

Board of Nursing - State of Idaho



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Date: February 21, 2018

To: Senate Judiciary and Rules Committee
From: Sandra Evans, Executive Director, Idaho Board of Nursing
Re: Support for Senate Bill 1298

The profession of nursing involves working with vulnerable individuals who rely on boards of nursing to assure that health care providers are safe and competent. The level of trust that comes with the practice of nursing requires boards to be vigilant in properly assessing the qualifications of nurses. One step in this process is the utilization of fingerprint-based state and federal criminal background checks at the time of initial application and for reinstatement and renewal of nurse licensure to assure individuals with criminal histories are screened for their ability to safely practice.

Uniform Licensure Requirements, or ULRs, serve as national standards for nurse licensure across all states and territories. Included in the ULRs is the requirement that states implement state and federal fingerprint-based criminal background checks for initial and reinstatement licensure; and further, that they implement automatic criminal background feedback systems such as "Rap-Back" to assess for further convictions at the time of each license renewal.

The 'rap back' system defined in Senate Bill 1298 allows for state law enforcement to automatically notify the Board of Nursing of further arrests of licensees whose fingerprints have been retained in a criminal history repository. 'Rap back' eliminates the burden and cost of requiring licensees to resubmit fingerprints upon renewal or reinstatement, which is currently the case.

The Idaho Board of Nursing has required fingerprint-based criminal background checks for initial nurse licensure since 2005 and supports adoption of Senate Bill 1298 as the next step for enhanced public protection. Implementation of this automatic criminal background feedback system will not only serve to better protect the public but will also serve to ease the portability of nurses in the United States as they move between jurisdictions through the practice of telehealth.

ATTACHMENT 1