

Sunset Public Hearing Questions for  
**Interstate Nurse Licensure Compact**  
Created by Section 63-7-401, *Tennessee Code Annotated*  
(Sunset Termination June 2020)

***Enabling Statute, Purpose, and Rules and Regulations***

**1. Provide a brief introduction to the compact, including information about its mission, purpose, and duties.**

Introduction: The Nurse Licensure Compact (NLC) is an interstate compact for multistate licensure of RNs/LPNs. The NLC enables cross-border nursing practice and remedies the burden nurses experience obtaining licenses in multiple states. The NLC is a public protection model of licensure, enabling nurse mobility and license portability while improving access to care. A nurse holding a multistate license is authorized to practice in all compact states whether in-person or via telephonic practice (telehealth).

Mission: To facilitate cross border nursing practice through the implementation of a nationally recognized, multi-state license. The Interstate Commission of Nurse Licensure Compact Administrators (ICNLCA) enhances nurse mobility and public protection primarily through:

- Setting uniform licensure standards,
- Promoting cooperation and collaboration between party state boards of nursing,
- Facilitating the exchange of data and information between party states; and
- Educating stakeholders

Core Purpose: To enhance cross border practice and nurse mobility, thereby providing for greater accessibility to safe healthcare

**2. Who, in Tennessee, has primary responsibility for executing the provisions of the compact?**

Elizabeth J. Lund, MSN, RN, INLC Administrator, Director of Board of Nursing

**3. Have rules and regulations been promulgated relative to the compact? If so, please cite the reference.**

While the Board of Nursing (the Board) promulgated rules for the original compact, the current NLC places the rulemaking authority with the ICNLCA. The ICNLCA finalized rules for the NLC, effective January 2018:

[https://www.tn.gov/content/dam/tn/health/healthprofboards/medicalexaminers/Nursing%20eNLC%20Final%20Rules%20adopted%20121217\\_2%20.pdf](https://www.tn.gov/content/dam/tn/health/healthprofboards/medicalexaminers/Nursing%20eNLC%20Final%20Rules%20adopted%20121217_2%20.pdf)

## *Organization and Operation*

### **4. Please list all states that have entered into the compact.**

Thirty-three states are party to the compact: Alabama, Arizona, Arkansas, Colorado, Delaware, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana (RN), Louisiana (PN), Maine, Maryland, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia (RN), West Virginia (PN), Wisconsin, and Wyoming.

### **5. Have any party states withdrawn from the compact or filed notice of their intentions to withdraw? If so, which states and what were their reasons for withdrawing?**

No. However, the original compact dissolved July 18, 2018. Rhode Island is no longer a compact state as of July 18, 2018.

### **6. How do multistate licensure privileges differ from other licensure privileges granted by the Board of Nursing?**

Multistate licensure privilege allows for practice in any and all of the states party to the compact, while licensure by the Board only permits a licensee to practice in Tennessee.

### **Is residency the sole determining factor in considering whether a person can operate under a multistate license?**

No. A multistate license applicant must meet the eleven universal licensure requirements. Universal licensure requirements include:

- Meets the requirements for licensure in the home state (state of residency);
- 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);
- Has passed an English proficiency examination (applies to graduates of an international education program not taught in English or if English is not the individual's native language);
- Has passed an NCLEX-RN® or NCLEX-PN® Examination or predecessor exam;
- Is eligible for or holds an active, unencumbered license (i.e., without active discipline);
- Has submitted to state and federal fingerprint-based criminal background checks;
- Has not been convicted or found guilty, or has entered into an agreed disposition, of a felony offense under applicable state or federal criminal law;
- Has no misdemeanor convictions related to the practice of nursing (determined on a case-by-case basis);

- Is not currently a participant in an alternative program;
- Is required to self-disclose current participation in an alternative program; and
- Has a valid United States Social Security number.

**When must an individual be specifically licensed in Tennessee?**

An RN or LPN practicing nursing in Tennessee must hold a Tennessee license to practice or multistate privilege to practice in Tennessee. Individuals who are residents of Tennessee and practice nursing in Tennessee must hold a Tennessee multistate license or single state license to practice. Applicants qualifying for a multistate license (those that meet the universal licensure requirements) are issued a multistate license.

**7. Has Tennessee taken any actions pursuant to adverse actions taken by any other party state(s) as permitted in the compact? If yes, please describe the circumstances.**

Yes. Roughly 31 nurses who are working in the state under the compact have had their privilege to practice license revoked.

Nurses holding a Tennessee multistate license who have discipline against the privilege to practice in a remote state are subject to discipline in Tennessee if the underlying reason for the discipline is grounds for discipline in Tennessee. Compact states share with each other investigative information as well as disciplinary actions. The states cooperate to determine the appropriate state to conduct the investigation. The home state takes action against the license which voids the multistate privilege. The remote state may choose to take action against the privilege if the state deems it to be necessary (e.g. when the remote state can more timely take action).

***Financial Information***

**8. What is the financial cost to Tennessee for the state to participate in the compact? What types of expenses are involved?**

The annual fee for participation is \$6,000.

**9. Are the revenues and expenditures of the compact tracked separate and apart from those of the Board of Nursing?**

No.

## *Reports and Proposed Legislative Changes*

**10. What reports does the compact prepare concerning its activities, operations, and accomplishments? Who receives copies of these reports? Please provide a link to any such reports issued in Fiscal Years 2018 and 2019.**

Annual reports are publically available. The 2018 report will be available in late summer 2019. A link to a prior report is available in the interim:

<https://www.ncsbn.org/annualreport201213.pdf>

**11. Please describe any items related to the compact that require legislative attention and your proposed legislative changes.**

No legislation is needed at this time.

**12. Should Tennessee's participation in the compact be continued?**

Yes. Repeated U.S. surveys show that 80-90% of nurses want their state to be in the compact.

**To what extent and in what ways would the absence of the compact affect the public health, safety, or welfare of the citizens of Tennessee?**

Stakeholders have benefited from a modern licensure system that promotes access to care by reducing barriers to mobility, ensures recourse for the public in the state in which the violation of the practice act occurred, reduces redundancy and costs in discipline, promotes public protection through the sharing of both investigative and disciplinary actions, enhances cooperation and standardization of regulatory processes among states and results in reduced costs for licensees.