
OLR Bill Analysis

HB 5058 (as amended by House "A")*

AN ACT ADOPTING THE NURSE LICENSURE COMPACT.

SUMMARY

This bill enters Connecticut into the Nurse Licensure Compact from October 1, 2025, until January 1, 2028. The compact creates a process for registered nurses (RNs) or licensed practical/vocational nurses (LPNs/VNs) to get a multistate license, allowing them to practice in any compact party state (including by telehealth). The Interstate Commission of Nurse Licensure Compact Administrators administers the compact, and Connecticut joins the commission under the bill.

Among various other provisions, the compact:

1. sets eligibility criteria for nurses to practice under the compact;
2. addresses several matters related to disciplinary actions for nurses practicing under it;
3. allows the commission to levy an annual assessment on party states to cover its operations costs;
4. only allows compact amendments to take effect if all party states adopt them into law; and
5. has a process for states to withdraw from it.

Below is a broad overview of the compact.

Additionally, under the bill, the Department of Public Health (DPH) commissioner must require anyone applying to the department for a multistate nursing license from October 1, 2025, until January 1, 2028, to submit to a state and national fingerprint-based criminal history records check by the Department of Emergency Services and Public Protection (§ 2). This corresponds to a compact requirement (see below).

The bill also:

1. specifies that its compact provisions do not prohibit a home state licensing board, if asked by someone with a multistate license, from converting that license into a single-state license valid only in the home state (§ 3);
2. requires DPH, from October 1, 2025, until January 1, 2028, to transfer \$2 from each RN or LPN license renewal fee to the professional assistance program for health professions (currently, the Health Assistance InterVention Education Network (HAVEN) in addition to the transfers already required (see BACKGROUND) (§ 4); and
3. requires the Office of Policy and Management (OPM) secretary or his designee, in consultation with the DPH commissioner and a HAVEN representative, to convene a working group to evaluate the compact's implementation (§ 5).

*House Amendment "A" adds the provisions on (1) DPH requiring background checks, (2) converting multi-state licenses to single-state licenses, (3) fee transfers to HAVEN, and (4) the working group.

EFFECTIVE DATE: Upon passage

§ 1 — NURSE LICENSURE COMPACT

Compact Overview

The Nurse Licensure Compact creates a process for nurses to get a multistate license in their home state that authorizes them to practice as an RN or LPN/VN in all party states under a multistate licensure privilege. A licensee providing services in another party state under this privilege must follow the practice laws of the state where the client is located.

A "party state" is any state that adopted the compact. A "home state" is the party state that is the nurse's primary state of residence. A "remote state" is a party state other than the home state. A "state" is a U.S. state, territory, or possession or the District of Columbia.

General Provisions and Jurisdiction (Art. III)

Under the compact, party states must recognize multistate licenses issued by a home state to its residents.

Licensure Eligibility. Under the compact, each party state must require that an applicant meet the following requirements to get or keep a multistate license in the home state:

1. meet the home state’s qualifications for initial licensure or renewal, including other applicable state laws;
2. graduate or be eligible to graduate from a prelicensure education program approved by the state licensing board (or meet other specified criteria for foreign program graduates, including passing an English proficiency examination under certain circumstances);
3. pass the National Council of the State Boards of Nursing’s National Council Licensure Examination (NCLEX) for RNs or Practical Nurses (or a nationally recognized predecessor examination);
4. be eligible for or hold an active, unencumbered license;
5. submit fingerprints or other biometric data when applying for initial licensure or licensure by endorsement in order to get criminal history information as specified below;
6. not be convicted, found guilty, or entered an agreed disposition for a (a) state or federal felony offense or (b) nursing practice-related misdemeanor offense (as determined on a case-by-case basis);
7. not be enrolled in an alternative program (i.e., a board-approved nondisciplinary monitoring program), and be subject to self-disclosure requirements about current participation in it; and
8. have a valid Social Security number.

States must implement procedures for considering the criminal history records of applicants for initial multistate licenses or licensure by endorsement, including the applicants' submission of fingerprints or other biometric-based information to get these records from the FBI and the state agency that keeps criminal records.

Single State Licenses. The compact specifies that it does not prevent nurses from seeking single-state licenses outside of their home state, but those licenses do not grant the privilege to practice in other party states. It also does not interfere with a party state's requirements for issuing a single-state license.

Applications for Licensure in a Party State (Art. IV)

Under the compact, when a nurse applies for a multistate license, that state's licensing board must determine (through the coordinated licensure information system, see below) whether the applicant is:

1. or ever has been licensed in another state;
2. subject to any encumbrances or was subject to an adverse action on a license or multistate licensure privilege (e.g., suspension, revocation, or cease and desist order); and
3. participating in an alternative program.

The compact allows a licensee to hold a multistate license, issued by his or her home state, in only one party state at a time. It sets a process for nurses who move from one party state to another to get a multistate license in the new home state, such as providing satisfactory evidence of the move and meeting applicable licensure requirements.

For nurses who change their primary state of residence from a party state to a non-party state, the multistate license converts into a single-state license valid only in the former home state.

Adverse Actions and Additional Authorities for Party State Licensing Boards (Art. III & V)

The compact addresses several matters related to states' authority to investigate and discipline nurses practicing under its procedures. It

requires nurses to comply with the state practice laws of the state where the client is located (for all aspects of nursing, not just patient care), including laws on the scope of nursing practice and methods and grounds for imposing discipline.

The following are examples of the regulatory structure under the compact:

1. only the home state may take adverse action against a nurse's license issued by that state, but any party state may take adverse action against a nurse's multistate licensure privilege and may issue subpoenas;
2. for taking adverse action, a licensee's home state must give the same priority to conduct reported from other party states as it would to conduct within the home state;
3. if allowed by that state's law, a party state may recover from a nurse the investigation and disposition costs for cases due to adverse actions;
4. if a home state takes adverse action against a nurse's multistate license, the multistate licensure privilege to practice is deactivated in all other party states until all encumbrances are lifted from the license; and
5. if a party state takes adverse action, it must promptly notify the coordinated licensure information system administrator (see below), who must promptly notify the home state of any adverse actions by a remote state.

The compact specifies that it does not override a party state's decision to allow a nurse to participate in an alternative program instead of imposing an adverse action. In that case, the home state's board must deactivate the multistate licensure privilege under the license during the nurse's participation in the program.

Coordinated Licensure Information System and Exchange of Information (Art. VI)

The compact requires party states to participate in a coordinated licensure information system of all licensed RNs and LPNs/VNs, with information on their licensure and disciplinary history.

Under the compact, nurse licensing boards must promptly report to the system on (1) adverse actions; (2) significant investigative information (e.g., information that a nurse represents an immediate threat to public health and safety); (3) application denials and the reasons why; and (4) nurse participation in alternative programs known to the board, regardless of whether that participation is nonpublic or confidential under state law. Any significant investigative information or participation in the alternative programs must be sent through the system only to party state licensing boards.

The compact addresses other matters related to this system, such as establishing the following:

1. party state boards that contribute information to the system may designate information that must not be shared with non-party states or disclosed to anyone else without the state's express permission and
2. a party state's compact administrator must provide all investigative documents and information requested by another party state.

Interstate Commission of Nurse Licensure Compact Administrators (Art. VII & VIII)

The compact is administered by the Interstate Commission of Nurse Licensure Compact Administrators, which consists of one voting administrator from each party state (the head of the state licensure board or designee). The compact sets forth several powers, duties, and procedures for the commission. For example, the commission:

1. promulgates rules (generally subject to public hearing and comment) that are binding on party states, to facilitate the compact's implementation and administration;

2. can levy an annual assessment on party states to cover the costs of its operations, based on a formula that the commission determines; and
3. must have its receipts and disbursements audited yearly and the audit report included in its annual report.

The compact addresses several other matters regarding the commission and its operations, like setting conditions under which its administrators, officers, and employees are immune from civil liability.

Compact Oversight, Enforcement, Member Withdrawal, Dissolution, and Related Matters (Art. IX-XI)

Among several related provisions, the compact:

1. requires each party state to enforce the compact and take all necessary and appropriate steps to carry out its purposes;
2. requires the commission to take certain steps if a party state defaults and, after all other means of securing compliance have been exhausted, allows for a defaulting state to be terminated from the compact upon a majority vote of the commission's administrators (which the defaulting state may appeal);
3. requires the commission, if a party state asks, to try to resolve a compact-related dispute among party states or between party and non-party states;
4. allows the commission to bring legal action against a defaulting state upon a majority vote of the administrators (the case can be brought in the U.S. District Court for the District of Columbia or the federal district where the commission has its principal offices);
5. allows a party state to withdraw from the compact by passing a law to do so, but withdrawal does not take effect until six months after the law's enactment;
6. allows the party states to amend the compact, but an amendment

only takes effect once all party states enact it into law; and

7. makes its provisions severable and requires that they be liberally construed to carry out its purposes, and if any compact provision is held to violate a party state's constitution or the U.S. constitution, the rest of the compact's validity is unaffected.

§ 4 — FEE TRANSFER TO HAVEN ACCOUNT

By law, the DPH commissioner must quarterly transfer the revenue from certain health professional license renewal fee increases (including for RNs and LPNs) to the professional assistance program account. (These fee increases, in the amount of \$5 per renewal, primarily took effect in October 2015.)

The bill requires the commissioner, starting October 1, 2025, and until January 1, 2028, to transfer an additional \$2 from each RN or LPN license renewal fee to this account. As with the existing transfers, she must do this by the end of each January, April, July, and October.

§ 5 — WORKING GROUP

The bill requires the OPM secretary or his designee, in consultation with the DPH commissioner and a HAVEN representative, to convene a working group to evaluate the state's implementation of the Nurse Licensure Compact.

The group must assess whether the state's continued participation in the compact is in the best interest of the health, safety, and welfare of the state's citizens. It must at least (1) review any long-term effects of the state's participation in the compact, (2) review educational outreach and training materials developed to support its implementation, and (3) help inform an evaluation on whether the state should remain in the compact.

The working group must report on its findings to the Public Health Committee by January 1, 2027.

BACKGROUND

Health Professional Assistance Program

By law, this program is an alternative, voluntary, and confidential rehabilitation program that provides various services to health professionals with a chemical dependency, emotional or behavioral disorder, or physical or mental illness.

Before a person can enter the program, a medical review committee must (1) determine if he or she is an appropriate candidate for rehabilitation and participation and (2) set terms and conditions of participation. The program must include mandatory, periodic evaluations of each participant's ability to practice with skill and safety and without posing a threat to the health and safety of any person or patient (CGS § 19a-12a).

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 36 Nay 1 (03/11/2024)