Date: December, 2014

**Agenda Item K.2.**

TO: Board of Directors

FR: Jill Budden, Associate, Research

Maryann Alexander, Chief Officer, Nursing Regulation

RE: Review & Discuss Results of NLC Survey

**Purpose of the Agenda Item and/or the Board Action Requested:**

Review and discuss the results of the Nurse Licensure Compact (NLC) Evaluation surveys

**Background & Situation:**

The CORE committee originally conceived of the NLC evaluation project. A proposal was made by Dr. Ted Poister, and colleagues, through Georgia State University; however, it was decided by the Board of Directors to have NCSBN staff conduct the project. A previous evaluation of the NLC was conducted by The Gallup Organization and Insight Policy Research in 2006. Nurse employers were not included in the evaluation at that time.

The purpose of the NLC surveys was to collect evaluate data on the Nurse Licensure Compact (NLC) from nurses, and Boards of Nursing, and nurse employers. Key results follow.

**Nurse Survey Results**

Overall, there were essentially no differences in responses between Compact states/jurisdiction nurses and single license states/jurisdiction nurses in terms of the following items:

* Average number of nursing licenses held
* Percentage of time providing nursing services or communicating with a patient or client outside of their primary state/jurisdiction residence
* Average number of states nurses were located in when providing nursing care and/or utilizing nursing knowledge in the past 24 months
* Providing nursing services or communicating with a patient or client that was located in a state/jurisdiction different from where the nurse was located (telehealth)
* Average number of states practiced in via telehealth
* Nurses that indicated something had prevented them from applying for a nursing license in a state/jurisdiction
* Average amount spent on licensure fees in the past 24 months

One difference obtained was that a higher percentage of nurses in single license states (16%) indicated being in a union versus nurses in Compact states (6%). Another difference was 22% of nurses in Compact states and 59% of nurses in single license states indicated they were ‘not at all aware’ of the NLC.

Additionally, 75% of nurses in Compact states correctly identified their primary state/jurisdiction residence as part of the Compact, and 51% of nurses in single license states correctly identified their primary state/jurisdiction residence as *not* part of the Compact. Of nurses who indicated they were aware of the NLC, and indicated they held a Compact license, 41% indicated the Compact license had been beneficial, 11% indicated somewhat beneficial, 28% indicated it had not been beneficial, and 20% had no opinion. Nurse respondents who indicated they were aware of the NLC, and indicated they held a Compact license, were asked if they had practiced in another state/jurisdiction under their Compact license in the past 24 months, 17% indicated they had.

Nurse respondents who indicated they were aware of the NLC, and who indicated their primary residence did not belong to the NLC, were asked their opinion of their primary state/jurisdiction residence joining the NLC. Results showed that 69% indicated they were ‘in favor’ of their state joining the NLC, 2% indicated they were ‘opposed’, while 6% indicated ‘neutral’, 9% ‘no opinion’, and 14% ‘don’t know’.

**BON Survey: Compact States/Jurisdictions Results**

* 58% indicated little or no impact on BON licensure/operations staff workload, while 32% indicated an increased workload
* 67% indicated little or no impact on BON investigator caseload, while 17% indicated an increased caseload
* 74% indicated little or no impact on BON attorney caseload, while 5% indicated an increased caseload
* 11% indicated it increased the length of time to resolve a discipline case involving another Compact BON from complaint to board action, 47% indicated little or no impact on length of time, 16% indicated decreased time, and 26% indicated they didn’t know
* 63% indicated there was no financial impact of the NLC on the BON, 37% indicated there was a financial impact
* 100% indicated there were advantages of being a member of the NLC, 68% indicated there were not any disadvantages of being a member of the NLC, while 32% indicated there were some disadvantages

**BON Survey: Single License States/Jurisdictions Results**

* 26% indicated their BON was considering joining the NLC, 39% indicated no, 9% indicated under discussion, and 26% indicated unsure
* If the BON was considering joining the NLC, they were asked if they anticipated any opposition from stakeholders; 88% indicated anticipated opposition, 5 out of the 7 that indicated opposition indicated ‘unions’ as the anticipated opposition
* If the BON indicated there were barriers to joining the NLC, 63% indicated ‘criminal background checks not conducted in all Compact states’ and 53% indicated financial barriers
* 73% indicated there were advantages to joining the NLC, and 64% indicated there were disadvantages to joining

**Employer Survey: Compact License States/Jurisdictions Results**

* 85% of respondents had zero nurses that were members of a collective bargaining union
* 13% indicated they were ‘not familiar’ with the Compact
* 35% indicated the NLC expedites nurse hiring, 27% indicated ‘somewhat’, 29% indicated ‘no’
* 6% indicated nurses in their organization require multiple nursing licenses from other state/jurisdictions to perform their job
* 45% indicated there have been advantages of the NLC for their organization, 34% indicted no advantages
* 5% indicated there have been disadvantages of the NLC for their organization, 75% indicated no disadvantages

**Employer Survey: Single License States/Jurisdictions Results**

* 78% of respondents had zero nurses that were members of a collective bargaining union
* 50% indicated they were ‘not familiar’ with the NLC, only 10% indicated they were ‘very familiar’
* 74% indicated there would be advantages for their organization if their state/jurisdiction joined the NLC, 63% indicated no disadvantages
* 81% were in favor of their state/jurisdiction joining the NLC
* 20% indicated nurses in their organization require multiple nursing licenses from other states/jurisdictions to perform their job

**Recommendations for Consideration:**

It is recommended to approve report distribution to the Boards of Nursing.

**Fiscal Impact:**

None.

**Attachments:**

1. Attachment A

**Attachment A**

**Nurse Licensure Compact Evaluation**

**Table of Contents**

[INTRODUCTION](#Method) 8

[**Instrument**](#Participants) 8

[**Sample**](#Materials)8

Nurse 8

*Table 1: Nurse Sampling, State-level* 8

Employer 10

*Table 2: Employer Sampling, State-level* 10

Board of Nursing 12

*Table 3: Board of Nursing Response* 12

[**Survey**](#Materials) **Administration**13

[RESULTS](#Results) 13

**Nurse Survey** 14

*Table 4: Age* 14

*Table 5: Gender* 14

*Table 6: Type of License Held* 14

*Figure 1: Percentage of Nurses who had a License in their Primary State/Jurisdiction Residence* 15

*Table 7: Average Number of Nursing Licenses Held* 15

*Table 8: Percentage of Licensees Employed in a Position that Required a Nursing License in the Past 24 Months* 15

*Table 9: Of Nurses Employed in the Past 24 Months, Location of Primary Employer* 16

*Figure 2: Of Nurses Employed in the Past 24 Months, Membership in a Collective Bargaining Unit* 16

*Figure 3: Of Nurses Employed in the Past 24 Months, Percentage of Time Providing Nursing Services or Communicating with a Patient or Client Outside of Primary State/Jurisdiction Residence* 17

*Table 10: Of Nurses Employed in the Past 24 Months, the Average Number of States Nurses were Located in when Providing Nursing Care and/or Utilizing Nursing Knowledge in the Past 24 Months* 17

*Figure 4: Of Nurses Employed in the Past 24 Months, Had the Nurse Provided Nursing Services or Communicated with a Patient or Client that was Located in a State/Jurisdiction Different from where the Nurse was located (telehealth)?* 18

*Table 11: Of Nurses Employed in the Past 24 Months that had Provided Nursing Services or Communicated with a Patient or Client that was Located in a State/Jurisdiction Different from where they were Located (i.e., Telehealth), the Average Number of States Practiced in Via Telehealth* 18

*Figure 5: Nurses that Indicated Something had Prevented them from Applying for a Nursing License in a State/Jurisdiction* 19

*Table 12: Nurses that Indicated Something had prevented them from Applying for a Nursing License in any State/Jurisdiction: COMMENTS* 19

*Figure 6: Who Pays Licensure Fees* 20

*Table 13: Average Amount Spent on Licensure Fees in the Past 24 Months* 20

*Figure 7: Nurse Awareness of the Nurse Licensure Compact* 21

*Figure 8: Of Nurses Aware of the NLC, the Percent that Indicated their State/Jurisdiction of Primary Residence Belongs to the NLC* 21

*Figure 9: Of Nurses Aware of the NLC, and that Indicated their State/Jurisdiction of Primary Residence Belongs to the NLC (or didn’t know), Percent Indicating they Held an Active Compact License* 22

*Figure 10: Of Nurses Aware of the NLC, and that Indicated they Held a Compact License, Percent Indicating the NLC has been beneficial* 22

*Table 14: Of Nurses Aware of the NLC, and that Indicated they Held a Compact License, Percent Indicating the NLC has been beneficial* 23

*Figure 11: Of Nurses Aware of the NLC, and who indicated they Held a Compact License, the Percent that Practiced in Another State/Jurisdiction Under their Compact License* 24

*Table 15: Of Nurses Aware of the NLC, and who Indicated they Held a Compact License and Practiced in Another State/Jurisdiction Under their Compact License, the Type of Position Held* 24

*Figure 12: Of Nurses Aware of the NLC, Opinion of their Primary State/Jurisdiction of Residence Joining the NLC* 25

*Table 16: Of Nurses Aware of the NLC, Opinion of their Primary State/Jurisdiction of Residence Joining the NLC: COMMENTS* 25

**Board of Nursing Survey: Compact States/Jurisdictions** 25

*Table 17: Number of Years Respondent had been an NLC Administrator* 25

*Table 18: Number of Years the State/Jurisdiction had been a Member of the NLC* 26

*Figure 13: Does BON Maintain Monthly or Yearly Statistics or Performance Measures Related to NLC Cases/Complaints?* 27

*Figure 14: Impact the NLC has on BON Licensure/Operations Staff Workload* 28

*Figure 15: Impact the NLC has on BON Investigator Caseload* 29

*Figure 16: Impact the NLC has on BON Attorney Caseload* 30

*Figure 17: Has the BON ever had to Work with Another Compact State/Jurisdiction Regarding a Discipline Case?* 31

*Figure 18: Of Compact BONs that have had to Work with Another Compact State/Jurisdiction Regarding a Discipline Case, How the NLC Impacts Length of Time to Resolve a Discipline Case Involving another Compact BON from Complaint to Board Action* 31

*Figure 19: Of Compact BONs that have had to Work with Another Compact State/Jurisdiction Regarding a Discipline Case, Level of Cooperation among the Compact States/Jurisdictions in the Exchange of Information* 32

*Figure 20: Does the NLC have any Financial Impact on the BON?* 33

*Figure 21: Are there Advantages of Being a Member of the NLC?* 34

*Figure 22: Are there Disadvantages of Being a Member of the NLC?* 35

*Figure 23: Are there NLC Provisions that should be Amended or Added?* 36

**Board of Nursing Survey: Single License States/Jurisdictions** 37

*Table 19: Number of Years as EO at Current BON* 37

*Figure 24: Familiarity with the NLC* 38

*Figure 25: Is the BON Considering Joining the NLC?* 39

*Figure 26: Of BONs Considering Joining the NLC, How Soon?* 39

*Figure 27: If the BON is Considering Joining the NLC (or it is under discussion), Is there Anticipated Opposition from Stakeholders?* 40

*Figure 28: If the BON is Considering Joining the NLC (or it is under discussion) and there is Anticipated Opposition, the Specified Opposition* 40

*Figure 29: Are there any Barriers for the State/Jurisdiction Joining the NLC?* 41

*Figure 30: Of those with Barriers for their State/Jurisdiction Joining the NLC, the Specified Barriers* 41

*Figure 31: Are there Advantages to Joining the NLC?* 42

*Figure 32: Are there Disadvantages to Joining the NLC?* 43

*Figure 33: Are there NLC Provisions that Should be Amended or Added?* 44

**Employer Survey: Compact States/Jurisdictions** 45

*Figure 34: Location of Organization* 45

*Table 20: Average Number of Full-time Equivalent (FTE) Nurses Employed* 45

*Figure 35: Percentage of Organization’s Nurses that are Members of a Collective Bargaining Union* 46

*Table 21: Type of Organization* 46

*Figure 36: Job Title* 47

*Table 22: Respondent’s License* 47

*Figure 37: Familiarity with the NLC* 48

*Figure 38: Of Employers Familiar with the NLC, Does the NLC Help Expedite Nurse Hiring?* 48

*Table 23: Of Employers Familiar with the NLC, Does the NLC Help Expedite Nurse Hiring: COMMENTS* 49

*Table 24: Of Employers Familiar with the NLC, the Average Number of Nurses Practicing on a Compact License Issued by Another State/Jurisdiction in their Organization* 49

*Table 25: Of Employers Familiar with the NLC, the Average Percentage of Nurses Practicing on a Compact License Issued by Another State/Jurisdiction in their Organization* 49

*Table 26: Of Employers Familiar with the NLC, and that had Nurses Practicing on a Compact License Issued by Another State/Jurisdiction in their Organization, Characteristics of these Nurses* 50

*Figure 39: Of Employers Familiar with the NLC, Do Nurses in your Organization Require Multiple Nursing Licenses from other State/Jurisdictions to Perform their Job?* 50

*Table 27: Of Employers Familiar with the NLC that have Nurses in their Organization that Require Multiple Nursing Licenses from other State/Jurisdictions to Perform their Job, Characteristics of these Nurses* 51

*Figure 40: Of Employers Familiar with the NLC, Have there been Advantages of the NLC for your Organization?* 51

*Table 28: Of Employers Familiar with the NLC, Have there been Advantages of the NLC for your Organization? COMMENTS* 52

*Figure 41: Of Employers Familiar with the NLC, Have there been Disadvantages of the NLC for your Organization?* 52

*Table 29: Of Employers Familiar with the NLC, Have there been Disadvantages of the NLC for your Organization: COMMENTS* 53

*Figure 42: Of Employers Familiar with the NLC, Did the Employer have Recommendations on How to Improve the NLC?* 53

*Table 30: Of Employers Familiar with the NLC, Did the Employer have Recommendations on How to Improve the NLC? COMMENTS* 54

**Employer Survey: Single License States/Jurisdictions** 54

*Figure 43: Location of Organization* 54

*Table 31: Average Number of Full-time Equivalent (FTE) Nurses Employed* 55

*Figure 44: Percentage of Organization’s Nurses that are Members of a Collective Bargaining Union* 55

*Table 32: Type of Organization* 54

*Table 33: Respondent’s Job Title* 56

*Table 34: Respondent’s License* 56

*Figure 45: Familiarity with the NLC* 56

*Figure 46: Of Employers Familiar with the NLC, Would there be Advantages for their Organization if their State/Jurisdiction Joined the NLC?* 57

*Table 35: Of Employers Familiar with the NLC, Would there be Advantages for their Organization if their State/Jurisdiction Joined the NLC?* 57

*Figure 47: Of Employers Familiar with the NLC, Would there be Disadvantages for their Organization if their State/Jurisdiction Joined the NLC?* 58

*Table 36: Of Employers Familiar with the NLC, Would there be Disadvantages for their Organization if their State/Jurisdiction Joined the NLC? COMMENTS* 58

*Figure 48: Of Employers Familiar with the NLC, Does the Employer have Recommendations on how to Improve the NLC?* 59

*Table 37: Of Employers Familiar with the NLC, Does the Employer have Recommendations on how to Improve the NLC? COMMENTS* 59

*Figure 49: Of Employers Familiar with the NLC, Does the Employer Favor or Oppose their State/Jurisdiction Joining the NLC?* 60

*Table 38: Of Employers Familiar with the NLC, Suggestions or Comments Regarding the NLC* 60

*Figure 50: Of Employers Familiar with the NLC, Do any Nurses Working in their Organization Require Multiple Nursing Licenses from other State/Jurisdictions to Perform their Job?* 61

*Table 39: Of Employers Familiar with the NLC that have Nurses that Require Multiple Nursing Licenses from other State/Jurisdictions to Perform their Job, Characteristics of these Nurses* 61

**Supplemental CORE Analyses** 62

*Figure 50: Average Budget Allocated to Discipline* 62

*Table 40: Average Budget Allocated to Discipline* 62

*Table 41: State Average Budget Allocated to Discipline Before Versus After Joining the Compact* 63

*Figure 51: Average Percent of Budget Allocated to Discipline* 63

*Table 42: Average Percent of Budget Allocated to Discipline* 63

*Table 43: State Average Percent of Budget Allocated to Discipline Before Versus After Joining the Compact*

64

*Figure 52: Average Total Budget* 64

*Table 44: Average Total Budget* 64

*Table 45: State Average Total Budget Before Versus After Joining the Compact* 65

*Figure 53: Average Number of Investigative Cases* 65

*Table 46: Average Number of Investigative Cases* 65

*Table 47: State Average Number of Investigative Cases Before Versus After Joining the NLC* 66

*Figure 54: Average Number of Investigative Cases per Number of Licensees* 66

*Table 48: Average Number of Investigative Cases per Number of Licensees* 66

*Table 49: State Average Number of Investigative Cases per Number of Licensees Before Versus After Joining the Compact* 67

APPENDIX 68

**Nurse Survey** 68

**BON Survey: Compact States/Jurisdictions** 73

**BON Survey: Single License States/Jurisdictions** 76

**Employer Survey: Compact License States/Jurisdictions** 78

**Employer Survey: Single License States/Jurisdictions** 81

**Nurse Licensure Compact Evaluation**

The purpose of this report is to present data that evaluates the Nurse Licensure Compact (NLC). Surveys were sent to Boards of Nursing (BON), nurses, and nurse employers. The BON survey was online, while the nurse and employer surveys were both hard copy and online options.

**Instrument**

Survey items will be reviewed and developed by an internal NCSBN team: Maryann Alexander, Jim Puente, Lindsey Erickson, Jill Budden, and Elizabeth Zhong. Items were distributed to Executive Officers and the CORE committee for input and review.

**Sample**

*Nurse.* All nurses from all member board states/territories were eligible candidates for survey participation. A stratified random sample was obtained as follows:

1. A portion of the sample was drawn from Nursys, NCSBN’s licensure database. This contains basic contact and demographic information for licensees from NCSBN’s member boards, with the exception of: AL, GA, HI, LA(PN), and OK. Additionally, KS, MA, and WA restrict addresses in Nursys, and PA does not include addresses. Nursys was used to draw a random stratified sample of nurses from those states with available address information in Nursys. The remaining states were contacted to obtain licensee mailing lists. A medical marketing mailing list was used to obtain the sample for HI. At the time of the study, Nursys contains information on 4,048,107 RNs and 938,491 LPN/VNs licensed to practice in U.S. jurisdictions. Licensees with multiple licensees were de-duplicated.
2. Table 1 provides an overview of the number of active licensees that were drawn from each state/jurisdiction along with the anticipated response rates based on 95% confidence and 4% error.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Table 1 | | | | | |  |  |  |
| *Nurse Sampling, State-level* | | | | | |  |  |  |
| Jurisdiction | Number of Active Licensees *(RN & LPN combined)* | Estimated sample: 95% confidence, 4% error (Estimated Number to be received) | Number mailed | Returned to sender | Number received | Total response rate | Online response rate | Paper response rate |
| AK | 12,744 | 573 | 2865 | 103 | 462 | 17% | 17% | 83% |
| AL | 65,535 | 595 | 2975 | 47 | 506 | 17% | 26% | 74% |
| AR | 50,938 | 593 | 2965 | 53 | 560 | 19% | 21% | 79% |
| AZ | 82,051 | 596 | 2980 | 92 | 468 | 16% | 18% | 82% |
| CA | 491,774 | 600 | 3000 | 37 | 406 | 14% | 25% | 75% |
| CO | 74,646 | 595 | 2975 | 62 | 519 | 18% | 11% | 89% |
| CT | 71,715 | 595 | 2975 | 16 | 460 | 16% | 11% | 89% |
| DC | 26,750 | 587 | 2935 | 68 | 456 | 16% | 21% | 79% |
| DE | 15,314 | 578 | 2890 | 13 | 559 | 19% | 14% | 86% |
| FL | 355,117 | 599 | 2995 | 56 | 397 | 14% | 20% | 80% |
| GA | 98,225 | 597 | 2985 | 58 | 519 | 18% | 19% | 81% |
| HI | 25,000 | 586 | 2930 | 866 | 84 | 4% | 8% | 92% |
| IA | 61,846 | 594 | 2970 | 45 | 615 | 21% | 16% | 84% |
| ID | 22,940 | 585 | 2925 | 42 | 634 | 22% | 15% | 85% |
| IL | 213,761 | 599 | 2995 | 31 | 553 | 19% | 23% | 77% |
| IN | 125,253 | 597 | 2985 | 35 | 574 | 19% | 17% | 83% |
| KS | 62,676 | 595 | 2975 | 31 | 660 | 22% | 17% | 83% |
| KY | 83,611 | 596 | 2980 | 30 | 479 | 16% | 21% | 79% |
| LA | 82,583 | 596 | 2980 | 23 | 403 | 14% | 25% | 75% |
| MA | 143,811 | 598 | 2990 | 34 | 460 | 16% | 12% | 88% |
| MD | 69,381 | 595 | 2975 | 23 | 459 | 16% | 19% | 81% |
| ME | 27,103 | 587 | 2935 | 25 | 476 | 16% | 13% | 87% |
| MI | 128,267 | 597 | 2985 | 12 | 565 | 19% | 14% | 86% |
| MN | 92,324 | 596 | 2980 | 17 | 614 | 21% | 15% | 85% |
| MO | 129,693 | 597 | 2985 | 59 | 578 | 20% | 14% | 86% |
| MS | 55,587 | 594 | 2970 | 61 | 352 | 12% | 17% | 83% |
| MT | 19,693 | 582 | 2910 | 64 | 561 | 20% | 12% | 88% |
| NC | 141,440 | 598 | 2990 | 37 | 504 | 17% | 21% | 79% |
| ND | 16,272 | 579 | 2895 | 27 | 622 | 22% | 15% | 85% |
| NE | 33,125 | 590 | 2950 | 30 | 613 | 21% | 13% | 87% |
| NH | 24,088 | 586 | 2930 | 29 | 643 | 22% | 13% | 87% |
| NJ | 142,202 | 598 | 2990 | 25 | 442 | 15% | 17% | 83% |
| NM | 25,317 | 586 | 2930 | 58 | 522 | 18% | 17% | 83% |
| NV | 32,890 | 589 | 2945 | 81 | 403 | 14% | 22% | 79% |
| NY | 183,063 | 598 | 2990 | 24 | 442 | 15% | 16% | 84% |
| OH | 242,981 | 599 | 2995 | 30 | 470 | 16% | 16% | 84% |
| OK | 66,205 | 595 | 2975 | 60 | 419 | 14% | 14% | 86% |
| OR | 54,950 | 594 | 2970 | 56 | 432 | 15% | 14% | 86% |
| PA | 272,249 | 599 | 2995 | 21 | 620 | 21% | 14% | 86% |
| RI | 19,777 | 583 | 2915 | 32 | 374 | 13% | 13% | 87% |
| SC | 67,185 | 595 | 2975 | 26 | 394 | 13% | 17% | 83% |
| SD | 17,912 | 581 | 2905 | 21 | 585 | 20% | 11% | 89% |
| TN | 116,271 | 597 | 2985 | 45 | 381 | 13% | 19% | 81% |
| TX | 347,824 | 599 | 2995 | 48 | 322 | 11% | 24% | 76% |
| UT | 30,946 | 589 | 2945 | 44 | 532 | 18% | 14% | 86% |
| VA | 124,923 | 597 | 2985 | 40 | 410 | 14% | 18% | 82% |
| VT | 14,165 | 576 | 2880 | 86 | 473 | 17% | 10% | 90% |
| WA | 97,062 | 597 | 2985 | 39 | 433 | 15% | 14% | 86% |
| WI | 98,456 | 597 | 2985 | 15 | 728 | 25% | 13% | 87% |
| WV | 37,992 | 591 | 2955 | 41 | 368 | 13% | 19% | 81% |
| WY | 11,512 | 571 | 2855 | 61 | 568 | 20% | 13% | 87% |
| Virgin Islands | 985 | 373 | 373 | 16 | 42 | 12% | 21% | 79% |
| Guam | 726 | 329 | 726 | -- | 5 |  | 60% | 40% |
| American Samoa | 121 | 101 | 121 | 1 | 6 | 5% | 33% | 67% |
| Northern Mariana Islands | 239 | 171 | 239 | -- | -- | -- | -- | -- |
| **TOTAL** | **4,909,216** | **31,160** | **152,389** | **2,996** | **25,139\*** | **17%** | **18%** | **82%** |

*Note.* Total numbers as of May 19, 2014. Jurisdictions that do not participate in Nursys: AL, GA, HI, LA-PN, & OK.

KS, MA, WA, restrict addresses in Nursys and PA does not include addresses.

The above states were contacted to obtain mailing lists. A medical marketing mailing list provider was used to obtain the sample for HI.

\*7 respondents did not have an originating state assignment; hence, the column sum had 7 additional responses.

*Employer*. Nurse executives from all member board states/territories were eligible candidates for survey participation. A random sample, stratified by state, out of 26,483 was obtained. To obtain 95% confidence and 4% error, with an estimated 20% response rate, all nurse executives were surveyed. There are two versions of the employer survey, one for Compact states, and one for single license states (See Table 2).

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Table 2 | | | | | |  |  |  |
| *Employer Sampling, State-level* | | | | | |  |  |  |
| Jurisdiction | Number of employers | Estimated sample: 95% confidence, 4% error (Estimated Number to be received) | Number mailed | Returned to sender | Number received | Total response rate | Online response rate | Paper response rate |
| AK | 63 | 57 | 63 | 0 | 7 | 11% | 29% | 71% |
| AL | 474 | 265 | 474 | 5 | 42 | 9% | 29% | 71% |
| AR (compact) | 454 | 258 | 454 | 4 | 47 | 10% | 11% | 89% |
| AZ (compact) | 360 | 225 | 360 | 9 | 40 | 11% | 5% | 95% |
| CA | 2101 | 467 | 2101 | 56 | 128 | 6% | 15% | 85% |
| CO (compact) | 384 | 234 | 384 | 10 | 47 | 13% | 21% | 79% |
| CT | 385 | 235 | 385 | 6 | 32 | 8% | 6% | 94% |
| DC | 52 | 48 | 52 | 2 | 1 | 2% | 0% | 100% |
| DE (compact) | 80 | 71 | 80 | 0 | 10 | 13% | 10% | 90% |
| FL | 1335 | 414 | 1335 | 27 | 100 | 8% | 23% | 77% |
| GA | 651 | 312 | 651 | 8 | 70 | 11% | 13% | 87% |
| HI | 72 | 64 | 72 | 1 | 12 | 17% | 17% | 83% |
| IA (compact) | 631 | 308 | 631 | 3 | 127 | 20% | 13% | 87% |
| ID (compact) | 179 | 138 | 179 | 2 | 26 | 15% | 19% | 81% |
| IL | 1140 | 393 | 1140 | 13 | 117 | 10% | 20% | 80% |
| IN | 706 | 324 | 706 | 5 | 81 | 12% | 14% | 86% |
| KS | 551 | 287 | 551 | 3 | 101 | 18% | 26% | 74% |
| KY (compact) | 466 | 262 | 466 | 7 | 53 | 12% | 15% | 85% |
| LA | 571 | 293 | 571 | 3 | 56 | 10% | 16% | 84% |
| MA | 642 | 310 | 642 | 7 | 69 | 11% | 16% | 84% |
| MD (compact) | 389 | 236 | 389 | 11 | 51 | 13% | 16% | 84% |
| ME (compact) | 175 | 135 | 175 | 0 | 25 | 14% | 8% | 92% |
| MI | 684 | 320 | 684 | 9 | 93 | 14% | 17% | 83% |
| MN | 646 | 311 | 646 | 5 | 94 | 15% | 22% | 78% |
| MO (compact) | 804 | 344 | 804 | 8 | 111 | 14% | 24% | 76% |
| MS (compact) | 339 | 217 | 339 | 2 | 34 | 10% | 6% | 94% |
| MT | 168 | 131 | 168 | 0 | 21 | 13% | 10% | 90% |
| NC (compact) | 825 | 347 | 825 | 17 | 117 | 14% | 26% | 74% |
| ND (compact) | 140 | 114 | 140 | 0 | 33 | 24% | 18% | 82% |
| NE (compact) | 351 | 221 | 351 | 2 | 90 | 26% | 19% | 81% |
| NH (compact) | 158 | 125 | 158 | 1 | 23 | 15% | 26% | 74% |
| NJ | 559 | 289 | 559 | 8 | 44 | 8% | 16% | 84% |
| NM (compact) | 141 | 114 | 141 | 7 | 22 | 16% | 23% | 77% |
| NV | 112 | 94 | 112 | 2 | 12 | 11% | 8% | 92% |
| NY | 1178 | 398 | 1178 | 17 | 108 | 9% | 7% | 93% |
| OH | 1310 | 412 | 1310 | 16 | 127 | 10% | 15% | 85% |
| OK | 516 | 277 | 516 | 12 | 54 | 11% | 26% | 74% |
| OR | 270 | 186 | 270 | 4 | 28 | 11% | 4% | 96% |
| PA | 1133 | 392 | 1133 | 8 | 118 | 10% | 17% | 83% |
| RI (compact) | 120 | 100 | 120 | 3 | 12 | 10% | 8% | 92% |
| SC (compact) | 365 | 227 | 365 | 7 | 29 | 8% | 17% | 83% |
| SD (compact) | 195 | 147 | 195 | 0 | 29 | 15% | 14% | 86% |
| TN (compact) | 612 | 303 | 612 | 16 | 48 | 8% | 15% | 85% |
| TX (compact) | 1877 | 455 | 1877 | 56 | 180 | 10% | 21% | 79% |
| UT (compact) | 201 | 151 | 201 | 3 | 24 | 12% | 29% | 71% |
| VA (compact) | 528 | 281 | 528 | 10 | 49 | 9% | 20% | 80% |
| VT | 77 | 68 | 77 | 1 | 5 | 7% | 60% | 40% |
| WA | 425 | 249 | 425 | 6 | 44 | 11% | 14% | 86% |
| WI (compact) | 589 | 297 | 589 | 3 | 104 | 18% | 17% | 83% |
| WV | 216 | 159 | 216 | 1 | 26 | 12% | 12% | 88% |
| WY | 83 | 73 | 83 | 2 | 22 | 27% | 9% | 91% |
| Virgin Islands | -- | -- | -- | -- | -- | -- | -- | -- |
| Guam | -- | -- | -- | -- | -- | -- | -- | -- |
| American Samoa | -- | -- | -- | -- | -- | -- | -- | -- |
| Northern Mariana Islands | -- | -- | -- | -- | -- | -- | -- | -- |
| **Compact states** | **10,363** | **5,310** | **10,363** | **181** | **1,331** | **13%** | **17%** | **83%** |
| **Single license states** | **16,120** | **6,828** | **16,120** | **227** | **1,612** | **10%** | **17%** | **83%** |
| **TOTAL** | **26,483** | **12,138** | **26,483** | **408** | **2,943** | **11%** | **17%** | **83%** |

*Board of Nursing.* Executive Officers were asked to complete the BON survey.

|  |  |  |
| --- | --- | --- |
| Table 3 | |  |
| *BON response* | |  |
| Jurisdiction | Compact states Responses | Single license states responses |
| AK |  | yes |
| AL |  | yes |
| AR (compact) | yes |  |
| AZ (compact) | yes |  |
| CA-RN |  | yes |
| CA-VN |  |  |
| CO (compact) | yes |  |
| CT |  |  |
| DC |  | yes |
| DE (compact) | yes |  |
| FL |  | yes |
| GA |  | yes |
| HI |  |  |
| IA (compact) | yes |  |
| ID (compact) | yes |  |
| IL |  | yes |
| IN |  |  |
| KS |  | yes |
| KY (compact) | yes |  |
| LA-RN |  | yes |
| LA-PN |  |  |
| MA |  | yes |
| MD (compact) |  |  |
| ME (compact) | yes |  |
| MI |  |  |
| MN |  | yes |
| MO (compact) | yes |  |
| MS (compact) |  |  |
| MT |  | yes |
| NC (compact) | yes |  |
| ND (compact) | yes |  |
| NE (compact) | yes |  |
| NH (compact) |  |  |
| NJ |  | yes |
| NM (compact) | yes |  |
| NV |  | yes |
| NY |  |  |
| OH |  | yes |
| OK |  | yes |
| OR |  | yes |
| PA |  |  |
| RI (compact) |  |  |
| SC (compact) |  |  |
| SD (compact) | yes |  |
| TN (compact) | yes |  |
| TX (compact) | yes |  |
| UT (compact) | yes |  |
| VA (compact) | yes |  |
| VT |  | yes |
| WA |  | yes |
| WI (compact) | yes |  |
| WV-RN |  | yes |
| WV-PN |  | yes |
| WY |  | yes |
| Virgin Islands |  |  |
| Guam |  | yes |
| American Samoa |  |  |
| Northern Mariana Islands |  |  |
| **TOTAL** | **19/24** | **23/34** |

**Survey Administration**

A hard copy survey was mailed to each sampled nurse and employer. The hard copy survey also contained a link to complete the survey online. Approximately two weeks after the hard copy survey was mailed, a reminder post card was sent, which also contained a link to the online survey. Boards of nursing were emailed a link to complete their survey online. Responses were obtained in July and August, 2014.

The results of 5 surveys are presented in the following order: Nurse, BON Compact states, BON single license states, employer Compact states, and employer single license states.

**Results**

A series of descriptive analyses were conducted. For open-ended survey questions, results were analyzed via the following steps: 1) two coders read through all of the comments to identify themes, 2) the two coders agreed on the final set of themes, 3) the two coders coded each open-ended comment according to the themes, 4) the two coders compared codes and reconciled any disagreements.

**Nurse Survey**

Nurse respondents were asked to indicate the year they were born. The average approximate age was 50 years of age for Compact states and 51 for single license states (see Table 4).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Table 4 | | | | | | |
| *Age* | | | | | | |
|  | *n* | *M* | *SD* | Min | Max | Median |
| Compact states | 12,180 | 50.10 | 14.17 | 18.00 | 94.00 | 52.00 |
| Single license states | 12,582 | 51.02 | 14.29 | 18.00 | 95.00 | 53.00 |

Nurse respondents were asked to indicate their gender. Both Compact and single license states had approximately the same proportion of male (6%) and female (94%) respondents (see Table 5).

|  |  |  |
| --- | --- | --- |
| Table 5 | | |
| *Gender* | | |
|  | Compact states (*n* = 12,267) | Single license states (*n* = 12,715) |
| Male | 732 (6%) | 822 (6%) |
| Female | 11,535 (94%) | 11,893 (94%) |

Nurse respondents were asked to indicate the type of license(s) they currently held. The types of licensees were approximately equal in Compact and Single license states (see Table 6).

|  |  |  |
| --- | --- | --- |
| Table 6 | | |
| *Type of License Held* | | |
|  | Compact states (*n* = 12,276) | Single license states (*n* = 12,719) |
| LPN/VN | 2,000 (16%) | 2,217 (17%) |
| RN | 10,045 (82%) | 10,330 (81%) |
| APRN | 663 (5%) | 674 (5%) |

*Note.* Respondents could select more than one response option.

Nurse respondents were asked to indicate if they held an active nursing license in the state/jurisdiction of their primary residence. Nurses in Compact states were slightly more likely to have a license in their primary state/jurisdiction residence (97%) as compared to nurses in single license states (95%) (see Figure 1).

*Figure 1*

Nurse respondents were asked to indicate in what other state/jurisdiction(s) they held an active nursing license. 12,607 out of 19,075 that answered this question (66%) indicated “none”. Given the relatively high nonresponse to this question (response should have been approximately 25,000), the percent that have no other nursing license beyond their primary state of residence is likely a bit higher than 66%.

Responses to primary state/jurisdiction of residence licensure, and other state/jurisdiction licensure were summed to obtain the average number of nursing licenses held. Compact states had only a slightly lower average number of licenses held (*M* = 1.36, *SD* = 2.00) versus single license states (*M* = 1.38, *SD* = 1.97) (see Table 7).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Table 7 | | | | | | |
| *Average Number of Nursing Licenses Held* | | | | | | |
|  | *n* | *M* | *SD* | Min | Max | Median |
| Compact States | 12,301 | 1.36 | 2.00 | 0 | 56 | 1 |
| Single License States | 12,744 | 1.38 | 1.97 | 0 | 56 | 1 |

Nurse respondents were asked to indicate if in the past 24 months, they had been employed in a position that required a nursing license. Compact states and single license states had a similar percentage of nurses who had not been employed in a nursing position in the past 24 months, 11% and 13% respectively (see Table 8).

|  |  |  |
| --- | --- | --- |
| Table 8 | | |
| *Percentage of Licensees Employed in a Position that Required a Nursing License in the Past 24 Months* | | |
|  | Compact states (*n* = 12,274) | Single license states (*n* = 12,721) |
| Yes | 10,956 (89%) | 11,049 (87%) |
| No | 1,318 (11%) | 1,672 (13%) |

Nurse respondents that had been employed in the past 24 months were asked to indicate the location of their primary employer. Compact states and single license states had a similar distribution of urban versus rural nurses (see Table 9).

|  |  |  |
| --- | --- | --- |
| Table 9 | | |
| *Of Nurses Employed in the Past 24 Months,* ***Location of Primary Employer*** | | |
|  | Compact states (*n* = 10,009) | Single license states (*n* = 10,123) |
| Urban-type area | 6,758 (68%) | 7,030 (69%) |
| Rural-type area | 3,251 (32%) | 3,093 (31%) |

Nurse respondents that had been employed in the past 24 months were asked if they were a member of a collective bargaining unit. A higher percent of nurses in single license states (16%) indicated being in a union versus nurses in Compact states (6%) (see figure 2).

*Figure 2*

Nurse respondents that had been employed in the past 24 months were asked to estimate the percentage of their time over the past 24 months they had provided nursing services or communicated with a patient or client located outside of their primary state/jurisdiction residence. The distribution for Compact and single license states was similar, where the majority had never provided nursing services or communicated with a patient or client outside of their primary state of residence. However, 17% of nurses in both Compact and single license states indicated up to 25% of their time they provided nursing services or communicated with a patient or client outside of their primary state of residence, and 9% of Compact nurses and 8% of single license nurses indicated up to 100% of the time (see figure 3).

*Figure 3*

Nurse respondents that had been employed in the past 24 months were asked to indicate the state/jurisdiction(s) they were located in when providing nursing care and/or utilizing nursing knowledge in the past 24 months. The average number of states was equal for both Compact states (*M* = 1.23, *SD* = 1.44) and single license states (*M* = 1.23, *SD* = 1.42) (see Table 10).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Table 10 | | | | | | |
| *Of Nurses Employed in the Past 24 Months,* ***the Average Number of States Nurses were Located in when Providing Nursing Care and/or Utilizing Nursing Knowledge in the Past 24 Months*** | | | | | | |
|  | *n* | *M* | *SD* | Min | Max | Median |
| Compact States | 9,085 | 1.23 | 1.44 | 1 | 55 | 1 |
| Single License States | 9,126 | 1.23 | 1.42 | 1 | 51 | 1 |

Nurse respondents that had been employed in the past 24 months were asked to indicate if they had provided nursing services or communicated with a patient or client that was located in a state/jurisdiction different from where they were located (i.e., telehealth). Similar percentages of nurses in Compact states (18%) and single license states (17%) indicated having provided nursing services or communicated with a patient or client located in different state/jurisdiction from where they were located (see Figure 4). These respondents, who indicated “yes”, were asked to indicate the state/jurisdiction(s) where the patients or clients were located, and the mode of communication (i.e., by phone or electronically). The average number of states these nurses practiced in via telehealth was approximately equal in Compact states (*M* = 4.15 , *SD* = 8.12) and single license states (*M* = 4.06, *SD* = 7.89) (see Table 11).

*Figure 4*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Table 11 | | | | | | |
| *Of Nurses Employed in the Past 24 Months that Had Provided Nursing Services or Communicated with a Patient or Client that was Located in a State/Jurisdiction Different from where they were Located (i.e., Telehealth),* ***the Average Number of States Practiced in Via Telehealth*** | | | | | | |
|  | *n* | *M* | *SD* | Min | Max | Median |
| Compact States | 1,868 | 4.15 | 8.12 | 1 | 110 | 2 |
| Single License States | 1,779 | 4.06 | 7.89 | 1 | 102 | 2 |

Nurse respondents were asked if anything ever prevented them from applying for a nursing license in any state/jurisdiction. A smaller percentage of nurses in Compact states (3%) indicated something had prevented them from applying for a nursing license in any state/jurisdiction as compared to single license states (5%) (see Figure 5). Respondents were asked to explain their response. The distribution of responses was similar for Compact and single license states (see Table 12).

*Figure 5*

|  |  |  |
| --- | --- | --- |
| Table 12 | | |
| *Nurses that Indicated Something had Prevented them from Applying for a Nursing License in any State/Jurisdiction: COMMENTS* | | |
|  | Compact States (*n* = 2,470) | Single License States (*n* = 2,733) |
| Cost and fees | 215 (9%) | 309 (11%) |
| Nothing prevented me/no | 522 (21%) | 566 (21%) |
| None/not needed/not interested/NA | 1,307 (53%) | 1,330 (49%) |
| Process is too complex/difficult/lengthy/too much red tape and paperwork | 125 (5%) | 207 (8%) |
| No problem applying/have had multiple licenses in the past | 160 (6%) | 177 (6%) |
| Didn’t know how to apply/unsure of regulations/requirements | 21 (1%) | 31 (1%) |
| Differences in educational requirements/exams/NCLEX/other regulations | 81 (3%) | 134 (5%) |
| Single license state issues | 46 (2%) | 41 (2%) |
| Finger printing/criminal background checks/verification issues/criminal record violations | 20 (1%) | 32 (1%) |
| California process too involved | 15 (1%) | 21 (1%) |
| Previous license lapsed/inactive license/prior license not on record | 21 (1%) | 31 (1%) |
| Other | 145 (6%) | 160 (6%) |

Nurse respondents were asked who pays their licensure fees. Compact and single license states had similar percentages, where 5% of nurses in Compact and 5% of nurses in single license states have their fees paid by their employer (see Figure 6).

*Figure 6*

Nurse respondents were asked how much have they or their employer spent on their licensure fees in the past 24 months. The median licensure fee costs in Compact states and single license states was the same ($100) (see Table 13).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Table 13 | | | | | | |
| *Average Amount Spent on Licensure Fees in the Past 24 Months* | | | | | | |
|  | *n* | *M* | *SD* | Min | Max | Median |
| Compact States | 8,550 | $179.46 | $645.38 | 0 | $19,500 | $100 |
| Single License States | 9,178 | $183.69 | $600.23 | 0 | $19,000 | $100 |

*Note.* An additional 3,007 respondents indicated they didn’t know. Respondents indicating $20,000 or more were removed from analyses.

Nurse respondents were asked to indicate if they were aware of the NLC. They were given the following definition: *The Nurse Licensure Compact allows a nurse to have one multistate license in the nurse’s primary state/jurisdiction of residence to practice in other Compact states/jurisdictions.* Responses indicated that only 48% of nurses in Compact states and 18% of nurses in single license states were ‘fully aware’ of the NLC; additionally, 22% of nurses in Compact states and 59% of nurses in single license states indicated they were ‘not at all aware’ of the NLC (see Figure 7).

*Figure 7*

Nurse respondents who indicated they were aware of the NLC were asked if the state/jurisdiction of their primary residence belonged to the NLC. Figure 8 shows the percent of respondents who correctly indicated their state/jurisdiction of primary residence belongs to the Compact. Specifically, 75% of nurses in Compact states correctly identified their primary state/jurisdiction residence as part of the Compact, and 51% of nurses in single license states correctly identified their primary state/jurisdiction residence as not part of the Compact.

*Figure 8*

Nurse respondents who indicated they were aware of the NLC, and indicated “yes” or “don’t know” that their state/jurisdiction of primary residence belongs to the NLC, were asked if they held an active Compact license. Results indicated that of nurses aware of the NLC, 45% of Compact state nurses indicated they held an active Compact license. A small number of respondents (147, 6%) who incorrectly indicated their state/jurisdiction of primary residence belongs to the NLC also incorrectly indicated they held a Compact license (see Figure 9).

*Figure 9*

Nurse respondents who indicated they were aware of the NLC, and indicated they held a Compact license, were asked if the NLC had been beneficial for them. Results showed that 41% indicated the Compact license had been beneficial, 11% indicated somewhat beneficial, 28% indicated it had not been beneficial, and 20% had no opinion (see Figure 10). Respondents were asked to explain their response (see Table 14).

*Figure 10*

|  |  |
| --- | --- |
| Table 14 | |
| *Of Nurses Aware of the NLC, and that Indicated they Held a Compact License,* ***Percent Indicating the NLC has been Beneficial: COMMENTS*** | |
|  | Compact States (*n* = 2,505) |
| More opportunities for work | 228 (9%) |
| Easier to transition from state to state or in border states | 435 (17%) |
| No need to change licensure when moving | 238 (10%) |
| Not needed/have only worked in one state/retired/not in a Compact state | 1,056 (42%) |
| Made it easier to work as a travel nurse | 216 (9%) |
| Beneficial to a military family/those who move frequently | 33 (1%) |
| Seeing clients across state borders/over the phone | 110 (4%) |
| More cost and time effective for licensure | 89 (4%) |
| Working in a place that has satellite offices and affiliates in other states | 39 (2%) |
| Work as an educator, case manager, or insurance provider and can work with people across states | 49 (2%) |
| Other | 185 (7%) |

Nurse respondents who indicated they were aware of the NLC, and indicated they held a Compact license, were asked if they had practiced in another state/jurisdiction under their Compact license in the past 24 months, 17% indicated they had (see figure 11). These nurses were asked to indicate the type of position they held. The largest percent indicated they worked for an employer/facility across a state border (32%) (see Table 15)

*Figure 11*

|  |  |
| --- | --- |
| Table 15 | |
| *Of Nurses Aware of the NLC , and who Indicated they Held a Compact License and Practiced in Another State/Jurisdiction Under their Compact License,* ***the Type of Position Held*** | |
|  | Compact States (*n* = 674) |
| Camp nurse | 14 (2%) |
| School nurse | 7 (1%) |
| Case manager by phone or electronically | 58 (9%) |
| Home health/hospice | 81 (12%) |
| Nurse educator | 58 (9%) |
| Transport nurse across state borders | 18 (3%) |
| Travel nurse | 99 (15%) |
| Telehealth | 47 (7%) |
| Triage by phone across state borders | 43 (6%) |
| Work for employer/facility across state border | 216 (32%) |
| Other | 139 (21%) |

*Note.* Respondents could select more than one response option.

Relevant “other” response options included: work for American Red Cross preparing stem cell donors for harvest, agencies, offices covering multistate area; acute care; academic; military (5); administrator; advice and refill approved scripts for patients who travel and patients who go south for the winter months; agency nurse (3); air flight nurse; anesthesia; assessor; assisted living manager & staff nurse; CRNA (3), case management supervisor; case manager (5); chief nursing officer; clinic RN; clinical rotation; clinical trials nurse; CNS; consultant (5); contractor to meet health needs of youth tour students & chaperones; critical care; delegating nurse; director of nursing (2); disease management; disease management by phone for insurance company; medical review; paramedical exam for life & health; online nursing program; flu clinics (4); guest faculty; health management nurse for rare chronic disease; health nurse manager; hemodialysis; home health/hospice; home visitor for mothers of small children\pregnant mothers; hospital (4); icu nurse; immunization clinics in other states; informatics; legal nurse consultant; long term care insurance interviews; long term geriatric nurse; med surg; MDS/compliance nurse; medical coding nurse for home care; remote area medical clinics; travel RN (3); night RN; Nurse Practitioner (5); nurse administrator; nurse anesthesia; nurse case manager for workers comp; nurse educator; nurse manager; nurse support during meetings; nursing home; occupational health nurse; operating room nurse; pediatric nurse; pharmaceuticals; phone nursing; private home care for family members; public health (2); quality improvement specialist in 3 states; quality projects for health system covering two states; research; inpatient; satellite to offices outside home state; school nurse; school nurse administrator; telehealth (2); labor & delivery; transport nurse across state borders; triage by phone across state borders; urology clinic outreach; utilization review by phone and electronically; VA (2); volunteer ARC shelter; volunteer; work for employer/facility across state border; staff RN; doctor’s office; wound care and travel; wound care

Nurse respondents who indicated they were aware of the NLC, and who indicated their primary residence did not belong to the NLC, were asked their opinion of their primary state/jurisdiction residence joining the NLC. Results showed that 69% indicated they were ‘in favor’ of their state joining the NLC, 2% indicated they were ‘opposed’, while 6% indicated ‘neutral’, 9% ‘no opinion’, and 14% ‘don’t know’ (see Figure 12). Respondents were asked to explain their response (see Table 16).

*Figure 12*

|  |  |
| --- | --- |
| Table 16 | |
| *Of Nurses Aware of the NLC,* ***Opinion of their Primary State/Jurisdiction Residence Joining the NLC: COMMENTS*** | |
|  | Single License States (*n* = 1,484) |
| Telehealth | 11 (1%) |
| Don’t know enough about the NLC | 36 (2%) |
| Cost Effective/Decrease Fees | 140 (9%) |
| Increased employment opportunities | 171 (12%) |
| Opposed/unsure: employment, regulatory issues, concern over standards, cost | 44 (3%) |
| Should need only one license to practice in multiple states/one license helpful/national license | 110 (7%) |
| Helpful on borders, state lines | 200 (13%) |
| Helps with relocation/moves/military spouse | 111 (7%) |
| Helps with travel nurses or when patients travel | 198 (13%) |
| As long as standards are consistent/allows for consistent standards | 61 (4%) |
| I like the Compact/I am in favor of it | 270 (18%) |
| Easier/quicker/flexible | 161 (11%) |
| All states should be a part of the Compact | 49 (3%) |
| Other | 164 (11%) |

**Board of Nursing Survey: Compact States/Jurisdictions**

Compact BONs EOs were asked how many years they had been a NLC Administrator. Results ranged from 1 to 14 years (see Table 17).

|  |  |  |
| --- | --- | --- |
| Table 17 | | |
| *Number of Years Respondent had been an NLC Administrator* | | |
|  | (*n =* 19) | Percentage |
| < 1 |  |  |
| 1 | 1 | 5% |
| 2 | 2 | 11% |
| 3 | 3 | 16% |
| 4 | 3 | 16% |
| 5 |  |  |
| 6 | 1 | 5% |
| 7 |  |  |
| 8 |  |  |
| 9 | 1 | 5% |
| 10 | 1 | 5% |
| 11 |  |  |
| 12 | 3 | 16% |
| 13 | 2 | 11% |
| 14 | 2 | 11% |

Compact BONs were asked how many years their state/jurisdiction had been a member of the NLC. Respondents had been members for 4 or more years (see Table 18).

|  |  |  |
| --- | --- | --- |
| Table 18 | | |
| *Number of Years the State/Jurisdiction had been a Member of the NLC* | | |
|  | (*n =* 18) | Percentage |
| < 1 |  |  |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 | 1 | 6% |
| 5 | 1 | 6% |
| 6 |  |  |
| 7 |  |  |
| 8 | 1 | 6% |
| 9 | 1 | 6% |
| 10 | 1 | 6% |
| 11 | 1 | 6% |
| 12 | 2 | 11% |
| 13 | 3 | 17% |
| 14 | 7 | 39% |
| Don’t know |  |  |

Compact BONs were asked if they maintained monthly or yearly statistics or performance measures specifically related to NLC cases/complaints. Results indicated that 37% maintained performance measures related to the NLC cases/complaints (see Figure 13).

*Figure 13*

Compact BONs were asked what the overall impact the NLC had on their BON licensure/operations staff workload. The majority (58%) indicated little or no impact on BON licensure/operations staff workload (see Figure 14).

*Figure 14*

BON Licensure/Operations Staff Workload (comments, *n* = 13)

* Education of constituents does take dedicated resources in the beginning and on-going. There is more communication between EOs and other staff with other BONs but this has been a very positive experience in improving processes and learning from each other. Although it is a little more work for BONs, the Compact has been very positively received by nurses and employers and has improved access to care by telenursing and across our borders.
* Have never assessed the impact, given we have been with the Compact for so long.
* Initially, there was concern that our revenues would decrease, but that has not been the case.
* It creates additional work when there is an enforcement case. Monitoring dual licenses takes additional time. Sending letters to licensees who change their address to another Compact state. Licensee Compact questions are constant, it causes much confusion.
* Keeping up with the duplicate licenses causes the greatest impact, but it is still minimal.
* More steps to the licensure process, PSOR residence changes, communication with other states.
* NURSYS data entry, cleaning up NURSYS, increased phone calls and emails from licensees confused about the Compact, moving etc.
* Some examples include: Compact requires a program Compact administrator; takes extra staff time to upload data; attend NLCA related events & required meetings; answer audit inquiries; attend mandatory orientation/training, answer surveys, etc.
* The monitoring of duplicate licensure, PSOR, explanation of the Compact all require effort to communicate with and to the licensees and employers.
* The number of complaints since joining the NLC has not changed significantly, nor has the time to investigate/etc. increased due to the NLC.
* We have a few disciplinary cases with regard to P to P but most cases are for nurses licensed with PSOR of DE.
* We have found that the model is simply “different” – not harder, etc. For those nurses who do px here on a MSP, the workload is decreased by not going through endorsement process.
* Workload decreased when NLC party states take action on license and privilege to practice at same time. Reciprocal discipline has decreased. Decreased endorsement licenses and therefore licensing staff hours needed for licensing program and staff have been reassigned to other work.

Compact BONs were asked about the overall impact the NLC had on their BON investigator caseload. The majority (67%) indicated little or no impact on BON investigator caseload (see Figure 15).

*Figure 15*

BON Investigator Caseload (comments, *n* = 10)

* Additional cases that we are responsible for.
* Although we are investigating and taking action against PTPs, if we were not in the Compact these nurses would have to have licenses in our state so the same activities would result. As mentioned above there is some more communication related to permission to practice on another state’s order and communication with a home state when we are investigating an incident related to a privilege. Again, result is positive and better public protection.
* Have never assessed the impact, given we have been with the Compact for so long.
* Joint investigations have been effective and workload has been consistently the same for last five to eight years.
* The number of complaints since joining the NLC has not changed significantly, nor has the time to investigate/etc. increased due to the NLC.
* We have a few disciplinary cases with regard to P to P but most cases are for nurses licensed with PSOR of DE.
* The increase has been minimal however the Board is issuing cease & desist orders that had not been done in the past.
* The tendency is to have same or same percentage of growth in numbers of complaints but certainly NOT more due to NLC. As stated above, it is merely different – not ‘more’.
* Umbrella board – our investigations department is a separate office.
* We have not seen more complaints against nurses in general or on those working on their PTP.

Compact BONs were asked what the overall impact the NLC has had on their BON attorney caseload. The majority (74%) indicated little or no impact on BON attorney caseload (see Figure 16).

*Figure 16*

BON Attorney Caseload (comments, *n* = 9)

* Again the issuance of cease & desist orders.
* The tendency is to have same or same percentage of growth in numbers of complaints but certainly NOT more due to NLC. As stated above, it is merely different – not ‘more’.
* Have never assessed the impact, given we have been with the Compact for so long.
* If a complaint results in a formal hearing, all licensees are given same due process rights, and that against a PTP is treated the same.
* My general counsel is very knowledgeable about the NLC and is consulted when issues arise. IT isn’t a frequent occurrence for us since we have been in the NLC a long time and have established procedures for most things.
* The number of complaints since joining the NLC has not changed significantly, nor has the time to investigate/etc. increase due to the NLC.
* We have a few disciplinary cases with regard to P to P but most cases are for nurses licensed with PSOR of DE.
* A small percentage of cases end up being litigated and therefore attorney caseload issues have not been an area of concern.
* Umbrella board – attorney not part of our office.

Compact BONs were asked if they ever had to work with another Compact state/jurisdiction regarding a discipline case. Results indicated 100% of respondents had worked with another Compact state/jurisdiction regarding a discipline case (see Figure 17).

*Figure 17*

Compact BONs were asked how the NLC impacts length of time to resolve a discipline case involving another Compact BON from complaint to board action; 2 respondents (11%) indicated it increased the length of time (see Figure 18).

*Figure 18*

Compact BONs were asked how they would describe the overall level of cooperation among Compact states/jurisdictions in the exchange of information. No respondents indicated a lack of cooperation among states/jurisdictions (see Figure 19).

*Figure 19*

Cooperation (comments, *n* = 7)

* Excellent communication, systems in place to communicate, NURSYS assist with this communication greatly however staff to staff communication has to occur.
* Because the Compact relies on better communication among states, Compact states are committed to communicating and cooperating. We view our public as the public of Compact states and give priority to cases where the nurse is licensed in another state but practicing in our state so we can get the necessary information to the home state. We are conscious of the priorities of our sister states.
* Have always been impressed with the level of cooperation and willingness to facilitate a joint investigation being completed in a timely manner.
* NLC states are quick to respond to calls and requests for information, for the most part.
* Our investigative people conduct their investigations so I am not totally sure of this but have not heard of any issues. If they have a problem, they come to me for assistance with contact information.
* Our investigator works closely with all surrounding states, all in the NLC, and they decide who will take the lead in an investigation.
* We have worked with several states and have found them most cooperative. A team approach.

Compact BONs were asked if the NLC had any financial impact for their BON. The majority (63%) indicated there was no financial impact on the BON (see Figure 20).

*Figure 20*

Financial Impact (comments, *n* = 9)

* Loss of verification revenue. Initially when we went into the NLC lost some licensees; however, this was a wash in a couple of months. Pay $6,000 per year to be in.
* I am not aware of any at this point in time.
* It did at first but now the financial impact is not discernable.
* One example, required additional FTE.
* The annual fee paid for the NLCA, currently in the amount of $6,000.
* The increase workload.
* The only impact is loss of endorsement revenue annually as nurses now need only one license when working in the NLC. Have not tracked the actual loss of revenue as did a decade ago.
* There are so many factors that have impacted the Board and our state that to isolate the NLC would be impossible. We are licensing many more nurses than in the past due to the economy.
* We have experienced the financial impact as a “wash”. As new states come on we gain as many nurses as we lose in terms of licensure fees. Although our fees have increased since 2000, it was not related to the Compact, but to CBCs, growing population, etc.

Compact BONs were asked if there were advantages of being a member of the NLC, 100% indicated there were advantages (see Figure 21).

*Figure 21*

Advantages of Being a Member of the NLC (comments, *n* = 17)

* Ability for licensees to practice in a number of states. There are some Compact administrators who have been fabulous to work with and who have mentored me and my staff. Without that formal arrangement in a Compact, I doubt we would have had that interaction.
* Ability of licensees to have cross-border practice without paying for additional licensure.
* Advantage is for the licensee and consumers for increased mobility.
* Being able to hold an application in abeyance if an investigation is pending in another state. States being able to share investigative information (nurse alerts) with Compact states.
* Cooperation among Compact states, especially with investigations and discipline. It’s been enjoyable to work with other administrators to develop policies, problem solve and plan for the NLCA’s future. I believe our board is a better board because of the opportunities and challenges.
* Cooperation among states. It is most advantageous to the nurse with the Compact license, meaning they are able to work immediately upon arrival to our state. Employers benefit with more nurses able to be quickly enrolled in their system.
* Employers and nurses love it so the stakeholder satisfaction is very high; it decreases barriers for the named groups. Further, it is less staff work to endorse many nurses who may be here for temporary assignments.
* Enhanced public safety due to the sharing of information with other states and agreements between states of who can move the fastest on an investigation. Increased access to care and mobility of nurses, the other benefits are outlined in the Compact materials and I would agree it is a benefit.
* For the licensee.
* Greatest benefit to nurses, employers, patients. Also makes us more familiar with best practices of other Compact states.
* It is like being a member of an exclusive club in a way. I know the NLC EDs a little bit more since I see the more often, due to the annual meetings. Also, the NM legislature is very supportive of NM being in the NLC as they know it reduces barriers to practice, which is desirable.
* Major advantage if allows states to have jurisdiction for those nurses who manage care electronically or cross borders without having to have redundancy in the licensure process with ultimate outcome of public protection.
* Positive responses from nurses and employers.
* Promotes ability of nurses to practice in other Compact states, especially helpful in those nurses living close to bordering Compact states. It is helpful to work with other states on Compact licensure issues.
* Public safety through an ability to check licensing status; portability of license helps workforce capacity, etc.
* Sharing of investigative information between NLC members; nurse ability to practice on a license privilege until we have completed application processing and issue license; camaraderie and cooperation between NLC members; pride in doing what is appropriate to support nurse mobility.
* The biggest advantage is for our customer, the licensee, who can practice innumerous states on one license. Another advantage is having other states to collaborate with on difficult issues. The support from the NLCA is exceptional whenever questions arise.

Compact BONs were asked if there were any disadvantages of being a member of the NLC, 32% indicated there were disadvantages (see Figure 22).

*Figure 22*

Disadvantages of Being a Member of the NLC (comments, *n* = 6)

* Employer confusion over Compact licenses, keeping up with individuals claiming AR as PSOR and living in another Compact state for MANY years.
* Extra work for program staff.
* Increases workload for support staff and investigators.
* Just workload. But who knows, without the Compact, there would probably be other issues we aren’t aware of now.
* Some impact on BON workload; however offset by advantages in my opinion.
* The biggest disadvantage has to do with nurses who don’t understand the Compact and the rules. They don’t always get licensed when and where they are supposed to. We use to have a lot of practice without a license cases until we increased the time to 90 days.

Compact BONs asked if there were NLC provisions that should be amended or added. If yes, BONs were asked to explain. A large majority (95%) indicated there are NLC provisions that should be amended or added (see Figure 23).

*Figure 23*

NLC Provisions that Should be Amended or Added (comments, *n* = 17)

* I support the discussions and decisions of the EO group to move forward the recommendations that will be discussed at the Annual Meeting.
* Amend NLC to encourage other jurisdictions to join.
* As discussed at EO Forum.
* CBC
* Federal criminal background checks.
* I really believe all states should mandate CBCs.
* I support consensus on changes in the Compact that will foster greater participation by jurisdictions. I am concerned that rulemaking authority vested in the commissioners will not be accepted by my state legislature.
* Mandating the Uniform Licensure Requirements adopted by the Delegate Assembly such as criminal background checks. Also need to strengthen language regarding actions allowable should a state not take their contractual obligations as a legally enforceable requirement. Need to also clarify the funding strategy for both the NLC and APRN Compacts to ensure there is independent decision making in utilization of resources versus a non-profit entity making the decisions on resource allocation.
* Original provisions are dated; time to take a closer look at current operations.
* Since the mediation meetings with the other states, it is clear that the NLC needs to increase the bar for multistate privilege. I expect it will be arduous to go back to the legislature to request changes in the NLC, but if they can see the advantages, it will help.
* Those identified through work on the APRN Compact: rule promulgation authority vested in the NLCA; enforcement of compliance with NLC requirements; formalized conflict resolution provisions.
* To make it more compatible with all states, therefore increasing the number of Compact participants.
* Uniform Licensure Requirements would assure consistency and provide more assurances of standards in the states who have not joined the Compact. These include, for example, required CBCs and NCLEX.
* We are currently working on the pieces of the law and rules that need updates and our state is supportive of the changes.
* We have identified these through the EO forum.
* When to inactivate a license when a nurse moves between Compact states. Compliance provision if a state does not comply.
* Require CBC.

Compact BONs were asked what advice they would give to a new state/jurisdiction joining the NLC. The advice is as follows (comments, *n* = 13):

* Make sure you understand the rules/policies and that being part of the Compact is a contractual obligation to the other party states. Take your role as Compact Administrator seriously. Use your network of Administrators.
* Accept the orientation opportunities offered. Jim Puente goes the extra mile to be helpful and I’m sorry I didn’t have the benefit of his on-site orientation. I would advise new members to participate in all meetings, making attendance a priority. Next, I would encourage participating in a committee—there are always openings. I would also advise staff of NLC states/jurisdictions to encourage staff to get involved in a staff committee.
* Connect with another/other NLC administrators and ask a lot of questions rather than sit back and feel confused and overwhelmed. Then sit back and regulate nursing in this very efficient, well-designed regulatory model of the future!
* Consult MO, the newest state in the Compact. Lori has done an amazing job of transitioning to the NLC.
* Emphasize that the legislation for the NLC is a binding contract and as legally binding as the states own NPA. NLCA should develop video for new NLCA Administrator outlining the role of the NLCA administrative responsibilities as well as have 1-1 orientation with the new administrator by the NLC Director. The video may also be helpful to staff in identifying how their role will be different. Continue to assign mentors to the new NLCA appointees. Ask the senior NLCA for copies of educational tools used to educate all types of roles: board staff, attorneys for board and defense attorneys, board members when making NLC decisions, VP’s of Nursing, HR staff within various health care settings and nurses. Develop short assessment tools to determine if the staff/others understand the overall concepts of the NLC.
* Inform the licensee of the Compact rules; they need to be educated on how it works. Also states must work together on enforcement issues.
* Keep asking questions to have a full understanding of how the process works. I did when I was a new EO and I have learned a lot about the NLCA and support the concept of Compact licensure.
* Make sure you know the other members of NLC and always take the opportunity to cooperate and collaborate.
* Once they are members, they will need to get up to speed quickly on the details of administering the NLC, such as answering questions, and having authority over PTP much like a licensee.
* Preparation for implementation and staff education is important.
* Prepare an implementation plan that includes all the state stakeholders, including the nurses.
* To prepare for about a year before implementation to educate constituents, and to learn requirements and policies and prepare your agency.
* We have found it to be advantageous for the board, employers, and nurses.

**Board of Nursing Survey: Single License States/Jurisdictions**

Single license BONs were asked how many years they had been an EO at their current BON. Results ranged from <1 to >14, with >14 having the largest percentage (26%) (see Table 19).

|  |  |  |
| --- | --- | --- |
| Table 19 | | |
| *Number of Years as EO at Current BON* | | |
|  | (*n =* 23) | Percentage |
| < 1 | 2 | 9% |
| 1 |  |  |
| 2 |  |  |
| 3 | 1 | 4% |
| 4 | 4 | 17% |
| 5 | 1 | 4% |
| 6 |  |  |
| 7 | 1 | 4% |
| 8 | 1 | 4% |
| 9 | 2 | 9% |
| 10 | 1 | 4% |
| 11 |  |  |
| 12 | 2 | 9% |
| 13 | 1 | 4% |
| 14 |  |  |
| > 14 | 6 | 26% |

BON was asked how familiar they were with the NLC, almost all respondents indicated “very familiar” or “familiar” (see Figure 24).

*Figure 24*

BON was asked if their BON was considering joining the NLC, 39% indicated their BON was not considering joining the NLC (see Figure 25).

*Figure 25*

If the BON was considering joining the NLC they were asked to indicate how soon, 6 of the BONs were considering joining by 2018 (see Figure 26).

*Figure 26*

If the BON was considering joining the NLC, they were asked if they anticipated any opposition from stakeholders. A large majority (88%) indicated they anticipated opposition (see Figure 27).

*Figure 27*

If they anticipated opposition, they were asked to indicate the opposition in their state/jurisdiction. Results indicated that 5 out of the 7 indicated “unions” as anticipated opposition (see Figure 28).

*Figure 28*

*Note*. This survey item was “select all that apply”.

“Other” comments: (1) As long as states that are port of the compact do not conduct criminal background checks NJ will not be able to participate in the Compact. (2) The state nursing association is also the nurses “union”.

BON was asked if there were any barriers for their state/jurisdiction joining the NLC, 87% indicated there were barriers (see Figure 29).

*Figure 29*

If the BON indicated there were barriers, they were asked to specify, 63% indicated criminal background checks not conducted in all Compact states as a barrier (see Figure 30).

Figure 30

*Note*. This survey item was “select all that apply”.

“Other” comments: (1) RNs practicing in California must be licensed in California in order for their license to be disciplined. Some states do not discipline to the same degree as California or for the same reasons. There is a program that does not meet California’s educational standards and graduates are not excluded from the Compact. Continuing education is not required. (2) Absolute bars. (3) Attorney General opinion. (4) Failure of data from those currently in the Compact. Repeated requests for data have gone unfulfilled. Discipline is also an issue so without data, hard for us to judge. Also, there is nothing that shows it enhances or improves patient safety but we all know it helps nurses cross state lines to practice. (5) Fingerprint CBC (new process that will delay issuing licenses quickly and/or creating a temporary license mechanism that has its own challenges, umbrella agency administrative processes and review, having to issue 2 types of licenses (single and multi) and legal/disciplinary concerns from lawyers about state rights and differences in state laws. (6)Issues with Attorney General’s office. (7) Labor union objection. (8) Legal opinion from state attorney general that it isn’t allowed under state law. (9) Legislative approval needed, additional staffing needs of BON office. (9) Population on Guam is less than 180,000, not warranting influx of nurses; for telehealth purposes only. (10) Prior legislative study recommending against it. (11) Automatic bars, educational requirements, constitutional issues. (12) Disciplinary processes questions. (13) We do not currently do CBCs in our state, we have to take to legislators and find a bill sponsor – this could be a barrier.

BON asked if there were advantages to joining the NLC. If yes, the BON was asked to explain. The majority (73%) indicated there were advantages to joining the NLC (see Figure 31).

*Figure 31*

Advantages of joining the NLC (comments, *n* = 14)

* Addresses telehealth and distance education issues.
* Discipline.
* Facilitating cross-borders licensure.
* For nurses who are in border cities to practice in another state without licensure, the mobility of nurses has developed a need for licenses that are recognized between states, telehealth developments.
* Helps nurses travel between states.
* It would support the concept of telehealth, online education, and the ability of nurses to work and travel.
* Mobility of nurses.
* Portability of license; ease of telehealth applications; consistency of licensure and regulation among states.
* Portability of nurse licensure increases access of consumers to practitioners and facilitates effective and efficient use of practitioners by employers.
* Telehealth and access to specialty care.
* License portability, will also help us get nursing experts into our state faster as needed for significant shortages with these type of nursing personnel, will help our employers who are hospital systems who want to do training for their nurses in our state and send to other states or do staffing across state lines.
* Mobility.
* Model keeps licensure state based.
* Sharing investigation information.

BON asked if there were disadvantages to joining the NLC. If yes, the BON was asked to explain. The majority (64%) indicated there were disadvantages to joining the NLC (see Figure 32).

*Figure 32*

Disdvantages of joining the NLC (comments, *n* = 14)

* CBCs
* Current Compact language – differences in licensure requirements, hard data related to the investigative process and outcomes has not been shared – only anecdotal information shared. Financial impact to this agency has been calculated utilizing an NCSBN tool verified by a Compact state shows a 17% revenue reduction for this agency. Integrity of the data in NURSYS, questions regarding protection of the public when not aware a practitioner is practicing in the state.
* Financial and jurisdictional implications that our board feels have not been addressed. Have not been.
* Financial loss.
* Financial. We also cannot delegate governmental functions (license verification) to a non-governmental association. The role of NCSBN in the Compact is problematic from a governmental function constitutional issue. Without data to show us how states are able to conduct discipline from a different jurisdiction fact pattern, we are unable to tell how this would impact discipline.
* Lack of uniformity among licensure requirements of Compact states; specifically, CBCs, potential loss of revenue particularly for smaller boards whose budgets are limited.
* Limited nursing positions at hospitals and clinics. Experienced nurses will be preferentially hired over the new graduates from the colleges – no nursing jobs will be available for the novice nurses.
* Loss of revenue.
* Legislative approval needed, additional staffing needs of BON office.
* RNs practicing in California must be licensed in California in order for their license to be disciplined. Some states do not discipline to the same degree as California of for the same reasons. There is a program that does not meet California’s educational standards and graduates are not excluded from the Compact. Continuing education is not required.
* Coordination of investigations and changing processes to allow NLC licensure.
* Disciplinary processes; lack of criminal background checks.
* It will take time to institute a new licensing system and so it will increase workload for our department.
* Fingerprint CBC (new process that will delay issuing licenses quickly and/or creating a temporary license mechanism that has its own challenges, umbrella agency administrative processes and review, having to issue 2 types of licenses (single and multi) and legal/disciplinary concerns from lawyers about state rights and differences in state laws.

BON was asked if there were NLC provisions that should be amended or added. If yes, the BON was asked to explain. The majority (82%) indicated there are NLC provisions that should be amended or added (see Figure 33).

*Figure 33*

NLC Provisions that should be Amended or Added (comments, *n* = 18)

* All members of the Compact should follow the requirements of the Compact.
* CBC
* CBCs
* Criminal background required for all multi-licensed states/territories. “Privileges” to practice in remote state must be required… meeting state specific requirements – apply to practice in that state.
* Discussions at EO Forums have been helpful and the potential amendments that have been proposed are positive steps that address issues that have been problematic in the past.
* Enforce the requirements of the NLC with all states. Identify specifically how disciplinary matters are handled. This is a big financial concern.
* FBI criminal background checks.
* Not sure if the Compact model is maintained the ONA would support anything that has the word “Compact”. We have been advised by state legislatures that no consideration of the Compact would be done with the support of the ONA.
* Require criminal background checks.
* Require criminal background checks.
* Requirements for all states to perform CBCs, and if not then language permitting remote states to require CBCs as a condition of being able to work in that state.
* Requirements that a nurse must meet to have a multistate license vs. single state license. Enforcement provisions for states that don’t follow Compact provisions. For example, currently not all Compact states are operating under one set of rules. Financial issues need to be addressed – and not by anecdotal, perceptions or individual thoughts that there hasn’t been a financial impact to the states that have entered the Compact.
* See EO Forum list.
* RNs practicing in California must be licensed in California in order for their license to be disciplined. Some states do not discipline to the same degree as California or for the same reasons. There is a program that does not meet California’s educational standards and graduates are not excluded from the Compact. Continuing education is not required.
* As discussed at EO forums, if this will allow a majority of the states to adopt the NLC.
* Automatic bars, educational requirements, constitutional issues.
* Require CBC.
* The amendments proposed to the APRN Compact were recommended to be used in the current Compact form the meeting of EOs in June.

**Employer Survey: Compact States/Jurisdictions**

The sampling of the nurse employers was done based on the address given in the purchased database.Given the possibility that respondents lived and worked in two different states/jurisdictions, they were asked which state/jurisdiction their organization was located in. The response on this item was used as a filter variable for analyses. Hence, employers who had a mailing address in a Compact state, however, their organization was located in a single license state were filtered out of the analyses.

There were a total of 1,331 responses, 13 of these respondents’ organizations were located in single license states and were removed from analyses.

Compact employers were asked what best described the location of their organization. The majority were located in rural areas (63%) (see figure 34).

*Figure 34*

Compact employers were asked approximately how many full-time equivalent (FTE) nurses were currently employed by their organization. The average number was 221 nurses; the median was 19 nurses (see Table 20).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Table 20 | | | | | | |
| *Average Number of Full-time Equivalent (FTE) Nurses Employed* | | | | | | |
|  | *n* | *M* | *SD* | Min | Max | Median |
| Average amount FTE nurses | 1,269 | 221.16 | 2,875.97 | 0 | 72,000 | 19 |

Compact employers were asked approximately what percentage of their organization’s nurses were members of a collective bargaining union. The majority (85%) indicated ‘none’ (see figure 35).

*Figure 35*

Compact employers were asked to indicate their type of organization. The largest percentage of responders were from nursing home/long-term care (48%) and hospital (27%) (see Table 21).

|  |  |  |
| --- | --- | --- |
| Table 21 | | |
| *Type of Organization* | | |
|  | (*n =* 1,304) | Percentage |
| Medical practice | 16 | 1% |
| Retail clinic/urgent care | 1 | < 1% |
| Community health center | 13 | 1% |
| Federal facility (Military or VA) | 2 | < 1% |
| Health Maintenance Organization, managed care, insurance company | 1 | < 1% |
| Hospital | 353 | 27% |
| Ambulatory surgery center, not hospital owned | 60 | 5% |
| Nursing home/long-term care | 620 | 48% |
| Other | 238 | 18% |

Compact employers were asked what best described their title at their organization, the majority indicated ‘nurse executive’ (85%) (see figure 36).

*Figure 36*

Compact employers were asked what type of license they currently held, the majority (94%) held an RN license (see Table 22).

|  |  |  |
| --- | --- | --- |
| Table 22 | | |
| *Respondent’s License* | | |
|  | (*n =* 1,315) | Percentage |
| Not applicable | 21 | 2% |
| LPN/VN | 49 | 4% |
| RN | 1,240 | 94% |
| APRN | 24 | 2% |

*Note.* Respondents could select more than one option.

Compact employers were asked how familiar they were with the NLC, 13% indicated ‘not familiar’ (see Figure 37).

*Figure 37*

Compact employers familiar with the NLC were asked if the NLC helped expedite nurse hiring at their organization, 35% indicated ‘yes’ and 27% indicated ‘somewhat’ (see Figure 38). Respondents were asked to explain their response (see Table 23).

*Figure 38*

|  |  |  |
| --- | --- | --- |
| Table 23 | | |
| *Of Employers Familiar with the NLC,* ***Does the NLC Help Expedite Nurse Hiring at their Organization? COMMENTS*** | | |
|  | (*n =* 611) | Percentage |
| Easy/expedited/less paperwork (less work for Board) | 40 | 6% |
| Quick/less wait time (quicker to get license) | 171 | 26% |
| On state line | 45 | 7% |
| Not near any other state – hires only from within state | 152 | 23% |
| Not near a Compact state | 24 | 4% |
| Helps with recruiting/wider applicant pool/nursing shortage | 31 | 5% |
| Easier for traveling nurses | 20 | 3% |
| Easier to hire from agency | 8 | 1% |
| Multistate organization | 8 | 1% |
| Military base or fort nearby | 8 | 1% |
| Criminal background checks/fingerprings | 9 | 1% |
| Other | 162 | 27% |

Compact employers familiar with the NLC were asked approximately, how many nurses in their organization were practicing on a Compact license issued by another state/jurisdiction. Results indicated the average number was 2.38 nurses, while the median was 0 (see Table 24); the average percentage of nurses practicing on a Compact license was 4%, while the median was 0% (see Table 25).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Table 24 | | | | | | |
| *Of Employers Familiar with the NLC,* ***The Average Number of Nurses Practicing on a Compact License Issued by Another State/Jurisdiction in their Organization*** | | | | | | |
|  | *n* | *M* | *SD* | Min | Max | Median |
| Average number of nurses | 908 | 2.38 | 13.81 | 0 | 300 | 0 |

*Note*. An additional 210 responders indicated “don’t know”. 601 of the 908 respondents had 0 nurses practicing on a Compact license issued by another state/jurisdiction in their organization.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Table 25 | | | | | | |
| *Of Employers Familiar with the NLC,* ***The Average Percentage of Nurses Practicing on a Compact License Issued by Another State/Jurisdiction in their Organization*** | | | | | | |
|  | *n* | *M* | *SD* | Min | Max | Median |
| Average percentage of nurses | 871 | 4% | 11% | 0% | 92% | 0% |

Compact employers familiar with the NLC, that had nurses practicing on a Compact License issued by another state/jurisdiction in their organization, were asked to indicate which of the following categories applied to the nurses practicing on a Compact license, issued by another state, within their organization: travel nurse, live across state/jurisdiction border, newly relocated, telehealth, case management by phone or electronically, transport, or home health/hospice. Results indicated ‘live across state/jurisdiction border’ (46%) and newly relocated (47%) were the characteristics mostly likely to be chosen (see Table 26).

|  |  |  |
| --- | --- | --- |
| Table 26 | | |
| *Of Employers Familiar with the NLC, and that had Nurses Practicing on a Compact License Issued by Another State/Jurisdiction in their Organization****, Characteristics of these Nurses*** | | |
|  | (*n =* 320) | Percentage |
| Travel nurse | 72 | 23% |
| Live across state/jurisdiction border | 147 | 46% |
| Newly relocated | 151 | 47% |
| Telehealth | 6 | 2% |
| Case management by phone or electronically | 1 | < 1% |
| Transport | 4 | 1% |
| Home health/hospice | 28 | 9% |
| Don’t know | 5 | 2% |
| Not applicable | 9 | 3% |
| Other | 13 | 4% |

*Note*. Respondents could select more than one option.

Compact employers familiar with the NLC were asked to indicate if any nurses working in their organization required multiple nursing licenses from other state/jurisdiction(s) to perform their job, 6% indicated ‘yes’ (see Figure 39). These employers were asked to indicate which of the following categories applied to the nurses that required multiple licenses: telehealth, case management, post discharge follow-up, transport, home health/hospice, and other. See Table 27 for percentages for each of these characteristics.

*Figure 39*

|  |  |  |
| --- | --- | --- |
| Table 27 | | |
| *Of Employers Familiar with the NLC that have Nurses in their Organization that Require Multiple Nursing Licenses from other State/Jurisdictions to Perform their Job,* ***Characteristics of these Nurses*** | | |
|  | (*n =* 57) | Percentage |
| Telehealth | 8 | 14% |
| Case management | 15 | 26% |
| Post discharge follow-up | 13 | 23% |
| Transport | 4 | 7% |
| Home health/hospice | 21 | 37% |
| Other | 23 | 40% |

*Note*. Relevant “Other” comments included the following: admitting surgical patients circulating; advanced practice nurses (CRNAs); APNP; CHG nurses; corporate clinician; home infusion; hospital; MDS coordinator (2); nurse consultants; nurses that travel to multiple office locations in different states; OR (2); outreach; part-time nurses who work in MD & PA; PRN; travel nurses; specialty clinic nurses & triage nurses that take phone calls arrange follow-up, surgicals, med refills, etc; staff nurses, nurse leaders, nurse educators; travel to help facilities in other states; we are a bi-state health system; work in both NH & VT.

Compact employers familiar with the NLC were asked to indicate if there have been advantages of the NLC for their organization. Results showed 45% indicated ‘yes’, 34% indicated ‘no’, and 21% indicated ‘don’t know’ (see Figure 40). If yes, respondents were asked to explain their response (see Table 28).

*Figure 40*

|  |  |  |
| --- | --- | --- |
| Table 28 | | |
| *Of Employers Familiar with the NLC,* ***Have there been Advantages of the NLC for your Organization? COMMENTS*** | | |
|  | (*n =* 425) | Percentage |
| Easy/expedited/less paperwork (less work for Board) | 41 | 10% |
| Quick/less wait time (quicker to get license) | 181 | 43% |
| On state line | 43 | 10% |
| Helps with recruiting/wider applicant pool/nursing shortage | 70 | 16% |
| Easier for traveling nurses | 37 | 9% |
| Easier to hire from agency | 11 | 3% |
| Military base or fort nearby | 6 | 1% |
| Multistate organization | 12 | 3% |
| Helps with relocation | 31 | 7% |
| No cost for additional license | 5 | 1% |
| Reciprocity among states | 3 | 1% |
| Disaster/emergency | 2 | < 1% |
| Other | 34 | 8% |

Compact employers familiar with the NLC were asked to indicate if there been disadvantages of the NLC for their organization. Results showed 5% said ‘yes’, 75% said ‘no’, and 20% said ‘don’t know’ (see Figure 41). If ‘yes’, respondents were asked to explain (see Table 29).

*Figure 41*

|  |  |  |
| --- | --- | --- |
| Table 29 | | |
| *Of Employers Familiar with the NLC,* ***Have there been Disadvantages of the NLC for your Organization? COMMENTS*** | | |
|  | (*n =* 61) | Percentage |
| Nurses don’t understand their responsibilities including state law, expectations of the Board, residency requirements, when to notify the BON | 13 | 21% |
| Nurses are unclear or confused about the process | 6 | 10% |
| Boards have difficulty tracking residency changes | 6 | 10% |
| Boards have difficulty with the timing of expiration dates/renewal periods | 12 | 20% |
| Dealing with states not in the Compact | 14 | 23% |
| Other | 13 | 21% |

Compact employers familiar with the NLC were asked to indicate if they had recommendations on how to improve the NLC, 19% indicated ‘yes’ (see Figure 42). These respondents were asked to explain their response (see Table 30).

*Figure 42*

|  |  |  |
| --- | --- | --- |
| Table 30 | | |
| *Of Employers Familiar with the NLC, Do you have Recommendations on how to Improve the NLC? COMMENTS* | | |
|  | (*n =* 223) | Percentage |
| Expand to more states/all states | 141 | 63% |
| National license | 18 | 8% |
| More info/education/website for information on the Compact | 24 | 11% |
| Centralized site/depository for verification of licenses | 7 | 3% |
| Include APRNs | 3 | 1% |
| Other | 32 | 14% |

**Employer Survey: Single License States/Jurisdictions**

The sampling of the nurse employers was done based on the address given in the purchased database.Given the possibility that respondents lived and worked in two different states/jurisdictions, they were asked which state/jurisdiction their organization was located in. The response on this item was used as a filter variable for analyses. Hence, employers who had a mailing address in a single license state, however, their organization was located in a Compact state were filtered out of the analyses.

There were a total of 1,612 responses, 11 of these respondents’ organizations were located in Compact states and were removed from analyses.

Single license state employers were asked what best described the location of their organization. Results revealed a close split, 54% indicated rural and 46% indicated urban (see figure 43).

*Figure 43*

Single license state employers were asked approximately how many full-time equivalent (FTE) nurses were employed by their organization. The mean was 144 nurses, while the median was 25 nurses (see Table 31).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Table 31 | | | | | | |
| *Average Number of Full-time Equivalent (FTE) Nurses Employed* | | | | | | |
|  | *n* | *M* | *SD* | Min | Max | Median |
| Average amount FTE nurses | 1,518 | 144.46 | 506.73 | 0 | 9,000 | 25 |

Single license state employers were asked approximately what percentage of their organization’s nurses were members of a collective bargaining union, 78% indicated ‘none’ (see Figure 44).

*Figure 44*

Single license state employers were asked what best described their type of organization, 46% indicated nursing home/long-term care and 27% indicated hospital (see Table 32).

|  |  |  |
| --- | --- | --- |
| Table 32 | | |
| *Type of Organization* | | |
|  | (*n =* 1,569) | Percentage |
| Medical practice | 17 | 1% |
| Retail clinic/urgent care | 0 | 0% |
| Community health center | 13 | 1% |
| Federal facility (Military or VA) | 6 | < 1% |
| Health Maintenance Organization, managed care, insurance company | 0 | 0% |
| Hospital | 424 | 27% |
| Ambulatory surgery center, not hospital owned | 97 | 6% |
| Nursing home/long-term care | 725 | 46% |
| Other | 287 | 18% |

Single license state employers were asked to indicate their title at their organization, the majority (86%) indicated nurse executive (see Table 33).

|  |  |  |
| --- | --- | --- |
| Table 33 | | |
| *Respondent’s Job Title* | | |
|  | (*n =* 1,396) | Percentage |
| Nurse executive | 1,199 | 86% |
| HR executive | 5 | < 1% |
| Other | 192 | 14% |

Single license state employers were asked to indicate what type of license they held. The majority (95%) indicated RN (see Table 34).

|  |  |  |
| --- | --- | --- |
| Table 34 | | |
| *Respondent’s License* | | |
|  | (*n =* 1,595) | Percentage |
| Not applicable | 18 | 1% |
| LPN/VN | 48 | 3% |
| RN | 1,518 | 95% |
| APRN | 38 | 2% |

*Note*. Respondents could select more than one response.

Single license state employers were asked to indicate how familiar they were with the NLC. Half of the employers indicated they were ‘not familiar’ (see Figure 45).

*Figure 45*

Single license state employers familiar with the NLC were asked to indicate if there would be advantages for their organization if their state/jurisdiction joined the NLC, 74% indicated there would be advantages (see Figure 46). Respondents were asked to explain (see Table 35).

*Figure 46*

|  |  |  |
| --- | --- | --- |
| Table 35 | | |
| *Of Employers Familiar with the NLC, Would there be Advantages for their Organization if their State/Jurisdiction Joined the NLC? COMMENTS* | | |
|  | (*n =* 608) | Percentage |
| Located near/in boarder state | 127 | 21% |
| Ease of relocation/travel for nurses | 82 | 13% |
| Organization has affiliates and offices nationwide | 24 | 4% |
| Quick turnaround for licensure | 98 | 16% |
| Expedition of hiring process | 86 | 14% |
| Improve recruitment process for nursing shortage | 85 | 14% |
| Increase of nurse assistance during crisis | 6 | 1% |
| Other | 96 | 16% |

Single license state employers familiar with the NLC were asked to indicate if there would be disadvantages for their organization if their state/jurisdiction joined the NLC, 63% indicated there would not be any disadvantages (see Figure 47). Employers were asked to explain (see Table 36).

*Figure 47*

|  |  |  |
| --- | --- | --- |
| Table 36 | | |
| *Of Employers Familiar with the NLC, Would there be Disadvantages for their Organization if their State/Jurisdiction Joined the NLC? COMMENTS* | | |
|  | (*n =* 236) | Percentage |
| Not a disadvantage | 128 | 54% |
| Increased turnover | 21 | 9% |
| Difficulty in tracking probations, license restrictions, and disciplinary actions | 23 | 10% |
| Different requirements from state to state | 19 | 8% |
| Inconsistent CEU requirements | 5 | 2% |
| Decreased state revenue from licensing fees | 5 | 2% |
| Other | 36 | 15% |

Single license state employers familiar with the NLC were asked to indicate if they had recommendations on how to improve the NLC, 17% indicated ‘yes’ (see Figure 48). These individuals were asked to explain (see Table 37).

*Figure 48*

|  |  |  |
| --- | --- | --- |
| Table 37 | | |
| *Of Employers Familiar with the NLC,* ***Does the Employer have Recommendations on how to Improve the NLC? COMMENTS*** | | |
|  | (*n =* 152) | Percentage |
| Include more states | 66 | 43% |
| One national nurse practice act | 12 | 8% |
| Implement a national license registry and database | 10 | 7% |
| Consistent CEU requirements | 4 | 3% |
| Standardize regulations, background checks and disciplinary measures | 31 | 20% |
| Market and provide more information about benefits of NLC to single license states | 18 | 12% |
| Other | 15 | 10% |

Single license state employers familiar with the NLC were asked to indicate if they favored or opposed their state/jurisdiction joining the NLC, the majority (81%) were in favor of their state/jurisdiction joining the NLC (Figure 49).

*Figure 49*

Single license state employers familiar with the NLC were asked to indicate any suggestions or comments they had regarding the NLC (see Table 28).

|  |  |  |
| --- | --- | --- |
| Table 38 | | |
| *Of Employers Familiar with the NLC, Suggestions or Comments Regarding the NLC* | | |
|  | (*n =* 562) | Percentage |
| In favor of NLC, it is beneficial | 53 | 9% |
| Promote the benefits of NLC | 6 | 1% |
| Implement a common database for licenses | 2 | < 1% |
| Eliminate individual state renewals | 9 | 2% |
| Standard CBC/disciplinary actions | 23 | 4% |
| Cost of implementation and loss of state revenue | 8 | 1% |
| Other | 14 | 2% |
| None\* | 367 | 65% |
| Don’t know\* | 80 | 14% |

Note. \*”None” and “don’t know” were specific options respondents could select.

Single license state employers familiar with the NLC were asked to indicate if any nurses working in their organization require multiple nursing licenses from other state/jurisdiction(s) to perform their job, 20% indicated ‘yes’ (see Figure 50). If yes, respondents were asked to indicate which of the following categories apply to the nurses that require multiple licenses: telehealth, case management, post discharge follow-up, transport, home health/hospice, and other. See Table 39 for the distribution of responses.

*Figure 50*

|  |  |  |
| --- | --- | --- |
| Table 39 | | |
| *Of Employers Familiar with the NLC that have Nurses that Require Multiple Nursing Licenses from other State/Jurisdictions to Perform their Job,* ***Characteristics of these Nurses*** | | |
|  | (*n =* 140) | Percentage |
| Telehealth | 35 | 25% |
| Case management | 41 | 29% |
| Post discharge follow-up | 26 | 19% |
| Transport | 14 | 10% |
| Home health/hospice | 58 | 41% |
| Other | 56 | 40% |

*Note*. Respondents could select more than one response.

Relevant “other” responses included: resource pool; administration of long-term care; travel nurses; ambulatory clinical – office practice & treatment settings & management staff; assisted living; call center advice line; charge nurses; clinic LPN & RN; clinics in other states; consultants (3); corporate nurses; corporate regional/clinical directors; direct patient care; documentation review; ER nurses; floor nurses, transport future: home health, case management; responsible for facilities in multiple states; long-term care, corporate nurse, and nurse consultant; long-term care; management (2), med nurses; multisite coverage; live in neighboring states, therefore they hold both state licenses; nurse consultants; nurse consultants that are responsible for multiple states; nurse who work in 2 states; office nurses working in multiple states; teaching; outreach clinics; private duty transport; regional and divisional nurse executives; regional nurse consultants; satellite clinics in other states; senior management; sister facilities in other states; skilled nursing facility/long-term care (2); travel nurses (3); use a “flex” mobile workforce; nurses that hold two different jobs in two different states; travel nursing & telehealth; border city; located near state line; we work closely with border state hospital.

**Supplemental CORE Analyses**

A series of supplemental analyses were conducted utilizing CORE data. First, the average budget allocated to discipline before versus after joining the Compact. Second, the average percent of budget allocated to discipline before versus after joining the Compact. Third, the average total budget before versus after joining the Compact. Fourth, the average number of investigative cases before versus after joining the Compact. And fifth, the average number of investigative per number of licensees before versus after joining the Compact.

The average budget allocated to discipline was higher for single license states versus Compact states from 2002 through 2012 (see Figure 51 and Table 40). The state average budget allocated to discipline was higher after joining the Compact for 4 out of the 5 states analyzed (see Table 41).

*Figure 51*. Average Budget Allocated to Discipline

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Table 40 | | | | | |
| *Average Budget Allocated to Discipline* | | | | | |
|  | 2012 | 2009 | 2007 | 2005 | 2002 |
| Compact states | $1,785,138 (*n* = 11) | $956,030 (*n* = 12) | $900,152 (*n* = 9) | $704,626 (*n* = 7) | $597,315 (*n* = 4) |
| Single license states | $4,207,411 (*n* = 9) | $2,147,290 (*n* = 10) | $1,946,514 (*n* = 15) | $1,655,961 (*n* = 17) | $1,355,039 (*n* = 17) |
| All states | $2,875,161 (*n* = 20) | $1,497,512 (*n* = 22) | $1,554,128 (*n* = 24) | $1,378,488 (*n* = 24) | $1,210,711 (*n* = 21) |

|  |  |  |
| --- | --- | --- |
| Table 41 | | |
| *State Average Budget Allocated to Discipline Before Versus After Joining the Compact* | | |
|  | Before NLC | After NLC |
| Kentucky | $793,600 | $978,683 |
| Missouri | $868,690 | $958,282 |
| New Hampshire | $104,300 | $85,000 |
| New Mexico | $226,646 | $1,436,451 |
| North Dakota | $107,004 | $131,017 |

The average percent of budget allocated to discipline fluctuated for single license states versus Compact states from 2002 through 2012 (see Figure 52 and Table 42). The state average percent of budget allocated to discipline was higher after joining the Compact for only 1 out of the 5 states analyzed (see Table 43).

*Figure 52*. Average Percent of Budget Allocated to Discipline

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Table 42 | | | | | |
| *Average Percent of Budget Allocated to Discipline* | | | | | |
|  | 2012 | 2009 | 2007 | 2005 | 2002 |
| Compact states | 31.68%  (*n* = 11) | 24.88%  (*n* = 12) | 30.55%  (*n* = 9) | 42.64%  (*n* = 7) | 28.49%  (*n* = 4) |
| Single license states | 47.19%  (*n* = 9) | 30.73%  (*n* = 10) | 34.31%  (*n* = 15) | 33.08%  (*n* = 17) | 30.66%  (*n* = 17) |
| All states | 38.66%  (*n* = 20) | 27.54%  (*n* = 22) | 32.90%  (*n* = 24) | 35.87%  (*n* = 24) | 30.25%  (*n* = 21) |

|  |  |  |
| --- | --- | --- |
| Table 43 | | |
| *State Average Percent of Budget Allocated to Discipline Before Versus After Joining the Compact* | | |
|  | Before NLC | After NLC |
| Kentucky | 20.96% | 24.13% |
| Missouri | 31.09% | 27.39% |
| New Hampshire | 17.64% | 8.53% |
| New Mexico | 22.42% | 18.59% |
| North Dakota | 18.26% | 18.70% |

The average total budget was higher for single license states versus Compact states from 2002 through 2012 (see Figure 53 and Table 44). The average total budget was higher after joining the Compact for 4 out of the 5 states analyzed (see Table 45).

*Figure 53*. Average Total Budget

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Table 44 | | | | | |
| *Average Total Budget* | | | | | |
|  | 2012 | 2009 | 2007 | 2005 | 2002 |
| Compact states | $3,662,331 (*n* = 14) | $3,341,653 (*n* = 12) | $3,181,310 (*n* = 10) | $2,463,398 (*n* = 8) | $2,168,954 (n = 4) |
| Single license states | $5,881,343 (*n* = 16) | $4,349,934 (*n* = 14) | $4,666,736 (*n* = 17) | $3,750,400 (*n* = 19) | $3,365,289 (*n* = 18) |
| All states | $4,845,804 (*n* = 30) | $3,884,572 (*n* = 26) | $4,116,578 (*n* = 27) | $3,369,066 (*n* = 27) | $3,147,774 (*n* = 22) |

|  |  |  |
| --- | --- | --- |
| Table 45 | | |
| *State Average Total Budget Before Versus After Joining the Compact* | | |
|  | Before NLC | After NLC |
| Kentucky | $3,851,194 | $4,038,051 |
| Missouri | $2,795,806 | $3,498,256 |
| New Hampshire | $594,018 | $996,000 |
| New Mexico | $1,011,000 | $267,024 |
| North Dakota | $576,689 | $800,259 |

The average number of investigative cases fluctuated for single license states versus Compact states from 2002 through 2012 (see Figure 54 and Table 46). The average number of investigative cases was higher after joining the Compact for 4 out of the 6 states analyzed (see Table 47).

*Figure 54*. Average Number of Investigative Cases

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Table 46 | | | | | |
| *Average Number of Investigative Cases* | | | | | |
|  | FY2012 | FY2009 | FY2007 | FY2005 | FY2002 |
| Compact states | 1,889  (*n* = 12) | 1,528  (n = 14) | 544  (n = 11) | 1,156  (n = 9) | 710  (n = 5) |
| Single license states | 1,243  (n = 18) | 959  (n = 17) | 812  (n = 22) | 710  (n = 21) | 562  (n = 15) |
| All states | 1,501  (n = 30) | 1,216  (n = 31) | 723  (n = 33) | 844  (n = 30) | 599  (n = 20) |

|  |  |  |
| --- | --- | --- |
| Table 47 | | |
| *State Average Number of Investigative Cases Before Versus After Joining the NLC* | | |
|  | Before NLC | After NLC |
| Kentucky | 220 | 354 |
| Missouri | 1,648 | 2,158 |
| New Hampshire | 85 | 100 |
| New Mexico | 100 | 90 |
| North Dakota | 55 | 124 |
| South Carolina | 446 | 385 |

The average number of investigative cases per number of licensees fluctuated for single license states versus Compact states from 2002 through 2012 (see Figure 55 and Table 48). The average number of investigative cases per number of licensees was higher after joining the Compact for 4 out of the 6 states analyzed (see Table 49).

*Figure 55*. Average Number of Investigative Cases per Number of Licensees

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Table 48 | | | | | |
| *Average Number of Investigative Cases per Number of Licensees* | | | | | |
|  | FY2012 | FY2009 | FY2007 | FY2005 | FY2002 |
| Compact states | 1.26%  (*n* = 12) | 1.33%  (*n* = 14) | 0.86%  (*n* = 11) | 1.09%  (*n* = 9) | 6.25%  (*n* = 5) |
| Single license states | 1.30%  (*n* = 18) | 1.42%  (*n* = 17) | 1.15%  (*n* = 22) | 0.91%  (*n* = 21) | 1.18%  (*n* = 14) |
| All states | 1.32%  (*n* = 30) | 1.38%  (*n* = 31) | 1.06%  (*n* = 33) | 0.97%  (*n* = 30) | 2.52%  (*n* = 19) |

|  |  |  |
| --- | --- | --- |
| Table 49 | | |
| *State Average Number of Investigative Cases per Number of Licensees Before Versus After Joining the Compact* | | |
|  | Before NLC | After NLC |
| Kentucky | 0.34% | 0.45% |
| Missouri | 1.59% | 1.76% |
| New Hampshire | 0.38% | 0.45% |
| New Mexico | 0.52% | 0.33% |
| North Dakota | 0.47% | 0.86% |
| South Carolina | 0.82% | 0.63% |

**Appendix**

**Nurse Survey**

1. Which state/jurisdiction is your primary residence? **(select one)**

* *AK*
* *AL*
* *AR*
* *AZ*
* *CA*
* *CO*
* *CT*
* *DC*
* *DE*
* *FL*
* *GA*
* *HI*
* *IA*
* *ID*
* *IL*
* *IN*
* *KS*
* *KY*
* *LA*
* *MA*
* *MD*
* *ME*
* *MI*
* *MN*
* *MO*
* *MS*
* *MT*
* *NC*
* *ND*
* *NE*
* *NH*
* *NJ*
* *NM*
* *NV*
* *NY*
* *OH*
* *OK*
* *OR*
* *PA*
* *RI*
* *SC*
* *SD*
* *TN*
* *TX*
* *UT*
* *VA*
* *VT*
* *WA*
* *WI*
* *WV*
* *WY*
* ***AS***
* ***GU***
* ***MP***
* ***VI***

1. Do you hold an active nursing license in the state/jurisdiction you selected above?

* *Yes*
* *No*

1. What other state/jurisdiction(s) do you hold an active nursing license? **(select all that apply)**

* *AK*
* *AL*
* *AR*
* *AZ*
* *CA*
* *CO*
* *CT*
* *DC*
* *DE*
* *FL*
* *GA*
* *HI*
* *IA*
* *ID*
* *IL*
* *IN*
* *KS*
* *KY*
* *LA*
* *MA*
* *MD*
* *ME*
* *MI*
* *MN*
* *MO*
* *MS*
* *MT*
* *NC*
* *ND*
* *NE*
* *NH*
* *NJ*
* *NM*
* *NV*
* *NY*
* *OH*
* *OK*
* *OR*
* *PA*
* *RI*
* *SC*
* *SD*
* *TN*
* *TX*
* *UT*
* *VA*
* *VT*
* *WA*
* *WI*
* *WV*
* *WY*
* ***AS***
* ***GU***
* ***MP***
* ***VI***
* *None*

1. (a) In the past 24 months, have you been employed in a position that requires a nursing license?

* *Yes*
* *No --- skip to 8*

(b) If yes, please indicate the zip code of your primary employer: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

(c) Which of the following best describes the location of your primary employer: **(select one)**

* *Urban-type area*
* *Rural-type area*

(d) Are you a member of a collective bargaining unit?

* *Yes*
* *No*

1. What percentage of your time over the past 24 months would you estimate you have provided nursing services or communicated with a patient or client located outside of your primary state/jurisdiction residence?

* *Never*
* *1 – 25%*
* *26 – 50%*
* *51 – 75%*
* *76 – 100%*

1. Please indicate the state/jurisdiction(s) you were located in when providing nursing care and/or utilizing nursing knowledge in the past 24 months: **(select all that apply)**

* *AK*
* *AL*
* *AR*
* *AZ*
* *CA*
* *CO*
* *CT*
* *DC*
* *DE*
* *FL*
* *GA*
* *HI*
* *IA*
* *ID*
* *IL*
* *IN*
* *KS*
* *KY*
* *LA*
* *MA*
* *MD*
* *ME*
* *MI*
* *MN*
* *MO*
* *MS*
* *MT*
* *NC*
* *ND*
* *NE*
* *NH*
* *NJ*
* *NM*
* *NV*
* *NY*
* *OH*
* *OK*
* *OR*
* *PA*
* *RI*
* *SC*
* *SD*
* *TN*
* *TX*
* *UT*
* *VA*
* *VT*
* *WA*
* *WI*
* *WV*
* *WY*
* ***AS***
* ***GU***
* ***MP***
* ***VI***

1. (a) In the past 24 months, have you provided nursing services or communicated with a patient or client that was located in a state/jurisdiction different from where you were located?

* *Yes*
* *No--- skip to 8*

(b) If yes, please indicate the state/jurisdiction(s) where the patients or clients were located, and the mode of communication. **(select all that apply)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | *By*  *phone* | *Electronically* |  |  | *By*  *phone* | *Electronically* |  |
| ***AK*** |  |  |  | ***ND*** |  |  |  |
| ***AL*** |  |  |  | ***NE*** |  |  |  |
| ***AR*** |  |  |  | ***NH*** |  |  |  |
| ***AZ*** |  |  |  | ***NJ*** |  |  |  |
| ***CA*** |  |  |  | ***NM*** |  |  |  |
| ***CO*** |  |  |  | ***NV*** |  |  |  |
| ***CT*** |  |  |  | ***NY*** |  |  |  |
| ***DC*** |  |  |  | ***OH*** |  |  |  |
| ***DE*** |  |  |  | ***OK*** |  |  |  |
| ***FL*** |  |  |  | ***OR*** |  |  |  |
| ***GA*** |  |  |  | ***PA*** |  |  |  |
| ***HI*** |  |  |  | ***RI*** |  |  |  |
| ***IA*** |  |  |  | ***SC*** |  |  |  |
| ***ID*** |  |  |  | ***SD*** |  |  |  |
| ***IL*** |  |  |  | ***TN*** |  |  |  |
| ***IN*** |  |  |  | ***TX*** |  |  |  |
| ***KS*** |  |  |  | ***UT*** |  |  |  |
| ***KY*** |  |  |  | ***VA*** |  |  |  |
| ***LA*** |  |  |  | ***VT*** |  |  |  |
| ***MA*** |  |  |  | ***WA*** |  |  |  |
| ***MD*** |  |  |  | ***WI*** |  |  |  |
| ***ME*** |  |  |  | ***WV*** |  |  |  |
| ***MI*** |  |  |  | ***WY*** |  |  |  |
| ***MN*** |  |  |  | ***AS*** |  |  |  |
| ***MO*** |  |  |  | ***GU*** |  |  |  |
| ***MS*** |  |  |  | ***MP*** |  |  |  |
| ***MT*** |  |  |  | ***VI*** |  |  |  |
| ***NC*** |  |  |  | Didn’t know the location of patient(s) |  |  |  |

1. (a) Has anything ever prevented you from applying for a nursing license in any state/jurisdiction?

* *Yes*
* *No*

(b) Please explain:

1. Who pays your licensure fees?

* *Self*
* *Employer*
* *Both*

1. How much have you or your employer spent on your licensure fees in the past 24 months?

$ \_\_\_\_\_\_\_\_\_\_\_\_\_

* *Don’t know*

1. *The Nurse Licensure Compact allows a nurse to have one multistate license in the nurse’s primary state/jurisdiction of residence to practice in other Compact states/jurisdictions.*

Prior to now, were you aware of the Nurse Licensure Compact?

* *Yes, fully aware*
* *Somewhat aware*
* *Not at all aware --- skip to 15*

1. Does the state/jurisdiction of your primary residence belong to the Nurse Licensure Compact?

* *Yes*
* *No--- skip to 14*
* *Don’t know*

1. (a) Do you hold an active Compact license?

* *Yes*
* *No--- skip to 14*
* *Don’t know--- skip to 14*

(b) Has the Nurse Licensure Compact been beneficial for you?

* *Yes*
* *Somewhat*
* *No*
* *No opinion*

(c) Please explain:

(d) Have you practiced in another state/jurisdiction under your Compact license in the past 24 months?

* *Yes*
* *No --- skip to 14*

(e) If yes, please indicate the type of position you were employed in. **(select all that apply)**

* *Camp nurse*
* *School nurse*
* *Case manager by phone or electronically*
* *Home health/hospice*
* *Nurse educator*
* *Transport nurse across state borders*
* *Travel nurse*
* *Telehealth*
* *Triage by phone across state borders*
* *Work for employer/facility across state border*
* *Other, please specify*

1. *If the state/jurisdiction of your primary residence does not belong to the Nurse Licensure Compact, please answer this next question.*

What is your opinion of your primary state/jurisdiction residence joining the Nurse Licensure Compact?

* *In favor*
* *Neutral*
* *Opposed*
* *No opinion--- skip to 15*
* *Don’t know--- skip to 15*
* *Primary state/residence belongs to the Nurse Licensure Compact--- skip to 15*

(b) Please explain:

**Demographic questions**

1. In what year were you born? 1 9 \_\_ \_\_
2. What is your gender?

* *Male*
* *Female*

1. What type of license do you currently hold? **(select all that apply)**

* *LPN/VN*
* *RN*
* *APRN*

**BON Survey: Compact States/Jurisdictions**

1. Please indicate your state/jurisdiction:

* *AK*
* *AL*
* *AR*
* *AZ*
* *CA-RN*
* *CA-VN*
* *CO*
* *CT*
* *DC*
* *DE*
* *FL*
* *GA*
* *HI*
* *IA*
* *ID*
* *IL*
* *IN*
* *KS*
* *KY*
* *LA-RN*
* *LA-PN*
* *MA*
* *MD*
* *ME*
* *MI*
* *MN*
* *MO*
* *MS*
* *MT*
* *NC*
* *ND*
* *NE*
* *NH*
* *NJ*
* *NM*
* *NV*
* *NY*
* *OH*
* *OK*
* *OR*
* *PA*
* *RI*
* *SC*
* *SD*
* *TN*
* *TX*
* *UT*
* *VA*
* *VT*
* *WA*
* *WI*
* *WV-RN*
* *WV-PN*
* *WY*
* ***AS***
* ***GU***
* ***MP***
* ***VI***

1. How many years have you been a Nurse Licensure Compact Administrator?

* *< 1*
* *1*
* *2*
* *3*
* *4*
* *5*
* *6*
* *7*
* *8*
* *9*
* *10*
* *11*
* *12*
* *13*
* *14*

1. How many years has your state/jurisdiction been a member of the Nurse Licensure Compact?

* *< 1*
* *1*
* *2*
* *3*
* *4*
* *5*
* *6*
* *7*
* *8*
* *9*
* *10*
* *11*
* *12*
* *13*
* *14*
* *Don’t know*

1. Does your Board of Nursing (BON) maintain monthly or yearly statistics or performance measures specifically related to Nurse Licensure Compact cases/complaints?

* *Yes*
* *No*

1. (a) What is the overall impact the Nurse Licensure Compact has on your BON licensure/operations staff workload?

* *Increased workload*
* *Little or no impact on workload*
* *Decreased workload*
* *Don’t know*

(b) Please explain:

1. (a) What is the overall impact the Nurse Licensure Compact has on your BON investigator caseload?

* *Increased caseload*
* *Little or no impact on caseload*
* *Decreased caseload*
* *Don’t know*

(b) Please explain:

1. (a) What is the overall impact the Nurse Licensure Compact has on your BON attorney caseload?

* *Increased caseload*
* *Little or no impact on caseload*
* *Decreased caseload*
* *Don’t know*

(b) Please explain:

1. (a) Have you ever had to work with another Compact state/jurisdiction regarding a discipline case?

* *Yes*
* *No--- skip to 9*

(b) How does the Nurse Licensure Compact impact length of time to resolve a discipline case involving another Compact BON from complaint to board action?

* *Increased length of time*
* *Little or no impact on length of time*
* *Decreased length of time*
* *Don’t know*

(c) How would you describe the overall level of cooperation among Compact states/jurisdictions in the exchange of information?

* *Very cooperative*
* *Cooperative*
* *Somewhat cooperative*
* *Not cooperative*

(d) Please explain:

1. (a) Does the Nurse Licensure Compact have any financial impact on your BON?

* *Yes*
* *No*
* *Don’t know*

(b) Please explain:

1. (a) Overall, are there advantages of being a member of the Nurse Licensure Compact?

* *Yes*
* *No*
* *Don’t know*

(b) If yes, please explain:

1. (a) Overall, are there disadvantages of being a member of the Nurse Licensure Compact?

* *Yes*
* *No*
* *Don’t know*

(b) If yes, please explain:

1. (a) Are there Nurse Licensure Compact provisions that should be amended or added?

* *Yes*
* *No*

(b) If yes, please explain:

1. What advice would you give a new state/jurisdiction joining the NLC?

**BON Survey: Single License States/Jurisdictions**

1. Please indicate your state/jurisdiction:

* *AK*
* *AL*
* *AR*
* *AZ*
* *CA-RN*
* *CA-VN*
* *CO*
* *CT*
* *DC*
* *DE*
* *FL*
* *GA*
* *HI*
* *IA*
* *ID*
* *IL*
* *IN*
* *KS*
* *KY*
* *LA-RN*
* *LA-PN*
* *MA*
* *MD*
* *ME*
* *MI*
* *MN*
* *MO*
* *MS*
* *MT*
* *NC*
* *ND*
* *NE*
* *NH*
* *NJ*
* *NM*
* *NV*
* *NY*
* *OH*
* *OK*
* *OR*
* *PA*
* *RI*
* *SC*
* *SD*
* *TN*
* *TX*
* *UT*
* *VA*
* *VT*
* *WA*
* *WI*
* *WV-RN*
* *WV-PN*
* *WY*
* ***AS***
* ***GU***
* ***MP***
* ***VI***

1. How many years have you been an EO at your current Board of Nursing (BON)?

* *< 1*
* *1*
* *2*
* *3*
* *4*
* *5*
* *6*
* *7*
* *8*
* *9*
* *10*
* *11*
* *12*
* *13*
* *14*
* *> 14*

1. How familiar are you with the Nurse Licensure Compact?

* *Very familiar*
* *Familiar*
* *Somewhat familiar*
* *Not familiar*

1. (a) Is your BON considering joining the Nurse Licensure Compact?

* *Yes*
* *No--- skip to 6*
* *Under discussion--- skip to 5*
* *Unsure, at this time--- skip to 6*

(b) If yes, how soon?

* *Within the year*
* *2015*
* *2016*
* *2017*
* *2018*
* *2019*
* *2020*

1. (a) If your state/jurisdiction is considering joining the Nurse Licensure Compact, do you anticipate any opposition from stakeholders?

* *Yes*
* *No--- skip to 6*
* *Don’t know--- skip to 6*

(b) If yes, please indicate any opposition in your state/jurisdiction. **(select all that apply)**

* *Unions*
* *State/jurisdiction nurse association*
* *Higher level agency in state/jurisdiction or umbrella agency*
* *State/jurisdiction official*
* *Your BON*
* *Other, please specify*

1. (a) Are there any barriers for your state/jurisdiction joining the Nurse Licensure Compact?

* *Yes*
* *No--- skip to 7*
* *Don’t know--- skip to 7*

(b) If yes, please indicate any barriers: **(select all that apply)**

* *Financial*
* *Criminal Background Checks not conducted in all Compact states*
* *Anticipated increased caseload for investigators*
* *Anticipated increased caseload for attorneys*
* *Anticipated increased workload for licensure/operations staff*
* *Lack of trust in actions taken by other BONs*
* *Other, please specify*

1. (a) Overall, are there advantages of joining the Nurse Licensure Compact?

* *Yes*
* *No*
* *Don’t know*

(b) If yes, please explain:

1. (a) Overall, are there disadvantages of joining the Nurse Licensure Compact?

* *Yes*
* *No*
* *Don’t know*

(b) If yes, please explain:

1. (a) Are there Nurse Licensure Compact provisions that should be amended or added?

* *Yes*
* *No*

(b) If yes, please explain:

**Employer Survey: Compact States/Jurisdictions**

1. How familiar are you with the Nurse Licensure Compact?

* *Very familiar*
* *Familiar*
* *Somewhat familiar*
* *Not familiar--- skip to 8*

1. (a) Does the Nurse Licensure Compact help expedite nurse hiring at your organization?

* *Yes*
* *Somewhat*
* *No*
* *Don’t know*

(b) Please explain:

1. (a) Approximately, how many nurses in your organization are practicing on a Compact license issued by another state/jurisdiction?

\_\_\_\_\_\_\_\_\_\_\_

* *None--- skip to 4*
* *Don’t know--- skip to 4*

(b) Please indicate which of the following categories apply to the nurses practicing on a Compact license, issued by another state, within your organization: **(select all that apply)**

* *Travel nurse(s)*
* *Live across state/jurisdiction border*
* *Newly relocated*
* *Telehealth*
* *Case management by phone or electronically*
* *Transport*
* *Home health/hospice*
* *Don’t know*
* *Not Applicable*
* *Other, please specify*

1. (a) Do any nurses working in your organization require multiple nursing licenses from other state/jurisdiction(s) to perform their job?

* *Yes*
* *No--- skip to 5*
* *Don’t know--- skip to 5*

(b) If yes, please indicate which of the following categories apply to the nurses that require multiple licenses: **(select all that apply)**

* *Telehealth*
* *Case management*
* *Post discharge follow-up*
* *Transport*
* *Home health/hospice*
* *Other, please specify*

1. (a) Have there been advantages of the Nurse Licensure Compact for your organization?

* *Yes*
* *No*
* *Don’t know*

(b) If yes, please explain:

1. (a) Have there been disadvantages of the Nurse Licensure Compact for your organization?

* *Yes*
* *No*
* *Don’t know*

(b) If yes, please explain:

1. (a) Do you have recommendations on how to improve the Nurse Licensure Compact?

* *Yes*
* *No*

(b) If yes, please explain:

**Demographics**

1. Please indicate the state/jurisdiction where your organization is located. **(select one)**

* *AK*
* *AL*
* *AR*
* *AZ*
* *CA*
* *CO*
* *CT*
* *DC*
* *DE*
* *FL*
* *GA*
* *HI*
* *IA*
* *ID*
* *IL*
* *IN*
* *KS*
* *KY*
* *LA*
* *MA*
* *MD*
* *ME*
* *MI*
* *MN*
* *MO*
* *MS*
* *MT*
* *NC*
* *ND*
* *NE*
* *NH*
* *NJ*
* *NM*
* *NV*
* *NY*
* *OH*
* *OK*
* *OR*
* *PA*
* *RI*
* *SC*
* *SD*
* *TN*
* *TX*
* *UT*
* *VA*
* *VT*
* *WA*
* *WI*
* *WV*
* *WY*

1. Please indicate the zip code of your organization: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_
2. Which of the following best describes the location of your organization: **(select one)**

* *Urban-type area*
* *Rural-type area*

1. Approximately how many full-time equivalent (FTE) nurses are currently employed by your organization? \_\_\_\_\_\_\_\_\_\_\_
2. Approximately what percentage of your organization’s nurses are members of a collective bargaining union?

* *None*
* *25%*
* *50%*
* *75%*
* *All*
* *Don’t know*

1. Which of the following best describes your organization:

* *Medical practice*
* *Retail clinic/urgent care*
* *Community health center*
* *Federal facility (Military or VA)*
* *Health Maintenance Organization, managed care, insurance company*
* *Hospital*
* *Ambulatory surgery center, not hospital owned*
* *Nursing home/Long-term care*
* *Other, please specify*

1. What best describes your title at your organization? **(select one)**

* *Nurse executive*
* *HR executive*
* *Other, please specify*

1. What type of license do you currently hold? **(select all that apply)**

* *Not applicable*
* *LPN/VN*
* *RN*
* *APRN*

**Employer Survey: Single License States/Jurisdictions**

1. How familiar are you with the Nurse Licensure Compact?

* *Very familiar*
* *Familiar*
* *Somewhat familiar*
* *Not familiar--- skip to 7*

1. (a) Would there be advantages for your organization if your state/jurisdiction joined the Nurse Licensure Compact?

* *Yes*
* *No*
* *Don’t know*

(b) Please explain:

1. (a) Would there be disadvantages for your organization if your state/jurisdiction joined the Nurse Licensure Compact?

* *Yes*
* *No*
* *Don’t know*

(b) Please explain:

1. (a) Do you have recommendations on how to improve the Nurse Licensure Compact?

* *Yes*
* *No*

(b) If yes, please explain:

1. Do you favor or oppose your state/jurisdiction joining the Nurse Licensure Compact?

* *In favor*
* *Neutral*
* *Opposed*
* *No opinion*
* *Don’t know*

1. Please indicate any suggestions or comments you have regarding the Nurse Licensure Compact:

* *None*
* *Don’t know*

1. (a) Do any nurses working in your organization require multiple nursing licenses from other state/jurisdiction(s) to perform their job?

* *Yes*
* *No--- skip to 8*
* *Don’t know--- skip to 8*

(b) If yes, please indicate which of the following categories apply to the nurses that require multiple licenses: **(select all that apply)**

* *Telehealth*
* *Case management*
* *Post discharge follow-up*
* *Transport*
* *Home health/hospice*
* *Other, please specify*

**Demographics**

1. Please indicate the state/jurisdiction where your organization is located. **(select one)**

* *AK*
* *AL*
* *AR*
* *AZ*
* *CA*
* *CO*
* *CT*
* *DC*
* *DE*
* *FL*
* *GA*
* *HI*
* *IA*
* *ID*
* *IL*
* *IN*
* *KS*
* *KY*
* *LA*
* *MA*
* *MD*
* *ME*
* *MI*
* *MN*
* *MO*
* *MS*
* *MT*
* *NC*
* *ND*
* *NE*
* *NH*
* *NJ*
* *NM*
* *NV*
* *NY*
* *OH*
* *OK*
* *OR*
* *PA*
* *RI*
* *SC*
* *SD*
* *TN*
* *TX*
* *UT*
* *VA*
* *VT*
* *WA*
* *WI*
* *WV*
* *WY*

1. Please indicate the zip code of your organization: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_
2. Which of the following best describes the location of your organization: **(select one)**

* *Urban-type area*
* *Rural-type area*

1. Approximately how many full-time equivalent (FTE) nurses are currently employed by your organization? \_\_\_\_\_\_\_\_\_\_\_

1. Approximately what percentage of your organization’s nurses are members of a collective bargaining union?

* *None*
* *25%*
* *50%*
* *75%*
* *All*
* *Don’t know*

1. Which of the following best describes your organization:

* *Medical practice*
* *Retail clinic/urgent care*
* *Community health center*
* *Federal facility (Military or VA)*
* *Health Maintenance Organization, managed care, insurance company*
* *Hospital*
* *Ambulatory surgery center, not hospital owned*
* *Nursing home/Long-term care*
* *Other, please specify*

1. What best describes your title at your organization? **(select one)**

* *Nurse executive*
* *HR executive*
* *Other, please specify*

1. What type of license do you currently hold? **(select all that apply)**

* *Not applicable*
* *LPN/VN*
* *RN*
* *APRN*