

Organizations that Endorse the NLC

- American Academy of Ambulatory Care Nursing
- American Association of Occupational Health Nurses
- American Hospital Association
- American Nephrology Nurses Association
- American Organization of Nurse Executives
- American Telemedicine Association
- Care Continuum Alliance
- Case Management Society of America
- Center for Telehealth & e-Health Law
- Emergency Nurses Association
- National Military Family Association
- State Alliance for e-Health of the National Governors Association Center for Best Practices
- U.S. Department of Commerce

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- Institute of Medicine. (2010). *The future of nursing: Leading change, advancing health*. Washington, D.C.: The National Academies Press.
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- U.S. Department of Health and Human Services Health Resources and Services Administration. (2010). Health licensing board report to Congress. Retrieved from <http://www.hrsa.gov/ruralhealth/about/telehealth/licenserpt10.pdf>

1 The NLC clarifies the authority to practice for many nurses currently engaged in telenursing or interstate practice.

From the Institute of Medicine's 2010 report, "The Future of Nursing: Leading Change, Advancing Health":

There is perhaps no greater opportunity to transform practice than through technology. Information technology has long been used to support billing and payments but has become increasingly important in the provision of care as an aid to documentation and decision making. Diagnostic and monitoring machines have proven invaluable in the treatment of cancer, heart disease and many other ailments. Examples cited by the IOM in *Crossing the Quality Chasm: A New Health System for the 21st Century* include "growing evidence that automated order entry systems can reduce errors in drug prescribing and dosing" and "improvements in timeliness through the use of Internet-based communication (i.e., e-visits, telemedicine) and immediate access to automated clinical information, diagnostic tests, and treatment results" (IOM, 2001). Since that report was published, the expanded use of online communication has resulted in so called telehealth services that are not limited to diagnosis or treatment but also include health promotion, follow-up, and coordination of care. Delivery of telehealth services has, however, like that of APRN services, been complicated by variability in state regulations, particularly whenever online communications cross state lines. (p. 136)

Key Message #1: Nurses Should Practice to the Full Extent of Their Education and Training (Chapter 3)

Nurses have great potential to lead innovative strategies to improve the health care system. However, a variety of historical, regulatory, and policy barriers have limited nurses' ability to generate widespread transformation. ... Many of these barriers have developed as a result of structural flaws in the U.S.

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health care system; others reflect limitations in the present work environment or the capacity and demographic makeup of the nursing workforce itself. Regulatory barriers are particularly problematic. ... Removing regulatory, policy, and financial barriers to promote patient choice and patient-centered care should be foundational in the building of a reformed health care system. (pp. 4-6)

2 The NLC provides greater mobility for nurses.

From the U.S. Department of Health and Human Services Health Resources and Services Administration's 2010 report, "Health Licensing Board Report to Congress":

Licensure portability is seen as one element in the panoply of strategies needed to improve access to quality health care services through the deployment of telehealth and other electronic practice services (e-care or e-health services) in this country. But licensure portability goes beyond improving the efficiency and effectiveness of electronic practice services. Overcoming unnecessary licensure barriers to cross-state practice is seen as part of a general strategy to expedite the mobility of health professionals in order to address workforce needs and improve access to health care services, particularly in light of increasing shortages of healthcare professionals. It is also seen as a way of improving the efficiency of the licensing system in this country so that scarce resources can be better used in the disciplinary and enforcement activities of state boards, rather than in duplicative licensing processes. (p. 1)

3 The NLC improves access to licensed nurses during a disaster or other times of great need for qualified nursing services.

From the American Red Cross' 2011 report, "Disaster Services Program Review":

The spring of 2011 brought the worst outbreaks of deadly tornadoes in decades. More than a one thousand tornadoes were reported, prompting 28 Red Cross disaster operations in 18 states across the country. Within hours of these disasters nearly 64,000 health and mental health contacts were made. The Red Cross needs to be prepared to utilize as many nurses across state lines as needed to care for those in distress. Currently 5,000 Red Cross nurses out of the total pool of approximately 4.5 million registered nurses and licensed practical nurses provide disaster health services within their licensure, scope of practice, assessing and intervening as they have been prepared to do by their education and experience. (p. 6)

From the American Hospital Association's 2000 report, "Hospital Preparedness for Mass Casualties":

Licensure of health professionals is generally conducted on a state-by-state basis. Licensure practices limit the flexibility and availability of potential staff. Nursing licensure bodies could increase preparedness by adopting similar procedures or by adopting the "Nursing Compact" presently being implemented by several states. (p. 24)

4 The NLC improves access to nursing care.

From the National Governors Association Center for Best Practices' 2008 report, "Annual Report and Recommendations from the State Alliance for e-Health":

The State Alliance thoroughly examined the opportunities and challenges in pursuing options for multistate practice and e-health expansion. Among these were licensure structures to support cross-state e-health consultations, and remote delivery of health care services; the need to enable mail-order pharmacies, telehealth, and telemedicine; and the potential of the current Nurse Licensure Compact as a model for other health professions. Given the level of activity across the country of state nursing boards supporting the NLC and the NLC's benefits to enabling e-health, the State Alliance encourages the remaining state nursing boards to join the compact.

Governors and state legislatures should direct the state's nursing board to participate in the NLC, given the importance of the NLC for e-health purposes. Governors and state legislatures should provide financial support to the nursing boards for the initial implementation of the NLC and ensure that the boards are funded at levels needed to assure public protection operations. (p.36)

5 The NLC enhances discipline and information-sharing among participating NLC states.

NCSBN's Nursys® database (www.nursys.com) provides licensure and disciplinary information for registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs). Per an NLC statute, all compact states transmit and access significant investigative information through Nursys, therefore making this data readily accessible as soon as it is entered into the database. This improves the BON's ability to act in a timely manner and in many states, prevents nurses with pending actions from moving to another state (their application will be held in abeyance until a final action has been rendered in the NLC party state).