

12 to state nurse licensure laws;

13 (2) Violations of nurse licensure and other laws regulating the
14 practice of nursing may result in injury or harm to the public;

15 (3) The expanded mobility of nurses and the use of advanced
16 communication technologies as part of our nation's health care delivery
17 system require greater coordination and cooperation among states in
18 the areas of nurse licensure and regulation;

19 (4) New practice modalities and technology make compliance with
20 individual state nurse licensure laws difficult and complex;

21 (5) The current system of duplicative licensure for nurses practicing
22 in multiple states is cumbersome and redundant for both nurses and
23 states; and

24 (6) Uniformity of nurse licensure requirements throughout the states
25 promotes public safety and public health benefits.

26 (b) The general purposes of the compact are to:

27 (1) Facilitate the states' responsibility to protect the public's health
28 and safety;

29 (2) Ensure and encourage the cooperation of party states in the areas
30 of nurse licensure and regulation;

31 (3) Facilitate the exchange of information between party states in the
32 areas of nurse regulation, investigation and adverse actions;

33 (4) Promote compliance with the laws governing the practice of
34 nursing in each jurisdiction;

35 (5) Invest all party states with the authority to hold a nurse
36 accountable for meeting all state practice laws in the state in which the
37 patient is located at the time care is rendered through the mutual
38 recognition of party state licenses;

39 (6) Decrease redundancies in the consideration and issuance of nurse
40 licenses; and

41 (7) Provide opportunities for interstate practice by nurses who meet
42 uniform licensure requirements.

43 ARTICLE II

44 DEFINITIONS

45 As used in the compact:

46 (1) "Adverse action" means any administrative, civil, equitable or
47 criminal action permitted by a state's laws that is imposed by a licensing
48 board or other authority against a nurse, including actions against an
49 individual's license or multistate licensure privilege, including, but not
50 limited to, revocation, suspension, probation, monitoring of the licensee,
51 limitation on the licensee's practice or any other encumbrance on
52 licensure affecting a nurse's authorization to practice, including, but not
53 limited to, issuance of a cease and desist action.

54 (2) "Alternative program" means a nondisciplinary monitoring
55 program approved by a licensing board.

56 (3) "Compact" means the Nurse Licensure Compact enacted into law
57 and entered into by the state pursuant to this section.

58 (4) "Coordinated licensure information system" means an integrated
59 process for collecting, storing and sharing information on nurse
60 licensure and enforcement activities related to nurse licensure laws that
61 is administered by a nonprofit organization composed of and controlled
62 by licensing boards.

63 (5) "Current significant investigative information" means:

64 (A) Investigative information that a licensing board, after a
65 preliminary inquiry that includes notification and an opportunity for
66 the nurse to respond, if required by state law, has reason to believe is

67 not groundless and, if proved true, would indicate more than a minor
68 infraction; or

69 (B) Investigative information that indicates that the nurse represents
70 an immediate threat to public health and safety regardless of whether
71 the nurse has been notified and had an opportunity to respond.

72 (6) "Encumbrance" means a revocation or suspension of, or any
73 limitation on, the full and unrestricted practice of nursing imposed by a
74 licensing board.

75 (7) "Home state" means the party state that is the nurse's primary state
76 of residence.

77 (8) "Licensing board" means a party state's regulatory body
78 responsible for issuing nurse licenses.

79 (9) "Multistate license" means a license to practice as a registered
80 nurse or a licensed practical/vocational nurse (LPN/VN) issued by a
81 home state licensing board that authorizes the licensed nurse to practice
82 in all party states under a multistate licensure privilege.

83 (10) "Multistate licensure privilege" means a legal authorization
84 associated with a multistate license permitting the practice of nursing as
85 either a registered nurse (RN) or (LPN/VN) in a remote state.

86 (11) "Nurse" means a registered nurse (RN) or licensed
87 practical/vocational nurse (LPN/VN), as such terms are defined by
88 each party state's practice laws.

89 (12) "Party state" means any state that has adopted the compact.

90 (13) "Remote state" means a party state, other than the home state.

91 (14) "Single-state license" means a nurse license issued by a party state
92 that authorizes practice only within the issuing state and does not
93 include a multistate licensure privilege to practice in any other party
94 state.

95 (15) "State" means a state, territory or possession of the United States
96 and the District of Columbia.

97 (16) "State practice laws" means a party state's laws, rules and
98 regulations that govern the practice of nursing, define the scope of
99 nursing practice and create the methods and grounds for imposing
100 discipline. "State practice laws" does not include requirements necessary
101 to obtain and retain a license, except qualifications or requirements of
102 the home state.

103 ARTICLE III

104 GENERAL PROVISIONS AND JURISDICTION

105 (a) A multistate license to practice registered or licensed
106 practical/vocational nursing issued by a home state to a resident in such
107 state shall be recognized by each party state as authorizing a nurse to
108 practice as a registered nurse (RN) or as a licensed practical/vocational
109 nurse (LPN/VN), under a multistate licensure privilege, in each party
110 state.

111 (b) A state shall implement procedures for considering the criminal
112 history records of applicants for initial multistate license or licensure by
113 endorsement. Such procedures shall include the submission of
114 fingerprints or other biometric-based information by applicants for the
115 purpose of obtaining an applicant's criminal history record information
116 from the Federal Bureau of Investigation and the agency responsible for
117 retaining such state's criminal records.

118 (c) Each party state shall require the following for an applicant to
119 obtain or retain a multistate license in the home state:

120 (1) The applicant meets the home state's qualifications for licensure
121 or renewal of licensure, including all other applicable state laws;

122 (2) The applicant (A) graduated or is eligible to graduate from a
123 licensing board-approved RN or LPN/VN prelicensure education
124 program, (B) graduated from a foreign RN or LPN/VN prelicensure

125 education program that is (i) approved by the authorized accrediting
126 body in the applicable country, and (ii) verified by an independent
127 credentials review agency to be comparable to a licensing board-
128 approved prelicensure education program, (C) if a graduate of a foreign
129 prelicensure education program, has not taught in English or, if English
130 is not the individual's native language, successfully passed an English
131 proficiency examination that includes the components of reading,
132 speaking, writing and listening, (D) successfully passed a National
133 Council Licensure Examination for Registered Nurses or a National
134 Council Licensure Examination for Practical Nurses administered by the
135 National Council of the State Boards of Nursing, or a nationally
136 recognized predecessor to said examinations, as applicable, (E) is
137 eligible for or holds an active, unencumbered license, (F) submitted, in
138 connection with an application for initial licensure or licensure by
139 endorsement, fingerprints or other biometric data for the purpose of
140 obtaining criminal history record information from the Federal Bureau
141 of Investigation and the agency responsible for retaining such state's
142 criminal records, (G) has not been convicted or found guilty, or has
143 entered into an agreed disposition, of a felony offense under applicable
144 state or federal criminal law, (H) has not been convicted or found guilty,
145 or has entered into an agreed disposition, of a misdemeanor offense
146 related to the practice of nursing as determined on a case-by-case basis,
147 (I) is not enrolled in an alternative program, (J) is subject to self-
148 disclosure requirements regarding current participation in an
149 alternative program, and (K) has a valid Social Security number.

150 (d) Any party state may, in accordance with existing state due process
151 law, take adverse action against a nurse's multistate licensure privilege,
152 including, but not limited to, revocation, suspension, probation or any
153 other action that affects a nurse's authorization to practice under a
154 multistate licensure privilege, including, but not limited to, a cease and
155 desist action. If a party state takes such action, it shall promptly notify
156 the administrator of the coordinated licensure information system. The
157 administrator of the coordinated licensure information system shall
158 promptly notify the home state of any such actions by a remote state.

159 (e) A nurse practicing in a party state shall comply with the state
160 practice laws of the state in which the client is located at the time service
161 is provided. The practice of nursing is not limited to patient care and
162 shall include all nursing practice as defined by the state practice laws of
163 the party state in which the client is located. The practice of nursing in a
164 party state under a multistate licensure privilege shall subject a nurse to
165 the jurisdiction of the licensing board, the courts and the laws of the
166 party state in which the client is located at the time service is provided.

167 (f) Any individual not residing in a party state shall continue to be
168 able to apply for a party state's single-state license as provided under
169 the laws of each party state, except the single-state license granted to
170 such individual shall not be recognized as granting the privilege to
171 practice nursing in any other party state. Nothing in the compact shall
172 affect the requirements established by a party state for the issuance of a
173 single-state license.

174 (g) Any nurse holding a home state multistate license on the effective
175 date of the compact may retain and renew the multistate license issued
176 by the nurse's then-current home state, provided:

177 (1) A nurse who changes primary state of residence after the
178 compact's effective date shall meet all applicable requirements of
179 subsection (c) of this article of the compact to obtain a multistate license
180 from a new home state;

181 (2) A nurse who fails to satisfy the multistate licensure requirements
182 of subsection (c) of this article of the compact due to a disqualifying
183 event occurring after the compact's effective date shall be ineligible to
184 retain or renew a multistate license, and the nurse's multistate license
185 shall be revoked or deactivated in accordance with applicable rules
186 adopted by the Interstate Commission of Nurse Licensure Compact
187 Administrators established pursuant to Article VII of the compact.

188 ARTICLE IV

189 APPLICATIONS FOR LICENSURE IN A PARTY STATE

190 (a) Upon application for a multistate license, the licensing board in
191 the issuing party state shall ascertain, through the coordinated licensure
192 information system, whether the applicant has ever held, or is the holder
193 of, a license issued by any other state, whether there are any
194 encumbrances on any license or multistate licensure privilege held by
195 the applicant, whether any adverse action has been taken against any
196 license or multistate licensure privilege held by the applicant and
197 whether the applicant is currently participating in an alternative
198 program.

199 (b) A nurse may hold a multistate license issued by the home state in
200 only one party state at a time.

201 (c) If a nurse changes primary state of residence by moving from one
202 party state to another party state, the nurse shall apply for licensure in
203 the new home state, and the multistate license issued by the prior home
204 state shall be deactivated in accordance with applicable rules adopted
205 by the Interstate Commission of Nurse Licensure Compact
206 Administrators established pursuant to Article VII of the compact.

207 (1) The nurse may apply for licensure in advance of a change in
208 primary state of residence.

209 (2) A multistate license shall not be issued by the new home state until
210 the nurse provides satisfactory evidence of a change in primary state of
211 residence to the new home state and satisfies all applicable requirements
212 to obtain a multistate license from the new home state.

213 (d) If a nurse changes primary state of residence by moving from a
214 party state to a non-party state, the multistate license issued by the prior
215 home state shall convert to a single-state license that is valid only in the
216 former home state.

217 ARTICLE V

218 ADDITIONAL AUTHORITIES INVESTED IN PARTY STATE
219 LICENSING BOARDS

220 (a) In addition to the other powers conferred by state law, a licensing
221 board shall have the authority to:

222 (1) Take adverse action against a nurse's multistate licensure
223 privilege to practice within the licensing board's party state, provided:

224 (A) Only the home state shall have the power to take adverse action
225 against a nurse's license issued by such home state; and

226 (B) For purposes of taking adverse action, the home state licensing
227 board shall give the same priority and effect to reported conduct
228 received from a remote state as it would if such conduct had occurred
229 within the home state. In so doing, the home state shall apply its own
230 state laws to determine appropriate action;

231 (2) Issue a cease and desist order or impose an encumbrance on a
232 nurse's authority to practice within such party state;

233 (3) Complete any pending investigation of a nurse who changes such
234 nurse's primary state of residence during the course of such
235 investigation. The licensing board may take any appropriate action and
236 shall promptly report the conclusions of any such investigation to the
237 administrator of the coordinated licensure information system. The
238 administrator of the coordinated licensure information system shall
239 promptly notify the new home state of any such action;

240 (4) Issue a subpoena for both hearings and investigations that require
241 the attendance and testimony of witnesses, including, but not limited to,
242 for the production of evidence. A subpoena issued by a licensing board
243 in a party state for the attendance and testimony of witnesses or the
244 production of evidence from another party state shall be enforced in the
245 latter state by any court of competent jurisdiction according to the
246 practice and procedure of such court applicable to subpoenas issued in
247 a proceeding pending before such court. The issuing authority shall pay
248 any witness fees, travel expenses, mileage and other fees required by the
249 service statutes of the state in which the witnesses or evidence are
250 located;

251 (5) Obtain and submit, for each nurse licensure applicant, fingerprint
252 or other biometric-based information to the Federal Bureau of
253 Investigation for criminal background checks, receive the results of the
254 Federal Bureau of Investigation record search on criminal background
255 checks and use the results in making licensure decisions;

256 (6) If otherwise permitted by state law, recover from the affected
257 nurse the costs of any investigation and the disposition of any case
258 resulting from any adverse action taken against such nurse; and

259 (7) Take adverse action based on the factual findings of the remote
260 state, provided the licensing board follows its own procedures for
261 taking such adverse action.

262 (b) If adverse action is taken by the home state against a nurse's
263 multistate license, the nurse's multistate licensure privilege to practice
264 in all other party states shall be deactivated until all encumbrances have
265 been removed from the multistate license. All home state disciplinary
266 orders that impose adverse action against a nurse's multistate license
267 shall include a statement that the nurse's multistate licensure privilege
268 is deactivated in all party states during the pendency of the order.

269 (c) Nothing in the compact shall override a party state's decision that
270 participation in an alternative program may be used in lieu of adverse
271 action. The home state licensing board shall deactivate the multistate
272 licensure privilege under the multistate license of any nurse for the
273 duration of the nurse's participation in an alternative program.

274 ARTICLE VI

275 COORDINATED LICENSURE INFORMATION SYSTEM AND 276 EXCHANGE OF INFORMATION

277 (a) All party states shall participate in a coordinated licensure
278 information system of all licensed RNs and licensed LPNs/VNs. Such
279 system shall include information on the licensure and disciplinary
280 history of each nurse, as submitted by party states, to assist in the

281 coordination of nurse licensure and enforcement efforts.

282 (b) The Interstate Commission of Nurse Licensure Compact
283 Administrators established pursuant to Article VII of the compact, in
284 consultation with the administrator of the coordinated licensure
285 information system, shall formulate necessary and proper procedures
286 for the identification, collection and exchange of information under the
287 compact.

288 (c) All licensing boards shall promptly report to the coordinated
289 licensure information system any adverse action, significant
290 investigative information, denials of applications, including, but not
291 limited to, the reasons for such denials, and nurse participation in
292 alternative programs known to the licensing board regardless of
293 whether such participation is deemed nonpublic or confidential under
294 state law.

295 (d) Any significant investigative information and participation in
296 nonpublic or confidential alternative programs reported pursuant to
297 subsection (c) of this article of the compact shall be transmitted through
298 the coordinated licensure information system only to party state
299 licensing boards.

300 (e) Notwithstanding any other provision of law, all party state
301 licensing boards contributing information to the coordinated licensure
302 information system may designate information that shall not be shared
303 with non-party states or disclosed to other entities or individuals
304 without the express permission of the contributing state.

305 (f) Any personally identifiable information obtained from the
306 coordinated licensure information system by a party state licensing
307 board shall not be shared with non-party states or disclosed to other
308 entities or individuals except to the extent permitted by the laws of the
309 party state contributing the information.

310 (g) Any information contributed to the coordinated licensure
311 information system that is subsequently required to be expunged by the

312 laws of the party state contributing such information shall also be
313 expunged from the coordinated licensure information system.

314 (h) The compact administrator of each party state shall furnish a
315 uniform data set to the compact administrator of each other party state
316 that shall include, at a minimum:

317 (1) Identifying information;

318 (2) Licensure data;

319 (3) Information related to alternative program participation; and

320 (4) Other information that may facilitate the administration of the
321 compact, as determined by rules of the Interstate Commission of Nurse
322 Licensure Compact Administrators established pursuant to Article VII
323 of the compact.

324 (i) The compact administrator of a party state shall provide all
325 investigative documents and information requested by another party
326 state.

327 ARTICLE VII

328 ESTABLISHMENT OF THE INTERSTATE COMMISSION OF
329 NURSE LICENSURE COMPACT ADMINISTRATORS

330 (a) The party states hereby create and establish a joint public entity
331 known as the Interstate Commission of Nurse Licensure Compact
332 Administrators in accordance with the following provisions:

333 (1) The commission is an instrumentality of the party states;

334 (2) Venue is proper and judicial proceedings by or against the
335 commission shall be brought solely and exclusively in a court of
336 competent jurisdiction where the principal office of the commission is
337 located. The commission may waive venue and jurisdictional defenses
338 to the extent it adopts or consents to participate in alternative dispute

339 resolution proceedings; and

340 (3) Nothing in the compact shall be construed to be a waiver of
341 sovereign immunity.

342 (b) Membership, voting and meetings:

343 (1) Each party state shall have and be limited to one administrator.
344 The head of the state licensing board or designee shall be the
345 administrator of the compact for each party state. Any administrator
346 may be removed or suspended from office as provided by the law of the
347 state from which the administrator is appointed. Any vacancy occurring
348 in the commission shall be filled in accordance with the laws of the party
349 state in which the vacancy exists.

350 (2) Each administrator shall be entitled to one vote with regard to the
351 promulgation of rules and creation of bylaws and shall otherwise have
352 an opportunity to participate in the business and affairs of the
353 commission. An administrator shall vote in person or by such other
354 means as provided in the bylaws. The bylaws may provide for an
355 administrator's participation in meetings by telephone or other means
356 of communication.

357 (3) The commission shall meet at least once during each calendar
358 year. Additional meetings shall be held as set forth in the bylaws or rules
359 of the commission.

360 (4) All meetings shall be open to the public and public notice of
361 meetings shall be given in the same manner as required under the
362 rulemaking provisions in Article VIII of the compact.

363 (5) The commission may convene in a closed, nonpublic meeting if
364 the commission is discussing any of the following:

365 (A) Noncompliance of a party state with such state's obligations
366 under the compact;

367 (B) The employment, compensation, discipline or other personnel

368 matters, practices or procedures related to specific employees or other
369 matters related to the commission's internal personnel practices and
370 procedures;

371 (C) Ongoing, threatened or reasonably anticipated litigation;

372 (D) Negotiation of a contract for the purchase or sale of goods,
373 services or real estate;

374 (E) Accusing any person of a crime or formally censuring any person;

375 (F) Disclosure of trade secrets or commercial or financial information
376 that is privileged or confidential;

377 (G) Disclosure of information of a personal nature where disclosure
378 would constitute a clearly unwarranted invasion of personal privacy;

379 (H) Disclosure of investigatory records compiled for law enforcement
380 purposes;

381 (I) Disclosure of information related to any reports prepared by or on
382 behalf of the commission for the purpose of investigation of compliance
383 with the compact; or

384 (J) Any matter specifically exempted from disclosure by federal or
385 state statute.

386 (6) If a meeting or portion of a meeting is closed pursuant to
387 subdivision (5) of this subsection, the commission's legal counsel or
388 designee shall certify that the meeting may be closed and shall reference
389 each relevant exempting provision. The commission shall keep minutes
390 that fully and clearly describe all matters discussed in a meeting and
391 provide a full and accurate summary of actions taken, including, but not
392 limited to, the reasons for such actions and a description of the views
393 expressed at the meeting. All documents considered in connection with
394 an action shall be identified in such minutes. All minutes and
395 documents of a closed meeting shall remain under seal, subject to
396 release by a majority vote of the commission or order of a court of

397 competent jurisdiction.

398 (c) The commission shall, by a majority vote of the administrators,
399 prescribe bylaws or rules to govern its conduct as may be necessary or
400 appropriate to carry out the purposes and exercise the powers of the
401 compact, including, but not limited to:

402 (1) Establishing the fiscal year of the commission;

403 (2) Providing reasonable standards and procedures:

404 (A) For the establishment and meetings of other committees; and

405 (B) Governing any general or specific delegation of any authority or
406 function of the commission;

407 (3) Providing reasonable procedures for calling and conducting
408 meetings of the commission, ensuring reasonable advance notice of all
409 meetings and providing an opportunity for attendance of such meetings
410 by interested parties, with enumerated exceptions designed to protect
411 the public's interest, privacy of individuals and proprietary information,
412 including, but not limited to, trade secrets. The commission may meet
413 in closed session only after a majority of the administrators vote to close
414 a meeting in whole or in part. As soon as practicable, the commission
415 shall make public a copy of the vote to close the meeting revealing the
416 vote of each administrator, with no proxy votes allowed;

417 (4) Establishing the titles, duties and authority and reasonable
418 procedures for the election of the officers of the commission;

419 (5) Providing reasonable standards and procedures for the
420 establishment of the personnel policies and programs of the
421 commission. Notwithstanding any civil service or other similar law of
422 any party state, the bylaws shall exclusively govern the personnel
423 policies and programs of the commission; and

424 (6) Providing a mechanism for winding up the operations of the
425 commission and the equitable disposition of any surplus funds that may

426 exist after the termination of the compact after the payment or reserving
427 of all of its debts and obligations.

428 (d) The commission shall publish its bylaws and rules and any
429 amendments to such bylaws and rules in a convenient form on the
430 Internet web site of the commission.

431 (e) The commission shall maintain its financial records in accordance
432 with such bylaws.

433 (f) The commission shall meet and take such actions that are
434 consistent with the provisions of the compact and such bylaws.

435 (g) The commission shall have the following powers:

436 (1) To promulgate uniform rules, which shall have the force and effect
437 of law and be binding in all party states, to facilitate and coordinate
438 implementation and administration of the compact;

439 (2) To bring and prosecute legal proceedings or actions in the name
440 of the commission, provided the standing of any licensing board to sue
441 or be sued under applicable law shall not be affected;

442 (3) To purchase and maintain insurance and bonds;

443 (4) To borrow, accept or contract for services of personnel, including,
444 but not limited to, employees of a party state or nonprofit organizations;

445 (5) To cooperate with other organizations that administer state
446 compacts related to the regulation of nursing, including, but not limited
447 to, sharing administrative or staff expenses, office space or other
448 resources;

449 (6) To hire employees, elect or appoint officers, fix compensation,
450 define duties, grant such individuals appropriate authority to carry out
451 the purposes of the compact and establish the commission's personnel
452 policies and programs relating to conflicts of interest, qualifications of
453 personnel and other related personnel matters;

454 (7) To accept any and all appropriate donations, grants and gifts of
455 money, equipment, supplies, materials and services, and receive, utilize
456 and dispose of such donations, grants and gifts of money, equipment,
457 supplies, materials and services, provided the commission shall avoid
458 at all times any appearance of impropriety or conflict of interest;

459 (8) To lease, purchase, accept appropriate gifts or donations of, or
460 otherwise own, hold, improve or use, any property, whether real,
461 personal or mixed, provided the commission shall avoid at all times any
462 appearance of impropriety;

463 (9) To sell, convey, mortgage, pledge, lease, exchange, abandon or
464 otherwise dispose of any property, whether real, personal or mixed;

465 (10) To establish a budget and make expenditures;

466 (11) To borrow money;

467 (12) To appoint committees, including advisory committees
468 comprised of administrators, state nursing regulators, state legislators
469 or their representatives, consumer representatives and other such
470 interested persons;

471 (13) To provide to and receive information from and cooperate with
472 law enforcement agencies;

473 (14) To adopt and use an official seal; and

474 (15) To perform such other functions as may be necessary or
475 appropriate to achieve the purposes of the compact consistent with the
476 state regulation of nurse licensure and practice.

477 (h) Financing of the commission:

478 (1) The commission shall pay or provide for the payment of the
479 reasonable expenses of its establishment, organization and ongoing
480 activities.

481 (2) The commission may levy on and collect an annual assessment
482 from each party state to cover the cost of its operations, activities and
483 staff in its annual budget as approved each year. The aggregate annual
484 assessment amount, if any, shall be allocated based upon a formula to
485 be determined by the commission, which shall promulgate a rule that is
486 binding upon all party states.

487 (3) The commission shall not incur obligations of any kind prior to
488 securing the funds adequate to meet the same or pledge the credit of any
489 of the party states, except by and with the authority of such party state.

490 (4) The commission shall keep accurate accounts of all receipts and
491 disbursements. The receipts and disbursements of the commission shall
492 be subject to the audit and accounting procedures established under its
493 bylaws. All receipts and disbursements of funds handled by the
494 commission shall be audited yearly by a certified or licensed public
495 accountant and the report of the audit shall be included in and become
496 part of the annual report of the commission.

497 (i) Qualified immunity, defense and indemnification:

498 (1) The administrators, officers, executive director, employees and
499 representatives of the commission shall be immune from suit and
500 liability, either personally or in their official capacity, for any claim for
501 damage to or loss of property or personal injury or other civil liability
502 caused by or arising out of any actual or alleged act, error or omission
503 that occurred, or that the person against whom the claim is made had a
504 reasonable basis for believing occurred, within the scope of commission
505 employment, duties or responsibilities, provided nothing in this
506 subdivision shall be construed to protect any such person from suit or
507 liability for any damage, loss, injury or liability caused by the
508 intentional, wilful or wanton misconduct of such person.

509 (2) The commission shall defend any administrator, officer, executive
510 director, employee or representative of the commission in any civil
511 action seeking to impose liability arising out of any actual or alleged act,
512 error or omission that occurred within the scope of commission

513 employment, duties or responsibilities, or that the person against whom
514 the claim is made had a reasonable basis for believing occurred within
515 the scope of commission employment, duties or responsibilities,
516 provided (A) nothing in this subdivision shall be construed to prohibit
517 such person from retaining such person's own counsel, and (B) the
518 actual or alleged act, error or omission did not result from such person's
519 intentional, wilful or wanton misconduct.

520 (3) The commission shall indemnify and hold harmless any
521 administrator, officer, executive director, employee or representative of
522 the commission for the amount of any settlement or judgment obtained
523 against such person arising out of any actual or alleged act, error or
524 omission that occurred within the scope of commission employment,
525 duties or responsibilities, or that such person had a reasonable basis for
526 believing occurred within the scope of commission employment, duties
527 or responsibilities, provided the actual or alleged act, error or omission
528 did not result from the intentional, wilful or wanton misconduct of such
529 person.

530 ARTICLE VIII

531 RULEMAKING

532 (a) The Interstate Commission of Nurse Licensure Compact
533 Administrators established pursuant to Article VII of the compact shall
534 exercise its rulemaking powers pursuant to the criteria set forth in this
535 article and the rules adopted pursuant to this article. Each rule and
536 amendment shall become binding as of the date specified in such rule
537 or amendment and shall have the same force and effect as provisions of
538 the compact.

539 (b) Each rule and each amendment to a rule shall be adopted at a
540 regular or special meeting of the commission.

541 (c) Prior to promulgation and adoption of a final rule by the
542 commission, and at least sixty days in advance of the meeting at which
543 such rule will be considered and voted upon, the commission shall file

544 a notice of proposed rulemaking:

545 (1) On the Internet web site of the commission; and

546 (2) On the Internet web site of each licensing board or the publication
547 in which each state would otherwise publish proposed rules.

548 (d) The notice of proposed rulemaking shall include:

549 (1) The proposed time, date and location of the meeting in which the
550 rule will be considered and voted upon;

551 (2) The text of the proposed rule or amendment, and the reason for
552 the proposed rule or amendment;

553 (3) A request for comments on the proposed rule from any interested
554 person; and

555 (4) The manner in which interested persons may submit notice to the
556 commission of their intention to attend the public hearing and any
557 written comments.

558 (e) Prior to adoption of a proposed rule, the commission shall allow
559 persons to submit written data, facts, opinions and arguments, which
560 shall be made available to the public.

561 (f) The commission shall grant an opportunity for a public hearing
562 before it adopts a rule or amendment.

563 (g) The commission shall publish the place, time and date of the
564 scheduled public hearing.

565 (1) Hearings shall be conducted in a manner providing each person
566 who wishes to comment a fair and reasonable opportunity to comment
567 orally or in writing. All hearings shall be recorded, and a copy of the
568 recording shall be made available upon request.

569 (2) Nothing in this subsection shall be construed to require a separate
570 hearing on each rule. Rules may be grouped for the convenience of the

571 commission at a hearing required by this subsection.

572 (h) If no one appears at the public hearing, the commission may
573 proceed with promulgation of the proposed rule.

574 (i) Following the scheduled hearing date, or by the close of business
575 on the scheduled hearing date if the hearing was not held, the
576 commission shall consider all written and oral comments received.

577 (j) The commission shall, by majority vote of all administrators, take
578 final action on the proposed rule and shall determine the effective date
579 of the rule, if any, based on the rulemaking record and the full text of
580 the rule.

581 (k) Upon determination that an emergency exists, the commission
582 may consider and adopt an emergency rule without prior notice,
583 opportunity for comment or hearing, provided the usual rulemaking
584 procedures provided in the compact shall be retroactively applied to the
585 rule as soon as reasonably possible, but in no event later than ninety
586 days after the effective date of the rule. For the purposes of this
587 subsection, an emergency rule is one that shall be adopted immediately
588 in order to:

589 (1) Meet an imminent threat to public health, safety or welfare;

590 (2) Prevent a loss of commission or party state funds; or

591 (3) Meet a deadline for the promulgation of an administrative rule
592 that is required by federal law or rule.

593 (l) The commission may direct revisions to a previously adopted rule
594 or amendment for purposes of correcting typographical errors, errors in
595 format, errors in consistency or grammatical errors. Public notice of any
596 revision shall be posted on the Internet web site of the commission. The
597 revision shall be subject to challenge by any person for a period of thirty
598 days after posting of such revision. The revision may be challenged only
599 on the ground that the revision results in a material change to a rule. A
600 challenge shall be made in writing and delivered to the commission

601 prior to the end of the notice period. If no challenge is made, the revision
602 shall take effect without further action. If the revision is challenged, the
603 revision shall not take effect without the approval of the commission.

604 ARTICLE IX

605 OVERSIGHT, DISPUTE RESOLUTION AND ENFORCEMENT

606 (a) Oversight:

607 (1) Each party state shall enforce the compact and take all actions
608 necessary and appropriate to effectuate the compact's purposes and
609 intent.

610 (2) The Interstate Commission of Nurse Licensure Compact
611 Administrators established pursuant to Article VII of the compact may
612 receive service of process in any proceeding that may affect the powers,
613 responsibilities or actions of the commission and shall have standing to
614 intervene in such proceeding for all purposes. Failure to provide service
615 of process in such proceeding to the commission shall render a
616 judgment or order void as to the commission, compact or promulgated
617 rules.

618 (b) Default, technical assistance and termination:

619 (1) If the commission determines that a party state has defaulted in
620 the performance of its obligations or responsibilities under the compact
621 or the promulgated rules, the commission shall:

622 (A) Provide written notice to the defaulting state and other party
623 states of the nature of the default, the proposed means of curing the
624 default or any other action to be taken by the commission; and

625 (B) Provide remedial training and specific technical assistance
626 regarding the default.

627 (2) If a state in default fails to cure the default, the defaulting state's
628 membership in the compact may be terminated upon an affirmative

629 vote of a majority of the administrators, and all rights, privileges and
630 benefits conferred by the compact may be terminated on the effective
631 date of termination. A cure of the default shall not relieve the offending
632 state of obligations or liabilities incurred during the period of default.

633 (3) Termination of membership in the compact shall be imposed only
634 after all other means of securing compliance have been exhausted.
635 Notice of intent to suspend or terminate shall be given by the
636 commission to the governor of the defaulting state and to the executive
637 officer of the defaulting state's licensing board and each of the party
638 states.

639 (4) A state whose membership in the compact has been terminated
640 shall be responsible for all assessments, obligations and liabilities
641 incurred through the effective date of termination, including, but not
642 limited to, an obligation that extends beyond the effective date of
643 termination.

644 (5) The commission shall not bear any costs related to a state that is
645 found to be in default or whose membership in the compact has been
646 terminated unless agreed upon in writing between the commission and
647 the defaulting state.

648 (6) The defaulting state may appeal the action of the commission by
649 petitioning the United States District Court for the District of Columbia
650 or the federal district in which the commission has its principal offices.
651 The prevailing party shall be awarded all costs of such litigation,
652 including reasonable attorney's fees.

653 (c) Dispute resolution:

654 (1) Upon request by a party state, the commission shall attempt to
655 resolve disputes related to the compact that arise among party states
656 and between party and non-party states.

657 (2) The commission shall promulgate a rule providing for both
658 mediation and binding dispute resolution for disputes, as appropriate.

659 (3) In the event the commission cannot resolve disputes among party
660 states arising under the compact:

661 (A) The party states may submit the issues in dispute to an arbitration
662 panel that shall be comprised of individuals appointed by the compact
663 administrator in each of the affected party states and an individual
664 mutually agreed upon by the compact administrators of all the party
665 states involved in the dispute; and

666 (B) The decision of a majority of the arbitrators shall be final and
667 binding.

668 (d) Enforcement:

669 (1) The commission, in the reasonable exercise of its discretion, shall
670 enforce the provisions and rules of the compact.

671 (2) By majority vote, the commission may initiate legal action in the
672 United States District Court for the District of Columbia or the federal
673 district in which the commission has its principal offices against a party
674 state that is in default to enforce compliance with the provisions of the
675 compact and its promulgated rules and bylaws. The relief sought may
676 include both injunctive relief and damages. If judicial enforcement is
677 necessary, the prevailing party shall be awarded all costs of such
678 litigation, including reasonable attorney's fees.

679 (3) The remedies set forth in the compact shall not be the exclusive
680 remedies of the commission. The commission may pursue any other
681 remedies available under federal or state law.

682 ARTICLE X

683 EFFECTIVE DATE, WITHDRAWAL AND AMENDMENT

684 (a) The compact shall become effective and binding on the date of
685 legislative enactment of the compact into law by not less than twenty-
686 six states or December 31, 2018, whichever is earlier. All party states to
687 the compact that also were parties to the previous Nurse Licensure

688 Compact (Prior Compact) that is superseded by the compact shall be
689 deemed to have withdrawn from the Prior Compact not later than six
690 months after the effective date of the compact adopted pursuant to this
691 section.

692 (b) Each party state to the compact shall continue to recognize a
693 nurse's multistate licensure privilege to practice in such party state
694 issued under the Prior Compact until such party state has withdrawn
695 from the Prior Compact.

696 (c) Any party state may withdraw from the compact by enacting a
697 statute repealing the compact. A party state's withdrawal shall not take
698 effect until six months after enactment of the repealing statute.

699 (d) A party state's withdrawal or termination shall not affect the
700 continuing requirement of the withdrawing or terminated state's
701 licensing board to report adverse actions and significant investigations
702 occurring prior to the effective date of such withdrawal or termination.

703 (e) Nothing contained in the compact shall be construed to invalidate
704 or prevent any nurse licensure agreement or other cooperative
705 arrangement between a party state and a non-party state that is made in
706 accordance with the other provisions of the compact.

707 (f) The compact may be amended by the party states. No amendment
708 to the compact shall become effective and binding upon the party states
709 unless and until it is enacted into the laws of all party states.

710 (g) Representatives of non-party states to the compact shall be invited
711 to participate in the activities of the Interstate Commission of Nurse
712 Licensure Compact Administrators established pursuant to Article VII
713 of the compact, on a nonvoting basis, prior to the adoption of the
714 compact by all states.

715 ARTICLE XI

716 CONSTRUCTION AND SEVERABILITY

717 The compact shall be liberally construed to effectuate the purposes
718 thereof. The provisions of the compact shall be severable, and if any
719 phrase, clause, sentence or provision of the compact is declared to be
720 contrary to the constitution of any party state or of the United States, or
721 if the applicability thereof to any government, agency, person or
722 circumstance is held invalid, the validity of the remainder of the
723 compact and the applicability thereof to any government, agency,
724 person or circumstance shall not be affected thereby. If the compact is
725 determined to be contrary to the constitution of any party state, the
726 compact shall remain in full force and effect as to the remaining party
727 states and in full force and effect as to the party state affected as to all
728 severable matters.

729 Sec. 2. (NEW) (*Effective from passage*) On and after October 1, 2025,
730 until January 1, 2028, the Commissioner of Public Health shall require
731 each person applying to the Department of Public Health for a
732 multistate license, as defined in section 1 of this act, to submit to a state
733 and national fingerprint-based criminal history records check pursuant
734 to section 29-17a of the general statutes.

735 Sec. 3. (NEW) (*Effective from passage*) (a) As used in this section, "home
736 state", "licensing board", "multistate license" and "single-state license"
737 have the same meanings as provided in section 1 of this act.

738 (b) Nothing in section 1 of this act shall prohibit a home state licensing
739 board, upon request from a person with a multistate license, from
740 converting a multistate license to a single-state license that is only valid
741 in the home state.

742 Sec. 4. Section 19a-12d of the general statutes is repealed and the
743 following is substituted in lieu thereof (*Effective from passage*):

744 (a) On or before the last day of January, April, July and October in
745 each year, the Commissioner of Public Health shall certify the amount
746 of revenue received as a result of any fee increase in the amount of five
747 dollars (1) that took effect October 1, 2015, pursuant to sections 19a-88,
748 19a-515, 20-65k, 20-74bb, 20-74h, 20-74s, 20-149, 20-162o, 20-162bb, 20-

749 191a, 20-195c, 20-195o, 20-195cc, 20-201, 20-206b, 20-206n, 20-206r, 20-
750 206bb, 20-206ll, 20-222a, 20-275, 20-395d, 20-398 and 20-412, (2) that took
751 effect October 1, 2021, pursuant to section 20-185k, and (3) that took
752 effect July 1, 2021, pursuant to section 20-12j, and transfer such amount
753 to the professional assistance program account established in section
754 19a-12c.

755 (b) On and after October 1, 2025, until January 1, 2028, in addition to
756 the transfers made pursuant to subsection (a) of this section, the
757 commissioner shall transfer an additional two dollars from each license
758 renewed pursuant to subdivision (1) or (3) of subsection (c) of section
759 19a-88 to the professional assistance program account established
760 pursuant to section 19a-12c. Transfers made pursuant to this subsection
761 shall occur at the same times and frequency as the transfers made
762 pursuant to subsection (a) of this section.

763 Sec. 5. (*Effective from passage*) (a) The Secretary of the Office of the
764 Policy and Management, or the secretary's designee, in consultation
765 with the Commissioner of Public Health and a representative of the
766 professional assistance program for regulated professions established
767 pursuant to section 19a-12a of the general statutes, shall convene a
768 working group to evaluate the implementation of the Nurse Licensure
769 Compact enacted pursuant to section 1 of this act.

770 (b) The working group convened pursuant to subsection (a) of this
771 section shall assess whether the state's continued participation in such
772 compact is in the best interest of the health, safety and welfare of its
773 citizens. At a minimum, the working group shall:

774 (1) Review any long-term effects of the state's participation in such
775 compact;

776 (2) Review educational outreach and training materials developed to
777 support implementation of such compact; and

778 (3) Help inform an evaluation on whether the state should remain a
779 party to such compact.

780 (c) Not later than January 1, 2027, the working group shall report, in
781 accordance with the provisions of section 11-4a of the general statutes,
782 to the joint standing committee of the General Assembly having
783 cognizance of matters relating to public health regarding its findings.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>from passage</i>	New section
Sec. 3	<i>from passage</i>	New section
Sec. 4	<i>from passage</i>	19a-12d
Sec. 5	<i>from passage</i>	New section

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 25 \$	FY 26 \$
Emergency Services and Public Protection, Dept.	GF - Potential Cost	None	Minimal
Resources of the General Fund	GF - Potential Revenue Gain	None	Minimal
Public Health, Dept.	Professional Assistance Program Account - Potential Revenue Gain	None	\$124,000
Resources of the General Fund	GF - Potential Revenue Loss	None	\$124,000

Note: GF=General Fund

Municipal Impact:

Municipalities	Effect	FY 25 \$	FY 26 \$
Various Police Departments	Potential Revenue Gain	None	Minimal

Explanation

The bill, which requires persons applying for a multistate nursing license to submit to fingerprint-based state criminal history records checks, results in: (1) a potential cost to the Department of Emergency Services and Public Protection (DESPP), (2) a potential revenue gain to the General Fund,¹ and (3) a potential revenue gain to the Applicant Fingerprint Card Submission Account and various municipal police

¹DESPP conducts state criminal history records checks for a fee of \$75. The revenue that is collected from this fee is deposited into the General Fund.

departments² in FY 26 through Q2 of FY 28. The potential cost to DESPP will depend on the extent to which the volume of new applicants for state criminal history checks increases department workload. It is unknown how many employers already require applicants to submit to such checks as a condition of employment.

It also directs that an additional \$2 from certain health care provider and other license renewal fees be deposited into the professional assistance program account that supports the Health Assistance InterVention Education Network (HAVEN), resulting in a revenue gain to HAVEN offset in equal amount by a General Fund (GF) revenue loss from diverted licensure fees of approximately \$124,000.

Other provisions of the bill are not anticipated to result in a fiscal impact to the state or municipalities.

House "A" added four sections to the end of the bill. Two of these sections are anticipated to have a fiscal impact, described above.

The Out Years

The fiscal impact identified above will continue in the future subject to the number of state criminal history records checks performed by DESSP and various municipal police departments, and the amount of revenue diverted from the GF to HAVEN.

²DESPP conducts fingerprinting for a fee of \$15 per person paid to the Applicant Fingerprint Card Submission Account. Municipal police departments may also conduct the required fingerprinting for state criminal history records checks and typically charge a fee of \$10 to \$15.

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)