

SENATE No. 1131

The Commonwealth of Massachusetts

PRESENTED BY:

Richard T. Moore

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act adopting the nurse licensure compact.

PETITION OF:

NAME:

DISTRICT/ADDRESS:

Richard T. Moore

Patricia D. Jehlen

Bruce E. Tarr

SENATE No. 1131

By Mr. Moore, petition (accompanied by bill, Senate, No. 1131) of Tarr, Jehlen and Moore for legislation to adopt the nurse licensure compact [Joint Committee on Public Health].

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE SENATE, NO. 854 OF 2009-2010.]

The Commonwealth of Massachusetts

In the Year Two Thousand Eleven

An Act adopting the nurse licensure compact.

Whereas, The deferred operation of this act would tend to defeat its purpose, which is to increase public access to safe nursing care, provide for the rapid deployment of qualified nurses in response to a state of emergency, address the emerging practice of nursing through telecommunications technology, and build effective interstate communication on licensure and enforcement issues, therefore, it is hereby declared to be an emergency law, necessary for the immediate preservation of the public safety.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. The General Laws are hereby amended by inserting after Chapter
2 112 the following new chapter:-

3 Chapter 112A. Nurse Licensure Compact

4 Section 1. Notwithstanding any general or special law to the contrary, the
5 “Nurse Licensure Compact” or Compact as adopted by the National Council of State Boards of
6 Nursing Nurse Licensure Compact in its Final Version dated November 6, 1998 is hereby

7 enacted into law. The Massachusetts board of registration in nursing shall adopt regulations in
8 the same manner as all other with states legally joining in the Compact as set forth in this
9 chapter.

10 Section 2. General Findings

11 a. The party states find that:

12 1. the health and safety of the public are affected by the degree of
13 compliance with and the effectiveness of enforcement activities related to state nurse licensure
14 laws;

15 2. violations of nurse licensure and other laws regulating the practice
16 of nursing may result in injury or harm to the public;

17 3. the expanded mobility of nurses and the use of advanced
18 communication technologies as part of our nation's healthcare delivery system require greater
19 coordination and cooperation among states in the areas of nurse licensure and regulation;

20 4. new practice modalities and technology make compliance with
21 individual state nurse licensure laws difficult and complex; and

22 5. the current system of duplicative licensure for nurses practicing in
23 multiple states is cumbersome and redundant to both nurses and states.

24 b. The general purposes of this Compact are to:

25 1. facilitate the states' responsibility to protect the public's health and
26 safety;

48 investigative information that indicates that the nurse represents an immediate threat to
49 public health and safety regardless of whether the nurse has been notified and had an opportunity
50 to respond;

51 "Home state" means the party state which is the nurse's primary state of residence;

52 "Home state action" means any administrative, civil, equitable or criminal action
53 permitted by the home state's laws which are imposed on a nurse by the home state's licensing
54 board or other authority including actions against an individual's license such as: revocation,
55 suspension, probation or any other action which affects a nurse's authorization to practice;

56 "Licensing board" means a party state's regulatory body responsible for issuing nurse
57 licenses;

58 "Multistate licensure privilege" means current, official authority from a remote state
59 permitting the practice of nursing as either a registered nurse or a licensed practical/vocational
60 nurse in such party state. All party states have the authority, in accordance with existing state due
61 process laws, to take actions against the nurse's privilege such as: revocation, suspension,
62 probation or any other action which affects a nurse's authorization to practice;

63 "Nurse" means a registered nurse or licensed practical/vocational nurse, as those terms
64 are defined by each party's state practice laws;

65 "Party state" means any state that has adopted this Compact;

66 "Remote state" means a party state, other than the home state, where the patient is located
67 at the time nursing care is provided or, in the case of the practice of nursing not involving a
68 patient, in such party state where the recipient of nursing practice is located;

69 "Remote state action" means: any administrative, civil, equitable or criminal action
70 permitted by a remote state's laws which are imposed on a nurse by the remote state's licensing
71 board or other authority including actions against an individual's multistate licensure privilege to
72 practice in the remote state; and

73 cease and desist and other injunctive or equitable orders issued by remote states or the
74 licensing boards thereof;

75 "State" means a state, territory, or possession of the United States, the District of
76 Columbia or the Commonwealth of Puerto Rico;

77 "State practice laws" means those individual party's state laws and regulations that
78 govern the practice of nursing, define the scope of nursing practice, and create the methods and
79 grounds for imposing discipline;

80 "State practice laws" does not include the initial qualifications for licensure or
81 requirements necessary to obtain and retain a license, except for qualifications or requirements of
82 the home state.

83 Section 4. General Provisions and Jurisdictions

84 a. A license to practice registered nursing issued by a home state to a
85 resident in that state will be recognized by each party state as authorizing a multistate licensure
86 privilege to practice as a registered nurse in such party state. A license to practice licensed
87 practical/vocational nursing issued by a home state to a resident in that state will be recognized
88 by each party state as authorizing a multistate licensure privilege to practice as a licensed
89 practical/vocational nurse in such party state. In order to obtain or retain a license, an applicant

90 must meet the home state’s qualifications for licensure and license renewal as well as all other
91 applicable state laws.

92 b. Party states may, in accordance with state due process laws, limit or
93 revoke the multistate licensure privilege of any nurse to practice in their state and may take any
94 other actions under their applicable state laws necessary to protect the health and safety of their
95 citizens. If a party state takes such action, it shall promptly notify the administrator of the
96 coordinated licensure information system. The administrator of the coordinated licensure
97 information system shall promptly notify the home state of any such actions by remote states.

98 c. Every nurse practicing in a party state must comply with the state practice
99 laws of the state in which the patient is located at the time care is rendered. In addition, the
100 practice of nursing is not limited to patient care, but shall include all nursing practice as defined
101 by the state practice laws of a party state. The practice of nursing will subject a nurse to the
102 jurisdiction of the nurse licensing board and the courts, as well as the laws, in that party state.

103 d. This Compact does not affect additional requirements imposed by states
104 for advanced practice registered nursing. However, a multistate licensure privilege to practice
105 registered nursing granted by a party state shall be recognized by other party states as a license to
106 practice registered nursing if one is required by state law as a precondition for qualifying for
107 advanced practice registered nurse authorization.

108 e. Individuals not residing in a party state shall continue to be able to apply
109 for nurse licensure as provided for under the laws of each party state. However, the license
110 granted to these individuals will not be recognized as granting the privilege to practice nursing in
111 any other party state unless explicitly agreed to by that party state.

112 Section 5 Application for Licensure in a Party State

113 a. Upon application for a license, the licensing board in a party state shall
114 ascertain, through the coordinated licensure information system, whether the applicant has ever
115 held, or is the holder of, a license issued by any other state, whether there are any restrictions on
116 the multistate licensure privilege, and whether any other adverse action by any state has been
117 taken against the license.

118 b. A nurse in a party state shall hold licensure in only one party state at a
119 time, issued by the home state.

120 c. A nurse who intends to change primary state of residence may apply for
121 licensure in the new home state in advance of such change. However, new licenses will not be
122 issued by a party state until after a nurse provides evidence of change in primary state of
123 residence satisfactory to the new home state's licensing board.

124 d. When a nurse changes primary state of residence by:

125 1. moving between two party states, and obtains a license from the
126 new home state, the license from the former home state is no longer valid;

127 2. moving from a non-party state to a party state, and obtains a
128 license from the new home state, the individual state license issued by the non-party state is not
129 affected and will remain in full force if so provided by the laws of the non-party state; or

130 3. moving from a party state to a non-party state, the license issued
131 by the prior home state converts to an individual state license, valid only in the former home
132 state, without the multistate licensure privilege to practice in other party states.

133 Section 6. Adverse Actions

134 In addition to the provisions of Section 4, the following provisions shall apply:

135 a. The licensing board of a remote state shall promptly report to the
136 administrator of the coordinated licensure information system any remote state actions including
137 the factual and legal basis for such action, if known. The licensing board of a remote state shall
138 also promptly report any significant current investigative information yet to result in a remote
139 state action. The administrator of the coordinated licensure information system shall promptly
140 notify the home state of any such reports.

141 b. The licensing board of a party state shall have the authority to complete
142 any pending investigations for a nurse who changes primary state of residence during the course
143 of such investigations. It shall also have the authority to take appropriate action(s), and shall
144 promptly report the conclusions of such investigations to the administrator of the coordinated
145 licensure information system. The administrator of the coordinated licensure information system
146 shall promptly notify the new home state of any such actions.

147 c. A remote state may take adverse action affecting the multistate licensure
148 privilege to practice within that party state. However, only the home state shall have the power to
149 impose adverse action against the license issued by the home state.

150 d. For purposes of imposing adverse action, the licensing board of the home
151 state shall give the same priority and effect to reported conduct received from a remote state as it
152 would if such conduct had occurred within the home state. In so doing, it shall apply its own
153 state laws to determine appropriate action.

154 e. The home state may take adverse action based on the factual findings of
155 the remote state, so long as each state follows its own procedures for imposing such adverse
156 action.

157 f. Nothing in this Compact shall override a party state's decision that
158 participation in an alternative program may be used in lieu of licensure action and that such
159 participation shall remain non-public if required by the party state's laws. Party states must
160 require nurses who enter any alternative programs to agree not to practice in any other party state
161 during the term of the alternative program without prior authorization from such other party
162 state.

163 Section 7. Additional Authorities Invested in Party State Nurse Licensing
164 Boards

165 Notwithstanding any other powers, party state nurse licensing boards shall have the
166 authority to:

167 a. if otherwise permitted by state law, recover from the affected nurse the
168 costs of investigations and disposition of cases resulting from any adverse action taken against
169 that nurse;

170 b. issue subpoenas for both hearings and investigations which require the
171 attendance and testimony of witnesses, and the production of evidence. Subpoenas issued by a
172 nurse licensing board in a party state for the attendance and testimony of witnesses, and/or the
173 production of evidence from another party state, shall be enforced in the latter state by any court
174 of competent jurisdiction, according to the practice and procedure of that court applicable to
175 subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness

176 fees, travel expenses, mileage and other fees required by the service statutes of the state where
177 the witnesses and/or evidence are located.

178 c. issue cease and desist orders to limit or revoke a nurse’s authority to
179 practice in their state; and

180 d. promulgate uniform rules and regulations as provided for in Section 9c of
181 this Chapter

182 Section 8. Coordinated Licensure Information Systems

183 a. All party states shall participate in a cooperative effort to create a
184 coordinated data base of all licensed registered nurses and licensed practical/vocational nurses.
185 This system will include information on the licensure and disciplinary history of each nurse, as
186 contributed by party states, to assist in the coordination of nurse licensure and enforcement
187 efforts.

188 b. Notwithstanding any other provision of law, all party states’ licensing
189 boards shall promptly report adverse actions, actions against multistate licensure privileges, any
190 current significant investigative information yet to result in adverse action, denials of
191 applications, and the reasons for such denials, to the coordinated licensure information system.

192 c. Current significant investigative information shall be transmitted through
193 the coordinated licensure information system only to party state licensing boards.

194 d. Notwithstanding any other provision of law, all party states’ licensing
195 boards contributing information to the coordinated licensure information system may designate

196 information that may not be shared with non-party states or disclosed to other entities or
197 individuals without the express permission of the contributing state.

198 e. Any personally identifiable information obtained by a party states'
199 licensing board from the coordinated licensure information system may not be shared with non-
200 party states or disclosed to other entities or individuals except to the extent permitted by the laws
201 of the party state contributing the information.

202 f. Any information contributed to the coordinated licensure information
203 system that is subsequently required to be expunged by the laws of the party state contributing
204 that information shall also be expunged from the coordinated licensure information system.

205 g. The Compact administrators, acting jointly with each other and in
206 consultation with the administrator of the coordinated licensure information system, shall
207 formulate necessary and proper procedures for the identification, collection and exchange of
208 information under this Compact.

209 Section 9. Compact Administration and Interchange of Information

210 a. The head of the nurse licensing board, or his/her designee, of each party
211 state shall be the administrator of this Compact for his/her state.

212 b. The Compact administrator of each party state shall furnish to the
213 Compact administrator of each other party state any information and documents including, but
214 not limited to, a uniform data set of investigations, identifying information, licensure data, and
215 disclosable alternative program participation information to facilitate the administration of this
216 Compact.

217 c. Compact administrators shall have the authority to develop uniform rules
218 to facilitate and coordinate implementation of this Compact. These uniform rules shall be
219 adopted by party states, under the authority invested under Section 7 (d) of this Chapter.

220 Section 10. Immunity

221 No party state or the officers or employees or agents of a party state's nurse
222 licensing board who acts in accordance with the provisions of this Compact shall be liable on
223 account of any act or omission in good faith while engaged in the performance of their duties
224 under this Compact. Good faith under this section shall not include willful misconduct, gross
225 negligence, or recklessness.

226 Section 11. Entry into Force, Withdrawal and Amendment

227 a. This Compact shall enter into force and become effective as to any state
228 when it has been enacted into the laws of that state. Any party state may withdraw from this
229 Compact by enacting a statute repealing the same, but no such withdrawal shall take effect until
230 six months after the withdrawing state has given notice of the withdrawal to the executive heads
231 of all other party states.

232 b. No withdrawal shall affect the validity or applicability by the licensing
233 boards of states remaining party to the Compact of any report of adverse action occurring prior to
234 the withdrawal.

235 c. Nothing contained in this Compact shall be construed to invalidate or
236 prevent any nurse licensure agreement or other cooperative arrangement between a party state
237 and a non-party state that is made in accordance with the other provisions of this Compact.

238 d. This Compact may be amended by the party states. No amendment to this
239 Compact shall become effective and binding upon the party states unless and until it is enacted
240 into the laws of all party states.

241 Section 12. Construction and Severability

242 a. This Compact shall be liberally construed so as to effectuate the purposes
243 thereof. The provisions of this Compact shall be severable and if any phrase, clause, sentence or
244 provision of this Compact is declared to be contrary to the constitution of any party state or of
245 the United States or the applicability thereof to any government, agency, person or circumstance
246 is held invalid, the validity of the remainder of this Compact and the applicability thereof to any
247 government, agency, person or circumstance shall not be affected thereby. If this Compact shall
248 be held contrary to the constitution of any state party thereto, the Compact shall remain in full
249 force and effect as to the remaining party states and in full force and effect as to the party state
250 affected as to all severable matters.

251 b. In the event party states find a need for settling disputes arising under this
252 Compact:

253 1. The party states may submit the issues in dispute to an arbitration
254 panel which will be comprised of an individual appointed by the Compact administrator in the
255 home state; an individual appointed by the Compact administrator in the remote state(s)
256 involved; and an individual mutually agreed upon by the Compact administrators of all the party
257 states involved in the dispute.

258 2. The decision of a majority of the arbitrators shall be final and
259 binding.

260 Section 13. The executive director of the board of registration in nursing, or the
261 board executive director's designee, shall be the administrator of the Nurse Licensure Compact
262 for the commonwealth.

263 Section 14. The board of registration in nursing may adopt regulations
264 necessary to implement the provisions of this chapter.

265 Section 15. The board of registration in nursing may recover from a nurse the
266 costs of investigation and disposition of cases resulting in any adverse disciplinary action taken
267 against that nurse's license or privilege to practice. Funds collected pursuant to this section shall
268 be deposited in the Quality in Health Professions Trust Fund established pursuant to section 35X
269 of chapter 10.

270 Section 16. The board of registration in nursing may take disciplinary action
271 against the practice privilege of a registered nurse or of a licensed practical/vocational nurse
272 practicing in the commonwealth under a license issued by a state that is a party to the Nurse
273 Licensure Compact. The board's disciplinary action may be based on disciplinary action against
274 the nurse's license taken by the nurse's home state.

275 Section 17. In reporting information to the coordinated licensure information
276 system under Section 8 of this chapter related to the Nurse Licensure Compact, the board of
277 registration in nursing may disclose personally identifiable information about the nurse,
278 including social security number.

279 Section 18. Enactment of the Nurse Licensure Compact shall not supersede
280 existing labor laws.

281 Section 19. The commonwealth, its officers and employees, and the board of
282 registration in nursing and its agents who act in accordance with the provisions of this chapter
283 shall not be liable on account of any act or omission in good faith while engaged in the
284 performance of their duties under this chapter. Good faith shall not include willful misconduct,
285 gross negligence, or recklessness.

286 SECTION 2. The effective date of entry into the Nurse Licensure Compact
287 shall be one year from the effective date of this Act. Prior to said effective date, the board of
288 registration in nursing may take such actions as are necessary to effectuate entry into, and
289 implement, the Compact.

290 SECTION 3. Notwithstanding any general or special law to the Contrary, the
291 secretary of administration and finance, following a public hearing, shall increase the fee for
292 obtaining or renewing a license, certificate, registration, permit or authority issued by a board
293 within the department of public health, excluding the board of registration in medicine, as
294 necessary to implement the provisions of the Nurse Licensure Compact. All of this increase
295 shall be deposited in the Quality in Health Professions Trust Fund established in section 35X of
296 Chapter 10.