Multi-State Licensure:
Experiences with the Nursing License Compact
History of Multi-State Licensure: The Problem

- Historically, health care professionals practicing within a state or territory are required to be licensed by the jurisdiction in which they practice;
- The soaring popularity of telecommunication and other technologies being used to deliver health care services, practice is no longer limited by geographical boundaries
History of Multi-State Licensure: The Problem

- Key among the considerations identified by Pew included:
  - Adopt entry-to-practice standards which are uniform throughout the fifty states for each profession;
  - Adopt mutual recognition of licensure by endorsement legislation, even without uniform entry-to-practice standards;
- In 1998, the Pew Commission went farther, suggesting a system of national licensure. However, this has not been seriously considered in any profession;
- Until recently, most professional organizations have opposed moving away from the state-based systems of licensure.
A Response to the Problem: Multi-State Licensure

• In 1997, the National Council of State Boards of Nursing (NCSBN), a private association whose members are state regulatory agencies, proposed a mutual recognition model – the Nursing Licensure Compact;

• Key to the concept is that a nurse would be issued a license in one state, but able to practice in any other state that is a signatory to the Compact;

• Multi-State Licensing of Nurses accomplished by adoption in the state’s Nursing Practice Act (NPA) of an interstate compact.
What is a Multi-State License Compact

- An Interstate Compact
  - A contract agreement or arrangement between 2 or more states to remedy a problem of multistate concern;
- Allows Interstate Practice by Healthcare Providers
  - Healthcare services provided by a healthcare provider in one state to a client in another state;
- Home State:
  - The state where the professional has a residence;
- Remote State:
  - A state where the professional is practicing.
Advantages with the Multi-State License Compact

• Responding to Short Term Emergencies
  • Short term emergencies, such as natural disasters, often create issues for health care facilities and other providers in terms of credentialing;
  • Standard endorsement procedures take 30 days to even get a temporary license, more like 90 – 120 days for full licensure (more if there are potential issues);
  • A provider with an unencumbered license has a privilege to practice (though not a license) in the remote state.
Advantages with the Multi-State License Compact

• Uniform standards are not required
  • Doesn’t require a “lowest common denominator” approach to requirements for initial licensure;

• Improved Coordination and Sharing of Information Between States
  • The Nursing License Compact has lead to the development of Nursys, the NCSBN’s centralized database of licensure statue and disciplinary actions.
Disadvantages with the Multi-State License Compact

• Problems with Investigations
  • What state has responsibility for the investigation?
  • What state has responsibility for disciplinary action?

• Variable rules with regards to continuing education
  • Some states don’t required continuing educations for nurses. How will that impact continuing competence of nurses from those states working in other compact states?
  • But is continuing education really sufficient and/or necessary to ensure continuing competence? Colorado dropped the CE requirement because there is no evidence that it does promote continuing competence.
Disadvantages with the Multi-State License Compact

• Variable rules with regards to criminal background checks
  • Not all state do criminal background checks for license applicants. Those states tend to view it as a professional responsibility to disclose;
  • Not all states treat the results of criminal background checks the same.

• Public access to information may be decreased for compact nurses
  • The Boards of Nursing generally publish disciplinary information as public information. Thus a nurse may have disciplinary history that is not as public as the Board intends;
  • The advent of Nursys will alleviate this concern to a large extent.
Current Party States to the Nursing License Compact

Arizona
Arkansas
Colorado
Delaware
Idaho
Iowa
Kentucky
Maine
Maryland
Mississippi
Missouri
Nebraska
New Hampshire
New Mexico
North Carolina
North Dakota
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Virginia
Wisconsin
How the Compact Works in Practice: A Tale of Two Cases

- Case 1: Client working in remote State B.
- Client working at small Critical Access Hospital in first significant job in nursing.
- Allegations consist of multiple minor incidents that occurred while the Client was still on probation at the facility. No patient harm alleged with any violation.
- Evidence shows that several of the allegations had components of systems-related issues.
How the Compact Works in Practice: A Tale of Two Cases

- Case #1 Continued: Outcome is that Administrative Law Judge finds violations of the NPA in all but one charge. Disciplinary action assessed with large fine against privilege to practice in State B;
- Board of Nursing also suggests that it will be taking action to notify Hospital licensing agency of State B regarding systems issues; however
- Board of Nursing of State A, Nurse’s home state, has informed the nurse that they don’t anticipate taking action against nurses underlying license because the allegations don’t rise to level of violation of NPA in State A.
How the Compact Works in Practice: A Tale of Two Cases

• Case #1 Continued: Important Rules to Note:
  • The Remote State, where the action occurred, is often in the best position to investigate the allegations that occur within their own borders;
  • The Remote State, may take any action against the privilege to practice as it can with respect to a person holding a license in the state; and
  • The Home State may (or may not) take action in accordance with their own NPA.
How the Compact Works in Practice: A Tale of Two Cases

• Case #2: Client working in Remote State C. Client has history of psychiatric issues, but nothing which would have caused Home State B to have imposed disciplinary action;

• Client attempts suicide and is hospitalized. Staff reports Client to Remote State C Board of Nursing. State C takes emergency action to suspend privilege to practice of nurse.

• State C directly reports action to State B, which notices an investigation in the underlying matter.
How the Compact Works in Practice: A Tale of Two Cases

• Case #2 Continued: State B asserts authority to take action in reliance with State C’s action against a privilege to practice;

• Client chooses to surrender license rather than attempt to fight action by State C despite no allegations of patient harm.

• Important points:
  • If State may take emergency action against a licensee, they may also take emergency action against a privilege to practice in the State. However, this may implicate due process requirements.
  • States may have statutory language with authorizes the Board of Nursing to take action based solely on the disciplinary action imposed by another licensing board.;
Multi-State Licensing for Other Healthcare Professionals

- **Physician Multi-State Licensure**
  - The Council of State Governments had been proactive in pushing for licensing compacts, building on the success of the nursing license compacts;
  - Within the last month, the Federation of State Medical Boards has issued a draft model legislation related to multi-state license compact.

- **Physical Therapy License Compact**
  - First proposed in 2011, state licensing board and national stakeholders continue discussions for a compact along the lines of the nursing license compact.
Multi-State Licensing for Other Healthcare Professionals

- Emergency Medical Services Licensure and Certification
  - There has been a de facto national certification scheme with the National Registry of Emergency Medical Technicians exam as the default licensing exam in 43 states for Paramedics and 38 states for EMT’s.
  - In 2012, the National EMS Advisory Council issued a draft advisory advocating for a license compact for EMS providers;
  - In 2014, the National Association of State EMS Officials started to take action to make a EMS licensure compact operational. Legislative action should start in 2015.
Questions?

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