

# INTERVIEW WITH NATIONAL COUNCIL OF STATE BOARDS OF NURSING (NCSBN) ABOUT THE NURSE LICENSURE COMPACT (NLC)

## INTRODUCTION

*The Department of Education published federal regulations that require institutions to disclose whether their program's curriculum meets the educational requirements for professional licensure in a student's state. This new requirement has created a need for intense research into state professional licensure requirements. Part of this research requires an understanding of the national professional licensure compacts that impact mobility for new graduates and certified professionals.*

*The SAN Special Interest Team for Professional Licensure and Disclosures started a project to shed light on the licensure compacts and outline practical implications of the compacts on professional licensure research. Part of this project involved interviews with leaders of the licensure compacts and agreements. These interviews provided the framework and context for the agreements and how they impact the mobility of professionals from state to state. We hope that these interviews will be helpful to institutional professionals who are beginning licensure research for their programs and communicating licensure information to students.*

*Our second interview was with Jim Puente, Director of the Nurse Licensure Compact at the National Council of State Boards of Nursing (NCSBN). The NCSBN facilitates work and communication between state boards of nursing and other nursing regulatory bodies. NCSBN oversees the Nursing Licensure Compact (NLC), which allows licensed nurses to practice nursing in other member states without the need to obtain additional licensure. For more information regarding this compact and its impact on professional licensure research, read the white paper, [Professional Licensure Compacts: Myth v. Fact](#). Jim Puente started as Director of the Nursing Licensure Compact in 2009 and has worked to ensure good communication with state boards, nursing organizations, nurses, and other institutions regarding the NLC.*

## INTERVIEW

**Emily Woods:** Thank you for taking the time to do this interview with us. I think this will be an excellent resource for our readers. To provide some context, what was the original intent of the Nurse Licensure Compact (NLC)?

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**Jim Puente:** The NLC was developed to achieve several public policy goals.

First and foremost, the NLC is a public protection model. The public protection elements of the NLC are embedded in the NLC statute and rules and, therefore, are law in member states. The ultimate goal is to protect the public in the safest way possible. Technological development has made the single state licensure system out-of-date. Nurses are now able to practice with patients in multiple states or nationwide via telehealth. Since a nurse must hold the authority to practice in each state where they are practicing, the current single state licensure system is rendered ineffectual and archaic. Many nurses cite the significant burden for a nurse to have to hold multiple single state licenses to practice in her/his role. This process includes the application paperwork, license fees, background check fees, verification fees, and renewal requirements – all of which must be repeated for each state license. The license application process is arduous, and often delays may keep a nurse from employment and working.

In the current single state licensure model, a nurse practicing telehealth may be “flying under the radar” and practicing in a variety of states, without holding the legal authority in each state of practice. The public safety risk is of great concern if the nurse does not meet the requirements set by the state to practice safely. If all states were in the NLC, a nurse would be authorized to practice in any jurisdiction with one multistate license while having met the uniform requirements that each state agreed upon when joining the NLC.

**Woods:** What are the most common misunderstandings of the Nursing Licensure Compact?

**Puente:** The compact follows the mutual recognition model, which is the same model used by the driver’s license. And the driver’s license is a compact as well. It’s a best-kept secret because most people don’t understand how the driver’s license works like a compact. So, one of the misunderstandings is that the multistate license is a national license. A nurse thinks that once he or she has one, all they must do is keep renewing it and they never have to do anything else in life because this is their national nursing license. But they missed the part about it being a state-based license like your driver’s license. When we say state-based, we mean that the license is used by your state of residency and in issuing it, that state agency determines that you’ve met the requirements, whether it’s to be a safe driver or to be a reliable and competent nurse. So the multistate license is still a state license. The license is just valid in all the states that joined the compact.

A second misunderstanding is related to the primary state of residence. People often misunderstand when we say the word “residence.” Many people think residence pertains to a home or property, but we are referring to the legal status. Where, legally, do you reside? In which state? In which state do your legal documents indicate that you reside? I could live in a state and not own any property or not own a home. If we were nursing students just graduating, we probably wouldn’t own very much of anything. So, to equate residency with your property is a misunderstanding.

**Woods:** State Authorization Compliance staff also struggle with the definition of residency for students, especially for advising our out-of-state students. How does the compact’s understanding of residency impact students?

**Puente:** Let’s go back to the scenario of moving between two compact states. Let’s say a student from Texas went to a nursing program in Kentucky, and after they graduate from the Kentucky nursing program, they’re going to go back to Texas because that’s where their family is, and that’s where they plan to work. All students

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must pass an exam called the NCLEX. The exam is a national exam, just like the SAT or ACT students took in high school. The exam is not limited to one state, and you can take the exam anywhere there is a testing site.

Often when it comes to the nursing exam, a student in a Kentucky program who plans to live and work in Texas might end up applying to the Kentucky Board of Nursing for a nursing license. The student thinks they need to take the NCLEX exam right after graduation before they forget everything, while they're still in Kentucky. But Kentucky is not their primary state of residence. So, while they get to take the exam, they'll also get a Kentucky license that they'll never use. As soon as the student gets to Texas, they're faced with the fact that now they need to get a Texas license. The student has to spend all that money and go through the paperwork all over again. The more significant problem is that the student can't get the Texas license until the Kentucky one has been issued. If Kentucky (just for purposes of an example) was a state that took three or four months to process the license application, the student is stuck without an income because they are being delayed. Now not every state takes that long to process an application, but I think the common problem is paying twice and going through the paperwork twice.

Instead of applying to the Kentucky Board of Nursing, this student could go directly to the Texas Board of Nursing website, complete the application, and Texas will authorize them to take an exam. And they can take the exam in Kentucky, and results get sent electronically to Texas. We educate people on that, but somehow there are still some programs that tell students to take the exams in the state where the program is located. And that's a big misunderstanding as well.

**Woods:** Why did the NLC become its current format, rather than giving nurses say a national license?

**Puente:** Well, if we're talking about a national license, we would be talking about a license operated by the federal government, like airline pilot licenses. Now every state licenses anywhere from I would say between 70 to 150 professions. So why would nursing be any different than the other hundred and some professions that are licensed by a state? So, in other words, let's say, the federal government was willing to take on the licensing of nurses. What about the other hundred or so professions? Well, they would have to take those on as well. So the bottom line with that is that the federal government has no interest in taking over the licensure of occupations that have historically been state-regulated. But on the flip side, the states would have an interest and would rebel against giving up their right to regulate these professions, because states developed the laws and put laws in place to protect the public within their states. So states would be very hesitant to give that right up to the federal government. So it's just not a realistic option.

**Woods:** Have there been individual states that have been more hesitant to join the NLC?

**Puente:** If we look at any given state, 80% of nurses and 80% of employers want their state to be in the compact. So, if we're talking about nurses and employers in the state, then, yes, it's overwhelmingly wanted in all 50 states and territories. However, when we speak about the impediment to passing legislation, that can exist in about eight states. The impact of an impediment is that the compact tends to be opposed by some nurse unions. That doesn't mean there aren't compact states that have nurse unions. However, if a nurse union is of a size where a sizable amount of the nursing community is a member of the union, they have some influence on the legislators because they help them to get elected, and they advocate and campaign for legislators. Well then, those legislators may be sympathetic to what the nurse union wants or doesn't want. So,

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in those states, it's possible that if the legislature were to vote on it, they would not approve the contract, and that would be because they support the wishes of the nurse union.

**Woods:** What kind of obstacles are there with the APRN compact, and what is the status of that compact?

**Puente:** In regulations, times have changed, and sometimes the environment changes. And so, while we already have an APRN compact, we found that it needed to be revised due to different changes in the environment. One of them is that several states had to implement a certain number of required hours of practice before an advanced practice nurse can get a license. That requirement didn't come from the board of nursing. It came about because medical doctors tend to oppose independent practice for an APRN. In other words, they don't want them to work independently. Medical doctors are used to APRNs working under their supervision. However, the trend in this country is to allow APRNs to work to their fullest abilities, which is not only working independently of a doctor but being able to prescribe. The doctors feel very strongly about those two things. And so, when you have an APRN compact or any type of APRN legislation in a state that gives APRNs this independence or prescriptive authority, doctors are going to tend to come out and oppose it. In some states, the kind of happy medium is to come to a compromise where some legislators have said, "well how about if we say the APRN can't get licensed until he or she has so many thousands of hours of practice experience." And that experience ranges anywhere across the country from 1000 hours to 10,000 hours. And that's an awful lot of hours when you've graduated, and you're ready to practice.

So that became a problem for the APRN compact because the APRN compact would allow a nurse with authority to live in one state and work in another. So, if we use the example of Kentucky and Texas again, say I'm a nurse in Kentucky, and I can prescribe and work independently of a physician. Now I have a multistate APRN license and can practice in Texas where Texas nurses don't have independence or prescribe authority. That's a problem because you have one nurse being able to do what other nurses in the state aren't able to do. So, the compact is being revised with hopes that if we put in a number of required hours in the APRN compact, that seems to be where the happy medium is. When we look across the country, most states require between 1000 and 10,000 hours of experience. The most common number of hours is 2,080, which adds up to one year of experience. And if we put that in the compact, it might be good enough to satisfy legislators across the country, as well as the doctors who have opposed it.

**Woods:** So how do you even go about interacting with a US state to join the compact?

**Puente:** Well, there are existing coalitions of APRN nursing organizations in states. And there is a current model called the Consensus Model, which includes all of the elements than an APRN aspires to, including the independent practice and prescriptive authority. Some of the other elements included are their titles because an APRN sometimes has different titles in different states. So, each state is working towards meeting all of the elements of the consensus model so that what an APRN does in one state will mirror what they are and do in other states. And on the NSCBN website, you can look at a map of this that shows you the list of elements across states. The map shows you how close each state is to meeting all of the elements which make them just like other states who have APRNs at the highest levels of practice authority.

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**Woods:** I highly recommend to institutions to check out the NCSBN website. There is a fantastic amount of resources on that site. How would you encourage other compliance professionals like me, who are researching nursing licensure requirements?

**Puente:** Just go to the website. You'll find so much information. I think most information anyone is going to find is going to be on our website. We ask each state that is in the compact to put a link to our website, and we post every bit of it. We're building the website to be even bigger and greater. I do webinars for many groups. I think if people need to learn about the compact, it's often more difficult for them to spend time reading a document of text than it is for them to either talk to someone or watch a video. I think people should always do as much of their homework as they can. And then ask specific questions. Our live webinars enable people to dialogue directly with our staff so that we can answer specific questions. Sometimes people want to clarify what they're thinking is correct, and that's good because that helps them to be sure that they understand it and they can do that through the live webinars that we have every month. But I'm always a resource to any nurse or institution that would like to talk and work through their understanding of the compact so that they have a good grasp of it. Sometimes just reading things doesn't pull it all together.

**Woods:** What are the most significant benefits you've seen coming from the compact?

**Puente:** Well, I have to tell you, because I spend time at nursing conferences throughout the year, I'm always on the go, so I get to be with nurses and employers. The theme is that there are many, many nurses that not only understand the compact but greatly support and appreciate it. And nurses can't wait for the day when all 50 states are in the compact, and they very much embrace what we're trying to do because it helps them tremendously. So, I think the end of it that I don't get to see as much as the patients because I'm not a clinician. I don't interact with patients and get to see how they benefit. Still, I know that if nurses can engage with patients and can go to states where there's a need or ability to connect with patients in remote areas via telehealth, that the patients are being served as well. So, I think that's a positive benefit.

If I was to look at the benefits outside of the compact, it is that this compact has led to a movement that includes not only a half dozen other healthcare licensure compacts that exist now but also the 10 or 15 more on the drawing board that are going to start in the next few years. So, this is an excellent question.

*Thank you, Emily Woods and Jim Puente, Director of the Nurse Licensure Compact at the National Council of State Boards of Nursing (NCSBN) for this valuable information.*



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