



New York State
EDUCATION DEPARTMENT

Knowledge > Skill > Opportunity

Interstate Licensure Compacts

November 2022



What are Licensure Compacts?



Statutory agreements between participating states that allow for interstate practice of a profession based upon a common core set of licensing requirements.

License Compacts utilize two basic models



Multiple Individual State Licenses



Single, Multistate License

Licensees must abide by the practice requirements of the member state in which they are practicing.

Potential Benefits of Licensure Compacts

Licensed Professionals	Streamlines process to practice in multiple participating states
Healthcare Organizations	Allows filling of staffing vacancies with out-of-state licensees
NYS Regulatory Agencies	May facilitate information sharing between participating states
	Could be a tool to help address systemic workforce shortages
Public	May provide continuity & access to care (e.g., telehealth)

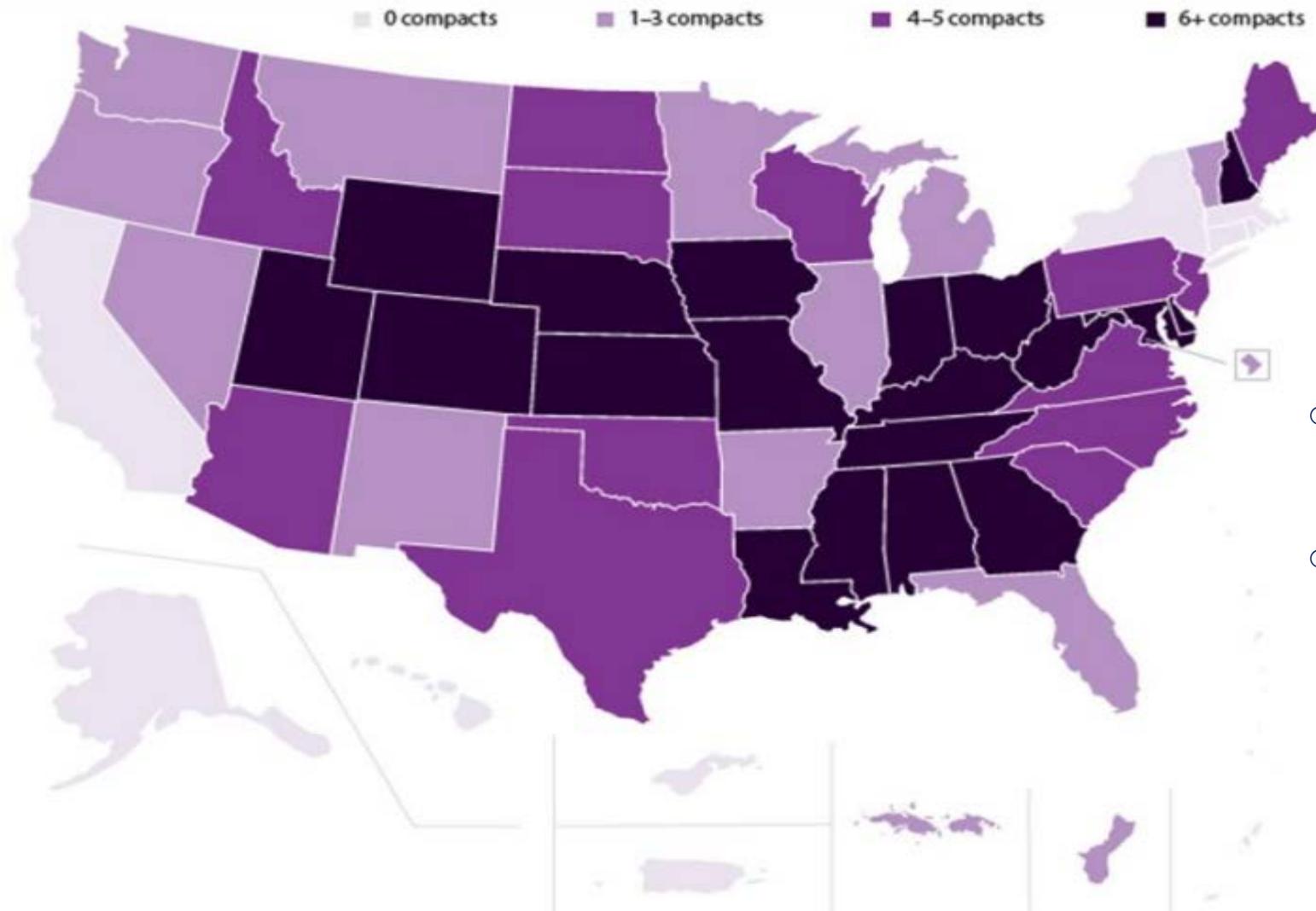
Licensure Compacts Related to OP Professions*

Professionals	Compact Name/Model	Participating Jurisdictions
Audiologists Speech-Language Pathologists	ASLP-IC Multiple	23
Physicians	IMLC Multiple	39
RNs LPNs	eNLC Single	39
Physical Therapists Physical Therapy Assistants	PTCC Multiple	34
Psychologists	PSYPACT Multiple	34



* Information current as of November 2022; compacts in other professions are in various stages of development

Interstate Licensure Compact Participation



- 43 states participate in at least one licensure compact.
- Generally, compacts are most utilized in less densely populated states with uniform licensing standards.

Information current as of November 2022

Common Features of Interstate Licensure Compacts

Joining/leaving requires **statutory change**

Model statutes **must** be adopted by NYS without modification & establish:

Common
Licensure
Requirements

Interstate
Commissions



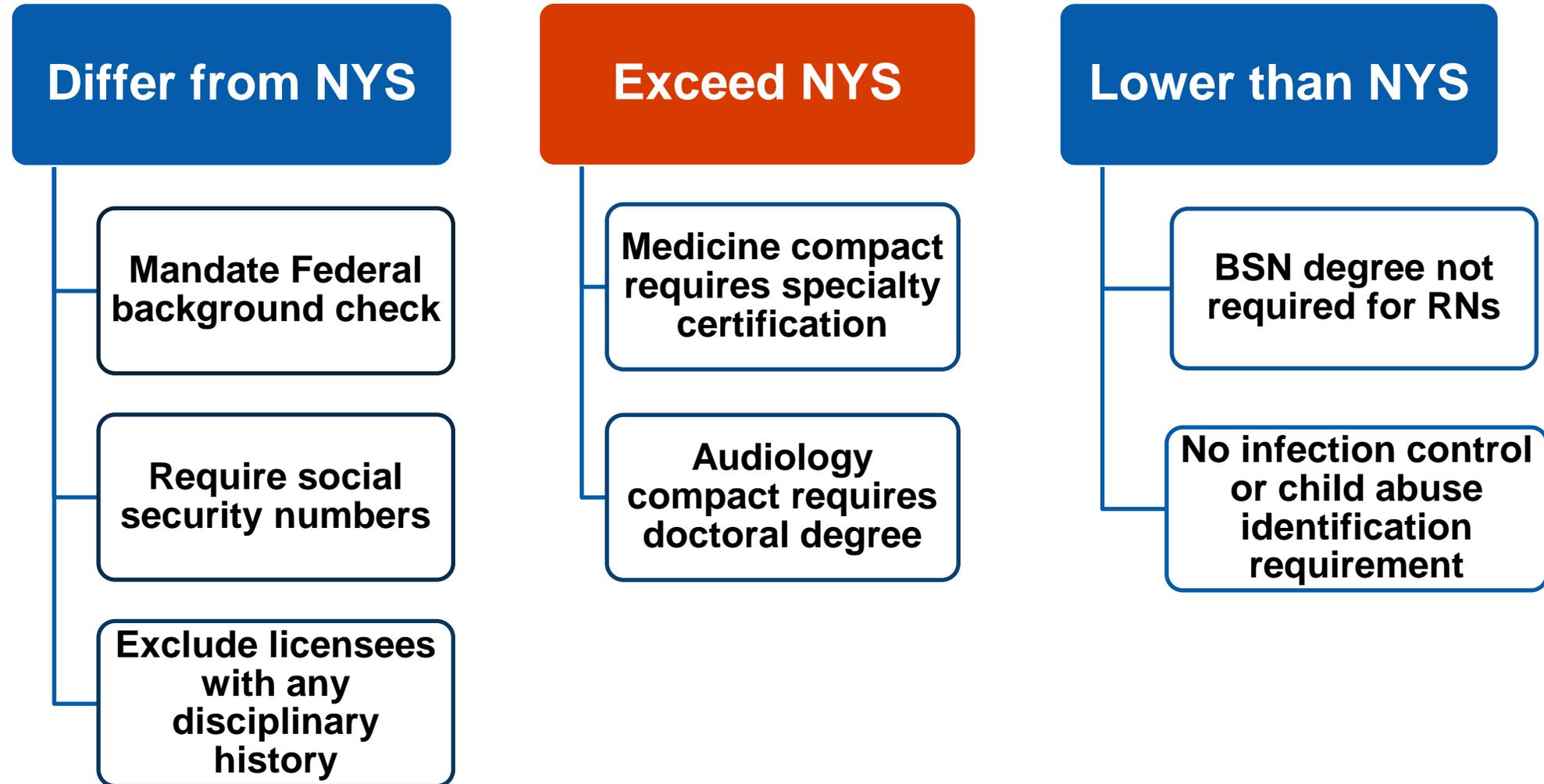
Rules & policies apply to all member states:

- Participating states have **equal voice** in rule-making regardless of population or # of licensees.
- **Majority-vote** thresholds required to revise/establish rules.

Shared Licensee
Databases

Protocols for
Information
Sharing & Dispute
Resolution

How Compact Requirements Compare to NYS Requirements:



Physician Licensure: IMLC vs. NYSED

Compact License

Apply to home state & pay state fee (\$735 for NYS)

Compact requirements verified

License granted and a 1-yr qualification is issued

Apply to the IMLC & pay \$700 fee

Select additional states for licensure & pay associated state fees via IMLC portal

State boards are notified of selection & state(s) issues a license within a few weeks

NYS State License

Apply for NYS license & pay \$735 fee

Education, examination & moral character verified

License granted

Nurse Licensure: eNLC vs. NYSED

Compact License

Apply to home state based on state standards & pay fee (\$143 for NYS)

Applicant must have a SSN & complete a federal background check including fingerprints (~\$100 fee)

Applicant may be required to pay an additional fee for the compact enhancement to their license

* Participating states **pay** a \$6,000 annual fee to the eNLC

NYS State License

Apply for NYS license & pay \$143 fee

Education**, examination & moral character verified

License granted

** BSN is required in NYS for RNs, a higher standard than other states

More Comprehensive Legislative Analyses Are Needed

- **Challenge: aligning NYS's robust health and professional licensing framework with Compact.**
- **NYS licensing requirements may be higher/different than other states.**
- **In-depth analysis needed to reconcile NYS statutes with Compact legislation and administrative rules.**



- **Complex implementation steps needed, across multiple agencies & stakeholders.**

Example: Statutory and Regulatory Challenges

Nursing Compact Privilege to Practice (PTP)

- Nurse with compact license is automatically granted PTP in all compact states.
- PTP holder may practice in NYS without any notification or registration.
 - PTP does not exist in current laws & regulations, which would require amending to define the Department's authority for disciplinary action for PTP.
 - New & separate processes for disciplining PTP licensees would be needed.

Authority Considerations

Compacts would weaken Legislature & Regents' authority & control over licensure & sound professional practice.

Example: NYS would cede authority to “home state” to make individual determinations on licensure qualifications.

Potential Negative Consequences:

- A shift toward national governance & control may undermine NYS policy makers' efforts to meet unique NYS needs.
- NYS's strict standards of direct-source verification & evaluation of qualifications may not be upheld.
- Due process considerations since home state discipline results in automatic revocation of multi-state privilege regardless of NYS law.

Differing Standards Considerations

Nursing compact creates a bifurcated system, where interstate licensees practicing in NYS have not met the same high standards as NYS licensees.

Example: Bachelors in Nursing (BSN) in 10 years, Infection Control and Child Abuse Training not required.

Potential Negative Consequences:

- NYS could no longer uphold the highest standards of care to its patients.
- Legislative intent regarding BSN in 10 would be undermined.
- May encourage applicants to seek 'home' licensure in other states.

Differing Standards Considerations

As noted by the American Medical Association (AMA) 9/19/22:

The Interstate Medical Licensure Compact (IMLC) was established and adopted by state legislatures at a time when there was general alignment among state medical practice acts. Today there are stark differences and direct conflicts among many state laws regulating the practice of medicine.

Example: Many states have passed laws severely restricting abortion services, while other states have passed laws protecting abortion services and those who provide such care to patients. Exceptions vary widely, as does the potential for civil or criminal liability.

Potential Negative Consequences:

- Differing laws and scopes of practice across member states may result in conflicts between member states and concerns over state sovereignty.

Resource Considerations

Building “interstate” licensing systems on top of existing in-state licensing systems would require significant resources.

Example: Issuance of Compact licenses would require development of new licensing pathways, systems and staff.

Potential Negative Consequences:

- Building new systems required to implement interstate licensing processes would take considerable time and resources.
- Additional licensing pathways without additional resources will slow cycle times for NYS applicants.
- Need for new systems would divert personnel and technology resources, thwarting in-progress modernization and improvement efforts.

Public Safety Considerations

Registration not required for PTP nurses to practice in New York; challenges could impact patient safety.

Example: SED could have difficulty locating and effectively disciplining transient nurses unless staffing resources were greatly expanded.

Potential Negative Consequences:

- Only the home state can revoke compact license, but existing resources would be diverted to address out-of-state actions against PTP nurses regardless of whether they have ever practiced in NYS.
- Consumer & employer may not be able to easily verify license status.
- NYS licensees will pay for investigation & discipline of out of state compact nurses, who do not pay any NYS licensing fees.

Additional Considerations

Compacts increase mobility into and out of NYS, but do not change the total number of licensees.

Differing standards may create consumer confusion, especially in the area of telehealth.

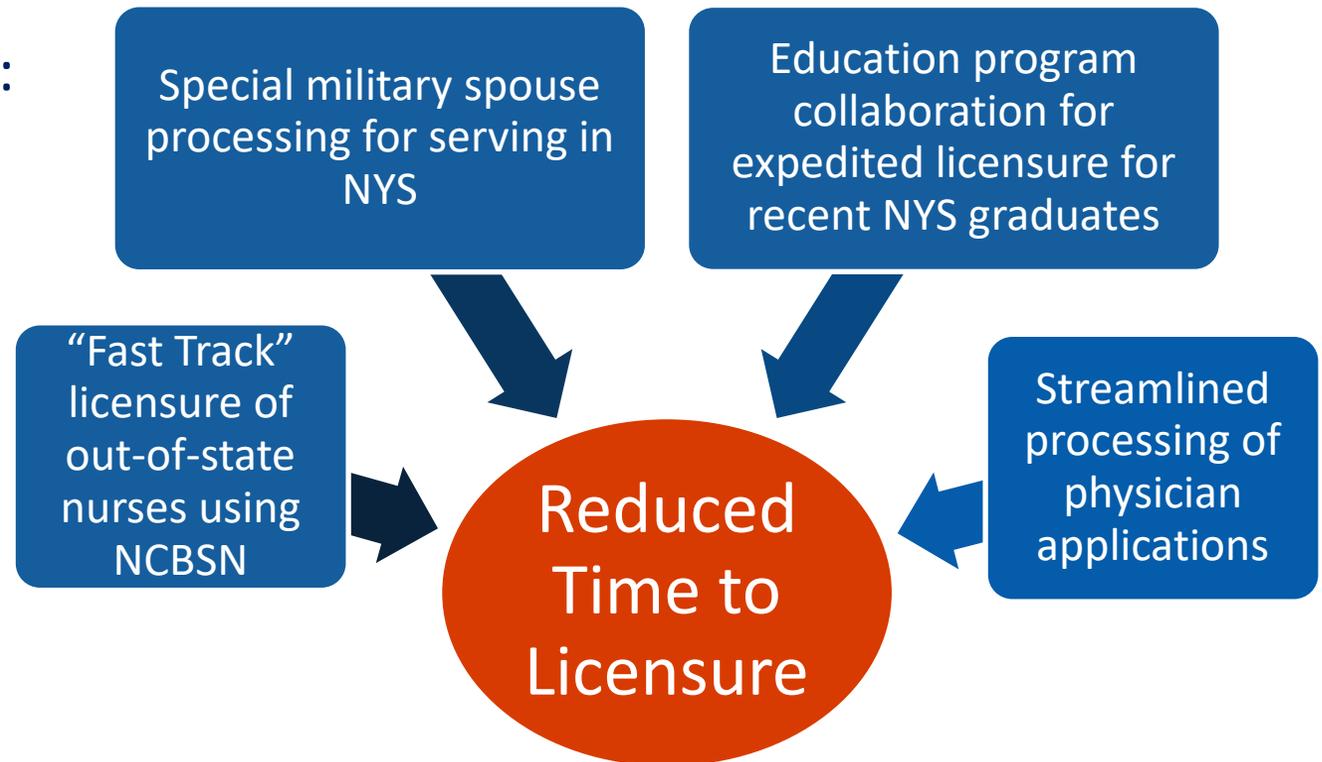
National standards would hinder NYS's ability to evolve or adopt unique licensing requirements.

Staff and Modernization Expedite Nurse and Physician Licensing

State Budget 2022-23 budget authorization allowed SED to employ additional staff, continue multi-year multimillion dollar modernization system, and reduce processing time from receipt of required information to licensure.

Licenses currently issued in 2 weeks:

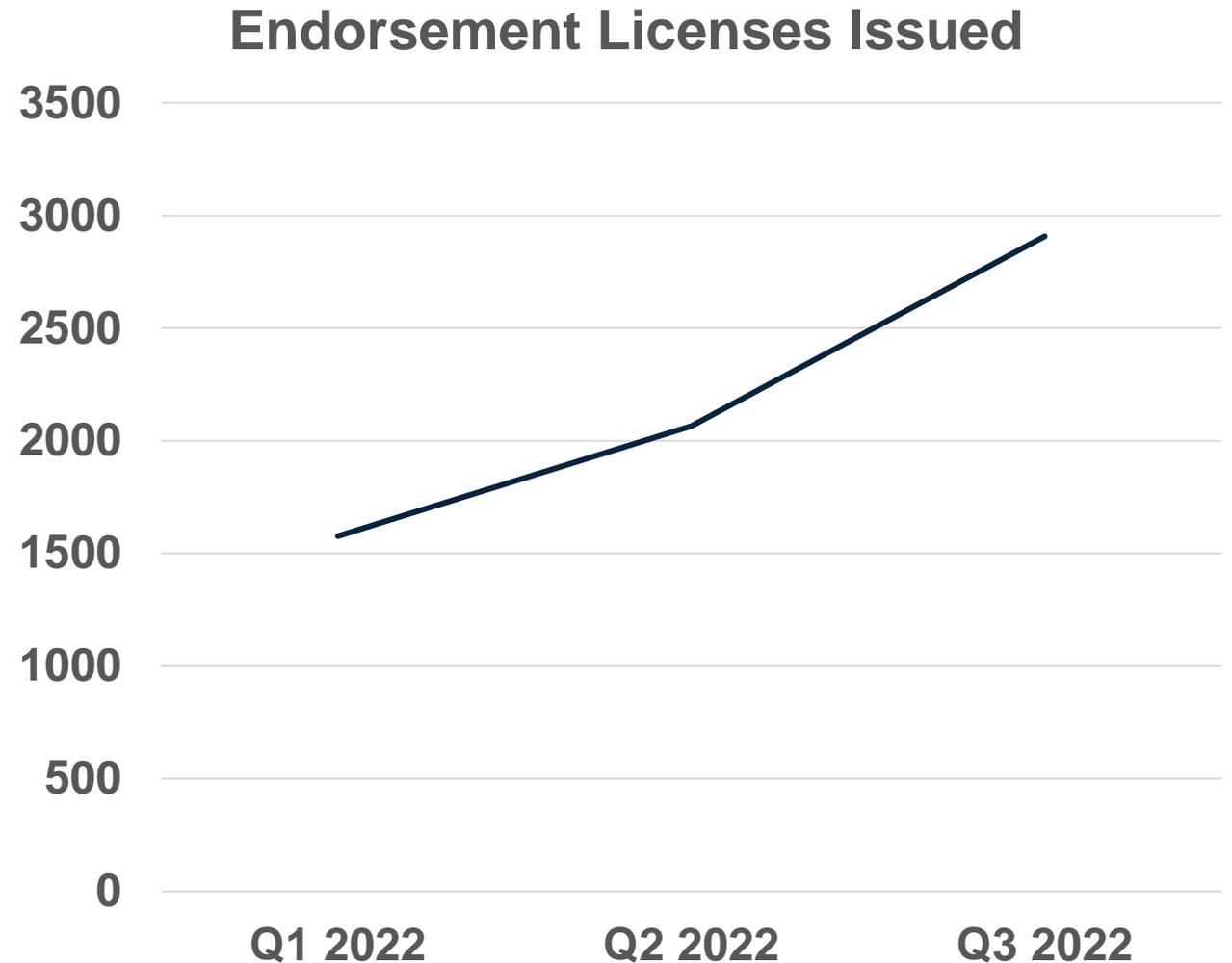
- Nurses licensed out of state
- Military spouses
- Graduates of approved NYS nursing programs
- US-educated physicians



Expedite Licensure for Out-of-State Nurses

Time Period	Endorsement Licenses Issued	Total Licenses Issued
Q1 2022	1577	5487
Q2 2022	2065	6509
Q3 2022	2908	12,482

- Expedited licensing for out-of-state nurses was implemented March 2022.
- Overall volume of ALL NURSING applications rose dramatically since 2017.
- The greatest increase is in foreign applicants, who would be ineligible for compact licensure if they do not have a SSN.



Possible Alternatives that Would Require Legislative Action

The Department continues to explore alternatives & is fully engaged in assisting in addressing workforce challenges while ensuring public safety.

Continued legislative & budget support for OP staffing & modernization efforts will continue to improve cycle times for licensure

Permit out-of-state, high-need professionals to practice under temporary authorization for 180 days while awaiting NYS licensure

Consider Enacting Legislation to:

Create alternative licensure pathways for experienced out-of-state practitioners

Permit high-need NYS-registered program graduates to practice for 180 days under a limited permit while awaiting licensure

DISCUSSION

