



POSITION STATEMENT

Compact Licensure

INTRODUCTION

Occupational and environmental health nurses (OHNs) and others in the nursing profession find it increasingly necessary to practice in more than one state when engaging in the professional practice of nursing. This practice may include: the delivery of telehealth services, consulting and communicating with providers in other states, delivering care to patients who reside in one state and work across multiple state borders, and traveling to various work locations across the country or world.

To provide professional nursing practice, the OHN must ensure compliance with relevant state licensure and practice requirements and applicable statutory/regulatory waivers (typically limited to those working with the Veterans Administration or military service, or services provided under applicable temporary emergency/administrative provisions required to address a state of emergency). A license is a legal document that permits the holder to offer special competencies and knowledge to the public in a particular jurisdiction, where such practice would otherwise be unlawful. Each state's duty to protect those who receive nursing care is the basis for a nursing license. Safe, competent nursing practice is grounded in the law as written in the state nurse practice act (NPA) and the state's rules and regulations. These are used together to govern nursing practice and vary among each state. Therefore, if a nursing assignment requires the OHN to practice across state lines, the nurse may face potentially serious legal and liability ramifications if not licensed to practice within the state where the services are delivered.

The American Association of Occupational Health Nurses, Inc. (AAOHN) is keenly aware of the responsibility each state has for establishing and enforcing the practice requirements and licensure standards for healthcare professionals who provide health care services within that state. However, in a global business world where advancements in

the delivery of healthcare are more reliant on telecommunications technologies to support and promote long distance clinical health care, patient and professional health-related education, public health and health administration, which is impervious to state borders, compact licensure is essential.

RATIONALE

It is important to ensure compliance with relevant license and practice requirements to ensure the OHN possesses necessary authorization to practice. compact licensure becomes necessary when nursing services are provided across state lines, an increasingly common requirement in today's global, hi-tech and fast-paced work environment. To determine whether an OHN is affected by compact licensure, it is necessary to know the nurse's employment situation and relevant job responsibilities. If an OHN is licensed and employed by a company located within a state of compact licensure and does not have any workers out of state, it is unlikely the OHN will have multistate practice issues. However, if an OHN works for a company with out-of-state offices, workers or worksites, or workers who routinely seek care while traveling among several states, it is necessary to determine the extent of the OHN's employment role and practice activities, which may extend across state borders.

Healthcare professionals who have an active license in one state are often permitted to secure a license(s) in another state through a process known as endorsement. OHNs who believe their practice crosses state boundaries may be the perfect candidate for state licensure reciprocity. This process can be time consuming, expensive, perplexing and yet the only option for nurses residing in states that are not part of the Nurse Licensure Compact.

Each state's NPA typically defines the term "professional nursing" as care requiring the

specialized knowledge, judgment and competencies derived from the principles of biology and physiology, as well as behavioral, social and nursing sciences and research.

All nurses are advised to check their [state NPA](#). Nursing actions may be legal and within the scope of the NPA in the state in which the OHN is licensed. However, the actions may violate the law of the state in which the worker/client currently resides or works. Not obtaining a license to practice in the state and providing healthcare (in person or through use of telecommunications technologies) may constitute a civil and/or criminal penalty.

If any of the relevant job responsibilities fall within the definition of professional nursing practice, the OHN must comply with the relevant NPA and state rules/regulations for each state in which services are delivered. By reviewing each individual relevant practice requirement, the OHN may be able to determine the need to obtain licensure for other jurisdictions. It is crucial that all nursing professionals continue to proactively monitor and influence relevant rules and regulations pertaining to state-specific and multistate nursing practice. Advanced Practice Registered Nurses (APRNs) must also be cognizant of any additional regulatory requirements when practicing across state lines, as legislation, rules and practice privileges are specific to their practice.

Each state licensing board independently determines the APRN scope of practice, the criteria for entry into advanced practice nursing and if national certification examinations are required (AAOHN Position Statement Advanced Practice Registered Nurses in Occupational Health Settings, 2021). Many APRNs hold dual licenses as a Registered Nurse (RN) and as an APRN. It is necessary to determine the level of practice required in the APRN's specific employment situation when working across state or international boundaries. This should be considered on a case-by-case basis, depending on whether they are practicing at the level of an APRN or a RN when practicing beyond the state in which they are licensed and primarily reside.

The practice of telehealth, which covers a broad variety of disciplines, uses electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies use electronic signals to transmit health information from one site to another. Technology includes videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications. For example, in a large occupational setting, an OHN may seek case

consultation from colleagues who are miles away, receive managed care treatment approvals for workers covered by workers' compensation and provide case management services for a worker client in another state. Although telecommunication technology continues to change the way healthcare is delivered and contributes to the ever-widening boundaries of the OHN, there are principles in the delivery of care which do not change. These include:

- the basic NPA standards are not changed or altered,
- the OHN or healthcare professional cannot provide services that are not legal or authorized by the state NPA,
- the health and safety of worker clients and community must be ensured, and
- worker-client confidentiality must be maintained ([AAOHN Position Statement Confidentiality of Medical Records and Worker Health Information in the Occupational Health Setting](#)).

The Nurse Licensure Compact (NLC) allows RNs and Licensed Practical/Vocational Nurses (LPNs/LVNs), whose primary state of residence is in an NLC state, to hold one multistate license, with the authority to practice in person or via telehealth, in both their home state and other [NLC states](#) (National Council for State Boards of Nursing (NCSBN), 2020). Similarly, the APRN Compact, approved in May 2015, allows APRNs to hold one multistate license with a privilege to practice in other compact states. This model is pending implementation when ten states have enacted the legislation. APRNs can check their current state progress with the [APRN Compact Map](#).

These innovative licensure compact models enable improvement in both access to care and reduced regulatory burden on licensees, while preserving public protection. This is particularly beneficial when a disaster or state of public emergency necessitates timely healthcare response beyond state boundaries. A current example is rapid deployment of healthcare personnel, including nurses, across the nation to address illness surge resulting from the COVID-19 pandemic. Barriers to practice outside of the NLC are complex, requiring licensees to search through state-specific emergency licensing waivers and possible disciplinary actions, prior to responding to the public health emergency. The NCSBN (2020) published a [repository](#) of primary source data to assist in determining which states provide licensure information, which states are members of NLC, and the applicable statutory/administrative provisions.

RECOMMENDATIONS

compact licensure is compulsory for nurses practicing across state borders as described above. Nurses, and their employers who

knowingly or unknowingly engage in or support interstate nursing practice, are at risk when the nurse is not licensed in all states where nursing practice occurs, or when the nurse's primary state of residence does not participate in the Nurse Licensure Compact and the nurse practices in compact states. It is imperative that the Nurse and any business that employs Nurses ensure compliance with relevant state licensure and practice requirements, and applicable statutory/regulatory waivers. The innovative NLC model of licensure ensures appropriate licensure of nurses in compact states to improve access to care, reduce regulatory burden on licensees, and preserve public protection.

AAOHN endorses the Nurse Licensure Compact as a safe, effective and efficient means of improved access to care, supports advocacy and initiatives that support the NLC, and encourages the uniform adoption of the NLC in all States and Territories of the United States. For nurses who reside in Non-Compact States and practice across state borders, AAOHN supports licensure of all nurses (LPN/LVN/s, RNs, APRNs) in each state where the nurse provides nursing services.

REFERENCES

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