In the following report, Hanover Research conducts an analysis of Nurse Licensure Compacts in the United States, and summarizes key documents on behalf of Qualivis, a national provider of healthcare workforce solutions located in Columbia, S.C.

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INTRODUCTION

Qualivis, a national provider of healthcare staffing and other workforce solutions, tasked Hanover Research (Hanover) with analyzing the Nurse Licensure Compact (NLC) landscape in the United States. Qualivis is a division of SCHA Solutions, which provides a range of business and operations services for member hospitals to increase quality and efficiency. SCHA Solutions is a subsidiary of the South Carolina Hospital Association.

To that end, Hanover has employed a secondary research approach to complete the request. Hanover consults a number of secondary sources, including state nursing board websites, the National Council of State Boards of Nursing, academic journals, industry publications, and articles by industry experts.

In the following report, Hanover presents an analysis of the nurse licensure compact in the United States and a literature review of source material to help those charged with recruiting, hiring and retaining high-quality nurses understand the compact and how it can affect their workforce strategies.

EDITOR’S NOTE: WITH LEGISLATIVE ACTION IN 2018, KANSAS AND LOUISANA JOINED THE ENLC COMPACT, BRINGING MEMBERSHIP TO 31 STATES.

RECOMMENDED AREAS FOR FURTHER EXPLORATION

WHAT IS NEW WITH THE NLC
The NLC has been supplanted by a newer version, known as the eNLC. The Enhanced Nurse Licensure Compact (eNLC) is similar to the NLC with a number of additions such as the introduction of mandatory state and federal criminal background checks.

HISTORIC RESISTANCE TO THE NLC
Many states have resisted licensure compacts like the NLC and eNLC in the past. The primary reasons stated are fear of lost revenue, diminished state authority, the logistics of disciplinary action, uncertainty over state requirements and standards, and concerns over public safety.

HOW THE ENLC HAS OVERCOME SOME RESISTANCE
The eNLC has overcome concerns related to licensure compacts in some states. For instance, the eNLC’s introduction of mandatory state and federal criminal background checks has helped to bring these previously reluctant states on board.

CONTINUED RESISTANCE TO THE ENLC
Some states continue to see significant problems between interstate licensure compacts and managing intrastate nursing. For them, the risks outweigh any potential rewards of joining the eNLC. They also continue to disagree with many of the assumptions on which the eNLC is built.

THE CONTINUED PUSH FOR THE ENLC
Nine states have pending eNLC legislation. If passed, the eNLC will have a total of 38 states participating. This is far more than the original NLC and may serve as a building block to persuade holdout states to join in the future. Indeed, there is already a grassroots organization in California advocating to join, while the Boards of Nursing in both Minnesota and Nevada appear to actively support joining in the future.
KEY FINDINGS

• The eNLC essentially acts as a replacement of the NLC. Its implementation began on January 19, 2018. To date there are 29 states which have joined the eNLC. Out of these 29 states there are five members which are not a part of the original NLC. These states are Florida, Georgia, New Mexico, Oklahoma, and Wyoming.

• As of January 19, 2018, nurses with an NLC license will only be able to practice in four states. These states are Colorado, New Mexico, Wisconsin, and Rhode Island. Only Rhode Island has not joined the eNLC. The other three states have an overlap period where both licensure compacts are valid. The overlap period runs until June or July of 2018.

• Nine states have legislation pending to join the eNLC. These states are Illinois, Indiana, Kansas, Massachusetts, Michigan, New Jersey, New York, Rhode Island, and Vermont.

• The new eNLC contains three main changes from its predecessor. The first is mandatory state and federal criminal background checks as part of the multistate license application process. The second is the inability to acquire a multistate license if the applicant has a felony conviction. The third is the requirement that member states use Uniform Licensure Requirements which implement standards for initial, endorsement, renewal, and reinstatement licensure.

• There are common reasons why states do not wish to join the eNLC. The most frequently cited reasons are loss of revenue, inability to enact appropriate disciplinary standards, concerns that state-required programs or standards are bypassed by out-of-state nurses, and reduced state-sovereignty due to the eNLC Commission’s ability to enact binding rules. These states also find troubling the eNLC’s ability to make rules that will be mandatory across eNLC states with no oversight.

• There are strong arguments in favor of the eNLC. These include better access to health care, higher public safety, reduced bureaucratic regulation, support of e-health and telemedicine, increased nurse mobility, faster disaster response, decreased costs for interstate hospital organizations, and effective new background checks that are linked to a database.

• In some states a disconnect exists between pro-eNLC sentiment and legislative support. California, Nebraska, and Minnesota all have some level of support for the eNLC, but are hindered by the opposition of legislators.

• States that are not part of the NLC or eNLC have both similarities and differences in their license requirements. Licenses tend to be renewed every two years and are approved either by examination or endorsement. Variations exist regarding whether nurses trained outside of the US can apply, whether continuing nursing education is required, and whether qualifications must come from an accredited school.
In this section, Hanover provides an overview of the background and context of the NLC and the eNLC, lists the states that are current or pending members of the eNLC, notes why certain states have not joined the eNLC, and presents a summary of the pros and cons of nurse licensure compacts.

Section I: Analysis

BACKGROUND & CONTEXT

A nurse licensure compact allows nurses to operate in any state which is a part of the compact if they are eligible for a multistate license. The original NLC, implemented in 2000, was adopted by the following 25 states:

<table>
<thead>
<tr>
<th>Arizona</th>
<th>Iowa</th>
<th>Missouri</th>
<th>North Carolina</th>
<th>Tennessee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arkansas</td>
<td>Kentucky</td>
<td>Montana</td>
<td>North Dakota</td>
<td>Texas</td>
</tr>
<tr>
<td>Colorado</td>
<td>Maine</td>
<td>New Hampshire</td>
<td>Rhode Island</td>
<td>Utah</td>
</tr>
<tr>
<td>Delaware</td>
<td>Maryland</td>
<td>New Mexico</td>
<td>South Carolina</td>
<td>Virginia</td>
</tr>
<tr>
<td>Idaho</td>
<td>Mississippi</td>
<td>Nebraska</td>
<td>South Dakota</td>
<td>Wisconsin</td>
</tr>
</tbody>
</table>

In July of 2017 the Interstate Commission of Nurse Licensure Compact Administration was formed and began creating new rules and regulations for a new and enhanced licensure compact\(^1\). As a result of this process the new eNLC came into effect on January 19, 2018. It essentially replaces the NLC.

The eNLC includes three main differences to the NLC designed to encourage new states to join. First, the eNLC makes state and federal criminal background checks mandatory as part of the multistate license application process. Second, a felony conviction precludes the acquisition of a multistate license. Finally, member states must use Uniform Licensure Requirements (ULRs) which implement standards for initial, endorsement, renewal, and reinstatement licensure\(^2\). The ULRs for the eNLC are listed in Figure 1.1 below:

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>REQUIREMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Meets the requirements for licensure in their state of residency</td>
</tr>
<tr>
<td>2</td>
<td>Has graduated from a board-approved education program OR has graduated from an international education program (approved by the authorized accrediting body in the applicable country and verified by an independent credentials review agency)</td>
</tr>
<tr>
<td>3</td>
<td>Has passed an English proficiency exam (applies to graduates of international education programs not taught English or if English is a second language)</td>
</tr>
<tr>
<td>4</td>
<td>Has passed an NCLEX-RN or NCLEX-PN Examination or predecessor exam</td>
</tr>
<tr>
<td>5</td>
<td>Is eligible for or holds an active, unencumbered license</td>
</tr>
<tr>
<td>6</td>
<td>Has submitted to state and federal fingerprint-based criminal background checks</td>
</tr>
<tr>
<td>7</td>
<td>Has no state or federal felony convictions</td>
</tr>
<tr>
<td>8</td>
<td>Has no misdemeanor convictions related to the practice of nursing</td>
</tr>
<tr>
<td>9</td>
<td>Is not currently a participant in an alternative program</td>
</tr>
<tr>
<td>10</td>
<td>Is required to self-disclose current participation in an alternative program</td>
</tr>
<tr>
<td>11</td>
<td>Has a valid United States Social Security number</td>
</tr>
</tbody>
</table>

SOURCE:\(^3\)
A commission runs the eNLC. It possesses the power to create binding regulations in member states. Some states have opposed the inclusion of two components of the eNLC that also appeared in the NLC. The first of these components holds that 1) nurses must abide by the laws of the Nurse Practice Act in the state they practice in and 2) the state where violations occur carry out enforcement of the laws. The second entails that nurses meet the requirements of their residing state.

The eNLC does not cover Advanced Practice Registered Nurses (APRNs). For APRNs there is a separate APRN compact. The APRN needs to be approved by at least ten states to come into effect. It has yet to reach that mark. So far, APRN legislation has only passed in three states: Idaho, Wyoming, and North Dakota. Currently, a nurse holding an APRN license may also hold a multistate RN license in a compact state.

**NON-MEMBER STATES**

For nurses in those states that are not members of the NLC or eNLC, licenses tend to be renewed every two years and approval comes either by examination or endorsement. In these states, licensing standards vary regarding whether nurses trained outside of the US can apply, whether continuing nursing education is required, and whether qualifications must come from an accredited school.

**PARTICIPATING STATES**

From January 19, 2018, nurses who obtain an eNLC license will be able to practice in all participating eNLC states. An overview of participating states is shown in Figure 1.2 below:

![Map of Participating States](source3.png)

- State with no NLC legislation
- State with pending enhanced NLC legislation
- State with enacted enhanced NLC legislation
- State with enacted enhanced NLC legislation that is not yet in effect

**SOURCE:**

[1] Source: [American Nurses Association](https://www.nursingworld.org)

[2] Source: [National Council of State Boards of Nursing](https://www.ncsbn.org)

[3] Source: [Nurse Practice Act Database](https://www.nursingworld.org)

[4] Source: [National Conference of State Legislatures](https://www.ncsl.org)

[5] Source: [Nursing Law Center](https://nursinglawcenter.org)

[6] Source: [Advanced Practice Registered Nurses Association](https://www.aexp.org)

[7] Source: [American Association of Colleges of Nursing](https://aacn.nche.edu)

[8] Source: [Nursing Outlook](https://www.nursingoutlook.com)

[9] Source: [National League for Nursing](https://www.nln.org)
Specifically, 29 states are members of the eNLC as of January 2018\(^1\). These are (*were previously individual states):

- Arizona
- Arkansas
- Colorado
- Delaware
- Florida*
- Georgia
- Idaho
- Iowa
- Kentucky
- Maine
- Maryland
- Mississippi
- Missouri
- Montana
- New Hampshire
- New Mexico*
- Nebraska
- North Carolina
- North Dakota
- Oklahoma*
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Virginia
- West Virginia*
- Wisconsin
- Wyoming*

As part of the transition to the eNLC, there are four states that will continue to support the NLC until the end of June or July 2018. These states are Colorado, New Mexico, Wisconsin, and Rhode Island\(^1\). As of January 18th 2018, nurses with an NLC license will only be able to practice in these four states\(^2\). Colorado, New Mexico, and Wisconsin have an overlap period where they will support both the NLC and the eNLC. The NLC will be phased out at the end of June or July 2018. As of January 2018, Rhode Island is the only remaining NLC state without eNLC membership, however there is pending legislation in the state to join the compact.

### STATES CONSIDERING MEMBERSHIP

The following nine states have pending legislation to join the eNLC\(^3\):

- Illinois (HB 4263)
- Indiana (HB 1317)
- Kansas (HB 2496)
- Massachusetts (SB 1162 & HB 1188)
- Michigan – (HB 4938)
- New Jersey – (SB 103 and AB 3917)
- New York (SB 7579)
- Rhode Island (HB 7228)
- Vermont (SB 232)

There are indications that four non-member states – California, Hawaii, Minnesota, and Nebraska – have a desire to join the eNLC. These indications include:

- The Coalition for Multi-State Licensure in California Nurses Taskforce (CA MSL Taskforce) engages with state legislators to push for eNLC membership in California\(^4\).
- In 2017, the Minnesota Board of Nursing sent a survey regarding the eNLC to 122,973 nurses registered in the state, of which 20,834 responded. Over 80 percent of these respondents favored the eNLC\(^5\). Based upon this, the Minnesota Board of Nursing recommends individuals contact legislators to express their support\(^6\).
- The Hawaii Department of Commerce and Consumer Affairs expressed its general support for the eNLC in a 2016 meeting, while also noting concerns over losing revenue and tracking the number of nurses in the state\(^7\).
- In July 2017, the Nevada State Board of Nursing (NSBN) voted to build support for the eNLC to get it approved. The group felt that the eNLC helped ensure patient protection and removed bureaucracy\(^8\). The legislation did not pass. However, the NSBN plans “to move forward getting the eNLC passed in 2019.”\(^9\)

In terms of anticipating future participation, the NSCBN notes that “most states that have joined the compact have done so by the supportive efforts of the state nurse association, the state hospital association or the state board of nursing.”\(^10\) States that see an increase in advocacy from these entities potentially have a higher chance of joining the eNLC in the future. However, given that certain states have nursing entities that support eNLC membership but have not been able to pass legislation, this indicates there may be a disconnect between grassroots sentiment and the will of state legislators.

### JUSTIFICATION OF NON-MEMBER STATES

There are 12 states and Washington D.C. maintaining their individual state license practices:

- Alabama
- Alaska
- California
- Connecticut
- Hawaii
- Louisiana
- Minnesota
- Nevada
- Ohio
- Oregon
- Pennsylvania
- Washington
- Washington DC
Hanover undertook a state by state analysis to determine the main reasons why these states do not wish to join the eNLC. Given the eNLC is only recently implemented, Hanover combines arguments against eNLC and NLC and omits old NLC arguments from the analysis that have been addressed by new eNLC requirements; criminal background checks and rejecting those with felonies. In addition, some state boards do not distinguish between the NLC and eNLC when considering membership due to the fundamental similarities of the two. Hence, Hanover uses the term eNLC across all states’ arguments.

The primary reasons why states do not wish to join the eNLC are:

• The inability to enact appropriate disciplinary standards
• Concerns that state-required continuing education, clinical practice, or other mandatory programs or standards are bypassed by out-of-state nurses
• Reduced state-sovereignty due to the eNLC Commission’s ability to enact binding rules without oversight
• Lost licensing revenue

Below is a state by state breakdown of reasons for not joining the eNLC. Louisiana and Connecticut data was not available.

**Alaska**

According to minutes from a meeting of the Alaska Board of Nursing, the state has heard arguments in favor of the eNLC, however it is unclear why it has not joined.\(^{21}\)

**Alabama**

In 2015, the Alabama Board of Nursing identified numerous concerns with the eNLC. These include apprehension that the cost of funding the eNLC commission may be excessive, a rejection of reduced Alabama state governance, resistance to sharing data about users of the Alternative Program since participants would lose confidentiality, an estimated $1.2 million in lost licensing revenues, and uncertainty over the lack of clarification in how differences across states for advanced practice nurses are managed.\(^{22}\) These concerns led the board to take a wait and see approach. Given that there is no pending legislation in Alabama, Hanover assumes the state’s concerns have not been sufficiently addressed.

**California**

In California, objection to the eNLC centered on four issues. The first is concern over wavering practice standards across states. The second is concern about high costs of conducting malpractice investigations when it occurs outside of the state. The third is the limited ability to administer malpractice discipline outside of the state. The fourth is a reduction in out of state license fees which is a primary and critical part of how the board is funded.\(^{23}\)

**Kansas (Pending)**

In 1999 the Kansas Attorney General ruled that a licensure compact represents an unconstitutional delegation of legislative authority as it allows for other states to determine how non-resident nurses would operate in the state.\(^{24}\) The Kansas State Board of Nursing (KSBN) also notes that the Attorney Generals in Oklahoma and Louisiana have similar sentiments.\(^{25}\)

Kansas also has strict bans on poor behavior which do not exist in other states.\(^{26}\) Additionally, Kansas state utilizes nursing education in conjunction with clinical practice, and ongoing clinical practice is required, which necessitates more than just a licensure compact examination.\(^{27}\) The board also predicted a $376,667 loss of revenue, and initially refused to join based on these costs as it would have required an increase in license fees.\(^{28}\)

In making its decision, KSBN also cited a 2013 survey of national registered nurses by the National Council of State Boards of Nursing. The survey found that only eight percent of nurses living in NLC states practiced in multiple states. KSBN used this data to argue that joining a licensure compact would not increase the number of nurses.

**Ohio**\(^{30}\)

The Ohio Board of Nursing (OBN) decided not to proceed with the eNLC based on multiple factors. For instance, each eNLC member only receives one vote regardless of the number of licensees. The OBN viewed this as disproportionate representation. The OBN was also troubled by the notion that rules binding all states can be passed by a simple majority vote that bypasses state authority. Concern also arose over there being no independent oversight or auditing process for the commission passing these rules, as well as immunity from lawsuits.

The OBN noted some problems with background checks as well. First, it pointed out that licensed nurses in the NLC, who have not undergone background checks, will
automatically be eligible for eNLC licenses. The group believed this represented a safety issue for patients. Second, the OBN noted that remote states may not know if a nurse has moved into their jurisdiction and therefore have no reason to check for discipline issues. Even when malpractice is identified, states decide on a case by case basis whether to enact discipline and when they chose not to, it goes unreported to other boards. Finally, the group felt that the new language surrounding assessing previous criminal convictions is too narrow which would lead to investigations as part of a license approval process becoming longer.

Oregon

The Oregon Nurses Association objection to the eNLC centered on the belief that it would erode state sovereignty and reduce the ability to set nursing standards. For example, Oregon requires that nurses must have practiced in the last five years to obtain a license. The eNLC would nullify this requirement.

Pennsylvania

Hanover could not identify specific reasons why Pennsylvania has not joined the eNLC. The state is undergoing a major redevelopment and transformation of its state system which handles licensing. Since the project is due for completion in mid-2018, it is unlikely that considering new licensing structures is a priority for the state.

Washington, D.C.

Washington DC opposes eNLC membership due to its small geographical size. The Board of Nursing, in response to a question posed by a nurse trying to earn a license in Washington DC, notes that the “licensure where you live” requirement would have a negative impact. This is because only 2,000 of the 20,000 nurses working in DC live in DC, therefore revenue losses would be too high.

Washington State

Washington state has, to date, compiled the most comprehensive and organized criticism of the eNLC.

To begin with, the Executive Director of the Washington State Nursing Association (WSNA) disagrees with a fundamental premise of the eNLC. Specifically, the WSNA argues that “practice is located at the site where the nurse is practicing, and therefore, license jurisdiction follows,” whereas the eNLC maintains that practice occurs where the patient is located. Essentially, the WSNA believes that the location of the nurse is more relevant, as patients are likely to travel and receive consultation by phone or other technologies.

Furthermore, the WSNA cites increased risks to the quality of public care and risks to nurses as reasons for not joining the eNLC. It takes issue with the NLC assumption that the “scope of practice in all states is the same for the registered nurse and that the practicing nurse is familiar with every state’s scope of practice in which they are practicing.” Additionally, the WSNA believes that joining the eNLC would mean nurses could avoid taking Washington’s mandatory suicide prevention component and ongoing competence requirements.

Similar to other states, the WSNA does not like the notion that the eNLC would be able to make binding decisions which affect all states without accountability to state or federal government. The WSNA rejects the idea of ceding its state authority to an interstate commission that lacks oversight.

Revenue is also an issue for the WSNA. It predicts joining the eNLC would cause increases in license fees or cuts in services as a result of reduced revenue from out of state nurses no longer paying for licenses and renewal. The group anticipates costs associated with setting up the licensure compact would have a negative impact on revenue.

The WSNA does not agree with the idea of different standards across different states. It argues that poor behavior in one state may not be investigated or reported if it has less strict disciplinary regulation. Compacts also mandate that the state a nurse resides in is their ‘home state’ which is where they must obtain their multistate license. Washington nurses residing in neighbor states could not practice in Washington, and any nurses who move over state boundaries would be forced to deactivate a Washington license and apply for a new license, even if they have no desire to practice in that state.

The WSNA also does not agree that the eNLC will improve telehealth services. It sees the value of telehealth, but believes the focus should be put on creating appropriate telehealth regulation, not compacts like the eNLC.

The eNLC seems to have no appeal to the WSNA. Even the additions to the eNLC have little impact since the state already forces criminal background checks for out of state nurses, and participates in the NURSYS coordinated licensing information system.
Hanover presents a summary table of pros and cons for the NLC among states below. The points within the table combine state sentiments, eNLC resources, industry publications, and points observed in the literature review. As a result, Figure 1.3 summarizes all available arguments for and against the eNLC:

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fingerprint and biometric state and federal criminal background checks are required to obtain a license.</td>
<td>Previous NLC license holders who did not have state and federal background checks are eligible to transfer to eNLC license with no check.</td>
</tr>
<tr>
<td>Hospitals can impose mandatory continuing education and still only hire nurses up to their standards.</td>
<td>Inconsistency in applying continuing education requirements across states.</td>
</tr>
<tr>
<td>Nurses are accountable across states and infractions are added to NURSYS database. Both state of residence and practice can undertake disciplinary action.</td>
<td>Disciplinary action is undertaken by state of residency rather than state of practice which may cause discrepancies in enforcement. A decision not to pursue disciplinary action, even if malpractice occurred, is not recorded in the database.</td>
</tr>
<tr>
<td>Organizations that have nurses which cross state lines do not incur high cost of multiple licenses.</td>
<td>Nurses in the eNLC tend to only practice in one state, no evidence that eNLC states reduce frictions in the labor market.</td>
</tr>
<tr>
<td>Helps prevent nurse shortages in areas due to increased mobility, faster responses to disasters.</td>
<td></td>
</tr>
<tr>
<td>Encourages compliance with the law and improves public safety.</td>
<td>Individual states already conduct criminal background checks.</td>
</tr>
<tr>
<td>Improves patient access to healthcare.</td>
<td>Nurses work better on individual state licenses as they better understand state requirements and regulations.</td>
</tr>
<tr>
<td>Licensing resources can be redirected to discipline and enforcement within the states, rather than duplicated license processes.</td>
<td>Revenue is lost from removing out of state license fees and additional annual payments to eNLC. Administrative burdens increase. Fear that costs of liability coverage will increase.</td>
</tr>
<tr>
<td>Improves information sharing (NLC led to creation of NURSYS) and any infractions must be recorded in this database.</td>
<td>Individual license states already use NURSYS.</td>
</tr>
<tr>
<td>Removes unnecessary regulation.</td>
<td>eNLC Commission can impose binding regulations on member states which cedes their state autonomy. Disproportionate representation in the eNLC.</td>
</tr>
<tr>
<td>Allows continuity of care by e-health and telemedicine.</td>
<td>Patients are subject to standards of state they are located in, not where nurses are based.</td>
</tr>
<tr>
<td>Healthcare is becoming increasingly integrated across geographic boundaries.</td>
<td>More focus should be put on creating workable Telehealth regulations.</td>
</tr>
</tbody>
</table>
Section II: Literature Review

In this section Hanover conducts a literature review of notable publications on NLC/eNLC.

**COALITION FOR MULTI-STATE LICENSURE IN CALIFORNIA NURSES TASKFORCE**

The Coalition for Multi-State Licensure in California Nurses Taskforce responds to some of the key arguments against the eNLC:

- Different state educational requirements reduce safety. For example, Excelsior College NYC only requires one weekend of clinical experience.
  - Additional requirements are imposed on this college by other states, including NLC states.

- Different continuing education requirements in states reduces safety.
  - No agreement or evidence in literature that shows continuing education equates to competence.

- Enforcement of violations and disciplinary actions varies across states.
  - Compact states must use NURSYS database and this means that if a license is revoked in a home state it is revoked in all which is safer and more cost effective than having each state enact a ban.
  - Violations are usually investigated by the state where the violation took place, but home state and remote states can decide on a case by case basis which violation they will investigate.

- Licensure Compacts cause loss of revenue.
  - A January 2013 survey found that 17 out of 19 states replied “true” to the statement “In the years that have passed since implementation… I feel that being a member of the NLC has not had a significant enduring negative impact on the BON budget.” The other two responded “I don’t know” as they had just recently joined the initiative.
  - Page nine fact sheet suggests that historically NLC implementation has been budget neutral and no state has repealed the NLC for financial concerns.

**WASHINGTON STATE NURSES ASSOCIATION**

The Washington State Nurses Association published a paper listing several arguments against the eNLC:

- Compacts do not increase public protection.

- Compacts create complications in regulating nursing practice.

- Compacts significantly erode state sovereignty.

- Comparisons to other compacts like driving licenses are not applicable.

- Focus should be on improving regulations pertaining to telehealth.

**ATTORNEY GENERAL FOR THE STATE OF KANSAS**

The Attorney General for the State of Kansas ruled in 1999 that a licensure compact was unconstitutional:

- “Enactment of the compact would essentially delegate to the legislatures of other states authority to set the minimum licensure requirements for licensees of those states who practice in Kansas.”

- “If one state’s legislature decided that a correspondence course in aroma therapy, for example, is all that is necessary to be licensed as a nurse in that state, as long as a person retained that state as their primary residence, that person could practice in Kansas as a nurse.”

**VIRGINIA JOINT COMMISSION ON HEALTHCARE**

In 2002 the Virginia Joint Commission on Healthcare conducted a study on multi-state nurse licensure compacts. The commission found that:

- Both the nurse’s state of residence and state of practice can take disciplinary action.

- States can designate certain information about nurses as not be shared with other states.
• Nurses must comply with nursing standards in the state they practice in.
• States continue to be able to determine their own state standards through the local Nurse Practices Act.
• Licensure compacts improve the ability of nurses to engage in telehealth.
• The Attorney General of Maryland disagreed that licensure compacts are unconstitutional.
• Licensure compacts reduce the administrative need for multiple licenses.
• Most states join because they believe it will improve continuity of patient care, address issues of cross-state practice, and allow for timely licensure and disciplinary information.
• States that do not join refuse because they fear they will lose nurse licensure fees, have issue with dual disciplinary actions, and worry about the impact on state licensing standards.

NATIONAL COUNCIL OF STATE BOARDS OF NURSING (NSCBN)

The NCSBN published a series of facts regarding the eNLC:
• More than 2 million nurses live in eNLC states and can practice in other eNLC states.
• RN and LPN/VN applicants that meet ULRs are eligible for eNLC licenses.
• RN and LPN/VN applicants that do not meet ULRs may be eligible for a single-state license.
• Nurses with eNLC licenses can provide telenursing to all other eNLC states.
• Nurse educators with eNLC licenses can teach via distance education in all eNLC states.
• eNLC nurses can cross borders to practice in other states.
• The eNLC allows nurses to respond and deploy to other eNLC states during natural disasters and national emergencies.

A newsletter by the NCSBN argues that the eNLC promotes telehealth:
• “The NLC has the ability to remove the licensure barrier to telehealth practice for more than 4 million nurses.”
• They liken the eNLC to the practicality of driver’s licenses.

JOURNAL OF NURSING REGULATION

A 2015 article in the Journal of Nursing Regulation explains the advantages of nurse licensure compacts and identifies barriers to them:
• The Interstate Commission was established as part of the eNLC to provide rule-making authority.
• The NLC was guided by the notions that nurses should be able to practice interstate, there should be common standards for licensure and discipline, access to care should be increased, and public protection can be increased.
• ULRs were established to alleviate concerns of non-member states.
  • These specifically addressed education standards, consistent licensure examination standards, criminal background checks, and test in English language proficiency.

NURSING BOARD OF MINNESOTA

The Nursing Board of Minnesota notes the following regarding the eNLC:
• “NLC does not replace the state’s right to regulate nursing practice within its borders.”
• Licensure compacts lead to higher quality care for patients.
• Nurses experience greater job satisfaction and flexibility in licensing compacts.
• “The NLC does not impact the statutory authority at state or federal levels for collective bargaining. The NLC does not enable strikebreaking or interfere with state labor laws.”

A survey published by the Nursing Board of Minnesota revealed that:
• Eighty-point-three percent of respondents in Minnesota were in favor of joining the eNLC.
• Thirty-five percent of nurses in the state were fully aware of the eNLC, compared to 12 percent in 2014.
A 2016 study by the National Bureau of Economic Research, using data from 1.8 million nurses found:

“No evidence that the labor supply or mobility of nurses increases following the adoption of the NLC, even among the residents of counties bordering other NLC states who are potentially most affected by the NLC. This suggests that nationalizing occupational licensing will not substantially reduce labor market frictions.”
Caveat

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Qualivis is a national provider of healthcare workforce, specializing in supplemental staffing and improving workplace quality. Founded in 2002 by the South Carolina Hospital Association to simplify staffing for member hospitals, Qualivis is now the preferred staffing partner for 13 state hospital associations.
Notations


6 “APRN Compact.” NCSBN. https://www.ncsbn.org/aprn-compact.htm


8 “ENLC Implementation.” NCSBN. https://www.ncsbn.org/enhanced-nlc-implementation.htm

9 Ibid.

10 “2018 Transition to ENLC and Multi-State Licensure,” Op. cit. States marked * were part of NLC.

11 “ENLC Member States 1/25/18.” NCSBN. https://www.ncsbn.org/ListofMemberStatesandDates012518.pdf


16 Ibid.


20 “ENLC Implementation FAQs.” NCSBN. https://ncsbn.org/11297.htm


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