

Recommendations Regarding Massachusetts' Entry in the Enhanced Nurse Licensure Compact (eNLC)

December 2023

Background

The Nurse Licensure Compact (NLC) was initiated in 1999 to facilitate interstate work for nurses. In 2018, the enhanced Nurse Licensure Compact (eNLC) was introduced, which added criminal background checks and fingerprints to the licensure requirement. The eNLC allows registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs), whose primary state of residence is in an [NLC state](#), to hold one multistate license with the authority to practice in person or via telehealth in both their home state and other eNLC states.

As of October 2023, 41 states within the U.S. have joined the Compact licensure agreement, leading to significant benefits for both patients and nurses. Nurses can care for patients in other states via telehealth as well as in-person within Compact states—without having to obtain additional licensure. This allows for better continuity of care for patients and greater flexibility for nurses.

With legislation filed annually for more than a decade, Massachusetts has been exploring joining the Compact for several years. Chapter 227 of the Acts of 2020 required that the Massachusetts Health Policy Commission (HPC)—an independent state agency charged with monitoring healthcare spending growth in Massachusetts and providing data-driven healthcare delivery and payment system reform recommendations—conduct a study in collaboration with the Massachusetts Board of Registration in Nursing (BORN) on the merits of the eNLC and issue a recommendation for Massachusetts' membership. **The HPC issued its findings in 2021, concluding that joining the eNLC would benefit patients and clinicians in Massachusetts and recommended that Massachusetts join the eNLC.**

The Nursing Council on Workforce Sustainability (NCWS) Policy and Practice Committee was tasked with exploring the potential benefits and consequences of joining the eNLC and recommending whether to support joining the Compact.

The NCWS Policy and Practice Committee recommends that Massachusetts join the enhanced Nurse Licensure Compact agreement as proposed in petitions by Representative Kay Khan of Newton, accompanied by House Bill No. 1211, and Senator Barry Finegold of Andover, accompanied by Senate Bill No. 747.

Current Status of New England States

Maine, New Hampshire, Rhode Island, and Vermont are the New England states currently in the Compact. Maine joined in 2000, and New Hampshire in 2006.

Rhode Island Gov. Daniel J. McKee signed the eNLC into law on June 24, 2023, and Vermont joined on Feb. 1, 2022.

Connecticut Gov. Ned Lamont signed House Bill 6449 on July 12, 2021, requiring the Department of Public Health Commissioner to convene working groups to determine whether the state should join an interstate licensure compact and to report their recommendations by Jan. 15, 2022. No further action has been taken, and no legislation to implement the eNLC is currently pending.¹

In Massachusetts, legislation to join the compact has been proposed in the past several legislative sessions, including by Gov. Baker in 2019. BORN has supported the commonwealth's entry into the compact for many years. Multiple bills are pending in the current (192nd) legislative session.

Licensure Requirements Under the eNLC

The Massachusetts Health Policy Commission issued a May 2021 report to review the requirements of joining the enhanced eNLC, as well as the perceived benefits and risks to both the nurse and the state of Massachusetts. They identified the following requirements for being a compact state:²

- The eNLC contains 11 uniform licensure requirements (“ULRs”) for a nurse to obtain a multi-state license in their home state. The ULR requirements are as follows:³
 - Meets the requirements for licensure in the home state (state of residency)
 - Has graduated from a Board of Nursing-approved education program or has graduated from an international education program (approved by the authorized accrediting body in the applicable country and verified by an independent credentials review agency) and has passed an English proficiency examination (applies to graduates of an international education program not taught in English or if English is not the individual's native language)
 - Has passed an NCLEX-RN or NCLEX-PN Examination or predecessor exam
 - Is eligible for or holds an active, unencumbered license (i.e., without active discipline)
 - Has submitted to state and federal fingerprint-based criminal background checks
 - Has not been convicted or found guilty, or has entered into an agreed disposition, of a felony offense under applicable state or federal criminal law
 - Has no misdemeanor convictions related to the practice of nursing (determined on a case-by-case basis)
 - Is not currently a participant in an alternative program
 - Is required to self-disclose current participation in an alternative program
 - Has a valid United States Social Security Number

¹ Source: <https://www.vivian.com/community/career-resources/nurse-licensure-compact-states/>

² Source: <https://www.mass.gov/doc/evaluation-of-the-commonwealths-entry-into-the-nurse-licensure-compact/download>

³ Source: <https://nursecompact.com/how-it-works/applying-for-licensure.page#uniform-licensure-requirements>

Currently, the Massachusetts BORN requires the following for licensure:⁴

- Must have graduated from a Board-approved nursing program
- Met [specific requirements for applicants educated out of state](#)
- Are of [Good Moral Character, as defined by state law](#)
- Have passed the [National Council Licensure Examination \(NCLEX\)](#)
- [However](#) The Massachusetts BORN does **not** currently require fingerprint background checks.

The eNLC also established the governing body of the NLC, a quasi-governmental, joint public agency named the Interstate Commission of Nurse Licensure Compact Administrators (the ICNLCA). Each party state has one Compact administrator (the head of the state licensing board or designee) who participates in the business and affairs of the ICNLCA and is entitled to one vote in the promulgation of rules and creation of bylaws.

The ICNLCA's adopted final rules, effective Jan. 2, 2024, set forth additional details and requirements for implementation of the Compact, including information regarding the coordinated licensure information system, licensure details (e.g., change in primary state of residence), and administration details (e.g., dues assessment and dispute resolution). These are binding on party states and have the same force and effect as the compact.

A key finding in the HPC report is that **the Massachusetts BORN would retain its authority over nursing practice and education in Massachusetts, including determining all requirements for licensure in the commonwealth, and in licensure enforcement.**

Benefits and Key Findings of Joining the eNLC According to the Health Policy Commission and Other Stakeholders

While Massachusetts has a higher rate of RNs per capita than the U.S. overall, data suggest that the RN labor market in Massachusetts may experience slower growth and tighten in the coming years. Compact membership has increased following the adoption of the revised eNLC, and participating jurisdictions report benefits to state boards of nursing, employers, and nurses.

Other benefits and findings according to the HPC's report include the following:

- The Compact offers potential benefits to individual nurses, and there is evidence from other states that nurses recognize such benefits.
- **Under the Compact, BORN would retain its authority over nursing practice and education in Massachusetts, including in determining all requirements for licensure in the commonwealth and in licensure enforcement.**
- The Compact would facilitate the commonwealth's emergency preparedness, enabling the Massachusetts healthcare delivery system to react more dynamically to unforeseen and sudden changes in nursing needs during pandemics and other emergencies.
- The COVID-19 pandemic highlighted the importance of and potential for telehealth and demonstrated the need to remove barriers to cross-state practice to strengthen the

⁴ Source: [Apply for a nursing license by exam | Mass.gov](#)

healthcare system's ability to adopt care delivery models and respond to needs more flexibly in a post-COVID-19 world.

- No evidence exists that joining the Compact would have a negative effect on the quality of nursing care in the commonwealth. The ability to fill short-term staffing needs and facilitate telehealth could yield positive effects on healthcare access, quality, outcomes, and cost.
- The Compact is estimated to have only a modest financial impact and will not impede BORN's ability to continue its mission.
- The Compact expands access to care for patients within and outside the commonwealth.
- The Compact enables telehealth practice (including triage, call centers, case managers, and Hospital at Home) by:
 - Increasing access to Hospital at Home services, which decreases patient volume in the brick-and-mortar hospital both within the Emergency Department and Inpatient units
 - Increasing access to telehealth, which decreases overcrowding in the emergency departments
 - Addressing access for rural populations and areas of healthcare shortages
- Additional benefits:
 - Facilitating transport by nurses on the ground and via medical flights
 - Facilitating disaster relief
 - Providing support for nurse spouses in military families
 - Facilitating online nursing education and allowing clinical faculty to cross state lines
 - Providing a cost-effective option for nurses and employers
 - Enabling facility staffing (e.g., travel nurses, recruiting nurses from bordering states)
 - Enhancing mobility for nurses residing near borders and practicing in adjacent states
 - Providing administrative efficiency
 - Offering flexible licensure (i.e., nurses may still obtain a single-state license, if ineligible for a multi-state license)

Key Stakeholder Support and Opposition to Previous NLC Bills in Massachusetts

The Massachusetts Health and Hospital Association stated that joining the Compact would improve the commonwealth's ability to respond to a changing healthcare delivery landscape, permit qualified nurses to care for patients across the healthcare continuum, augment the state's emergency preparedness, and support access to quality nursing care for all residents in the commonwealth.

The Massachusetts Nurses Association (MNA) is the only stakeholder opposed to the eNLC, stating in 2019 that there is no nursing shortage in the commonwealth and arguing that the Compact is a solution to a problem that does not exist. The MNA also stated that joining the Compact is not necessary because there are existing processes in Massachusetts for disaster

response and timely issuance of licenses to out-of-state RNs. The MNA also cited concerns like decreased licensing standards, loss of state licensing revenue, and erosion of state oversight of licensees. Their assertions state that:

- Compact does not address nursing shortages, nurse vacancy rates, or workforce mobility for nurses with over two decades of experience.
- States in the Compact have significant nursing shortages and higher nurse vacancy rates than Massachusetts.
- Compact is not necessary to respond to emergencies.
- Compact is not necessary for military spouses.
- Compact promotes an assembly-line approach to nursing that does not serve nurses or their patients.
- Compact prioritizes removing care from the bedside.
- Compact requires a loss of local control regarding nurse licensure.
- Compact creates administrative complexities and procedural complications for nurses.

The NCWS Policy and Practice Committee appreciates the perspectives of all stakeholders. The NCWS Policy and Practice Committee also recognizes there are workforce challenges that the eNLC does not specifically address.

However, entry into the eNLC will make it easier for nurses who are licensed in other compact states to work in Massachusetts. This will directly increase the number of nurses who could potentially work in Massachusetts healthcare facilities, either travel nurses or those who live in bordering states, which can help to reduce current vacancy rates. It would also allow Massachusetts nurses who are working in tertiary care facilities to provide follow-up care for patients who live in other states but receive care in Massachusetts. While the BORN for Massachusetts does have a quick licensure process, state-by-state licensure is a cumbersome, costly, and time-consuming process. Further, as noted in the HPC report, licensing standards would not be compromised and would be strengthened through the new eNLC requirements.

Conclusion

Forty-one states have successfully joined the eNLC and have not seen an increase in patient harm. As the HPC report and experiences from 41 other states have shown, there is no significant downside to joining the eNLC.

The NCWS Policy and Practice Committee recommends that Massachusetts join the enhanced Nurse Licensure Compact agreement as proposed in petitions by Representative Kay Khan of Newton, accompanied by House Bill No. 1211, and Senator Barry Finegold of Andover, accompanied by Senate Bill No. 747.

The recommendation of the Policy and Practice Committee to join the enhanced Nurse Licensure Compact agreement was presented to the full NCWS on December 14, 2023. A vote was then taken by the members of the NCWS to determine support of the recommendation. The NCWS voted to support the recommendation with 96% of the members voting in favor of the proposal to join the Nurse Licensure Compact agreement.