

WASHINGTON STATE NURSES ASSOCIATION

POSITION PAPER ON MULTI-STATE LICENSURE

WSNA supports consumer access to nursing services, and recognizes that nursing practice occurs across state borders. Multi-state licensure is a system of licensure in which a single license allows a nurse to practice in more than one state.¹

WSNA identifies the following benefits of multi-state licensure:

- Allows greater access to health care for the public
- Allows increased mobility for nurses
- Increases income potential for nurses
- Reduces bureaucratic processes required to practice in more than one state
- Allows improved tracking of disciplinary sanctions
- Creates a national database of all registered nurses in the United States

WSNA identifies the following concerns related to multi-state licensure:

- Greater potential for facilities to use nurses across state lines for strike breaking activities
- Potential for breach of privacy and confidentiality with a central nursing database
- Cost issues are not adequately addressed; e.g., how will costs related to few multi-state practitioners be apportioned among all nurses in Washington state
- It is unclear at what level the standard of practice will be set across multiple states
- Uncertainty about how individual nurses will keep informed when there are changes in individual state license requirements or nursing standards change
- Need to develop tracking systems and measures to know when nurses are practicing within their jurisdiction
- Potential negative financial impact on state nursing licensing boards

WSNA has been involved in discussions with the Washington State Nursing Care Quality Assurance Commission (WSNCQAC) and other professional groups within the state. WSNA is also aware of the large amount of literature that has been disseminated from the National Council of State Boards of Nursing (NCSBN) and the American Nurses Association (ANA). WSNA has taken the position to:

- A. Continue the dialogue with WSNCQAC and other professional groups within Washington state related to multi-state licensure, and
- B. Review the results of studies that are being conducted by those states going forward with multi-state licensure.

¹ American Nurses Association, Special 1998 House of Delegates Edition

C. WSNA support multi-state licensure model development if the following points identified by ANA in 2006 are addressed:

1. The state of practice rather than the state of residence holds greater logic for licensure, since licensure is intended to grant the nurse authority to practice while protecting the health and safety of the citizens of the state in which the license is held.
2. There are many inconsistencies between states in relation to licensure/re-registration requirements, such as mandatory continuing education, criminal background checks, disciplinary cause of action, and evidentiary standards; all of which impede the states' ability to regulate practice in a constitutionally mandated manner and can create confusion for nurses and employers.
3. The benefits of Compact entry have not been demonstrated to be commensurate with the associated costs to the states and resultant loss in revenue.
4. The Nurse Licensure Compact does not allow state regulators to identify everyone practicing in the state, not only limiting the states' ability to protect its' citizens from potential harm, but also making it impossible to collect workforce data to guide projections and determine needed strategies to ensure and adequate number of nurses for the future.
5. There is lack of clarity as to the Compact Administrators authority, related obligations, and processes used when communicating with Compact states.
6. There is significant risk the nurse's right to due process will be diminished.
7. The Compact model raises significant questions related to liability.

D. Additionally,

8. Approaches to interstate advanced practice nursing should be addressed for consistency in connection with interstate practice for other RNs;
9. Mechanisms should be in place that ensure nurses have ready an ongoing access to practice-related information, including current board of nursing policies;
10. Mechanisms should be in place to ensure that a board of nursing knows who is practicing in its state under authority of a license granted by another state or through an interstate practice agreement;
11. The state of predominant practice should be the state of licensure; if the nurse is not practicing, the nurse should be licensed in his/her state of residence;
12. Employers must be held accountable for ensuring that they utilize staff who are licensed (or otherwise authorized to practice) under state law;

13. Interstate practice must not be implemented in way that allows persons to circumvent or contravene existing public policy as expressed by a state's laws or policies, including laws on the use of strikebreakers and striker replacement or initial and continuing licensure requirements.

Approved by the WSNA Board of Directors 11/22/2002
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