



SB 124: Multistate Nurse Licensure Compact
Sectional Analysis, Version A

- Sections 1-2 Amends AS 08.01.065 – *Business and Professions: establishment of fees* – to add a new subsection (l) that requires the fee for a multistate registered nurse (RN) or practical nurse (LPN) to be double the fee set for the single-state license, and to add reference to subsection (l) in subsection (c).
- Sections 3-4 Amend AS 08.02.130(j)(1) and AS 08.11.120(b) – under *telehealth* and *audiology exemptions* respectively – to make a conforming change by updating “a nurse licensed under AS 08.68” to “a nurse licensed **or privileged to practice** under AS 08.68.”
- Sections 5-17 amend AS 08.68: Nursing –
- Section 5 Amends AS 08.68.100(a) – under *duties and powers of board* – to require the Board of Nursing (“board”) to implement the Multistate Nurse Licensure Compact (“NLC”), including adoption of necessary regulations.
- Sections 6-7 Amend AS 08.68.160 and AS 08.68.170(c) – *license required and qualifications of registered or practical nurse applicants*, respectively – to make a conforming change by updating “a nurse licensed under AS 08.68” to “a nurse licensed **or privileged to practice** under AS 08.68.”
- Section 8 Amends AS 08.68.220 – *fees* – to add reference to a multistate licensure privilege fee for RNs and LPNs.
- Sections 9-14 Amend various sections of AS 08.68 to make a conforming change by updating “a nurse licensed under AS 08.68” to “a nurse licensed **or privileged to practice** under AS 08.68.”
- Section 15 Creates a new Article 5A – *Multistate Nurse Licensure Compact* – and section – AS 08.68.500. *Compact enacted* – to enact the NLC into law on behalf of the state with all other states and jurisdictions legally joining it in a form as follows:
- Article I. Findings and Declaration of Purpose.** Declares the legislative findings related to, and purpose of, the NLC – including states’ responsibility to protect public health and safety; promoting compliance with nursing practice laws in each jurisdiction; and decreasing redundancies in nurse licensing.
- Article II. Definitions.** Provides definitions for the Compact in line with standard Compact and/or licensing law definitions. Relevant definition is “multistate license”, meaning a registered nurse (RN) or licensed practical/vocational nurse (LPN/VN) issued by a home state authorizing that nurse to practice in all party states under multistate licensure privilege.

Article III. General Provisions and Jurisdiction. Requires each party (i.e., member) state to recognize a multistate license as authorizing practice under multistate licensure privilege and to implement procedures for FBI and state criminal history records for initial multistate licensure.

In all party states, an applicant must meet the following to qualify for a multistate license:

- Meet the home state’s license and renewal and all other applicable state laws;
- Graduated (or be eligible to graduate) from a licensing board-approved RN or LPN/VN prelicensure education program, as applicable, or have graduated from an approved foreign RN or LPN/VN prelicensure education program;
 - *If graduated from a foreign prelicensure education program not taught in English or if English is not the individual’s native language:* Successful passage of an English proficiency examination including reading, speaking, writing, and listening;
- Successfully passed an NCLEX-RN or NCLEX-PN examination or a recognized predecessor (as applicable);
- Hold (or be eligible for) an active, unencumbered license;
- Submitted fingerprints or other biometric-based information to obtain the FBI and state criminal history records;
- Never have been convicted, found guilty, or entered into an agreed disposition, of a felony offense;
- Never have been convicted, found guilty, or entered into an agreed disposition, of a misdemeanor offense related to the practice of nursing;
- Is not currently enrolled in an alternative program;
- Is subject to self-disclosure requirements regarding current participation in an alternative program; and
- Has a valid U.S. Social Security number.

All party states are authorized – in accordance with existing state’s due process law – to take adverse action against a nurse’s multistate licensure privilege in that state, including cease and desist actions. If the state takes action, it must promptly notify the NLC coordinated licensure information system.

A nurse must comply with the practice laws of the state in which the client is located, not only related to patient care, but all nursing practice as defined by that state’s practice laws. A nurse is under the jurisdiction of that state’s licensing board, courts, and laws.

Nurses who do not hold residency in a party state can still apply for single-state licenses in party states.

If a nurse fails to satisfy the multistate license requirements due to a disqualifying event, the multistate license shall be revoked or deactivated.

Article IV. Applications for Licensure in a Party State. When a nurse applies for a multistate license, that state must confirm, through the coordinated licensure information system, which U.S. jurisdictions the applicant holds or has ever held a license, if there are any encumbrances on or adverse action against any license or multistate licensure privilege, and whether the applicant is currently participating in an alternative program.

A nurse can only hold a multistate license issued by the home state (and no more than one). If a nurse changes primary state of residence by moving between two party states, they must apply for licensure in the new home state by meeting all requirements in Article III, and the multistate license issued by the prior home state will be deactivated. The nurse can apply in advance of the change in residency, but the new license cannot be issued until the nurse provides satisfactory evidence of the change.

If a nurse changes primary state of residence from a party state to a non-party state, the multistate license will convert to a single-state license in the prior home state.

Article V. Additional Authorities Invested in Party State Licensing Boards. In addition to other powers conferred by state law, a state’s licensing board has the authority to:

- Take adverse action against a nurse’s multistate licensure privilege in that state.
 - Home states must give the same priority and effect to reported conduct from a party state as it would if the conduct had occurred in the home state.
- Issue cease and desist orders or impose encumbrances on the nurse’s authority to practice within that party state.
- Complete pending investigations of a nurse who changes primary state of residence during an investigation and take appropriate action(s).
 - The board must promptly notify conclusions of such investigations to the coordinated licensure information system, which then promptly notifies the new home state.
- Issue subpoenas for both hearings and investigations.
- If otherwise permitted by state law, recover from the affected nurse the costs of investigations and dispositions of cases resulting from adverse action
- Take adverse action following the licensing board’s own procedures.

If adverse action is taken against a multistate license by the home state, the nurse’s multistate licensure privilege in all other party states is deactivated until all encumbrances have been removed from the multistate license. All home state disciplinary orders imposing adverse action against a multistate license must include this. Nothing in the Compact overrides a party state’s decision that participation in an alternative program can be issued in lieu of adverse action, but the nurse’s multistate license must be deactivated during the duration of the nurse’s participation in the program.

Article VI. Coordinated Licensure Information System and Exchange of Information. All party states participate in the coordinated licensure information system (“system”), which includes licensure and disciplinary history information of each nurse.

The Interstate Commission of Nurse Licensure Compact Administrators (“Commission”), in consultation with the system administrator, formulates procedures for the identification, collection, and exchange of information under the Compact.

All party state licensing boards must promptly report any adverse action, current significant investigative information, denials of applications and reasoning, and nurse participations in alternative programs. Current significant investigative information and participation in nonpublic or confidential alternative programs be transmitted through the system only to party state licensing boards.

Party states can designate information that may not be shared with non-party states or disclosed without express permission from that contributing state. Personally identifiable information obtained from the system cannot be shared with non-party states or disclosed except to the extent permitted by the laws of the state that contributed the information. Information contributed to the system that is subsequently required to be expunged per the contributing state’s will be expunged from the system.

Each party state must provide a uniform data set including identifying information, licensure data, information related to alternative program participation, other information that may facilitate the administration of the Compact; as well as all investigative documents and information requested by another party state.

Article VII. Establishment of the Interstate Commission of Nurse Licensure Compact

Administrators. The party states create and establish the Commission, which is a joint public entity and an instrumentality of the party states. Nothing in the Compact can be construed to be a waiver of sovereign immunity.

Each party state must have one administrator who is the head of the state licensing board or a designee. An administrator can be removed or suspended from office as provided by that state’s laws and that state will fill the vacancy. Each administrator is entitled to one vote in creating rules and bylaws and can participate in all business and affairs of the Commission.

The Commission must meet at least once per year, or more if required in the bylaws or rules. All meetings are open to the public and must be public noticed in the same manner as required under rulemaking in Article VIII. The Commission can only convene in a closed, nonpublic meeting for the reasons outlined in Article VII(b)(5). If a meeting, or part of a meeting, is closed, the Commission’s legal counsel or designee must certify the meeting can be closed and reference each relevant exempting provision. The Commission must keep minutes that fully and clearly describe all matters discussed and provide a full and accurate summary of actions taken, reason for those actions, and a description of views expressed. All minutes and documents of a closed meeting remain under seal, subject to release by a majority vote of the Commission or order of a court of competent jurisdiction.

By a majority vote of all administrators, the Commission prescribes bylaws or rules as necessary to carry out the purposes of the Compact, which must be published on its website. It must maintain its financial records. The Commission’s powers are outlined in Article VI(g). Article VI(h) outlines the financing of the Commission, including the requirement to keep accurate accounts of all receipts and disbursements, which will be audited annually. The report of the audit will be included in and become part of the Commission’s annual report.

Commission administrators, officers, executive director, employees, and representatives of the Commission are immune from suit and liability within the scope of Commission employment, duties, or responsibilities. The Commission must defend those individuals in any civil action.

Article VIII. Rulemaking. The Commission’s rulemaking powers are pursuant to the criteria set out in this Article and associated rules. Rules or subsequent amendments must be adopted at Commission meetings. At least 60 days prior to the adoption of a rule, the Commission must publicly notice the proposed rule on the Commission’s website and the website of each party state’s licensing board (or the publication in which each state would otherwise publish proposed rules [regulations]). A notice must include the time, date, and location of the upcoming meeting and public hearing (referenced below); the proposed rule and reason; and how to submit written comments. The written comments will be made available to the public, and the Commission must grant the opportunity for a public hearing before adopting a rule.

The Commission to consider all written and oral comments received, then, by a majority vote of all administrators, take final action on the proposed rule and determine the effective date.

The Commission can consider and adopt emergency rules without prior notice upon determination that an emergency exists – which only applies if the rule is to meet an imminent threat to public health, safety, or welfare; prevent a loss of Commission or party state funds; or meet a deadline set in federal law. The rulemaking procedures provided above must still be retroactively applied as soon as reasonably possible and no more than 90 days after the effective date of the emergency rule.

The Commission may direct revisions to a previously adopted rule to correct typographical, formatting, consistency, or grammatical errors. Public notices of any revisions must be posted on

the Commission’s website and are subject to be challenged by any person within 30 days of posting if a person believes the revision resulted in a material change to the rule.

Article IX. Oversight, Dispute Resolution and Enforcement. Each party state enforces the Compact. The Commission is entitled to receive services of process in any proceeding that could affect its powers, responsibilities, or actions.

Article IX(b) outlines the Commission requirements if a party state defaults in its obligations or responsibilities, including that termination of membership in the Compact can be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate must be given to the Governor and the state’s licensing board’s executive officer and each of the party states.

Article IX(c) outlines procedures for dispute resolution among party states and between party and non-party states related to the Compact.

Article X. Effective Date, Withdrawal and Amendment. The enhanced Compact went into effect on December 31, 2018, at which point the prior Compact was superseded. States could transition from the prior Compact to the enhanced Compact, but could not “grandfather” in.

Article X(c) and (d) provide how a party state can withdraw from the Compact. A withdrawn or terminated party state is required to continue to report adverse actions and significant investigations until the effective date of its withdrawal or termination.

The Compact may be amended by party states, but no amendment will become effective and binding in any part state until and unless it’s enacted into the laws of all party states.

Article XI. Construction and Severability. Provisions of the Compact are severable, so if any phrase, clause, sentence, or provision of the Compact is declared to be contrary to the constitution of the U.S. or any party state, or if the applicability thereof to any government agency, person, or circumstance is held invalid, the validity of the remainder of this Compact and the applicability thereof shall not be affected.

Section 16 Amends AS 08.68.800(a) – under *exceptions to application of chapter* – to make a conforming change by noting that a nurse licensed in another state in this section does not apply to a nurse holding a multistate license.

Section 17 Amends AS 08.68.805 – *delegation of nursing functions* – to make a conforming change by updating “a nurse licensed under AS 08.68” to “a nurse licensed **or privileged to practice** under AS 08.68.”

Sections 18-29 Amend the following statutes to make a conforming change by updating “a nurse licensed under AS 08.68” to “a nurse licensed **or privileged to practice** under AS 08.68.”

- AS 09.55.560(2) – definition of “health care provider” under *Code of Civil Procedure: special actions and proceedings*
- AS 09.65.095(c)(1) – definition of “health care provider” under *Code of Civil Procedure: Actions, Immunities, Defenses, and Duties: liability for administration of blood test.*
- AS 18.20.095(e)(2) – definition of “licensed staff member” under *Hospitals and Nursing Facilities: mental health patient’s right to select staff; duties of hospital staff.*
- AS 18.20.499(3) – definition of “nurse” under *Hospitals and Nursing Facilities.*
- AS 18.23.070(3) – definition of “health care provider” under *Health Care Services Information and Review Organizations.*

- AS 47.07.045(b) – under *Medical Assistance for Needy Persons: home and community-based services*.
- AS 47.33.020(d), (e), (f), (g), & (h) – under *Assisted Living Homes: health-related services allowed in assisted living homes*.
- AS 47.33.230(c) – under *Assisted Living Homes: assisting living plan contents; distribution*.

Section 30 Allows the department and board to adopt regulations necessary to implement the Act.

Section 31 Provides an immediate effective date for Section 30.

Section 32 Provides a July 1, 2026, effective date for Sections 1-29.