

SECOND REGULAR SESSION

[PERFECTED]

HOUSE BILL NO. 1816

98TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE KOENIG.

4462H.02P

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To repeal sections 334.040, 334.104, 335.300, 335.305, 335.310, 335.315, 335.320, 335.325, 335.330, 335.335, 335.340, 335.345, 335.350, and 335.355, RSMo, and to enact in lieu thereof fifteen new sections relating to health care, with a contingent effective date for certain sections.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Sections 334.040, 334.104, 335.300, 335.305, 335.310, 335.315, 335.320, 2 335.325, 335.330, 335.335, 335.340, 335.345, 335.350, and 335.355, RSMo, are repealed and 3 fifteen new sections enacted in lieu thereof, to be known as sections 334.040, 334.104, 334.285, 4 335.360, 335.365, 335.370, 335.375, 335.380, 335.385, 335.390, 335.395, 335.400, 335.405, 5 335.410, and 335.415, to read as follows:

334.040. 1. Except as provided in section 334.260, all persons desiring to practice as 2 physicians and surgeons in this state shall be examined as to their fitness to engage in such 3 practice by the board. All persons applying for examination shall file a completed application 4 with the board upon forms furnished by the board.

5 2. The examination shall be sufficient to test the applicant's fitness to practice as a 6 physician and surgeon. The examination shall be conducted in such a manner as to conceal the 7 identity of the applicant until all examinations have been scored. In all such examinations an 8 average score of not less than seventy-five percent is required to pass; provided, however, that 9 the board may require applicants to take the Federation Licensing Examination, also known as 10 FLEX, or the United States Medical Licensing Examination (USMLE). If the FLEX

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

11 examination is required, a weighted average score of no less than seventy-five is required to pass.
12 Scores from one test administration of [the FLEX] **an examination** shall not be combined or
13 averaged with scores from other test administrations to achieve a passing score. [The passing
14 score of the United States Medical Licensing Examination shall be determined by the board
15 through rule and regulation.] Applicants graduating from a medical or osteopathic college, as
16 [defined] **described** in section 334.031 prior to January 1, 1994, shall provide proof of successful
17 completion of the FLEX, USMLE, [an exam administered by] the National Board of Osteopathic
18 Medical Examiners [(NBOME),] **Comprehensive Licensing Exam (COMLEX)**, a state board
19 examination approved by the board, compliance with subsection 2 of section 334.031, or
20 compliance with 20 CSR 2150-2.005. Applicants graduating from a medical or osteopathic
21 college, as [defined] **described** in section 334.031 on or after January 1, 1994, must provide
22 proof of **successful** completion of the USMLE or [an exam administered by NBOME] **the**
23 **COMLEX** or provide proof of compliance with subsection 2 of section 334.031. The board
24 shall not issue a permanent license as a physician and surgeon or allow the Missouri state board
25 examination to be administered to any applicant who has failed to achieve a passing score within
26 three attempts on licensing examinations administered in one or more states or territories of the
27 United States, the District of Columbia or Canada, **unless the applicant petitions the board for**
28 **an exception based upon unusual or extenuating circumstances that the board may deem**
29 **reasonable**. The steps one, two and three of the United States Medical Licensing Examination
30 shall be taken within a seven-year period with no more than three attempts on any step of the
31 examination; however, **an applicant may petition the board for an exception to such**
32 **requirements based upon unusual or extenuating circumstances that the board may deem**
33 **reasonable**. The board **also** may grant an extension of the seven-year period if the applicant has
34 obtained a MD/PhD degree in a program accredited by the Liaison Committee on Medical
35 Education (LCME) and a regional university accrediting body or a DO/PhD degree accredited
36 by the American Osteopathic Association and a regional university accrediting body. The board
37 may waive the provisions of this section if the applicant is licensed to practice as a physician and
38 surgeon in another state of the United States, the District of Columbia or Canada and the
39 applicant has achieved a passing score on a licensing examination administered in a state or
40 territory of the United States or the District of Columbia and no license issued to the applicant
41 has been disciplined in any state or territory of the United States or the District of Columbia [and
42 the applicant is certified in the applicant's area of specialty by the American Board of Medical
43 Specialties, the American Osteopathic Association, or other certifying agency approved by the
44 board by rule].

45 3. If the board waives the provisions of this section, then the license issued to the
46 applicant may be limited or restricted to the applicant's board specialty. The board shall not be
47 permitted to favor any particular school or system of healing.

48 4. If an applicant has not actively engaged in the practice of clinical medicine or held a
49 teaching or faculty position in a medical or osteopathic school approved by the American
50 Medical Association, the Liaison Committee on Medical Education, or the American Osteopathic
51 Association for any two years in the three-year period immediately preceding the filing of his or
52 her application for licensure, the board may require successful completion of another
53 examination, continuing medical education, or further training before issuing a permanent
54 license. The board shall adopt rules to prescribe the form and manner of such reexamination,
55 continuing medical education, and training.

 334.104. 1. A physician may enter into collaborative practice arrangements with
2 registered professional nurses. Collaborative practice arrangements shall be in the form of
3 written agreements, jointly agreed-upon protocols, or standing orders for the delivery of health
4 care services. Collaborative practice arrangements, which shall be in writing, may delegate to
5 a registered professional nurse the authority to administer or dispense drugs and provide
6 treatment as long as the delivery of such health care services is within the scope of practice of
7 the registered professional nurse and is consistent with that nurse's skill, training and
8 competence.

9 2. Collaborative practice arrangements, which shall be in writing, may delegate to a
10 registered professional nurse the authority to administer, dispense or prescribe drugs and provide
11 treatment if the registered professional nurse is an advanced practice registered nurse as defined
12 in subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an
13 advanced practice registered nurse, as defined in section 335.016, the authority to administer,
14 dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017,
15 and Schedule II - hydrocodone; except that, the collaborative practice arrangement shall not
16 delegate the authority to administer any controlled substances listed in Schedules III, IV, and V
17 of section 195.017, or Schedule II - hydrocodone for the purpose of inducing sedation or general
18 anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled
19 substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred twenty-
20 hour supply without refill. Such collaborative practice arrangements shall be in the form of
21 written agreements, jointly agreed-upon protocols or standing orders for the delivery of health
22 care services.

23 3. The written collaborative practice arrangement shall contain at least the following
24 provisions:

- 25 (1) Complete names, home and business addresses, zip codes, and telephone numbers
26 of the collaborating physician and the advanced practice registered nurse;
- 27 (2) A list of all other offices or locations besides those listed in subdivision (1) of this
28 subsection where the collaborating physician authorized the advanced practice registered nurse
29 to prescribe;
- 30 (3) A requirement that there shall be posted at every office where the advanced practice
31 registered nurse is authorized to prescribe, in collaboration with a physician, a prominently
32 displayed disclosure statement informing patients that they may be seen by an advanced practice
33 registered nurse and have the right to see the collaborating physician;
- 34 (4) All specialty or board certifications of the collaborating physician and all
35 certifications of the advanced practice registered nurse;
- 36 (5) The manner of collaboration between the collaborating physician and the advanced
37 practice registered nurse, including how the collaborating physician and the advanced practice
38 registered nurse will:
- 39 (a) Engage in collaborative practice consistent with each professional's skill, training,
40 education, and competence;
- 41 (b) Maintain geographic proximity, except the collaborative practice arrangement may
42 allow for geographic proximity to be waived [for a maximum of twenty-eight days per calendar
43 year for rural health clinics as defined by P.L. 95-210,] as long as the collaborative practice
44 arrangement includes alternative plans as required in paragraph (c) of this subdivision. [This
45 exception to geographic proximity shall apply only to independent rural health clinics, provider-
46 based rural health clinics where the provider is a critical access hospital as provided in 42 U.S.C.
47 Section 1395i-4, and provider-based rural health clinics where the main location of the hospital
48 sponsor is greater than fifty miles from the clinic. The collaborating physician is required to
49 maintain documentation related to this requirement and to present it to the state board of
50 registration for the healing arts when requested]; and
- 51 (c) Provide coverage during absence, incapacity, infirmity, or emergency by the
52 collaborating physician;
- 53 (6) A description of the advanced practice registered nurse's controlled substance
54 prescriptive authority in collaboration with the physician, including a list of the controlled
55 substances the physician authorizes the nurse to prescribe and documentation that it is consistent
56 with each professional's education, knowledge, skill, and competence;
- 57 (7) A list of all other written practice agreements of the collaborating physician and the
58 advanced practice registered nurse;
- 59 (8) The duration of the written practice agreement between the collaborating physician
60 and the advanced practice registered nurse;

61 (9) A description of the time and manner of the collaborating physician's review of the
62 advanced practice registered nurse's delivery of health care services. The description shall
63 include provisions that the advanced practice registered nurse shall submit a minimum of ten
64 percent of the charts documenting the advanced practice registered nurse's delivery of health care
65 services to the collaborating physician for review by the collaborating physician, or any other
66 physician designated in the collaborative practice arrangement, every fourteen days; and

67 (10) The collaborating physician, or any other physician designated in the collaborative
68 practice arrangement, shall review every fourteen days a minimum of twenty percent of the
69 charts in which the advanced practice registered nurse prescribes controlled substances. The
70 charts reviewed under this subdivision may be counted in the number of charts required to be
71 reviewed under subdivision (9) of this subsection.

72 4. The state board of registration for the healing arts pursuant to section 334.125 and the
73 board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of
74 collaborative practice arrangements. Such rules shall be limited to [specifying geographic areas
75 to be covered,] the methods of treatment that may be covered by collaborative practice
76 arrangements and the requirements for review of services provided pursuant to collaborative
77 practice arrangements including delegating authority to prescribe controlled substances. Any
78 rules relating to dispensing or distribution of medications or devices by prescription or
79 prescription drug orders under this section shall be subject to the approval of the state board of
80 pharmacy. Any rules relating to dispensing or distribution of controlled substances by
81 prescription or prescription drug orders under this section shall be subject to the approval of the
82 department of health and senior services and the state board of pharmacy. In order to take effect,
83 such rules shall be approved by a majority vote of a quorum of each board. Neither the state
84 board of registration for the healing arts nor the board of nursing may separately promulgate rules
85 relating to collaborative practice arrangements. Such jointly promulgated rules shall be
86 consistent with guidelines for federally funded clinics. The rulemaking authority granted in this
87 subsection shall not extend to collaborative practice arrangements of hospital employees
88 providing inpatient care within hospitals as defined pursuant to chapter 197 or population-based
89 public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

90 5. The state board of registration for the healing arts shall not deny, revoke, suspend or
91 otherwise take disciplinary action against a physician for health care services delegated to a
92 registered professional nurse provided the provisions of this section and the rules promulgated
93 thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action
94 imposed as a result of an agreement between a physician and a registered professional nurse or
95 registered physician assistant, whether written or not, prior to August 28, 1993, all records of
96 such disciplinary licensure action and all records pertaining to the filing, investigation or review

107 of an alleged violation of this chapter incurred as a result of such an agreement shall be removed
108 from the records of the state board of registration for the healing arts and the division of
109 professional registration and shall not be disclosed to any public or private entity seeking such
110 information from the board or the division. The state board of registration for the healing arts
111 shall take action to correct reports of alleged violations and disciplinary actions as described in
112 this section which have been submitted to the National Practitioner Data Bank. In subsequent
113 applications or representations relating to his medical practice, a physician completing forms or
114 documents shall not be required to report any actions of the state board of registration for the
115 healing arts for which the records are subject to removal under this section.

116 6. Within thirty days of any change and on each renewal, the state board of registration
117 for the healing arts shall require every physician to identify whether the physician is engaged in
118 any collaborative practice agreement, including collaborative practice agreements delegating the
119 authority to prescribe controlled substances, or physician assistant agreement and also report to
120 the board the name of each licensed professional with whom the physician has entered into such
121 agreement. The board may make this information available to the public. The board shall track
122 the reported information and may routinely conduct random reviews of such agreements to
123 ensure that agreements are carried out for compliance under this chapter.

124 7. Notwithstanding any law to the contrary, a certified registered nurse anesthetist as
125 defined in subdivision (8) of section 335.016 shall be permitted to provide anesthesia services
126 without a collaborative practice arrangement provided that he or she is under the supervision of
127 an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if
128 needed. Nothing in this subsection shall be construed to prohibit or prevent a certified registered
129 nurse anesthetist as defined in subdivision (8) of section 335.016 from entering into a
130 collaborative practice arrangement under this section, except that the collaborative practice
131 arrangement may not delegate the authority to prescribe any controlled substances listed in
Schedules III, IV, and V of section 195.017, or Schedule II - hydrocodone.

132 8. A collaborating physician shall not enter into a collaborative practice arrangement
133 with more than [three] **five** full-time equivalent advanced practice registered nurses. This
134 limitation shall not apply to collaborative arrangements of hospital employees providing
135 inpatient care service in hospitals as defined in chapter 197 or population-based public health
136 services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

137 9. It is the responsibility of the collaborating physician to determine and document the
138 completion of at least a one-month period of time during which the advanced practice registered
139 nurse shall practice with the collaborating physician continuously present before practicing in
140 a setting where the collaborating physician is not continuously present. This limitation shall not

132 apply to collaborative arrangements of providers of population-based public health services as
133 defined by 20 CSR 2150-5.100 as of April 30, 2008.

134 10. No agreement made under this section shall supersede current hospital licensing
135 regulations governing hospital medication orders under protocols or standing orders for the
136 purpose of delivering inpatient or emergency care within a hospital as defined in section 197.020
137 if such protocols or standing orders have been approved by the hospital's medical staff and
138 pharmaceutical therapeutics committee.

139 11. No contract or other agreement shall require a physician to act as a collaborating
140 physician for an advanced practice registered nurse against the physician's will. A physician
141 shall have the right to refuse to act as a collaborating physician, without penalty, for a particular
142 advanced practice registered nurse. No contract or other agreement shall limit the collaborating
143 physician's ultimate authority over any protocols or standing orders or in the delegation of the
144 physician's authority to any advanced practice registered nurse, but this requirement shall not
145 authorize a physician in implementing such protocols, standing orders, or delegation to violate
146 applicable standards for safe medical practice established by hospital's medical staff.

147 12. No contract or other agreement shall require any advanced practice registered nurse
148 to serve as a collaborating advanced practice registered nurse for any collaborating physician
149 against the advanced practice registered nurse's will. An advanced practice registered nurse shall
150 have the right to refuse to collaborate, without penalty, with a particular physician.

334.285. 1. For purposes of this section, the following terms shall mean:

2 (1) "Continuing medical education", continued postgraduate medical education
3 intended to provide medical professionals with knowledge of new developments in their
4 field;

5 (2) "Maintenance of certification", any process requiring periodic recertification
6 examinations to maintain specialty medical board certification;

7 (3) "Maintenance of licensure", the Federation of State Medical Boards'
8 proprietary framework for physician license renewal including additional periodic testing
9 other than continuing medical education;

10 (4) "Specialty medical board certification", certification by a board that specializes
11 in one particular area of medicine and typically requires additional and more strenuous
12 exams than state board of registration for the healing arts requirements to practice
13 medicine.

14 2. The state shall not require any form of maintenance of licensure as a condition
15 of physician licensure including requiring any form of maintenance of licensure tied to
16 maintenance of certification. Current requirements including continuing medical
17 education shall suffice to demonstrate professional competency.

18 **3. The state shall not require any form of specialty medical board certification or**
19 **any maintenance of certification to practice medicine within the state. There shall be no**
20 **discrimination by the state board of registration for the healing arts or any other state**
21 **agency against physicians who do not maintain specialty medical board certification**
22 **including recertification.**

335.360. 1. The party states find that:

2 **(1) The health and safety of the public are affected by the degree of compliance**
3 **with and the effectiveness of enforcement activities related to state nurse licensure laws;**

4 **(2) Violations of nurse licensure and other laws regulating the practice of nursing**
5 **may result in injury or harm to the public;**

6 **(3) The expanded mobility of nurses and the use of advanced communication**
7 **technologies as part of our nation's health care delivery system require greater**
8 **coordination and cooperation among states in the areas of nurse licensure and regulation;**

9 **(4) New practice modalities and technology make compliance with individual state**
10 **nurse licensure laws difficult and complex;**

11 **(5) The current system of duplicative licensure for nurses practicing in multiple**
12 **states is cumbersome and redundant to both nurses and states; and**

13 **(6) Uniformity of nurse licensure requirements throughout the states promotes**
14 **public safety and public health benefits.**

2. The general purposes of this compact are to:

15 **(1) Facilitate the states' responsibility to protect the public's health and safety;**

16 **(2) Ensure and encourage the cooperation of party states in the areas of nurse**
17 **licensure and regulation;**

18 **(3) Facilitate the exchange of information between party states in the areas of nurse**
19 **regulation, investigation, and adverse actions;**

20 **(4) Promote compliance with the laws governing the practice of nursing in each**
21 **jurisdiction;**

22 **(5) Invest all party states with the authority to hold a nurse accountable for meeting**
23 **all state practice laws in the state in which the patient is located at the time care is rendered**
24 **through the mutual recognition of party state licenses;**

25 **(6) Decrease redundancies in the consideration and issuance of nurse licenses; and**

26 **(7) Provide opportunities for interstate practice by nurses who meet uniform**
27 **licensure requirements.**

335.365. As used in this compact, the following terms shall mean:

2 **(1) "Adverse action", any administrative, civil, equitable, or criminal action**
3 **permitted by a state's laws which is imposed by a licensing board or other authority**

- 4 against a nurse, including actions against an individual's license or multistate licensure
5 privilege such as revocation, suspension, probation, monitoring of the licensee, limitation
6 on the licensee's practice, or any other encumbrance on licensure affecting a nurse's
7 authorization to practice, including issuance of a cease and desist action;
- 8 (2) "Alternative program", a nondisciplinary monitoring program approved by a
9 licensing board;
- 10 (3) "Coordinated licensure information system", an integrated process for
11 collecting, storing, and sharing information on nurse licensure and enforcement activities
12 related to nurse licensure laws that is administered by a nonprofit organization composed
13 of and controlled by licensing boards;
- 14 (4) "Current significant investigative information":
- 15 (a) Investigative information that a licensing board, after a preliminary inquiry
16 that includes notification and an opportunity for the nurse to respond, if required by state
17 law, has reason to believe is not groundless and, if proved true, would indicate more than
18 a minor infraction; or
- 19 (b) Investigative information that indicates that the nurse represents an immediate
20 threat to public health and safety, regardless of whether the nurse has been notified and
21 had an opportunity to respond;
- 22 (5) "Encumbrance", a revocation or suspension of, or any limitation on, the full
23 and unrestricted practice of nursing imposed by a licensing board;
- 24 (6) "Home state", the party state which is the nurse's primary state of residence;
- 25 (7) "Licensing board", a party state's regulatory body responsible for issuing nurse
26 licenses;
- 27 (8) "Multistate license", a license to practice as a registered nurse, "RN", or a
28 licensed practical or vocational nurse, "LPN" or "VN", issued by a home state licensing
29 board that authorizes the licensed nurse to practice in all party states under a multistate
30 licensure privilege;
- 31 (9) "Multistate licensure privilege", a legal authorization associated with a
32 multistate license permitting the practice of nursing as either an RN, LPN, or VN in a
33 remote state;
- 34 (10) "Nurse", an RN, LPN, or VN, as those terms are defined by each party state's
35 practice laws;
- 36 (11) "Party state", any state that has adopted this compact;
- 37 (12) "Remote state", a party state, other than the home state;

38 (13) "Single-state license", a nurse license issued by a party state that authorizes
39 practice only within the issuing state and does not include a multistate licensure privilege
40 to practice in any other party state;

41 (14) "State", a state, territory, or possession of the United States and the District
42 of Columbia;

43 (15) "State practice laws", a party state's laws, rules, and regulations that govern
44 the practice of nursing, define the scope of nursing practice, and create the methods and
45 grounds for imposing discipline. State practice laws do not include requirements necessary
46 to obtain and retain a license, except for qualifications or requirements of the home state.

 335.370. 1. A multistate license to practice registered or licensed practical or
2 vocational nursing issued by a home state to a resident in that state shall be recognized by
3 each party state as authorizing a nurse to practice as a registered nurse, "RN", or as a
4 licensed practical or vocational nurse, "LPN" or "VN", under a multistate licensure
5 privilege, in each party state.

6 2. A state must implement procedures for considering the criminal history records
7 of applicants for initial multistate license or licensure by endorsement. Such procedures
8 shall include the submission of fingerprints or other biometric-based information by
9 applicants for the purpose of obtaining an applicant's criminal history record information
10 from the Federal Bureau of Investigation and the agency responsible for retaining that
11 state's criminal records.

12 3. Each party state shall require the following for an applicant to obtain or retain
13 a multistate license in the home state:

14 (1) Meets the home state's qualifications for licensure or renewal of licensure as
15 well as all other applicable state laws;

16 (2) (a) Has graduated or is eligible to graduate from a licensing board-approved
17 RN or LPN or VN prelicensure education program; or

18 (b) Has graduated from a foreign RN or LPN or VN prelicensure education
19 program that has been approved by the authorized accrediting body in the applicable
20 country and has been verified by an independent credentials review agency to be
21 comparable to a licensing board-approved prelicensure education program;

22 (3) Has, if a graduate of a foreign prelicensure education program not taught in
23 English or if English is not the individual's native language, successfully passed an English
24 proficiency examination that includes the components of reading, speaking, writing, and
25 listening;

26 (4) Has successfully passed an NCLEX-RN or NCLEX-PN examination or
27 recognized predecessor, as applicable;

- 28 **(5) Is eligible for or holds an active, unencumbered license;**
- 29 **(6) Has submitted, in connection with an application for initial licensure or**
30 **licensure by endorsement, fingerprints or other biometric data for the purpose of obtaining**
31 **criminal history record information from the Federal Bureau of Investigation and the**
32 **agency responsible for retaining that state's criminal records;**
- 33 **(7) Has not been convicted or found guilty, or has entered into an agreed**
34 **disposition, of a felony offense under applicable state or federal criminal law;**
- 35 **(8) Has not been convicted or found guilty, or has entered into an agreed**
36 **disposition, of a misdemeanor offense related to the practice of nursing as determined on**
37 **a case-by-case basis;**
- 38 **(9) Is not currently enrolled in an alternative program;**
- 39 **(10) Is subject to self-disclosure requirements regarding current participation in**
40 **an alternative program; and**
- 41 **(11) Has a valid United States Social Security number.**
- 42 **4. All party states shall be authorized, in accordance with existing state due process**
43 **law, to take adverse action against a nurse's multistate licensure privilege such as**
44 **revocation, suspension, probation, or any other action that affects a nurse's authorization**
45 **to practice under a multistate licensure privilege, including cease and desist actions. If a**
46 **party state takes such action, it shall promptly notify the administrator of the coordinated**
47 **licensure information system. The administrator of the coordinated licensure information**
48 **system shall promptly notify the home state of any such actions by remote states.**
- 49 **5. A nurse practicing in a party state shall comply with the state practice laws of**
50 **the state in which the client is located at the time service is provided. The practice of**
51 **nursing is not limited to patient care, but shall include all nursing practice as defined by**
52 **the state practice laws of the party state in which the client is located. The practice of**
53 **nursing in a party state under a multistate licensure privilege shall subject a nurse to the**
54 **jurisdiction of the licensing board, the courts, and the laws of the party state in which the**
55 **client is located at the time service is provided.**
- 56 **6. Individuals not residing in a party state shall continue to be able to apply for a**
57 **party state's single-state license as provided under the laws of each party state. However,**
58 **the single-state license granted to these individuals shall not be recognized as granting the**
59 **privilege to practice nursing in any other party state. Nothing in this compact shall affect**
60 **the requirements established by a party state for the issuance of a single-state license.**
- 61 **7. Any nurse holding a home state multistate license on the effective date of this**
62 **compact may retain and renew the multistate license issued by the nurse's then current**
63 **home state, provided that:**

64 **(1) A nurse who changes primary state of residence after this compact's effective**
65 **date shall meet all applicable requirements as provided in subsection 3 of this section to**
66 **obtain a multistate license from a new home state;**

67 **(2) A nurse who fails to satisfy the multistate licensure requirements in subsection**
68 **3 of this section due to a disqualifying event occurring after this compact's effective date**
69 **shall be ineligible to retain or renew a multistate license, and the nurse's multistate license**
70 **shall be revoked or deactivated in accordance with applicable rules adopted by the**
71 **Interstate Commission of Nurse Licensure Compact Administrators, commission.**

335.375. 1. Upon application for a multistate license, the licensing board in the
2 **issuing party state shall ascertain, through the coordinated licensure information system,**
3 **whether the applicant has ever held, or is the holder of, a license issued by any other state,**
4 **whether there are any encumbrances on any license or multistate licensure privilege held**
5 **by the applicant, whether any adverse action has been taken against any license or**
6 **multistate licensure privilege held by the applicant, and whether the applicant is currently**
7 **participating in an alternative program.**

8 **2. A nurse shall hold a multistate license, issued by the home state, in only one party**
9 **state at a time.**

10 **3. If a nurse changes primary state of residence by moving between two party**
11 **states, the nurse shall apply for licensure in the new home state, and the multistate license**
12 **issued by the prior home state shall be deactivated in accordance with applicable rules**
13 **adopted by the commission.**

14 **(1) The nurse may apply for licensure in advance of a change in primary state of**
15 **residence.**

16 **(2) A multistate license shall not be issued by the new home state until the nurse**
17 **provides satisfactory evidence of a change in primary state of residence to the new home**
18 **state and satisfies all applicable requirements to obtain a multistate license from the new**
19 **home state.**

20 **4. If a nurse changes primary state of residence by moving from a party state to a**
21 **non-party state, the multistate license issued by the prior home state shall convert to a**
22 **single-state license, valid only in the former home state.**

335.380. 1. In addition to the other powers conferred by state law, a licensing
2 **board shall have the authority to:**

3 **(1) Take adverse action against a nurse's multistate licensure privilege to practice**
4 **within that party state;**

5 **(a) Only the home state shall have the power to take adverse action against a**
6 **nurse's license issued by the home state;**

7 **(b) For purposes of taking adverse action, the home state licensing board shall give**
8 **the same priority and effect to reported conduct received from a remote state as it would**
9 **if such conduct had occurred within the home state. In so doing, the home state shall apply**
10 **its own state laws to determine appropriate action;**

11 **(2) Issue cease and desist orders or impose an encumbrance on a nurse's authority**
12 **to practice within that party state;**

13 **(3) Complete any pending investigations of a nurse who changes primary state of**
14 **residence during the course of such investigations. The licensing board shall also have the**
15 **authority to take appropriate action and shall promptly report the conclusions of such**
16 **investigations to the administrator of the coordinated licensure information system. The**
17 **administrator of the coordinated licensure information system shall promptly notify the**
18 **new home state of any such actions;**

19 **(4) Issue subpoenas for both hearings and investigations that require the**
20 **attendance and testimony of witnesses as well as the production of evidence. Subpoenas**
21 **issued by a licensing board in a party state for the attendance and testimony of witnesses**
22 **or the production of evidence from another party state shall be enforced in the latter state**
23 **by any court of competent jurisdiction according to the practice and procedure of that**
24 **court applicable to subpoenas issued in proceedings pending before it. The issuing**
25 **authority shall pay any witness fees, travel expenses, mileage, and other fees required by**
26 **the service statutes of the state in which the witnesses or evidence are located;**

27 **(5) Obtain and submit, for each nurse licensure applicant, fingerprint or other**
28 **biometric based information to the Federal Bureau of Investigation for criminal**
29 **background checks, receive the results of the Federal Bureau of Investigation record**
30 **search on criminal background checks, and use the results in making licensure decisions;**

31 **(6) If otherwise permitted by state law, recover from the affected nurse the costs**
32 **of investigations and disposition of cases resulting from any adverse action taken against**
33 **that nurse; and**

34 **(7) Take adverse action based on the factual findings of the remote state; provided**
35 **that, the licensing board follows its own procedures for taking such adverse action.**

36 **2. If adverse action is taken by the home state against a nurse's multistate license,**
37 **the nurse's multistate licensure privilege to practice in all other party states shall be**
38 **deactivated until all encumbrances have been removed from the multistate license. All**
39 **home state disciplinary orders that impose adverse action against a nurse's multistate**
40 **license shall include a statement that the nurse's multistate licensure privilege is**
41 **deactivated in all party states during the pendency of the order.**

42 **3. Nothing in this compact shall override a party state's decision that participation**
43 **in an alternative program may be used in lieu of adverse action. The home state licensing**
44 **board shall deactivate the multistate licensure privilege under the multistate license of any**
45 **nurse for the duration of the nurse's participation in an alternative program.**

335.385. 1. All party states shall participate in a coordinated licensure information
2 **system of all licensed registered nurses, "RNs", and licensed practical or vocational nurses,**
3 **"LPNs" or "VNs". This system shall include information on the licensure and disciplinary**
4 **history of each nurse, as submitted by party states, to assist in the coordination of nurse**
5 **licensure and enforcement efforts.**

6 **2. The commission, in consultation with the administrator of the coordinated**
7 **licensure information system, shall formulate necessary and proper procedures for the**
8 **identification, collection, and exchange of information under this compact.**

9 **3. All licensing boards shall promptly report to the coordinated licensure**
10 **information system any adverse action, any current significant investigative information,**
11 **denials of applications with the reasons for such denials, and nurse participation in**
12 **alternative programs known to the licensing board regardless of whether such**
13 **participation is deemed nonpublic or confidential under state law.**

14 **4. Current significant investigative information and participation in nonpublic or**
15 **confidential alternative programs shall be transmitted through the coordinated licensure**
16 **information system only to party state licensing boards.**

17 **5. Notwithstanding any other provision of law, all party state licensing boards**
18 **contributing information to the coordinated licensure information system may designate**
19 **information that shall not be shared with non-party states or disclosed to other entities or**
20 **individuals without the express permission of the contributing state.**

21 **6. Any personally identifiable information obtained from the coordinated licensure**
22 **information system by a party state licensing board shall not be shared with non-party**
23 **states or disclosed to other entities or individuals except to the extent permitted by the laws**
24 **of the party state contributing the information.**

25 **7. Any information contributed to the coordinated licensure information system**
26 **that is subsequently required to be expunged by the laws of the party state contributing**
27 **that information shall also be expunged from the coordinated licensure information**
28 **system.**

29 **8. The compact administrator of each party state shall furnish a uniform data set**
30 **to the compact administrator of each other party state, which shall include, at a minimum:**

- 31 **(1) Identifying information;**
32 **(2) Licensure data;**

33 **(3) Information related to alternative program participation; and**
34 **(4) Other information that may facilitate the administration of this compact, as**
35 **determined by commission rules.**

36 **9. The compact administrator of a party state shall provide all investigative**
37 **documents and information requested by another party state.**

335.390. 1. The party states hereby create and establish a joint public entity known
2 **as the "Interstate Commission of Nurse Licensure Compact Administrators".**

3 **(1) The commission is an instrumentality of the party states.**

4 **(2) Venue is proper, and judicial proceedings by or against the commission shall**
5 **be brought solely and exclusively in a court of competent jurisdiction where the principal**
6 **office of the commission is located. The commission may waive venue and jurisdictional**
7 **defenses to the extent it adopts or consents to participate in alternative dispute resolution**
8 **proceedings.**

9 **(3) Nothing in this compact shall be construed to be a waiver of sovereign**
10 **immunity.**

11 **2. (1) Each party state shall have and be limited to one administrator. The head**
12 **of the state licensing board or designee shall be the administrator of this compact for each**
13 **party state. Any administrator may be removed or suspended from office as provided by**
14 **the law of the state from which the administrator is appointed. Any vacancy occurring in**
15 **the commission shall be filled in accordance with the laws of the party state in which the**
16 **vacancy exists.**

17 **(2) Each administrator shall be entitled to one vote with regard to the promulgation**
18 **of rules and creation of bylaws and shall otherwise have an opportunity to participate in**
19 **the business and affairs of the commission. An administrator shall vote in person or by**
20 **such other means as provided in the bylaws. The bylaws may provide for an**
21 **administrator's participation in meetings by telephone or other means of communication.**

22 **(3) The commission shall meet at least once during each calendar year. Additional**
23 **meetings shall be held as set forth in the bylaws or rules of the commission.**

24 **(4) All meetings shall be open to the public, and public notice of meetings shall be**
25 **given in the same manner as required under the rulemaking provisions in section 335.395.**

26 **(5) The commission may convene in a closed, nonpublic meeting if the commission**
27 **must discuss:**

28 **(a) Noncompliance of a party state with its obligations under this compact;**

29 **(b) The employment, compensation, discipline, or other personnel matters,**
30 **practices, or procedures related to specific employees, or other matters related to the**
31 **commission's internal personnel practices and procedures;**

- 32 (c) Current, threatened, or reasonably anticipated litigation;
- 33 (d) Negotiation of contracts for the purchase or sale of goods, services, or real
34 estate;
- 35 (e) Accusing any person of a crime or formally censuring any person;
- 36 (f) Disclosure of trade secrets or commercial or financial information that is
37 privileged or confidential;
- 38 (g) Disclosure of information of a personal nature where disclosure would
39 constitute a clearly unwarranted invasion of personal privacy;
- 40 (h) Disclosure of investigatory records compiled for law enforcement purposes;
- 41 (i) Disclosure of information related to any reports prepared by or on behalf of the
42 commission for the purpose of investigation of compliance with this compact; or
- 43 (j) Matters specifically exempted from disclosure by federal or state statute.
- 44 (6) If a meeting, or portion of a meeting, is closed pursuant to subdivision (5) of this
45 subsection, the commission's legal counsel or designee shall certify that the meeting shall
46 be closed and shall reference each relevant exempting provision. The commission shall
47 keep minutes that fully and clearly describe all matters discussed in a meeting and shall
48 provide a full and accurate summary of actions taken, and the reasons therefor, including
49 a description of the views expressed. All documents considered in connection with an
50 action shall be identified in such minutes. All minutes and documents of a closed meeting
51 shall remain under seal, subject to release by a majority vote of the commission or order
52 of a court of competent jurisdiction.
- 53 3. The commission shall, by a majority vote of the administrators, prescribe bylaws
54 or rules to govern its conduct as may be necessary or appropriate to carry out the purposes
55 and exercise the powers of this compact including, but not limited to:
- 56 (1) Establishing the fiscal year of the commission;
- 57 (2) Providing reasonable standards and procedures:
- 58 (a) For the establishment and meetings of other committees; and
- 59 (b) Governing any general or specific delegation of any authority or function of the
60 commission;
- 61 (3) Providing reasonable procedures for calling and conducting meetings of the
62 commission, ensuring reasonable advance notice of all meetings and providing an
63 opportunity for attendance of such meetings by interested parties, with enumerated
64 exceptions designed to protect the public's interest, the privacy of individuals, and
65 proprietary information, including trade secrets. The commission may meet in closed
66 session only after a majority of the administrators vote to close a meeting in whole or in

67 part. As soon as practicable, the commission must make public a copy of the vote to close
68 the meeting revealing the vote of each administrator, with no proxy votes allowed;

69 (4) Establishing the titles, duties, and authority and reasonable procedures for the
70 election of the officers of the commission;

71 (5) Providing reasonable standards and procedures for the establishment of the
72 personnel policies and programs of the commission. Notwithstanding any civil service or
73 other similar laws of any party state, the bylaws shall exclusively govern the personnel
74 policies and programs of the commission; and

75 (6) Providing a mechanism for winding up the operations of the commission and
76 the equitable disposition of any surplus funds that may exist after the termination of this
77 compact after the payment or reserving of all of its debts and obligations.

78 4. The commission shall publish its bylaws and rules, and any amendments thereto,
79 in a convenient form on the website of the commission.

80 5. The commission shall maintain its financial records in accordance with the
81 bylaws.

82 6. The commission shall meet and take such actions as are consistent with the
83 provisions of this compact and the bylaws.

84 7. The commission shall have the following powers:

85 (1) To promulgate uniform rules to facilitate and coordinate implementation and
86 administration of this compact. The rules shall have the force and effect of law and shall
87 be binding in all party states;

88 (2) To bring and prosecute legal proceedings or actions in the name of the
89 commission; provided that, the standing of any licensing board to sue or be sued under
90 applicable law shall not be affected;

91 (3) To purchase and maintain insurance and bonds;

92 (4) To borrow, accept, or contract for services of personnel including, but not
93 limited to, employees of a party state or nonprofit organizations;

94 (5) To cooperate with other organizations that administer state compacts related
95 to the regulation of nursing including, but not limited to, sharing administrative or staff
96 expenses, office space, or other resources;

97 (6) To hire employees, elect or appoint officers, fix compensation, define duties,
98 grant such individuals appropriate authority to carry out the purposes of this compact, and
99 to establish the commission's personnel policies and programs relating to conflicts of
100 interest, qualifications of personnel, and other related personnel matters;

101 (7) To accept any and all appropriate donations, grants and gifts of money,
102 equipment, supplies, materials, and services, and to receive, utilize, and dispose of the

103 same; provided that, at all times the commission shall avoid any appearance of impropriety
104 or conflict of interest;

105 (8) To lease, purchase, accept appropriate gifts or donations of, or otherwise to
106 own, hold, improve, or use, any property, whether real, personal, or mixed; provided that,
107 at all times the commission shall avoid any appearance of impropriety;

108 (9) To sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise
109 dispose of any property, whether real, personal, or mixed;

110 (10) To establish a budget and make expenditures;

111 (11) To borrow money;

112 (12) To appoint committees, including advisory committees comprised of
113 administrators, state nursing regulators, state legislators or their representatives, consumer
114 representatives, and other such interested persons;

115 (13) To provide and receive information from, and to cooperate with, law
116 enforcement agencies;

117 (14) To adopt and use an official seal; and

118 (15) To perform such other functions as may be necessary or appropriate to achieve
119 the purposes of this compact consistent with the state regulation of nurse licensure and
120 practice.

121 8. (1) The commission shall pay, or provide for the payment of, the reasonable
122 expenses of its establishment, organization, and ongoing activities.

123 (2) The commission may also levy on and collect an annual assessment from each
124 party state to cover the cost of its operations, activities, and staff in its annual budget as
125 approved each year. The aggregate annual assessment amount, if any, shall be allocated
126 based upon a formula to be determined by the commission, which shall promulgate a rule
127 that is binding upon all party states.

128 (3) The commission shall not incur obligations of any kind prior to securing the
129 funds adequate to meet the same; nor shall the commission pledge the credit of any of the
130 party states, except by and with the authority of such party state.

131 (4) The commission shall keep accurate accounts of all receipts and disbursements.
132 The receipts and disbursements of the commission shall be subject to the audit and
133 accounting procedures established under its bylaws. However, all receipts and
134 disbursements of funds handled by the commission shall be audited yearly by a certified
135 or licensed public accountant, and the report of the audit shall be included in and become
136 part of the annual report of the commission.

137 9. (1) The administrators, officers, executive director, employees, and
138 representatives of the commission shall be immune from suit and liability, either personally

139 or in their official capacity, for any claim for damage to or loss of property, personal
140 injury, or other civil liability caused by or arising out of any actual or alleged act, error,
141 or omission that occurred, or that the person against whom the claim is made had a
142 reasonable basis for believing occurred, within the scope of commission employment,
143 duties, or responsibilities; provided that, nothing in this paragraph shall be construed to
144 protect any such person from suit or liability for any damage, loss, injury, or liability
145 caused by the intentional, willful, or wanton misconduct of that person.

146 (2) The commission shall defend any administrator, officer, executive director,
147 employee, or representative of the commission in any civil action seeking to impose liability
148 arising out of any actual or alleged act, error, or omission that occurred within the scope
149 of commission employment, duties, or responsibilities, or that the person against whom the
150 claim is made had a reasonable basis for believing occurred within the scope of commission
151 employment, duties, or responsibilities; provided that, nothing herein shall be construed
152 to prohibit that person from retaining his or her own counsel; and provided further that
153 the actual or alleged act, error, or omission did not result from that person's intentional,
154 willful, or wanton misconduct.

155 (3) The commission shall indemnify and hold harmless any administrator, officer,
156 executive director, employee, or representative of the commission for the amount of any
157 settlement or judgment obtained against that person arising out of any actual or alleged
158 act, error, or omission that occurred within the scope of commission employment, duties,
159 or responsibilities, or that such person had a reasonable basis for believing occurred within
160 the scope of commission employment, duties, or responsibilities; provided that, the actual
161 or alleged act, error, or omission did not result from the intentional, willful, or wanton
162 misconduct of that person.

335.395. 1. The commission shall exercise its rulemaking powers pursuant to the
2 criteria set forth in this section and the rules adopted thereunder. Rules and amendments
3 shall become binding as of the date specified in each rule or amendment and shall have the
4 same force and effect as provisions of this compact.

5 2. Rules or amendments to the rules shall be adopted at a regular or special meeting
6 of the commission.

7 3. Prior to promulgation and adoption of a final rule or rules by the commission,
8 and at least sixty days in advance of the meeting at which the rule shall be considered and
9 voted upon, the commission shall file a notice of proposed rulemaking:

10 (1) On the website of the commission; and

11 (2) On the website of each licensing board or the publication in which each state
12 would otherwise publish proposed rules.

13 **4. The notice of proposed rulemaking shall include:**

14 **(1) The proposed time, date, and location of the meeting in which the rule shall be**
15 **considered and voted upon;**

16 **(2) The text of the proposed rule or amendment, and the reason for the proposed**
17 **rule;**

18 **(3) A request for comments on the proposed rule from any interested person;**

19 **(4) The manner in which interested persons may submit notice to the commission**
20 **of their intention to attend the public hearing and any written comments.**

21 **5. Prior to adoption of a proposed rule, the commission shall allow persons to**
22 **submit written data, facts, opinions, and arguments, which shall be made available to the**
23 **public.**

24 **6. The commission shall grant an opportunity for a public hearing before it adopts**
25 **a rule or amendment.**

26 **7. The commission shall publish the place, time, and date of the scheduled public**
27 **hearing.**

28 **(1) Hearings shall be conducted in a manner providing each person who wishes to**
29 **comment a fair and reasonable opportunity to comment orally or in writing. All hearings**
30 **shall be recorded, and a copy shall be made available upon request.**

31 **(2) Nothing in this section shall be construed as requiring a separate hearing on**
32 **each rule. Rules may be grouped for the convenience of the commission at hearings**
33 **required by this section.**

34 **8. If no one appears at the public hearing, the commission may proceed with**
35 **promulgation of the proposed rule.**

36 **9. Following the scheduled hearing date, or by the close of business on the**
37 **scheduled hearing date if the hearing was not held, the commission shall consider all**
38 **written and oral comments received.**

39 **10. The commission shall, by majority vote of all administrators, take final action**
40 **on the proposed rule and shall determine the effective date of the rule, if any, based on the**
41 **rulemaking record and the full text of the rule.**

42 **11. Upon determination that an emergency exists, the commission may consider and**
43 **adopt an emergency rule without prior notice, opportunity for comment, or hearing;**
44 **provided that, the usual rulemaking procedures provided in this compact and in this**
45 **section shall be retroactively applied to the rule as soon as reasonably possible, in no event**
46 **later than ninety days after the effective date of the rule. For the purposes of this**
47 **provision, an emergency rule is one that shall be adopted immediately in order to:**

48 **(1) Meet an imminent threat to public health, safety, or welfare;**

49 **(2) Prevent a loss of commission or party state funds; or**

50 **(3) Meet a deadline for the promulgation of an administrative rule that is required**
51 **by federal law or rule.**

52 **12. The commission may direct revisions to a previously adopted rule or**
53 **amendment for purposes of correcting typographical errors, errors in format, errors in**
54 **consistency, or grammatical errors. Public notice of any revisions shall be posted on the**
55 **website of the commission. The revision shall be subject to challenge by any person for a**
56 **period of thirty days after posting. The revision shall be challenged only on grounds that**
57 **the revision results in a material change to a rule. A challenge shall be made in writing and**
58 **delivered to the commission prior to the end of the notice period. If no challenge is made,**
59 **the revision shall take effect without further action. If the revision is challenged, the**
60 **revision shall not take effect without the approval of the commission.**

335.400. 1. (1) Each party state shall enforce this compact and take all actions
2 **necessary and appropriate to effectuate this compact's purposes and intent.**

3 **(2) The commission shall be entitled to receive service of process in any proceeding**
4 **that may affect the powers, responsibilities, or actions of the commission, and shall have**
5 **standing to intervene in such a proceeding for all purposes. Failure to provide service of**
6 **process in such proceeding to the commission shall render a judgment or order void as to**
7 **the commission, this compact, or promulgated rules.**

8 **2. (1) If the commission determines that a party state has defaulted in the**
9 **performance of its obligations or responsibilities under this compact or the promulgated**
10 **rules, the commission shall:**

11 **(a) Provide written notice to the defaulting state and other party states of the**
12 **nature of the default, the proposed means of curing the default, or any other action to be**
13 **taken by the commission; and**

14 **(b) Provide remedial training and specific technical assistance regarding the**
15 **default.**

16 **(2) If a state in default fails to cure the default, the defaulting state's membership**
17 **in this compact shall be terminated upon an affirmative vote of a majority of the**
18 **administrators, and all rights, privileges, and benefits conferred by this compact shall be**
19 **terminated on the effective date of termination. A cure of the default does not relieve the**
20 **offending state of obligations or liabilities incurred during the period of default.**

21 **(3) Termination of membership in this compact shall be imposed only after all other**
22 **means of securing compliance have been exhausted. Notice of intent to suspend or**
23 **terminate shall be given by the commission to the governor of the defaulting state, to the**
24 **executive officer of the defaulting state's licensing board, and each of the party states.**

25 **(4) A state whose membership in this compact has been terminated is responsible**
26 **for all assessments, obligations, and liabilities incurred through the effective date of**
27 **termination, including obligations that extend beyond the effective date of termination.**

28 **(5) The commission shall not bear any costs related to a state that is found to be in**
29 **default or whose membership in this compact has been terminated unless agreed upon in**
30 **writing between the commission and the defaulting state.**

31 **(6) The defaulting state may appeal the action of the commission by petitioning the**
32 **United States District Court for the District of Columbia or the federal district in which**
33 **the commission has its principal offices. The prevailing party shall be awarded all costs**
34 **of such litigation, including reasonable attorneys' fees.**

35 **3. (1) Upon request by a party state, the commission shall attempt to resolve**
36 **disputes related to the compact that arise among party states and between party and non-**
37 **party states.**

38 **(2) The commission shall promulgate a rule providing for both mediation and**
39 **binding dispute resolution for disputes, as appropriate.**

40 **(3) In the event the commission cannot resolve disputes among party states arising**
41 **under this compact:**

42 **(a) The party states shall submit the issues in dispute to an arbitration panel, which**
43 **shall be comprised of individuals appointed by the compact administrator in each of the**
44 **affected party states and an individual mutually agreed upon by the compact**
45 **administrators of all the party states involved in the dispute.**

46 **(b) The decision of a majority of the arbitrators shall be final and binding.**

47 **4. (1) The commission, in the reasonable exercise of its discretion, shall enforce the**
48 **provisions and rules of this compact.**

49 **(2) By majority vote, the commission may initiate legal action in the United States**
50 **District Court for the District of Columbia or the federal district in which the commission**
51 **has its principal offices against a party state that is in default to enforce compliance with**
52 **the provisions of this compact and its promulgated rules and bylaws. The relief sought**
53 **may include both injunctive relief and damages. In the event judicial enforcement is**
54 **necessary, the prevailing party shall be awarded all costs of such litigation, including**
55 **reasonable attorneys' fees.**

56 **(3) The remedies herein shall not be the exclusive remedies of the commission. The**
57 **commission may pursue any other remedies available under federal or state law.**

335.405. 1. This compact shall become effective and binding on the earlier of the
2 **date of legislative enactment of this compact into law by no less than twenty-six states or**
3 **December 31, 2018. All party states to this compact that also were parties to the prior**

4 Nurse Licensure Compact superseded by this compact "prior compact" shall be deemed
5 to have withdrawn from said prior compact within six months after the effective date of
6 this compact.

7 2. Each party state to this compact shall continue to recognize a nurse's multistate
8 licensure privilege to practice in that party state issued under the prior compact until such
9 party state has withdrawn from the prior compact.

10 3. Any party state may withdraw from this compact by enacting a statute repealing
11 the same. A party state's withdrawal shall not take effect until six months after enactment
12 of the repealing statute.

13 4. A party state's withdrawal or termination shall not affect the continuing
14 requirement of the withdrawing or terminated state's licensing board to report adverse
15 actions and significant investigations occurring prior to the effective date of such
16 withdrawal or termination.

17 5. Nothing contained in this compact shall be construed to invalidate or prevent any
18 nurse licensure agreement or other cooperative arrangement between a party state and a
19 non-party state that is made in accordance with the other provisions of this compact.

20 6. This compact may be amended by the party states. No amendment to this
21 compact shall become effective and binding upon the party states unless and until it is
22 enacted into the laws of all party states.

23 7. Representatives of non-party states to this compact shall be invited to participate
24 in the activities of the commission on a nonvoting basis prior to the adoption of this
25 compact by all states.

335.410. This compact shall be liberally construed so as to effectuate the purposes
2 thereof. The provisions of this compact shall be severable and if any phrase, clause,
3 sentence, or provision of this compact is declared to be contrary to the constitution of any
4 party state or of the United States or the applicability thereof to any government, agency,
5 person, or circumstance is held invalid, the validity of the remainder of this compact and
6 the applicability thereof to any government, agency, person, or circumstance shall not be
7 affected thereby. If this compact shall be held contrary to the constitution of any party
8 state, this compact shall remain in full force and effect as to the remaining party states and
9 in full force and effect as to the party state affected as to all severable matters.

335.415. 1. The term "head of the nurse licensing board" as referred to in section
2 335.390 of this compact shall mean the executive director of the Missouri state board of
3 nursing.

4 2. This compact is designed to facilitate the regulation of nurses, and does not
5 relieve employers from complying with statutorily imposed obligations.

6 **3. This compact does not supersede existing state labor laws.**

[335.300. 1. The party states find that:

2 (1) The health and safety of the public are affected by the degree of
3 compliance with and the effectiveness of enforcement activities related to state
4 nurse licensure laws;

5 (2) Violations of nurse licensure and other laws regulating the practice
6 of nursing may result in injury or harm to the public;

7 (3) The expanded mobility of nurses and the use of advanced
8 communication technologies as part of our nation's health care delivery system
9 require greater coordination and cooperation among states in the areas of nurse
10 licensure and regulation;

11 (4) New practice modalities and technology make compliance with
12 individual state nurse licensure laws difficult and complex;

13 (5) The current system of duplicative licensure for nurses practicing in
14 multiple states is cumbersome and redundant to both nurses and states.

15 2. The general purposes of this compact are to:

16 (1) Facilitate the states' responsibility to protect the public's health and
17 safety;

18 (2) Ensure and encourage the cooperation of party states in the areas of
19 nurse licensure and regulation;

20 (3) Facilitate the exchange of information between party states in the
21 areas of nurse regulation, investigation, and adverse actions;

22 (4) Promote compliance with the laws governing the practice of nursing
23 in each jurisdiction;

24 (5) Invest all party states with the authority to hold a nurse accountable
25 for meeting all state practice laws in the state in which the patient is located at the
26 time care is rendered through the mutual recognition of party state licenses.]

27

[335.305. As used in this compact, the following terms shall mean:

2 (1) "Adverse action", a home or remote state action;

3 (2) "Alternative program", a voluntary, nondisciplinary monitoring
4 program approved by a nurse licensing board;

5 (3) "Coordinated licensure information system", an integrated process for
6 collecting, storing, and sharing information on nurse licensure and enforcement
7 activities related to nurse licensure laws, which is administered by a nonprofit
8 organization composed of and controlled by state nurse licensing boards;

9 (4) "Current significant investigative information":

10 (a) Investigative information that a licensing board, after a preliminary
11 inquiry that includes notification and an opportunity for the nurse to respond if
12 required by state law, has reason to believe is not groundless and, if proved true,
13 would indicate more than a minor infraction; or

14 (b) Investigative information that indicates that the nurse represents an
15 immediate threat to public health and safety regardless of whether the nurse has
16 been notified and had an opportunity to respond;

17 (5) "Home state", the party state that is the nurse's primary state of
18 residence;

19 (6) "Home state action", any administrative, civil, equitable, or criminal
20 action permitted by the home state's laws that are imposed on a nurse by the
21 home state's licensing board or other authority including actions against an
22 individual's license such as: revocation, suspension, probation, or any other
23 action affecting a nurse's authorization to practice;

24 (7) "Licensing board", a party state's regulatory body responsible for
25 issuing nurse licenses;

26 (8) "Multistate licensing privilege", current, official authority from a
27 remote state permitting the practice of nursing as either a registered nurse or a
28 licensed practical/vocational nurse in such party state. All party states have the
29 authority, in accordance with existing state due process law, to take actions
30 against the nurse's privilege such as: revocation, suspension, probation, or any
31 other action that affects a nurse's authorization to practice;

32 (9) "Nurse", a registered nurse or licensed/vocational nurse, as those
33 terms are defined by each state's practice laws;

34 (10) "Party state", any state that has adopted this compact;

35 (11) "Remote state", a party state, other than the home state:

36 (a) Where a patient is located at the time nursing care is provided; or

37 (b) In the case of the practice of nursing not involving a patient, in such
38 party state where the recipient of nursing practice is located;

39 (12) "Remote state action":

40 (a) Any administrative, civil, equitable, or criminal action permitted by
41 a remote state's laws which are imposed on a nurse by the remote state's licensing
42 board or other authority including actions against an individual's multistate
43 licensure privilege to practice in the remote state; and

44 (b) Cease and desist and other injunctive or equitable orders issued by
45 remote states or the licensing boards thereof;

46 (13) "State", a state, territory, or possession of the United States, the
47 District of Columbia, or the Commonwealth of Puerto Rico;

48 (14) "State practice laws", those individual party's state laws and
49 regulations that govern the practice of nursing, define the scope of nursing
50 practice, and create the methods and grounds for imposing discipline. State
51 practice laws does not include the initial qualifications for licensure or
52 requirements necessary to obtain and retain a license, except for qualifications or
53 requirements of the home state.]

54

2 [335.310. 1. A license to practice registered nursing issued by a home
state to a resident in that state will be recognized by each party state as

3 authorizing a multistate licensure privilege to practice as a registered nurse in
4 such party state. A license to practice licensed practical/vocational nursing issued
5 by a home state to a resident in that state will be recognized by each party state
6 as authorizing a multistate licensure privilege to practice as a licensed
7 practical/vocational nurse in such party state. In order to obtain or retain a
8 license, an applicant must meet the home state's qualifications for licensure and
9 license renewal as well as all other applicable state laws.

10 2. Party states may, in accordance with state due process laws, limit or
11 revoke the multistate licensure privilege of any nurse to practice in their state and
12 may take any other actions under their applicable state laws necessary to protect
13 the health and safety of their citizens. If a party state takes such action, it shall
14 promptly notify the administrator of the coordinated licensure information
15 system. The administrator of the coordinated licensure information system shall
16 promptly notify the home state of any such actions by remote states.

17 3. Every nurse practicing in a party state must comply with the state
18 practice laws of the state in which the patient is located at the time care is
19 rendered. In addition, the practice of nursing is not limited to patient care, but
20 shall include all nursing practice as defined by the state practice laws of a party
21 state. The practice of nursing will subject a nurse to the jurisdiction of the nurse
22 licensing board and the courts, as well as the laws, in that party state.

23 4. This compact does not affect additional requirements imposed by
24 states for advanced practice registered nursing. However, a multistate licensure
25 privilege to practice registered nursing granted by a party state shall be
26 recognized by other party states as a license to practice registered nursing if one
27 is required by state law as a precondition for qualifying for advanced practice
28 registered nurse authorization.

29 5. Individuals not residing in a party state shall continue to be able to
30 apply for nurse licensure as provided for under the laws of each party state.
31 However, the license granted to these individuals will not be recognized as
32 granting the privilege to practice nursing in any other party state unless explicitly
33 agreed to by that party state.]
34

2 [335.315. 1. Upon application for a license, the licensing board in a party
3 state shall ascertain, through the coordinated licensure information system,
4 whether the applicant has ever held, or is the holder of, a license issued by any
5 other state, whether there are any restrictions on the multistate licensure privilege,
6 and whether any other adverse action by any state has been taken against the
7 license.

8 2. A nurse in a party state shall hold licensure in only one party state at
9 a time, issued by the home state.

10 3. A nurse who intends to change primary state of residence may apply
11 for licensure in the new home state in advance of such change. However, new
licenses will not be issued by a party state until after a nurse provides evidence

12 of change in primary state of residence satisfactory to the new home state's
 13 licensing board.

14 4. When a nurse changes primary state of residence by:

15 (1) Moving between two party states, and obtains a license from the new
 16 home state, the license from the former home state is no longer valid;

17 (2) Moving from a nonparty state to a party state, and obtains a license
 18 from the new home state, the individual state license issued by the nonparty state
 19 is not affected and will remain in full force if so provided by the laws of the
 20 nonparty state;

21 (3) Moving from a party state to a nonparty state, the license issued by
 22 the prior home state converts to an individual state license, valid only in the
 23 former home state, without the multistate licensure privilege to practice in other
 24 party states.]

25

[335.320. In addition to the general provisions described in article III of
 2 this compact, the following provisions apply:

3 (1) The licensing board of a remote state shall promptly report to the
 4 administrator of the coordinated licensure information system any remote state
 5 actions including the factual and legal basis for such action, if known. The
 6 licensing board of a remote state shall also promptly report any significant current
 7 investigative information yet to result in a remote state action. The administrator
 8 of the coordinated licensure information system shall promptly notify the home
 9 state of any such reports;

10 (2) The licensing board of a party state shall have the authority to
 11 complete any pending investigations for a nurse who changes primary state of
 12 residence during the course of such investigations. It shall also have the authority
 13 to take appropriate actions, and shall promptly report the conclusions of such
 14 investigations to the administrator of the coordinated licensure information
 15 system. The administrator of the coordinated licensure information system shall
 16 promptly notify the new home state of any such actions;

17 (3) A remote state may take adverse action affecting the multistate
 18 licensure privilege to practice within that party state. However, only the home
 19 state shall have the power to impose adverse action against the license issued by
 20 the home state;

21 (4) For purposes of imposing adverse action, the licensing board of the
 22 home state shall give the same priority and effect to reported conduct received
 23 from a remote state as it would if such conduct had occurred within the home
 24 state, in so doing, it shall apply its own state laws to determine appropriate
 25 action;

26 (5) The home state may take adverse action based on the factual findings
 27 of the remote state, so long as each state follows its own procedures for imposing
 28 such adverse action;

29 (6) Nothing in this compact shall override a party state's decision that
 30 participation in an alternative program may be used in lieu of licensure action and
 31 that such participation shall remain nonpublic if required by the party state's laws.
 32 Party states must require nurses who enter any alternative programs to agree not
 33 to practice in any other party state during the term of the alternative program
 34 without prior authorization from such other party state.]
 35

2 [335.325. Notwithstanding any other powers, party state nurse licensing
 boards shall have the authority to:

3 (1) If otherwise permitted by state law, recover from the affected nurse
 4 the costs of investigations and disposition of cases resulting from any adverse
 5 action taken against that nurse;

6 (2) Issue subpoenas for both hearings and investigations which require
 7 the attendance and testimony of witnesses, and the production of evidence.
 8 Subpoenas issued by a nurse licensing board in a party state for the attendance
 9 and testimony of witnesses, and/or the production of evidence from another party
 10 state, shall be enforced in the latter state by any court of competent jurisdiction,
 11 according to the practice and procedure of that court applicable to subpoenas
 12 issued in proceedings pending before it. The issuing authority shall pay any
 13 witness fees, travel expenses, mileage, and other fees required by the service
 14 statutes of the state where the witnesses and evidence are located;

15 (3) Issue cease and desist orders to limit or revoke a nurse's authority to
 16 practice in their state;

17 (4) Promulgate uniform rules and regulations as provided for in
 18 subsection 3 of section 335.335.]
 19

2 [335.330. 1. All party states shall participate in a cooperative effort to
 3 create a coordinated database of all licensed registered nurses and licensed
 4 practical/vocational nurses. This system will include information on the
 5 licensure and disciplinary history of each nurse, as contributed by party states, to
 6 assist in the coordination of nurse licensure and enforcement efforts.

7 2. Notwithstanding any other provision of law, all party states' licensing
 8 boards shall promptly report adverse actions, actions against multistate licensure
 9 privileges, any current significant investigative information yet to result in
 10 adverse action, denials of applications, and the reasons for such denials to the
 11 coordinated licensure information system.

12 3. Current significant investigative information shall be transmitted
 13 through the coordinated licensure information system only to party state licensing
 14 boards.

15 4. Notwithstanding any other provision of law, all party states' licensing
 16 boards contributing information to the coordinated licensure information system
 may designate information that may not be shared with nonparty states or

17 disclosed to other entities or individuals without the express permission of the
 18 contributing state.

19 5. Any personally identifiable information obtained by a party state's
 20 licensing board from the coordinated licensure information system may not be
 21 shared with nonparty states or disclosed to other entities or individuals except to
 22 the extent permitted by the laws of the party state contributing the information.

23 6. Any information contributed to the coordinated licensure information
 24 system that is subsequently required to be expunged by the laws of the party state
 25 contributing that information shall also be expunged from the coordinated
 26 licensure information system.

27 7. The compact administrators, acting jointly with each other and in
 28 consultation with the administrator of the coordinated licensure information
 29 system, shall formulate necessary and proper procedures for the identification,
 30 collection, and exchange of information under this compact.]
 31

2 [335.335. 1. The head of the nurse licensing board, or his/her designee,
 of each party state shall be the administrator of this compact for his/her state.

3 2. The compact administrator of each party shall furnish to the compact
 4 administrator of each other party state any information and documents including,
 5 but not limited to, a uniform data set of investigations, identifying information,
 6 licensure data, and disclosable alternative program participation information to
 7 facilitate the administration of this compact.

8 3. Compact administrators shall have the authority to develop uniform
 9 rules to facilitate and coordinate implementation of this compact. These uniform
 10 rules shall be adopted by party states, under the authority invested under
 11 subsection 4 of section 335.325.]
 12

2 [335.340. No party state or the officers or employees or agents of a party
 state's nurse licensing board who acts in accordance with the provisions of this
 3 compact shall be liable on account of any act or omission in good faith while
 4 engaged in the performance of their duties under this compact. Good faith in this
 5 article shall not include willful misconduct, gross negligence, or recklessness.]
 6

2 [335.345. 1. This compact shall enter into force and become effective as
 to any state when it has been enacted into the laws of that state. Any party state
 3 may withdraw from this compact by enacting a statute repealing the same, but no
 4 such withdrawal shall take effect until six months after the withdrawing state has
 5 given notice of the withdrawal to the executive heads of all other party states.

6 2. No withdrawal shall affect the validity or applicability by the licensing
 7 boards of states remaining party to the compact of any report of adverse action
 8 occurring prior to the withdrawal.

9 3. Nothing contained in this compact shall be construed to invalidate or
 10 prevent any nurse licensure agreement or other cooperative arrangement between

11 a party state and a non-party state that is made in accordance with the other
12 provisions of this compact.

13 4. This compact may be amended by the party states. No amendment to
14 this compact shall become effective and binding upon the party states unless and
15 until it is enacted into the laws of all party states.]
16

2 [335.350. 1. This compact shall be liberally construed so as to effectuate
3 the purposes thereof. The provisions of this compact shall be severable and if
4 any phrase, clause, sentence, or provision of this compact is declared to be
5 contrary to the constitution of any party state or of the United States or the
6 applicability thereof to any government, agency, person, or circumstance is held
7 invalid, the validity of the remainder of this compact and the applicability thereof
8 to any government, agency, person, or circumstance shall not be affected thereby.
9 If this compact shall be held contrary to the constitution of any state party thereto,
10 the compact shall remain in full force and effect as to the remaining party states
11 and in full force and effect as to the party state affected as to all severable
12 matters.

13 2. In the event party states find a need for settling disputes arising under
14 this compact:

15 (1) The party states may submit the issues in dispute to an arbitration
16 panel which will be comprised of an individual appointed by the compact
17 administrator in the home state, an individual appointed by the compact
18 administrator in the remote states involved, and an individual mutually agreed
19 upon by the compact administrators of all the party states involved in the dispute;

20 (2) The decision of a majority of the arbitrators shall be final and
21 binding.]

2 [335.355. 1. The term "head of the nurse licensing board" as referred to
3 in article VIII of this compact shall mean the executive director of the Missouri
4 state board of nursing.

5 2. A person who is extended the privilege to practice in this state
6 pursuant to the nurse licensure compact is subject to discipline by the board, as
7 set forth in this chapter, for violation of this chapter or the rules and regulations
8 promulgated herein. A person extended the privilege to practice in this state
9 pursuant to the nurse licensure compact shall be subject to adhere to all
10 requirements of this chapter, as if such person were originally licensed in this
11 state.

12 3. Sections 335.300 to 335.355 are applicable only to nurses whose home
13 states are determined by the Missouri state board of nursing to have licensure
14 requirements that are substantially equivalent or more stringent than those of
Missouri.

15 4. This compact is designed to facilitate the regulation of nurses, and
16 does not relieve employers from complying with statutorily imposed obligations.

17 5. This compact does not supercede existing state labor laws.]

18

Section B. The repeal of sections 335.300 to 335.355 and the enactment of sections
2 335.360 to 335.415 of this act shall become effective on December 31, 2018, or upon the
3 enactment of sections 335.360 to 335.415 of this act by no less than twenty-six states and
4 notification of such enactment to the revisor of statutes by the Interstate Commission of Nurse
5 Licensure Compact Administrators, whichever occurs first.

✓