

DISCLAIMER

Electronic versions of the exhibits in these minutes may not be complete.

This information is supplied as an informational service only and should not be relied upon as an official record.

Original exhibits are on file at the Legislative Counsel Bureau Research Library in Carson City.

Contact the Library at (775) 684-6827 or library@lcb.state.nv.us.

Nurse Licensure Compact

A Presentation By

Laura Poe, MS, RN,

Executive Administrator,

Utah State Board of Nursing

Chair, NCSBN Nurse Licensure

Compact Administrators

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)

2

Much has changed . . .

. . . except regulation

3

**Factors Influencing a
Re-Look at Licensure**

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

4

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)

5

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

6

Telenursing

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

7

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

11

Vision Statement

- A state nursing license recognized nationally and enforced locally

12

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

13

Nurse Licensure Compact Addresses:

- Jurisdiction
- Discipline
- Information Sharing
- Compact Administration

14

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

15

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 state
- Any party state can deny authority to practice

16

Information Sharing - NURSYS

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

17

Compact Administration

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

18

Current Model Versus Mutual Recognition

How do they compare?

19

Initial Licensure

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.*

20

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.

21

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.*

22

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.*

23

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



blue—pending implementation

green—implemented