



HB 147

ADOPT NURSE LICENSURE COMPACT

BY REQUEST OF THE BOARD OF NURSING

SPONSOR – REP. ART WITTICH HD 68

BUSINESS & LABOR

EXHIBIT NO. 2

DATE 2-6-15

BILL NO. HB 147

**CONTACT
BOARD MEMBER**

Heather O'Hara
Presiding Officer
(406) 459-5085
hohara@stpetes.org

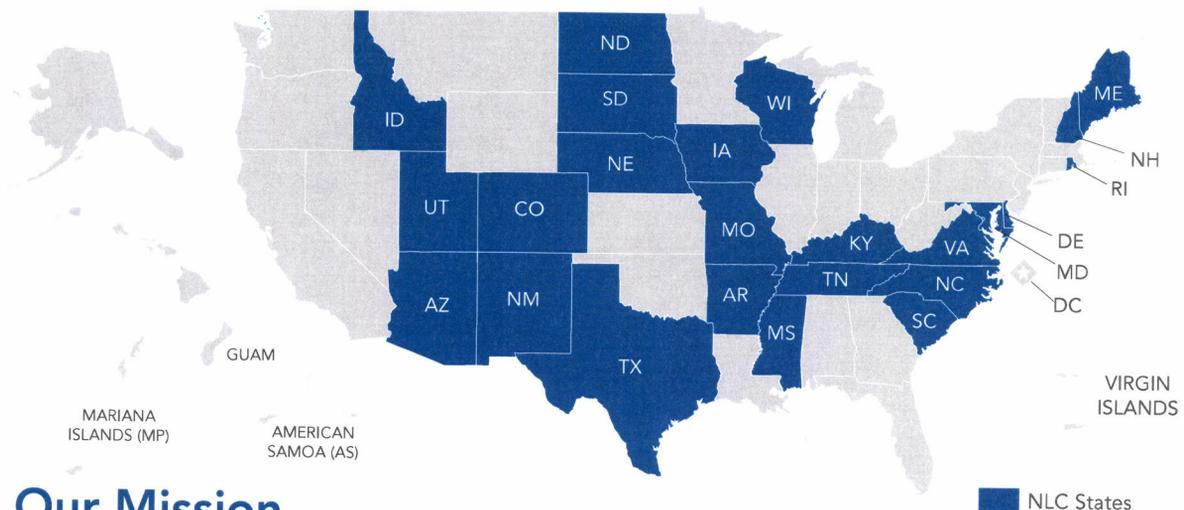
STAFF MEMBER

Cynthia Gustafson
Executive Officer
(406) 841-2380
cgustafson@mt.gov

THE PURPOSE OF THE NURSE LICENSURE COMPACT

- 1) Facilitate the states' responsibility to protect the public's health and safety while ensuring cooperation between states in the compact for nurse licensure and regulation;
- 2) Facilitate the exchange of information between state boards of nursing should there be a nurse who is providing unsafe care and an investigation or discipline is needed;
- 3) Hold all nurses accountable to meeting all state practice laws in the state in which the patient they are caring for resides.

NLC
NURSE LICENSURE COMPACT



Our Mission

The Nurse Licensure Compact advances public protection and access to care through the mutual recognition of one state-based license that is enforced locally and recognized nationally.



HB 147

ADOPT NURSE LICENSURE COMPACT

BY REQUEST OF THE BOARD OF NURSING

SPONSOR – REP. ART WITTICH HD 68

CONTACT

BOARD MEMBER

Heather O'Hara
Presiding Officer
(406) 459-5085
hohara@stpetes.org

STAFF MEMBER

Cynthia Gustafson
Executive Officer
(406) 841-2380
cgustafson@mt.gov

SUMMARY OF CHANGES OR ACTUAL AMENDMENT LANGUAGE

A new section is being added to Montana Code Annotated that will add Montana to the contingency of 24 other states that have enacted the Nurse Licensure Compact (the NLC) since the year 2000. The NLC provides mutual recognition of nurse licenses among each and all states that are a party to the NLC (the “party states”).

Under the NLC, a license (a “multistate licensure privilege”) may be issued to a nurse by the regulatory board of the nurse’s resident state (the “home state”). The multistate licensure privilege authorizes the nurse to practice nursing in all party states. If the nurse changes residence to another party state, then the nurse must obtain a license from the nurse’s new home state; the nurse must reside in a party state or the multistate privilege terminates. Montana will maintain full disciplinary authority over nurses who provide nursing care in Montana under a multistate licensure privilege. All party states coordinate licensure and disciplinary information through the NLC Commission, and each party state chooses a representative for the Commission.

OVERVIEW OF BOARD’S POSITION

Access to healthcare for the citizens of Montana can be delayed because qualified nurses from other states, whose licensing standards are equal to or greater than Montana’s standards, have to wait to be issued a license in Montana before they can practice nursing in Montana. Without the NLC, a nurse might have to go through the same licensure process in several states, providing proof to each state of meeting the nearly identical minimum qualifications for each state.

Nurses make up the largest percentage of health care providers and are the only healthcare providers who surround the patient 24-7 with expert care. If a facility has a need for a specialized type of nurse, this need can many times be met from a nurse in another state with a license who can step

into Montana and begin working immediately to give the needed care. This is especially true in our border areas with North Dakota and Idaho. The out-of-state nurse needs to wait and have a license processed before beginning work in Montana, but if Montana were a member of the Nurse License Compact, that nurse from Idaho or North Dakota could work immediately in Montana to serve Montana patients.

The expanded mobility of nurses and use of advanced communication technologies as part of our nation’s healthcare delivery system require greater coordination and cooperation among states in the areas of nurse licensure and regulation. The current system of duplicative licensure for nurses practicing in multiple states is cumbersome and redundant to both nurses and states.

Kim Alexandre Powell APRN, ACNP-BC
240 E. Kent Avenue
Missoula, MT 59801

Business, Labor and Economic Affairs Committee

Senator Buttrey and Committee Members;

I am unable to be in Helena this morning but wish to express my **support for HB147, AN ACT ADOPTING THE NURSE LICENSURE COMPACT.**

This support is based on a rather unique position as a past-president of both the Montana State Board of Nursing and the Montana Nurses Association. I have carefully considered the impact of the proposed NLC to both patient safety, via **regulation** of nursing practice, and establishment of policies that impact the delivery of safe nursing **practice** by their effect on performance of care by nurses. I believe that approval of the Compact will offer improved access to safe nursing care and greater portability for licensees who may choose to work in more than one state or who care for patients who receive healthcare in Montana but who live in a bordering state.

The concept of participation in the Nurse Licensure Compact is not new; it has been presented to the legislature during previous sessions with resultant “wait and watch” recommendations. We have done just that. Since its inception the Nurse Licensure Compact has been continually monitored by national experts in the fields of regulation and nursing practice for safety and effectiveness with adjustments made as needed. Twenty-four states now participate in the Compact working with mutual guidelines that promote high quality nursing care safely delivered by qualified nurses. **I believe it is time for Montana to offer the benefits of the Nurse Licensure Compact to licensees and the citizens of Montana who use their services.**

For many years, **all** nurses have received standardized education in nationally-certified nursing education programs and have **taken the same national certification exam** to assess initial competency to gain licensure. Standards of patient care know no boundaries; HB 147 is well-supported, will decrease redundancy and costs associated with multiple state licensure, and will add to the ability to properly care for Montana patients.

Thank you.

Sincerely;

Kim Alexandre Powell APRN, ACNP-BC