



Mutual Recognition Model for Multi-State Licensure

Background

The practice of Transport Nursing often crosses state borders. In the past many questions have arisen in regards to the legality and control of the practice of nursing when a transport nurse crosses into another state to render care and transport to a client. Organizations and transport programs have taken a number of positions on this issue. Some have chosen to take the position that for the brief time that the transport nurse is on the soil of the other state that that portion of the neighboring state simply becomes an annex to the nurse's home state. As long as he or she adheres to the practice laws of the home state, there is no problem. Others have taken the position that transport nurses are required to have licensure in any adjoining or nearby state that they routinely transport clients to or from. There are inherent problems with both of these positions. In the first example, to our knowledge, there has never been a test of this position in a court of law. Therefore this position could be legally tenuous if challenged in an instance of malpractice or malfeasance. The second example also has problems. The most obvious is economic. In some instances, transport nurses have been required to obtain as many as five or six different state licenses. This is often expensive to either the transport nurse or the employer. In addition, there are different renewal requirements for items such as continuing education.

In 1996, the National Council of State Boards of Nursing (NCSBN) began to explore the development of some form of Multi-state Licensure. A number of models were discussed. Consensus was achieved to support the compact model that has been used by states in the past to share goods and services. The mutual recognition model of nurse licensure allows a nurse to have one license (in his or her state of residency) and to practice in other states (both physical and electronic), subject to each state's practice law and regulation.¹ The nurse is allowed to practice in any other state that ratifies the compact without obtaining a license in that state as long as he or she observes the practice laws in that state. The compact also calls for the development of a Coordinated Licensure Information System (CLIS).¹ The CLIS will serve as a nationwide database of information regarding disciplinary or other adverse actions that are taken against the license of a nurse in a specific state. The NCSBN believes that this will enhance cooperation of the states in regards to protecting the health and welfare of the public and the profession. The NLC began January 1, 2000, when it was passed into law by the first participating states: Maryland, Texas, Utah and Wisconsin.¹

Association Position

The Air & Surface Transport Nurses Association (ASTNA) supports the Nurse Licensure Compact. We believe that this agreement will eliminate costly duplication caused by requiring the licensure of the transport nurse in neighboring states. Furthermore it will eliminate the legally ambiguous interpretation of current practice laws in regards to which state has jurisdiction over the transport nurse's practice when he or she crosses state lines. We also support the development of the Coordinated Licensure Information System as long as the guidelines of confidentiality and due process as set forth in Articles V, VI & VII of the Nurse Licensure Compact¹ are adhered to.

Bibliography

¹Nursing Licensure Compact, Final Version, 2008, National Council of State Boards of Nursing, Chicago, (<https://www.ncsbn.org/358.htm>)

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