



**STATE OF NEW HAMPSHIRE  
NEW HAMPSHIRE BOARD OF NURSING**

121 S FRUIT ST  
CONCORD NH 03301-2431

Webpage: <http://www.state.nh.us/nursing>

TDD Access: Relay NH 1-800-735-2964

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RB

Nursing 603-271-2323

Nurse Asst. 603-271-6282

July 16, 2014

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Council  
State House  
Concord, New Hampshire 03301

**REQUESTED ACTION**

Authorize the Board of Nursing to pay annual dues to the National Council of State Boards of Nursing (NCSBN), (Vendor Number 168797), Chicago, Il, in the amount of \$6,000.00 for the Board's participation in the National Licensing Compact Administrators (NLCA) from October 1, 2014 through September 30, 2015. 100% general funds.

**05-74-74-743010-74300000 HEALTH AND SOCIAL SERVICES, HHS ADMIN ATTACHED BOARDS,  
BOARD OF NURSING**

**026 – 500251 MEMBERSHIP**

**FY 2015  
6,000.00**

**EXPLANATION**

The Board of Nursing is statutorily required, pursuant to RSA 326-B:46, to be a participant in the NLCA as a multi-state compact licensing state. NCSBN is the only entity that provides NLCA in the country, thus sole source. NCSBN is a non-profit agency therefore no registration certificate from the Secretary of State is attached.

The NH Board of Nursing joined NCLA in January 2006. As the collective voice of nursing regulation in the U.S. and its territories, NCLA's work encompasses:

Promoting uniformity in regulation of nursing practice.

Promoting uniform licensure requirements for nurses through the NLC framework policy and procedures that are created and approved by the NLC members.

Providing greater mobility for nurses and elimination of duplication, redundancy and cost associated with application for multiple state licenses.

Serving as a forum for information exchange and problem solving for members regarding nurse licensee discipline for to 1.6 million nurses within the compact states.

Allowing Boards of Nursing that are NLC member states are to "flag" licensees who are under investigation. The "flag" is viewable in the database by all other NLC states. This is a public protection feature.

Provision of information, under the Nursys system, related to open investigative cases as allowed by state law; whereby boards may be alerted of a person who may represent a high risk but not yet disciplined.

Her Excellency, Governor Margaret Wood Hassan

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July 16, 2014

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Providing opportunities for collaboration among its members and other nursing and health care organizations, particularly in time of disaster. Hospital and hospital associations across the nation support the NLC because of this membership benefit.

Respectfully submitted,

A handwritten signature in black ink that reads "Denise M. Nies". The signature is written in a cursive style.

Denise M. Nies, MSN, RN, BC

Executive Director

1. How long has this organization been in existence and how long has this agency been a member of this organization

Nurse Compact Licensure Administrators (NCLA) was first implemented in Texas, Utah, and Wisconsin in January 2000. The NH Board of Nursing joined NCLA in January 2006.

2. Is there any other organization which provides the same or similar benefits which your agency belongs to?

No

3. How many other state's belong to this organization and is your agency the sole New Hampshire state agency that is a member?

NCLA has 24 Member Boards. The NCSBN membership comprises boards of nursing in: Idaho, Utah, Arizona, Colorado, New Mexico, North Dakota, South Dakota, Nebraska, Iowa, Missouri, Texas, Wisconsin, Arkansas, Mississippi, Tennessee, Kentucky, Virginia, North Carolina, South Carolina, New Hampshire, Maine, Rhode Island, Maryland and Delaware.

4. How is the dues structure established?

Standard fee for all participating States

5. What benefit does the state receive from participating in this membership?

As the collective voice of nursing regulation in the U.S. and its territories, NCLA's work encompasses:

- Ensuring and encouraging cooperation of party states to hold each party state and nurse accountable.
- Promoting uniformity in regulation of nursing practice.
- Promoting uniform licensure requirements for nurses through the NLC framework policy and procedures that are created and approved by the NLC members.
- Providing greater mobility for nurses and elimination of duplication, redundancy and cost associated with application for multiple state licenses.
- Serving as a forum for information exchange and problem solving for members regarding nurse licensee discipline for to 1.6 million nurses within the compact states.
- Allowing Boards of Nursing that are NLC member states are to "flag" licensees who are under investigation. The "flag" is viewable in the database by all other NLC states. This is a public protection feature.
- Provision of information, under the Nursys system, related to open investigative cases as allowed by state law; whereby boards may be alerted of a person who may represent a high risk but not yet disciplined.
- Providing opportunities for collaboration among its members and other nursing and health care organizations, particularly in time of disaster. Hospital and hospital associations across the nation support the NLC because of this membership benefit.

6. Are training or educational/research materials included in the membership? If so, is the cost included?  
Yes.
7. Is the membership required to receive any federal grants: No  
or required in order to receive or participate in licensing or certification exams? No
8. Is there any travel included with this membership fee? Explain in detail any travel to include the number of employees involved, the number of trips, destination if known, and purposes of membership supported trips. Yes

**DELEGATE ASSEMBLY (NCLA meets the afternoon before the Assembly)**  
Executive Director/Board member (1 a year to different US destinations)  
**Mid Year Conference (NCLA meets the afternoon before the Conference)**  
Executive Director (1 year to different East Coast destinations)  
**Operations Conference** Administrative Supervisor, 1 support staff member (1 yearly, usually Chicago Il.

9. Which state agency employees are directly involved with this organization?  
(Indicate if they are members, voting members, committee members, and/or officers of the organization.)  
**All Board of Nursing Board members and Executive Director (voting members) (ED can be a committee member or officer) and Nursing Board support staff.**
10. Explain in detail any negative impact to the State if the Agency did not belong to this organization.
  - **NH could not be a compact licensure state as stated in RSA 326 B:46.**
  - **State and facility access to licensed nurses during a disaster or other time of great need for qualified nursing services would decrease without access to Nursys.**
  - **NH would not benefit from the public protection features associated with Nursys and other compact member states.**

10516

**NCSBN**  
 (NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.)  
 111 E. WACKER DRIVE, SUITE 2900  
 CHICAGO, IL 60601-4277  
 312.525.3600

<b>Invoice</b>	DATE	NUMBER
	6/1/2014	10516

**Billing Address**  
 NEW HAMPSHIRE BOARD OF NURSING  
 ATTN - DENISE NIES, EXEC DIR  
 21 S FRUIT STREET - SUITE 16  
 CONCORD, NH 03301-2341

**Service Address**  
 NEW HAMPSHIRE BOARD OF NURSING  
 RECEIVED  
 JUN 10 2014

NLCA FEE FOR 10/1/14 - 9/30/15

Charge Date	Charge Code	Description	Fixed Charge	Quantity	Unit Price	Amount	Sales Tax
6/1/2014	NLCA	OCT 1, 2014 - SEPT 30, 2015	\$6,000.00	0.00	0.000000	\$6,000.00	

Payment Terms: Net 30 Days      Sales Tax: \$0.00  
 Total: \$6,000.00

Customer ID NH      Invoice ID 10516  
 Customer Name NEW HAMPSHIRE BOARD OF NURSING      Invoice Date 6/1/2014

Charge Date	Charge Code	Description	Fixed Charge	Quantity	Unit Price	Amount	Sales Tax
6/1/2014	NLCA	OCT 1, 2014 - SEPT 30, 2015	\$6,000.00	0.00	0.000000	\$6,000.00	

Payment Terms: Net 30 Days      Sales Tax: \$0.00  
 NLCA FEE FOR 10/1/14 - 9/30/15      Total: \$6,000.00

# TITLE XXX OCCUPATIONS AND PROFESSIONS

## CHAPTER 326-B NURSE PRACTICE ACT

### Section 326-B:46

**326-B:46 Nurse Licensure Compact.** – The nurse licensure compact is adopted and entered into with all other jurisdictions that legally join the compact, which is substantially as follows:

#### ARTICLE I

##### Findings and Declaration of Purpose

(a) The party states find that:

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

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

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

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

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

(b) The general purposes of this compact are to:

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

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

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

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

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

#### ARTICLE II

##### Definitions

In this compact:

(a) "Adverse action" means a home or remote state action.

(b) "Alternative program" means a voluntary, nondisciplinary monitoring program approved by a

nurse licensing board.

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

(d) "Current significant investigative information" means:

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

(2) Investigative information that indicates that the nurse represents an immediate threat to public health and safety regardless of whether the nurse has been notified and had an opportunity to respond.

(e) "Home state" means the party state which is the nurse's primary state of residence.

(f) "Home state action" means any administrative, civil, equitable, or criminal action permitted by the home state's laws which are imposed on a nurse by the home state's licensing board or other authority including actions against an individual's license such as: revocation, suspension, probation, or any other action which affects a nurse's authorization to practice.

(g) "Licensing board" means a party state's regulatory body responsible for issuing nurse licenses.

(h) "Multistate licensure privilege" means current, official authority from a remote state permitting the practice of nursing as either a registered nurse or a licensed practical/vocational nurse in such party state. All party states have the authority, in accordance with existing state due process law, to take actions against the nurse's privilege such as: revocation, suspension, probation, or any other action which affects a nurse's authorization to practice.

(i) "Nurse" means a registered nurse or licensed practical/vocational nurse, as those terms are defined by each party's state practice laws.

(j) "Party state" means any state that has adopted this compact.

(k) "Remote state" means a party state, other than the home state:

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

(2) In the case of the practice of nursing not involving a patient, in such party state where the recipient of nursing practice is located.

(l) "Remote state action" means:

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

(2) Cease and desist and other injunctive or equitable orders issued by remote states or the licensing boards thereof.

(m) "State" means a state, territory, or possession of the United States, the District of Columbia, or the Commonwealth of Puerto Rico.

(n) "State practice laws" means those individual party's state laws and regulations that govern the practice of nursing, define the scope of nursing practice, and create the methods and grounds for imposing discipline. The term state practice laws does not include the initial qualifications for licensure or requirements necessary to obtain and retain a license, except for qualifications or requirements of the home state.

### ARTICLE III

#### General Provisions and Jurisdiction

(a) A license to practice registered nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate licensure privilege to practice as a registered nurse in such party state. A license to practice licensed practical/vocational nursing issued by a home

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

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

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

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

(e) Individuals not residing in a party state shall continue to be able to apply for nurse licensure as provided for under the laws of each party state. However, the license granted to these individuals will not be recognized as granting the privilege to practice nursing in any other party state unless explicitly agreed to by that party state.

## ARTICLE IV

### Applications for Licensure in a Party State

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

(b) A nurse in a party state shall hold licensure in only one party state at a time, issued by the home state.

(c) A nurse who intends to change primary state of residence may apply for licensure in the new home state in advance of such change. However, new licenses will not be issued by a party state until after a nurse provides evidence of change in primary state of residence satisfactory to the new home state's licensing board.

(d) When a nurse changes primary state of residence by:

(1) Moving between 2 party states, and obtains a license from the new home state, the license from the former home state is no longer valid;

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

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

## ARTICLE V



### Adverse Actions

In addition to the general provisions described in Article III, the following provisions apply:

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

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

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

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

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

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

## ARTICLE VI

### Additional Authorities Invested in Party State Nurse Licensing Boards

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

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

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

(c) Issue cease and desist orders to limit or revoke a nurse's authority to practice in their states;

(d) Promulgate uniform rules and regulations as provided for in Article VIII(c).

## ARTICLE VII

### Coordinated Licensure Information System

(a) All party states shall participate in a cooperative effort to create a coordinated data base of all licensed registered nurses and licensed practical/vocational nurses. This system will include information on the licensure and disciplinary history of each nurse, as contributed by party states, to assist in the coordination of nurse licensure and enforcement efforts.

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

(c) Current significant investigative information shall be transmitted through the coordinated licensure information system only to party state licensing boards.

(d) Notwithstanding any other provision of law, all party states' licensing boards contributing information to the coordinated licensure information system may designate information that may not be shared with nonparty states or disclosed to other entities or individuals without the express permission of the contributing state.

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

(f) Any information contributed to the coordinated licensure information system that is subsequently required to be expunged by the laws of the party state contributing that information, shall also be expunged from the coordinated licensure information system.

(g) The compact administrators, acting jointly with each other and in consultation with the administrator of the coordinated licensure information system, shall formulate necessary and proper procedures for the identification, collection, and exchange of information under this compact.

## ARTICLE VIII

### Compact Administration and Interchange of Information

(a) The head of the nurse licensing board, or his or her designee, of each party state shall be the administrator of this compact for his or her state.

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

(c) Compact administrators shall have the authority to develop uniform rules to facilitate and coordinate implementation of this compact. These uniform rules shall be adopted by party states, under the authority invested under Article VI (d).

## ARTICLE IX

### Immunity

No party state or the officers or employees or agents of a party state's nurse licensing board who act in accordance with the provisions of this compact are liable on account of any act or omission in good faith while engaged in the performance of their duties under this compact. Good faith in this article does not

include willful misconduct, gross negligence, or recklessness.

## ARTICLE X

### Entry into Force, Withdrawal, and Amendment

(a) This compact shall enter into force and become effective as to any state when it has been enacted into the laws of that state. Any party state may withdraw from this compact by enacting a statute repealing the same, but no such withdrawal shall take effect until 6 months after the withdrawing state has given notice of the withdrawal to the executive heads of all other party states.

(b) No withdrawal affects the validity or applicability by the licensing boards of states remaining party to the compact of any report of adverse action occurring prior to the withdrawal.

(c) Nothing contained in this compact may be construed to invalidate or prevent any nurse licensure agreement or other cooperative arrangement between a party state and a nonparty state that is made in accordance with the other provisions of this compact.

(d) This compact may be amended by the party states. No amendment to this compact becomes effective and binding upon the party states unless and until it is enacted into the laws of all party states.

## ARTICLE XI

### Construction and Severability

(a) This compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this compact shall be severable and if any phrase, clause, sentence, or provision of this compact is declared to be contrary to the constitution of any party state or of the United States or the applicability thereof to any government, agency, person, or circumstance is held invalid, the validity of the remainder of this compact and the applicability thereof to any government, agency, person, or circumstance may not be affected thereby. If this compact is held contrary to the constitution of any state party thereto, the compact remains in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to all severable matters.

(b) In the event party states find a need for settling disputes arising under this compact:

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

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

**Source.** 2005, 293:1, eff. July 1, 2005 at 12:01 a.m.