

LEGISLATURE OF NEBRASKA  
ONE HUNDRED FIFTH LEGISLATURE  
SECOND SESSION

**LEGISLATIVE BILL 687**

Introduced by Blood, 3; Brewer, 43.

Read first time January 03, 2018

Committee: Health and Human Services

1 A BILL FOR AN ACT relating to advanced practice registered nurses; to  
2 amend sections 38-131, 38-201, 38-206, 38-2025, 38-3208, and 71-906,  
3 Reissue Revised Statutes of Nebraska; to adopt the Advanced Practice  
4 Registered Nurse Compact; to require criminal background checks as  
5 prescribed; to provide for a compact administrator; to place  
6 restrictions on the Board of Advanced Practice Registered Nurses; to  
7 authorize practice for purposes of the Medicine and Surgery Practice  
8 Act, the Respiratory Care Practice Act, and the Nebraska Mental  
9 Health Commitment Act; to harmonize provisions; and to repeal the  
10 original sections.

11 Be it enacted by the people of the State of Nebraska,

1 Section 1. Section 38-131, Reissue Revised Statutes of Nebraska, is  
2 amended to read:

3 38-131 (1) An applicant for an initial license to practice as a  
4 registered nurse or a licensed practical nurse or to practice a  
5 profession which is authorized to prescribe controlled substances shall  
6 be subject to a criminal background check. An applicant for a multistate  
7 license to practice as an advanced practice registered nurse shall be  
8 subject to a criminal background check. Except as provided in subsection  
9 (3) of this section, the applicant shall submit with the application a  
10 full set of fingerprints which shall be forwarded to the Nebraska State  
11 Patrol to be submitted to the Federal Bureau of Investigation for a  
12 national criminal history record information check. The applicant shall  
13 authorize release of the results of the national criminal history record  
14 information check to the department. The applicant shall pay the actual  
15 cost of the fingerprinting and criminal background check.

16 (2) This section shall not apply to a dentist who is an applicant  
17 for a dental locum tenens under section 38-1122, to a physician or  
18 osteopathic physician who is an applicant for a physician locum tenens  
19 under section 38-2036, or to a veterinarian who is an applicant for a  
20 veterinarian locum tenens under section 38-3335.

21 (3) An applicant for a temporary educational permit as defined in  
22 section 38-2019 shall have ninety days from the issuance of the permit to  
23 comply with subsection (1) of this section and shall have his or her  
24 permit suspended after such ninety-day period if the criminal background  
25 check is not complete or revoked if the criminal background check reveals  
26 that the applicant was not qualified for the permit.

27 Sec. 2. Section 38-201, Reissue Revised Statutes of Nebraska, is  
28 amended to read:

29 38-201 Sections 38-201 to 38-212 and section 4 of this act shall be  
30 known and may be cited as the Advanced Practice Registered Nurse Practice  
31 Act.

1           Sec. 3. Section 38-206, Reissue Revised Statutes of Nebraska, is  
2 amended to read:

3           38-206 The board shall:

4           (1) Establish standards for integrated practice agreements between  
5 collaborating physicians and certified nurse midwives;

6           (2) Monitor the scope of practice by certified nurse midwives,  
7 certified registered nurse anesthetists, clinical nurse specialists, and  
8 nurse practitioners;

9           (3) Recommend disciplinary action relating to licenses of advanced  
10 practice registered nurses, certified nurse midwives, certified  
11 registered nurse anesthetists, clinical nurse specialists, and nurse  
12 practitioners;

13           (4) Engage in other activities not inconsistent with the Advanced  
14 Practice Registered Nurse Compact, the Advanced Practice Registered Nurse  
15 Practice Act, the Certified Nurse Midwifery Practice Act, the Certified  
16 Registered Nurse Anesthetist Practice Act, the Clinical Nurse Specialist  
17 Practice Act, and the Nurse Practitioner Practice Act; and

18           (5) Adopt rules and regulations to implement the Advanced Practice  
19 Registered Nurse Practice Act, the Certified Nurse Midwifery Practice  
20 Act, the Certified Registered Nurse Anesthetist Practice Act, the  
21 Clinical Nurse Specialist Practice Act, and the Nurse Practitioner  
22 Practice Act, for promulgation by the department as provided in section  
23 38-126. Such rules and regulations shall also include: (a) Approved  
24 certification organizations and approved certification programs; and (b)  
25 professional liability insurance.

26           Sec. 4. The chairperson of the board or his or her designee shall  
27 serve as the administrator of the Advanced Practice Registered Nurse  
28 Compact for the State of Nebraska. The administrator shall give notice of  
29 withdrawal to the executive heads of all other party states within thirty  
30 days after the effective date of any statute repealing the compact  
31 enacted by the Legislature pursuant to Article X of the compact.

1           Sec. 5. Section 38-2025, Reissue Revised Statutes of Nebraska, is  
2 amended to read:

3           38-2025 The following classes of persons shall not be construed to  
4 be engaged in the unauthorized practice of medicine:

5           (1) Persons rendering gratuitous services in cases of emergency;

6           (2) Persons administering ordinary household remedies;

7           (3) The members of any church practicing its religious tenets,  
8 except that they shall not prescribe or administer drugs or medicines,  
9 perform surgical or physical operations, nor assume the title of or hold  
10 themselves out to be physicians, and such members shall not be exempt  
11 from the quarantine laws of this state;

12           (4) Students of medicine who are studying in an accredited school or  
13 college of medicine and who gratuitously prescribe for and treat disease  
14 under the supervision of a licensed physician;

15           (5) Physicians who serve in the armed forces of the United States or  
16 the United States Public Health Service or who are employed by the United  
17 States Department of Veterans Affairs or other federal agencies, if their  
18 practice is limited to that service or employment;

19           (6) Physicians who are licensed in good standing to practice  
20 medicine under the laws of another state when incidentally called into  
21 this state or contacted via electronic or other medium for consultation  
22 with a physician licensed in this state. For purposes of this  
23 subdivision, consultation means evaluating the medical data of the  
24 patient as provided by the treating physician and rendering a  
25 recommendation to such treating physician as to the method of treatment  
26 or analysis of the data. The interpretation of a radiological image by a  
27 physician who specializes in radiology is not a consultation;

28           (7) Physicians who are licensed in good standing to practice  
29 medicine in another state but who, from such other state, order  
30 diagnostic or therapeutic services on an irregular or occasional basis,  
31 to be provided to an individual in this state, if such physicians do not

1 maintain and are not furnished for regular use within this state any  
2 office or other place for the rendering of professional services or the  
3 receipt of calls;

4 (8) Physicians who are licensed in good standing to practice  
5 medicine in another state and who, on an irregular and occasional basis,  
6 are granted temporary hospital privileges to practice medicine and  
7 surgery at a hospital or other medical facility licensed in this state;

8 (9) Persons providing or instructing as to use of braces, prosthetic  
9 appliances, crutches, contact lenses, and other lenses and devices  
10 prescribed by a physician licensed to practice medicine while working  
11 under the direction of such physician;

12 (10) Dentists practicing their profession when licensed and  
13 practicing in accordance with the Dentistry Practice Act;

14 (11) Optometrists practicing their profession when licensed and  
15 practicing under and in accordance with the Optometry Practice Act;

16 (12) Osteopathic physicians practicing their profession if licensed  
17 and practicing under and in accordance with sections 38-2029 to 38-2033;

18 (13) Chiropractors practicing their profession if licensed and  
19 practicing under the Chiropractic Practice Act;

20 (14) Podiatrists practicing their profession when licensed and  
21 practicing under and in accordance with the Podiatry Practice Act;

22 (15) Psychologists practicing their profession when licensed and  
23 practicing under and in accordance with the Psychology Practice Act;

24 (16) Advanced practice registered nurses practicing in their  
25 clinical specialty areas when licensed under the Advanced Practice  
26 Registered Nurse Compact or the Advanced Practice Registered Nurse  
27 Practice Act and practicing under and in accordance with their respective  
28 practice acts;

29 (17) Surgical first assistants practicing in accordance with the  
30 Surgical First Assistant Practice Act;

31 (18) Persons licensed or certified under the laws of this state to

1 practice a limited field of the healing art, not specifically named in  
2 this section, when confining themselves strictly to the field for which  
3 they are licensed or certified, not assuming the title of physician,  
4 surgeon, or physician and surgeon, and not professing or holding  
5 themselves out as qualified to prescribe drugs in any form or to perform  
6 operative surgery;

7 (19) Persons obtaining blood specimens while working under an order  
8 of or protocols and procedures approved by a physician, registered nurse,  
9 or other independent health care practitioner licensed to practice by the  
10 state if the scope of practice of that practitioner permits the  
11 practitioner to obtain blood specimens; and

12 (20) Other trained persons employed by a licensed health care  
13 facility or health care service defined in the Health Care Facility  
14 Licensure Act or clinical laboratory certified pursuant to the federal  
15 Clinical Laboratories Improvement Act of 1967, as amended, or Title XVIII  
16 or XIX of the federal Social Security Act to withdraw human blood for  
17 scientific or medical purposes.

18 Any person who has held or applied for a license to practice  
19 medicine and surgery in this state, and such license or application has  
20 been denied or such license has been refused renewal or disciplined by  
21 order of limitation, suspension, or revocation, shall be ineligible for  
22 the exceptions described in subdivisions (5) through (8) of this section  
23 until such license or application is granted or such license is renewed  
24 or reinstated. Every act or practice falling within the practice of  
25 medicine and surgery as defined in section 38-2024 and not specially  
26 excepted in this section shall constitute the practice of medicine and  
27 surgery and may be performed in this state only by those licensed by law  
28 to practice medicine in Nebraska.

29 Sec. 6. Section 38-3208, Reissue Revised Statutes of Nebraska, is  
30 amended to read:

31 38-3208 The Respiratory Care Practice Act shall not prohibit:

1 (1) The practice of respiratory care which is an integral part of  
2 the program of study by students enrolled in approved respiratory care  
3 education programs;

4 (2) The gratuitous care, including the practice of respiratory care,  
5 of the ill by a friend or member of the family or by a person who is not  
6 licensed to practice respiratory care if such person does not represent  
7 himself or herself as a respiratory care practitioner;

8 (3) The practice of respiratory care by nurses, physicians,  
9 physician assistants, physical therapists, or any other professional  
10 required to be licensed under the Uniform Credentialing Act when such  
11 practice is within the scope of practice for which that person is  
12 licensed to practice in this state;

13 (4) The practice of any respiratory care practitioner of this state  
14 or any other state or territory while employed by the federal government  
15 or any bureau or division thereof while in the discharge of his or her  
16 official duties;

17 (5) Techniques defined as pulmonary function testing and the  
18 administration of aerosol and inhalant medications to the  
19 cardiorespiratory system as it relates to pulmonary function technology  
20 administered by a registered pulmonary function technologist credentialed  
21 by the National Board for Respiratory Care or a certified pulmonary  
22 function technologist credentialed by the National Board for Respiratory  
23 Care; or

24 (6) The performance of oxygen therapy or the initiation of  
25 noninvasive positive pressure ventilation by a registered  
26 polysomnographic technologist relating to the study of sleep disorders if  
27 such procedures are performed or initiated under the supervision of a  
28 licensed physician at a facility accredited by the American Academy of  
29 Sleep Medicine.

30 Sec. 7. Section 71-906, Reissue Revised Statutes of Nebraska, is  
31 amended to read:

1           71-906 Mental health professional means a person licensed to  
2 practice medicine and surgery or psychology in this state under the  
3 Uniform Credentialing Act or an advanced practice registered nurse  
4 licensed under the Advanced Practice Registered Nurse Compact or the  
5 Advanced Practice Registered Nurse Practice Act who has proof of current  
6 certification in a psychiatric or mental health specialty.

7           Sec. 8. The State of Nebraska adopts the Advanced Practice  
8 Registered Nurse Compact in the form substantially as follows:

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 APRN licensure requirements and the effectiveness of  
14 enforcement activities related to state APRN licensure laws;

15           2. Violations of APRN 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 APRNs 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 APRN licensure and regulation;

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

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

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

28          b. The general purposes of the Advanced Practice Registered Nurse  
29 Compact are to:

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



1           2. Ensure and encourage the cooperation of party states in the areas  
2 of APRN licensure and regulation, including promotion of uniform  
3 licensure requirements;

4           3. Facilitate the exchange of information between party states in  
5 the areas of APRN regulation, investigation, and adverse actions;

6           4. Promote compliance with the laws governing APRN practice in each  
7 jurisdiction;

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

12           6. Decrease redundancies in the consideration and issuance of APRN  
13 licenses; and

14           7. Provide opportunities for interstate practice by APRNs who meet  
15 uniform licensure requirements.

16           ARTICLE II

17           Definitions

18           As used in the Advanced Practice Registered Nurse Compact:

19           a. Advanced practice registered nurse or APRN means a registered  
20 nurse who has gained additional specialized knowledge, skills, and  
21 experience through a program of study recognized or defined by the  
22 Interstate Commission of APRN Compact Administrators and who is licensed  
23 to perform advanced nursing practice. An advanced practice registered  
24 nurse is licensed in an APRN role that is congruent with an APRN  
25 educational program, certification, and Commission rules.

26           b. Adverse action means any administrative, civil, equitable, or  
27 criminal action permitted by a state's laws which is imposed by a  
28 licensing board or other authority against an APRN, including actions  
29 against an individual's license or multistate licensure privilege such as  
30 revocation, suspension, probation, monitoring of the licensee, limitation  
31 on the licensee's practice, or any other encumbrance on licensure

1 affecting an APRN's authorization to practice, including the issuance of  
2 a cease and desist action.

3 c. Alternative program means a nondisciplinary monitoring program  
4 approved by a licensing board.

5 d. APRN licensure means the regulatory mechanism used by a party  
6 state to grant legal authority to practice as an APRN.

7 e. APRN uniform licensure requirements means minimum uniform  
8 licensure, education, and examination requirements as adopted by the  
9 Commission.

10 f. Commission means the Interstate Commission of APRN Compact  
11 Administrators.

12 g. Coordinated licensure information system means an integrated  
13 process for collecting, storing, and sharing information on APRN  
14 licensure and enforcement activities related to APRN licensure laws that  
15 is administered by a nonprofit organization composed of and controlled by  
16 licensing boards.

17 h. Current significant investigative information means:

18 1. Investigative information that a licensing board, after a  
19 preliminary inquiry that includes notification and an opportunity for the  
20 APRN to respond, if required by state law, has reason to believe is not  
21 groundless and, if proved true, would indicate more than a minor  
22 infraction; or

23 2. Investigative information that indicates that the APRN represents  
24 an immediate threat to public health and safety regardless of whether the  
25 APRN has been notified and had an opportunity to respond.

26 i. Encumbrance means a revocation or suspension of, or any  
27 limitation on, the full and unrestricted practice of nursing imposed by a  
28 licensing board.

29 j. Home state means the party state that is the APRN's primary state  
30 of residence.

31 k. Licensing board means a party state's regulatory body responsible

1 for regulating the practice of advanced practice registered nursing.

2 l. Multistate license means an APRN license to practice as an APRN  
3 issued by a home state licensing board that authorizes the APRN to  
4 practice as an APRN in all party states under a multistate licensure  
5 privilege, in the same scope of practice as the APRN is licensed in the  
6 home state.

7 m. Multistate licensure privilege means a legal authorization  
8 associated with an APRN multistate license that permits an APRN to  
9 practice as an APRN in a remote state, in the same role and population  
10 focus as the APRN is licensed in the home state.

11 n. Noncontrolled prescription drug means a device or drug that is  
12 not a controlled substance and is prohibited under state or federal law  
13 from being dispensed without a prescription. The term includes a device  
14 or drug that bears or is required to bear the legend "Caution: federal  
15 law prohibits dispensing without prescription" or "prescription only" or  
16 other legend that complies with federal law.

17 o. Party state means any state that has adopted this Compact.

18 p. Population focus means a specific patient population that is  
19 congruent with the APRN educational program, certification, and  
20 Commission rules.

21 q. Prescriptive authority means the legal authority to prescribe  
22 medications and devices as defined by party state laws.

23 r. Remote state means a party state that is not the home state.

24 s. Single-state license means an APRN license issued by a party  
25 state that authorizes practice only within the issuing state and does not  
26 include a multistate licensure privilege to practice in any other party  
27 state.

28 t. State means a state, territory, or possession of the United  
29 States and the District of Columbia.

30 u. State practice laws means a party state's laws, rules, and  
31 regulations that govern APRN practice, define the scope of advanced

1 nursing practice, including prescriptive authority, and create the  
2 methods and grounds for imposing discipline. State practice laws do not  
3 include the requirements necessary to obtain and retain an APRN license,  
4 except for qualifications or requirements of the home state.

5 v. Uniform licensure requirements or ULR means APRN uniform  
6 licensure requirements adopted by the Commission.

7 ARTICLE III

8 General Provisions and Jurisdiction

9 a. A state must implement procedures for considering the criminal  
10 history records of applicants for initial APRN licensure or APRN  
11 licensure by endorsement. Such procedures shall include the submission of  
12 fingerprints or other biometric-based information by APRN applicants for  
13 the purpose of obtaining an applicant's criminal history record  
14 information from the Federal Bureau of Investigation and the agency  
15 responsible for retaining that state's criminal records.

16 b. By rule, the Commission shall adopt the APRN Uniform Licensure  
17 Requirements. The ULRs shall provide the minimum requirements for APRN  
18 multistate licensure in party states, provided that the Commission may  
19 adopt rules whereby an APRN, with an unencumbered license on the  
20 effective date of the Advanced Practice Registered Nurse Compact, may  
21 obtain, by endorsement or otherwise, and retain a multistate license in a  
22 party state.

23 c. In order to obtain or retain a multistate license, an APRN must  
24 meet, in addition to the ULRs, the home state's qualifications for  
25 licensure or renewal of licensure, as well as all other applicable home  
26 state laws.

27 d. By rule, the Commission shall identify the approved APRN roles  
28 and population foci for licensure as an APRN. An APRN issued a multistate  
29 license shall be licensed in an approved APRN role and at least one  
30 approved population focus.

31 e. An APRN multistate license issued by a home state to a resident

1 in that state will be recognized by each party state as authorizing the  
2 APRN to practice as an APRN in each party state, under a multistate  
3 licensure privilege, in the same role and population focus as the APRN is  
4 licensed in the home state. If an applicant does not qualify for a  
5 multistate license, a single-state license may be issued by a home state.

6 f. Issuance of an APRN multistate license shall include prescriptive  
7 authority for noncontrolled prescription drugs, unless the APRN was  
8 licensed by the home state prior to the home state's adoption of this  
9 Compact and has not previously held prescriptive authority.

10 1. An APRN granted prescriptive authority for noncontrolled  
11 prescription drugs in the home state may exercise prescriptive authority  
12 for noncontrolled prescription drugs in any remote state while exercising  
13 a multistate licensure privilege under an APRN multistate license. The  
14 APRN shall not be required to meet any additional eligibility  
15 requirements imposed by the remote state in exercising prescriptive  
16 authority for noncontrolled prescription drugs.

17 2. Prescriptive authority in the home state for an APRN who was not  
18 granted prescriptive authority at the time of initial licensure by the  
19 home state, prior to the adoption of this Compact, shall be determined  
20 under home state law.

21 3. Prescriptive authority eligibility for an APRN holding a single-  
22 state license shall be determined under the law of the licensing state.

23 g. For each state in which an APRN seeks authority to prescribe  
24 controlled substances, the APRN shall satisfy all requirements imposed by  
25 such state in granting and renewing such authority.

26 h. An APRN issued a multistate license is authorized to assume  
27 responsibility and accountability for patient care independent of a  
28 supervisory or collaborative relationship with a physician. This  
29 authority may be exercised in the home state and in any remote state in  
30 which the APRN exercises a multistate licensure privilege. For an APRN  
31 issued a single-state license in a party state, the requirement for a

1 supervisory or collaborative relationship with a physician shall be  
2 determined under applicable party state law.

3 i. All party states shall be authorized, in accordance with state  
4 due process laws, to take adverse action against an APRN's multistate  
5 licensure privilege, such as revocation, suspension, or probation, or any  
6 other action that affects an APRN's authorization to practice under a  
7 multistate licensure privilege, including cease and desist actions. If a  
8 party state takes such action, it shall promptly notify the administrator  
9 of the coordinated licensure information system. The administrator of the  
10 coordinated licensure information system shall promptly notify the home  
11 state of any such actions by remote states.

12 j. An APRN practicing in a party state must comply with the state  
13 practice laws of the state in which the client is located at the time  
14 service is provided. APRN practice is not limited to patient care, but  
15 shall include all advanced nursing practice as defined by the state  
16 practice laws of the party state in which the client is located. APRN  
17 practice in a party state under a multistate licensure privilege will  
18 subject the APRN to the jurisdiction of the licensing board, the courts,  
19 and the laws of the party state in which the client is located at the  
20 time service is provided.

21 k. This Compact does not affect additional requirements imposed by  
22 states for advanced practice registered nursing. However, a multistate  
23 licensure privilege to practice registered nursing granted by a party  
24 state shall be recognized by other party states as satisfying any state  
25 law requirement for registered nurse licensure as a precondition for  
26 authorization to practice as an APRN in that state.

27 l. Individuals not residing in a party state shall continue to be  
28 able to apply for a party state's single-state APRN license as provided  
29 under the laws of each party state. However, the single-state license  
30 granted to these individuals will not be recognized as granting the  
31 privilege to practice as an APRN in any other party state.

1           ARTICLE IV

2           Applications for APRN Licensure in a Party State

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

13           b. An APRN may hold a multistate APRN license, issued by the home  
14 state, in only one party state at a time.

15           c. If an APRN changes primary state of residence by moving between  
16 two party states, the APRN must apply for APRN licensure in the new home  
17 state, and the multistate license issued by the prior home state shall be  
18 deactivated in accordance with applicable Commission rules.

19           1. The APRN may apply for licensure in advance of a change in  
20 primary state of residence.

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

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

30           ARTICLE V

31           Additional Authorities Invested in Party State Licensing Boards

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

3       1. Take adverse action against an APRN's multistate licensure  
4 privilege to practice within that party state.

5       i. Only the home state shall have power to take adverse action  
6 against an APRN's license issued by the home state.

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

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

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

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

31       5. Obtain and submit, for an APRN licensure applicant, fingerprints



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

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

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

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

19 c. Nothing in the Advanced Practice Registered Nurse Compact shall  
20 override a party state's decision that participation in an alternative  
21 program may be used in lieu of adverse action. The home state licensing  
22 board shall deactivate the multistate licensure privilege under the  
23 multistate license of any APRN for the duration of the APRN's  
24 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 APRNs, licensed registered nurses, and licensed  
29 practical/vocational nurses. This system will include information on the  
30 licensure and disciplinary history of each APRN, as submitted by party  
31 states, to assist in the coordinated administration of APRN licensure and

1 enforcement efforts.

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

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

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

16 e. All party state licensing boards contributing information to the  
17 coordinated licensure information system may designate information that  
18 may not be shared with nonparty states or disclosed to other entities or  
19 individuals without the express permission of the contributing state.

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

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

29 h. The Compact administrator of each party state shall furnish a  
30 uniform data set to the Compact administrator of each other party state,  
31 which shall include, at a minimum:

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

7        i. The Compact administrator of a party state shall provide all

8 investigative documents and information requested by another party state.

9        ARTICLE VII

10       Establishment of the Interstate Commission of APRN Compact

11 Administrators

12       a. The party states hereby create and establish a joint public

13 agency known as the Interstate Commission of APRN Compact Administrators.

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

15       2. Venue is proper, and judicial proceedings by or against the

16 Commission shall be brought solely and exclusively, in a court of

17 competent jurisdiction where the principal office of the Commission is

18 located. The Commission may waive venue and jurisdictional defenses to

19 the extent it adopts or consents to participate in alternative dispute

20 resolution proceedings.

21       3. Nothing in the Advanced Practice Registered Nurse Compact shall

22 be construed to be a waiver of sovereign immunity.

23       b. Membership, Voting, and Meetings

24       1. Each party state shall have and be limited to one administrator.

25 The head of the state licensing board or designee shall be the

26 administrator of this Compact for each party state. Any administrator may

27 be removed or suspended from office as provided by the law of the state

28 from which the administrator is appointed. Any vacancy occurring in the

29 Commission shall be filled in accordance with the laws of the party state

30 in which the vacancy exists.

31       2. Each administrator shall be entitled to one vote with regard to

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

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

9 4. All meetings shall be open to the public, and public notice of  
10 meetings shall be given in the same manner as required under the  
11 rulemaking provisions in Article VIII of this Compact.

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

14 i. Noncompliance of a party state with its obligations under this  
15 Compact;

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

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

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

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

24 vi. Disclosure of trade secrets or commercial or financial  
25 information that is privileged or confidential;

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

28 viii. Disclosure of investigative records compiled for law  
29 enforcement purposes;

30 ix. Disclosure of information related to any reports prepared by or  
31 on behalf of the Commission for the purpose of investigation of

1 compliance with this Compact; or

2 x. Matters specifically exempted from disclosure by federal or state  
3 statute.

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

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

19 1. Establishing the fiscal year of the Commission;

20 2. Providing reasonable standards and procedures:

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

22 ii. Governing any general or specific delegation of any authority or  
23 function of the Commission.

24 3. Providing reasonable procedures for calling and conducting  
25 meetings of the Commission, ensuring reasonable advance notice of all  
26 meetings, and providing an opportunity for attendance of such meetings by  
27 interested parties, with enumerated exceptions designed to protect the  
28 public's interest, the privacy of individuals, and proprietary  
29 information, including trade secrets. The Commission may meet in closed  
30 session only after a majority of the administrators vote to close a  
31 meeting in whole or in part. As soon as practicable, the Commission must

1 make public a copy of the vote to close the meeting revealing the vote of  
2 each administrator, with no proxy votes allowed;

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

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

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

14 d. The Commission shall publish its bylaws and rules, and any  
15 amendments thereto, in a convenient form on the web site of the  
16 Commission;

17 e. The Commission shall maintain its financial records in accordance  
18 with the bylaws; and

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

21 g. The Commission shall have the following powers:

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

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

28 3. To purchase and maintain insurance and bonds;

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

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

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

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

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

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

21       10. To establish a budget and make expenditures;

22       11. To borrow money;

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

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

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

30       15. To perform such other functions as may be necessary or  
31 appropriate to achieve the purposes of this Compact consistent with the

1 state regulation of APRN licensure and practice.

2 h. Financing of the Commission

3 1. The Commission shall pay, or provide for the payment of, the  
4 reasonable expenses of its establishment, organization, and ongoing  
5 activities.

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

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

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

24 i. Qualified Immunity, Defense, and Indemnification

25 1. The administrators, officers, executive director, employees, and  
26 representatives of the Commission shall have no greater liability, either  
27 personally or in their official capacity, for any claim for damage to or  
28 loss of property or personal injury or other civil liability caused by or  
29 arising out of any actual or alleged act, error, or omission that  
30 occurred, or that the person against whom the claim is made had a  
31 reasonable basis for believing occurred, within the scope of Commission



1 employment, duties, or responsibilities, than a state employee would have  
2 under the same or similar circumstances; provided that nothing in this  
3 paragraph shall be construed to protect any such person from suit or  
4 liability for any damage, loss, injury, or liability caused by the  
5 intentional, willful, or wanton misconduct of that person.

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

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

27 ARTICLE VIII

28 Rulemaking

29 a. The Commission shall exercise its rulemaking powers pursuant to  
30 the criteria set forth in this Article and the rules adopted thereunder.  
31 Rules and amendments shall become binding as of the date specified in

1 each rule or amendment and shall have the same force and effect as  
2 provisions of the Advanced Practice Registered Nurse Compact.

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

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

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

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

12 d. The notice of proposed rulemaking shall include:

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

15 2. The text of the proposed rule or amendment, and the reason for  
16 the proposed rule;

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

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

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

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

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

29 1. Hearings shall be conducted in a manner providing each person who  
30 wishes to comment a fair and reasonable opportunity to comment orally or  
31 in writing. All hearings will be recorded, and a copy will be made

1 available upon request.

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

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

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

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

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

22 1. Meet an imminent threat to public health, safety, or welfare;

23 2. Prevent a loss of Commission or party state funds; or

24 3. Meet a deadline for the promulgation of an administrative rule  
25 that is established by federal law or rule.

26 1. The Commission may direct revisions to a previously adopted rule  
27 or amendment for purposes of correcting typographical errors, errors in  
28 format, errors in consistency, or grammatical errors. Public notice of  
29 any revisions shall be posted on the web site of the Commission. The  
30 revision shall be subject to challenge by any person for a period of  
31 thirty days after posting. The revision may be challenged only on grounds

1 that the revision results in a material change to a rule. A challenge  
2 shall be made in writing, and delivered to the Commission, prior to the  
3 end of the notice period. If no challenge is made, the revision will take  
4 effect without further action. If the revision is challenged, the  
5 revision may not take effect without the approval of the Commission.

6 ARTICLE IX

7 Oversight, Dispute Resolution, and Enforcement

8 a. Oversight

9 1. Each party state shall enforce the Advanced Practice Registered  
10 Nurse Compact and take all actions necessary and appropriate to  
11 effectuate this Compact's purposes and intent.

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

18 b. Default, Technical Assistance, and Termination

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

22 i. Provide written notice to the defaulting state and other party  
23 states of the nature of the default, the proposed means of curing the  
24 default, and any other action to be taken by the Commission; and

25 ii. Provide remedial training and specific technical assistance  
26 regarding the default.

27 2. If a state in default fails to cure the default, the defaulting  
28 state's membership in this Compact may be terminated upon an affirmative  
29 vote of a majority of the administrators, and all rights, privileges, and  
30 benefits conferred by this Compact may be terminated on the effective  
31 date of termination. A cure of the default does not relieve the offending

1 state of obligations or liabilities incurred during the period of  
2 default.

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

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

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

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

22 c. Dispute Resolution

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

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

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

30 i. The party states may submit the issues in dispute to an  
31 arbitration panel, which will be comprised of individuals appointed by

1 the Compact administrator in each of the affected party states and an  
2 individual mutually agreed upon by the Compact administrators of all the  
3 party states involved in the dispute.

4 ii. The decision of a majority of the arbitrators shall be final and  
5 binding.

6 d. Enforcement

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

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

17 3. The remedies in this Compact shall not be the exclusive remedies  
18 of the Commission. The Commission may pursue any other remedies available  
19 under federal or state law.

20 ARTICLE X

21 Effective Date, Withdrawal, and Amendment

22 a. The Advanced Practice Registered Nurse Compact shall come into  
23 limited effect at such time as this Compact has been enacted into law in  
24 ten party states for the sole purpose of establishing and convening the  
25 Commission to adopt rules relating to its operation and the APRN ULRs.

26 b. On the date of the Commission's adoption of the APRN ULRs, all  
27 remaining provisions of this Compact, and rules adopted by the  
28 Commission, shall come into full force and effect in all party states.

29 c. Any state that joins this Compact subsequent to the Commission's  
30 initial adoption of the APRN uniform licensure requirements shall be  
31 subject to all rules that have been previously adopted by the Commission.

1       d. Any party state may withdraw from this Compact by enacting a  
2 statute repealing the same. A party state's withdrawal shall not take  
3 effect until six months after enactment of the repealing statute.

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

8       f. Nothing contained in this Compact shall be construed to  
9 invalidate or prevent any APRN licensure agreement or other cooperative  
10 arrangement between a party state and a nonparty state that does not  
11 conflict with the provisions of this Compact.

12       g. This Compact may be amended by the party states. No amendment to  
13 this Compact shall become effective and binding upon any party state  
14 until it is enacted into the laws of all party states.

15       h. Representatives of nonparty states to this Compact shall be  
16 invited to participate in the activities of the Commission, on a  
17 nonvoting basis, prior to the adoption of this Compact by all states.

18       ARTICLE XI

19       Construction and Severability

20       The Advanced Practice Registered Nurse Compact shall be liberally  
21 construed so as to effectuate the purposes of this Compact. The  
22 provisions of this Compact shall be severable, and if any phrase, clause,  
23 sentence, or provision of this Compact is declared to be contrary to the  
24 constitution of any party state or of the United States, or if the  
25 applicability thereof to any government, agency, person, or circumstance  
26 is held invalid, the validity of the remainder of this Compact and the  
27 applicability thereof to any government, agency, person, or circumstance  
28 shall not be affected thereby. If this Compact shall be held to be  
29 contrary to the constitution of any party state, this Compact shall  
30 remain in full force and effect as to the remaining party states and in  
31 full force and effect as to the party state affected as to all severable

1 matters.

2           Sec. 9. Original sections 38-131, 38-201, 38-206, 38-2025, 38-3208,  
3 and 71-906, Reissue Revised Statutes of Nebraska, are repealed.