Increasing Access to Nursing Care Across the Nation
Overview of the Mutual Recognition Model of Licensure

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Mutual Recognition: A Model of Licensure

• The basic concepts…
  – Your state accepts our licensees who have met the licensure requirements in our state.
  – Our state accepts your licensees who have met the licensure requirements in your state.
  – We mutually recognize the licenses of other compact states. Therefore, that one license is then valid in many states. Hence, a multistate license.
What is Mutual Recognition?

- A Model of Licensure
- Well known example: The Driver’s License
- Not so well known: The Driver’s License Compact (DLC)
- Nursing uses this model in the Nurse Licensure Compact (NLC); therefore, there are common elements between the two compacts
Residency

**NLC**
- The multistate license is issued in the state which is your primary state of residence (the home state).

**DLC**
- Issued in the state which is your primary state of residence, the home state.
Privileges

NLC
- One multistate license authorizes practice in all compact states; i.e., it gives the nurse the privilege to practice in all compact states.

DLC
- One (multistate) driver’s license authorizes a driver to drive in all compact states; i.e., the driver has driving privileges in all compact states.
License Fees

**NLC**
- The multistate license fee is paid to the home state.
- The home state determines the fee.

**DLC**
- Fees are paid in the primary state of residence.
- Each state sets its own fee.
Laws

**NLC**
- A nurse is required to comply with the laws in the state of practice.
- The nurse is accountable to the jurisdiction in which the nurse is practicing.

**DLC**
- A driver must follow the laws in the state where driving.
Discipline

NLC
• A nurse that violates in a state other than the home state may have enforcement action taken against the privilege to practice in that state.

DLC
• A driver that violates in a state other than the home state may have enforcement action taken by that state which may impact the driver’s privilege to drive in that state.
Discipline – Part 2

NLC

• Action taken for a violation in a “remote state” is reported to the home state.
• The home state then takes action against the license, as if the violation occurred in the home state.

DLC

• Action taken for a violation in a state other than the home state is reported to the home state.
• The home state then takes action on the license, as if the violation occurred in the home state.
Exchange of Information

**NLC**
- Authorized by statute, any licensee information may be shared with another compact state.
- A coordinated database enables communication between states.

**DLC**
- Each state is authorized to exchange licensee information with other states.
- An electronic database system is utilized for information exchange.
Infrastructure

NLC
- Each state pays an annual fee to be a member.
- An Executive Committee is elected.
- The related non-profit association (NCSBN) serves as secretariat.

DLC
- Each state pays an annual fee.
- An Executive Board is elected.
- The related non-profit association (AAMVA) serves as secretariat.
Thank you!

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The New Expedited Pathway to Medical Licensure
Topics to cover and questions to answer

1. Background and growth information
2. How does it work and what does it do?
3. Where are we now?
4. What are the lessons learned?
Timeline

- **January 2013** – Federation of State Medical Boards (FSMB) convenes Compact meeting
- **April 2013** – Resolution 13-5: Development of an Interstate Compact to Expedite Medical Licensure and Facilitate Multi-State Practice
- **April 2013** – Interstate Medical Licensure Compact Taskforce
- **April 2014** – Handoff to IMLC Drafting Team
- **September 2014** – Compact Drafting Team completes final draft legislation
- **May 2015** – Compact activated with the passage by the 7th state
- **October 2015** – Chicago, IL Inaugural meeting
- **April 2017** – Open for business
Timeline - Continued

- **April 2017 to June 2017**
  - 125 applications
  - 81 licenses
  - $52,900.00 – IMLCC gross fee revenue
  - $10,625.00 – paid to member boards

- **July 2017 to June 2018**
  - 1,447 applications
  - 2,220 licenses
  - $461,025.00 – IMLCC gross fee revenue
  - $948,986.08 – paid to member boards

- **July 2018 to June 2019**
  - 2,698 applications
  - 3,980 licenses
  - $942,950.00 – IMLCC gross fee revenue
  - $2,495,334.48 – collected for member boards

- **July 2019 to August 2019**
  - 620 applications
    - Extrapolated to 3,720 for FY
  - 709 licenses
    - Extrapolated to 4,254 for FY

Please note financial numbers are unaudited
Processing
Sample review of 2,845 completed applications found --

- Physicians obtain on average 3 licenses per application
- 64% of the physicians obtained 1 or 2 license
- 36% of the physicians obtained 3 or more
  - 13% of the physicians obtained 7 or more licenses
- 10% of the physicians were determined to not meet the eligibility requirements
- 20% of the physicians applied for additional licenses after the initial application was completed
- Average days between application and LOQ = 36 calendar days
  - 32% completed in 15 days or less
- Average days between LOQ and licenses issued = 19 days
  - 51% physicians obtaining their licenses in 7 days or less

Most LOQ’s issued
- 345 = Illinois Department of Financial and Professional Regulation
- 333 = Wisconsin Medical Examining Board
- 286 = Arizona Medical Board

Most licenses issued
- 418 = Wisconsin Medical Examining Board
- 387 = Minnesota Board of Medical Practice
- 320 = Iowa Board of Medicine
The 9 Common Standards

Key assumption – The physician pre-qualifies her/himself – fees paid up-front and non-refundable

1. Medical School Accreditation: LCME, COCA, IMED
2. No more than 3 attempts at USMLE or COMLEX-USA steps
3. Graduate Medical Education accreditation by ACGME or AOA
4. ABMS or AOA-BOS including time-unlimited certificates
5. No prior convictions or criminal activity
6. No history of licensure actions
7. Clean DEA history
8. No active investigations
9. Must pass FBI Criminal Background Check
Selecting a State of Principal Licensure (SPL)

To select an SPL you must meet the following qualifications:

- HOLD a full, unrestricted medical license in a Compact Member state (AL, AZ, CO, IA, ID, IL, KS, MD, ME, MS, MT, ND, NE, NH, NV, SD, TN, UT, WA, WI, WV, WY)

- MEET at least one of the four following requirements:
  - Your principal residence is in the SPL
  - At least 25% of your practice of medicine occurs in the SPL
  - Your employer is located in the SPL
  - You use the SPL as your state of residence for U.S. federal income tax purposes
CURRENT MEMBER STATES

• 29 states, 1 district and 1 territory passed the legislation
  • 42 member boards – MD only, DO only and combined MD/DO

• 23 states active
  • 22 states acting as SPL
  • 1 state issuing licenses only

• 6 States, DC and Guam working to go active
  • 4 with an anticipated date
  • 4 with no date selected

• States with active legislation – NJ
• See imlcc.org for latest updates
EXECUTIVE COMMITTEE & Commissioners

- Kenneth Simons (WI) – Chair
- Ruth Martinez (MN) – Vice Chair
- Diana Shepard (WV) – Immediate Past Chair
- Edward Cousineau (NV) – Treasurer and Budget Committee Chair
- Brian Zachariah (IL) – Audit Committee Chair
- Timothy Terranova (ME) – Communications Committee Chair
- Patricia McSorely (AZ) Personnel Committee Chair
- Christine Farrelly (MD) – Rules and Administrative Committee Chair
- Kevin Bohnenblust (WY) – Technology Committee Chair
- 47 Appointed Commissioners with 15 vacant positions
IMLCC STAFF

• Marschall Smith, Executive Director
• Wanda Bowling, IT Project Manager
• Vacant, Customer Service Liaison Manger
• Rick Masters, Legal Counsel
• Linda Bell, Customer Service
• Todd Mata, Bookkeeper
Projects for 2019

- Implement a data management system
- Refine the IMLCC license renewal process
- Redesign the webpage
- Develop a strategic plan
- Expand customer service
- Provide an on-going training process
Lessons Learned

• Always more to do than time or resources to do it – prioritize and assign the work
• Communication is important – hold regular meetings
• Develop a simple message – then keep saying it.
• Don’t advocate – advance the idea, answer questions and be proud
• Set up a strong committee process – every member board needs to have an active role
• Document and record every step and every decision – because later comes pretty darn fast and the brakes never work
• Plan for growth – anticipate that it will be more than planned
• Questions?

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Policy Environment in States

- Legislators
- Governor
- Professional Associations
- Nurse Educators
- Employers
- Unions
History of the Nurse Licensure Compact in Texas

- 2000  TX implements 1\textsuperscript{st} NLC ---- TX, MD, UT, WI
- 2015  Compact Amended by NCSBN to add ULRs, Interstate Commission and Rule Making Authority
- 2017  Texas passes enhanced NLC
- 2018  Texas implements eNLC
Why Change the Compact Language?

• By 2015 the Compact had stalled. New states were not joining.

• NCSBN convened a group of states to identify barriers

• ULRs were the biggest barrier to adoption

  • Criminal Background Checks
  • No felony convictions
  • No misdemeanor convictions related to the practice of nursing
  • No current disciplinary action
  • Not currently in an alternative to discipline program
Nurse Licensure Compact

- One license—multiple states
- Reduces cost to licensees
- Creates mobility options
- Increases access to care for patients
- Allows mobility for nurses to practice across state lines
- Facilitates Telehealth practice
- Allows timely relief nursing services in disasters
- Invests all party states with the authority to hold a nurse accountable
Issues Feared and Issues Realized

- Consensus among states 50 jurisdictions
- Revenue implications
- Timely discipline
- Sharing of significant investigative information and disciplinary actions
Lessons Learned

• Research the experiences of other Compacts
• Take time to prepare your constituents and licensees
• Know your opponents and their concerns
• Educate, educate, and re-educate
• A robust database is key to sharing of information with other boards and with the public
Lessons Learned

• Cooperate with other party states in investigating violations
  – The home state action affects all party state privileges
  – The party states reserve the right to take their own action against the Privilege to Practice
Lessons Learned

• Partner with the national association for your regulatory boards for secretariat services

• Partner with Other Compact Administrators to share experiences
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Overview of the Emergency Medical Services (EMS) Personnel Practice Compact

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Why an EMS Compact?

Public Protection

National Coordinated EMS Database

Mobility of Qualified EMS Personnel
EMS Compact Framework

- National Coordinated EMS Licensure Database
- Privilege To Practice in Other Compact States
- Compact Commission - Cross Border Management
- Veteran & Spouse Expedited Processing
How Does the Compact Help EMS Personnel?

• Reduces the need to hold multiple state EMS licenses
• Enables cross border, day-to-day EMS activities
  • Air-medical flights
  • Wildland fires
  • Large pre-scheduled events
  • Emergency patients picked up in one state and transported to an adjacent state
How Does the Compact Help Patients?

- Increased number of available EMS personnel
- Protects patients though proper screening of EMS personnel crossing state borders
- Assures EMS personnel meet a uniform, national ‘fitness to practice’
- Gives states access to coordinated disciplinary data on all EMS personnel from EMS Compact states
How Does the Compact Help States?

• Establishes common national standards for obtaining an EMS personnel license in participating states
• Assures physician medical direction
• Reduces barriers to access of EMS personnel from EMS compact states
• Encourages the entry of qualified veterans and spouses into the civilian EMS workforce through expedited license processing
Important Points!

- Compact does **not** provide a multi-state license
- Compact does **not** provide automatic reciprocity
- Compact is specific to the licensure of people – No authority over EMS/Ambulance Agency License
EMS Compact State Eligibility

Licensure Exam
- NREMT Exam
- EMT and Paramedic
- Initial Licensure

Background Check
- FBI Compliant
- Biometric (Fingerprints)
- Within Five Years of Compact Activation (by 5/2022)

Investigation Process
- Receive, Investigate, and Resolve Complaints
- Share Information (other Compact States as necessary)

Law
- Enact EMS Compact Legislation
Current Work

• Rules
• Coordinated Database
Contact

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