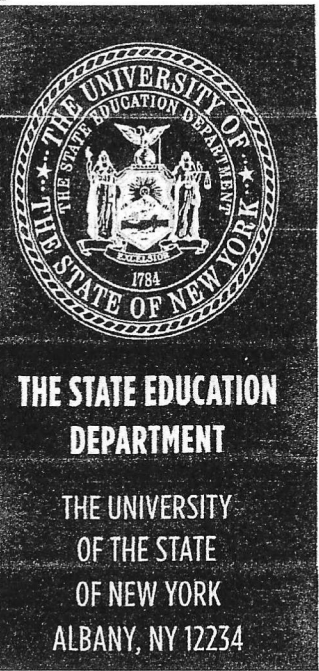


Initial Analysis of Interstate Licensure Compacts



What are Licensure Compacts?

Licensure compacts are statutory agreements among states that allow for interstate practice of a profession based upon a common set of core licensing requirements.

- Licensure Compacts are binding contracts between states that must be enacted by state legislatures without modification.
 - The rules and policies set by the Interstate Commission apply to all member states. Participating states have an equal voice in administrative rulemaking regardless of population or the number of licensees in that state.

What are the potential benefits of Licensure Compacts?

- Compacts streamline the process for licensees to legally practice in multiple states, which may allow healthcare organizations to expeditiously fill staffing vacancies with out-of-state licensees. Compacts can also facilitate information sharing between participating states and could provide the public with greater access to continuity of care (e.g., telehealth).

What complications need to be considered before joining any Licensure Compact?

1. Joining a compact would weaken the Legislature's and Board of Regents' authority and control over licensure and sound professional practice in New York State (NYS).

- NYS lawmakers would cede their authority to an Interstate Commission (e.g., Medicine Compact gives Interstate Commission authority to determine an annual assessment fee and promulgate binding rules upon member states).
- Policy makers' efforts to meet the unique needs of NYS may be undermined by a shift toward national governance and control.
- NYS's strict standards of direct-source verification and evaluation of qualifications may not be upheld by other states.

2. Compact requirements differ from NYS laws and standards.

- Requires a social security number, which may disenfranchise a significant number of NYS applicants (such as non-U.S. candidates).
- Requires a federal background check, which would require applicants pay additional fees and necessitate investment in technology enhancements to ensure the secure transfer of this information to NYSED.
- Excludes licensees with current or prior discipline or restrictions on a state license.
- Some compact requirements exceed NYS's (e.g., requiring board certification).
- Other compact requirements fall short of the standards for a NYS license: The nursing compact does not require RNs to earn a bachelor's degree or complete infection control and child abuse identification courses.
 - This would create a bifurcated system, where interstate licensees practicing in NYS have not met the same high standards as NYS licensees.
 - The Legislative intent regarding BSN in 10 would be undermined since applicants may seek home state licensure in other states with lower standards - yet have the ability to practice in NYS, potentially compromising the quality of patient care.
- **Conflicting State Laws** in areas such as abortion services and gender affirming care complicate the administration of the Medical Compact, which requires immediate suspension in all states for a disciplinary action taken by a single state and which excludes applicants with prior disciplinary action from Compact licensure.
 - A more thorough legislative analysis is needed to assess a given compact's alignment with NYS's robust framework of health, education, and other laws.

3. Significant resources would be required to establish an “interstate” licensing system on top of the existing in-state licensing system.

- Enacting any compact would require the development of time-consuming implementation steps prior to roll-out, affecting multiple agencies and stakeholders.
- Compact licensing requirements do not replace NYS’s existing requirements or licensure pathways. NYS must retain existing licensure pathways in order to license applicants who are not interested in, or eligible for, a compact license.
- Building these new systems would take considerable time and divert personnel and technology resources, which would slow application review cycle times for NYS applicants and jeopardize and/or significantly lengthen ongoing modernization efforts aimed at improving this process.

4. Compacts may compromise public safety.

- Registration is not required for out-of-state Compact nurses to practice in NYS; the license status of Compact nurses would not be easily verified by consumers and employers.
- Transient nurses may enter practice in NYS without assurances that they understand the state’s practice environment and requirements, increasing the risk of professional misconduct. Additionally, out-of-state nurses hold a Privilege to Practice (which is undefined in NYS law) and may frequently travel between states, adding challenges to conducting thorough investigations into complaints of misconduct. Since out-of-state Compact nurses do not pay NYS fees that support professional discipline functions, these potentially burdensome investigations may stretch NYS Education Department/Office of the Professions (NYSED/OP) resources beyond their capacity.

5. Additional considerations.

- Compacts may not have the desired outcome since they could increase mobility both into and out of NYS. Increased mobility does not change the universe of licensees.
- Differing standards may create consumer confusion, especially in the practice of telehealth.
- National standards would hinder NYS’s ability to evolve or adopt unique and/or higher licensing requirements.

What are the alternatives to Licensure Compacts?

- NYSED/OP already utilizes a variety of processes to help address workforce challenges and expedite nurse and physician licensing. With adequate staffing and resources, we can continue to make improvements in the time it takes to license duly qualified applicants.
 - Currently, we are **issuing licenses in 2 weeks** from receipt of all application materials for nurses licensed out-of-state, military spouses, graduates of approved NYS nursing programs, and US-educated physicians.
- NYS could consider legislation to address some of the most pressing workforce flexibility concerns while still allowing the Legislature and the Board of Regents to maintain autonomy and control to meet the unique needs of NYS. These could include temporary authorizations to practice for out-of-state licensees and/or NYS graduates awaiting licensure.

Summary Conclusions: Licensure Compacts do not provide an easy answer when addressing long-term workforce challenges. The Compacts that are in use or development are binding agreements, accountable only to their Commission, and they may have rules and policies that differ from NYS’s. This would make implementation very challenging, and it is unclear that they would ultimately benefit NYS patients and consumers. NYSED/OP is fully engaged in addressing workforce challenges while ensuring public safety, and we will continue to explore options and alternatives.