ANA Issue *Brief*

Nurse Licensure Compact
Frequently Asked Questions

September 2016

What is the Nurse Licensure Compact (NLC)?

As the first interstate compact for a health profession, the NLC is a form of mutual recognition in which "the licensing authorities voluntarily enter into an agreement to legally accept the policies and processes (licensure) of a licensee's home state." The foundation for this agreement is a shared consensus on standards for nursing licensure and professional practice. Once a registered nurse obtains a license in her or his "home" state, (state of residence), this license is recognized by any of the other "mutual recognition" (party) state in which the Compact has been enacted. Should the state of residence change, a new license must be obtained. A nurse may hold only one home state license at a time.

The American Nurses Association (ANA) first deliberated the NLC during the 1997 House of Delegates. At that time, delegates expressed a number of concerns related to the multi-state licensure model and requested further exploration.

What issues did the 1997 delegates request ANA to investigate or monitor?

- Undue influence on collective bargaining activities.
- Increased difficulty collecting data for workforce projections.
- Differences in educational qualifications for licensure/re-registration requirements (such as recognition of non-traditional programs) as well as mandatory continuing education.
- The impact on resources for State Boards of Nursing.
- Ensure there is transparency with rule-making.
- Sharing information related to disciplinary matters, other than final orders and emergency suspensions, should be prohibited unless there is a clear and convincing need to do so to protect the public.

Where are we now

How many states participate in the NLC?

Maryland was the first state to implement in 1999. Currently, a total of 25 states have adopted the NLC: Arizona, Arkansas, Colorado, Delaware, Idaho, Iowa, Kentucky, Maine, Maryland, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia and Wisconsin.

Under the NLC, licensed nurses must comply with the nursing practice laws in the state where the patient is located at the time of service. Such laws include the methods and grounds for imposing disciplinary actions. Participation in a national data base, Coordinated Licensure Information System (CLIS), or Nursys is required by all states in the NLC. It permits states to share information for verification of nurse licensure, discipline and practice privileges. As of 2015, all but the following Boards utilize the data base: AL, HI, LAPN, & OK.

What changed in 2015?

In May 2015, the National Council of State Boards of Nursing (NCSBN) adopted two new Compacts: the "enhanced" RN Compact and the APRN Compact.

The "enhanced" Compact is based on higher standards to which NCSBN identifies as: (1) the required criminal background check (CBC) (state and federal) on initial licensure and (2) restriction from acquiring a multistate license if ever convicted of a felony. Additionally the enhanced Compact must include the NCSBN's Uniform Licensure Requirements (ULRs). The ULRs establish consistent standards for initial, endorsement, renewal and reinstatement licensure needed and must be adopted by any Compact state.

The APRN Compact allows an advanced practice registered nurse to hold one multistate license with a privilege to practice in other compact states and includes a required provision of full practice authority.

What are ANA's current concerns?

With almost two decades of experience with the NLC, many of ANA's original issues have been refuted. However, two major areas of concern were reaffirmed by ANA representatives during the 2015 Membership Assembly.

1. ANA and the National Council of State Boards of Nursing (NCSBN) have a fundamental difference of opinion about the **location of practice**.
   In 1998, ANA took the position that the location of practice is where the registered nurse is located, given the knowledge, skill, and judgment applied to practice rests with the registered nurse. ANA's position on the state of practice was reaffirmed by the 2015 Membership Assembly. However, the Compact is based on the understanding that the location of practice is defined as where the patient is located.

   An overview of the policy, legal and legislative trends reveals that the movement is toward identifying the location of the patient as the site of practice. While the nursing community has not agreed upon the location of practice, other health professions pursuing interstate compacts have taken the policy view that the location of care is where the patient is located.

2. **Variations between states in relation to licensure / re-registration requirements**
   Variations in licensure are confusing and burdensome for nurses. Examples include:

   - frequency & requirements for re-licensure and re-registration;
   - recognition of non-traditional education programs particularly with regard to number of clinical hour requirements for entry into practice;
   - required continuing education, if any;
   - what constitutes an infraction and resultant actions taken by the Board.
   - criminal background checks (CBC)
     - As of June 2015, 36 states require criminal background checks, 20 of the 25 NLC states require a CBC. Of the 14 states that do not require fingerprint-based criminal background checks, five require a state record search for information on past criminal history by name checks and state court records; nine states require self-disclosure of any criminal history;
   - how nurse diversions & addictions are addressed; is a program available?

What's next?

The ANA Board of Directors directed staff to focus on moving forward with related areas of work that will contribute to creating an environment that will support interstate care delivery by striving for standardization of licensure processes across the state jurisdictions. Initial activities include a focus on:

1. Development of a standardized decision tree for determining scope of practice.
2. Uniform implementation of the federal biometric background licensure requirement.
3. Review, evaluate and make recommendations for alternative discipline programs for nurses with substance use disorders.

NCSBN has dedicated resources to advancing the 2015 Compacts. Any state in which the RN Compact has been adopted will necessitate legislation to incorporate the revised version.

As of September 2016 – 10 states have passed the Enhanced (e-Compact) (AZ, FL, ID, MO, NH, OK, SD, TN, VA, & WY – NJ pending). Introduction is planned for more than a dozen states in 2017. The APRN Compact passed in ID and WY in 2016.

Other Compacts

Medicine
To date 17 states passed the Medical Compact. A grant has been secured from the Health Resource and Services Administration for $500,000 to establish an Interstate Commission for launching. The Medical Compact model is different in design from that of the NLC in that Boards of Medicine (BOM) issue "expedited" special licenses or certificates for physicians in the states they have selected.

Physical Therapy Compact passed in 4 states. **Psychology** in 1 state. **Emergency Medical Services (EMS)** passed in 7 states.

Three other groups of health professionals are now considering.
9/2016