through a similar process is that the following was helpful in Indiana: *"sitting down with them [the firefighter's union] ahead of time and addressing the concerns that were expressed from a national level, educating them to the benefits, educating them that there aren't going to be any*

exorbitant costs passed on to their members. That seemed to provide them with the greatest degree of acceptance ...I think that would help any other states wishing to move forward with this.”

Participating in eNLC and REPLICA strengthens Indiana’s ability to address the approaching need for vaccinators due to COVID-19

Dr. Kaufmann shared that it is challenging to identify the impact of participation in REPLICA just yet, since any impact is being obscured by the impact of the COVID-19 pandemic. Additionally, there has been no cross-border interaction since Indiana’s neighboring states are not currently REPLICA members—although several border states are working on compact legislation. However, Dr. Kaufmann is hopeful of a potential opportunity to leverage the compact in the near future. With the imminent rolling out of a COVID-19 vaccine, Dr. Kaufmann and his team are collaborating with Indiana State Department of Health to establish mobile vaccine units to set up vaccine administration clinics in rural areas in Indiana. EMS will be a part of these mobile vaccine units. With the state’s EMS providers already operating at maximum capacity, **REPLICA provides the option to bring in EMS providers from other compact states** to operate in Indiana without their having to go through the licensure process.

REPLICA will help interstate information sharing, especially for dangerous licensure violations. Prior to Indiana passing REPLICA, Dr. Kaufmann noted:

Let’s say an EMS provider [paramedic] gets caught stealing a controlled substance like fentanyl. They’re most likely going to have their license suspended. Currently, there’s nothing that prevents that individual from going across the river into another state and applying for licensure because the states don’t talk to each other when it comes to sanctions taken against a provider’s license.

With REPLICA, this is no longer the case.

Having recently joined eNLC and REPLICA, Indiana is well positioned to reap the benefits of membership as the COVID-19 pandemic continues. Dr. Ken Sauer remarked that getting reciprocity legislation is *“always easier when you can point to contiguous states...but some states have to be early adopters or lead the pack...[and] once the positive outcomes become known, people talk to one another.”* It will take time before the impact of the compacts can be measured. However, if proponents of eNLC and REPLICA can demonstrate the intended positive impacts of **addressing workforce shortages, increased portability, and meeting the public health and safety needs** of Indiana, this would give the neighboring states of Illinois, Ohio, and Michigan a positive example to hold up when convincing their stakeholders to sign on to future eNLC and REPLICA legislation.

By joining the eNLC and REPLICA compacts, Indiana has joined over 30 states in increasing the portability of nursing licenses (highlighted in yellow and green in Exhibit 3) and 19 other states in increasing the portability of EMS licenses (highlighted in green in Exhibit 3).

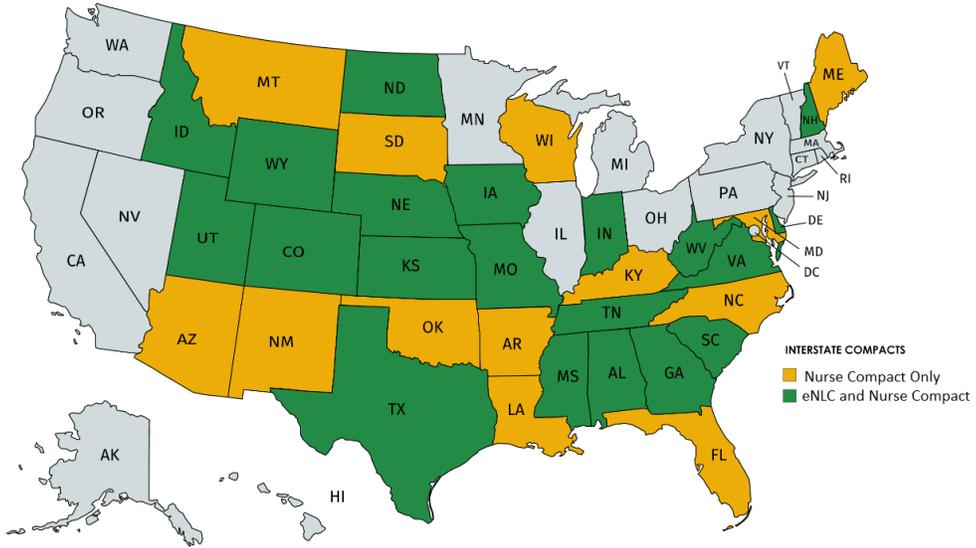


Exhibit 3. A map of the states that have joined eNLC (yellow) and both eNLC and REPLICA (green) as of December 2020



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