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Nurse Licensure Compact

A Presentation By
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Utah State Board of Nursing
Chair, NCSBN Nurse Licensure
Compact Administrators

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1903

- World Series had begun
- Wright Brothers took flight
- Ford Motor Company was founded
- VA passed the first Nurse Practice Act in U.S.
- Telephone had been in existence for 27 years
- Computer would not be invented for another 43 years (1946)



Much has changed . . .

... except regulation



Factors Influencing a Re-Look at Licensure

- Changing health care environment
- New practice settings and technology
- Necessity of expedient access to qualified nursing
- Telenursing



Influencing Factors (continued)

- Increased number of nurses practicing across state lines
- Expectation of rapid authorization to practice
- Need to qualify for licensure in multiple states (cumbersome, costly and inefficient)



Influencing Factors (continued)

- Telecommunications Act of 1996
- Report to Congress 1997 Barrier
- Boards of Nursing need authority to regulate all those practicing in the state



Telenursing

- Delivery of patient care by means of telecommunication
 - Facsimile
 - Cellular phones
 - Computers
 - Teleconferencing
 - Video conferencing
 - Telephone



Telenursing Differs from Other Telepractice

- Physician consultation generally involves a licensed practitioner in each state
- Telenursing generally involves the nurse being in direct contact with the patient – frequently in the patient's home



Regulatory Issues

- State's Rights or Interstate

 Commerce 200 years of case law ruled that states have the right to protect consumers
- Where does practice occur? Location of provider or patient?
- Does practice by electronic means constitute the practice of nursing?



Solution: MUTUAL RECOGNITION

- MSR Task Force
- Surveys, interviews, conferences
- Best model to protect public and decrease barriers



Panel of Legal Experts

- Mutual recognition is workable
- Reflects "full faith and credit" between U.S. jurisdictions
- Can be implemented incrementally
- Implementation could begin without uniform requirements

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Vision Statement

A state nursing license recognized nationally and enforced locally

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Basic Concepts of Mutual Recognition

- Allows nurse to have one license in state of residence and practice in party states
- Nurse is subject to each state's practice laws and discipline
- Practice allowed physically or electronically
- Each state must enter into Interstate Compact



Nurse Licensure Compact Addresses:

- . Jurisdiction
- Discipline
- Information Sharing
- Compact Administration



Jurisdiction

- Nurse is licensed in the state of residence - home state
- Nurse may only have one license
- Nurse is granted the privilege (via the Compact) to practice nursing in other party states - remote states



, Discipline

- The home state or remote state may take disciplinary action
- Only the home state can take action on the license
- The remote state (where the violation occurred) may take action allowed by the
- Any party state can deny authority to practice

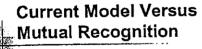
Information Sharing -NURSYS

- A comprehensive information system containing data on all nurses
- Coordinates existing and future nurse databases
- Used to verify nursing licenses



Compact Administration

- Authorizes the formation of Nurse **Licensure Compact Administrators**
- Authorizes the development of rules and regulations to administer the Compact



How do they compare?





Current Model

- Apply and pay fee to state where expect to practice.
- Comply with state requirements.
- Practice only in state(s) where licensed, acknowledging accountability for each respective state's laws.

Mutual Recognition Model

- Apply and pay fee to home state.
- Comply with state requirements.
- Practice privileges in all compact states, acknowledging accountability for each respective state's laws.

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Move to New Home State

Current Model

- Apply to new home state and pay fee. Must meet new state's requirements for licensure. Issued by endorsement in new state.
- Licensee may hold multiple licenses.

Mutual Recognition Model

- Apply to new home state and pay fee. Must meet new state's requirements for licensure. Issued by endorsement in new state.
- Relinquish old state license. Central database updated to reflect one license in new home state. Licensee holds only one RN and/or LPN license at a time.



Renewal

Current Model

Submit application and fee to state.

- Renew in every state where license is held.
- Receive license/ registration
 with new expiration date.

Mutual Recognition Model

- Submit application and fee to home state.
- Renew only in home state.
- Receive license/ registration with new expiration date.

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Discipline

Current Model

- Disciplinary action by state where patient was (or where incident occurred, if no patient).
- Each state of licensure may choose to take its own disciplinary action on the licensee. Information is exchanged between states.
- Standards used are those of each state which chooses to take disciplinary action.

Mutual Recognition Model

- Disciplinary action on the license taken only by state of licensure, regardless of where patient was or incident occurred.
- Any compact state may choose to take its own disciplinary action on the licensee's practice privilege. Information is exchanged between states. Through a centralized database of licensure and disciplinary information.
- Standards used are those of each state which chooses to take disciplinary action.



Tracking

Current Model

- Board doesn't know who is practicing in state; employers are legally responsible for verifying licensure.
- Board doesn't know where nurses are practicing in state; by law, licensed healthcare facilities must submit list of employed nurses to Board three times a year.

Mutual Recognition Model

- Board doesn't know who is practicing in state; employers are legally responsible for verifying licensure.
- Board doesn't know where nurses are practicing in state; by law, licensed healthcare facilities must submit list of employed nurses to Board three times a year.

Mutual Recognition States

