Why does Minnesota need the Nurse Licensure Compact?

- **It’s good for patients:** Increased patient safety through enhanced sharing of licensure information between Compact states. Increased access to qualified, safe nursing professionals.

- **It’s good for nurses:** Increase mobility for MN nurses to practice across state borders without additional licensure costs or regulatory barriers. Prepare the nursing profession for health care now and into the future.

- **It’s good for business:** Decrease costs for employers who reimburse multi-state nurse licensures for nurses practicing outside MN especially Border States. The NLC provides a clear process for nurse licensure verification especially with MN Border States.

Prepared by Judy Santiago RN 1/11/2011
Nurse Licensure Compact-Fact Sheet

What is the Nurse Licensure Compact?
The NLC is a legal agreement between 2 or more states which allows recognition of nurse licensure in good standing in all states that have adopted the NLC. The Nurse Licensure Compact (NLC) is a “mutual recognition” model of regulation, similar to the Driver’s License Compact model.

How does a state become part of the NLC?
States must pass the NLC into law to become a member of the NLC.

Who regulates nursing practice under the NLC?
The NLC does not replace the state’s sovereign right to regulate nursing practice within its borders. Each state enforces its own Nurse Practice Act and maintains a Board of Nursing.

How many states have adopted the NLC?
There are currently 24 states that are part of the NLC. Missouri will implement the NLC in June 2010.

Why isn’t Minnesota part of the NLC?
• Minnesota has not passed legislation to adopt the NLC. The NLC bill has gone before MN Legislators in 2003, 2008, 2009, 2010, and will be introduced in MN Legislative Session 2011. Many MN legislators have not heard from their constituents regarding the NLC.
• MN Legislature adopted the “Border State Recognition” Law in 2003. The law requires MN Board of Nursing recognize nurse licensure from WI, SD, ND and IA with stipulation the nurse notifies the MN Board of Nursing within 10 days of practice. This is not a reciprocal agreement as MN Border states have adopted the NLC. MN nurses who wish to practice nursing in Border States must follow licensure by endorsement rules and pay all required fees set forth in each state.

Does the NLC affect the standard of nurses coming into the state?
Nurses in all 50 states and US territories must pass the NCLEX exam, graduate from an accredited school of nursing (national accreditation) to obtain nurse licensure. Each state may require additional requirements to maintain licensures. Most states have substantially similar requirements/standards for nursing practice. Example: If you have a friend or family member in another state requiring medical care, would you allow care to take place in another state believing it is essentially similar to care in MN, or would you require all medical care to be done in MN?

Does that NLC take away from nurses’ rights to form or keep a union?
The NLC does not impact the statutory authority at state or federal level for collective bargaining. The NLC does not facilitate strikebreaking. Current law allows licensure by endorsement for nurses from other states to practice in MN stipulating regulations set forth by MN Board of Nursing are met. Licensure by endorsement may allow many licensures to be granted over a short period of time-without having the NLC enacted. The Compact does not replace or interfere with state labor laws.

Will Minnesota lose licensure revenue under the NLC?
A recent, informal study by the MN Board of Nursing, in cooperation with MN Border States, found the NLC would not create a loss in license revenue.

For further information, please contact Judy Santiago RN at judy.santiago@rtwi.com.
Support for the Nurse Licensure Compact in Minnesota

- Mayo Clinic
- Health Partners Hospitals and Clinics
- Gillette Health Systems
- Allina Hospitals and Clinics
- Essentia Health System
- Sanford Health
- Health East

- Minnesota Organization of Leaders in Nursing (MOLN) and American Association of Nurse Executives (AONE)
- Minnesota Directors of Nursing Administration (MN-DONA)
- Minnesota Association of Occupational Health Nurses (MAOHN) and American Association of Occupational Health Nurses (AAOHN)
- Minnesota State Council of Peri-Operative Nurses (MNSCORN)
- Case Managers Society of America and Minnesota Chapter (CMSA)
- American Association of Ambulatory Care Nurses

- Care Providers of Minnesota
- Aging Services of Minnesota

- RTW, Inc./ State Auto, Inc.
- Alaris Group

- National Association of Attorney Generals (NAAG)

OPPOSITION

- Minnesota Nurses Association/National Nurses United (NNU-AFL-CIO)