

SENATE BILL REPORT

SSB 5499

As Passed Senate, March 6, 2023

Title: An act relating to the multistate nurse licensure compact.

Brief Description: Concerning the multistate nurse licensure compact.

Sponsors: Senate Committee on Health & Long Term Care (originally sponsored by Senators Mullet, Rivers, King, Cleveland, Braun, Muzzall, Gildon, Hunt and Padden).

Brief History:

Committee Activity: Health & Long Term Care: 2/10/23, 2/16/23 [DPS, DNP].

Floor Activity: Passed Senate: 3/6/23, 40-8.

<p>Brief Summary of First Substitute Bill</p>
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| <ul style="list-style-type: none">• Enters Washington into the Nurse Licensure Compact. |
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SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Majority Report: That Substitute Senate Bill No. 5499 be substituted therefor, and the substitute bill do pass.

Signed by Senators Cleveland, Chair; Robinson, Vice Chair; Rivers, Ranking Member; Muzzall, Assistant Ranking Member; Holy, Padden and Van De Wege.

Minority Report: Do not pass.

Signed by Senators Conway, Dhingra and Randall.

Staff: Andie Parnell (786-7439)

Background: Nurse Licensure. The Nursing Care Quality Assurance Commission (Commission) is responsible for licensure, license renewal, and discipline of registered nurses (RN) and licensed practical nurses (LPN). To receive an RN or LPN license, an applicant must:

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- successfully complete an approved nursing education program, or its equivalent;
- successfully pass a licensure examination; and
- submit the required documentation.

LPN applicants must also provide written official evidence that the applicant is over the age of 18.

An RN or LPN who is licensed in another state or territory of the United States that meets all other requirements for licensure in Washington may receive a license without examination.

RNs and LPNs licensed in Washington must complete a one-time training in suicide assessment, treatment, and management, approved by the Commission.

Interstate Nursing Licensure Compact. The Nurse Licensure Compact (Compact) is a proposal to create a system for expediting the licensure for RNs and LPNs already licensed by another state. States must enact model legislation to adopt the Compact and become a member to the licensure agreement. As of January 2023, 37 states have enacted the Compact and become party to the agreement.

Summary of First Substitute Bill: Licensure Process. Each home state licensing board or commission may issue a multistate license to a qualified applicant residing in that state. The applicant must meet the state's qualifications for licensure, must submit to a criminal background check, including providing fingerprints or other biometric information necessary to complete the check, and must have passed an approved examination. Each license holder shall be eligible to renew their license if they continue to meet all qualifications, including having no disqualifying disciplinary or criminal history.

Each party state to the Compact must participate in a licensure information system and provide information to the system on licensure and disciplinary history of all licensed RNs and LPNs in the state. When an applicant applies for a multistate license, the home state must check the licensure information system to determine if the applicant holds or has ever held a multistate license issued by another state, is participating in an alternative licensing program, and whether the applicant has any disciplinary history. A nurse may only hold one multistate license at a time and upon moving to a new primary state of residence, must apply for licensure in their new home state.

Disciplinary Action. The practice of nursing in a party state under a multistate licensure privilege subjects a nurse to the jurisdiction of the licensing board, the courts, and the laws of the party state, including state practice laws, in which the client is located at the time of service.

Only the licensing commission of the home state may take disciplinary or other adverse action against an RN's or LPN's license issued by the home state. However, all party states

are authorized to take adverse action against a nurse's multistate licensure privilege in that state and must notify the coordinated licensure information system promptly of any such action. The home state must give the same effect to reported conduct received from a remote state as it would if the conduct occurred in the home state. If a licensed nurse moves to a new state during an investigation, the home state may complete the investigation and take appropriate action. If the home state takes disciplinary or other adverse action, the nurse's multistate licensure privilege to work in all other party states must be deactivated until the encumbrance has been removed. The home state must report all adverse actions to the Compact's licensure information system.

Interstate Commission. An interstate commission of nurse licensure compact administrators is established. The head of the licensing board or commission of each state, or their designee, shall be a member of the interstate commission. The interstate commission may promulgate rules and bylaws for the Compact and each member shall have one vote. The interstate commission may not, through bylaw or rule, determine or alter:

- requirements to obtain or retain a multistate license in the applicant's home state;
- requirements to obtain or renew a single-state license;
- the scope of nursing practice in a state;
- the methods and grounds for disciplining a nurse in a state;
- state labor laws; or
- the obligation of any employer to comply with statutory requirements.

Joining and Withdrawing. States may join the Compact by enacting the Compact's provisions into law. States that enact the Compact before it comes into effect are subject to review after the effective date of the Compact. The Compact may be amended by enactments in all party states. A state may withdraw from the Compact by repealing its enacting statute, but the withdrawal is not effective until six months after the statute's repeal.

Rulemaking. The Nursing Quality Assurance Commission may adopt rules to implement the Compact.

Washington Application. In addition to the licensing fee for RNs and LPNs licensed in Washington and for nurses who hold a valid multistate license issued by the state of Washington, the Department of Health must impose an additional surcharge of \$8 per year on all initial licenses and renewal licenses for RNs and LPNs. An individual seeking to practice as a RN or LPN in Washington may choose to apply for a Washington license or a multistate license.

Beginning September 1, 2023, individuals that hold a multistate nursing license issued by a state other than Washington and are employed by a licensed health care facility in Washington must, as a condition of employment, complete the following:

- any demographic data surveys required by the Washington Board of Nursing (Board); and

- a one-time suicide assessment, treatment, and management training.

Beginning September 1, 2023, health care facilities must report to the Board, within 30 days of employment:

- all nurses holding a multistate license issued by a state other than Washington; and
- an attestation that the employees holding a multistate license issued by a state other than Washington have completed the tasks required as a condition of employment.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: The bill contains several effective dates. Please refer to the bill.

Staff Summary of Public Testimony on Original Bill: *The committee recommended a different version of the bill than what was heard.* PRO: This bill ensures that the state is doing all it can to provide options for the workforce shortage. It is extremely difficult to recruit nurses while competing with employers nationwide. By joining the Compact, Washington would attract and keep nurses working in Washington. Multistate licensure would mobilize nurses quickly from neighboring states to respond to public health emergencies. A multistate licensure option would also speed up the licensure process for nurses moving into Washington, especially military spouses. Rural Washington is already receiving substandard care because of lack of nurses in other facilities to transfer patients. A multistate licensure program would close the gap for care in rural communities.

CON: Entering this compact would open Washington to 37 other states for Washington nurses to practice in. An interstate nursing board does not provide rigorous enough safety standards to answer to a patient safety crisis. Under the compact privilege, no one knows who is practicing in Washington from out of state, and where they are practicing. Travelers have to register with the state, but multistate license holders would not. A database of names is needed for patient safety. The Washington State licensure process is not difficult, nurses can receive a license by endorsement within 7 days. A multistate license would not resolve the staffing shortage, would not resolve patient safety crisis, and would bring unknown nurses to Washington.

OTHER: Compact participation is a tool that can help patients, hospitals, and overworked nurses in Washington. Patient-centered policy should be our priority, and patient safety is prioritized in the Compact. Washington needs to take an innovative approach to addressing staffing shortages and overworked nurses. By joining this Compact, Washington could attract more nurses, new graduates, and military spouses to live and work in our top-rated, top-paying nursing state.

Persons Testifying: PRO: Senator Mark Mullet, Prime Sponsor; Tom Davis, Veterans Legislative Coalition (VLC); Onora Lien, Northwest Healthcare Response Network; Jennifer Graham, RN, MultiCare Health System; Ramil Codina, Medical Commander, Fairchild AFB; Courtney Hobson; Rachel Doblal; Deanna Martinez; Lisa Thatcher, Washington State Hospital Association; Jennifer Burkhardt, Summit Pacific Medical Center; Amy Anderson, Association of Washington Business.

CON: Melissa Johnson, Washington State Nurses Association; Sara Gering; Anita Dalton; Natalie Fincher; Lindsey Grad, SEIU Healthcare 1199NW.

OTHER: Elizabeth Hovde, Washington Policy Center.

Persons Signed In To Testify But Not Testifying: No one.