NURSE LICENSURE COMPACT

The nurse licensure compact (NLC), created by the National Council of State Boards of Nursing (NCSBN) in 2000, enables a nursing license from one state to authorize practice in all other states that are members of the NLC. Under the NLC, nurses maintain licensure in their state of primary residence. If their state of primary residence changes to another compact state, they are required to reactivate their nursing license and obtain a nursing license in their new home state. Currently, an Indiana nurse wishing to practice in another state would obtain a nursing license from that state by filing the required documentation and paying required fees. In 2015, NCSBN created the enhanced nurse licensure compact (eNLC) to replace the NLC. The eNLC increases the standards for licensure, including requiring criminal background checks, and establishes an Interstate Commission with authority over its administration, made up of one representative from each compact state.

Status

- Currently, 25 states have joined the NLC and 7 states have passed the eNLC (28 total). The eNLC will come into effect when 26 states pass eNLC legislation or Dec. 31, 2018, whichever occurs first.
  - eNLC states: AZ, FL, ID, NH, OK, SD, TN, VA, and WY
- Kentucky is the only state bordering Indiana that is part of the NLC ($65 license fee).
- Illinois had a bill in 2016 to join the eNLC that passed the Senate, but did not receive a hearing in the House.
- Ohio Board of Nursing opposes the eNLC because of concerns about the authority of the Interstate Commission.
- Michigan last had a bill to join the NLC introduced in 2006.

Who Would Utilize It?

- Travel nurses - temporary work assignments in other compact states, including school nurses on field trips
- Nurses on the border with compact states - able to practice in those states without maintaining a separate license
- Nurses engaged in telehealth – jurisdiction of practice based on location of the patient

Economic Impact

- Study published by the National Bureau of Economic Research found no evidence that the labor supply or mobility of nurses increases following adoption of the NLC.
- State revenue from license fees
  - Indiana has a $50 application and renewal fee, collected every 2 years
    - Number of nurses with an Indiana RN license who reside in a state that is part of the current compact or has passed eNLC: 9,351 = $467,550
    - Number of nurses with an Indiana LPN license who reside in a state that is part of the current compact or has passed eNLC: at least 1,055 = at least $52,750
  - Indiana nurses who move to a compact state would be required to deactivate their Indiana license instead of having the option to keep it active.
- Workforce data - no monitoring to determine number of out-of-state nurses working in Indiana
  - Our primary source of nursing workforce data is a survey administered through license renewal
- Interstate Commission requires state funds based on a formula to be determined by the Commission.

Oversight

- Discipline by the Board of Nursing in the nurse’s primary state of residence affects their ability to practice in all compact states
- Discipline by the Board of Nursing in a compact state other than the nurse’s primary state of residence may only affect the nurse’s privilege to practice within that state
- When discipline or significant investigation occurs, states report it to a national database within 10 days, and the home state shall give the same priority and effect to reported conduct received from a remote state as it would if that conduct had occurred within the home state. The home state then determines appropriate action.

1 Ohio Board of Nursing on NLC (April 2016) http://www.nursing.ohio.gov/PDFS/Licensure/Board_Statement_MSL_April_2016.pdf
3 Based on 2015 RN License Renewal Information
4 Based on a search of active Indiana LPN licensees in compact states on the PLA public database, which limits search results by state to 500 results. At least 500 active Indiana LPN licensees are Kentucky residents.