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**ANA Issue *Brief* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nurse Licensure Compact (NLC)**

The interest in cross border health care practice has mushroomed since 2015. The National Council of State Boards of Nursing (NCSBN) introduced the new and Enhanced Nurse Licensure Compact (eNLC) and the APRN Compact that same, year, replacing the original version in place since 2000. The eNLC “ 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 11 Uniform Licensure Requirements (ULRs). The ULRs establish consistent standards for initial, endorsement, renewal and reinstatement of licensure needed and must be adopted by any Compact state. [NLC\_ULRs.pdf (ncsbn.org)](https://www.ncsbn.org/NLC_ULRs.pdf) Between 2015 and 2020, 34 states plus Guam passed legislation adopting the NLC. While states were enthusiastic about greater mobility for the workforce, some now wished they had deliberated further. The following captures why support and resultant caution / lessons learned.

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| Support  | Concerns  |
| **Nursing Workforce** The increased mobility of nurses across jurisdictions will help address the workforce shortage, particularly in specialty areas of practice and in rural settings.  | NCSBN reports that about 2 million nurses hold multistate licenses, yet is has been suggested that only 10-12 % of nurses are using their multistate license in a party state. States which have adopted the NLC still express regional and specialty nursing shortages. Travel nurses are still be imported to NLC states. Certainly, employers of case managers and travel nurses appreciate not having to absorb the cost of multiple nursing licenses. In general, there is a lack of sufficient workforce data to project and plan effectively for future needs. Boards of Nursing do not know who is currently practicing in their jurisdiction, only who has a license; so the Compact will compound this. It is recommended that states seek creation of and fund a registry, requiring the Board of Nursing be notified when a nurse is practicing within that jurisdiction using a multistate license.  |
| **Jurisdictional Considerations****Standards** Each state joining the NLC is held to high standards: Criminal Background Checks on initial licensure and Uniform Licensure Requirements. [NLC\_ULRs.pdf (ncsbn.org)](https://www.ncsbn.org/NLC_ULRs.pdf)**Telehealth** NCSBN reports the NLC enables nurses to practice in person or provide telehealth nursing services to patients located across the country without having to obtain additional licenses.**Military Spouses** NCSBN has identified the NLC as a solution to expediting a nurse’s ability to practice when a military spouse has been assigned to another state. Avoiding a perhaps time consuming and costly endorsement process, the nurse can work immediately in a civilian facility when possessing a multistate license. **Sovereignty** The joint public entity known as the Interstate Commission of Nurse Licensure Compact Administrators (Commission), composed of the Board of Nursing representatives from party states that adopt the Compact, promulgate rules that are binding in each state / territory.  | While this is true, there remain other variations between jurisdictions beyond the Uniform Licensure Requirements. For example* recognition of non-traditional education programs particularly with regard to the number of clinical hours for entry into practice.
* required continuing education, if any.
* what constitutes an infraction and resultant actions / penalty taken by a Board of Nursing (BON).

While Nurse Practice Acts do not vary much for RNs between states, there are differences between Board of Nursing's interpretation / opinions for some practices. (Remember- Nurses are held accountable to the laws, rules and regulations of the party state as well as their own home state.)Professional practice and healthcare delivery, regardless of venue and channel of delivery, mandates that healthcare professionals meet state specific regulatory and institutional requirements in accordance with scope of practice. Due to variations in practice rules and regulations across states and facilities, providersmust practice respective of these variations whilst delivering care via connected health. Currently, there is a patchwork of state telehealth laws, rule and regulations. There is no guarantee that nurses will be recognized using technology while crossing into a party state using the multistate license. The ability of the nurse to apply the multistate license in the state where the spouse has been mobilized requires the home state of residence be maintained. The Commission promulgates rules that are binding in each state / territory by a simple majority vote. The Commission also has the opportunity to hold closed, non-public meetings for certain reasons and could potentially have immunity to lawsuits. |
| **Board of Nursing Resources**Boards of Nursing’s sole purpose is to **protect the public's health and welfare**by **overseeing and ensuring the safe practice of nursing.** While some Board’s have voluntarily subscribed to a national database, Coordinated Licensure Information System (CLIS), or Nurses License Verification database, they must participate when joining the NLC. This allows states to share information for verification of nurse licensure, discipline, and practice privileges.For states requiring financial support for the fee to join the Compact and the technology and staff needed to implement, NCSBN offers grants. 4/2021  | The Board of Nursing will require additional resources to support implementation of the NLC, both in terms of staff, technology, and funds.The Commission currently charges $6,000. per year for each state to join the NLC. The BON does not receive any compensation for nurses coming into the jurisdiction but is still responsible for investigating any complaints made against all nurses. Other added expenses include that of fulfilling the criminal background checks (state and federal) for nurses in the home state. In some states, licensure fees go into a general fund, with Boards having no influence as to how the monies are used. This leads to challenges for Boards to conduct their usual business. The additional expenses associated with implementation of the Compact may necessitate an increase in licensure fees since grants alone from NCSBN may not be sustainable. Given the belief that many nurses may never use a multistate license, it is recommended nurses be given a choice between single or multistate license, which includes a licensing fee differential.  |