Nurse Licensure Compact

By
CSG Committee on Suggested State Legislation
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Telehealth is one of the fastest growing sectors within the health care industry. Nurses are increasingly being asked to deliver care through electronic means, offering opportunities for better patient care regardless of geographic boundaries. The NLC is a state-based licensure model that facilitates innovative care models by allowing nurses to legally deliver that care to patients through a multistate license. The NLC also has economic benefits, as it facilitates and expedites the hiring process for employers in their state, by enabling them to verify licenses online and to recruit from other states without having to go through the entire endorsement process. The NLC reduces licensure fees for nurses who practice in more than one state, eliminates unnecessary duplicative license procedures, reduces a nurse’s ability to move to another state to avoid a disciplinary action, and provides more expedient access to nurses in times of national crises. In the face of calls for the federal government to address health care licensing nationally, the NLC also offers a state-based solution to the claims that licensure is a barrier to interstate practice.

Two models of nurse licensure currently exist in the U.S.: the historical single-state licensure model and the NLC. In 1997, boards of nursing recognized the importance of facilitating interstate practice by endorsing the mutual recognition model of nurse licensure. This led to the development of model legislation for the NLC, which was first implemented in 2000. The NLC is an interstate compact agreement among participating states that allows for the mutual recognition of licensure between and among states. It facilitates mobility of RNS and LPN/VNs across state lines. Under the NLC, a license is issued in the jurisdiction of the nurse’s state of residence, granting the nurse a privilege to practice, otherwise known as a multistate license, in all other states participating in the NLC.

To date, a total of 25 states have adopted the NLC, with 24 having already implemented it. Most recently, the NLC was adopted by Montana. Implementation there is expected in October 2015.

Revising the NLC and APRN Compacts

Beginning in 2013, NCSBN’s member boards began revising the NLC in an effort to address concerns raised by states that have not yet joined. The drafting process was led by the NCSBN Executive Officer Forum, which engaged in a dialogue to identify barriers to the adoption of the NLC by member boards. The goal was to reach consensus among the executive officers who participated and to propose revisions to the NLC that are intended to accomplish its expeditious adoption by member boards. Throughout the process, revisions were made to the APRN compact in order to align it with the NLC where possible.

Notably, the mutual recognition model of licensure was maintained in both Compacts. The revision process for both Compacts concluded in March 2015.
On May 4, 2015, the NCSBN Delegate Assembly voted to approve final versions of both Compacts. Each state seeking to join either of the new Compacts, regardless of whether they are currently an NLC member, needs to adopt new legislation in order to join either Compact.

NCSBN is preparing for states to be able to adopt the new NLC and APRN Compact legislation beginning in 2016 legislative sessions.

(Policy changes from the 1997 NLC are in *italics*.)

Article I Findings and Declaration of Purpose

- Facilitate the states’ responsibility to protect the public's health and safety;
- Ensure and encourage the cooperation of party states in the areas of nurse licensure and regulation;
- Facilitate the exchange of information between party states in the areas of nurse regulation, investigation and adverse actions;
- Promote compliance with the laws governing the practice of nursing in each jurisdiction;
- Invest all party states with the authority to hold a nurse accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state licenses;
- Decrease redundancies in the consideration and issuance of nurse licenses; and
- Provide opportunities for interstate practice by nurses who meet uniform licensure requirements.

Article II Definitions (self-explanatory)

Article III General Provisions and Jurisdiction

- *Eligibility and uniform licensure requirements for a multistate license*  
- Authority to take adverse action against a multistate licensure privilege with application of state due process laws  
- Nurse compliance with state practice laws  
- Exclusion of advanced practice nurses  
- *Grandfathering provision*

Article IV Applications for Licensure in a Party State

- Required verification of licensure information via the coordinated licensure information system  
- Limitation to one home state license  
- Outlines process for change of primary residence/home state

Article V Additional Authorities Invested in Party State Licensing Boards

- Provides authority to  
  - Take adverse action against a multistate licensure privilege  
  - Allow cease and desist orders to limit privileges  
  - Issue subpoenas  
  - Obtain and submit criminal background checks  
- Requires deactivation of multistate licensure privileges when license encumbered  
- Allows for alternative to discipline program participation

Article VI Coordinated Licensure Information System and Exchange of Information

- Requires participation in Coordinated Licensure Information System  
- Requires prompt reporting of adverse action, current significant investigative information and
participation in alternative to discipline programs when known to the board of nursing.

- Provides for exchange of information with other party states

Article VII Establishment of the Interstate Commission of Nurse Licensure Compact Administrators

Establishes the governing body as a public agency known as an “Interstate Commission.” This term is commonly used by other interstate compact governing bodies.

Article VIII Rulemaking

Allows for rules to be adopted directly by the Commission. Such rulemaking is legally binding in all party states. There is no requirement that rules be ratified or adopted by individual states. Such rulemaking authority has been permitted and exercised by other interstate compacts. The procedural requirements are based on the national Model Administrative Procedures Act, which is similar to most state APAs and includes:

- Provision for notice to the public of proposed and adopted rules
- Opportunity for comment
- Opportunity for public hearing
- Consideration and voting upon proposed rules
- Responding to comments received

Article IX Oversight, Dispute Resolution and Enforcement

Ensures compliance with the compact by member states. The procedures to be followed in the event of a failure by a party state to comply with the Compact include:

- A period of technical assistance in curing the default
- Improved dispute resolution processes; and
- Termination from the Compact in the event no other means of compliance has been successful.

Article X Effective Date, Withdrawal and Amendment

Addresses the method for states to enter, withdraw from or amend the compact.

Article XI Construction and Severability

Provides for the compact to remain valid in a state when any provision is declared to be contrary to a party state’s constitution.

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