

HB 1816 -- LICENSURE OF PHYSICIANS (Koenig)

COMMITTEE OF ORIGIN: Standing Committee on Professional
Registration and Licensing

This bill prohibits the state from requiring any form of maintenance of licensure as a condition of physician licensure. Current requirements including continuing medical education must suffice to demonstrate professional competency. The state must not require any form of specialty medical board certification or any maintenance of certification to practice medicine in this state. The state board or any other state agency must not discriminate against physicians who do not maintain specialty medical board certification including recertification.

This bill provides that an applicant for licensure as a physician or a surgeon who does not achieve a passing score within three attempts on a licensing exam administered in one or more states may petition the State Board of Registration for the Healing Arts for an exception to such requirement based upon unusual or extenuating circumstances. An applicant who does not pass a step of the United States Medical Licensing Examination (USMLE) within three attempts or does not pass all three steps within a seven year period may also petition the board for an exception.

Currently, a collaborating physician is permitted to enter into a collaborative practice arrangement with three full-time equivalent advanced practice registered nurses. This bill increases the number to five. It also allows for the geographic proximity requirement to be waived.

This bill establishes a new nursing licensure compact in which states who are members of the compact, known as party states, may issue multistate nursing licenses for the practice of registered, licensed practical, or vocational nursing. A multistate nursing license shall authorize a nurse to practice under a multistate licensure privilege in each party state. The act does not affect the requirements established by a party state for the issuance of a single-state license.

This compact shall become effective and binding on the earlier of the date of legislative enactment of this compact by no less than 26 states or December 31, 2018. All party states to this compact that were also parties to the prior nurse licensure compact shall be deemed to have withdrawn from the prior compact within six months after the effective date of this compact. Under the act, a party state must adopt procedures for considering the criminal history of applicants for an initial multistate license, and require an applicant for multistate licensure to;

- 1) Meet certain educational requirements as specified in the act;
- 2) Pass the NCLEX-RN or NCLEX-PN examination;
- 3) Hold or be eligible for an active, unencumbered license;
- 4) Submit fingerprints for a criminal background check;
- 5) Not have been convicted of a felony or a misdemeanor related to the practice of nursing, or enrolled in an alternative licensure disciplinary program; and
- 6) Have a valid Social Security number.

A nurse practicing in a party state, not his or her home state, is subject to the jurisdiction of the licensing board, courts, and laws, of the party state in which the client is located at the time service is provided. A party state may take adverse action against a nurse's multistate licensure privilege, and shall notify the administrator of the coordinated licensure information system of any disciplinary action. The administrator shall then inform the licensee's home state of any such action by another state against the licensee.

All party states shall participate in a coordinated licensure information system, which shall include information on the licensure and disciplinary history of each nurse, and shall be administered by a nonprofit organization composed of and controlled by the party states' licensing boards. Any personally identifiable information obtained from the coordinated licensure information system by a party state licensing board shall not be shared with non-party states or disclosed to other entities or individuals except to the extent permitted by the laws of the party state contributing the information.

A nurse who holds a multistate license issued by his or her home state on the effective date the compact may retain and renew the multistate license issued by the current home state. However, a nurse who changes primary state of residence after the effective date of the compact shall meet the requirements to obtain a multistate license from a new home state. A nurse may hold a multistate license issued by the home state, in only one party state at a time. If a nurse moves to a new party state, he or she must apply for licensure in the new home state, and the multistate license issued by the prior home state will be deactivated. If a nurse moves to a non-party state then the multistate license issued by the prior home state will convert to a single-state license, valid only in the prior home state.

The licensing board of each state shall have the authority to take disciplinary action against a nurse's multistate licensure privilege to practice within the party state, but only the home state shall have the power to take adverse action against a nurse's license issued by the home state.

The Interstate Commission of Nurse Licensure Compact Administrators, composed of one designee from each party state, shall have the authority to promulgate uniform rules to implement and administer the compact. Such rules shall be binding in all

party states and have force and effect of law. The act sets forth procedures and requirements that the commission must follow in order to exercise its rulemaking powers. The commission shall meet at least once a year and the meetings shall be open to the public. The commission shall establish bylaws or rules to govern its conduct which shall be published on the commission's website. If the commission determines that a party state has defaulted in the performance of its responsibilities under the compact and fails to cure such default, then the party state's membership in the compact shall be terminated upon an affirmative vote of the members of the commission.

This act shall become effective upon notification to the Revisor of Statutes by the commission that no less than 26 states have enacted the compact, or December 31, 2018, whichever occurs earlier.

This bill is similar to SCS HCS HB Nos. 671 & 683 (2015).