



**POSITION STATEMENT:
MULTISTATE NURSING LICENSURE IN CASE MANAGEMENT**
Revised: 11/04/2005 | Updated: 02/01/2007

Purpose:

CMSA is frequently asked by its members how they should approach licensure in compliance with state nurse licensure laws when conducting case management outside their state of residence and licensure. The purpose of this paper is to clarify CMSA's position as it applies to the issue of multistate nurse licensure.

Summary:

Nurse licensure is regulated on a state-by-state basis with State Boards of Nursing requiring nurse case managers to be licensed within the states where patients reside when case manager-patient telephonic or on-site interactions occur. In general, nurses are required to be licensed in the state in which they are practicing and in which their patients reside. The 1997 Policy Statement by the National Council of State Boards of Nursing (NCSBN) defines "tele-nursing" as the practice of nursing and asserts that it is regulated by state boards of nursing. .

This paper is limited specifically to nursing licensure as there are unique qualifications associated specifically to nursing. Other professional specialties perform case management services and will be guided by their specific regulatory requirements.

This paper will address three related questions:

- 1) Which activities performed by licensed nurse case managers are defined as the practice of nursing and, thus, fall under regulatory control?
- 2) Do *CMSA Standards of Practice for Case Management, Revised, 2002* address the issue of multistate nurse case manager licensure?
- 3) What action can case managers take to support reasonable licensure requirements to practice in today's telephonic care world?

Facts:

A license is a legal document that permits the holder to offer special skills and knowledge to the public in a particular jurisdiction, where such practice would otherwise be unlawful. To offer nurse case management services, the case manager must have proper state licensure, recognized endorsement, or statutory waiver (typically limited to those working with the Veterans Administration or military service). Without such legal permission, a professional may not be adhering to their state of residence licensure requirements or the licensure requirements of the state in which the patient to whom they are providing services resides.

All registered nursing graduates must take the US qualifying exam, National Council Licensure Exam-RN (NCLEX) in order to obtain licensure. Many states "endorse" licenses from other states. For example, a nurse licensed in one state can submit paperwork and receive a license in another state without re-taking the NCLEX.

The NCLEX is currently also available to nurses outside the US. Therefore, nurses educated in foreign countries can demonstrate equivalency by passing of the NCLEX exam.

The Issue:

When nurses provide case management services telephonically or on site without a license to practice in the state of the patient's residence, he/she is violating the law. The violation is punishable variably in states with penalties of up to \$1000, permanent loss of licensure, and up to 1 year in jail. Of additional concern to nurse case managers is the fact that not one professional liability insurance carrier will cover an improperly licensed or non licensed nurse in the event of actions which are deemed damaging to the patient. Therefore, case managers would be personally responsible for payment of damages if they are damages are assessed.

As one might imagine, licensure in 31 states (30 which are not within the Compact states and 1 within the Compact states) is financially and administratively burdensome to the organization. With pressure to demonstrate cost containment, current practice for some large organizations is to self insure the risk of incurring a damage assessment for the organization and to direct nurses to proceed whether licensed properly or not. This practice leaves the nurse vulnerable to being named in a lawsuit for damages without recourse to professional liability insurance.

Goal:

The goal of the CMSA position statement is not to create an administrative nightmare or to create additional costs to organizations or to the US healthcare system. The purpose of the CMSA position statement is to alert and to encourage individuals and organizations to aggressively encourage the non-Compact State Boards of Nursing to join the Compact **or** to encourage federal legislation mandating recognition of nurse licensure across state lines just as drivers licenses are recognized.

Nurse Licensure Compact States as of February, 2007

Through the National Council of State Boards of Nursing, 22 states have entered into a compact to recognize other states' licensing of nurses. A listing as of February, 2007 is included below. The compact is tied to the state of the nurse's residence, not the state of practice or the patient's location. Therefore, if a nurse resides in and is licensed in a state that participates in the Nurse Licensure Compact, the nurse's licensure will be recognized by other states participating in the compact. The nurse should check with her State Board of Nursing for appropriate procedures for recognition.

Nurse Licensure Compact Implementation (Excerpt from www.ncsbn.org)

The following tables and map indicate which states have enacted the **RN and LPN/VN Nurse Licensure Compact**. Please note that although Colorado and Kentucky have enacted the Nurse Licensure Compact, these states have not yet *implemented* the compact.

Last Updated: [January 2007]

Nurse Licensure Compact States

COMPACT STATES	IMPLEMENTATION DATE
Arizona	7/1/2002
Arkansas	7/1/2000
Delaware	7/1/2000
Idaho	7/1/2001
Iowa	7/1/2000
Maine	7/1/2001
Maryland	7/1/1999
Mississippi	7/1/2001
Nebraska	1/1/2001
New Hampshire	1/1/2006
New Mexico	1/1/2004
North Carolina	7/1/2000
North Dakota	1/1/2004
South Carolina	2/1/2006
South Dakota	1/1/2001
Tennessee	7/1/2003
Texas	1/1/2000
Utah	1/1/2000
Virginia	1/1/2005
Wisconsin	1/1/2000

If you are seeking Compact licensure, please contact your state board of nursing for primary state of residence requirements. For state board of nursing contact information, go to www.ncsbn.org.

Compact States Pending Implementation

PENDING COMPACT STATES	IMPLEMENTATION DATE
Colorado	Planning to Implement 10/1/07
Kentucky	Implementing 06/1/07

nursing licensure would be recognized. Should the patient reside in a state not a part of the Compact or should the nurse case manager not be licensed in a Compact state, the nurse case manager would need to comply with the state law by obtaining licensure in the state where the patient resides.

In August, 2005, the Case Management Leadership Coalition recognized the Nurse Compact and recommended to each of the participating organizations that they aggressively support the Compact.

The Compact is currently recognized by:

1. Case Management Society of America (CMSA)
2. Case Management Leadership Coalition (CMLC)
3. Commission for Case Manager Certification (CCMC)
4. Several State Nursing Associations whose states have adopted the Compact
5. American Organization of Nurse Executives (AONE)
6. Several State Hospital Associations whose states have adopted the Compact
7. American Association of Occupational Health Nurses (AAOHN)
8. US Department of Commerce
9. Telehealth Leadership Council (TLC)

CMSA POSITION:

CMSA's Position is clearly stated by *CMSA's Standards of Practice for Case Management, Revised 2002*[®] which state that:

"The case manager practices in accordance with applicable local, state, and federal laws. The case manager has knowledge of applicable accreditation and regulatory statutes governing sponsoring agencies that specifically pertain to delivery of case management services."

1. CMSA encourages case managers and case manager employers to work aggressively with the State Boards of Nursing to encourage compliance and entry into the NCSBN as Compact States so that appropriate multi-state nursing licensure might continue appropriately and cost effectively.
2. Alternatively, CMSA encourages the enactment of federal legislation mandating the recognition of nurse licensure in all states.
3. CMSA has added its name to the growing list of those organizations supporting and endorsing the Nurse Compact.

RESOURCES:

Case Management Leadership Coalition meeting, August, 2005

Code of Professional Conduct for Case Managers with Disciplinary Rules, Procedures, and Penalties, 1996 revised, June, 2001

2001 Report to Congress on Telemedicine, last updated May 16, 2002 Office for the advancement of Telehealth, 5600 Fishers Lane, Room 11A-55, Rockville, MD 20857 Phone (301)443-0447

AAOHN Multistate Practice Advisory available for a fee from American Association of Occupational Health Nursing, 2920 Brandywine Road, Suite 100, Atlanta GA 30341

Center for Telemedicine Law – issued its findings and recommendations on interstate licensure on Feb 12, 1997. Their detailed report can be obtained by contacting the Center at (202) 775-5722

CMSA's Standards of Practice for Case Management, Revised 2002[®]

Available at www.cmsa.org or from CMSA, 6301 Ranch Drive, Little Rock, AR 72223-4623

Interstate Practice in the Age of Informatics and E-Technology,

Deborah DiBenedetto, AAOHN Journal, Sept, 2003 Vol. 51, No. 9, pp. 367-369

National Council of State Boards of Nursing <http://www.ncsbn.org>



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