

Nurse Licensure Compact (NLC)

ANA Talking Points

Updated March, 2015

As of March 2015, 25 states are part of the Nurse Licensure Compact. The ANA House of Delegates addressed the issue of multistate practice beginning in 1995 and then again in 1996, 1997, & 1998. In 1999, multistate practice was again tackled with particular emphasis on telenursing.

The following updated ANA talking points reflect concerns registered by the membership that have not been successfully refuted by NCSBN or state experience to date.

ANA Talking Point	Rationale / Comments
<p><b>The state of practice rather than the state of residence holds greater logic for licensure, since licensure is intended to grant the nurse authority to practice while protecting the health and safety of the citizens of the state in which the license is held.</b></p> <p>(The state of predominant practice should be the state of licensure; if the nurse is not practicing, the nurse should be licensed in his/her state of residence. (1998 HOD - Policy #8.13, paragraph 4.1)</p> <p>(Telenursing practice, in which the nurse is located in a state different from that of the recipient of care, is facilitated by conferring licensure jurisdiction to the regulatory agency of the state in which the nurse is located. (ANA HOD 1999))</p>	<p>NCSBN states that the state of residency was selected rather than the state of practice, given there is greater authority over a resident versus non-resident; paralleling the driver's license compact.</p> <p>ANA's position is in direct conflict with the NCSBN premise that practice is where the patient is located, as well as the NLC model, in which the nurse holds a license in the state of residence. (1999). This policy is predicated by the belief that nursing is a knowledge-base profession and the knowledge resides with the nurse.</p> <p>Recently, ANA Office of General Counsel has identified states which have statute declaring the state of practice (or origin of care) as that of the location of the patient, contrary to ANA's long standing position.</p> <p>Some states have granted the Board of Nursing statutory authority to require licensure for out of state nurses providing telenursing services for patients within their states, while other states have assumed such authority.</p> <p>At least three state Attorneys General have rendered opinions that the NLC interferes with state sovereignty. (FL, IN, &amp; OK).</p> <p>In protecting the public health and safety, NCSBN reports the NLC enhances the ability of states to share information through NURSIS<sup>®</sup>, a national data base created by NCSBN for verification of nurse licensure, discipline and practice</p>

	<p>privileges for RNs and LPN/VNs licensed in participating jurisdictions Participation is required by all states in the NLC. All but the following Boards participate in the data base All but the following Boards participate in the data base: AL, HI, LAPN, &amp; OK. There is no associated cost for participation. If a State Board needs support to upload their data base, NCSBN will provide the interface at no cost to the state. The NLC ensures the timely exchange of information through enacted requirements for reporting current significant investigative information and final adverse actions within 10 business days to Nursys™. This includes action on a home state license and action on a privilege to practice. Additionally, NLC states provide daily updates of licensure information to Nursys™.</p>
<p><b>There are inconsistencies between states in relation to licensure / re-registration requirements, such as mandatory continuing education, criminal background checks, disciplinary causes of action, and evidentiary standards; all of which impede the states' ability to regulate practice in a constitutionally mandated manner and can create confusion for nurses.</b></p> <p>(1998 HOD -Policy #8.13, paragraph 4)</p>	<p>There are differences between states in licensure standards and qualifications such as:</p> <ul style="list-style-type: none"> <li>• frequency &amp; requirements for re-licensure and re-registration;</li> <li>• continuing education;</li> <li>• 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.</li> <li>• recognition of non-traditional education programs particularly with regard to number of clinical hour requirements for entry into practice;</li> <li>• how nurse diversions &amp; addictions are addressed;</li> <li>• what constitutes an infraction and resultant actions.</li> </ul> <p>Regardless of the origin of the license, nurses are held accountable to the laws, rules and regulations associated with their practice in every state in which they practice.</p> <p>It is advisable for the state where a practice violation has occurred to take the lead because of better access to evidence and witnesses, yet availability of funds and /or recovery of associated costs are a concern.</p>

NCSBN reports more than decade of experience without identified problems. The NLC, a mutual recognition model for licensure accepts the variations between states, trusting the home state has performed due diligence.

The NCSBN HOD approved uniform licensure requirements August 2012 to which there is hope Boards will seek to adopt in legislation.