FREQUENTLY ASKED QUESTIONS

Q: This seems like a really bad time to raise fees. Can’t the board make do until the economy improves?

A: There is never a good time to ask our nurses to pay more for a license fee. The board is sensitive to current economic conditions. However, after three fee increases during the 1990s, there has not been a new fee structure since 1999. Just like any business, agency, or household, Board expenses have risen and our revenues haven’t been able to keep up. After 13 years, the deficit spending has caught up with us and we will be “in the red” by next year without a change in fees. The Board must act now to gradually stage the increase so it can continue to meet its mission: To protect the public through the regulation of nursing education and practice.

Q: Well, you told us you are going to save $20,000 in mailing costs by not mailing renewal postcards. Isn’t that enough? Why do we still have to have a fee increase?

A: The $20,000 savings does help. Remember that you are still mailed a reminder in the form of the Wyoming Nurse Reporter which is delivered to your mailbox four times/year. Eliminating the postcards is just one of several cost-cutting initiatives the board has implemented. Travel is limited only to trips that are essential to the Board’s mission, and we rely on the National Council of State Boards of Nursing to pay for staff and members to attend national conferences and meetings. The use of temporary personnel has been suspended and board staff has committed to absorbing all additional workload projects and licensing peaks using its own resources. After the spring issue of WNR comes out, the Board will no longer pay to mail this publication to CNAs. Numerous other significant measures are being taken. Combined, they fall short of making up for the projected $580,000 deficit. An increase in revenue (fees) is the only long-term solution.

Q: Speaking of the Wyoming Nurse Reporter, why don’t you skip mailing that altogether? After all, it’s already available online and I would rather not receive it than have to pay higher licensing fees.

A: There is no cost to the Board to publish and mail the WNR to nurses and to places of nurse employment. The publisher makes a significant profit on the advertising the WNR generates and believes that advertisers would not be geared to our CNA population so the board has been paying to mail the WNR to CNAs. With the financial situation so serious, the Board has to eliminate that expense. The Board hopes you will help spread the word that its valued CNAs can still read the publication in their workplace and online. If advertising increases, the publisher may, in the future, consider absorbing the cost of mailing it to the CNAs.

Q: I read in the proposal that one of the biggest reasons for the deficit is the increase in board employees and salary adjustments. Your budget indicates over $1M just for salaries! It looks like my license fees are going to fund enormous salaries for board staff!

A: It does look that way at first glance, but that figure encompasses not only the cost for ten (10) board staff, but also includes the seven (7) Board members. By statute, Board members are paid at the same
rate as state legislators. Additionally, there is far more expense to employing individuals than just the amount paid as salary. The budgeted amount includes all benefits, mandatory payments into the state’s Workmen’s Compensation fund, insurance, retirement, etc. Your own Human Resources Department will tell you how much it costs to employ a nurse in addition to just the salary. Exact figures on board staff salaries or specific budget information is available upon written request.

Q: If the board is in such serious financial straits, then why are you starting new programs like the Nurse Monitoring Program? It seems irresponsible to take on another project when you can’t manage what you’ve got.

A: The primary mission of the Board is to protect the public by assuring safe and competent practice of nursing. Before 2010, the Board contracted with a third party to monitor impaired nurses. The Board was not satisfied with the contractor’s performance in monitoring impaired nurses and reporting relapse behavior. Additionally, there was never any program to monitor nurses with mental health issues, sexual boundary violations or unsafe practice issues. There were numerous complaints of impaired nurses who continued to practice and endanger the public. The Board is very proud of its ability to meet the public’s expectations and earn its trust by indentifying, reporting, and monitoring impaired nurses while extending compassion and hope to the impaired licensees.

Q: Wouldn’t it be easier and a lot less expensive to just revoke their licenses? I don’t want my fees going to pay for someone who is stealing drugs.

A: Actually it would not be easier. A licensee has a property right in his/her license and the board has neither the authority nor the inclination to simply revoke the license (property) of every nurse or CNA who struggles with Substance Use Disorder, sexual boundary issues, mental health problems or poor practice. All disciplinary investigations and actions are costly in terms of meeting the requirements of the Wyoming Administrative Procedure Act and assure a licensee’s right to due process is met, while the Board’s mission of public protection is accomplished. However, the cost is justified. Even if it were legally acceptable, the Board would not have the trust of its licensees if it simply revoked every nurse with a problem. The Board has a legal, moral and ethical obligation to treat every licensee with respect and compassion. Allowing impaired nurses to remain in practice with the safety net of a rigorous monitoring program is evidence-based regulatory practice. Your fees also go towards sharing the cost of thorough investigations and legally sound, thoughtful decisions for all nurses named in complaints. The cost of monitoring nurses with impaired, unsafe and incompetent practice is an investment in the profession and the public’s trust and is borne by all nurses.

Q: Why doesn’t the board charge the nurses who are in the Nurse Monitoring Program? Or make them pay a higher fee to be reinstated? I still don’t think it’s fair that I have to pay for nurses who are impaired or need monitoring for a sexual boundary violation or incompetent practice.

A: The short answer is the Board does not have the statutory authority to impose additional fees, assess disciplinary costs, or fine licensees. If you read Chapter 5 carefully, you will see that there is actually very little that the board can charge to licensees. The Board did seek to recover disciplinary costs through a statutory change during the 2011 Legislative session. Legislators were concerned that making a licensee
share disciplinary costs would interfere with the licensee’s right to due process under the Wyoming Administrative Procedure Act. The Board does plan to try this again in the 2013 Legislative session. Please watch the Board website next fall and let your Senators and Representatives know your opinion. Even though the Board does not actually charge nurses in the Nurse Monitoring Program, these nurses and CNAs pay a **significant amount** to participate in professional monitoring. Nurses under formal professional monitoring must pay (often out of pocket) for mental health and substance abuse treatment, regular substance abuse evaluations, two to four urine drug screens per month ($50-$150 apiece), and other psychological evaluations. Many of them lose potential earnings because they are restricted from certain work environments, night and weekend shifts, and other professional opportunities. Nurses under monitoring for mental health problems or boundary violations pay for similar evaluations and treatment and may have employment restrictions. Nurses under monitoring for practice issues may have to pay out of pocket for peer review or mentors. Every nurse in the monitoring program incurs substantial costs to retain a conditional license.

Q: Alright, I can see you need to raise fees, but must it be so much? Why not just a $20 or $30 increase?

A: The Board struggled to find a lesser amount that would solve the deficit problem. Every number and combination of numbers was crunched looking for a way to resolve the deficit without such “sticker shock” but **the math doesn’t lie**: the numbers proposed are the numbers required to gradually reduce the deficit at the least possible expense to licensees. A nominal increase would only postpone the inevitable and would not be fiscally responsible. Ultimately, the Board derived the actual dollars and cents from the earning power of licensees in Wyoming in 2012. **All figures are for 2-year periods of time.**

Q: Where DID you get those figures from?! I don’t earn that kind of salary...

A: All of the salary figures used in the calculations for the proposal came from the Wyoming Department of Workforce Services most recent publication (2012) and may be reviewed on their website http://doe.state.wy.us/lmi/trends.htm. We listed **2-year salaries** (since all the budget figures are based on biennial figures) and licenses are issued for **2-year periods**.

Q: What about those who don’t actually earn that kind of money, though? This proposed fee increase puts a terrible burden on CNAs and those who work only part-time.

A: Of course, there are variations of employment. Again, the figures for the proposed increase come from a percentage of the earning power provided by a license or certificate. Regardless of the level of licensure, CNA, LPN, RN, or APRN, the entire 2-year fee would be **earned in the first 8-hour shift** of employment, leaving the remaining 729 days to earn a professional salary. The license to practice is valid regardless of whether the licensee chooses to work part-time, full-time or not at all.

Q: Why does a Wyoming nursing license cost more than other states? I could get a Colorado license for a lot less.
A: Many factors affect a state’s fees, but the biggest factor is the licensing base. Wyoming has most of the expenses as other state boards, but the fewest nurses to pay those expenses. There are more nurses in Denver than in our entire state. It also helps to consider that Wyoming nurses are spared the tax burden of other states—no state income tax and low sales and property tax. You could get a Colorado license for less, but it costs more to live there. RN salaries in surrounding states have a $2,000 to $4,000 tax burden that Wyoming nurses don’t pay. The tax differential compensates for the cost of a license and benefits all nurses working in Wyoming.

Q: Won’t our higher licensing fees discourage nurses from wanting to practice in Wyoming?

A: There is no evidence to support that nurses make employment or relocation decisions based on licensure fees. On the other hand, there is ample evidence to support that nurses make relocation and employment decisions based on family and personal issues, job opportunities, cost of living, quality of life, property and other taxes, and workplace environment.

Q: What happens if the Governor chooses not to sign the proposed new rules to restructure fees?

A: While that may initially seem to be a good thing to those who only view fee restructuring in the short term and in terms of their personal situation, it would be a serious blow to the ability of Wyoming nurses to regulate themselves. Self-regulation is one of the hallmarks of the profession. If the nursing profession in Wyoming doesn’t support the proposed fee restructuring, it could leave the Board (and the profession) vulnerable to other entities or lawmakers making their own solutions. It could also jeopardize the Board’s ability to license applicants and investigate complaints in a timely fashion. If you are in another state waiting for a license application to go through in Wyoming, or worse, a nurse named in a complaint, you would understand how important it is for the Board to have the resources to carry out those functions swiftly, correctly and efficiently. If you are an employer who needs to be able to validate licensure status 24/7, you would appreciate the Board having the ability to keep the database smoothly functioning and up-to-date. If you have an urgent practice question, you want to know that the Practice & Education Consultant can research an answer and get back to you quickly. Currently, Wyoming nurses enjoy an enormous amount of professional autonomy. Our Nurse Practice Act is the envy of advanced practice nurses throughout the nation who cannot practice without physician collaboration, who cannot write prescriptions for their own patients, and cannot be in a nurse-run practice. CNAs in Wyoming can become CNA II or Medication Aid-Certified. All Wyoming nurses enjoy significant independence and professional stature. That is directly due to being regulated by an independent licensing board. The Board wants to serve nurses and the public by retaining that status. The Board is counting on each one of you to take the time to read through the entire proposal, study the issue, bring forth your questions and concerns, and ultimately, support your profession and your regulatory body.