

January 16, 2024

Members of the South Dakota House of Representatives
Capitol Building – Third Floor
500 East Capitol Avenue
Pierre, SD 57501

Re: **Oppose H.B. 1013**

Dear Representative:

On behalf of the physician and student members of the American Medical Association (AMA), I am writing to express our **strong opposition to House Bill 1013 (H.B. 1013)**, adopting the APRN Compact. The AMA strongly opposes the APRN Compact because unlike every other health professional licensure Compact, the APRN Compact preempts state scope of practice laws. Due to the seriousness of these preemption concerns previous versions of the APRN Compact failed to garner enough state support to become effective and as such, only three states have adopted the 2020 version. With such serious concerns and little to no support across the country there is little certainty that this new version will have the necessary support to ever become effective. Therefore, we caution lawmakers from viewing the APRN Compact as a solution to address the impending health care workforce needs in South Dakota and as such, we **strongly** encourage you to vote “no” on H.B. 1013.

The APRN Compact is not about license portability – but about preempting state scope of practice laws

The AMA supports the concept of Compacts, including license portability. We especially see benefit in the ease with which they allow health care professionals to practice in multiple states; an attractive concept given the proliferation of telehealth. In fact, the AMA strongly supports the Interstate Medical Licensure Compact (IMLC), which creates an expedited process for physicians licensed in one member state to obtain a full license to practice in other IMLC member states. However, the APRN Compact is fundamentally different from the IMLC and other health care professional licensure Compacts because it is the only Compact to preempt state scope of practice laws. Moreover, and more importantly, the APRN Compact, if passed, will fundamentally change how all four types of advanced practice registered nurses (APRNs) – nurse practitioners, nurse anesthetists, nurse midwives, and clinical nurse specialists – are regulated in South Dakota. In addition, if enacted, the APRN Compact will supersede existing state laws and regulations in South Dakota, including board protocols related to prescribing legend drugs.

The APRN Compact does not offer an immediate solution to expand the health care workforce

It is also unclear whether the APRN Compact will ever become effective. An earlier version of the APRN Compact was adopted in 2015 by the National Council of State Boards of Nursing (NCSBN). The effort, however, came to an abrupt halt after four years because it was adopted by only three states, failing to meet the minimum 10 states required to become effective. The NCSBN adopted a new version of the APRN Compact in 2020. Yet this version included many of the same failed provisions that caused grave concerns in state legislatures across the country from 2015-2019. **To date, it is noteworthy that, per NCSBN, since 2020 only three states have adopted the most recent version of the APRN Compact,**

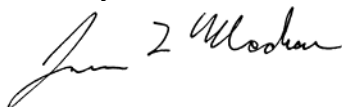
and zero states adopted the APRN Compact in 2023 despite at least seven states introducing legislation. By comparison, 39 states plus DC and Guam have adopted the IMLC since 2014. Given the inability of the APRN Compact to garner enough states to adopt the earlier version of the APRN Compact, there is little certainty the new version will find the support necessary to become effective. The APRN Compact cannot become effective until the required number of states adopt it in its entirety. Therefore, we urge the legislature to think twice before adopting the APRN Compact in an effort to address current workforce shortages. Simply put, at this moment in time, the APRN Compact will do nothing to address workforce shortages – as it may never become effective.

In an attempt to find real solutions to the workforce issues facing South Dakota, we respectfully, encourage the legislature to consider other avenues including, expediting the licensing process in South Dakota, loan repayment programs, license reciprocity with neighboring states, or even a special telehealth license or registration process for APRNs and other health care professionals who do not reside in South Dakota but want to provide care to patients in South Dakota via telehealth. These solutions could be adopted and “up and running” much more swiftly than the up-in-the-air APRN Compact. We would welcome the opportunity to work with you – alongside the South Dakota Medical Association – on these and other workforce solutions. These solutions – unlike the APRN Compact – could have an immediate impact on not just nurses in South Dakota, but they could help expand the entire health care workforce available to treat patients in South Dakota.

Conclusion

On behalf of the AMA, we strongly urge you to **vote no on H.B. 1013** for all the reasons stated above. We believe this bill amounts to an empty solution for the very real workforce problems at hand and takes South Dakota in the wrong direction in terms of how APRNs are regulated in South Dakota. We are very interested in discussing the ideas we have on tackling workforce issues facing South Dakota and urge you to reach out to Kimberly Horvath, Senior Attorney, AMA Advocacy Resource Center at Kimberly.horvath@ama-assn.org to begin those critical discussions.

Sincerely,



James L. Madara, MD

cc: South Dakota State Medical Association