

Administering Compacts

NCSB Annual Conference

Sept 27, 2019

A slide with a blue vertical bar on the left side. The NLC logo is positioned on the blue bar. To the right of the logo, the text "Administering Compacts" is displayed in a large, bold, black font. Below it, "NCSB Annual Conference" is written in a smaller black font. At the bottom right, the date "Sept 27, 2019" is shown in a black font.

In the beginning...



Fears Existed Before Positive Realities...

1. The compact will cause states to lose a great deal of money.
2. The compact will allow inferior nurses to enter our state.
3. The compact is a race to the bottom; the standards are the lowest common denominator.
4. The investigative caseload at boards will skyrocket if we join a compact. More staff will need to be hired.
5. Nurse malpractice liability insurance rates will increase substantially.
6. A trade organization in Illinois will be changing our practice act



And More Fears...

7. A compact is not needed because practice takes place wherever the nurse is located and not where the pt is located – therefore, a nurse only needs to hold a license where the nurse is located.
8. Licensure should be based on where the nurse works not on where the nurse resides.
9. We won't know who is practicing in our state.
10. Nurses will be required to learn the practice acts in 50 states.
11. Our nurses will leave our state.
12. The compact will impact salaries negatively.
13. The compact may facilitate strikebreaking.
14. Licensure requirements vary too much from state to state.



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Challenges to Implementation

- Need for full participation in the coordinated licensure information system, Nursys
- Perceived state sovereignty issues
- Lack of understanding of licensure compacts by legislators
- Concerns with board of nursing revenue loss
- Lack of support from nurse unions



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Primary Concepts

- Nurse is issued a multistate license in the declared primary state of residence (PSOR) known as the home state
- Nurse holds only one multistate license issued by the home state
- Nurse has a multistate licensure privilege to practice in other Compact states (remote states)



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Portability and Mobility Enhanced by Multistate Licensure

- Telehealth practice (call center, triage, case managers, etc)
- Disaster recovery assistance
- Military spouse relocation; military moonlighting or training in civilian facilities
- Nursing faculty engaged in distance education
- Access for rural populations and healthcare shortage areas
- Facility staffing: travel nursing
- Home health and hospice
- Transport nursing
- Nurses residing near borders and practicing in an adjacent state.



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Benefits Related to Recruitment; Onboarding

New Grads:

- Today's millennials want mobility and maximized benefits.
- Nursing students overwhelmingly say that they plan to live and work in a NLC state rather than a non-NLC state, post-graduation.

Employers:

- When a nurse holds a multistate license and is being recruited by an employer in another NLC state, the nurse can be available to the prospective employer immediately since the nurse already has the authority to practice in that state.



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Licensure



11 Uniform Licensure Requirements



To receive a **multistate** license, a nurse must:

- 1) Meet the home state's qualifications
- 2) Graduate from qualifying education program (or graduated from a foreign program verified by independent credentials review agency)
- 3) Passed English proficiency exam if foreign grad



Uniform Licensure Requirements (Continued)

To receive a multistate license, a nurse must:

- 4) Pass the NCLEX-RN® or NCLEX-PN® exam (or state board test pool exam)
- 5) Have no active discipline on a license
- 6) Submit to state/federal fingerprint-based criminal background check
- 7) Not be currently enrolled in an alternative program



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Uniform Licensure Requirements (Continued)

To receive a multistate license, a nurse must:

- 8) Self-disclose participation in an alternative program
- 9) Have no misdemeanors related to practice of nursing as determined by the state board of nursing on a case by case basis
- 10) Have a valid U.S. Social Security number
- 11) Have no prior state or federal felony convictions

- NOTE: A nurse who does not meet a requirement may receive a single state license.



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How is Primary State of Residence (PSOR) defined?

- Signed Declaration of PSOR form
- State Where Applicant Can Prove Legal Residence
 - Drivers license with home address
 - Voter registration card with home address



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Discipline



How Discipline Works

- A remote state may take adverse action against the licensee's Privilege to Practice within that remote state.
- The home state may take action against the license. The home state's action removes all multistate privileges. This protects all compact states from the licensee. The license becomes a single state license.



A PTP (Remote State) Discipline Scenario

1. Mary is a resident of Texas (a compact state) and holds a Texas multistate license.
2. Mary accepts a temporary travel nurse assignment in Alabama, a compact state.
3. While practicing in Alabama, she violates the Alabama nurse practice act by diverting controlled substance drugs.
4. The hospital reports Mary to the AL BON.



A PTP (Remote State) Discipline Scenario (Cont'd)

5. AL BON receives the complaint and after a preliminary inquiry, decides that an investigation is warranted.
6. AL BON conducts the investigation because that is where the violation occurred.
7. AL BON turns on the Nurse Alert (investigation flag) in the licensee's Nursys file, as appropriate.
8. Since AL is the remote state, AL BON staff notify the licensee's home state, TX BON, via speed memo (email within Nursys) or phone that one of their multistate license holders is under investigation in AL.



A PTP (Remote State) Discipline Scenario (Cont'd)

9. AL BON treats the licensee as if the licensee were a resident of AL, applying its state laws to the case when disciplining the PTP.
10. At the conclusion of the investigation, AL BON sends the licensee investigative documents to TX BON.
11. TX BON takes action on the multistate license as if the violation occurred in Texas, applying its own state laws. (Texas does not repeat the investigation.)
12. TX BON converts the multistate license to single state, as appropriate.



Nursys.com

The national nurse licensure database



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1. Go to  **nursys.com** then click 
2. Search by your Name, License Number or NCSBN ID.
3. Click "View Report"

4. On Nursys QuickConfirm Report page, click "Where can the nurse practice as an RN and/or PN?"

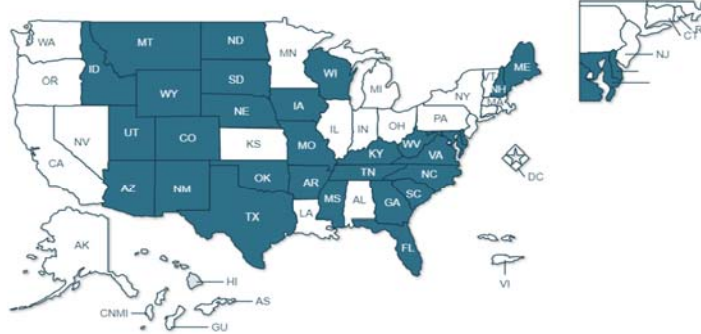


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Authority to Practice Map on www.Nursys.com

RN map

List view



Authorization to Practice

No Authorization to Practice

Contact Board of Nursing

Non-Participating

Please Select a State

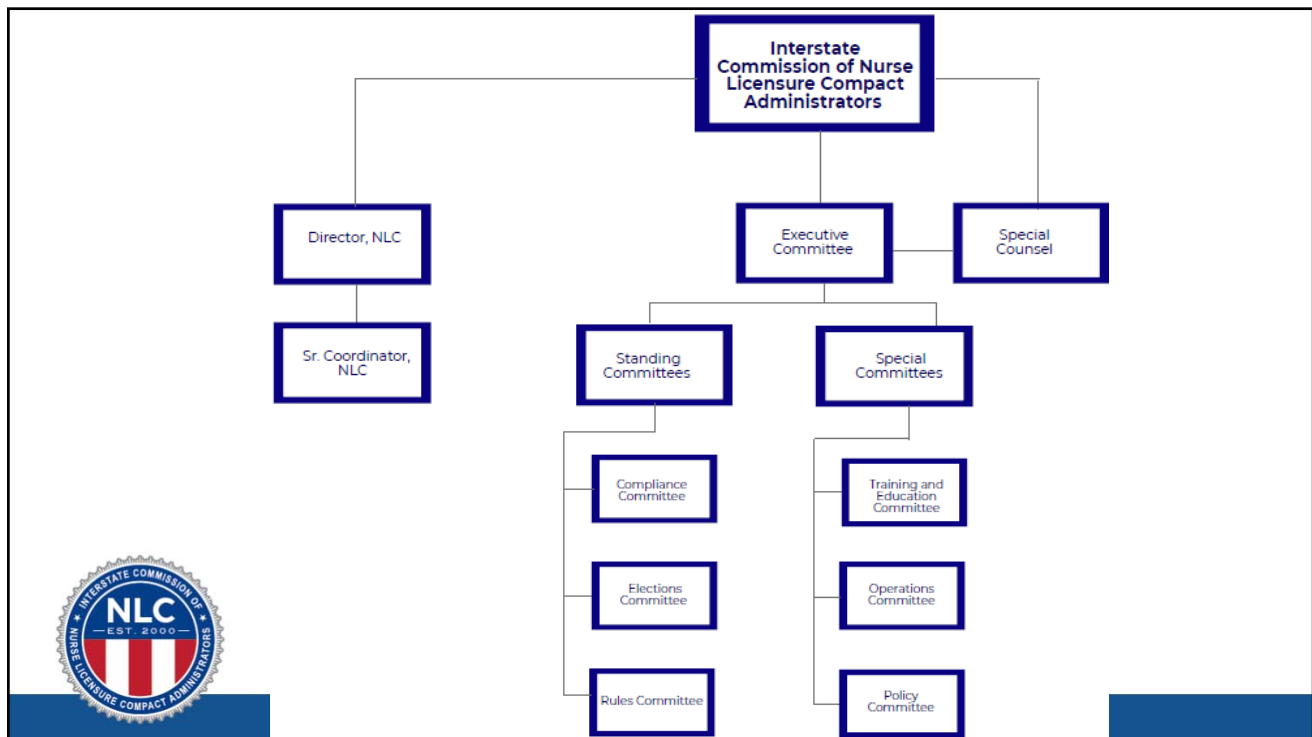
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Governance / Organizational



Interstate Commission

- Governing body that is also a public agency
(The term “Commission” is commonly used by other modern interstate compact governing bodies)
- Elected leadership: Executive Committee
- Commissioners: “the head of the board of nursing” or designee



Fiscal Impact



How Does Joining the Compact Impact Finances?

1. Boards have not have a need to increase any permanent staff due to joining the NLC.
2. Boards pay an annual fee to the Commission (\$6,000)
3. Licensees who wish to have a multistate license will apply for it to the board. The board will determine the fee for the application. This is new revenue.
4. No NLC state indicates that joining the NLC has been a financial burden on the board's budget.
5. Boards have lost varying amounts of revenue but in each case, the board was able to absorb the loss



How Does Joining the Compact Impact Finances?

6. In 19 years of NLC operations, three states have preemptively increased licensure fees in anticipation of a revenue loss.
7. 31 other states did not have a need to increase their fees.
8. There are less licenses overall but the decrease in licensees is spread over all compact states and therefore low impact.
9. When, in the sequence, a state joins the compact will impact how much the initial loss will be due to the then current number of member states.
10. No state has repealed NLC due to revenue loss.



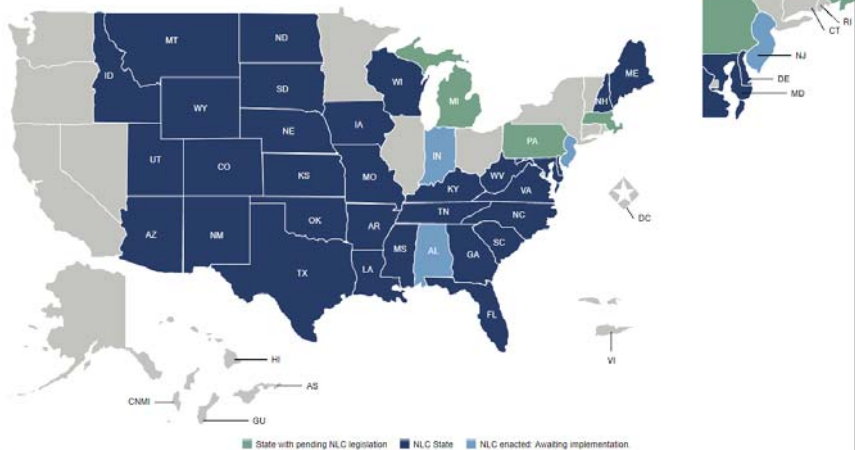
Status and Trends



Which States are Part of the NLC?

34 States have enacted
the NLC

31 States have
implemented the NLC



Growing the Compact

1. Remove the barriers to embracing compact
2. Know your supporters
3. Have state and national coalitions
4. Identify opposition and unlikely allies
5. Capitalize on the tailwind
6. Grab the low hanging fruit
7. Build consensus among membership
8. Contract lobbyists when necessary



NLC supporters across the U.S.

Air & Surface Transport Nurses Association	American Academy of Ambulatory Care Nursing	American Association of Colleges of Nursing
American Association of Neuroscience Nurses	American Association of Occupational Health Nurses (AAOHN)	American Association of Poison Control Centers
American Nephrology Nurses Association	American Organization of Nurse Executives (AONE)	American Telemedicine Association (ATA)
Association of Camp Nurses	Association for Vascular Access	Case Management Society of America (CMSA)
Center for Telehealth and E-Health Law	CGFNS International, Inc.	Citizen Advocacy Center (CAC)
Commission for Case Manager Certification	Emergency Nurses Association (ENA)	Health IT Now
National Military Family Association	National Governors Association Center for Best Practices	National League for Nursing
National Patient Safety Foundation	Oncology Nursing Society	Optum
Organization for Associate Degree Nursing	Population Health Alliance	Telehealth Leadership Council
U.S. Department of Commerce		



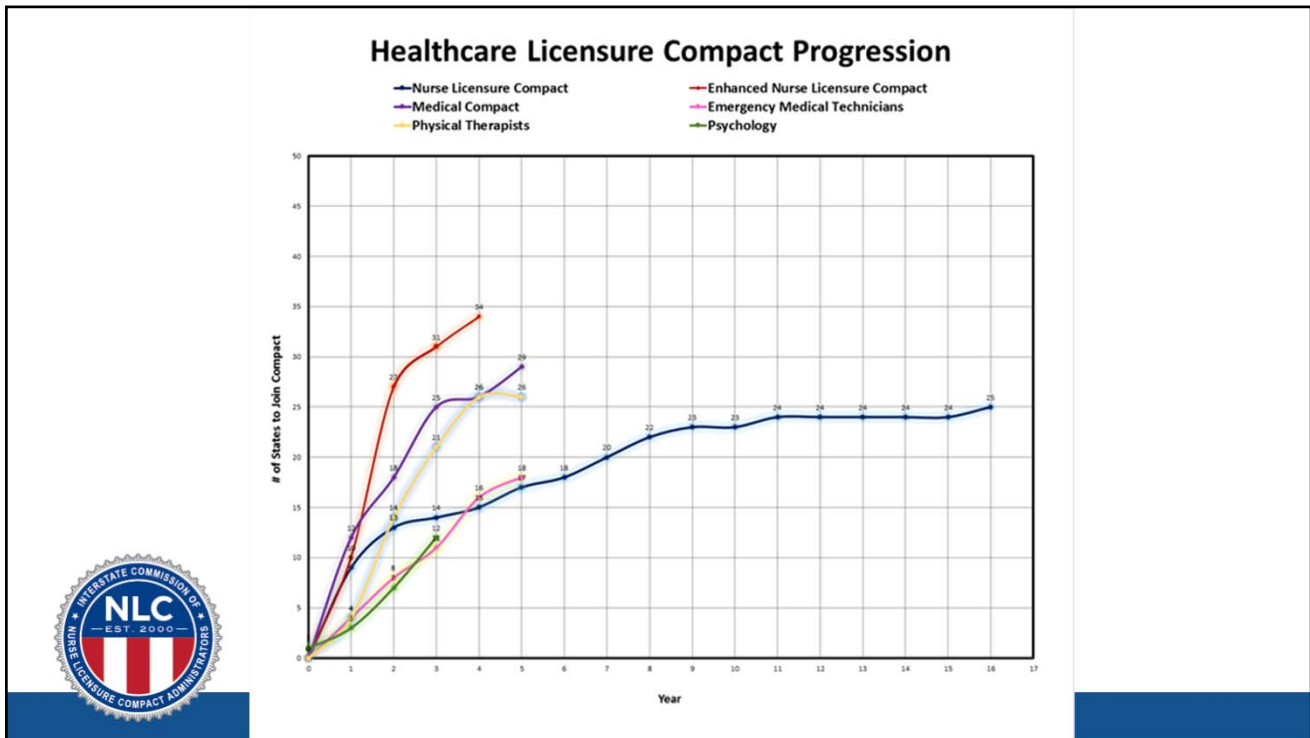
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Lessons Learned and Words of Advice

- Decide on your core principles and educate members on them
- Correct inaccuracies; be able to respond
- Know that educating stakeholders is continuous
- Approach rulemaking in small bites
- Learn from others
- Decide what constitutes a material deviation
- Promote the public protection value of the compact



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Other Interstate Licensure Compacts for Healthcare Professions

Compacts in Progress

- 1) Nursing (RN/LPN)
- 2) Nursing (APRN)
- 3) Physicians
- 4) Physical Therapists
- 5) Emergency Medical Technicians
- 6) Psychologists

Compacts Under Development or Being Considered

- 1) Occupational Therapists
- 2) Speech Pathologists / Audiologists
- 3) Nutritionists / Dieticians
- 4) Athletic Trainers
- 5) Physician Assistants
- 6) Social Workers
- 7) Counselors
- 8) Dentists



Closing Thoughts...

<https://vimeo.com/359601423/767ef4176d>

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Thank you!

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