

LEADER LEADER

What Educators Need to Know About the Enhanced Nurse Licensure Compact

A Brief History of the Nurse Licensure Compact (NLC)

Removing barriers to cross-border practice, the Nurse Licensure Compact (NLC) is an interstate agreement allowing a nurse to have one license and the privilege to practice in other compact states. Implemented in 2000, the NLC fosters public protection and access to care through the mutual recognition of one state-based license that is enforced locally and recognized nationally. Along with a majority of state nurses associations, hospital associations and health care facilities in every state overwhelmingly support the NLC. The NLC includes important patient safety features such as facilitation of the sharing of licensure, investigative and disciplinary action information among member states.

Since the NLC's initial launch, advances in technology and an increasingly mobile nursing workforce and patient population have created the need to break down barriers to interstate practice. Access to care has expanded. Telehealth has transformed care delivery and erased geographic boundaries. In recent years, hundreds of bills with the goal of enabling telehealth in more than 44 states were introduced. The NLC has the ability to remove the licensure barrier to telehealth practice for more than 4 million nurses. While this change has transpired, other health professions have developed interstate licensure agreements and Congress began discussing the possibility of national licensure.

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NCSBN

National Council of State Boards of Nursing

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Compact Status

The 2017 legislative session has gotten off to an exciting start. **Utah and Arkansas** became the first states in 2017 to enact the eNLC. Of the 21 states planning to introduce legislation, 18 have introduced eNLC legislation. In addition to Arkansas and Utah, those states include: **Colorado, Georgia, Illinois, Iowa, Kentucky, Maine, Maryland, Massachusetts, Mississippi, Montana, Nebraska, Nevada, New Jersey, North Dakota, South Carolina and West Virginia.** (see map on page 3). The effective date for the eNLC is the sooner of 26 states enacting the eNLC, or on Dec. 31, 2018. On the effective date, the Interstate Commission is formed and will begin to adopt rules to facilitate the implementation of the eNLC. The actual implementation of the compact by the states occurs six months after the effective date. This is the date on which nurses with eNLC multistate licenses may begin practicing in eNLC states. Once effective, the eNLC will recognize the current NLC for six months. After that, the eNLC will only be effective in eNLC states.

The eNLC is also cost-effective, since an organization may share the expenditure of multiple licenses nurses can incur by crossing state lines.

In 2013, NCSBN's members began to discuss what the optimal licensure model would look like and eventually agreed that revising the current NLC (implemented in 25 states between 2000 and 2016) and the current APRN Compact (which was developed in 2001 but never implemented) would be in the best interests of all. In March of 2015 revisions to the two compacts were completed and in May 2015 a special assembly of delegates representing all BONs (two from each state) approved the new compacts. An ambitious initiative was kicked off to commit staff and financial resources to advocate for state adoption of the newly enhanced NLC (eNLC) and the APRN Compact.

Moving Forward—the Enhanced Nurse Licensure Compact (eNLC)

Like the NLC, the eNLC increases access to health care, protects patient safety, reduces costs and supports state-of-the-art health care delivery. It also enhances nurses' mobility across states and allows nurses to quickly cross state borders when there is a disaster. The eNLC is also cost-effective, since an organization may share the expenditure of multiple licenses nurses can incur by crossing state lines. It also removes multiple and duplicate regulatory requirements, cutting down costs for nurses.

New provisions to the eNLC (as compared to the original NLC) include uniform license requirements (all states have the same licensure requirements) and state authority to obtain and submit criminal background checks.

In order to receive a multistate license in the eNLC, a nurse must meet the home state's qualifications, graduate from a board of nursing-approved nursing education program, pass the NCLEX-RN® or NCLEX-PN® Exam, have no active discipline on their license, submit to a criminal background check, have no prior state or federal felony convictions and have a valid Social Security number. The eNLC also contains a grandfathering provision: a nurse already holding a home multistate license on their compact's effective date can retain and renew that license. A nurse who

changes their primary state of residence after the NLC's effective date must meet the new eNLC requirements to obtain a multistate license from their new home state.

To join, individual states must first enact eNLC model legislation. NCSBN staff are working with state legislatures to help accomplish this by testifying at committee hearings, participating in telephone and in-person meetings with legislators in target states, and drafting language to help bills move forward. ♦



What is the Difference Between When the eNLC Becomes “Effective” and When It Is “Implemented?”

The effective date for the eNLC is the sooner of 26 states enacting the eNLC, or on Dec. 31, 2018. On the effective date, the Interstate Commission is formed and will begin to adopt rules to facilitate the implementation of the eNLC. The actual implementation of the compact by the states occurs six months after the effective date. This is the date on which nurses with eNLC multistate licenses may begin practicing in eNLC states. Once effective, the eNLC will recognize the current NLC for six months. After that, the eNLC will only be effective in eNLC states.

Do Faculty Need More Than One Nursing License?

You may if you are faculty teaching didactic courses, or supervising clinical experiences, and your students are located outside the state in which your nursing program is located. Just as nurses who work in clinical settings and care for patients in another state via telehealth, faculty who teach online students located in another state usually require additional nursing licenses unless a state offers an exemption for faculty or it is currently part of the Nurse Licensure Compact (NLC).

Many faculty and their deans are unaware of this important requirement. In most states, faculty must abide by the same principle as nurses in clinical practice. Practice is where the patients (or students) are located. Therefore, if the students are located in states different from the home state of the nursing program, faculty require additional licenses. Faculty teaching in online programs should refer to [NCSBN's website](#) for details regarding this.

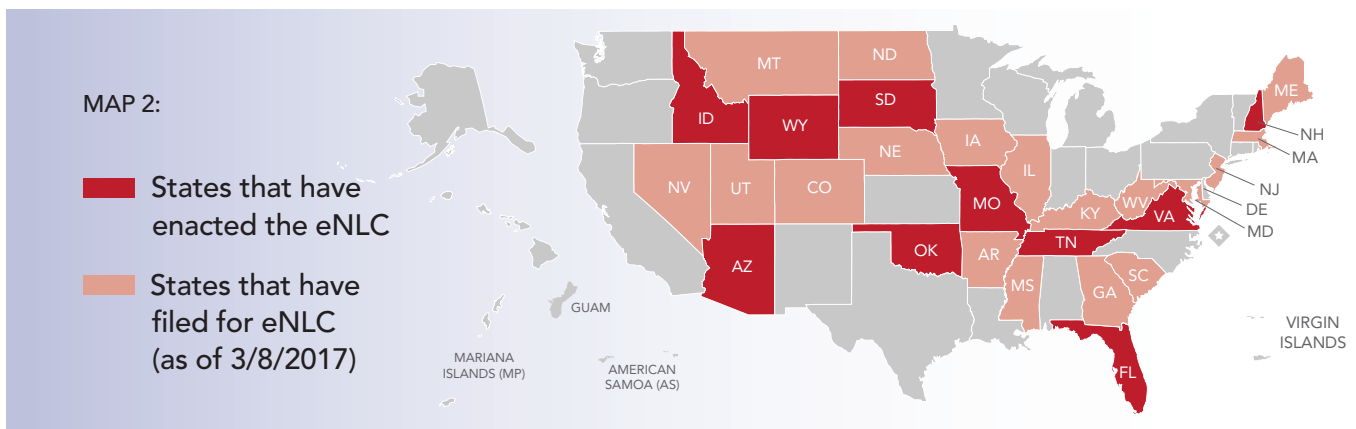
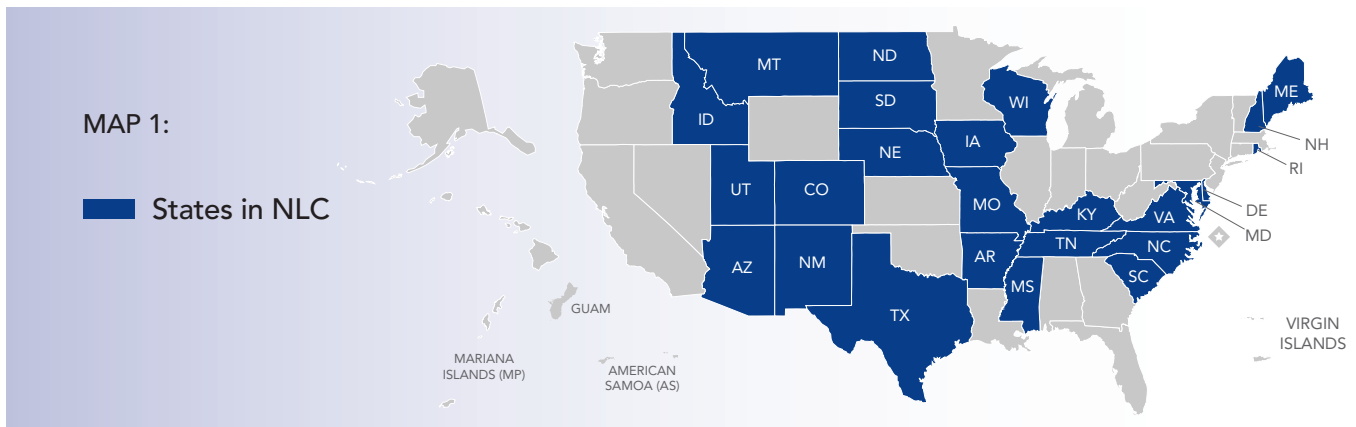
One exception to this rule is the NLC. If you are licensed in a state that is a member of the NLC and the students are located in other NLC states, you do not need an additional license to teach in those states; you most likely have a multistate license and have already been granted the privilege to practice. See the map of current NLC states below.

Presently, 25 states are members of the NLC, however, the newly enhanced NLC (eNLC) is now being adopted by states and will replace the NLC in these states. This newly enhanced compact offers more uniformity in terms of licensure requirements and it is expected to have greater participation that will extend beyond the original 25 states. For more information on the eNLC see nursecompact.com.

Once the implementation of the eNLC compact occurs (six months after the effective date), it will be important for educators in eNLC states to know which states are part of the eNLC and which states are not, including those states that remain active in the NLC and do not enact the eNLC. They will need licenses to practice (or teach by distance learning) if they do not reside in a state that is a member of the eNLC. This information will also be important for students.

States are also beginning to adopt the APRN Compact, so faculty and advanced practice registered nurse (APRN) students should stay up to date on the APRN Compact as well.

If your state has introduced a bill to enact the eNLC you can help pass the legislation by contacting your legislator. Access these websites for information on how to do that, and keep up on which states have adopted the eNLC and APRN Compact. ♦



What Will the Enhanced NLC (eNLC) Mean for Nurses?

What does the eNLC mean for nurses in the current NLC?

- ◆ If your state enacts the eNLC, you will be grandfathered and no further action is needed, unless you move to another state. Then you will be required to meet all the uniform licensure requirements to receive a multistate license from that state.
- ◆ The states that are part of the eNLC are not exactly the same as the original NLC. If you have an eNLC multistate license, you can only practice in those designated eNLC states ([see map on page 3](#)). You will need a single state license issued by every other state in which you plan to practice to continue to deliver care in each of those states..

What does the eNLC mean for employers?

- ◆ Your nurses will now be able to practice (in person or by telehealth) in other eNLC states with just one license obtained in their state of residence.
- ◆ Faculty and military spouses will just need one license to teach or practice across states in the eNLC.
- ◆ The eNLC is only for registered nurses (RNs) or licensed practical/vocational nurses (LPNs/VNs), not for advanced practice registered nurses (APRNs). APRNs have another compact that states are considering.



What are the Uniform Licensure Requirements for an eNLC multistate license?

An applicant for licensure in a state that is part of the eNLC will need to meet the following uniform licensure requirements:

1. Has met the requirements for licensure in the home state (state of residency);
2. **a.** Has graduated from a board of nursing-approved education program; or
b. Has graduated from a foreign education program (approved by the authorized accrediting body in the applicable country and verified by an independent credentials review agency);
3. Has passed an English proficiency examination (applies to graduates of a foreign education program not taught in English or if English is not the individual's native language);
4. Has passed the NCLEX-RN or PN Examination or predecessor exam;
5. Is eligible for or holds an active, unencumbered license (i.e., without active discipline);
6. Has submitted to state and federal fingerprint-based criminal background checks;
7. Has no state or federal felony convictions;
8. Has no misdemeanor convictions related to the practice of nursing (determined on a case-by-case basis);
9. Is not currently a participant in an alternative program;
10. Is required to self-disclose current participation in an alternative program; and
11. Has a valid United States Social Security number. ◆

TWO COMPACTS COMPARED

A Driver's License Compact vs. a Nurse License Compact



- Issued in your primary state of residence.
- When driving in other states, you must know and obey that state's laws (rules of the road).
- While driving in other states, if you violate the state's law, the state can remove your driving privileges in that state.
- When you change your primary state of residence (move) to another compact state, you need to apply for that state's driver's license. You can drive on your former license for a certain number of days (depending on the state). The former license then becomes invalid.
- While driving in other states, if you violate the state's laws and the state takes action (discipline), it is reported to the state that issued your license (where you reside). Most home states can take the same action as if you committed the violation in your home state.



- Issued in your primary state of residence.
- When practicing in other states, you must know and obey that state's laws (Nurse Practice Act).
- While practicing in other states, if you violate the state's laws, the state can remove your practice privileges in that state.
- When you change your primary state of residence (move) to another compact state, you need to apply for that state's nursing license. The former license then becomes invalid.
- While practicing in other states, if you violate the state's laws, and the state takes action (discipline), it is reported to the state that issued your license (where you reside). Most home states can take the same action as if you committed the violation in your home state.

RESOURCES:

nursecompact.com

[NLC and APRN Compact Advocacy](#)

[HIVE toolkit](#) (NCSBN member login and password required)

Some of the Organizations Supporting the NLC include:

Air & Surface Transport Nurses Association
American Academy of Ambulatory Care Nursing
American Association of Colleges of Nursing
American Association of Neuroscience Nurses
American Association of Occupational Health Nurses (AAOHN)
American Association of Poison Control Centers
American Nephrology Nurses Association
American Organization of Nurse Executives (AONE)
American Telemedicine Association (ATA)
Association of Camp Nurses
Association for Vascular Access
Case Management Society of America (CMSA)
Center for Telehealth and E-Health Law
CGFNS International, Inc.
Citizen Advocacy Center (CAC)
Commission for Case Manager Certification
Emergency Nurses Association (ENA)
Health IT Now
National Governors Association
Center for Best Practices
National League for Nursing
National Military Family Association
National Organization for Associate Degree Nursing (OADN)
National Patient Safety Foundation
Oncology Nursing Society
Optum
Population Health Alliance
Telehealth Leadership Council
U.S. Department of Commerce