

NURSE LICENSURE COMPACT LEGISLATION



NNOC-Nevada/National Nurses United urges legislators to **oppose** any Nurse Licensure Compact (Compact) legislation that is introduced this session for the following reasons.

Nurse Recruitment and Retention are Best Addressed by Creating Safe and Healthy Workplaces Not Through Multistate Licensure

- » The Compact is unnecessary: Nevada already has an endorsement process to rapidly license out-of-state nurses.
- » Nurses want to provide high quality care in a safe environment, but employers often make that difficult. High patient loads jeopardize patient care and nurses' licenses. Instead of joining the Compact, Nevada would be better served by addressing issues related to recruitment and retention of nurses by creating safe and healthy workplaces, supporting nurse education programs, reinforcing strong union rights that ensure nurses can advocate for patients without fear of retaliation as well as protect their licenses.

State Sovereignty and Control over Nurse Licensing and Patient Care

- » Nevada is allowed only one appointment to the interstate commission and one vote and would have the same power on the interstate commission as every other compact state member. The commission could create rules, including rules assessing dues payment, that would have the force and effect of law and be binding on our state.
- » Differences between Nevada and other compact states signal potential problems:

Patient Care and Protection: Limited or weak nurse licensing requirements could jeopardize patient care and safety. For example, most states do not require 30 continuing education hours every renewal cycle and no other state

requires a one-time bioterrorism course. Some compact states, e.g. Arizona, require no continuing education. Additionally, nurses caring for patients in Nevada by telehealth may be located in another state, but the Nevada Board of Nursing would remain responsible for protecting the public and ensuring that out-of-state nurses adhere to Nevada's Nurse Practice Act.

Cultural Competency and Bias: Unlike nurses licensed in Nevada, nurses from other compact states would not be required to meet our state's continuing education requirements, including courses relating to cultural competency, diversity, equity, and inclusion that are required every renewal cycle. Very few compact states require continuing education on these topics.

Reproductive Care: 24 of 43 compact states and territories severely restrict or ban abortions.¹ These restrictions are likely to reduce competency in providing abortion care and could potentially subject nurses to prosecution or discipline that affects their privilege to practice in states that have outlawed or limited abortion care.

Effect of Telehealth on Jobs for Nevada Nurses and Health Care Workers

- » A key goal of the compact is to create a flexible workforce and expand telehealth and remote patient monitoring so that employers can reduce labor costs and increase profits by employing nurses located outside our state.
- » Remote patient monitoring is key to hospital-at-home programs. Not only are these programs dangerous for patients (as there are no nurses on hand and emergency response time is 30 minutes), as these programs grow, there will job losses in nursing, environmental services, meal preparation and delivery, etc. and hospitals may close.

continued »

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» Nevada nurses may lose their jobs and see reduced wages as jobs are outsourced to nurses located in other states. Research shows that “the Nurse Licensure Compact has adverse impacts on labor market outcomes for registered nurses in the form of lower probability of employment, wages, and longer periods of unemployment.”² More specifically, the compact made employment less by 1.2 to 1.8 percent.³ Additionally, there is “strong evidence that the Nurse Licensure Compact decreased wages — by between nine and eleven percent in the baseline models — and some evidence that the Compact increased the number of weeks unemployed.”⁴

Our State May Have a Nurse Staffing Crisis, Manufactured by Poor Treatment of Nurses, but it Does Not Have a Shortage of Licensed Nurses

- » The number of active RN licenses in February 2025 has increased by 12,617 or 26 percent since 2020. The number of employed RNs in Nevada in May 2023, the most recent year available from the U.S. Bureau of Labor Statistics (BLS), has increased by 2,470 or 11 percent since 2020. In contrast, Nevada's population in 2024, the most recent year available from the U.S. Census Bureau, had increased by only 5.2 percent since 2020.⁵
- » Nevada does not have a shortage of licensed registered nurses, the staffing crisis is manufactured by poor treatment of nurses over many years. Employers' ill treatment of nurses during the Covid-19 pandemic accelerated nurses leaving the workforce.
- » Employers subjected nurses to reprehensible and demoralizing conditions, including withholding life-saving PPE.
- » States that are part of the Compact still experienced extreme shortages during the pandemic.

ENDNOTES

- 1 Guttmacher Institute. (2025, January 22). Interactive Map: US Abortion Policies and Access After Roe. Available at: <https://states.guttmacher.org/policies/north-carolina/abortion-policies>.
- 2 Marquiss, Nicholas. 2021. An Empirical Assessment of Occupational Licensing Reforms in the Healthcare Sector. Page 3. Available at: <https://ir.vanderbilt.edu/items/1eb9d5f4-7753-4c32-a2ae-9de14fb34f5f>.
- 3 Ibid. Page 29.
- 4 Id.
- 5 National Council of State Boards of Nursing. Number of Active RN Licenses by State: December 2020 and February 2025. Available at: https://www.bls.gov/oes/2020/may/oes_nv.htm#29-0000 and https://www.bls.gov/oes/current/oes_nv.htm#29-0000;
U.S. Bureau of Labor Statistics, Nevada Occupational Employment and Wage Estimates: May 2020 and May 2023. Available at https://www.bls.gov/oes/2020/may/oes_nv.htm#29-0000 and https://www.bls.gov/oes/current/oes_nv.htm#29-0000;
U.S. Census Bureau, Annual Estimates of the Resident Population for the United States, Regions, States, District of Columbia, and Puerto Rico: April 1, 2020 to July 1, 2024. Available at: <https://www.census.gov/data/tables/time-series/demo/popest/2020s-state-total.html#v2024>.