

AMENDMENTS TO LB88

Introduced by Riepe, 12.

1           1. Strike original sections 1 and 51 and all amendments thereto and  
2 insert the following new sections:

3           Section 1. Sections 1 to 25 of this act shall be known and may be  
4 cited as the Interstate Medical Licensure Compact.

5           Sec. 2. The purposes of the Interstate Medical Licensure Compact  
6 are, through means of joint and cooperative action among the member  
7 states of the compact (1) to develop a comprehensive process that  
8 complements the existing licensing and regulatory authority of state  
9 medical boards and that provides a streamlined process that allows  
10 physicians to become licensed in multiple states, thereby enhancing the  
11 portability of a medical license and ensuring the safety of patients, (2)  
12 to create another pathway for licensure that does not otherwise change a  
13 state's existing medicine and surgery practice act, (3) to adopt the  
14 prevailing standard for licensure, affirm that the practice of medicine  
15 occurs where the patient is located at the time of the physician-patient  
16 encounter, and require the physician to be under the jurisdiction of the  
17 state medical board where the patient is located, (4) to ensure that  
18 state medical boards that participate in the compact retain the  
19 jurisdiction to impose an adverse action against a license to practice  
20 medicine in that state issued to a physician through the procedures in  
21 the compact, and (5) to create the Interstate Medical Licensure Compact  
22 Commission.

23           Sec. 3. For purposes of the Interstate Medical Licensure Compact:

24           (a) Bylaws means those bylaws established by the interstate  
25 commission pursuant to section 12 of this act for its governance or for  
26 directing and controlling its actions and conduct;

27           (b) Commissioner means the voting representative appointed by each

1 member board pursuant to section 12 of this act;

2 (c) Conviction means a finding by a court that an individual is  
3 guilty of a criminal offense through adjudication or entry of a plea of  
4 guilty or no contest to the charge by the offender. Evidence of an entry  
5 of a conviction of a criminal offense by the court shall be considered  
6 final for purposes of disciplinary action by a member board;

7 (d) Expedited license means a full and unrestricted medical license  
8 granted by a member state to an eligible physician through the process  
9 set forth in the compact;

10 (e) Interstate commission means the interstate commission created  
11 pursuant to section 12 of this act;

12 (f) License means authorization by a state for a physician to engage  
13 in the practice of medicine, which would be unlawful without the  
14 authorization;

15 (g) Medicine and surgery practice act means laws and regulations  
16 governing the practice of medicine within a member state;

17 (h) Member board means a state agency in a member state that acts in  
18 the sovereign interests of the state by protecting the public through  
19 licensure, regulation, and education of physicians as directed by the  
20 state government;

21 (i) Member state means a state that has enacted the compact;

22 (j) Practice of medicine means the clinical prevention, diagnosis,  
23 or treatment of human disease, injury, or condition requiring a physician  
24 to obtain and maintain a license in compliance with the medicine and  
25 surgery practice act of a member state;

26 (k) Physician means any person who:

27 (1) Is a graduate of a medical school accredited by the Liaison  
28 Committee on Medical Education, the Commission on Osteopathic College  
29 Accreditation, or a medical school listed in the International Medical  
30 Education Directory or its equivalent;

31 (2) Passed each component of the United States Medical Licensing

1 Examination or the Comprehensive Osteopathic Medical Licensing  
2 Examination within three attempts, or any of its predecessor examinations  
3 accepted by a state medical board as an equivalent examination for  
4 licensure purposes;

5 (3) Successfully completed graduate medical education approved by  
6 the Accreditation Council for Graduate Medical Education or the American  
7 Osteopathic Association;

8 (4) Holds specialty certification or a time-unlimited specialty  
9 certificate recognized by the American Board of Medical Specialties or  
10 the American Osteopathic Association's Bureau of Osteopathic Specialists;

11 (5) Possesses a full and unrestricted license to engage in the  
12 practice of medicine issued by a member board;

13 (6) Has never been convicted, received adjudication, deferred  
14 adjudication, community supervision, or deferred disposition for any  
15 offense by a court of appropriate jurisdiction;

16 (7) Has never had a license authorizing the practice of medicine  
17 subjected to discipline by a licensing agency in any state, federal, or  
18 foreign jurisdiction, excluding any action related to nonpayment of fees  
19 related to a license;

20 (8) Has never had a controlled substance license or permit suspended  
21 or revoked by a state or the United States Drug Enforcement  
22 Administration; and

23 (9) Is not under active investigation by a licensing agency or law  
24 enforcement authority in any state, federal, or foreign jurisdiction;

25 (1) Offense means a felony, gross misdemeanor, or crime of moral  
26 turpitude;

27 (m) Rule means a written statement by the interstate commission  
28 promulgated pursuant to section 13 of this act that is of general  
29 applicability, implements, interprets, or prescribes a policy or  
30 provision of the compact, or an organizational, procedural, or practice  
31 requirement of the interstate commission, and has the force and effect of

1 statutory law in a member state, and includes the amendment, repeal, or  
2 suspension of an existing rule;

3 (n) State means any state, commonwealth, district, or territory of  
4 the United States; and

5 (o) State of principal license means a member state where a  
6 physician holds a license to practice medicine and which has been  
7 designated as such by the physician for purposes of registration and  
8 participation in the compact.

9 Sec. 4. (a) A physician must meet the eligibility requirements as  
10 defined in subdivision (k) of section 3 of this act to receive an  
11 expedited license under the terms and provisions of the Interstate  
12 Medical Licensure Compact.

13 (b) A physician who does not meet the requirements of subdivision  
14 (k) of section 3 of this act may obtain a license to practice medicine in  
15 a member state if the individual complies with all laws and requirements,  
16 other than the compact, relating to the issuance of a license to practice  
17 medicine in that state.

18 Sec. 5. (a) A physician shall designate a member state as the state  
19 of principal license for purposes of registration for expedited licensure  
20 through the Interstate Medical Licensure Compact if the physician  
21 possesses a full and unrestricted license to practice medicine in that  
22 state, and the state is:

23 (1) The state of primary residence for the physician;

24 (2) The state where at least twenty-five percent of the practice of  
25 medicine occurs;

26 (3) The location of the physician's employer;

27 (4) If no state qualifies under subdivision (1), (2), or (3) of this  
28 subsection, the state designated as state of residence for purpose of  
29 federal income tax.

30 (b) A physician may redesignate a member state as state of principal  
31 license at any time, as long as the state meets the requirements in

1 subsection (a) of this section.

2 (c) The interstate commission is authorized to develop rules to  
3 facilitate redesignation of another member state as the state of  
4 principal license.

5 Sec. 6. (a) A physician seeking licensure through the Interstate  
6 Medical Licensure Compact shall file an application for an expedited  
7 license with the member board of the state selected by the physician as  
8 the state of principal license.

9 (b) Upon receipt of an application for an expedited license, the  
10 member board within the state selected as the state of principal license  
11 shall evaluate whether the physician is eligible for expedited licensure  
12 and issue a letter of qualification, verifying or denying the physician's  
13 eligibility, to the interstate commission.

14 (i) Static qualifications, which include verification of medical  
15 education, graduate medical education, results of any medical or  
16 licensing examination, and other qualifications as determined by the  
17 interstate commission through rule, shall not be subject to additional  
18 primary source verification where already primary source verified by the  
19 state of principal license.

20 (ii) The member board within the state selected as the state of  
21 principal license shall, in the course of verifying eligibility, perform  
22 a criminal background check of an applicant, including the use of the  
23 results of fingerprint or other biometric data checks compliant with the  
24 requirements of the Federal Bureau of Investigation, with the exception  
25 of federal employees who have suitability determination in accordance  
26 with 5 C.F.R. 731.202.

27 (iii) Appeal on the determination of eligibility shall be made to  
28 the member state where the application was filed and shall be subject to  
29 the law of that state.

30 (c) Upon verification in subsection (b) of this section, physicians  
31 eligible for an expedited license shall complete the registration process

1 established by the interstate commission to receive a license in a member  
2 state selected pursuant to subsection (a) of this section, including the  
3 payment of any applicable fees.

4 (d) After receiving verification of eligibility under subsection (b)  
5 of this section and any fees under subsection (c) of this section, a  
6 member board shall issue an expedited license to the physician. This  
7 license shall authorize the physician to practice medicine in the issuing  
8 state consistent with the medicine and surgery practice act and all  
9 applicable laws and regulations of the issuing member board and member  
10 state.

11 (e) An expedited license shall be valid for a period consistent with  
12 the licensure period in the member state and in the same manner as  
13 required for other physicians holding a full and unrestricted license  
14 within the member state.

15 (f) An expedited license obtained through the compact shall be  
16 terminated if a physician fails to maintain a license in the state of  
17 principal licensure for a nondisciplinary reason, without redesignation  
18 of a new state of principal licensure.

19 (g) The interstate commission is authorized to develop rules  
20 regarding the application process, including payment of any applicable  
21 fees, and the issuance of an expedited license.

22 Sec. 7. (a) A member state issuing an expedited license authorizing  
23 the practice of medicine in that state may impose a fee for a license  
24 issued or renewed through the Interstate Medical Licensure Compact.

25 (b) The interstate commission is authorized to develop rules  
26 regarding fees for expedited licenses.

27 Sec. 8. (a) A physician seeking to renew an expedited license  
28 granted in a member state shall complete a renewal process with the  
29 interstate commission if the physician:

30 (1) Maintains a full and unrestricted license in a state of  
31 principal license;

1       (2) Has not been convicted, received adjudication, deferred  
2 adjudication, community supervision, or deferred disposition for any  
3 offense by a court of appropriate jurisdiction;

4       (3) Has not had a license authorizing the practice of medicine  
5 subject to discipline by a licensing agency in any state, federal, or  
6 foreign jurisdiction, excluding any action related to nonpayment of fees  
7 related to a license; and

8       (4) Has not had a controlled substance license or permit suspended  
9 or revoked by a state or the United States Drug Enforcement  
10 Administration.

11       (b) Physicians shall comply with all continuing professional  
12 development or continuing medical education requirements for renewal of a  
13 license issued by a member state.

14       (c) The interstate commission shall collect any renewal fees charged  
15 for the renewal of a license and distribute the fees to the applicable  
16 member board.

17       (d) Upon receipt of any renewal fees collected in subsection (c) of  
18 this section, a member board shall renew the physician's license.

19       (e) Physician information collected by the interstate commission  
20 during the renewal process will be distributed to all member boards.

21       (f) The interstate commission is authorized to develop rules to  
22 address renewal of licenses obtained through the Interstate Medical  
23 Licensure Compact.

24       Sec. 9. (a) The interstate commission shall establish a data base  
25 of all physicians licensed, or who have applied for licensure, under  
26 section 6 of this act.

27       (b) Notwithstanding any other provision of law, member boards shall  
28 report to the interstate commission any public action or complaints  
29 against a licensed physician who has applied or received an expedited  
30 license through the Interstate Medical Licensure Compact.

31       (c) Member boards shall report disciplinary or investigatory

1 information determined as necessary and proper by rule of the interstate  
2 commission.

3 (d) Member boards may report any nonpublic complaint, disciplinary,  
4 or investigatory information not required by subsection (c) of this  
5 section to the interstate commission.

6 (e) Member boards shall share complaint or disciplinary information  
7 about a physician upon request of another member board.

8 (f) All information provided to the interstate commission or  
9 distributed by member boards shall be confidential, filed under seal, and  
10 used only for investigatory or disciplinary matters.

11 (g) The interstate commission is authorized to develop rules for  
12 mandated or discretionary sharing of information by member boards.

13 Sec. 10. (a) Licensure and disciplinary records of physicians are  
14 deemed investigative.

15 (b) In addition to the authority granted to a member board by its  
16 respective medicine and surgery practice act or other applicable state  
17 law, a member board may participate with other member boards in joint  
18 investigations of physicians licensed by the member boards.

19 (c) A subpoena issued by a member state shall be enforceable in  
20 other member states.

21 (d) Member boards may share any investigative, litigation, or  
22 compliance materials in furtherance of any joint or individual  
23 investigation initiated under the Interstate Medical Licensure Compact.

24 (e) Any member state may investigate actual or alleged violations of  
25 the statutes authorizing the practice of medicine in any other member  
26 state in which a physician holds a license to practice medicine.

27 Sec. 11. (a) Any disciplinary action taken by any member board  
28 against a physician licensed through the Interstate Medical Licensure  
29 Compact shall be deemed unprofessional conduct which may be subject to  
30 discipline by other member boards, in addition to any violation of the  
31 medicine and surgery practice act or regulations in that state.



1        (b) If a license granted to a physician by the member board in the  
2 state of principal license is revoked, surrendered or relinquished in  
3 lieu of discipline, or suspended, then all licenses issued to the  
4 physician by member boards shall automatically be placed, without further  
5 action necessary by any member board, on the same status. If the member  
6 board in the state of principal license subsequently reinstates the  
7 physician's license, a license issued to the physician by any other  
8 member board shall remain encumbered until that respective member board  
9 takes action to reinstate the license in a manner consistent with the  
10 medicine and surgery practice act of that state.

11        (c) If disciplinary action is taken against a physician by a member  
12 board not in the state of principal license, any other member board may  
13 deem the action conclusive as to matter of law and fact decided, and:

14        (i) Impose the same or lesser sanction against the physician so long  
15 as such sanctions are consistent with the medicine and surgery practice  
16 act of that state; or

17        (ii) Pursue separate disciplinary action against the physician under  
18 its respective medicine and surgery practice act, regardless of the  
19 action taken in other member states.

20        (d) If a license granted to a physician by a member board is  
21 revoked, surrendered or relinquished in lieu of discipline, or suspended,  
22 then any license issued to the physician by any other member board shall  
23 be suspended, automatically and immediately without further action  
24 necessary by the other member board, for ninety days upon entry of the  
25 order by the disciplining board, to permit the member board to  
26 investigate the basis for the action under the medicine and surgery  
27 practice act of that state. A member board may terminate the automatic  
28 suspension of the license it issued prior to the completion of the  
29 ninety-day suspension period in a manner consistent with the medicine and  
30 surgery practice act of that state.

31        Sec. 12. (a) The member states hereby create the Interstate Medical

1 Licensure Compact Commission.

2 (b) The purpose of the interstate commission is the administration  
3 of the Interstate Medical Licensure Compact, which is a discretionary  
4 state function.

5 (c) The interstate commission shall be a body corporate and joint  
6 agency of the member states and shall have all the responsibilities,  
7 powers, and duties set forth in the compact, and such additional powers  
8 as may be conferred upon it by a subsequent concurrent action of the  
9 respective legislatures of the member states in accordance with the terms  
10 of the compact.

11 (d) The interstate commission shall consist of two voting  
12 representatives appointed by each member state who shall serve as  
13 commissioners. In states where allopathic and osteopathic physicians are  
14 regulated by separate member boards, or if the licensing and disciplinary  
15 authority is split between multiple member boards within a member state,  
16 the member state shall appoint one representative from each member board.  
17 A commissioner shall be:

18 (1) A physician appointed to a member board;

19 (2) An executive director, executive secretary, or similar executive  
20 of a member board; or

21 (3) A member of the public appointed to a member board.

22 (e) The interstate commission shall meet at least once each calendar  
23 year. A portion of this meeting shall be a business meeting to address  
24 such matters as may properly come before the commission, including the  
25 election of officers. The chairperson may call additional meetings and  
26 shall call for a meeting upon the request of a majority of the member  
27 states.

28 (f) The bylaws may provide for meetings of the interstate commission  
29 to be conducted by telecommunication or electronic communication.

30 (g) Each commissioner participating at a meeting of the interstate  
31 commission is entitled to one vote. A majority of commissioners shall

1 constitute a quorum for the transaction of business, unless a larger  
2 quorum is required by the bylaws of the interstate commission. A  
3 commissioner shall not delegate a vote to another commissioner. In the  
4 absence of its commissioner, a member state may delegate voting authority  
5 for a specified meeting to another person from that state who shall meet  
6 the requirements of subsection (d) of this section.

7 (h) The interstate commission shall provide public notice of all  
8 meetings and all meetings shall be open to the public. The interstate  
9 commission may close a meeting, in full or in portion, where it  
10 determines by a two-thirds vote of the commissioners present that an open  
11 meeting would be likely to:

12 (1) Relate solely to the internal personnel practices and procedures  
13 of the interstate commission;

14 (2) Discuss matters specifically exempted from disclosure by federal  
15 statute;

16 (3) Discuss trade secrets, commercial, or financial information that  
17 is privileged or confidential;

18 (4) Involve accusing a person of a crime, or formally censuring a  
19 person;

20 (5) Discuss information of a personal nature where disclosure would  
21 constitute a clearly unwarranted invasion of personal privacy;

22 (6) Discuss investigative records compiled for law enforcement  
23 purposes; or

24 (7) Specifically relate to the participation in a civil action or  
25 other legal proceeding.

26 (i) The interstate commission shall keep minutes which shall fully  
27 describe all matters discussed in a meeting and shall provide a full and  
28 accurate summary of actions taken, including record of any roll call  
29 votes.

30 (j) The interstate commission shall make its information and  
31 official records, to the extent not otherwise designated in the compact

1 or by its rules, available to the public for inspection.

2 (k) The interstate commission shall establish an executive  
3 committee, which shall include officers, members, and others as  
4 determined by the bylaws. The executive committee shall have the power to  
5 act on behalf of the interstate commission, with the exception of  
6 rulemaking, during periods when the interstate commission is not in  
7 session. When acting on behalf of the interstate commission, the  
8 executive committee shall oversee the administration of the compact  
9 including enforcement and compliance with the provisions of the compact,  
10 its bylaws and rules, and other such duties as necessary.

11 (l) The interstate commission may establish other committees for  
12 governance and administration of the compact.

13 Sec. 13. The interstate commission shall have the duty and power  
14 to:

15 (a) Oversee and maintain the administration of the Interstate  
16 Medical Licensure Compact;

17 (b) Promulgate rules which shall be binding to the extent and in the  
18 manner provided for in the compact;

19 (c) Issue, upon the request of a member state or member board,  
20 advisory opinions concerning the meaning or interpretation of the  
21 compact, its bylaws, rules, and actions;

22 (d) Enforce compliance with compact provisions, the rules  
23 promulgated by the interstate commission, and the bylaws, using all  
24 necessary and proper means, including, but not limited to, the use of  
25 judicial process;

26 (e) Establish and appoint committees including, but not limited to,  
27 an executive committee as required by section 12 of this act, which shall  
28 have the power to act on behalf of the interstate commission in carrying  
29 out its powers and duties;

30 (f) Pay, or provide for the payment of, the expenses related to the  
31 establishment, organization, and ongoing activities of the interstate

1 commission;

2 (g) Establish and maintain one or more offices;

3 (h) Borrow, accept, hire, or contract for services of personnel;

4 (i) Purchase and maintain insurance and bonds;

5 (j) Employ an executive director who shall have such powers to  
6 employ, select or appoint employees, agents, or consultants, and to  
7 determine their qualifications, define their duties, and fix their  
8 compensation;

9 (k) Establish personnel policies and programs relating to conflicts  
10 of interest, rates of compensation, and qualifications of personnel;

11 (l) Accept donations and grants of money, equipment, supplies,  
12 materials and services, and to receive, utilize, and dispose of it in a  
13 manner consistent with the conflict of interest policies established by  
14 the interstate commission;

15 (m) Lease, purchase, accept contributions or donations of, or  
16 otherwise to own, hold, improve or use, any property, real, personal, or  
17 mixed;

18 (n) Sell, convey, mortgage, pledge, lease, exchange, abandon, or  
19 otherwise dispose of any property, real, personal, or mixed;

20 (o) Establish a budget and make expenditures;

21 (p) Adopt a seal and bylaws governing the management and operation  
22 of the interstate commission;

23 (q) Report annually to the legislatures and governors of the member  
24 states concerning the activities of the interstate commission during the  
25 preceding year. Such reports shall also include reports of financial  
26 audits and any recommendations that may have been adopted by the  
27 interstate commission;

28 (r) Coordinate education, training, and public awareness regarding  
29 the compact, its implementation, and its operation;

30 (s) Maintain records in accordance with the bylaws;

31 (t) Seek and obtain trademarks, copyrights, and patents; and

1       (u) Perform such functions as may be necessary or appropriate to  
2 achieve the purposes of the compact.

3       Sec. 14. (a) The interstate commission may levy on and collect an  
4 annual assessment from each member state to cover the cost of the  
5 operations and activities of the interstate commission and its staff. The  
6 total assessment must be sufficient to cover the annual budget approved  
7 each year for which revenue is not provided by other sources. The  
8 aggregate annual assessment amount shall be allocated upon a formula to  
9 be determined by the interstate commission, which shall promulgate a rule  
10 binding upon all member states.

11       (b) The interstate commission shall not incur obligations of any  
12 kind prior to securing the funds adequate to meet the same.

13       (c) The interstate commission shall not pledge the credit of any of  
14 the member states, except by, and with the authority of, the member  
15 state.

16       (d) The interstate commission shall be subject to a yearly financial  
17 audit conducted by a certified or licensed public accountant and the  
18 report of the audit shall be included in the annual report of the  
19 interstate commission.

20       Sec. 15. (a) The interstate commission shall, by a majority of  
21 commissioners present and voting, adopt bylaws to govern its conduct as  
22 may be necessary or appropriate to carry out the purposes of the  
23 Interstate Medical Licensure Compact within twelve months of the first  
24 interstate commission meeting.

25       (b) The interstate commission shall elect or appoint annually from  
26 among its commissioners a chairperson, a vice-chairperson, and a  
27 treasurer, each of whom shall have such authority and duties as may be  
28 specified in the bylaws. The chairperson, or in the chairperson's absence  
29 or disability, the vice-chairperson, shall preside at all meetings of the  
30 interstate commission.

31       (c) Officers selected in subsection (b) of this section shall serve

1 without remuneration from the interstate commission.

2 (d) The officers and employees of the interstate commission shall be  
3 immune from suit and liability, either personally or in their official  
4 capacity, for a claim for damage to or loss of property or personal  
5 injury or other civil liability caused or arising out of, or relating to,  
6 an actual or alleged act, error, or omission that occurred, or that such  
7 person had a reasonable basis for believing occurred, within the scope of  
8 interstate commission employment, duties, or responsibilities; provided  
9 that such person shall not be protected from suit or liability for  
10 damage, loss, injury, or liability caused by the intentional or willful  
11 and wanton misconduct of such person.

12 (1) The liability of the executive director and employees of the  
13 interstate commission or representatives of the interstate commission,  
14 acting within the scope of such person's employment or duties for acts,  
15 errors, or omissions occurring within such person's state, may not exceed  
16 the limits of liability set forth under the constitution and laws of that  
17 state for state officials, employees, and agents. The interstate  
18 commission is considered to be an instrumentality of the states for the  
19 purposes of any such action. Nothing in this subsection shall be  
20 construed to protect such person from suit or liability for damage, loss,  
21 injury, or liability caused by the intentional or willful and wanton  
22 misconduct of such person.

23 (2) The interstate commission shall defend the executive director,  
24 its employees, and subject to the approval of the attorney general or  
25 other appropriate legal counsel of the member state represented by an  
26 interstate commission representative, shall defend such interstate  
27 commission representative in any civil action seeking to impose liability  
28 arising out of an actual or alleged act, error, or omission that occurred  
29 within the scope of interstate commission employment, duties, or  
30 responsibilities, or that the defendant had a reasonable basis for  
31 believing occurred within the scope of interstate commission employment,

1 duties, or responsibilities, provided that the actual or alleged act,  
2 error, or omission did not result from intentional or willful and wanton  
3 misconduct on the part of such person.

4 (3) To the extent not covered by the state involved, member state,  
5 or the interstate commission, the representatives or employees of the  
6 interstate commission shall be held harmless in the amount of a  
7 settlement or judgment, including attorney's fees and costs, obtained  
8 against such persons arising out of an actual or alleged act, error, or  
9 omission that occurred within the scope of interstate commission  
10 employment, duties, or responsibilities, or that such persons had a  
11 reasonable basis for believing occurred within the scope of interstate  
12 commission employment, duties, or responsibilities, provided that the  
13 actual or alleged act, error, or omission did not result from intentional  
14 or willful and wanton misconduct on the part of such persons.

15 Sec. 16. (a) The interstate commission shall promulgate reasonable  
16 rules in order to effectively and efficiently achieve the purposes of the  
17 Interstate Medical Licensure Compact. Notwithstanding the foregoing, in  
18 the event the interstate commission exercises its rulemaking authority in  
19 a manner that is beyond the scope of the purposes of the compact, or the  
20 powers granted hereunder, then such an action by the interstate  
21 commission shall be invalid and have no force or effect.

22 (b) Rules deemed appropriate for the operations of the interstate  
23 commission shall be made pursuant to a rulemaking process that  
24 substantially conforms to the Model State Administrative Procedure Act of  
25 2010 and subsequent amendments thereto.

26 (c) Not later than thirty days after a rule is promulgated, any  
27 person may file a petition for judicial review of the rule in the United  
28 States District Court for the District of Columbia or the federal  
29 district where the interstate commission has its principal offices. The  
30 filing of such a petition shall not stay or otherwise prevent the rule  
31 from becoming effective unless the court finds that the petitioner has a



1 substantial likelihood of success. The court shall give deference to the  
2 actions of the interstate commission consistent with applicable law and  
3 shall not find the rule to be unlawful if the rule represents a  
4 reasonable exercise of the authority granted to the interstate  
5 commission.

6       Sec. 17. (a) The executive, legislative, and judicial branches of  
7 state government in each member state shall enforce the Interstate  
8 Medical Licensure Compact and shall take all actions necessary and  
9 appropriate to effectuate the compact's purposes and intent. The  
10 provisions of the compact and the rules promulgated under the compact  
11 shall have standing as statutory law but shall not override existing  
12 state authority to regulate the practice of medicine.

13       (b) All courts shall take judicial notice of the compact and the  
14 rules in any judicial or administrative proceeding in a member state  
15 pertaining to the subject matter of the compact which may affect the  
16 powers, responsibilities or actions of the interstate commission.

17       (c) The interstate commission shall be entitled to receive all  
18 service of process in any such proceeding, and shall have standing to  
19 intervene in the proceeding for all purposes. Failure to provide service  
20 of process to the interstate commission shall render a judgment or order  
21 void as to the interstate commission, the compact, or promulgated rules.

22       Sec. 18. (a) The interstate commission, in the reasonable exercise  
23 of its discretion, shall enforce the provisions and rules of the  
24 Interstate Medical Licensure Compact.

25       (b) The interstate commission may, by majority vote of the  
26 commissioners, initiate legal action in the United States District Court  
27 for the District of Columbia, or, at the discretion of the interstate  
28 commission, in the federal district where the interstate commission has  
29 its principal offices, to enforce compliance with the provisions of the  
30 compact, and its promulgated rules and bylaws, against a member state in  
31 default. The relief sought may include both injunctive relief and

1 damages. In the event judicial enforcement is necessary, the prevailing  
2 party shall be awarded all costs of such litigation including reasonable  
3 attorney's fees.

4 (c) The remedies in the compact shall not be the exclusive remedies  
5 of the interstate commission. The interstate commission may avail itself  
6 of any other remedies available under state law or the regulation of a  
7 profession.

8 Sec. 19. (a) The grounds for default include, but are not limited  
9 to, failure of a member state to perform such obligations or  
10 responsibilities imposed upon it by the Interstate Medical Licensure  
11 Compact, or the rules and bylaws of the interstate commission promulgated  
12 under the compact.

13 (b) If the interstate commission determines that a member state has  
14 defaulted in the performance of its obligations or responsibilities under  
15 the compact, or the bylaws or promulgated rules, the interstate  
16 commission shall:

17 (1) Provide written notice to the defaulting state and other member  
18 states, of the nature of the default, the means of curing the default,  
19 and any action taken by the interstate commission. The interstate  
20 commission shall specify the conditions by which the defaulting state  
21 must cure its default; and

22 (2) Provide remedial training and specific technical assistance  
23 regarding the default.

24 (c) If the defaulting state fails to cure the default, the  
25 defaulting state shall be terminated from the compact upon an affirmative  
26 vote of a majority of the commissioners and all rights, privileges, and  
27 benefits conferred by the compact shall terminate on the effective date  
28 of termination. A cure of the default does not relieve the offending  
29 state of obligations or liabilities incurred during the period of the  
30 default.

31 (d) Termination of membership in the compact shall be imposed only

1 after all other means of securing compliance have been exhausted. Notice  
2 of intent to terminate shall be given by the interstate commission to the  
3 governor, the majority and minority leaders of the defaulting state's  
4 legislature, and each of the member states.

5 (e) The interstate commission shall establish rules and procedures  
6 to address licenses and physicians that are materially impacted by the  
7 termination of a member state, or the withdrawal of a member state.

8 (f) The member state which has been terminated is responsible for  
9 all dues, obligations, and liabilities incurred through the effective  
10 date of termination including obligations, the performance of which  
11 extends beyond the effective date of termination.

12 (g) The interstate commission shall not bear any costs relating to  
13 any state that has been found to be in default or which has been  
14 terminated from the compact, unless otherwise mutually agreed upon in  
15 writing between the interstate commission and the defaulting state.

16 (h) The defaulting state may appeal the action of the interstate  
17 commission by petitioning the United States District Court for the  
18 District of Columbia or the federal district where the interstate  
19 commission has its principal offices. The prevailing party shall be  
20 awarded all costs of such litigation including reasonable attorney's  
21 fees.

22 Sec. 20. (a) The interstate commission shall attempt, upon the  
23 request of a member state, to resolve disputes which are subject to the  
24 Interstate Medical Licensure Compact and which may arise among member  
25 states or member boards.

26 (b) The interstate commission shall promulgate rules providing for  
27 both mediation and binding dispute resolution as appropriate.

28 Sec. 21. (a) Any state is eligible to become a member state of the  
29 Interstate Medical Licensure Compact.

30 (b) The compact shall become effective and binding upon legislative  
31 enactment of the compact into law by no less than seven states.

1 Thereafter, it shall become effective and binding on a state upon  
2 enactment of the compact into law by that state.

3 (c) The governors of nonmember states, or their designees, shall be  
4 invited to participate in the activities of the interstate commission on  
5 a nonvoting basis prior to adoption of the compact by all states.

6 (d) The interstate commission may propose amendments to the compact  
7 for enactment by the member states. No amendment shall become effective  
8 and binding upon the interstate commission and the member states unless  
9 and until it is enacted into law by unanimous consent of the member  
10 states.

11 Sec. 22. (a) Once effective, the Interstate Medical Licensure  
12 Compact shall continue in force and remain binding upon each and every  
13 member state, except that a member state may withdraw from the compact by  
14 specifically repealing the statute which enacted the compact into law.

15 (b) Withdrawal from the compact shall be by the enactment of a  
16 statute repealing the same, but shall not take effect until one year  
17 after the effective date of such statute and until written notice of the  
18 withdrawal has been given by the withdrawing state to the governor of  
19 each other member state.

20 (c) The withdrawing state shall immediately notify the chairperson  
21 of the interstate commission in writing upon the introduction of  
22 legislation repealing the compact in the withdrawing state.

23 (d) The interstate commission shall notify the other member states  
24 of the withdrawing state's intent to withdraw within sixty days of its  
25 receipt of notice provided under subsection (c) of this section.

26 (e) The withdrawing state is responsible for all dues, obligations,  
27 and liabilities incurred through the effective date of withdrawal,  
28 including obligations, the performance of which extend beyond the  
29 effective date of withdrawal.

30 (f) Reinstatement following withdrawal of a member state shall occur  
31 upon the withdrawing state reenacting the compact or upon such later date

1 as determined by the interstate commission.

2 (g) The interstate commission is authorized to develop rules to  
3 address the impact of the withdrawal of a member state on licenses  
4 granted in other member states to physicians who designated the  
5 withdrawing member state as the state of principal license.

6 Sec. 23. (a) The Interstate Medical Licensure Compact shall  
7 dissolve effective upon the date of the withdrawal or default of the  
8 member state which reduces the membership in the compact to one member  
9 state.

10 (b) Upon the dissolution of the compact, the compact becomes null  
11 and void and shall be of no further force or effect, and the business and  
12 affairs of the interstate commission shall be concluded and surplus funds  
13 shall be distributed in accordance with the bylaws.

14 Sec. 24. (a) The provisions of the Interstate Medical Licensure  
15 Compact shall be severable, and if any phrase, clause, sentence, or  
16 provision is deemed unenforceable, the remaining provisions of the  
17 compact shall be enforceable.

18 (b) The provisions of the compact shall be liberally construed to  
19 effectuate its purposes.

20 (c) Nothing in the compact shall be construed to prohibit the  
21 applicability of other interstate compacts to which the states are  
22 members.

23 Sec. 25. (a) Nothing in the Interstate Medical Licensure Compact  
24 prevents the enforcement of any other law of a member state that is not  
25 inconsistent with the compact.

26 (b) All laws in a member state in conflict with the compact are  
27 superseded to the extent of the conflict.

28 (c) All lawful actions of the interstate commission, including all  
29 rules and bylaws promulgated by the commission, are binding upon the  
30 member states.

31 (d) All agreements between the interstate commission and the member

1 states are binding in accordance with their terms.

2 (e) In the event any provision of the compact exceeds the  
3 constitutional limits imposed on the legislature of any member state,  
4 such provision shall be ineffective to the extent of the conflict with  
5 the constitutional provision in question in that member state.

6 Sec. 26. The State of Nebraska adopts the Nurse Licensure Compact  
7 in the form substantially as follows:

8 Nurse Licensure Compact

9 ARTICLE I

10 Findings and Declaration of Purpose

11 a. The party states find that:

12 1. The health and safety of the public are affected by the degree of  
13 compliance with and the effectiveness of enforcement activities related  
14 to state nurse licensure laws;

15 2. Violations of nurse licensure and other laws regulating the  
16 practice of nursing may result in injury or harm to the public;

17 3. The expanded mobility of nurses and the use of advanced  
18 communication technologies as part of our nation's health care delivery  
19 system require greater coordination and cooperation among states in the  
20 areas of nurse licensure and regulation;

21 4. New practice modalities and technology make compliance with  
22 individual state nurse licensure laws difficult and complex;

23 5. The current system of duplicative licensure for nurses practicing  
24 in multiple states is cumbersome and redundant for both nurses and  
25 states; and

26 6. Uniformity of nurse licensure requirements throughout the states  
27 promotes public safety and public health benefits.

28 b. The general purposes of this Compact are to:

29 1. Facilitate the states' responsibility to protect the public's  
30 health and safety;

31 2. Ensure and encourage the cooperation of party states in the areas

1 of nurse licensure and regulation;

2 3. Facilitate the exchange of information between party states in  
3 the areas of nurse regulation, investigation, and adverse actions;

4 4. Promote compliance with the laws governing the practice of  
5 nursing in each jurisdiction;

6 5. Invest all party states with the authority to hold a nurse  
7 accountable for meeting all state practice laws in the state in which the  
8 patient is located at the time care is rendered through the mutual  
9 recognition of party state licenses;

10 6. Decrease redundancies in the consideration and issuance of nurse  
11 licenses; and

12 7. Provide opportunities for interstate practice by nurses who meet  
13 uniform licensure requirements.

14 ARTICLE II

15 Definitions

16 As used in this Compact:

17 a. Adverse action means any administrative, civil, equitable, or  
18 criminal action permitted by a state's laws which is imposed by a  
19 licensing board or other authority against a nurse, including actions  
20 against an individual's license or multistate licensure privilege such as  
21 revocation, suspension, probation, monitoring of the licensee, limitation  
22 on the licensee's practice, or any other encumbrance on licensure  
23 affecting a nurse's authorization to practice, including issuance of a  
24 cease and desist action.

25 b. Alternative program means a nondisciplinary monitoring program  
26 approved by a licensing board.

27 c. Coordinated licensure information system means an integrated  
28 process for collecting, storing, and sharing information on nurse  
29 licensure and enforcement activities related to nurse licensure laws that  
30 is administered by a nonprofit organization composed of and controlled by  
31 licensing boards.

1 d. Current significant investigative information means:

2 1. Investigative information that a licensing board, after a  
3 preliminary inquiry that includes notification and an opportunity for the  
4 nurse to respond, if required by state law, has reason to believe is not  
5 groundless and, if proved true, would indicate more than a minor  
6 infraction; or

7 2. Investigative information that indicates that the nurse  
8 represents an immediate threat to public health and safety regardless of  
9 whether the nurse has been notified and had an opportunity to respond.

10 e. Encumbrance means a revocation or suspension of, or any  
11 limitation on, the full and unrestricted practice of nursing imposed by a  
12 licensing board.

13 f. Home state means the party state which is the nurse's primary  
14 state of residence.

15 g. Licensing board means a party state's regulatory body responsible  
16 for issuing nurse licenses.

17 h. Multistate license means a license to practice as a registered or  
18 a licensed practical/vocational nurse (LPN/VN) issued by a home state  
19 licensing board that authorizes the licensed nurse to practice in all  
20 party states under a multistate licensure privilege.

21 i. Multistate licensure privilege means a legal authorization  
22 associated with a multistate license permitting the practice of nursing  
23 as either a registered nurse (RN) or licensed practical/vocational nurse  
24 in a remote state.

25 j. Nurse means a registered nurse or a licensed practical/vocational  
26 nurse, as those terms are defined by each party state's practice laws.

27 k. Party state means any state that has adopted this Compact.

28 l. Remote state means a party state, other than the home state.

29 m. Single-state license means a nurse license issued by a party  
30 state that authorizes practice only within the issuing state and does not  
31 include a multistate licensure privilege to practice in any other party



1 state.

2 n. State means a state, territory, or possession of the United  
3 States and the District of Columbia.

4 o. State practice laws means a party state's laws, rules, and  
5 regulations that govern the practice of nursing, define the scope of  
6 nursing practice, and create the methods and grounds for imposing  
7 discipline. State practice laws do not include requirements necessary to  
8 obtain and retain a license, except for qualifications or requirements of  
9 the home state.

10 ARTICLE III

11 General Provisions and Jurisdiction

12 a. A multistate license to practice registered or licensed  
13 practical/vocational nursing issued by a home state to a resident in that  
14 state will be recognized by each party state as authorizing a nurse to  
15 practice as a registered nurse (RN) or as a licensed practical/vocational  
16 nurse (LPN/VN), under a multistate licensure privilege, in each party  
17 state.

18 b. A state must implement procedures for considering the criminal  
19 history records of applicants for initial multistate license or licensure  
20 by endorsement. Such procedures shall include the submission of  
21 fingerprints or other biometric-based information by applicants for the  
22 purpose of obtaining an applicant's criminal history record information  
23 from the Federal Bureau of Investigation and the agency responsible for  
24 retaining that state's criminal records.

25 c. Each party state shall require the following for an applicant to  
26 obtain or retain a multistate license in the home state:

27 1. Meets the home state's qualifications for licensure or renewal of  
28 licensure, as well as, all other applicable state laws;

29 2. i. Has graduated or is eligible to graduate from a licensing  
30 board-approved registered nurse or licensed practical/vocational nurse  
31 prelicensure education program; or

1        ii. Has graduated from a foreign registered nurse or licensed  
2 practical/vocational nurse prelicensure education program that (a) has  
3 been approved by the authorized accrediting body in the applicable  
4 country and (b) has been verified by an independent credentials review  
5 agency to be comparable to a licensing board-approved prelicensure  
6 education program;

7        3. Has, if a graduate of a foreign prelicensure education program  
8 not taught in English or if English is not the individual's native  
9 language, successfully passed an English proficiency examination that  
10 includes the components of reading, speaking, writing, and listening;

11        4. Has successfully passed an NCLEX-RN® or NCLEX-PN® Examination or  
12 recognized predecessor, as applicable;

13        5. Is eligible for or holds an active, unencumbered license;

14        6. Has submitted, in connection with an application for initial  
15 licensure or licensure by endorsement, fingerprints, or other biometric  
16 data for the purpose of obtaining criminal history record information  
17 from the Federal Bureau of Investigation and the agency responsible for  
18 retaining that state's criminal records;

19        7. Has not been convicted or found guilty, or has entered into an  
20 agreed disposition, of a felony offense under applicable state or federal  
21 criminal law;

22        8. Has not been convicted or found guilty, or has entered into an  
23 agreed disposition, of a misdemeanor offense related to the practice of  
24 nursing as determined on a case-by-case basis;

25        9. Is not currently enrolled in an alternative program;

26        10. Is subject to self-disclosure requirements regarding current  
27 participation in an alternative program; and

28        11. Has a valid United States social security number.

29        d. All party states shall be authorized, in accordance with existing  
30 state due process law, to take adverse action against a nurse's  
31 multistate licensure privilege such as revocation, suspension, probation,

1 or any other action that affects a nurse's authorization to practice  
2 under a multistate licensure privilege, including cease and desist  
3 actions. If a party state takes such action, it shall promptly notify the  
4 administrator of the coordinated licensure information system. The  
5 administrator of the coordinated licensure information system shall  
6 promptly notify the home state of any such actions by remote states.

7 e. A nurse practicing in a party state must comply with the state  
8 practice laws of the state in which the client is located at the time  
9 service is provided. The practice of nursing is not limited to patient  
10 care, but shall include all nursing practice as defined by the state  
11 practice laws of the party state in which the client is located. The  
12 practice of nursing in a party state under a multistate licensure  
13 privilege will subject a nurse to the jurisdiction of the licensing  
14 board, the courts, and the laws of the party state in which the client is  
15 located at the time service is provided.

16 f. Individuals not residing in a party state shall continue to be  
17 able to apply for a party state's single-state license as provided under  
18 the laws of each party state. However, the single-state license granted  
19 to these individuals will not be recognized as granting the privilege to  
20 practice nursing in any other party state. Nothing in this Compact shall  
21 affect the requirements established by a party state for the issuance of  
22 a single-state license.

23 g. Any nurse holding a home state multistate license, on the  
24 effective date of this Compact, may retain and renew the multistate  
25 license issued by the nurse's then-current home state, provided that:

26 1. A nurse, who changes primary state of residence after this  
27 Compact's effective date, must meet all applicable Article III.c.  
28 requirements to obtain a multistate license from a new home state.

29 2. A nurse who fails to satisfy the multistate licensure  
30 requirements in Article III.c. due to a disqualifying event occurring  
31 after this Compact's effective date shall be ineligible to retain or

1 renew a multistate license, and the nurse's multistate license shall be  
2 revoked or deactivated in accordance with applicable rules adopted by the  
3 Interstate Commission of Nurse Licensure Compact Administrators.

4 ARTICLE IV

5 Applications for Licensure in a Party State

6 a. Upon application for a multistate license, the licensing board in  
7 the issuing party state shall ascertain, through the coordinated  
8 licensure information system, whether the applicant has ever held, or is  
9 the holder of, a license issued by any other state, whether there are any  
10 encumbrances on any license or multistate licensure privilege held by the  
11 applicant, whether any adverse action has been taken against any license  
12 or multistate licensure privilege held by the applicant and whether the  
13 applicant is currently participating in an alternative program.

14 b. A nurse may hold a multistate license, issued by the home state,  
15 in only one party state at a time.

16 c. If a nurse changes primary state of residence by moving between  
17 two party states, the nurse must apply for licensure in the new home  
18 state, and the multistate license issued by the prior home state will be  
19 deactivated in accordance with applicable rules adopted by the Interstate  
20 Commission of Nurse Licensure Compact Administrators.

21 1. The nurse may apply for licensure in advance of a change in  
22 primary state of residence.

23 2. A multistate license shall not be issued by the new home state  
24 until the nurse provides satisfactory evidence of a change in primary  
25 state of residence to the new home state and satisfies all applicable  
26 requirements to obtain a multistate license from the new home state.

27 d. If a nurse changes primary state of residence by moving from a  
28 party state to a nonparty state, the multistate license issued by the  
29 prior home state will convert to a single-state license, valid only in  
30 the former home state.

31 ARTICLE V

1 Additional Authorities Invested in Party State Licensing Boards

2 a. In addition to the other powers conferred by state law, a  
3 licensing board shall have the authority to:

4 1. Take adverse action against a nurse's multistate licensure  
5 privilege to practice within that party state.

6 i. Only the home state shall have the power to take adverse action  
7 against a nurse's license issued by the home state.

8 ii. For purposes of taking adverse action, the home state licensing  
9 board shall give the same priority and effect to reported conduct  
10 received from a remote state as it would if such conduct had occurred  
11 within the home state. In so doing, the home state shall apply its own  
12 state laws to determine appropriate action.

13 2. Issue cease and desist orders or impose an encumbrance on a  
14 nurse's authority to practice within that party state.

15 3. Complete any pending investigations of a nurse who changes  
16 primary state of residence during the course of such investigations. The  
17 licensing board shall also have the authority to take appropriate actions  
18 and shall promptly report the conclusions of such investigations to the  
19 administrator of the coordinated licensure information system. The  
20 administrator of the coordinated licensure information system shall  
21 promptly notify the new home state of any such actions.

22 4. Issue subpoenas for both hearings and investigations that require  
23 the attendance and testimony of witnesses, as well as, the production of  
24 evidence. Subpoenas issued by a licensing board in a party state for the  
25 attendance and testimony of witnesses or the production of evidence from  
26 another party state shall be enforced in the latter state by any court of  
27 competent jurisdiction, according to the practice and procedure of that  
28 court applicable to subpoenas issued in proceedings pending before it.  
29 The issuing authority shall pay any witness fees, travel expenses,  
30 mileage and other fees required by the service statutes of the state in  
31 which the witnesses or evidence are located.

1       5. Obtain and submit, for each nurse licensure applicant,  
2 fingerprint or other biometric-based information to the Federal Bureau of  
3 Investigation for criminal background checks, receive the results of the  
4 Federal Bureau of Investigation record search on criminal background  
5 checks, and use the results in making licensure decisions.

6       6. If otherwise permitted by state law, recover from the affected  
7 nurse the costs of investigations and disposition of cases resulting from  
8 any adverse action taken against that nurse.

9       7. Take adverse action based on the factual findings of the remote  
10 state, provided that the licensing board follows its own procedures for  
11 taking such adverse action.

12       b. If adverse action is taken by the home state against a nurse's  
13 multistate license, the nurse's multistate licensure privilege to  
14 practice in all other party states shall be deactivated until all  
15 encumbrances have been removed from the multistate license. All home  
16 state disciplinary orders that impose adverse action against a nurse's  
17 multistate license shall include a statement that the nurse's multistate  
18 licensure privilege is deactivated in all party states during the  
19 pendency of the order.

20       c. Nothing in this Compact shall override a party state's decision  
21 that participation in an alternative program may be used in lieu of  
22 adverse action. The home state licensing board shall deactivate the  
23 multistate licensure privilege under the multistate license of any nurse  
24 for the duration of the nurse's participation in an alternative program.

25       ARTICLE VI

26       Coordinated Licensure Information System and Exchange of Information

27       a. All party states shall participate in a coordinated licensure  
28 information system of all licensed registered nurses and licensed  
29 practical/vocational nurses. This system will include information on the  
30 licensure and disciplinary history of each nurse, as submitted by party  
31 states, to assist in the coordination of nurse licensure and enforcement

1 efforts.

2 b. The Interstate Commission of Nurse Licensure Compact  
3 Administrators, in consultation with the administrator of the coordinated  
4 licensure information system, shall formulate necessary and proper  
5 procedures for the identification, collection, and exchange of  
6 information under this Compact.

7 c. All licensing boards shall promptly report to the coordinated  
8 licensure information system any adverse action, any current significant  
9 investigative information, denials of applications (with the reasons for  
10 such denials), and nurse participation in alternative programs known to  
11 the licensing board regardless of whether such participation is deemed  
12 nonpublic or confidential under state law.

13 d. Current significant investigative information and participation  
14 in nonpublic or confidential alternative programs shall be transmitted  
15 through the coordinated licensure information system only to party state  
16 licensing boards.

17 e. Notwithstanding any other provision of law, all party state  
18 licensing boards contributing information to the coordinated licensure  
19 information system may designate information that may not be shared with  
20 nonparty states or disclosed to other entities or individuals without the  
21 express permission of the contributing state.

22 f. Any personally identifiable information obtained from the  
23 coordinated licensure information system by a party state licensing board  
24 shall not be shared with nonparty states or disclosed to other entities  
25 or individuals except to the extent permitted by the laws of the party  
26 state contributing the information.

27 g. Any information contributed to the coordinated licensure  
28 information system that is subsequently required to be expunged by the  
29 laws of the party state contributing that information shall also be  
30 expunged from the coordinated licensure information system.

31 h. The Compact administrator of each party state shall furnish a

1 uniform data set to the Compact administrator of each other party state,  
2 which shall include, at a minimum:

- 3 1. Identifying information;
- 4 2. Licensure data;
- 5 3. Information related to alternative program participation; and
- 6 4. Other information that may facilitate the administration of this  
7 Compact, as determined by rules of the Interstate Commission of Nurse  
8 Licensure Compact Administrators.

9 i. The Compact administrator of a party state shall provide all  
10 investigative documents and information requested by another party state.

11 ARTICLE VII

12 Establishment of the Interstate Commission of Nurse Licensure  
13 Compact Administrators

14 a. The party states hereby create and establish a joint public  
15 entity known as the Interstate Commission of Nurse Licensure Compact  
16 Administrators.

17 1. The Commission is an instrumentality of the party states.

18 2. Venue is proper, and judicial proceedings by or against the  
19 Commission shall be brought solely and exclusively, in a court of  
20 competent jurisdiction where the principal office of the Commission is  
21 located. The Commission may waive venue and jurisdictional defenses to  
22 the extent it adopts or consents to participate in alternative dispute  
23 resolution proceedings.

24 3. Nothing in this Compact shall be construed to be a waiver of  
25 sovereign immunity.

26 b. Membership, Voting, and Meetings

27 1. Each party state shall have and be limited to one administrator.  
28 The head of the state licensing board or designee shall be the  
29 administrator of this Compact for each party state. Any administrator may  
30 be removed or suspended from office as provided by the law of the state  
31 from which the Administrator is appointed. Any vacancy occurring in the



1 Commission shall be filled in accordance with the laws of the party state  
2 in which the vacancy exists.

3 2. Each administrator shall be entitled to one vote with regard to  
4 the promulgation of rules and creation of bylaws and shall otherwise have  
5 an opportunity to participate in the business and affairs of the  
6 Commission. An administrator shall vote in person or by such other means  
7 as provided in the bylaws. The bylaws may provide for an administrator's  
8 participation in meetings by telephone or other means of communication.

9 3. The Commission shall meet at least once during each calendar  
10 year. Additional meetings shall be held as set forth in the bylaws or  
11 rules of the commission.

12 4. All meetings shall be open to the public, and public notice of  
13 meetings shall be given in the same manner as required under the  
14 rulemaking provisions in Article VIII.

15 5. The Commission may convene in a closed, nonpublic meeting if the  
16 Commission must discuss:

17 i. Noncompliance of a party state with its obligations under this  
18 Compact;

19 ii. The employment, compensation, discipline, or other personnel  
20 matters, practices, or procedures related to specific employees or other  
21 matters related to the Commission's internal personnel practices and  
22 procedures;

23 iii. Current, threatened, or reasonably anticipated litigation;

24 iv. Negotiation of contracts for the purchase or sale of goods,  
25 services, or real estate;

26 v. Accusing any person of a crime or formally censuring any person;

27 vi. Disclosure of trade secrets or commercial or financial  
28 information that is privileged or confidential;

29 vii. Disclosure of information of a personal nature where disclosure  
30 would constitute a clearly unwarranted invasion of personal privacy;

31 viii. Disclosure of investigatory records compiled for law

1 enforcement purposes;

2 ix. Disclosure of information related to any reports prepared by or  
3 on behalf of the Commission for the purpose of investigation of  
4 compliance with this Compact; or

5 x. Matters specifically exempted from disclosure by federal or state  
6 statute.

7 6. If a meeting, or portion of a meeting, is closed pursuant to this  
8 provision, the Commission's legal counsel or designee shall certify that  
9 the meeting may be closed and shall reference each relevant exempting  
10 provision. The Commission shall keep minutes that fully and clearly  
11 describe all matters discussed in a meeting and shall provide a full and  
12 accurate summary of actions taken, and the reasons therefor, including a  
13 description of the views expressed. All documents considered in  
14 connection with an action shall be identified in such minutes. All  
15 minutes and documents of a closed meeting shall remain under seal,  
16 subject to release by a majority vote of the Commission or order of a  
17 court of competent jurisdiction.

18 c. The Commission shall, by a majority vote of the administrators,  
19 prescribe bylaws or rules to govern its conduct as may be necessary or  
20 appropriate to carry out the purposes and exercise the powers of this  
21 Compact, including, but not limited to:

22 1. Establishing the fiscal year of the Commission;

23 2. Providing reasonable standards and procedures:

24 i. For the establishment and meetings of other committees; and

25 ii. Governing any general or specific delegation of any authority or  
26 function of the Commission;

27 3. Providing reasonable procedures for calling and conducting  
28 meetings of the Commission, ensuring reasonable advance notice of all  
29 meetings and providing an opportunity for attendance of such meetings by  
30 interested parties, with enumerated exceptions designed to protect the  
31 public's interest, the privacy of individuals, and proprietary

1 information, including trade secrets. The Commission may meet in closed  
2 session only after a majority of the administrators vote to close a  
3 meeting in whole or in part. As soon as practicable, the Commission must  
4 make public a copy of the vote to close the meeting revealing the vote of  
5 each administrator, with no proxy votes allowed;

6 4. Establishing the titles, duties, and authority and reasonable  
7 procedures for the election of the officers of the Commission;

8 5. Providing reasonable standards and procedures for the  
9 establishment of the personnel policies and programs of the Commission.  
10 Notwithstanding any civil service or other similar laws of any party  
11 state, the bylaws shall exclusively govern the personnel policies and  
12 programs of the Commission; and

13 6. Providing a mechanism for winding up the operations of the  
14 Commission and the equitable disposition of any surplus funds that may  
15 exist after the termination of this Compact after the payment or  
16 reserving of all of its debts and obligations;

17 d. The Commission shall publish its bylaws and rules, and any  
18 amendments thereto, in a convenient form on the web site of the  
19 Commission.

20 e. The Commission shall maintain its financial records in accordance  
21 with the bylaws.

22 f. The Commission shall meet and take such actions as are consistent  
23 with the provisions of this Compact and the bylaws.

24 g. The Commission shall have the following powers:

25 1. To promulgate uniform rules to facilitate and coordinate  
26 implementation and administration of this Compact. The rules shall have  
27 the force and effect of law and shall be binding in all party states;

28 2. To bring and prosecute legal proceedings or actions in the name  
29 of the Commission, provided that the standing of any licensing board to  
30 sue or be sued under applicable law shall not be affected;

31 3. To purchase and maintain insurance and bonds;

1       4. To borrow, accept, or contract for services of personnel,  
2 including, but not limited to, employees of a party state or nonprofit  
3 organizations;

4       5. To cooperate with other organizations that administer state  
5 compacts related to the regulation of nursing, including, but not limited  
6 to, sharing administrative or staff expenses, office space or other  
7 resources;

8       6. To hire employees, elect or appoint officers, fix compensation,  
9 define duties, grant such individuals appropriate authority to carry out  
10 the purposes of this Compact, and to establish the Commission's personnel  
11 policies and programs relating to conflicts of interest, qualifications  
12 of personnel, and other related personnel matters;

13       7. To accept any and all appropriate donations, grants, and gifts of  
14 money, equipment, supplies, materials, and services, and to receive,  
15 utilize, and dispose of the same; provided that at all times the  
16 Commission shall avoid any appearance of impropriety or conflict of  
17 interest;

18       8. To lease, purchase, accept appropriate gifts or donations of, or  
19 otherwise to own, hold, improve, or use, any property, whether real,  
20 personal, or mixed; provided that at all times the Commission shall avoid  
21 any appearance of impropriety;

22       9. To sell, convey, mortgage, pledge, lease, exchange, abandon, or  
23 otherwise dispose of any property, whether real, personal, or mixed;

24       10. To establish a budget and make expenditures;

25       11. To borrow money;

26       12. To appoint committees, including advisory committees comprised  
27 of administrators, state nursing regulators, state legislators or their  
28 representatives, and consumer representatives, and other such interested  
29 persons;

30       13. To provide and receive information from, and to cooperate with,  
31 law enforcement agencies;

1           14. To adopt and use an official seal; and

2           15. To perform such other functions as may be necessary or  
3 appropriate to achieve the purposes of this Compact consistent with the  
4 state regulation of nurse licensure and practice.

5           h. Financing of the Commission

6           1. The Commission shall pay, or provide for the payment of, the  
7 reasonable expenses of its establishment, organization, and ongoing  
8 activities.

9           2. The Commission may also levy on and collect an annual assessment  
10 from each party state to cover the cost of its operations, activities,  
11 and staff in its annual budget as approved each year. The aggregate  
12 annual assessment amount, if any, shall be allocated based upon a formula  
13 to be determined by the Commission, which shall promulgate a rule that is  
14 binding upon all party states.

15           3. The Commission shall not incur obligations of any kind prior to  
16 securing the funds adequate to meet the same; nor shall the Commission  
17 pledge the credit of any of the party states, except by, and with the  
18 authority of, such party state.

19           4. The Commission shall keep accurate accounts of all receipts and  
20 disbursements. The receipts and disbursements of the Commission shall be  
21 subject to the audit and accounting procedures established under its  
22 bylaws. However, all receipts and disbursements of funds handled by the  
23 Commission shall be audited yearly by a certified or licensed public  
24 accountant, and the report of the audit shall be included in and become  
25 part of the annual report of the Commission.

26           i. Qualified Immunity, Defense, and Indemnification

27           1. The administrators, officers, executive director, employees, and  
28 representatives of the Commission shall be immune from suit and  
29 liability, either personally or in their official capacity, for any claim  
30 for damage to or loss of property or personal injury or other civil  
31 liability caused by or arising out of any actual or alleged act, error,

1 or omission that occurred, or that the person against whom the claim is  
2 made had a reasonable basis for believing occurred, within the scope of  
3 Commission employment, duties or responsibilities; provided that nothing  
4 in this paragraph shall be construed to protect any such person from suit  
5 or liability for any damage, loss, injury, or liability caused by the  
6 intentional, willful, or wanton misconduct of that person.

7       2. The Commission shall defend any administrator, officer, executive  
8 director, employee, or representative of the Commission in any civil  
9 action seeking to impose liability arising out of any actual or alleged  
10 act, error, or omission that occurred within the scope of Commission  
11 employment, duties, or responsibilities, or that the person against whom  
12 the claim is made had a reasonable basis for believing occurred within  
13 the scope of Commission employment, duties, or responsibilities; provided  
14 that nothing herein shall be construed to prohibit that person from  
15 retaining his or her own counsel; and provided further that the actual or  
16 alleged act, error, or omission did not result from that person's  
17 intentional, willful, or wanton misconduct.

18       3. The Commission shall indemnify and hold harmless any  
19 administrator, officer, executive director, employee, or representative  
20 of the Commission for the amount of any settlement or judgment obtained  
21 against that person arising out of any actual or alleged act, error, or  
22 omission that occurred within the scope of Commission employment, duties,  
23 or responsibilities, or that such person had a reasonable basis for  
24 believing occurred within the scope of Commission employment, duties, or  
25 responsibilities, provided that the actual or alleged act, error, or  
26 omission did not result from the intentional, willful, or wanton  
27 misconduct of that person.

28       ARTICLE VIII

29       Rulemaking

30       a. The Interstate Commission of Nurse Licensure Compact  
31 Administrators shall exercise its rulemaking powers pursuant to the

1 criteria set forth in this Article and the rules adopted thereunder.  
2 Rules and amendments shall become binding as of the date specified in  
3 each rule or amendment and shall have the same force and effect as  
4 provisions of this Compact.

5 b. Rules or amendments to the rules shall be adopted at a regular or  
6 special meeting of the Commission.

7 c. Prior to promulgation and adoption of a final rule or rules by  
8 the Commission, and at least sixty days in advance of the meeting at  
9 which the rule will be considered and voted upon, the Commission shall  
10 file a notice of proposed rulemaking:

11 1. On the web site of the Commission; and

12 2. On the web site of each licensing board or the publication in  
13 which each state would otherwise publish proposed rules.

14 d. The notice of proposed rulemaking shall include:

15 1. The proposed time, date, and location of the meeting in which the  
16 rule will be considered and voted upon;

17 2. The text of the proposed rule or amendment, and the reason for  
18 the proposed rule;

19 3. A request for comments on the proposed rule from any interested  
20 person; and

21 4. The manner in which interested persons may submit notice to the  
22 Commission of their intention to attend the public hearing and any  
23 written comments.

24 e. Prior to adoption of a proposed rule, the Commission shall allow  
25 persons to submit written data, facts, opinions, and arguments, which  
26 shall be made available to the public.

27 f. The Commission shall grant an opportunity for a public hearing  
28 before it adopts a rule or amendment.

29 g. The Commission shall publish the place, time, and date of the  
30 scheduled public hearing.

31 1. Hearings shall be conducted in a manner providing each person who

1 wishes to comment a fair and reasonable opportunity to comment orally or  
2 in writing. All hearings will be recorded, and a copy will be made  
3 available upon request.

4 2. Nothing in this section shall be construed as requiring a  
5 separate hearing on each rule. Rules may be grouped for the convenience  
6 of the Commission at hearings required by this section.

7 h. If no one appears at the public hearing, the Commission may  
8 proceed with promulgation of the proposed rule.

9 i. Following the scheduled hearing date, or by the close of business  
10 on the scheduled hearing date if the hearing was not held, the Commission  
11 shall consider all written and oral comments received.

12 j. The Commission shall, by majority vote of all administrators,  
13 take final action on the proposed rule and shall determine the effective  
14 date of the rule, if any, based on the rulemaking record and the full  
15 text of the rule.

16 k. Upon determination that an emergency exists, the Commission may  
17 consider and adopt an emergency rule without prior notice, opportunity  
18 for comment or hearing, provided that the usual rulemaking procedures  
19 provided in this Compact and in this section shall be retroactively  
20 applied to the rule as soon as reasonably possible, in no event later  
21 than ninety days after the effective date of the rule. For the purposes  
22 of this provision, an emergency rule is one that must be adopted  
23 immediately in order to:

- 24 1. Meet an imminent threat to public health, safety, or welfare;  
25 2. Prevent a loss of Commission or party state funds; or  
26 3. Meet a deadline for the promulgation of an administrative rule  
27 that is required by federal law or rule.

28 1. The Commission may direct revisions to a previously adopted rule  
29 or amendment for purposes of correcting typographical errors, errors in  
30 format, errors in consistency, or grammatical errors. Public notice of  
31 any revisions shall be posted on the web site of the Commission. The



1 revision shall be subject to challenge by any person for a period of  
2 thirty days after posting. The revision may be challenged only on grounds  
3 that the revision results in a material change to a rule. A challenge  
4 shall be made in writing, and delivered to the Commission, prior to the  
5 end of the notice period. If no challenge is made, the revision will take  
6 effect without further action. If the revision is challenged, the  
7 revision may not take effect without the approval of the Commission.

8 ARTICLE IX

9 Oversight, Dispute Resolution, and Enforcement

10 a. Oversight

11 1. Each party state shall enforce this Compact and take all actions  
12 necessary and appropriate to effectuate this Compact's purposes and  
13 intent.

14 2. The Interstate Commission of Nurse Licensure Compact  
15 Administrators shall be entitled to receive service of process in any  
16 proceeding that may affect the powers, responsibilities, or actions of  
17 the Commission, and shall have standing to intervene in such a proceeding  
18 for all purposes. Failure to provide service of process in such  
19 proceeding to the Commission shall render a judgment or order void as to  
20 the Commission, this Compact, or promulgated rules.

21 b. Default, Technical Assistance, and Termination

22 1. If the Commission determines that a party state has defaulted in  
23 the performance of its obligations or responsibilities under this Compact  
24 or the promulgated rules, the Commission shall:

25 i. Provide written notice to the defaulting state and other party  
26 states of the nature of the default, the proposed means of curing the  
27 default, or any other action to be taken by the Commission; and

28 ii. Provide remedial training and specific technical assistance  
29 regarding the default.

30 2. If a state in default fails to cure the default, the defaulting  
31 state's membership in this Compact may be terminated upon an affirmative

1 vote of a majority of the administrators, and all rights, privileges, and  
2 benefits conferred by this Compact may be terminated on the effective  
3 date of termination. A cure of the default does not relieve the offending  
4 state of obligations or liabilities incurred during the period of  
5 default.

6 3. Termination of membership in this Compact shall be imposed only  
7 after all other means of securing compliance have been exhausted. Notice  
8 of intent to suspend or terminate shall be given by the Commission to the  
9 governor of the defaulting state and to the executive officer of the  
10 defaulting state's licensing board and each of the party states.

11 4. A state whose membership in this Compact has been terminated is  
12 responsible for all assessments, obligations, and liabilities incurred  
13 through the effective date of termination, including obligations that  
14 extend beyond the effective date of termination.

15 5. The Commission shall not bear any costs related to a state that  
16 is found to be in default or whose membership in this Compact has been  
17 terminated unless agreed upon in writing between the Commission and the  
18 defaulting state.

19 6. The defaulting state may appeal the action of the Commission by  
20 petitioning the United States District Court for the District of Columbia  
21 or the federal district in which the Commission has its principal  
22 offices. The prevailing party shall be awarded all costs of such  
23 litigation, including reasonable attorney's fees.

24 c. Dispute Resolution

25 1. Upon request by a party state, the Commission shall attempt to  
26 resolve disputes related to the Compact that arise among party states and  
27 between party and nonparty states.

28 2. The Commission shall promulgate a rule providing for both  
29 mediation and binding dispute resolution for disputes, as appropriate.

30 3. In the event the Commission cannot resolve disputes among party  
31 states arising under this Compact:

1        i. The party states may submit the issues in dispute to an  
2 arbitration panel, which will be comprised of individuals appointed by  
3 the Compact administrator in each of the affected party states and an  
4 individual mutually agreed upon by the Compact administrators of all the  
5 party states involved in the dispute.

6        ii. The decision of a majority of the arbitrators shall be final and  
7 binding.

8        d. Enforcement

9        1. The Commission, in the reasonable exercise of its discretion,  
10 shall enforce the provisions and rules of this Compact.

11        2. By majority vote, the Commission may initiate legal action in the  
12 United States District Court for the District of Columbia or the federal  
13 district in which the Commission has its principal offices against a  
14 party state that is in default to enforce compliance with the provisions  
15 of this Compact and its promulgated rules and bylaws. The relief sought  
16 may include both injunctive relief and damages. In the event judicial  
17 enforcement is necessary, the prevailing party shall be awarded all costs  
18 of such litigation, including reasonable attorney's fees.

19        3. The remedies herein shall not be the exclusive remedies of the  
20 Commission. The Commission may pursue any other remedies available under  
21 federal or state law.

22        ARTICLE X

23        Effective Date, Withdrawal, and Amendment

24        a. This Compact shall become effective and binding on the earlier of  
25 the date of legislative enactment of this Compact into law by no less  
26 than twenty-six states or December 31, 2018. All party states to this  
27 Compact, that also were parties to the prior Nurse Licensure Compact,  
28 superseded by this Compact, (Prior Compact), shall be deemed to have  
29 withdrawn from said Prior Compact within six months after the effective  
30 date of this Compact.

31        b. Each party state to this Compact shall continue to recognize a

1 nurse's multistate licensure privilege to practice in that party state  
2 issued under the Prior Compact until such party state has withdrawn from  
3 the Prior Compact.

4 c. Any party state may withdraw from this Compact by enacting a  
5 statute repealing the same. A party state's withdrawal shall not take  
6 effect until six months after enactment of the repealing statute.

7 d. A party state's withdrawal or termination shall not affect the  
8 continuing requirement of the withdrawing or terminated state's licensing  
9 board to report adverse actions and significant investigations occurring  
10 prior to the effective date of such withdrawal or termination.

11 e. Nothing contained in this Compact shall be construed to  
12 invalidate or prevent any nurse licensure agreement or other cooperative  
13 arrangement between a party state and a nonparty state that is made in  
14 accordance with the other provisions of this Compact.

15 f. This Compact may be amended by the party states. No amendment to  
16 this Compact shall become effective and binding upon the party states  
17 unless and until it is enacted into the laws of all party states.

18 g. Representatives of nonparty states to this Compact shall be  
19 invited to participate in the activities of the Commission, on a  
20 nonvoting basis, prior to the adoption of this Compact by all states.

21 ARTICLE XI

22 Construction and Severability

23 This Compact shall be liberally construed so as to effectuate the  
24 purposes thereof. The provisions of this Compact shall be severable, and  
25 if any phrase, clause, sentence, or provision of this Compact is declared  
26 to be contrary to the constitution of any party state or of the United  
27 States, or if the applicability thereof to any government, agency,  
28 person, or circumstance is held invalid, the validity of the remainder of  
29 this Compact and the applicability thereof to any government, agency,  
30 person, or circumstance shall not be affected thereby. If this Compact  
31 shall be held to be contrary to the constitution of any party state, this

1 Compact shall remain in full force and effect as to the remaining party  
2 states and in full force and effect as to the party state affected as to  
3 all severable matters.

4 Sec. 27. Section 71-1795 and the Nurse Licensure Compact contained  
5 in section 71-1795 terminate six months after the earlier of the date of  
6 legislative enactment of the Nurse Licensure Compact in section 26 of  
7 this act into law by no less than twenty-six states or December 31, 2018.  
8 The State of Nebraska shall be deemed to have withdrawn from the Nurse  
9 Licensure Compact in section 71-1795 at the time the compact terminates  
10 under this section.

11 Sec. 28. Section 38-101, Reissue Revised Statutes of Nebraska, is  
12 amended to read:

13 38-101 Sections 38-101 to 38-1,142 and sections 30 and 33 of this  
14 act and the following practice acts shall be known and may be cited as  
15 the Uniform Credentialing Act:

- 16 (1) The Advanced Practice Registered Nurse Practice Act;
- 17 (2) The Alcohol and Drug Counseling Practice Act;
- 18 (3) The Athletic Training Practice Act;
- 19 (4) The Audiology and Speech-Language Pathology Practice Act;
- 20 (5) The Certified Nurse Midwifery Practice Act;
- 21 (6) The Certified Registered Nurse Anesthetist Practice Act;
- 22 (7) The Chiropractic Practice Act;
- 23 (8) The Clinical Nurse Specialist Practice Act;
- 24 (9) The Cosmetology, Electrology, Esthetics, Nail Technology, and  
25 Body Art Practice Act;
- 26 (10) The Dentistry Practice Act;
- 27 (11) The Emergency Medical Services Practice Act;
- 28 (12) The Environmental Health Specialists Practice Act;
- 29 (13) The Funeral Directing and Embalming Practice Act;
- 30 (14) The Genetic Counseling Practice Act;
- 31 (15) The Hearing Instrument Specialists Practice Act;

- 1           (16) The Licensed Practical Nurse-Certified Practice Act until  
2 November 1, 2017;
- 3           (17) The Massage Therapy Practice Act;
- 4           (18) The Medical Nutrition Therapy Practice Act;
- 5           (19) The Medical Radiography Practice Act;
- 6           (20) The Medicine and Surgery Practice Act;
- 7           (21) The Mental Health Practice Act;
- 8           (22) The Nurse Practice Act;
- 9           (23) The Nurse Practitioner Practice Act;
- 10          (24) The Nursing Home Administrator Practice Act;
- 11          (25) The Occupational Therapy Practice Act;
- 12          (26) The Optometry Practice Act;
- 13          (27) The Perfusion Practice Act;
- 14          (28) The Pharmacy Practice Act;
- 15          (29) The Physical Therapy Practice Act;
- 16          (30) The Podiatry Practice Act;
- 17          (31) The Psychology Practice Act;
- 18          (32) The Respiratory Care Practice Act;
- 19          (33) The Surgical First Assistant Practice Act;
- 20          (34) The Veterinary Medicine and Surgery Practice Act; and
- 21          (35) The Water Well Standards and Contractors' Practice Act.

22           If there is any conflict between any provision of sections 38-101 to  
23 38-1,142 and sections 30 and 33 of this act ~~38-1,139 and 38-1,141~~ and any  
24 provision of a practice act, the provision of the practice act shall  
25 prevail.

26           The Revisor of Statutes shall assign the Uniform Credentialing Act,  
27 including the practice acts enumerated in subdivisions (1) through (34)  
28 ~~(33)~~ of this section, to articles within Chapter 38.

29           Sec. 31. Section 38-121, Reissue Revised Statutes of Nebraska, is  
30 amended to read:

31           38-121 (1) No individual shall engage in the following practices

1 unless such individual has obtained a credential under the Uniform  
2 Credentialing Act:

- 3 (a) Acupuncture;
- 4 (b) Advanced practice nursing;
- 5 (c) Alcohol and drug counseling;
- 6 (d) Asbestos abatement, inspection, project design, and training;
- 7 (e) Athletic training;
- 8 (f) Audiology;
- 9 (g) Speech-language pathology;
- 10 (h) Body art;
- 11 (i) Chiropractic;
- 12 (j) Cosmetology;
- 13 (k) Dentistry;
- 14 (l) Dental hygiene;
- 15 (m) Electrology;
- 16 (n) Emergency medical services;
- 17 (o) Esthetics;
- 18 (p) Funeral directing and embalming;
- 19 (q) Genetic counseling;
- 20 (r) Hearing instrument dispensing and fitting;
- 21 (s) Lead-based paint abatement, inspection, project design, and  
22 training;
- 23 (t) Licensed practical nurse-certified until November 1, 2017;
- 24 (u) Massage therapy;
- 25 (v) Medical nutrition therapy;
- 26 (w) Medical radiography;
- 27 (x) Medicine and surgery;
- 28 (y) Mental health practice;
- 29 (z) Nail technology;
- 30 (aa) Nursing;
- 31 (bb) Nursing home administration;

- 1 (cc) Occupational therapy;
- 2 (dd) Optometry;
- 3 (ee) Osteopathy;
- 4 (ff) Perfusion;
- 5 (gg) Pharmacy;
- 6 (hh) Physical therapy;
- 7 (ii) Podiatry;
- 8 (jj) Psychology;
- 9 (kk) Radon detection, measurement, and mitigation;
- 10 (ll) Respiratory care;
- 11 (mm) Surgical assisting;
- 12 (nn) Veterinary medicine and surgery;
- 13 (oo) Public water system operation; and
- 14 (pp) Constructing or decommissioning water wells and installing
- 15 water well pumps and pumping equipment.

16 (2) No individual shall hold himself or herself out as any of the  
17 following until such individual has obtained a credential under the  
18 Uniform Credentialing Act for that purpose:

- 19 (a) Registered environmental health specialist;
- 20 (b) Certified marriage and family therapist;
- 21 (c) Certified professional counselor; or
- 22 (d) Social worker.

23 (3) No business shall operate for the provision of any of the  
24 following services unless such business has obtained a credential under  
25 the Uniform Credentialing Act:

- 26 (a) Body art;
- 27 (b) Cosmetology;
- 28 (c) Emergency medical services;
- 29 (d) Esthetics;
- 30 (e) Funeral directing and embalming;
- 31 (f) Massage therapy; or



1 (g) Nail technology.

2 Sec. 34. Section 38-186, Reissue Revised Statutes of Nebraska, is  
3 amended to read:

4 38-186 (1) A petition shall be filed by the Attorney General in  
5 order for the director to discipline a credential obtained under the  
6 Uniform Credentialing Act to:

7 (a) Practice or represent oneself as being certified under any of  
8 the practice acts enumerated in subdivisions (1) through (18) and (20)  
9 through (34) ~~(32)~~ of section 38-101; or

10 (b) Operate as a business for the provision of services in body art;  
11 cosmetology; emergency medical services; esthetics; funeral directing and  
12 embalming; massage therapy; and nail technology in accordance with  
13 subsection (3) of section 38-121.

14 (2) The petition shall be filed in the office of the director. The  
15 department may withhold a petition for discipline or a final decision  
16 from public access for a period of five days from the date of filing the  
17 petition or the date the decision is entered or until service is made,  
18 whichever is earliest.

19 (3) The proceeding shall be summary in its nature and triable as an  
20 equity action and shall be heard by the director or by a hearing officer  
21 designated by the director under rules and regulations of the department.  
22 Affidavits may be received in evidence in the discretion of the director  
23 or hearing officer. The department shall have the power to administer  
24 oaths, to subpoena witnesses and compel their attendance, and to issue  
25 subpoenas duces tecum and require the production of books, accounts, and  
26 documents in the same manner and to the same extent as the district  
27 courts of the state. Depositions may be used by either party.

28 Sec. 67. Section 38-2201, Reissue Revised Statutes of Nebraska, is  
29 amended to read:

30 38-2201 Sections 38-2201 to 38-2236 and sections 69 and 71 of this  
31 act shall be known and may be cited as the Nurse Practice Act.

1           Sec. 68. Section 38-2211, Reissue Revised Statutes of Nebraska, is  
2 amended to read:

3           38-2211 (1) Practice of nursing by a licensed practical nurse means  
4 the assumption of responsibilities and accountability for nursing  
5 practice in accordance with knowledge and skills acquired through an  
6 approved program of practical nursing. A licensed practical nurse may  
7 function at the direction of a licensed practitioner or a registered  
8 nurse.

9           (2) Such responsibilities and performances of acts must utilize  
10 procedures leading to predictable outcomes and must include, but not be  
11 limited to:

12           (a) Contributing to the assessment of the health status of  
13 individuals and groups;

14           (b) Participating in the development and modification of a plan of  
15 care;

16           (c) Implementing the appropriate aspects of the plan of care;

17           (d) Maintaining safe and effective nursing care rendered directly or  
18 indirectly;

19           (e) Participating in the evaluation of response to interventions;  
20 and

21           (f) Providing intravenous therapy if the licensed practical nurse  
22 meets the requirements of section 69 of this act; and

23           (g) ~~(f)~~ Assigning and directing nursing interventions that may be  
24 performed by others and that do not conflict with the Nurse Practice Act.

25           Sec. 69. (1) A licensed practical nurse may provide intravenous  
26 therapy if he or she (a) holds a valid license issued before May 1, 2016,  
27 by the department pursuant to the Licensed Practical Nurse-Certified  
28 Practice Act as such act existed on such date, (b) graduates from an  
29 approved program of practical nursing on or after May 1, 2016, or (c)  
30 holds a valid license as a licensed practical nurse issued on or before  
31 May 1, 2016, and completes, within five years after the operative date of

1 this section, (i) an eight-hour didactic course in intravenous therapy  
2 which shall include, but not be limited to, peripheral intravenous lines,  
3 central lines, and legal aspects of intravenous therapy and (ii) an  
4 approved employer-specific intravenous therapy skills course.

5 (2) This section does not require a licensed practical nurse who  
6 does not provide intravenous therapy in the course of employment to  
7 complete the course described in subdivision (1)(c)(ii) of this section.

8 Sec. 70. Section 38-2216, Reissue Revised Statutes of Nebraska, is  
9 amended to read:

10 38-2216 In addition to the duties listed in sections 38-126 and  
11 38-161, the board shall:

12 (1) Adopt reasonable and uniform standards for nursing practice and  
13 nursing education;

14 (2) If requested, issue or decline to issue advisory opinions  
15 defining acts which in the opinion of the board are or are not permitted  
16 in the practice of nursing. Such opinions shall be considered  
17 informational only and are nonbinding. Practice-related information  
18 provided by the board to registered nurses or licensed practical nurses  
19 licensed under the Nurse Practice Act shall be made available by the  
20 board on request to nurses practicing in this state under a license  
21 issued by a state that is a party to the Nurse Licensure Compact;

22 (3) Establish rules and regulations for approving and classifying  
23 programs preparing nurses, taking into consideration administrative and  
24 organizational patterns, the curriculum, students, student services,  
25 faculty, and instructional resources and facilities, and provide surveys  
26 for each educational program as determined by the board;

27 (4) Approve educational programs which meet the requirements of the  
28 Nurse Practice Act;

29 (5) Keep a record of all its proceedings and compile an annual  
30 report for distribution;

31 (6) Adopt rules and regulations establishing standards for

1 delegation of nursing activities, including training or experience  
2 requirements, competency determination, and nursing supervision;

3 (7) Collect data regarding nursing;

4 (8) Provide consultation and conduct conferences, forums, studies,  
5 and research on nursing practice and education;

6 (9) Join organizations that develop and regulate the national  
7 nursing licensure examinations and exclusively promote the improvement of  
8 the legal standards of the practice of nursing for the protection of the  
9 public health, safety, and welfare; and

10 ~~(10) Administer the Licensed Practical Nurse-Certified Practice Act;~~  
11 ~~and~~

12 (10) ~~(11)~~ Administer the Nurse Licensure Compact. In reporting  
13 information to the coordinated licensure information system under Article  
14 VII of the compact, the department may disclose personal identifying  
15 information about a nurse, including his or her social security number.

16 Sec. 71. On and after November 1, 2017, all licenses issued  
17 pursuant to the Licensed Practical Nurse-Certified Practice Act before  
18 such date shall be renewed as licenses to practice as a licensed  
19 practical nurse pursuant to section 38-2221.

20 Sec. 74. Section 38-2305, Reissue Revised Statutes of Nebraska, is  
21 amended to read:

22 38-2305 Approved nurse practitioner program means a program which:

23 (1) Is a graduate-level program accredited by a national accrediting  
24 body recognized by the United States Department of Education ~~minimum of~~  
25 ~~one full-time academic year or nine months in length and includes both a~~  
26 ~~didactic component and a preceptorship of five hundred contact hours;~~

27 (2) Includes, but is not limited to, instruction in biological,  
28 behavioral, and health sciences relevant to practice as a nurse  
29 practitioner in a specific clinical area; and

30 (3) For the specialties of women's health and neonatal, grants a  
31 post-master certificate, master's degree, or doctoral degree for all

1 applicants who graduated on or after July 1, 2007, and for all other  
2 specialties, grants a post-master certificate, master's degree, or  
3 doctoral degree for all applicants who graduated on or after July 19,  
4 1996.

5 Sec. 75. Section 38-2314.01, Reissue Revised Statutes of Nebraska,  
6 is amended to read:

7 38-2314.01 Transition-to-practice agreement means a collaborative  
8 agreement for two thousand hours of initial practice between a nurse  
9 practitioner and a supervising provider which provides for the delivery  
10 of health care through a collaborative practice and which meets the  
11 requirements of section 38-2322.

12 Sec. 77. Section 38-2317, Reissue Revised Statutes of Nebraska, is  
13 amended to read:

14 38-2317 (1) An applicant for licensure under the Advanced Practice  
15 Registered Nurse Practice Act to practice as a nurse practitioner shall  
16 have:

17 (a) A license as a registered nurse in the State of Nebraska or the  
18 authority based upon the Nurse Licensure Compact to practice as a  
19 registered nurse in Nebraska;

20 (b) Evidence of having successfully completed a graduate-level  
21 program in the clinical specialty area of nurse practitioner practice,  
22 which program is accredited by a national accrediting body;

23 ~~(c) Evidence of having successfully completed thirty contact hours~~  
24 ~~of education in pharmacotherapeutics; and~~

25 (c) ~~(d)~~ Proof of having passed an examination pertaining to the  
26 specific nurse practitioner role in nursing adopted or approved by the  
27 board with the approval of the department. Such examination may include  
28 any recognized national credentialing examination for nurse practitioners  
29 conducted by an approved certifying body which administers an approved  
30 certification program; and -

31 (d) Evidence of completion of two thousand hours of practice as a

1 nurse practitioner which have been completed under a transition-to-  
2 practice agreement, under a collaborative agreement, under an integrated  
3 practice agreement, through independent practice, or under any  
4 combination of such agreements and practice, as allowed in this state or  
5 another state.

6 (2) If more than five years have elapsed since the completion of the  
7 nurse practitioner program or since the applicant has practiced in the  
8 specific nurse practitioner role, the applicant shall meet the  
9 requirements in subsection (1) of this section and provide evidence of  
10 continuing competency as required by the board.

11 Sec. 79. Section 38-2322, Reissue Revised Statutes of Nebraska, is  
12 amended to read:

13 ~~38-2322 (1) In order to be licensed as a nurse practitioner, an~~  
14 ~~individual who has a master's degree or doctorate degree in nursing and~~  
15 ~~has completed an approved nurse practitioner program and who can~~  
16 ~~demonstrate separate course work in pharmacotherapeutics, advanced health~~  
17 ~~assessment, and pathophysiology or psychopathology shall submit to the~~  
18 ~~department proof of professional liability insurance required under~~  
19 ~~section 38-2320.~~

20 ~~(2) In order to practice as a nurse practitioner in this state, an~~  
21 ~~individual who holds or has held a license as a nurse practitioner in~~  
22 ~~this state or in another state shall submit to the department a~~  
23 ~~transition-to-practice agreement or evidence of completion of two~~  
24 ~~thousand hours of practice as a nurse practitioner which have been~~  
25 ~~completed under a transition-to-practice agreement, under a collaborative~~  
26 ~~agreement, under an integrated practice agreement, through independent~~  
27 ~~practice, or under any combination of such agreements and practice, as~~  
28 ~~allowed in this state or another state.~~

29 ~~(1)(a) (3)(a)~~ A transition-to-practice agreement shall be a formal  
30 written agreement that provides that the nurse practitioner and the  
31 supervising provider practice collaboratively within the framework of

1 their respective scopes of practice.

2 (b) The nurse practitioner and the supervising provider shall each  
3 be responsible for his or her individual decisions in managing the health  
4 care of patients through consultation, collaboration, and referral. The  
5 nurse practitioner and the supervising provider shall have joint  
6 responsibility for the delivery of health care to a patient based upon  
7 the scope of practice of the nurse practitioner and the supervising  
8 provider.

9 (c) The supervising provider shall be responsible for supervision of  
10 the nurse practitioner to ensure the quality of health care provided to  
11 patients.

12 (d) In order for a nurse practitioner to be a supervising provider  
13 for purposes of a transition-to-practice agreement, the nurse  
14 practitioner shall submit to the department evidence of completion of ten  
15 thousand hours of practice as a nurse practitioner which have been  
16 completed under a transition-to-practice agreement, under a collaborative  
17 agreement, under an integrated practice agreement, through independent  
18 practice, or under any combination of such agreements or practice, as  
19 allowed in this state or another state.

20 (2) A nurse practitioner who was licensed in good standing in  
21 Nebraska on or before August 30, 2015, and had attained the equivalent of  
22 an initial two thousand hours of practice supervised by a physician or  
23 osteopathic physician shall be allowed to practice without a transition-  
24 to-practice agreement.

25 ~~(3)~~ (4) For purposes of this section:

26 (a) Supervising provider means a physician, osteopathic physician,  
27 or nurse practitioner licensed and practicing in Nebraska and practicing  
28 in the same practice specialty, related specialty, or field of practice  
29 as the nurse practitioner being supervised; and

30 (b) Supervision means the ready availability of the supervising  
31 provider for consultation and direction of the activities of the nurse

1 practitioner being supervised within such nurse practitioner's defined  
2 scope of practice.

3 Sec. 91. Sections 70, 94, and 95 of this act become operative on  
4 November 1, 2017. Sections 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14,  
5 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 67, 68, 69, 71, and 93 of  
6 this act become operative three calendar months after the adjournment of  
7 this legislative session. The other sections of this act become operative  
8 on their effective date.

9 Sec. 92. Original sections 38-101, 38-105, 38-121, 38-126, 38-186,  
10 38-208, 38-319, 38-413, 38-517, 38-518, 38-615, 38-708, 38-809, 38-1066,  
11 38-1067, 38-1070, 38-10,132, 38-1120, 38-1121, 38-1123, 38-1217, 38-1218,  
12 38-1312, 38-1421, 38-1507, 38-1513, 38-1516, 38-1711, 38-1712, 38-1814,  
13 38-1917, 38-1917.02, 38-2028, 38-2034, 38-2049, 38-2125, 38-2130,  
14 38-2223, 38-2225, 38-2305, 38-2314.01, 38-2316, 38-2317, 38-2318,  
15 38-2322, 38-2421, 38-2517, 38-2523, 38-2609, 38-2707, 38-2853, 38-2924,  
16 38-3120, 38-3212, 38-3327, and 38-3419, Reissue Revised Statutes of  
17 Nebraska, are repealed.

18 Sec. 93. Original sections 38-2201 and 38-2211, Reissue Revised  
19 Statutes of Nebraska, are repealed.

20 Sec. 94. Original section 38-2216, Reissue Revised Statutes of  
21 Nebraska, is repealed.

22 Sec. 95. The following sections are outright repealed: Sections  
23 38-1601, 38-1602, 38-1603, 38-1604, 38-1605, 38-1606, 38-1607, 38-1608,  
24 38-1609, 38-1610, 38-1611, 38-1612, 38-1613, 38-1614, 38-1615, 38-1616,  
25 38-1617, 38-1618, 38-1619, 38-1620, 38-1621, 38-1622, 38-1623, 38-1624,  
26 and 38-1625, Reissue Revised Statutes of Nebraska.

27 2. On page 24, line 21; and page 25, line 5, after "shall" insert  
28 "comply with the requirements of the Interstate Medical Licensure Compact  
29 beginning on the operative date of the compact or".

30 3. Renumber the remaining sections and correct internal references  
31 accordingly.