

## **NLC Information – Union Opposition**

Please find below some information to address the concerns that various nursing unions have specifically raised when opposing the NLC (#1 and #2) as well as a general union concern regarding strikebreaking that has frequently been raised (#3).

### **1) Joining the NLC is unnecessary.**

***Claim: There is not a nursing shortage; rather, there is a shortage of nurses willing to work under current conditions (i.e., insufficient pay, inadequate staffing, and unsafe workplaces).***

The NLC does not purport to be a singular solution to solve the nursing shortage. Instead, the NLC is one potential tool in the toolbox. The NLC helps facilitate nurse mobility while ensuring the highest level of public protection.

Speaking to the data, a recent study<sup>1</sup> that analyzed a subset from the 2022 National Nursing Workforce Survey found a net decline of 3.3% in the overall nursing workforce over the past two years—including a 2.7% decline for RNs.

- Approximately 100,000 RNs left the workforce during the COVID-19 pandemic in the past two years due to stress, burnout, and retirements.
- Another 610,388 RNs reported an “intent to leave” the workforce by 2027 due to stress, burnout and retirement.
- Altogether, about one-fifth of RNs nationally are projected to leave the health care workforce.

### **2) Joining the NLC would endanger patients.**

***Claim: States that join the NLC cede control of nurse licensure to the NLC Commission yet are bound by the Commission’s decisions.***

This claim lacks important context. Each state that is part of the NLC has one representative with one vote on the NLC Commission (see *Article VII(b)* of the NLC Model Act). Rules governing the conduct of the NLC Commission may be adopted by a majority vote of administrators. These rules shall have the force and effect of law and shall be binding in all party states (see *Article VII* and *Article VIII*).

- For additional context, the structure of the NLC Commission is not unique. Many healthcare compacts (e.g., the ASLP-IC, IMLC, and PT Compact) establish a commission whose purpose is to administer the compact.
- The NLC Commission follows the Administrative Procedure Act for its meeting and rulemaking procedures.

Notably, the NLC Commission may only promulgate rules that facilitate and coordinate the implementation and administration of the NLC. The NLC Commission has no ability to change a party state’s licensure requirements, scope of practice, or disciplinary procedures. In short, the NLC does not supersede state law or result in a loss of state sovereignty.

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<sup>1</sup> Martin, B., et al. (2023). Examining the Impact of the COVID-19 Pandemic on Burnout and Stress Among U.S. Nurses. *Journal of Nursing Regulation*, 14(1), 4-12. [https://doi.org/10.1016/S2155-8256\(23\)00063-7](https://doi.org/10.1016/S2155-8256(23)00063-7).

The nature of interstate compacts is to enable states to share their sovereignty, allowing them to come together to solve issues of multistate concern. Almost all healthcare compacts, including the NLC, use a mutual recognition approach. Speaking specifically to the NLC, it allows a nurse to hold one multistate license issued by their primary state of residence (also known as their “home state”) with a privilege to practice in every other participating jurisdiction. IDFP and the Board of Nursing would retain their control over licensure of nurses living in Illinois; retain their authority to discipline nurses, including those practicing under a multistate privilege; and Illinois would continue to govern nursing practice performed within the state.

***Claim: The NLC does not address differences in licensure requirements and continuing education requirements.***

Under the NLC, a nurse whose primary state of residence is a member of the NLC may apply for a multistate license in their primary state of residence. To obtain a multistate license, that nurse must meet specific requirements, namely:

1. They must meet their home state’s requirements for a single-state license; and
2. They must meet the NLC’s 11 uniform licensure requirements (see *Article III(c)*).<sup>2</sup> For example, a nurse must complete a federal criminal background check and must be eligible for or hold an active, unencumbered license (i.e., no active discipline).

With the NLC, Illinois would be able to ensure that all multistate licensees practicing in the state have: 1) met their home state qualifications for licensure; and 2) met all 11 uniform licensure requirements required to obtain or retain a multistate license.

The NLC does not separately require mandatory continuing education credits for nurses. However, to practice under the NLC, a nurse must meet their home state’s qualifications for licensure or renewal of licensure—including any continuing education requirements that the home state may mandate.

States have also added language to their legislation to enact the NLC to require that nurses complete specific training modules as a condition of their employment.

- For example, Washington’s NLC legislation, [WA SSB 5499](#), that was enacted this session specifically mandates that: “Individuals that hold a multistate nurse license issued by a state other than Washington and are employed by [facility or employer] licensed under this chapter shall complete the suicide assessment, treatment, and management training required by RCW 43.70.442(5)(a) as a condition of employment.”
- This language was crafted to mirror Washington’s renewal requirement that nurses and other health professionals complete a one-time, mandatory six hours of continuing education in suicide assessment, treatment, and management.

It is important to keep in mind that the NLC was drafted with patient safety at the forefront. Executive officers of boards of nursing, who are united in their mandate to protect the public, came together from across the country to develop the NLC. The NLC has been operational for over 20 years, and in that time multistate nurses have provided safe, quality care to patients.

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<sup>2</sup> The first uniform licensure requirement states that an applicant for a multistate license must meet their home state’s qualifications for licensure or renewal of licensure as well as all other applicable state laws.

A 2022 study<sup>3</sup> comparing nurses in NLC and non-NLC states found that the overall discipline rates were virtually identical. Extrapolating the data further, this study found that the annual discipline rate of nurses who held single-state licenses across both NLC and non-NLC states was two to four times higher than the annual discipline rate of multistate license holders. The study findings specifically noted that:

- “The overall rates of discipline in NLC and non-NLC states (0.24% versus 0.23%) are nearly equivalent; nonetheless, further breakdown shows that the discipline rates of nurses holding a multistate license are actually lower than those of their colleagues holding single-state licenses (0.11% versus 0.23%). The discrepancy is even more significant when compared to nurses in the same NLC states who do not hold a multistate license (0.11% versus 0.40%),” (p. 24).
- “The low discipline rates for multistate license holders were not a result of disproportionate participation of any low-risk group in the NLC, but rather a phenomenon seen across all gender, age, and length of licensure strata,” (p. 24).

Overall, this study demonstrates the overall safety of nurses, including those holding a multistate license.

***Claim: Operation Nightingale demonstrates the importance of retaining autonomy and control over nursing education.***

Boards of nursing play a vital role in protecting the public. Boards of nursing across the country continuously strive to detect and prevent fraud among existing licensees and applicants for licensure. In the Operation Nightingale fraud scheme, fraudulent diplomas were issued by defunct nursing schools located in Florida. This sophisticated, fraudulent scheme impacted boards of nursing across the country in both compact and non-compact states. When boards of nursing were made aware of fraudulent activity in their jurisdiction in relation to Operation Nightingale, they began taking prompt action to protect the public from these individuals.

The NLC facilitates and mandates communication between party states. Below are some of the ways that the NLC ensures streamlined communication, which can increase vigilance against fraudulent schemes such as this:

- The NLC requires all party states to participate in the Coordinated Licensure Information System. The system is “an integrated process for collecting, storing and sharing information on nurse licensure and enforcement activities related to nurse licensure laws,” (*Article II(c)*).
- Party state boards must “promptly report to the coordinated licensure information system any adverse action, any current significant investigative information, denials of applications (with the reasons for such denials) and nurse participation in alternative programs known to the licensing board regardless of whether such participation is deemed nonpublic or confidential under state law,” (*Article VI(c)*).
- Any remote state who takes action against a multistate licensee must “promptly notify the home state of any such actions,” (*Article III(d)*).

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<sup>3</sup> Zhong, E., et al. (2022). A Comparison of Discipline between Nurses Holding a Multi- or Single-State License. *Journal of Nursing Regulation*, 13(1), 22–26. [https://doi.org/10.1016/s2155-8256\(22\)00030-8](https://doi.org/10.1016/s2155-8256(22)00030-8).

- Upon application for a multistate license, the issuing state ensures that the applicant does not have any encumbrances on any licenses they hold, does not have any evidence of adverse actions, and also conducts a criminal background check on the applicant (*Article IV(a)*).

***Claim: The NLC allows patient care to be outsourced to other states via telehealth.***

This claim could be best addressed by reframing the issue in terms of access to care and patient desires for telehealth to be a part of the care landscape.

The pandemic has shown that telehealth is not a far-off idea for the future; rather, telehealth has become an important component of our healthcare delivery system. Telehealth can help ameliorate access issues, improve continuity of care, and allow patients' primary care provider to meet them where they are. However, outdated licensure models and lack of licensure mobility pose a barrier to the success of telehealth, limiting nurses' reach and patients' access to care.

Single-state licensure laws prevent nurses and other providers from seeing patients, including longstanding patients, who may be in another state at the time they need care unless the provider is licensed in that state. For example, a retiree who lives out-of-state for an extended period of time may face difficulty in receiving care from their usual primary care, mental health, or other provider. Under the NLC, a nurse with a multistate license may practice in any party state, either in-person or through telehealth, thereby allowing them to provide care where and when it is needed.

Here is some data on nurses' utilization of telehealth from the 2022 National Nursing Workforce Survey.<sup>4</sup>

### **3) Other union concerns.**

***Claim: The NLC is a strikebreaking tool.***

The NLC has been in effect for over 20 years and has produced no evidence of being used by facilities as a tool to break strikes. Moreover, there are regulations in effect that allow an employer to work with the board of nursing to bring in nurses to keep a facility running during a labor action. The NLC does not address any situations involving labor action.

Some states have opted to include language in their legislation to join the NLC specifically stating that the NLC does not supersede state labor laws.

- Illinois had two identical companion bills filed this session to join the NLC: [IL HB 1622](#) and [IL SB 41](#). These bills would add a new section, 225 ILCS 65/85-10, to the Illinois Compiled Statutes to read as follows:

*The Nurse Licensure Compact does not supersede existing State labor laws.*

- Massachusetts has had three substantially similar bills filed this session to join the NLC. Looking to [MA HB 1211](#), it would add Chapter 112A, Section 16 to the General Laws of Massachusetts to read as follows:

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<sup>4</sup> Smiley, R., et al. (2023). The 2022 National Nursing Workforce Survey. *Journal of Nursing Regulation*, 14(1, Suppl.), S1-S90. [https://doi.org/10.1016/S2155-8256\(23\)00047-9](https://doi.org/10.1016/S2155-8256(23)00047-9).

*Nothing in this chapter, nor the entrance of the commonwealth into the Nurse Licensure Compact shall be construed to supersede existing labor laws.*

As another example, Ohio added language—now codified at [Section 4723.115](#), Ohio Revised Code—stating the nothing in the NLC “shall be construed to limit, alter, or modify...any of the terms, conditions, or provisions of a collective bargaining agreement entered into by a hospital.”