



**COUNCIL OF THE DISTRICT OF COLUMBIA**  
JOHN A. WILSON BUILDING  
1350 PENNSYLVANIA AVENUE, NW  
WASHINGTON, DC 20004

**MATTHEW FRUMIN**  
Councilmember, Ward 3

**COMMITTEE MEMBER**  
Executive Administration and Labor  
Facilities and Family Services  
Hospital and Health Equity  
Housing  
Transportation and the Environment

July 13, 2023

Nyasha Smith  
Secretary of the Council  
1350 Pennsylvania Avenue NW  
Washington, DC 20004

Dear Secretary Smith:

Today, I am introducing the “District of Columbia Nurse Licensure Compact Authorization Act of 2023,” alongside Councilmember Christina Henderson, Chair of the Committee on Health, Councilmember Vince Gray, Chair of the Committee on Hospital and Health Equity, and Councilmembers Zachary Parker, Brooke Pinto, Robert White, and Kenyan McDuffie.

Like much of the country, the District faces an acute shortage of registered nurses, licensed practical nurses, and vocational nurses, which has become more severe since the peak of the Covid-19 pandemic.<sup>1</sup> A 2022 survey by the District of Columbia Nurses Association found that more than 95% of nurses in the District believe inadequate staffing was a “major issue” at their facility and that, on average, respondents observed insufficient staffing of registered nurses on their unit during more than one shift per week.<sup>2</sup> Overworked nurses and understaffed health care centers can lead to worse outcomes in patients: there is a correlation between patient mortality and a shortage of nurses.<sup>3</sup>

While these issues are not unique to the District, we are one of only a small handful of states and territories that is not a member of the national Nurse Licensure Compact (NLC). The NLC is an

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<sup>1</sup> Colleen Grablick, ‘We were already stretched thin:’ A nursing shortage is straining D.C.-area hospitals, WAMU 88.5, (Sep. 28, 2022), <https://www.npr.org/local/305/2022/09/28/1125406790/we-were-already-stretched-thin-a-nursing-shortage-is-straining-d-c-area-hospitals>.

<sup>2</sup> District of Columbia Nursing Association, *DCNA Releases Results of Nurse Staffing Survey*, (Sep. 4, 2022) <https://www.dcna.org/assets/DCNA%20Releases%20Results%20of%20Nurse%20Staffing%20Survey.pdf>.

<sup>3</sup> Peter Griffiths, et al., *Nurse staffing, nursing assistants and hospital mortality: retrospective longitudinal cohort study*, *BMJ Quality & Safety* 2019; 28:609-617 (Apr. 17, 2019) <https://qualitysafety.bmj.com/content/28/8/609>.



interstate agreement that allows for nurses licensed in NLC member states and territories to practice in other NLC states and territories without obtaining an additional license. More than 41 states and territories are already members, including neighboring Maryland, Virginia, West Virginia, North Carolina, Delaware, and New Jersey, with Pennsylvania having enacted and awaiting implementation.<sup>4</sup> **Joining the NLC will expand the number of available licensed nurses in the District and help alleviate the current nursing shortage, while allowing the District to maintain the high standards and quality of service our residents expect.**

This legislation, which would enter the District into the NLC, is supported by the District of Columbia Hospital Association, District of Columbia Health Care Association, District of Columbia Primary Care Association, Maryland-National Homecare Association, DC Coalition on Long Term Care, George Washington University, Georgetown University School of Nursing, Children’s National Hospital, Mary’s Center, Forest Hills of DC, Iona Senior Services, VMT Home Health Agency, Home Care Partners, Stoddard Baptist Nursing Home, Livingston Place at Southern Avenue, and The Residences at Kenilworth Park. These hospitals, health care providers, and organizations understand the real harm and impact of the nursing shortage for employers, health care workers, and most importantly patients. **They concur that entering the NLC can be a first step to achieving parity with our neighboring states and reversing the current shortage to ensure all District residents, from students to seniors, have access to the care they deserve.**

I look forward to working with health care providers and nurses in the District, alongside the Committee on Health and Chairperson Henderson, to advance this legislation and pursue a collaborative approach to address the underlying causes of the nursing shortage in the District.

Should you have any questions about this legislation, please contact my Legislative Assistant, Elias Benda, at [ebenda@dccouncil.gov](mailto:ebenda@dccouncil.gov) or (202) 394-8293.

Sincerely,

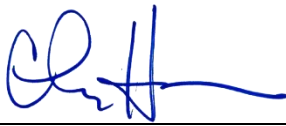


Matthew Frumin  
Councilmember for Ward 3

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<sup>4</sup> National Council of State Boards of Nursing, <https://nursecompact.com/index.page#map>



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3 Councilmember Christina Henderson

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6 Councilmember Brooke Pinto

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9 Councilmember Kenyan McDuffie

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11 Councilmember Matthew Frumin

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13 Councilmember Zachary Parker

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15 Councilmember Robert White

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17 Councilmember Vincent C. Gray

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19 A BILL

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23 IN THE COUNCIL OF THE DISTRICT OF COLUMBIA  
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26 To authorize the Mayor to execute and enter, on behalf of the District, the Nurse Licensure  
27 Compact to permit licensed registered and licensed practical/vocational nurses in party  
28 states to practice in the District and for multistate licensed nurses in the District to  
29 practice in other party states; to increase the availability of licensed nurses; to standardize  
30 minimum requirements for education and training for participating compact nurses; to  
31 establish requirements for the administration of interstate licenses; to join the compact  
32 licensure information system; to require all compact states to share licensee information  
33 with other compact states; to establish the Interstate Commission of Nurse Licensure  
34 Compact Administrators; to allow the Board of Nursing to charge an additional fee for  
35 the issuance of a multistate license; and to require individuals or hospitals that employ  
36 nurses to report the number of multistate license holding nurses to the Board of Nursing  
37 and to prepare and provide each nurse with a copy of laws and rules specific to the  
38 practice of nursing in the District.  
39

40 BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this  
41 act may be cited as the “District of Columbia Nurse Licensure Compact Authorization Act of  
42 2023”.

43 Sec. 2. Findings and declaration of purpose.

44 The nurse licensure compact is enacted into law and entered into by the District, with all  
45 other party states legally joining therein in the form substantially as follows:

46 “Sec. 1. Findings and Declaration of Purpose:

47 (a) The party states find that:

48 (1) The health and safety of the public are affected by the degree of compliance  
49 with, and the effectiveness of enforcement activities related to state nurse licensure laws;

50 (2) Violations of nurse licensure and other laws regulating the practice of nursing  
51 may result in injury or harm to the public;

52 (3) The expanded mobility of nurses and the use of advanced communication  
53 technologies as part of our nation’s health care delivery system require greater coordination and  
54 cooperation among states in the areas of nurse licensure and regulation;

55 (4) New practice modalities and technology make compliance with individual  
56 state nurse licensure laws difficult and complex;

57 (5) The current system of duplicative licensure for nurses practicing in multiple  
58 states is cumbersome and redundant for both nurses and states; and

59 (6) Uniformity of nurse licensure requirements throughout the states promotes  
60 public safety and public health benefits.

61 (b) The general purposes of this Compact are to:

62 (1) Facilitate the states’ responsibility to protect the public’s health and safety;

63 (2) Ensure and encourage the cooperation of party states in the areas of nurse  
64 licensure and regulation;

65 (3) Facilitate the exchange of information between party states in the areas of  
66 nurse regulation, investigation, and adverse actions;

67 (4) Promote compliance with the laws governing the practice of nursing in each  
68 jurisdiction;

69 (5) Invest all party states with the authority to hold a nurse accountable for  
70 meeting all state practice laws in the state in which the patient is located at the time care is  
71 rendered through the mutual recognition of party state licenses;

72 (6) Decrease redundancies in the consideration and issuance of nurse licenses; and

73 (7) Provide opportunities for interstate practice by nurses who meet uniform  
74 licensure requirements.

75 “Sec. 2. Definitions

76 As used in this Compact:

77 (1) “Adverse action” means any administrative, civil, equitable, or criminal action  
78 permitted by a state’s laws which is imposed by a licensing board or other authority against a  
79 nurse, including actions against an individual’s license or multistate licensure privilege such as  
80 revocation, suspension, probation, monitoring of the licensee, limitation on the licensee’s  
81 practice, or any other encumbrance on licensure affecting a nurse’s authorization to practice,  
82 including issuance of a cease and desist action.

83 (2) “Alternative program” means a non-disciplinary monitoring program  
84 approved by a licensing board.

85 (3) “Coordinated licensure information system” means an integrated process for  
86 collecting, storing, and sharing information on nurse licensure and enforcement activities related  
87 to nurse licensure laws, which is administered by a nonprofit organization composed of and  
88 controlled by licensing boards.

89 (4) “Current significant investigative information” means:

90 (A) Investigative information that a licensing board, after a preliminary  
91 inquiry that includes notification and an opportunity for the nurse to respond, if required by state  
92 law, has reason to believe is not groundless and, if proved true, would indicate more than a minor  
93 infraction; or (B) Investigative information that indicates that the nurse  
94 represents an immediate threat to public health and safety regardless of whether the nurse has  
95 been notified and had an opportunity to respond

96 (5) “Encumbrance” means a revocation or suspension of, or any limitation on, the  
97 full and unrestricted practice of nursing imposed by a licensing board.

98 (6) “Home state” means the party state that is the nurse’s primary state of  
99 residence.

100 (7) “Licensing board” means a party state’s regulatory body responsible for  
101 issuing nurse licenses.

102 (8) “Multistate license” means a license to practice as a registered nurse (RN) or a  
103 licensed practical/vocational nurse (LPN/VN) issued by a home state licensing board that  
104 authorizes the licensed nurse to practice in all party states under a multistate licensure privilege.

105 (9) “Multistate licensure privilege” means a legal authorization associated with a  
106 multistate license permitting the practice of nursing as either a registered nurse (RN) or a  
107 licensed practical/vocational nurse (LPN/VN) in a remote state.

108 (10) “Nurse” means RN or LPN/VN, as those terms are defined by each party  
109 state’s practice laws.

110 (11) “Party state” means any state that has adopted this Compact.

111 (12) “Remote state” means a party state, other than the home state.

112 (13) “Single-state license” means a nurse license issued by a party state that  
113 authorizes practice only within the issuing state and does not include a multistate licensure  
114 privilege to practice in any other party state.

115 (14) “State” means a state, commonwealth, territory, or possession of the United  
116 States, and the District of Columbia.

117 (15) “State practice laws” means a party state’s laws, rules, and regulations that  
118 govern the practice of nursing, define the scope of nursing practice, and create the methods and  
119 grounds for imposing discipline. “State practice laws” do not include requirements necessary to  
120 obtain and retain a license, except for qualifications or requirements of the home state.

121 “Sec. 3. General provisions and jurisdiction.

122 (a) A multistate license to practice registered or licensed practical/vocational nursing  
123 issued by a home state to a resident in that state will be recognized by each party state as  
124 authorizing a nurse to practice as a registered nurse (RN) or as a licensed practical/vocational  
125 nurse (LPN/VN), under a multistate licensure privilege, in each party state.

126 (b) A state must implement procedures for considering the criminal history records of  
127 applicants for initial multistate license or licensure by endorsement. Such procedures shall  
128 include the submission of fingerprints or other biometric-based information by applicants for the  
129 purpose of obtaining an applicant’s criminal history record information from the Federal Bureau  
130 of Investigation and the agency responsible for retaining that state’s criminal records.

131 (c) Each party state shall require the following for an applicant to obtain or retain a  
132 multistate license in the home state:

133 (1) Meets the home state’s qualifications for licensure or renewal of licensure, as  
134 well as, all other applicable state laws;

135 (2)(A) Has graduated or is eligible to graduate from a licensing board-approved  
136 RN or LPN/VN prelicensure education program; or

137 (B) Has graduated from a foreign RN or LPN/VN prelicensure education  
138 program that:

139 (i) has been approved by the authorized accrediting body in the  
140 applicable country, and:

141 (ii) has been verified by an independent credentials review agency  
142 to be comparable to a licensing board-approved prelicensure education program.

143 (3) Has, if a graduate of a foreign prelicensure education program not taught in  
144 English or if English is not the individual’s native language, successfully passed an English  
145 proficiency examination that includes the components of reading, speaking, writing and  
146 listening;

147 (4) Has successfully passed an NCLEX-RN® or NCLEX-PN® Examination or  
148 recognized predecessor, as applicable;

149 (5) Is eligible for or holds an active, unencumbered license;

150 (6) Has submitted, in connection with an application for initial licensure or  
151 licensure by endorsement, fingerprints or other biometric data for the purpose of obtaining  
152 criminal history record information from the Federal Bureau of Investigation and the agency  
153 responsible for retaining that state’s criminal records;



154 (7) Has not been convicted or found guilty, or has entered into an agreed  
155 disposition, of a felony offense under applicable state or federal criminal law;

156 (8) Has not been convicted or found guilty, or has entered into an agreed  
157 disposition, of a misdemeanor offense related to the practice of nursing as determined on a case-  
158 by-case basis;

159 (9) Is not currently enrolled in an alternative program;

160 (10) Is subject to self-disclosure requirements regarding current participation in an  
161 alternative program; and

162 (11) Has a valid United States Social Security number.

163 (d) All party states shall be authorized, in accordance with existing state due process law,  
164 to take adverse action against a nurse's multistate licensure privilege such as revocation,  
165 suspension, probation or any other action that affects a nurse's authorization to practice under a  
166 multistate licensure privilege, including cease and desist actions. If a party state takes such  
167 action, it shall promptly notify the administrator of the coordinated licensure information system.  
168 The administrator of the coordinated licensure information system shall promptly notify the  
169 home state of any such actions by remote states.

170 (e) A nurse practicing in a party state must comply with the state practice laws of the  
171 state in which the client is located at the time service is provided.

172 (1) The practice of nursing is not limited to patient care, but shall include all  
173 nursing practice as defined by the state practice laws of the party state in which the client is  
174 located.

175                   (2) The practice of nursing in a party state under a multistate licensure privilege  
176 will subject a nurse to the jurisdiction of the licensing board, the courts and the laws of the party  
177 state in which the client is located at the time service is provided.

178                   (f) Individuals not residing in a party state shall continue to be able to apply for a party  
179 state’s single- state license as provided under the laws of each party state. However, the single-  
180 state license granted to these individuals will not be recognized as granting the privilege to  
181 practice nursing in any other party state. Nothing in this Compact shall affect the requirements  
182 established by a party state for the issuance of a single-state license.

183                   (g) Any nurse holding a home state multistate license, on the effective date of this  
184 Compact, may retain and renew the multistate license issued by the nurse’s then-current home  
185 state, provided that:

186                   (1) A nurse, who changes primary state of residence after this Compact’s effective  
187 date, must meet all applicable Section 3(c) requirements to obtain a multistate license from a new  
188 home state.

189                   (2) A nurse who fails to satisfy the multistate licensure requirements in Section  
190 3(c) due to a disqualifying event occurring after this Compact’s effective date shall be ineligible  
191 to retain or renew a multistate license, and the nurse’s multistate license shall be revoked or  
192 deactivated in accordance with applicable rules adopted by the Interstate Commission of Nurse  
193 Licensure Compact Administrators (“Commission”).

194                   “Sec. 4. Applications for licensure in a party state.

195                   (a) Upon application for a multistate license, the licensing board in the issuing party state  
196 shall ascertain, through the coordinated licensure information system, whether the applicant has  
197 ever held, or is the holder of, a license issued by any other state, whether there are any

198 encumbrances on any license or multistate licensure privilege held by the applicant, whether any  
199 adverse action has been taken against any license or multistate licensure privilege held by the  
200 applicant and whether the applicant is currently participating in an alternative program.

201 (b) A nurse may hold a multistate license, issued by the home state, in only one party  
202 state at a time.

203 (c) If a nurse changes primary state of residence by moving between two party states, the  
204 nurse must apply for licensure in the new home state, and the multistate license issued by the  
205 prior home state will be deactivated in accordance with applicable rules adopted by the  
206 Commission.

207 (A) The nurse may apply for licensure in advance of a change in primary state of  
208 residence.

209 (B) A multistate license shall not be issued by the new home state until the nurse  
210 provides satisfactory evidence of a change in primary state of residence to the new home state  
211 and satisfies all applicable requirements to obtain a multistate license from the new home state.

212 (d) If a nurse changes primary state of residence by moving from a party state to a non-  
213 party state, the multistate license issued by the prior home state will convert to a single-state  
214 license, valid only in the former home state.

215 “Sec. 5. Additional authorities invested in party state licensing boards.

216 (a) In addition to the other powers conferred by state law, a licensing board shall have the  
217 authority to:

218 (1) Take adverse action against a nurse’s multistate licensure privilege to practice  
219 within that party state.

220 (A) Only the home state shall have the power to take adverse action  
221 against a nurse's license issued by the home state.

222 (B) For purposes of taking adverse action, the home state licensing board  
223 shall give the same priority and effect to reported conduct received from a remote state as it  
224 would if such conduct had occurred within the home state. In so doing, the home state shall  
225 apply its own state laws to determine appropriate action.

226 (2) Issue cease and desist orders or impose an encumbrance on a nurse's authority  
227 to practice within that party state.

228 (3) Complete any pending investigations of a nurse who changes primary state of  
229 residence during the course of such investigations. The licensing board shall also have the  
230 authority to take appropriate action(s) and shall promptly report the conclusions of such  
231 investigations to the administrator of the coordinated licensure information system. The  
232 administrator of the coordinated licensure information system shall promptly notify the new  
233 home state of any such actions.

234 (4) Issue subpoenas for both hearings and investigations that require the  
235 attendance and testimony of witnesses, as well as, the production of evidence. Subpoenas issued  
236 by a licensing board in a party state for the attendance and testimony of witnesses or the  
237 production of evidence from another party state shall be enforced in the latter state by any court  
238 of competent jurisdiction, according to the practice and procedure of that court applicable to  
239 subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness  
240 fees, travel expenses, mileage and other fees required by the service statutes of the state in which  
241 the witnesses or evidence are located.

242 (5) Obtain and submit, for each nurse licensure applicant, fingerprint or other  
243 biometric-based information to the Federal Bureau of Investigation for criminal background  
244 checks, receive the results of the Federal Bureau of Investigation record search on criminal  
245 background checks and use the results in making licensure decisions.

246 (6) If otherwise permitted by state law, recover from the affected nurse the costs  
247 of investigations and disposition of cases resulting from any adverse action taken against that  
248 nurse.

249 (7) Take adverse action based on the factual findings of the remote state, provided  
250 that the licensing board follows its own procedures for taking such adverse action.

251 (b) If adverse action is taken by the home state against a nurse's multistate license, the  
252 nurse's multistate licensure privilege to practice in all other party states shall be deactivated until  
253 all encumbrances have been removed from the multistate license. All home state disciplinary  
254 orders that impose adverse action against a nurse's multistate license shall include a statement  
255 that the nurse's multistate licensure privilege is deactivated in all party states during the  
256 pendency of the order.

257 (c) Nothing in this Compact shall override a party state's decision that participation in an  
258 alternative program may be used in lieu of adverse action. The home state licensing board shall  
259 deactivate the multistate licensure privilege under the multistate license of any nurse for the  
260 duration of the nurse's participation in an alternative program.

261 "Sec. 6. Coordinated licensure information system and exchange of information.

262 (a) All party states shall participate in a coordinated licensure information system of all  
263 licensed registered nurses (RNs) and licensed practical/vocational nurses (LPNs/VNs). This

264 system will include information on the licensure and disciplinary history of each nurse, as  
265 submitted by party states, to assist in the coordination of nurse licensure and enforcement efforts.

266 (b) The Commission, in consultation with the administrator of the coordinated licensure  
267 information system, shall formulate necessary and proper procedures for the identification,  
268 collection and exchange of information under this Compact.

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

274 (d) Current significant investigative information and participation in nonpublic or  
275 confidential alternative programs shall be transmitted through the coordinated licensure  
276 information system only to party state licensing boards.

277 (e) Notwithstanding any other provision of law, all party state licensing boards  
278 contributing information to the coordinated licensure information system may designate  
279 information that may not be shared with non-party states or disclosed to other entities or  
280 individuals without the express permission of the contributing state.

281 (f) Any personally identifiable information obtained from the coordinated licensure  
282 information system by a party state licensing board shall not be shared with non-party states or  
283 disclosed to other entities or individuals except to the extent permitted by the laws of the party  
284 state contributing the information.

285 (g) Any information contributed to the coordinated licensure information system that is  
286 subsequently required to be expunged by the laws of the party state contributing that information  
287 shall also be expunged from the coordinated licensure information system.

288 (h) The Compact administrator of each party state shall furnish a uniform data set to the  
289 Compact administrator of each other party state, which shall include, at a minimum:

290 (1) Identifying information;

291 (2) Licensure data;

292 (3) Information related to alternative program participation; and

293 (4) Other information that may facilitate the administration of this Compact, as  
294 determined by Commission rules.

295 (i) The Compact administrator of a party state shall provide all investigative documents  
296 and information requested by another party state.

297 “Sec. 7. Establishment of the interstate commission of nurse licensure compact  
298 administrators.

299 (a) The party states hereby create and establish a joint public entity known as the  
300 Interstate Commission of Nurse Licensure Compact Administrators:

301 (1) The Commission is an instrumentality of the party states.

302 (2) Venue is proper and judicial proceedings by or against the Commission shall  
303 be brought solely and exclusively in a court of competent jurisdiction where the principal office  
304 of the Commission is located. The Commission may waive venue and jurisdictional defenses to  
305 the extent it adopts or consents to participate in alternative dispute resolution proceedings.

306 (3) Nothing in this Compact shall be construed to be a waiver of sovereign  
307 immunity.

308 (b) Membership, Voting and Meetings

309 (1) Each party state shall have and be limited to one administrator. The head of  
310 the state licensing board or designee shall be the administrator of this Compact for each party  
311 state. Any administrator may be removed or suspended from office as provided by the law of the  
312 state from which the Administrator is appointed. Any vacancy occurring in the Commission shall  
313 be filled in accordance with the laws of the party state in which the vacancy exists.

314 (2) Each administrator shall be entitled to one (1) vote with regard to the  
315 promulgation of rules and creation of bylaws and shall otherwise have an opportunity to  
316 participate in the business and affairs of the Commission. An administrator shall vote in person  
317 or by such other means as provided in the bylaws. The bylaws may provide for an  
318 administrator's participation in meetings by telephone or other means of communication.

319 (3) The Commission shall meet at least once during each calendar year.  
320 Additional meetings shall be held as set forth in the bylaws or rules of the commission.

321 (4) All meetings shall be open to the public, and public notice of meetings shall be  
322 given in the same manner as required under the rulemaking provisions in Section 8.

323 (5) The Commission may convene in a closed, nonpublic meeting if the  
324 Commission must discuss:

325 (A) Noncompliance of a party state with its obligations under the  
326 Compact;

327 (B) The employment, compensation, discipline or other personnel matters,  
328 practices or procedures related to specific employees or other matters related to the  
329 Commission's internal personnel practices and procedures;

330 (C) Current, threatened or reasonably anticipated litigation;



331 (D) Negotiation of contracts for the purchase or sale of goods, services or  
332 real estate;

333 (E) Accusing any person of a crime or formally censuring any person;

334 (F) Disclosure of trade secrets or commercial or financial information that  
335 is privileged or confidential;

336 (G) Disclosure of information of a personal nature where disclosure would  
337 constitute a clearly unwarranted invasion of personal privacy;

338 (H) Disclosure of investigatory records compiled for law enforcement  
339 purposes;

340 (I) Disclosure of information related to any reports prepared by or on  
341 behalf of the Commission for the purpose of investigation of compliance with this Compact; or

342 (J) Matters specifically exempted from disclosure by federal or state  
343 statute.

344 (6) If a meeting, or portion of a meeting, is closed pursuant to this provision, the  
345 Commission's legal counsel or designee shall certify that the meeting may be closed and shall  
346 reference each relevant exempting provision. The Commission shall keep minutes that fully and  
347 clearly describe all matters discussed in a meeting and shall provide a full and accurate summary  
348 of actions taken, and the reasons therefor, including a description of the views expressed. All  
349 documents considered in connection with an action shall be identified in such minutes. All  
350 minutes and documents of a closed meeting shall remain under seal, subject to release by a  
351 majority vote of the Commission or order of a court of competent jurisdiction.

352 (c) The Commission shall, by a majority vote of the administrators, prescribe bylaws or  
353 rules to govern its conduct as may be necessary or appropriate to carry out the purposes and  
354 exercise the powers of this Compact, including but not limited to:

- 355 (1) Establishing the fiscal year of the Commission;
- 356 (2) Providing reasonable standards and procedures:
  - 357 (A) For the establishment and meetings of other committees; and
  - 358 (B) Governing any general or specific delegation of any authority or  
359 function of the Commission;
- 360 (3) Providing reasonable procedures for calling and conducting meetings of the  
361 Commission, ensuring reasonable advance notice of all meetings and providing an opportunity  
362 for attendance of such meetings by interested parties, with enumerated exceptions designed to  
363 protect the public's interest, the privacy of individuals, and proprietary information, including  
364 trade secrets. The Commission may meet in closed session only after a majority of the  
365 administrators vote to close a meeting in whole or in part. As soon as practicable, the  
366 Commission must make public a copy of the vote to close the meeting revealing the vote of each  
367 administrator, with no proxy votes allowed;
- 368 (4) Establishing the titles, duties and authority and reasonable procedures for the  
369 election of the officers of the Commission;
- 370 (5) Providing reasonable standards and procedures for the establishment of the  
371 personnel policies and programs of the Commission. Notwithstanding any civil service or other  
372 similar laws of any party state, the bylaws shall exclusively govern the personnel policies and  
373 programs of the Commission; and

374 (6) Providing a mechanism for winding up the operations of the Commission and  
375 the equitable disposition of any surplus funds that may exist after the termination of this  
376 Compact after the payment or reserving of all of its debts and obligations;

377 (d) The Commission shall publish its bylaws and rules, and any amendments thereto, in a  
378 convenient form on the website of the Commission.

379 (e) The Commission shall maintain its financial records in accordance with the bylaws.

380 (f) The Commission shall meet and take such actions as are consistent with the provisions  
381 of this Compact and the bylaws.

382 (g) The Commission shall have the following powers:

383 (1) To promulgate uniform rules to facilitate and coordinate implementation and  
384 administration of this Compact. The rules shall have the force and effect of law and shall be  
385 binding in all party states;

386 (2) To bring and prosecute legal proceedings or actions in the name of the  
387 Commission, provided that the standing of any licensing board to sue or be sued under applicable  
388 law shall not be affected;

389 (3) To purchase and maintain insurance and bonds;

390 (4) To borrow, accept or contract for services of personnel, including, but not  
391 limited to, employees of a party state or nonprofit organizations;

392 (5) To cooperate with other organizations that administer state compacts related to  
393 the regulation of nursing, including but not limited to sharing administrative or staff expenses,  
394 office space or other resources;

395 (6) To hire employees, elect or appoint officers, fix compensation, define duties,  
396 grant such individuals appropriate authority to carry out the purposes of this Compact, and to

397 establish the Commission's personnel policies and programs relating to conflicts of interest,  
398 qualifications of personnel and other related personnel matters;

399 (7) To accept any and all appropriate donations, grants and gifts of money,  
400 equipment, supplies, materials and services, and to receive, utilize and dispose of the same;  
401 provided that at all times the Commission shall avoid any appearance of impropriety or conflict  
402 of interest;

403 (8) To lease, purchase, accept appropriate gifts or donations of, or otherwise to  
404 own, hold, improve or use, any property, whether real, personal or mixed; provided that at all  
405 times the Commission shall avoid any appearance of impropriety;

406 (9) To sell, convey, mortgage, pledge, lease, exchange, abandon or otherwise  
407 dispose of any property, whether real, personal or mixed;

408 (10) To establish a budget and make expenditures;

409 (11) To borrow money;

410 (12) To appoint committees, including advisory committees comprised of  
411 administrators, state nursing regulators, state legislators or their representatives, and consumer  
412 representatives, and other such interested persons;

413 (13) To provide and receive information from, and to cooperate with, law  
414 enforcement agencies;

415 (14) To adopt and use an official seal; and

416 (15) To perform such other functions as may be necessary or appropriate to  
417 achieve the purposes of this Compact consistent with the state regulation of nurse licensure and  
418 practice.

419 (h) Financing of the Commission:

420 (1) The Commission shall pay, or provide for the payment of, the reasonable  
421 expenses of its establishment, organization and ongoing activities.

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

427 (3) The Commission shall not incur obligations of any kind prior to securing the  
428 funds adequate to meet the same; nor shall the Commission pledge the credit of any of the party  
429 states, except by, and with the authority of, such party state.

430 (4) The Commission shall keep accurate accounts of all receipts and  
431 disbursements. The receipts and disbursements of the Commission shall be subject to the audit  
432 and accounting procedures established under its bylaws. However, all receipts and disbursements  
433 of funds handled by the Commission shall be audited yearly by a certified or licensed public  
434 accountant, and the report of the audit shall be included in and become part of the annual report  
435 of the Commission.

436 (i) Qualified Immunity, Defense and Indemnification:

437 (1) The administrators, officers, executive director, employees and representatives  
438 of the Commission shall be immune from suit and liability, either personally or in their official  
439 capacity, for any claim for damage to or loss of property or personal injury or other civil liability  
440 caused by or arising out of any actual or alleged act, error or omission that occurred, or that the  
441 person against whom the claim is made had a reasonable basis for believing occurred, within the  
442 scope of Commission employment, duties or responsibilities; provided that nothing in this

443 paragraph shall be construed to protect any such person from suit or liability for any damage,  
444 loss, injury or liability caused by the intentional, willful or wanton misconduct of that person.

445 (2) The Commission shall defend any administrator, officer, executive director,  
446 employee or representative of the Commission in any civil action seeking to impose liability  
447 arising out of any actual or alleged act, error or omission that occurred within the scope of  
448 Commission employment, duties or responsibilities, or that the person against whom the claim is  
449 made had a reasonable basis for believing occurred within the scope of Commission  
450 employment, duties or responsibilities; provided that nothing herein shall be construed to  
451 prohibit that person from retaining his or her own counsel; and provided further that the actual or  
452 alleged act, error or omission did not result from that person's intentional, willful or wanton  
453 misconduct.

454 (3) The Commission shall indemnify and hold harmless any administrator, officer,  
455 executive director, employee or representative of the Commission for the amount of any  
456 settlement or judgment obtained against that person arising out of any actual or alleged act, error  
457 or omission that occurred within the scope of Commission employment, duties or  
458 responsibilities, or that such person had a reasonable basis for believing occurred within the  
459 scope of Commission employment, duties or responsibilities, provided that the actual or alleged  
460 act, error or omission did not result from the intentional, willful or wanton misconduct of that  
461 person.

462 "Sec. 8. Commission rulemaking.

463 (a) The Commission shall exercise its rulemaking powers pursuant to the criteria set forth  
464 in this Section and the rules adopted thereunder. Rules and amendments shall become binding as

465 of the date specified in each rule or amendment and shall have the same force and effect as  
466 provisions of this Compact.

467 (b) Rules or amendments to the rules shall be adopted at a regular or special meeting of  
468 the Commission.

469 (c) Prior to promulgation and adoption of a final rule or rules by the Commission, and at  
470 least sixty (60) days in advance of the meeting at which the rule will be considered and voted  
471 upon, the Commission shall file a notice of proposed rulemaking:

472 (1) On the website of the Commission, and;

473 (2) On the website of each licensing board or the publication in which each state  
474 would otherwise publish proposed rules.

475 (d) The notice of proposed rulemaking shall include:

476 (1) The proposed time, date and location of the meeting in which the rule will be  
477 considered and voted upon;

478 (2) The text of the proposed rule or amendment, and the reason for the proposed  
479 rule;

480 (3) A request for comments on the proposed rule from any interested person; and

481 (4) The manner in which interested persons may submit notice to the Commission  
482 of their intention to attend the public hearing and any written comments.

483 (e) Prior to adoption of a proposed rule, the Commission shall allow persons to submit  
484 written data, facts, opinions and arguments, which shall be made available to the public.

485 (f) The Commission shall grant an opportunity for a public hearing before it adopts a rule  
486 or amendment.

487 (g) The Commission shall publish the place, time and date of the scheduled public  
488 hearing.

489 (1) Hearings shall be conducted in a manner providing each person who wishes to  
490 comment a fair and reasonable opportunity to comment orally or in writing. All hearings will be  
491 recorded, and a copy will be made available upon request.

492 (2) Nothing in this section shall be construed as requiring a separate hearing on  
493 each rule. Rules may be grouped for the convenience of the Commission at hearings required by  
494 this section.

495 (h) If no one appears at the public hearing, the Commission may proceed with  
496 promulgation of the proposed rule.

497 (i) Following the scheduled hearing date, or by the close of business on the scheduled  
498 hearing date if the hearing was not held, the Commission shall consider all written and oral  
499 comments received.

500 (j) The Commission shall, by majority vote of all administrators, take final action on the  
501 proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking  
502 record and the full text of the rule.

503 (k) Upon determination that an emergency exists, the Commission may consider and  
504 adopt an emergency rule without prior notice, opportunity for comment or hearing, provided that  
505 the usual rulemaking procedures provided in this Compact and in this section shall be  
506 retroactively applied to the rule as soon as reasonably possible, in no event later than ninety (90)  
507 days after the effective date of the rule. For the purposes of this provision, an emergency rule is  
508 one that must be adopted immediately in order to:

509 (A) Meet an imminent threat to public health, safety or welfare;



510 (B) Prevent a loss of Commission or party state funds; or  
511 (C) Meet a deadline for the promulgation of an administrative rule that is  
512 required by federal law or rule.

513 (1) The Commission may direct revisions to a previously adopted rule or amendment for  
514 purposes of correcting typographical errors, errors in format, errors in consistency or  
515 grammatical errors. Public notice of any revisions shall be posted on the website of the  
516 Commission. The revision shall be subject to challenge by any person for a period of thirty (30)  
517 days after posting. The revision may be challenged only on grounds that the revision results in a  
518 material change to a rule. A challenge shall be made in writing, and delivered to the  
519 Commission, prior to the end of the notice period. If no challenge is made, the revision will take  
520 effect without further action. If the revision is challenged, the revision may not take effect  
521 without the approval of the Commission.

522 “Sec. 9. Oversight, dispute resolution, and enforcement.

523 (a) Oversight:

524 (1) Each party state shall enforce this Compact and take all actions necessary and  
525 appropriate to effectuate this Compact’s purposes and intent.

526 (2) The Commission shall be entitled to receive service of process in any  
527 proceeding that may affect the powers, responsibilities or actions of the Commission, and shall  
528 have standing to intervene in such a proceeding for all purposes. Failure to provide service of  
529 process in such proceeding to the Commission shall render a judgment or order void as to the  
530 Commission, this Compact or promulgated rules.

531 (b) Default, technical assistance and termination

532 (1) If the Commission determines that a party state has defaulted in the  
533 performance of its obligations or responsibilities under this Compact or the promulgated rules,  
534 the Commission shall:

535 (A) Provide written notice to the defaulting state and other party states of  
536 the nature of the default, the proposed means of curing the default, or any other action to be  
537 taken by the Commission; and

538 (B) Provide remedial training and specific technical assistance regarding  
539 the default.

540 (2) If a state in default fails to cure the default, the defaulting state's membership  
541 in this Compact may be terminated upon an affirmative vote of a majority of the administrators,  
542 and all rights, privileges, and benefits conferred by this Compact may be terminated on the  
543 effective date of termination. A cure of the default does not relieve the offending state of  
544 obligations or liabilities incurred during the period of default.

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

549 (4) A state whose membership in this Compact has been terminated is responsible  
550 for all assessments, obligations and liabilities incurred through the effective date of termination,  
551 including obligations that extend beyond the effective date of termination.

552 (5) The Commission shall not bear any costs related to a state that is found to be  
553 in default or whose membership in this Compact has been terminated unless agreed upon in  
554 writing between the Commission and the defaulting state.

555 (6) The defaulting state may appeal the action of the Commission by petitioning  
556 the U.S. District Court for the District of Columbia or the federal district in which the  
557 Commission has its principal offices. The prevailing party shall be awarded all costs of such  
558 litigation, including reasonable attorneys' fees.

559 (c) Dispute resolution:

560 (1) Upon request by a party state, the Commission shall attempt to resolve  
561 disputes related to the Compact that arise among party states and between party and non-party  
562 states.

563 (2) The Commission shall promulgate a rule providing for both mediation and  
564 binding dispute resolution for disputes, as appropriate.

565 (3) In the event the Commission cannot resolve disputes among party states  
566 arising under this Compact:

567 (A) The party states may submit the issues in dispute to an arbitration  
568 panel, which will be comprised of individuals appointed by the Compact administrator in each of  
569 the affected party states and an individual mutually agreed upon by the Compact administrators  
570 of all the party states involved in the dispute.

571 (B) The decision of a majority of the arbitrators shall be final and binding.

572 (d) Enforcement:

573 (1) The Commission, in the reasonable exercise of its discretion, shall enforce the  
574 provisions and rules of this Compact.

575 (2) By majority vote, the Commission may initiate legal action in the U.S. District  
576 Court for the District of Columbia or the federal district in which the Commission has its  
577 principal offices against a party state that is in default to enforce compliance with the provisions

578 of this Compact and its promulgated rules and bylaws. The relief sought may include both  
579 injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party  
580 shall be awarded all costs of such litigation, including reasonable attorneys' fees.

581

582 (3) The remedies herein shall not be the exclusive remedies of the Commission.  
583 The Commission may pursue any other remedies available under federal or state law.

584 "Sec. 10. Compact effective date, withdrawal, and amendment.

585 (a) This Compact shall become effective and binding on the earlier of the date of  
586 legislative enactment of this Compact into law by no less than twenty-six (26) states or  
587 December 31, 2018. All party states to this Compact, that also were parties to the prior Nurse  
588 Licensure Compact, superseded by this Compact, ("Prior Compact"), shall be deemed to have  
589 withdrawn from said Prior Compact within six (6) months after the effective date of this  
590 Compact.

591 (b) Each party state to this Compact shall continue to recognize a nurse's multistate  
592 licensure privilege to practice in that party state issued under the Prior Compact until such party  
593 state has withdrawn from the Prior Compact.

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

597 (d) A party state's withdrawal or termination shall not affect the continuing requirement  
598 of the withdrawing or terminated state's licensing board to report adverse actions and significant  
599 investigations occurring prior to the effective date of such withdrawal or termination.

600 (e) Nothing contained in this Compact shall be construed to invalidate or prevent any  
601 nurse licensure agreement or other cooperative arrangement between a party state and a non-  
602 party state that is made in accordance with the other provisions of this Compact.

603 (f) This Compact may be amended by the party states. No amendment to this Compact  
604 shall become effective and binding upon the party states unless and until it is enacted into the  
605 laws of all party states.

606 (g) Representatives of non-party states Compact shall be invited to participate in the  
607 activities of the Commission, on a nonvoting basis, prior to the adoption of this Compact by all  
608 states.

609 “Sec. 11. Compact construction and severability

610 (a) This Compact shall be liberally construed so as to effectuate the purposes thereof. The  
611 provisions of this Compact shall be severable, and if any phrase, clause, sentence or provision of  
612 this Compact is declared to be contrary to the constitution of any party state or of the United  
613 States, or if the applicability thereof to any government, agency, person or circumstance is held  
614 invalid, the validity of the remainder of this Compact and the applicability thereof to any  
615 government, agency, person or circumstance shall not be affected thereby. If this Compact shall  
616 be held to be contrary to the constitution of any party state, this Compact shall remain in full  
617 force and effect as to the remaining party states and in full force and effect as to the party state  
618 affected as to all severable matters.”

619 Sec. 3. The Mayor is authorized to appoint, with the advice and consent of the Council  
620 pursuant to section 2(f) of the Confirmation Act of 1978, effective March 3, 1979, (D.C. Law 2-  
621 142; D.C. Official Code § 1-523.01(f)), one administrator to the Interstate Commission of Nurse  
622 Licensure Compact Administrators, pursuant to section 7(b)(1) of the Nurse Licensure Compact

623 (“Compact”), enacted and entered into pursuant to section 2, and one alternate administrator,  
624 who may exercise voting authority in the absence of one of the District’s Administrator, pursuant  
625 to section 7(b)(1) of the Compact.

626         Sec. 4. Pursuant to the requirements of D.C. Official Code §§ 47-105 and 47-355.01 to  
627 355.08, nothing in the Compact creates an obligation of the District in anticipation of an  
628 appropriation for such purpose, and the District’s legal liability for the payment of any amount  
629 under the Compact does not and may not arise or obtain in advance of the lawful availability of  
630 appropriated funds for the applicable fiscal year.

631         Sec. 5 A multistate license to practice as an RN, LPN, or VN issued pursuant to the  
632 Compact is an option for licensure in addition to a traditional license to practice as an RN, LPN,  
633 or VN issued pursuant to Title V of the Health Occupations Revision Act of 1985, effective  
634 January 18, 1986, (D.C. Law 6-99; D.C Official Code § 3-1205.01 *et seq.*). The Board of  
635 Nursing may charge a fee in excess of the traditional license fee for issuance of a multistate  
636 license. The Board of Nursing shall not pass along to a traditional license applicant or holder any  
637 costs associated with entering into or administering the Compact.

638         Sec. 6 Employer reporting and information requirements.

639         (a) A person or governmental entity that employs, or contracts directly or through another  
640 person or governmental entity for the provision of services by a nurse holding a multistate  
641 license to practice as an RN, LPN, or VN issued pursuant to the Compact shall:

642                 (1) Report to the Board of Nursing the number of nurses holding multistate  
643 licenses who are employed by, or providing services for, the person or governmental entity;

644                 (2) Provide each nurse holding a multistate license a copy of Board-developed  
645 information concerning laws and rules specific to the practice of nursing in the District;

646 (b) The Board of Nursing shall develop information concerning laws and rules specific to  
647 the practice of nursing in the District and make that information available on its internet web site

648 (c) The Board of Nursing may adopt rules in accordance with this section.

649 Sec. 7 Nothing in the Compact shall be construed to limit, alter, or modify the following:

650 (1) Any of the terms, conditions, or provisions of a collective bargaining  
651 agreement entered into by a hospital;

652 (2) The authority of the Board of Nursing to determine whether:

653 (A) An applicant for a traditional license to practice as a registered nurse  
654 or as a licensed practical nurse issued pursuant to sections 503 through 506 of the Health  
655 Occupations Revision Act of 1985, effective January 18, 1986, (D.C. Law 6-99; D.C Official  
656 Code § 3-1205.03 through 1205.06) meets the educational requirements therein;

657 (B) A registered nurse or licensed practical nurse holding a license to  
658 practice issued pursuant to Title V of the Health Occupations Revision Act of 1985, effective  
659 January 18, 1986, (D.C. Law 6-99; D.C Official Code § 3-1205 *et seq.*) has:

660 (i) Completed the continuing education required for renewal as  
661 described in section 510 of the Health Occupations Revision Act of 1985, effective January 18,  
662 1986, (D.C. Law 6-99; D.C Official Code § 3-1205.10); or

663 (ii) Engaged in activities that exceed the practice of nursing as a  
664 registered nurse or as a licensed practical nurse.

665 Sec. 8. Fiscal impact statement.

666 The Council adopts the fiscal impact statement in the committee report as the fiscal  
667 impact statement required by section 4a of the General Legislative Procedures Act of 1975,  
668 approved October 16, 2006 (120 Stat. 2038; D.C. Official Code § 1-301.47a).

669           Sec. 9. Effective date.

670           This act shall take effect following approval by the Mayor (or in the event of veto by the  
671 Mayor, action by the Council to override the veto), a 30-day period of congressional review as  
672 provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December  
673 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of  
674 Columbia Register.