



Impact in Action: NLC Stories



Sen. Lisa Boscola

Pennsylvania Passes the Nurse Licensure Compact

Published June 1, 2021



Suzanne Kunze

Pennsylvania Sen. [Lisa Boscola](#) first heard about the [Nurse Licensure Compact](#) (NLC) and other compacts at a 2017 legislative symposium hosted by the National Conference of State Legislatures. “I just remember this ‘wow’ moment, like, these just make so much sense,” she says. “I remember calling my staffer as soon as the presentation was done and said, ‘get bills introduced ASAP.’”

Representing Pennsylvania’s 18th Senate district, Boscola has been a proponent of the NLC and the greater mobility, public protection and access to care it provides. She serves on the Senate’s Consumer Protection and Professional Licensure Committee and was the primary sponsor of the original Senate bill that passed in May.

Her work has paid off. Pennsylvania will become the 37th jurisdiction to enact the NLC, joining a number of nearby states including Delaware, Maryland, New Jersey, Virginia and Ohio.

“By not being a part of the nurse compact, Pennsylvania has frankly been at a disadvantage,” says Boscola. “We are a state with over 12.5 million people – and the proportion of our population over the age of 60 is one of the highest in the country. That number is only going to climb as the baby boomer generation continues to age and need more advanced medical care. Joining the compact is going to benefit Pennsylvania nurses, hospitals and health systems, physicians, nursing homes, home health care services and – above all – patients.”

Pennsylvania boasts more than 75 baccalaureate and associate degree nursing programs. Boscola is proud of the high number of graduates, and she wants to keep them. Graduates preparing to take the NCLEX® Exam and deciding where to live and practice have until now faced a decision -- whether to live in Pennsylvania, where they would be licensed to practice in one



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state, or live in nearby states where they can practice with the benefit of a multistate license. “With us having such a high number of nursing programs and high enrollments, this also puts Pennsylvania into an advantage to remain a competitive state for retaining more of these new graduate nurses,” she says.

While there was opposition to the legislation, “there was a lot of support from the state nurses association, hospitals and health systems, nursing homes and home health services,” Boscola explains.

The [Pennsylvania State Nurses Association \(PSNA\)](#), which represents the interests of more than 200,000 registered nurses (RNs), was previously opposed to the NLC due to issues like lost licensure revenue, uncertainty over licensure requirements and public safety concerns. PSNA [reversed its position](#) in 2020, due in part to 2015 enhancements made to the NLC, including mandatory background checks, fingerprinting and uniformity of licensure requirements. Most importantly, the PSNA listened to nurses.

“At the end of the day, this decision came directly from our nurses,” says Noah Logan, government relations specialist at PSNA. “Our members were very passionate about this issue, and this is something that they absolutely wanted to get done. Many of the neighboring states are in the compact, and having those licenses is really a burden, it is a stress and it is redundant.”

PSNA regularly surveys nurses about the issues most important to them. The compact was one of the top concerns. “Our members are excited about this. I cannot get on the phone with our NLC members without them asking me how long it is going to be until they get a multistate license – that is genuine, everyone has asked me about it.”

Nurses like Suzanne Kunze, MBA, RN, CCM, are indeed enthusiastic about Pennsylvania’s entry into the NLC. “I live in the eastern part of Pennsylvania, close to Delaware, close to New Jersey, close to Ohio,” she says. “I know there is a lot of cross-pollination of nurses that go between the different states, and they are required to have two to three licenses to do that.”

Kunze has an extensive background in care management and served as a past president of the Mid Atlantic chapter of the [Case Management Society of America](#). “Even in my early days before I got into management, I had to get additional licenses to manage my patients,” she recalls. “It was a necessary part of the job, but it could have easily been eliminated if all of the states recognized each other.”



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When Kunze worked in care management, one of her biggest concerns was having the right staff with appropriate licensure. “They were managing cross-state members, so, it would not be uncommon for me to have nurses who managed members in multiple jurisdictions and were required to hold four or five different licenses, just so they could advance their caseload,” she says. “This was a huge expense, and it was very time consuming. It delayed me in having my case managers work with those members until they got the right licensure.”

Kunze, Boscola and Logan all concur that when the COVID-19 pandemic hit, everything changed. “There has been a huge movement to telehealth because of the pandemic,” says Kunze. “There were so many trials to do telemedicine for years, and it was never really successful until the first month of the pandemic. All a sudden, telemedicine was the hottest thing since sliced bread, and people could actually get in to see their providers. It is the same thing for the case managers. There was such a tremendous amount of need.”

In the event of a crisis like COVID-19, nurses from multiple states can quickly and easily respond. The compact reduces complexity, decreases cost and provides an equal or even higher level of protection to the public. Licensure requirements are aligned in NLC states, and all nurses applying for a multistate license are required to meet them.

“I have said it numerous times this year and last year – the pandemic has only shown us more proof as to why we need these compacts in the medical field,” says Boscola. “As the country several times saw geographic swells with positive COVID cases and surges, the nurses and doctors nationally were able to respond to this. If the Northeast was struggling and the Midwest was not, then thousands and thousands of doctors and nurses came to the Northeast to help in the response. And when that changed in the other direction, we were able to send physicians and nurses to the areas of greater impact. In our state, because we were not in the nurse compact, the governor had to issue emergency waivers to permit out-of-state licensed nurses and doctors to come in and help with the surges. Early in 2020 when we were dealing with the first surge here, we had to bring in over 1,600 nurses to help. If we had not had those emergency powers – there is no telling how badly it could have been as far as a medical response to the most critical of patients. So, for me, the pandemic really brought attention to the need of why these compacts are not only beneficial, but crucial.”



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“COVID definitely had a huge impact on us,” says Logan. “We needed to be able to move nurses around quickly. All the things that were going through the nurses’ minds in March, April and May last year; those were rough months. Having to deal with the hassle of licensing, especially during that time, was an unneeded stressor.”

Logan says the PSNA also heard from nurse educators whose employers were requiring faculty to hold licensure in the multiple states where their students resided because they had transitioned to online instruction. “That would not have been necessary if we were in the compact,” he says.

While the news of Pennsylvania joining the NLC is cause for celebration, there is still work to do. With the continued adoption of telehealth and the likelihood of future crises and natural disasters, leaders and stakeholders in noncompact states must decide if now is the time to join with the majority of states that have moved to a care delivery model driven by patient needs.

“God forbid we go through another pandemic or there’s another issue,” says Kunze. “It is going to be an ongoing need. There are a lot of nurses out there and there are a lot of things you can do with your nursing license if it is recognized. It is horrible to have a qualified person who, just because of a piece of paper, cannot go and provide that service. It is something we have been trained for, and that is in our DNA – to go out and help out. If we are held back, it limits our ability to do what we were put on earth to do.”



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Carla Adams

Reducing Barriers and Filling a Need: Nevada and the US as a Whole would Benefit from the NLC

Published April 1, 2021



Lisa Pistone

What would it look like if every U.S. state was a member of the Nurse Licensure Compact (NLC)? While advocates for the NLC have faced strong opposition in a number of states, we are also living in an unprecedented time. The COVID-19 pandemic has shown that during a crisis or disaster, nurses must be able to move quickly and fluidly to where they are needed most.



Teresa Whitfield

There are currently 34 states and one U.S. territory that have enacted the NLC, and legislation to enact the NLC is now pending in 12 states and one U.S. territory.

“If every state were an NLC state, it would open up avenues that are currently hard for us to imagine,” says Carla Adams, MSN, RN, chief nursing officer, Northern Nevada Medical Center (NNMC). “The barriers would be reduced, and I think it would help our neighboring California hospitals. It could allow more nurses to practice physically in Nevada. But as we move more electronic, nurses from other states would also be able to help us locally via telehealth.”

For now, Adams is focused on how Nevada and the entire U.S. would benefit from the NLC. “Between the growing nursing shortage and the baby boomer generation’s retirement, the new needs are astronomical,” she says. “From a recruitment standpoint, employers would win with faster hiring. Nurses would win because they wouldn’t have to wait to start their employment, and application and license renewal costs would be reduced. Collaboration with the other compact states would make a statement about Nevada – we would be seen as a more welcoming state to nurses. Travel nurses often bypass us because we’re not in the compact. Being in the NLC would also reduce the onboarding process time of checking with each individual state.”



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Reducing Barriers and Filling a Need: Nevada and the US as a Whole would Benefit from the NLC

A nurse with primary residency in an NLC state has the authority to practice in person or via telehealth in all compact states. In the event of a crisis, nurses from multiple states can quickly and easily respond. The compact can reduce complexity, decrease cost and provide an equal or even higher level of protection to the public. Licensure requirements are aligned in NLC states, and all nurses applying for a multistate license are required to meet the same standards, including submission to federal and state fingerprint-based criminal background checks.

Located in Reno in Northwest Nevada, Northern Nevada Medical Center is just 20 miles from the California border and just a two-hour drive from its capital in Sacramento. Adams's colleague Teresa Whitfield, MS, RN, is director of medical/telemetry at NNMC. Whitfield recently relocated from California, where she lived 40 miles from Paradise, a town destroyed by wildfires in 2018.

"The fires that came through Paradise took out their hospital and destroyed the homes of their hospital staff," says Whitfield. "If we all were compact states, nurses who work for the health system in Paradise – who knew their system -- could have come in to help. In that sense, I see a benefit in compact states allowing nurses within the same health system to cross borders to help their work colleagues, no matter what state they're in. If there are hurricanes for example, nurses in the same system could travel south to help. It would be more seamless, and you would have help faster in times of disaster."

The unprecedented number of patients affected by COVID-19 and the overwhelming effect it had on health care providers resulted in all states, territories and the District of Columbia issuing emergency declarations and lifting state licensure regulations in 2020. In some cases, emergency license waivers were issued to allow nurses licensed in other states to accelerate their ability to practice and assist with disaster relief.

"I found that having that red tape removed was incredibly helpful," says Lisa Pistone, MBA, RN, CNML, director of the Medical Surgical unit at NMCC. "Our state board was good about moving forward with temporary licenses. But when you're looking for a nurse, whether for a posted position or a traveler, you're looking for a need now so that you're not putting strain on your team. That process can normally take a solid month. When the restrictions were lifted, that process sped up significantly. As soon as a traveler was ready, they were able to walk through the door."

If the NLC was expanded to all 50 states, all nurses would meet uniform licensure requirements, ensuring that agreed upon standards were met. Each state would have enforcement authority when a nurse from another NLC state practiced in



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its jurisdiction, and expiration of executive orders and nurses' authority to practice would be nonissues.

One argument that groups opposed to the NLC often suggest is that the safety of patients could be compromised when an influx of nurses trained and educated in other states come to practice. Whitfield says this claim doesn't square with her experience. "The unit I direct brings in new graduates and new graduate-nurses," she explains. "No matter what state a new graduate-nurse has trained in, when they start it's their work ethic, personality and drive that determines patient safety. I can teach a new graduate anything they need to know if they have a willing, open attitude. There are nurses who practice the utmost of patient safety in their practice every day across the U.S., and there are some who do not. I don't think it's dependent on whether they are from a compact state or not."

Whitfield also thinks that removing barriers to interstate practice is appealing to young people starting their nursing careers. "They work to live," she says. "I think they would love it because they live more in the moment. They have a desire to experience as much as they can; there's a little more wanderlust. The opportunity to travel and experience different cultures across the U.S. is very appealing to them. And they're excellent nurses. They've grown up with technology. They're very adaptable and they're all very bright."

On Feb. 16, 2021, Assembly Bill 142 was introduced in the Nevada legislature. While this legislation was defeated, these nurse leaders in Nevada are hopeful that compact licensure will eventually prevail. "I see it as having much more synergy among nurses," explains Adams. "We're already a well-loved group of professions. Why not have us unite more?"



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Elizabeth Paxton

North to the Future: the NLC would Benefit Alaskan Nurses and their Patients

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Alaska's motto of "North to the Future," adopted in 1967 for the Alaska Purchase Centennial, suggested a land of promise. This optimistic statement could also apply to efforts by lawmakers and nurses in the state to enact the Nurse Licensure Compact (NLC). A [December 2019 survey](#) of Alaska-licensed nurses, conducted by the Alaska Board of Nursing and NCSBN, revealed that 92% of Alaska's licensed nurses are in favor of the state joining the NLC.

One nurse leader who supports enacting the NLC in Alaska is Elizabeth Paxton, MSN, RN, NE-BC, chief nursing officer, [Providence Health & Services Alaska](#). Paxton is responsible for all nursing practice for the Providence Alaska Region.

"The NLC would create one standard that ensures that we're all practicing at the highest level of care for our patients," says Paxton. "This in turn protects the community and our patients, as well as our caregivers, to ensure that we're all practicing at the highest standards."

While Alaska is the largest U.S. state geographically, its population is less than 800,000, about one resident per square mile. Nearly a quarter of the population live in areas that are only accessible by plane or boat. Many residents live in communities of fewer than 1,000 people. Health care is Alaska's largest private-sector employer. Providence Health & Services, Paxton's employer, operates the largest medical center in the state, and three critical access hospitals in rural communities.

"We have a bit of a recruiting problem here in Alaska, because of our remoteness and people not wanting to stay due to the weather or being so far away from family for long periods of time," says Paxton. "Being part of the NLC would allow people to come to the state, start practicing and stay as long as they can."



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Paxton has experienced the delays of obtaining licensure firsthand. Before joining Providence Alaska in November 2020, she served as chief nursing officer at Providence Saint Joseph Medical Center in Burbank, California. Previously, she worked as a Newborn Intensive Care Unit staff nurse at Children’s Hospital of Alabama before moving to Indiana.

“Indiana is a compact state, and California and Alaska are not,” says Paxton. “When I moved from Indiana to California, it took four months to get my California license. I had to pay for fingerprinting and licensing fees which delayed my start with Providence by about two months. When I moved from California to Alaska, I had to apply for my license, go through all the fingerprinting again and present my CEUs. This happened during COVID. Because Alaska is a very small community, the board was very busy hiring travelers into the state. I was delayed almost two months in getting my Alaska nursing license.”

COVID-19 has been the greatest public health emergency in generations. If every state was in the NLC, costs to health care facilities, providers and state government could have been reduced, and treatment could have been provided more quickly to areas where it is needed most. Nearly every state – Alaska included – issued emergency declarations and lifted state licensure regulations in 2020.

“Because we are small and very remote, getting people in as quickly as we can is imperative during a disaster like a pandemic,” says Paxton. “If we had not had that emergency declaration, I don’t know that we would have received the help we needed. I think being part of the NLC could certainly help. Again, it creates one standard – if you’re a nurse and you’re licensed in one state, you’re licensed in any state.”

Paxton feels the NLC would help health care employers recruit because people like to come to the state seasonally. “I’ve heard from travelers. If they don’t start early enough, they miss the season because they haven’t gotten their license,” she explains. “They have to do a lot of proactive planning ahead if they want to come to Alaska. But if you are a traveler in the Midwest for instance, you can go from state to state without any break between contracts because you’re already licensed in those states; the bulk of the compact states are in the middle of the country. If Alaska was in the compact, it would make them more mobile when they start up with the travel company.”

As the NLC has evolved, some states are still reluctant to join. One concern, related to the safety of patients, is due to a misunderstanding about the licensure standards



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to be an NLC member state. On this subject, Paxton says, “from a safety perspective, there are nursing school standards across the board. And when you graduate, you take the NCLEX. Every state also requires background checks. I don’t know that people are asking for different things, but creating the compact can ensure that everyone’s standards are the same, so that we are providing the safest care that we can to our patients.”

The Gallup poll that has ranked nursing as the most trusted profession for 19 years in a row is a nationwide poll, from respondents of every state. In a time where technology’s reach and power are quickly removing boundaries and opening up avenues to care, nurses need to be able to go quickly and fluidly to where they are needed most. For Paxton, the future is now. Joining the NLC would benefit Alaskans and the nurses who care for them.

“This would also go further to create unity among nursing, and it would make us more of a united profession, if you will, because we are all ensuring that we’re practicing at the same level and responding to things the same way.”



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Hank Drummond

Now is the Time: Compact Licensure Cannot Wait Until the Next Crisis

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Henry “Hank” Drummond, PhD, MDiv, RN, will never forget the call he received from a client during the first wave of the COVID-19 pandemic. “One leader told me on the phone, ‘This is my situation: if I don’t have staff here that are qualified to care for the amount of acutely ill patients we have, then patients will die.’ It was a heartbreaking reality. She was in tears, begging me to send staff, and yet I had to be in compliance from a federal, state and local regulatory standpoint.”

Drummond is a senior vice president and chief clinical officer for Cross Country Healthcare, one of the largest health care staffing firms in the U.S. He oversees the organization’s Clinical, Quality, Education and Regulatory Compliance areas. Previous leadership roles include executive and director-level positions as chief nursing officer (CNO), nursing administrator and nurse executive. He has also served as an educator – with instructor positions at Indiana University and Montana State University.

Drummond recalls the pressure he felt, knowing patients needed care urgently and being unable to deploy staff swiftly. “I hung up from that call, and it was excruciating because I’ve sat in that chair of being a CNO and a systems CNO,” he says. “That remained with me all night, because what can we do? How can we expedite this? I never want to experience that emotional pain again.”

Clinical Managers at Cross Country Healthcare take turns on the organization’s clinical COVID hotline where they hear the often harrowing stories of what health care professionals experience on a daily basis. “I was on the phone earlier today with someone who was sobbing and who told me, ‘I just don’t know if I can continue to do this because in my 15 years of nursing, I’ve never seen death at this level in my life.’ It’s been tough. We as leaders must do better, and I believe that with a nationwide Nurse Licensure Compact (NLC), we can.”



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The NLC allows a nurse 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 all compact states, including the nurse's home state. This fosters greater nurse mobility, public protection and access to care. In the event of a crisis like COVID-19, nurses from multiple states can quickly and easily respond. The compact can reduce complexity, decrease cost and provide an equal or even higher level of protection to the public. Licensure requirements are aligned in NLC states, and all nurses applying for a multistate license are required to meet the same standards, including submission to federal and state fingerprint-based criminal background checks.

The unprecedented number of patients affected by COVID-19 and the overwhelming effect it has had on health care providers resulted in all states, territories and the District of Columbia issuing emergency declarations and lifting state licensure regulations. In some cases, emergency license waivers were issued to allow nurses licensed in other states to speed their ability to practice and assist with disaster relief. The loosening of licensing restrictions to enable cross-border practice resulted in confusing state emergency orders.

"We staff all 50 states and the Virgin Islands, so nurses who had compact licenses were easy to place," says Drummond. "States in the compact were easier to work with. Even if the governors put out executive orders, it was very confusing. We would read them and say, 'What does this really mean?' We would get on the phone with the governor's office and ask very pointed questions, and they would still not be able to answer them. We called the boards of nursing and asked them, and they said they were trying to get clarity too. We would reach out to the client and get the same response."

The orders also lowered onboarding requirements, focusing more on the quantity of nurses available to help with COVID-19 cases during this urgent need. It was also difficult for the high volume of nurse applicants coming from out of state to obtain criminal background checks (CBCs) when required. CBC services were closed or had extended wait times.

Finally, the executive orders were of a temporary nature and had differing expiration dates, affecting continuity of care. There was a challenge of maintaining the constantly changing expiration dates and extension dates by each of the states.

If the NLC was expanded to all 50 states, the above-mentioned issues would have been avoided. All nurses would meet the uniform licensure requirements, ensuring



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that agreed upon standards were met. Each state would have enforcement authority when a nurse from another NLC state practiced in its jurisdiction, and expiration of executive orders and nurses' authority to practice would have been nonissues.

"As professionals, we always look to improve processes, and the end outcome is always about the patient and the outcome to the patient," says Drummond. "For us to provide care to reach those outcomes, we need qualified, competent staff at the bedside. From a patient perspective, if you go to the hospital, you don't want to hear, 'We don't have enough staff to care for you.' The expectation is that you will be cared for at the highest level possible. To be able to deliver that care, and provide it to those in need, we need the staff there to be able to do it."

Drummond sees the pandemic as an occasion to think about how we handle licensure in a very different way for the future. "The nurses who had compact licenses wanted to move to compact states to help because, frankly, it was a lot less paperwork. Nurses and other health care professionals in general really wanted to go in and help. They didn't want to wait two weeks to do it. And the facilities needed them two weeks ago because not only did they have an influx of patients, they had a staffing supply issue. And some of their own core staff were becoming sick, and they were also exhausted, from a mental, physical, and spiritual standpoint. We needed to get people in to offer relief."

There are currently 33 states that have fully implemented the NLC, and one more with pending implementation in 2021. As the compact has evolved, some states are still hesitant to join. "For me, it's about uniformity and setting a standard, instead of the variation from state to state," says Drummond. "If the pandemic has showed us anything, it has revealed the need for standardization across the board. It allows us to be agile, it allows us to be fluid and it allows us to be quick. If you think of it from the health care professional's point of view, do we really need to put them through all of these steps every time they go to a new assignment?"

Drummond keeps a favorite Dr. Seuss quote handy, and it's one that he shares with his staff. "It's hanging on my computer screen on a Post-It note right now," he says. It reads:

When something bad happens you have three choices. You can either let it define you, let it destroy you, or you can let it strengthen you.

"I think the whole episode with the COVID-19 pandemic has redefined who we are as nursing across the country," says Drummond. "It did not destroy us. It certainly made



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us stronger because we have united, we have come together, and we are one. When this pandemic is behind us, we know there will be something else coming. We must think about how we write the playbook for the future. One of the lessons I believe we have all stepped away with is the impact of compact licensure, and how it can help us move staff when the needs arises.”



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Mary Beth Russell



Jenni Kent

The Nurse Licensure Compact and COVID-19 – a Tale of Two States

Published June 1, 2020

When the COVID-19 pandemic hit the U.S. and states began taking measures to ensure their health care systems were not overwhelmed, many responded with emergency license waivers. Bringing in nurses from across state lines became crucial.

The [Nurse Licensure Compact](#) (NLC) allows a nurse 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 33 other NLC states. This fosters greater nurse mobility, public protection and access to care. In the event of a crisis like COVID-19, nurses from multiple states can quickly and easily respond. Licensure requirements are aligned in NLC states, and all nurses applying for a multistate license are required to meet the same standards, including submission to federal and state fingerprint-based criminal background checks.

New Jersey and Missouri are a thousand miles apart. While the impact of COVID-19 was unique to each state, their responses offer compelling arguments for improving access to care and patient safety by encouraging every state join the NLC.

New Jersey

New Jersey is the second most densely populated state in the country. It is also the state with the second highest number of COVID-19 cases and deaths -- more than 12,000 people have lost their lives. The state's health system is made up of about 100 local agencies, and many of them were overwhelmed when COVID-19 hit. As sobering as the statistics are, they could have been far worse if hospitals had become overtaxed, affecting everyone who needed access to health care.

As vice president at the Center for Professional Development, Innovation & Research at RWJBarnabas Health (RWJBH), Mary Beth Russell, PhD, MA, RN, NPD-BC, NEA-BC, is directly involved



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in promoting safety and quality care for patients. RWJBH is New Jersey's largest integrated health care delivery system, providing treatment and services to more than 3 million patients each year.

Russell's work includes the creation and implementation of orientation, training and professional development programs. "My focus is looking at facilitating activities that are evidence-based and that enhance patients and staff safety," she says. "In doing that, we increase the competency of the staff. Due to COVID-19, one of the projects I've been very involved in is coordinating orientation for travel nurses as they join our outstanding RWJBH nurses."

It would be an understatement to say responding to COVID-19 was a challenge. "We had to make a number of shifts in the way we provide resources, education, training and orientation to our staff," says Russell. "We had to maintain social or physical distancing protocols. We also embarked on virtual interactive learning components, to provide resources for our staff; balancing that with what their needs were and really looking at just-in-time training. We've tried to be proactive, anticipating their future needs and concerns. We really changed the model of our delivery of professional development training orientation and clinical skills programming."

Prior to COVID-19, New Jersey had enacted the NLC with plans for implementation later in 2020. Then on March 13th, as state governors were passing emergency declarations allowing nurses from outside their states to practice, New Jersey proceeded with an unprecedented partial implementation of the NLC, meaning nurses from out of state with the multistate license could immediately practice in New Jersey.

"This was vital because when resources in one area become diminished or depleted, we can take resources from another and deploy them," says Russell. "This is key, particularly in the area of disaster preparedness. In the health care arena, the ability to respond quickly is correlated to reducing long-term health issues and saving lives. Expediting the process has absolutely enabled us to move people appropriately where they're needed."

Although recognizing multistate licenses during the pandemic was very beneficial, Russell says that there is also a need to remove barriers so that nurses from all states can cross borders and practice where they are needed, not just in emergencies. "For us, the compact has provided some flexibility without losing any of the benefits and the requirements that must be met, both during the current pandemic and in general," she says. "It allows qualified nurses to be onboarded in clinical areas



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where they're experientially and educationally prepared to work. Having additional resources readily available ensures the safety of our patients and our employees."

Missouri

Missouri has been an NLC member state since 2009. It is one of seven states that did not anticipate a need to pass an emergency declaration allowing nurses from non-NLC states to come in and practice during the pandemic. As an NLC state, Missouri has access to nurses from 33 compact states, meaning they don't have to go through an application or vetting process if nurses are needed in an emergency – there is no delay.

Jenni Kent, MBA, MSN, RN, CNML, is a nurse manager at Liberty Hospital in Liberty, Missouri. Starting as a nursing assistant, Kent has enjoyed working in nearly every aspect of bedside nursing, from the medical/surgical and medical/telemetry floors, to the emergency department, to a level one trauma medical intensive care unit. "As a nurse leader, I am able to help younger nurses entering the field understand the importance of excellence in nursing care, how we at the bedside make a difference," says Kent.

The COVID-19 pandemic was an occasion for Liberty Hospital to provide education for nurses, expanding their normal roles through professional exposure to patients not normally on their specific units. It also required teamwork through all disciplines. "Liberty Hospital designated a COVID-19 unit and the nurses assigned to that unit took that role and ran with it," says Kent. "They became experts in donning and doffing to ensure staff safety. They became primary care nurses, assisting in all aspects of care in order to limit the number of teammates who could be exposed, while enhancing their communication skills with physicians and all ancillary departments."

Liberty lies 20 miles outside of Kansas City and is close to neighboring Kansas, also a compact state. It is roughly 100 miles from Nebraska, also a compact state. "Liberty was fortunate that we did not truly experience a huge influx of patients experiencing symptoms or diagnosed with COVID-19," says Kent. "Our leadership team, along with our Infection Prevention department and all Liberty teammates, were able to implement processes to be fully prepared in the event of an influx. We came together to ensure the safety of our community, patients and all employees."

Because Missouri is part of the NLC, travel nurses from outside the state were able to remain there on staff during the pandemic. "Having the extra staff on hand helped decrease nurse patient ratios during this time," says Kent.



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The NLC also gave Missouri nurses the ability to leave the state, to help elsewhere. “If Missouri was not an NLC state, the nurses traveling to help in areas of need would be likely delayed, waiting on state nursing license approval,” says Kent. “The ability to fluidly transfer nursing abilities nationally provides an exceptional resource during any type of disaster. It allows for health care providers to choose to be deployed during times of extensive crises.”

What lies ahead?

Due to COVID-19 related precautions, many states that may have introduced compact legislation have had to put those plans on hold in 2020. But the question moving forward into 2021 and beyond is: If nurses can cross borders without licensure restrictions and care for patients safely during a pandemic, shouldn't more states be in the NLC? Will this tragic pandemic open the door for multistate licensure?

“I think the COVID-19 outbreak is going to cause the states that are not in the compact now to really take a second look at it,” says NCSBN NLC Director Jim Puente, MS, MJ, CAE. “If the NLC was expanded to all 50 states, none of the guesswork with emergency orders would be necessary because nurses could travel to other states where they are needed. No applications, fees or background checks would be necessary. Disaster preparedness is a nonpartisan issue. The NLC is a solution to modernizing licensure and responding to disaster.”



Impact in Action: NLC Stories



Shellie Neuman

Critical Care Nurse Becomes a Strong Advocate of the NLC

Published May 8, 2020

Shellie Neuman, RN, recalls the first time she needed to get a nursing license in a state that wasn't part of the Nurse Licensure Compact (NLC). The process took more than six months.

"I found out we were moving to Louisiana in the spring of 2016," explains Neuman. "I started doing the research, and I said, shoot, they're not part of the compact, what do I need to do to get a license down there? From then until December, when I actually got my license, was well over six months."

Neuman is a research nurse coordinator at the University of Nebraska Medical Center in Omaha. Her husband is a brigadier general in the U.S. Air Force. Her experience waiting for a license is a familiar one to military spouses who move frequently. She has practiced nursing in Louisiana, Nebraska, South Dakota, Texas and Virginia.

Neuman is more fortunate than some military spouses whose careers can suffer numerous disruptions when they move. Neuman only experienced one such disruption, but that's because every other state in which she has practiced nursing was part of the NLC (Louisiana joined the NLC in 2018). Moving and finding a new job is hard enough for anyone, but adding in a long wait for a license is costly and can put a strain on families. Neuman's experience in trying to obtain a license in Louisiana prior to state's entry into the NLC prompted her to take action.

Neuman and her husband moved to Louisiana because he was stationed as a wing commander to Barksdale Air Force base. They had dinner one night at a superior's house and some of their fellow dinner guests happened to be on the Louisiana state legislature. Her ordeal came up in the course of casual conversation. Neuman describes one of the state representatives as being "horrified when I told her what issues I was having trying to just get license."



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That representative told a state senator and before she knew it, Neuman found herself advocating for the NLC. "I ended up testifying in the Louisiana House and Senate, and it turned out to hit a chord with quite a few people. I really just fell into it, and I was fortunate to have a little bit of a platform, some important people who had a little bit of pull. And then they ran with it. That's how it happened."

Barksdale Air Force Base is located just outside Shreveport, La., which is very close to Texas, but also not far from the Arkansas and Oklahoma borders. The area has a large military community, but Neuman recalls that many nonmilitary nurses she met also supported the compact. "It's a border state," she says. "Nurses who weren't affiliated with the military were very supportive and it grew from there."

A critical care nurse by trade, Neuman started in the ICU and has worked in day surgery, inpatient/outpatient surgical services and in post-anesthesia care unit (PACU). Currently, in addition to occasional cardiac cath lab work at Children's Hospital & Medical Center, she is a full-time research nurse coordinator at the University of Nebraska Medical Center (UNMC) in Omaha.

"Physician investigators from the university who are conducting a research trial go through us," she explains. "We screen patients, look at eligibility, involve the key players and follow protocol to run a trial safely and effectively. We enroll patients and monitor them when we administer the drugs. Are they having any adverse effects? What does it look like? We ensure we are following the protocol completely and then provide any follow up that the trial's sponsors might require. We follow the patient from start to finish."

Asked how things might have turned out if the NLC didn't exist, Neuman is unhesitant in explaining that it would have adversely impacted her career. "I had a Nebraska license when I first started my career, then we moved to Texas, which was part of the compact," she says. "I was able to work in six states with a Texas multistate license, until I got to Louisiana. Without the NLC, I would have had to apply and pay for every new license, plus the fingerprinting, plus the time out of work. We've only been in each state a couple years at a time. Let's say it took six months every time. By the time I would have gotten my license, I would have only worked for 18 months before moving again. There's a good chance I would've left nursing completely."

Learn more about the NLC, and take action to bring the NLC to your state: nursecompact.com.



Impact in Action: NLC Stories



Holly Kapusinski

Being Present, Listening and Observing Knows No Boundaries

Published April 8, 2020

The spread of COVID-19 has shown that a virus is not impacted by boundaries. Neither should barriers to licensure. Now and in the near future, medical professionals across the country will seek to go where they are needed to provide vital care, by crossing state lines physically or via telehealth. While emergency declarations have temporarily lifted some restrictions on licensure, a crisis like the one we are facing is a sobering reminder that having all U.S. states and territories in the NLC would streamline this process for the next health crisis or natural disaster.

“We need to help a lot of people at this time, and the challenge is trying to figure out how to get that out there to people,” says Holly Kapusinski, MSN, RN NC-BC. Kapusinski is a board-certified integrative nurse coach. In 2018 she founded [Life Cycle Balance](#), which offers integrative health and wellness assessments, nutritional plans, stress management and therapeutic awareness practices, among other services.

“We have all seen on social media the effects, the fear that is encroaching on people, and not just fear, but mental health issues that will result from this crisis,” says Kapusinski. “So many health issues are a result of stress. That’s where somebody in my position, with a nursing background, comes in.”

Kapusinski started her career as a pediatric nurse. She received her nursing diploma from Akron City Hospital’s Idabelle Firestone School of Nursing in Ohio. She went on to obtain her Master of Science in Nursing degree from the University of Akron. “I moved to Florida, which meant I had to get a Florida nursing license, and I worked in a high-level pediatric hospital,” she recalls. “Then I got married and I became a military spouse, and I suddenly had an Ohio license, a Florida license, and then a Mississippi license, and I had to keep all of those going. Eventually, having a compact license was a beautiful thing because I was still able to move around. I have a home state and am able to practice in different places.”



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Being Present, Listening and Observing Knows No Boundaries

After taking time to raise a family, Kapusinski decided to return to nursing. “I had always been holistic-centered in my career,” she explains. “I saw a great opportunity to combine my nursing experience with coaching. I became an integrative nurse coach and opened up my own private practice with the intention that I would approach health and wellness from a whole-person perspective.”

Kapusinski finds great fulfillment in group coaching and offers programs in local libraries in her area on the Gulf Coast of Mississippi and in Louisiana. “I would like to go into Alabama as well, to provide these services at a group level so that more people can have the experience, and with people that might not be able to pay for services,” she says. “I have also reached out to first responders, firemen and police, to provide the same kind of care for them. There is also a women’s center in Louisiana where I provide services. I would not be able to do that if we were not in the compact.”

Kapusinski also volunteers her time with the New Orleans Medical Reserve Corps, a group of volunteers with the expertise to supplement public health emergency preparedness and response efforts in New Orleans. “I’m able to participate because of the compact,” she says. “I can in other states as well -- Mississippi or Alabama or Florida or anywhere else that might need volunteers to help out in this kind of a situation. I was just there last Saturday getting trained on the COVID-19 pandemic and getting updated on what they were going to need and how we could help.”

While the compact has afforded Kapusinski the opportunity to help others, through her work via Life Cycle Balance and volunteering, there is one area – a personal one – where she wishes she could do more. She shares that her sister, who lives in Ohio, has been struggling with breast cancer. “She asked me to be on her medical team to make decisions and guide her care, but unfortunately I can’t do that as a nurse because Ohio is not in the compact,” she says. “I would love to be able to talk to physicians and recommend things and then work with her in a more personal way as a nurse, but I cannot at this time.”

At the heart of the NLC is the idea that removing barriers to practice will result in better outcomes for patients. Natural disasters and pandemics know no boundaries, and neither should a nurse’s ability to go where they can serve. “Nurses are wonderful at being present to people,” explains Kapusinski. “When we go, and we are ‘nursing’ a person, we are there completely. We are listening, we are observing, and we are there hearing them. I think that is why we are trusted so much. It’s because we are the presence that people are lacking.”

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Impact in Action: NLC Stories



Cynthia Gustafson



Heather O'Hara

Two Nurse Leaders Share their Experience with the NLC in Montana

Published Feb. 8, 2020

When the NLC was implemented in Montana in October of 2015, barriers to interstate practice were removed, and increased access for quality nursing care for the citizens of Montana became a reality. Because neighboring states were already members of the compact, this also ensured that more nurses could provide cross-border care in an area of the country where there can be many miles between services.

“More flexibility and less bureaucratic redundancy can mean a lot to a smaller hospital and the services they provide,” says Heather O’Hara, MSN, RN, Vice President, Montana Hospital Association (MHA). “That extends down to the patients and the family if, for example, they want to have their baby in their local community. And if we don’t have the nurses to be able to provide that service, then they can’t do that.”

While the NLC was not created to specifically address complex regional workforce issues, it is undeniable that it has helped. “It’s much more multifaceted than that,” says O’Hara, “but it is a part of the solution in looking at workforce issues and how we can support our facilities who are providing care delivery in their communities.”

As former president of the Montana Board of Nursing, O’Hara was directly involved in advocating for the NLC, beginning in 2014. A born-and-raised Montanan, O’Hara has been a registered nurse for over 20 years and has held various positions in education and leadership. “At MHA, I’m part of the advocacy team,” she explains. “I work to develop the nursing profession across the state and improve patient care, from an association perspective.”

The MHA counts among its members acute care hospitals, critical access hospitals, health agencies, hospice facilities, nursing homes and assisted living facilities. O’Hara surveyed MHA’s members about the NLC and shares some of the



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responses she received. “We asked if the NLC provided access to nurses, in order to hire nurses in a timely manner,” explains O’Hara. “One respondent stated that it has been very helpful in their efforts to find talented and experienced nurses in a tough hiring environment. It has also allowed them to get nurses hired and start sooner than before.”

Another survey question asked if the respondent felt that public protection was still maintained with the increased access to nurses with the NLC. “That’s one of the arguments against the compact, that it’s not safe,” says O’Hara. “One of the answers was, ‘safety and quality are always at the forefront of our concerns. We hold all nurses at the same high standard that we have held within Montana.’ These nursing leaders can get in nurses in a quicker manner. If a nurse becomes ill, or they’re on a family leave and you can’t find anybody, they’re able to replace them quickly with a competent, safe nurse, knowing what the standards are and they are being upheld.”

Despite these and other benefits, the NLC was met with opposition in Montana when O’Hara and others advocated for it. In fact, last year it was again met with opposition when a repeal was attempted. “We only had one vocal opponent for getting the compact enacted in our state,” recalls Cynthia Gustafson, PhD, RN, division chair, Nursing Programs, University of Providence. “The individual nurses, new students, graduates, employers, patients and other health care professionals were all very supportive of enacting the compact.”

Gustafson has a long career as a nurse educator, and before joining the University of Providence School of Health Professions, she was executive director at the Montana Board of Nursing when the NLC was implemented.

“Without the compact, hiring and access to telehealth services slows down,” says Gustafson. “As a small state, in the state offices and at our board of nursing, we just don’t have the resources. When you’re trying to get professionals in, you don’t have to go through and vet every last one of them. You don’t have to have all the licensing specialists that have to review all the applications. It gives you access to people who are ready and able -- and you know that they’re qualified.”

So why was there opposition to the compact in Montana? O’Hara recalls some of the issues that were brought up by those opposed to the compact. “State sovereignty comes up -- the fact that they have to follow the Nurse Practice Act in each state -- but that was true before there was a compact. If you traveled to another state and got a license in that state, you followed that state’s NPA. That hasn’t changed, so the argument doesn’t hold any water.”



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Two Nurse Leaders Share their Experience with the NLC in Montana

Another argument has to do with the safety of patients with nurses who are coming in. "In Montana's case, the standard for the NLC is actually higher," says O'Hara. "Nurses who have had a felony conviction are unable to participate in the NLC. Also, before the NLC was implemented, Montana had never had criminal background checks. We implemented them in 2015 in preparing for the NLC. There are a lot of checks and balances in regard to the safety component."

The University of Providence, where Gustafson works, is under the ownership and sponsorship of Providence St. Joseph Health, one of the largest health care systems in the western U.S. "I always taught and led nursing programs that were face-to-face and were on a campus," she says. "My current position gives me a chance to begin in what I see as the future of nursing education, in programs that are online, but with clinical facilities. We're in seven states: Alaska, California, Montana, New Mexico, Oregon, Texas and Washington. I was hired to grow and accelerate the BSN program in other states besides Montana. When you look at this new landscape of how we are doing nursing education online, our faculty need to be licensed in the states where our universities are located legally. I am working in a multistate environment, and it's a challenge. We have Montana and Texas in the compact, but the majority of my people are in Alaska, Oregon and Washington. The more states in the compact, the better expertise we can provide, the better access to faculty who can teach for us."

Building on the success of the NLC, and adding more states, will have beneficial outcomes not only for students and educators like Gustafson, but for patients. "Even though my 'business' is nursing students, in the long run my business is providing quality nursing students who can provide quality patient care," she says. "This is what is happening with the compact. Whether it be in education or direct patient care, it gives our patients better access to quality nurses."

It has been nearly five years since Montana enacted the NLC. At the time, Montana was the 25th state to enact the original NLC. As efforts ramped up, many additional states have joined the compact. Thirty-four states is reason to celebrate, but there is more work to be done. Both O'Hara and Gustafson are optimistic because they have seen the difference the NLC makes firsthand.

"If you know nurses, they're going to speak up if they have concerns," says O'Hara. "I check in with employers across the state, and their response has been very positive. They're thankful to have another avenue for hiring competent nurses. Everything is working well, and I think that's what the intent was. The NLC allows a lot of facilities in their rural setting to get specialized nurses in faster."



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Two Nurse Leaders Share their Experience with the NLC in Montana

“Montana was a pivotal state when it joined the compact, and I think all of us are very proud it happened,” says Gustafson. “I’m excited every time I see a new state join. It took so much work in those beginning meetings, when I was the executive officer of the Montana Board of Nursing, but to see that vision and how it came through in a positive way is rewarding for me.”

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Impact in Action: NLC Stories



Cole Edmonson

Evolving with Change: The Benefits of Expanding Interstate Licensure

Published Feb. 8, 2020

Asked to reflect on his career, Cole Edmonson, DNP, RN, FACHE, NEA-BC, FAAN, FAONL, FNAP, chief clinical officer, AMN Healthcare Services, Inc., says he has been blessed to work alongside incredible people at world-class organizations as a clinical nurse, a nurse leader, a chief nurse, and his current role as chief clinical officer at AMN Healthcare. Edmonson is responsible for ensuring quality across the AMN enterprise and supporting professionals caring for patients and families at thousands of health care organizations in all 50 states.

Edmonson is a fellow in the American Academy of Nursing and the American College of Healthcare Executives and is Nursing Executive Advanced-Board Certified by the American Nurses Credentialing Center. He is a Robert Wood Johnson Foundation Executive Nurse Fellow Alumni. As a national speaker, he has given presentations on transformational leadership, quality improvement, physician relationship building, and nursing engagement. AMN Healthcare provides workforce solutions and staffing services to health care facilities, and its network of nurses, physicians and allied professionals is the largest in the country.

Edmonson hears stories every day from NLC nurses who are making a difference in the lives of patients. “Most recently, we recognized a travel nurse who received an award from the organization where she was caring for a patient who was not going to recover from a severe neurological injury,” recalls Edmonson. “The nurse, based on her experience in other facilities and states, advocated for her young patient to receive an honor walk.”

An honor walk usually takes place as a patient is transported for organ donation. It is a ceremony that commemorates the brave decision to give the gift of life to others in need. Hospital staff, family, and friends are present to show their respect. “That single act of advocacy not only honored the nurse’s patient and



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began the healing for the family, but it also began a transformation in the facility to hold the honor walk as the new standard of care for any patient whose family makes the courageous decision for their loved one to become an organ donor.”

Additionally, he sees and understands the challenges to the nurse, patients, and health care systems faced in terms of access to care, timely licensing and re-licensing, mobility and the increased expense to each stakeholder, including his own organization that works in the complexity of the regulation and employees specific resources to navigate the current complexity. Edmonson believes the compact can reduce complexity, decrease cost and provide an equal or even higher level of protection to the public, while advancing the profession holistically. Edmonson believes that “the compact license is one powerful way to address the maldistribution of licensed nurses in the U.S. that we are experiencing – by making nurse practice more mobile.”

In 2017, Edmonson co-authored *Nurse Manager’s Guide to Retention and Recruitment*. He says he has seen compact licensure come a long way, especially in the way it has benefited patients, health care organizations, and nurses. “I believe the compact matches the mobility of today’s nursing workforce, the needs of patients, and the structure of modern health care organizations that serve in multiple states,” he says. “This can be particularly important for nurses who live close enough to the borders of other states. The practice of health care and caring should be less defined by traditional boundaries like lines on a map but rather driven by patient needs.”

With 32 states in the compact and two more with pending implementation, Edmonson says it would be positive for nurses, patients, families and health care in general if all states were in the compact.

“As care models continue to transform to include virtual care, so must regulation and law to support increasing access to care, lowering cost of care, and making care more convenient if we are to achieve true health in our country,” he says. “Under the current fragmented system, an excellent clinician may be a few miles away (or a video screen away) from a patient who could benefit from her or his services. But that patient can’t receive that help because of licensure limitations. Telehealth is expanding rapidly, and it will have tremendous benefits to patients everywhere, especially in underserved areas such as rural America and even some interurban areas with vulnerable populations. Interstate licensure not only allows clinicians to go wherever they are most needed, but, more importantly, it allows their skills to be utilized by patients wherever they are most needed.”



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Evolving with Change: The Benefits of Expanding Interstate Licensure

As the compact has evolved, a few states are still hesitant to join. One criticism of the compact is related to the safety of patients, and is due to a misunderstanding about the licensure standards to be an NLC member state. On this subject, Edmonson says, “Every patient in every state deserves the same quality, standards, and safety of patient care, and there’s really no reason why health care professionals themselves should be held to different standards,” he says. “There should be only one standard of care, and that’s quality care. Compact licensure promulgates a level of quality and safety standards that protect and serve patients equally in all states. I can understand that heightened standards may create some initial discomfort, but they can quickly become the norm when we focus on the patient.”



Impact in Action: NLC Stories



Charla Johnson

Nursing Informatics Director Sees Opportunity and Peace of Mind in the Compact

Published Jan. 8, 2020

As system director for nursing informatics at Franciscan Missionaries of Our Lady Health System -- one of the largest in Louisiana, with hospitals, clinics and physicians located throughout the state and in Mississippi -- Charla Johnson, MSN, RN, ONC, recalls when the NLC was implemented in Louisiana in the summer of 2019. She encouraged her colleagues to listen to an NLC webinar held by NCSBN at the time.

"I pooled all of the nurses who were in the building, whether they were under my umbrella or not, and we listened to that webinar," says Johnson. "It was new legislation for Louisiana."

Thinking back and reflecting now, Johnson describes the webinar as an eye-opener. "As our health ministry grows across state lines, I realized that the multistate license would have an impact," she says. "How many patients did I actually coach and talk with, or provide patient education to, through the phone? I never even thought about what their ZIP code was."

Johnson's nursing career has spanned more than three decades. Over the years, as Johnson took on increased responsibilities in managerial and professional development roles, she gravitated toward care management and informatics. Nursing informatics professionals work with others across the care continuum to maintain a focus on patient safety. "I'm not inside the hospital setting, but offsite we have case managers doing audit reviews, informaticists, I.S. analytics and trainers to name a few," explains Johnson. "We recently added a facility in Mississippi to our health care ministry. In the future, there will be more onsite interaction as we integrate that hospital onto our electronic health medical records."

In the NLC, Johnson saw opportunity and peace of mind. "I wanted to lead the pack," she says. "I can see the necessity of having a multistate license in my role in the integration of



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Nursing Informatics Director Sees Opportunity and Peace of Mind in the Compact

health care. If I go into that facility in Mississippi -- and if I'm talking to nurses who are having issues around the electronic medical record, or improving efficiencies related to the care of a patient -- I now don't have to worry about whether I am using my clinical skills or knowledge across a state line."

Care coordination was also a concern. "Our facilities have large programs -- orthopaedics, bariatrics, oncology and heart programs -- and because of where we are located, we get patients from Mississippi and Texas," she explains. "I'm using my nursing expertise. We hadn't thought about that being a practice issue. The multistate license issue opened our eyes. Myself and our chief nursing informatics officer have gotten our multistate licenses because of that. We've also reached out to bring in awareness to our coordinators, to let them know that if they are using their clinical skills, we are encouraging them to consider the multistate license."

Over the span of her career, Johnson has seen the health care landscape change. "I've seen the push to promote interoperability, the meaningful use of our electronic health record, and the sharing of patient information so that there is no duplication of efforts." She has also seen how individual hospitals are finding it more difficult to stand alone. "More and more hospitals are becoming part of health systems," she says. "It's important that we align our practices and our electronic medical record endeavors. If you're using your clinical nursing knowledge and if you're working across states, you need to have a multistate license."

Johnson is also a current doctor of nursing practice candidate. As she looks toward the future and getting her degree, she says, "If I am ever going to be an adjunct faculty anywhere for an online program, I will need a multistate license. Now that worry is gone. It's behind me. And it was a very easy process."



Impact in Action: NLC Stories



Karen Holland

Triage Nurse Manager Sees the Benefits of the NLC on a Daily Basis

Published July 8, 2019

As a compact state nurse manager for Night Nurse Triage Services, Karen Holland, RN, sees the benefits of the Nurse Licensure Compact (NLC) on a daily basis. Night Nurse offers triage services for patients of community-based pediatricians, family practitioners, internists and health care centers across the U.S. Holland has been with the organization for 11 years and oversees a staff of more than 30 pediatric nurses. She is also responsible for licensing coordination and assisting staff with their licensing issues.

As more states are added to the compact, this opens up a wider pool of candidates for Holland. "Bringing more states onboard means I have a lot more places I can work," she says. "I just hired my first nurse from Kansas because they are now a part of the NLC. I hadn't been able to do that before. I also just hired a nurse in Georgia and two nurses in Florida -- until those states came onboard, that wasn't an option for us. It's exciting because I'm able to reach out to more nurses throughout the country to bring them onboard. That's certainly an advantage for me."

In addition to giving a nurse the ability to practice in multiple states, the NLC also enhances public protection and access to care. Holland explains how expanding the compact can help during weather-related emergencies. "Throughout the years with Night Nurse, we've had different weather disasters. When Hurricane Sandy hit, we had practices in Massachusetts, New York and New Jersey. We were concerned about our staff, but we also still had calls coming in. In those circumstances, if I have a nurse willing to step in because of an emergency, can she still take a call if she's not licensed in that state? If we were all in the compact, we'd be covered -- that would be a huge advantage."



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Triage Nurse Manager Sees the Benefits of the NLC on a Daily Basis

Holland also sees the benefits of a multistate license for her staff. "I believe it opens them up to so much more, instead of limiting them based on where they live or what's available to them regionally or within their state," she says. "I think that multistate licensure creates opportunities for nurses, like my position with Night Nurse."

As a practicing nurse for 22 years, Holland has experienced the advantages of the compact firsthand, not only in her current position but throughout her career. Since graduating from nursing school, she has been fortunate to reside in several NLC states. From graduation to getting married and starting a family, Holland has relocated three times and her career has never been impacted by these moves due to licensure concerns. "I was able to easily inactivate my North Carolina license and activate a Tennessee license," she says. "And eight years ago we moved from Tennessee to South Carolina -- again, there was no delay. Within a week of moving into our new home I was up and running. All I had to do was write to the South Carolina Board of Nursing, mention the change in residency, and convert my Tennessee license to a South Carolina license."

Others she knows and has worked with have not been as fortunate. "Personally, I know how it has affected me, but for others it's been a nightmare because they're not moving from compact state to compact state and they have to obtain additional licensing. I've seen how difficult and frustrating it can be to obtain a license. I've known family members who were in the military and because they weren't moving into compact state there was a huge delay. Nine months or more, and your husband's out at sea and you don't have the additional income that you need."

Currently, a nurse with a multistate license would be relieved of the licensure burden in 34 states. For nurse managers like Holland, and their patients, expanding the NLC across the country would enable them to provide better access to care. When asked how many states she would like to see in the compact, Holland doesn't hesitate: "All of them."