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### Overview

This bill, if enacted, would establish Minnesota as a member of the Nurse Licensure Compact. This would permit registered nurses and practical/vocational nurses who practice in more than one state to do so in compact states with one multistate license.

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**1 Nurse licensure compact.** Creates § 148.2855.

**Article 1. Findings and declaration of purpose.** This article lists the findings of the party states and general purpose of the compact.

**Article 2. Definitions.** Defines the following terms as they are used in the compact: “adverse action,” “alternative program,” “coordinated licensure information system,” “current significant investigative information,” “encumbrance,” “home state,” “licensing board,” “multistate license,” “multistate licensure privilege,” “nurse,” “party state,” “remote state,” “single-state license,” “state,” and “state practice laws.”

**Article 3. General provisions and jurisdiction.** Paragraph (a) provides that a multistate license to practice nursing issued by a home state to a resident in that state must be recognized by party states.

Paragraph (b) requires party states to implement fingerprint or biometric criminal history checks of applicants for a multistate license or licensure by endorsement.

Paragraph (c) lists the requirements an applicant must meet in order to obtain or retain a multistate license in the home state.

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Paragraph (d) authorizes party states to take adverse action against a nurse's multistate license privilege. Requires the state taking the action to notify the administrator of the coordinated licensure information system so that the administrator can notify the home state of the adverse action.

Paragraph (e) 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 (f) provides that the compact does not affect a party state's ability to issue single-state licenses. A single-state license issued by a party state to practice in that state does not grant a multistate practice privilege.

Paragraph (g) establishes retention and renewal requirements for nurses who hold a multistate license prior to the effective date of the compact.

**Article 4. Applications for licensure in a party state.** Paragraph (a) requires the licensing board in the party state to determine whether the applicant has ever held or holds a license issued by another state, whether there are encumbrances on the license, whether adverse action has been taken against the license, and whether the applicant is participating in an alternative program.

Paragraph (b) allows a nurse to hold only one multistate license which must be issued by the home state.

Paragraph (c) permits a nurse who moves to a new home state to apply for a multistate license issued by that state. The multistate license issued by the prior home state will be deactivated. Allows a nurse to apply for a multistate license prior to a change in primary state of residence.

Paragraph (d) provides that if a nurse with a multistate license moves to a nonparty state, the multistate license converts to a single-state license valid only in the former home state.

**Article 5. Additional authorities invested in party state licensing boards.**

Paragraph (a) establishes state licensing board authority for taking adverse action against a nurse holding a multistate license, including action against nurses who hold a multistate license issued by another party state.

Paragraph (b) provides that if a home state takes adverse action against a nurse's multistate license, the nurse's multistate privilege is deactivated until all encumbrances have been removed.

Paragraph (c) provides that a home state's decision related to disciplinary action shall not be overridden by any provision of the compact.

**Article 6. Coordinated licensure information system and exchange of information.** Paragraph (a) requires all party states to participate in the licensure system. The system will include information on licensure and disciplinary history of each nurse as submitted by a party state.

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Paragraph (b) authorizes the commission to develop procedures for collecting and exchanging information.

Paragraph (c) requires licensing boards to submit certain information to the licensure information system.

Paragraph (d) limits sharing of disciplinary action only to party state licensing boards.

Paragraph (e) allows party state licensing boards to designate information that may not be disclosed to non-party states or disclosed to other entities or individuals without the express permission of the contributing state.

Paragraph (f) prohibits party states from sharing personally identifiable data obtained from the licensure information system with non-party states or disclosed to other entities or individuals except as allowed by laws of the party state contributing the information.

Paragraph (g) requires expungement of information from the licensure information system that has been expunged by the laws of the party state that contributed the information.

Paragraph (h) lists the minimum information that must be submitted by a party state.

Paragraph (i) requires the compact administrator of a party state to submit all investigative data requested by another party state.

**Article 7. Establishment of the interstate commission of nurse licensure compact administrators.** Paragraph (a) creates a public entity known as the Interstate Commission of Nurse Licensure Compact Administrators.

Paragraph (b) establishes the commission's membership, voting, and meeting requirements.

Paragraph (c) requires the commission to establish bylaws or rules to govern its conduct.

Paragraph (d) requires the commission to publish its bylaws and rules.

Paragraph (e) requires the commission to maintain financial records.

Paragraph (f) requires the commission to take actions consistent with the compact and the bylaws.

Paragraph (g) lists the powers of the commission.

Paragraph (h) establishes the financing of the commission.

Paragraph (i) provides qualified immunity for the administrators, officers, executive director, employees, and representatives of the commission from civil liability.

**Article 8. Rulemaking.** Creates the commission's rulemaking authority and rulemaking process.

**Article 9. Oversight, dispute resolution and enforcement.** Establishes the responsibilities of the party states and the commission; actions that may be taken by the commission if a party state defaults on its responsibilities, including termination of

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membership in the compact; appeal rights; methods of dispute resolution; and enforcement actions that may be taken by the commission.

**Article 10. Effective date, withdrawal and amendment.** Paragraph (a) provides that the compact shall become effective when no less than 26 states have enacted the compact or December 31, 2018, whichever is earlier.

Paragraph (b) requires party states to recognize a nurse's multistate licensure privilege issued under the prior compact.

Paragraph (c) allows a state to withdraw from the compact by repealing the compact, but withdrawal is effective six months after enactment of the repealing statute.

Paragraph (d) requires a withdrawing state to continue to report disciplinary action that occurred prior to the effective date of the withdrawal.

Paragraph (e) allows party states to enter into cooperative agreements with nonparty states.

Paragraph (f) allows party states to amend the compact.

Paragraph (g) requires the commission to invite non-party states to participate in commission activities on a non-voting basis prior to the adoption of the compact by all states.

**Article 11. Construction and severability.** States that the compact must be liberally construed and that compact provisions are severable.

**2 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.

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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.

Paragraph (s) clarifies that the compact does not affect the Minnesota Nurse Practice Act or Minnesota licensure requirements.

- 3 **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.
- 4 **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 **Appropriation.** Appropriates \$149,000 in fiscal year 2017 from the special revenue fund to the Board of Nursing for purposes of this act. Increases the base by \$6,000 in fiscal years 2018 and 2019.

