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Bill Summary =

FILE NUMBER: H.F. 462 DATE: April 19, 2011

Version: First engrossment

Authors: Norton

Subject: Nurse Licensure Compact

Analyst: Lynn F. Aves

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Overview

This bill, if enacted, would establish Minnesota as a member of the Nurse Licensure Compact. This would permit multistate practice for registered nurses and practical/vocational nurses who are licensed and practice in compact states.

1 Nurse licensure compact. Creates § 148.2855.

Article 1. Definitions. Defines the terms "adverse action," "alternative program," "coordinated licensure information system," "current significant investigative information," "home state," "home state action," "licensing board," "multistate licensure privilege," "nurse," "party state," "remote state," "remote state action," "state," and "state practice laws."

Article 2. General provisions and jurisdiction. Paragraph (a) provides that a license to practice registered nursing or practical/vocational nursing issued by a home state must be recognized by states that are parties to the nurse licensure compact. Requires the licensee to meet the home state's requirements for licensure and license renewal and comply with applicable state laws.

Paragraph (b) permits party states to limit or revoke the multistate license of any nurse to practice in the party state in order to protect the health and safety of state's citizens. Requires the party state to notify the administrator of the coordinated licensure system if such action is taken.

Paragraph (c) requires every nurse to comply with the state practice act of the state in which the patient is located at the time care is rendered. Provides that every nurse is subject to the jurisdiction of the licensing board, courts, and laws in the party state.

Paragraph (d) provides that the compact does not affect state requirements for advanced practice registered nursing.

Paragraph (e) provides that individuals who do not live in a party state can continue to apply for licensure as provided under the laws of a party state. States that a license granted to these

individuals does not automatically permit practice in any other party state unless that state specifically agrees to allow the individual to practice.

Article 3. Applications for licensure in a party state. Sets out the conditions for licensure:

- Requires the party state licensing board to determine whether the applicant has ever held or
 holds a license issued by another state and whether there are multistate restrictions or other
 adverse actions by a state against the license;
- Provides that a nurse is limited to holding one license at a time and that the license must be issued by the home state;
- Permits a nurse who plans to move to a new home state to apply for licensure in the new state prior to the move; and
- Provides that if a nurse changes primary state of residence by moving between two party states and obtains a license from the new home state then the license issued by the former state of residence is not valid; if the nurse moves from a nonparty state to a party state and obtains a new license, the license issued by the nonparty state is not affected; and if the nurse moves from a party state to a nonparty state, the license issued by the party state converts to an individual state license which is valid only in the former home state and without multistate privileges.

Article 4. Adverse actions.

- Requires party states to communicate with one another about any investigations or licensing sanctions taken against a nurse with multistate privileges.
- Grants authority to the licensing board of a party state that begins an investigation to complete the investigation if the nurse moves to another state during the investigation.
- Provides that a party state can impose sanctions effective only within that state; the home state retains authority to impose sanctions against a license issued in the home state.
- Allows a home state to take licensing action based on conduct in another state.
- Provides that a party state's decision that a nurse must participate in an alternative program
 must be honored by other compact states. Limitations on practice in other party states may
 be imposed while the nurse participates in the alternative program.
- Article 5. Additional authorities invested in party state nurse licensing boards. Gives party state licensing boards the authority to recover costs of investigation and disposition of complaints from the affected nurse, issue subpoenas, issue cease and desist orders or revoke a nurse's authority to practice in the party state, and adopt uniform rules as provided in article 7.
- **Article 6. Coordinated licensure information system.** Sets out the requirements for party states to create a coordinated database of all licensed registered and licensed practical/vocational nurses, including information on the licensure and disciplinary history of each licensee. Requires party states to share disciplinary and licensure information with one another. Limits information sharing with nonparty states or other entities.
- **Article 7. Compact administration and interchange of information.** Provides that the head or designee of the nurse licensing board in each party state will be the compact administrator for that state. Requires the compact administrators to share information related to licensure data, investigative data, and disclosable alternative program participation data. Allows the administrators to develop uniform rules.
- **Article 8. Immunity.** States that a party state or the state's licensing board is immune from liability for actions taken in good faith according to the provisions of the compact while engaged in the performance of their duties. Provides that this immunity does not apply if there is willful misconduct, gross negligence, or recklessness.

- **Article 9. Enactment, withdrawal, and amendment.** Provides that the compact becomes effective in a state when the compact has been enacted by the state. Permits a state to withdraw from the compact by repealing the compact, but requires six months notice of withdrawal to the executive heads of all other party states. Allows party states to amend the compact upon enactment of the amendment in all party states.
- **Article 10. Construction and severability.** States that the compact is to be liberally construed. Provides that provisions of the compact are severable. Allows for arbitration in settling disputes among party states.
- Application of nurse licensure compact to existing laws. Creates § 148.2856. Paragraph (a) provides that licensees who are granted a license under the compact are subject to Minnesota's Nurse Practice Act. Requires the Minnesota Board of Nursing to comply with the compact.
 - Paragraph (b) requires employers of nurses to comply with statutorily imposed obligations.
 - Paragraph (c) provides that the compact does not supersede state labor laws.
 - Paragraph (d) states that for purposes of the Minnesota Data Practices Act nurses licensed under the compact are to be considered licensees of the board.
 - Paragraph (e) identifies the provisions of chapter 14, Administrative Procedures, which will apply to uniform rules established by compact administrators.
 - Paragraph (f) identifies the provisions of chapter 14 that must be followed if actions are taken against an individual's multistate privilege.
 - Paragraph (g) provides that multistate licensees are to be considered licensees in Minnesota for purposes of the statutes identified in this paragraph.
 - Paragraph (h) requires multistate licensees to comply with various statutes requiring health professionals to report maltreatment of vulnerable populations and incidents where a health professional poses a risk of harm to the public.
 - Paragraph (i) requires multistate licensees to comply with the Minnesota Nurse Practice Act.
 - Paragraph (j) allows the board to impose discipline and sanctions on multistate licensees.
 - Paragraph (k) provides multistate licensees the immunity protections provided Minnesota licensees for reporting violations of the Nurse Practice Act.
 - Paragraph (l) requires multistate licensees to cooperate with board investigations of allegations of misconduct.
 - Paragraph (m) exempts multistate licensees from the unauthorized practice statute.
 - Paragraph (n) subjects multistate licensees to the procedures for investigation of complaints.
 - Paragraph (o) provides that data sharing requirements of the compact are authorized by Minnesota statute.
 - Paragraph (p) imposes provisions of the Minnesota Data Practices Act on disclosure of investigative data related to multistate licensees.
 - Paragraph (q) requires multistate licensees who have direct patient contact to comply with the

provisions of the HIV, Hbv, and Hcv prevention program.

Paragraph (r) requires multistate licensees to comply with any criminal background check required by Minnesota.

- Withdrawal from compact. Creates § 148.2857. Allows the governor to withdraw the state from the compact upon notification by the Board of Nursing that a party state has changed that state's requirements for nurse licensure so that the party state's requirements are substantially lower than Minnesota's requirements.
- **Miscellaneous provisions.** Creates § 148.2858. For purposes of the compact defines "head of the Nurse Licensing Board" as the executive director of the board. Authorizes the Board of Nursing to recover the costs of investigating allegations against multistate licensees, and to implement a system to identify multistate practitioners in Minnesota.
- 5 Nurse Licensure Compact Advisory Committee. Creates § 148.2859.
 - **Subd. 1. Establishment; membership.** Establishes the advisory committee and identifies the groups that are to be represented on the committee.
 - **Subd. 2. Duties.** Requires the committee to advise the compact administrator in the implementation of the compact.
 - **Subd. 3. Organization.** Provides the committee shall be organized and administered under section 15.059 (Advisory Councils and Committees).
- **Appropriation.** Appropriates funds from the state government special revenue fund to the board to implement the provisions of this act.
- **Effective date.** States that sections 1 to 5 are effective when the coordinated licensure information system defined in section 1, article 6, is implemented, but no sooner than July 1, 2012.