



National Nurse Licensure Compact (HF220 Norton)

Minnesota Nurses Association opposes the National Council of State Boards of Nursing (NCSBN) Interstate Nurse Licensure Compact because of the threats it poses to the safety and quality of patient care delivered in Minnesota; to the fiduciary and consumer protection responsibilities of the state; to the lack of oversight and accuracy verification of the publically available data on nurses; and to the unprecedented growth, and the ruthlessness that multistate/international private and not-for-profit healthcare corporations are exhibiting toward existing unions and organizing attempts, making MNA more vulnerable to these attacks.

In 2002, as part of the legislation to prohibit mandatory overtime for RNs, MNA negotiated with the Minnesota Hospital Association to develop and enact compromise legislation to the full-blown national Interstate Licensure Compact. This compromise legislation, known as "Border Reciprocity," would allow nurses working in the border states of Iowa, South and North Dakota and Wisconsin, to practice nursing in Minnesota without a Minnesota license provided they registered with the Minnesota Board of Nursing. To date, the Board of Nursing has not secured reciprocity agreements with any of the four other states.

Supersedes States' Rights and Authority

The Compact supersedes the rights and interests of states and citizens and enactment requires that states cede administrative authority of the Compact to Contract Administrators, removing the state's ability for oversight, evaluation, or change. Related rule-making will be under the sole purview of Contract Administrators and be outside the jurisdiction of state authority. Any model for inter-state regulation should allow Minnesotans to retain public accountability and legislative control over the regulation of nursing practice in our state, for all nurses.

No Consistent Standard of Patient care

Compact language compromises the state's responsibility for establishing requirements for initial and continued competency of non-resident nurses. The state's accountability for protecting its citizens from inappropriate or unsafe nursing practice will be seriously challenged as state requirements for renewal licensure, or changes in nursing rule and law, will only apply to nurses licensed in MN, not to Compact nurses who will be working in MN under their own state of licensure laws and rules.

Costs and Lost Revenue to State of Minnesota

We are concerned that the State of Minnesota risks considerable financial loss due to Compact requirements for annual maintenance fees and the elimination of licensure and re-registration fees from non-resident nurses. States enacting the Compact have typically underestimated this and have had to raise fees on resident nurses to help offset these losses.

Labor Laws

We believe any changes in the regulation of nursing must not weaken or contravene existing public policy, state laws and rules, including union activity, and nurses' right to organize. The Compact is a direct threat to MNA as a professional association and sole collective bargaining agent for nurses in MN. No other large healthcare/labor states have allowed adoption of this Compact.

Nurses

There are many unanswered questions related to licensure, data confidentiality, and nursing discipline, the Compact language puts nurses at risk for financial loss as well as ability to practice.

For these reasons, the Minnesota Nurses Association steadfastly opposes the Compact. We do, however, remain committed to seeking regulatory alternatives that do not put patients and nurses in harm's way, or put states in jeopardy of financial risk and potential loss of rulemaking authority and oversight accountability.