

Nurse Licensure Compact

The Nurse Licensure Compact (NLC) allows registered and licensed practical/vocational nurses who are licensed in one Compact state to practice in all other Compact states, physically, electronically, or telephonically. Nurses practicing under the NLC are subject to the nurse practice act, laws, and regulations of the state in which the patient is located. On January 19, 2018 the Enhanced Nurse Licensure Compact (eNLC) will become effective. Under the eNLC, nurses are able to provide care to patients in other eNLC states, without having to obtain additional licenses. Nurses with an original NLC multistate license will be grandfathered into the eNLC. New applicants residing in compact states will need to meet [11 uniform licensure requirements](#). Those who do not meet the new licensure requirements may still be eligible for a single state license.

The APRN Compact, approved May 4, 2015, allows an advanced practice registered nurse to hold one multistate license with a privilege to practice in other compact states. The APRN Compact will be implemented when 10 states have enacted the legislation. Under the APRN Compact, APRNs are able to provide care to patients located across the country, without having to obtain additional licenses. ANNA supports the APRN Compact and:

It is the position of the American Nephrology Nurses Association (ANNA) that:

- The NLC and eNLC helps to clarify authority for nurses engaged in interstate practice, i.e. case managers and others who work telephonically or electronically. It enables nurses to practice to the full extent of their education and training and serve patients who are often located in other states.
- The NLC and eNLC improves mobility for nurses and, hence, their opportunities for employment. Current licensure practices limit flexibility and availability of potential staff. Improved mobility can facilitate movement of nurses from state to state in response to changes in demand. In response to a disaster, the rapid deployment of qualified nurses is critical to the provision of patient care, particularly where nursing services involve specialized care, such as nephrology nursing.
 - Although some states offer an expedited endorsement process during times of need, it is not sufficient. The process has been reported to be quite labor intensive and happens most often when scarce resources are available to meet critical needs in provision of patient care. There have been experiences during times of emergency when Boards of Nursing could not be contacted.
- The NLC and eNLC should continue to respect each state's licensure requirements. Nurses must be responsible to educate themselves and comply with the regulations of the state(s) in which they practice.
- Compact states are encouraged to adopt the National Council of State Boards of Nursing (NCSBN) Uniform Licensure Requirements (ULRs). <https://www.ncsbn.org/107.htm>. Uniformity of nursing licensure requirements facilitates adoption of the Compact by the legislatures of non-Compact states.
- ANNA members can be instrumental in educating their nurse colleagues and the public on the reasons their state should adopt the NLC and eNLC and its clear benefits to the provision of nursing care.
- Nephrology nurses in non-Compact states should advocate for inclusion in the Compact through their state boards of nursing and legislators.

- Although the APRN Compact has not taken effect, the need is evident:
 - The Affordable Care Act (ACA) creates a greater need for flexibility as more patients seek care by APRNs related to a shortage of primary care physicians.
 - Access to health care in rural settings may mandate greater flexibility in allowing APRNs to practice across state lines.
 - Inclusion of APRNs in an agreement similar to the NLC has the potential to improve and increase patient access to care.
 - ANNA supports the work of The National Council of State Boards of Nursing on a similar compact for APRNs.
- APRN should advocate for inclusion by their state in the APRN Compact. Benefits of the APRN compact will not be enacted until 10 states have joined.

Background and Rationale

The changing landscape of health care delivery requires services to be provided in an integrated and coordinated manner, particularly when the services are provided to patients with complex, chronic, and costly medical conditions. The ability to provide specialized nursing care to patients remotely via telephonic or telenursing Case Management (CM) is critical to improving outcomes and reducing costs. With the implementation of the ACA and the growth of integrated health care, such CM programs will become increasingly important, and the removal of barriers to care delivery is critical.

Participation in the NLC and eNLC facilitates the movement of nurses during disasters or other times of nursing shortage. Non-Compact state status was cited as one reason for staffing shortages as recently as Hurricane Sandy in 2012. As of February 2014, 24 states participate in the NLC and eNLC

References

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ANNA Position Statements are reviewed and reaffirmed biennially.