

NJ MOVES CLOSER TO JOINING MULTI-STATE LICENSING PACT FOR NURSES

LILLO H. STANTON | FEBRUARY 22, 2019

By 2030, the workforce in New Jersey is estimated to fall some 11,400 nurses short of the demand for their services



After nearly two decades of debate, New Jersey is a big step closer to joining a consortium that would permit nurses licensed here to practice in 29 other states – and enable nurses in those jurisdictions to treat patients here.

On Thursday the state Senate unanimously approved legislation authorizing New Jersey’s participation in the enhanced multistate Nurse Licensure Compact, or eNLC – a national program that allows nursing professionals more mobility in an industry plagued by shortages. It is also intended to better support telemedicine and other new technology, which can easily cross state borders.

Under the **eNLC model** outlined in the legislation – which must still clear a final vote in the Assembly – nurses licensed under the compact would need to meet the licensing qualifications of their home state. But their practice would be regulated by the state in which they actually work. The compact also provides access to a shared database with licensing information and requires each participating state to record nursing violations in this system.

Concerns have been raised by some nursing groups, who fear the proposal could erode the quality of care in the Garden State, which has stricter licensing standards than some of the other participating jurisdictions.

The New Jersey Business and Industry Association, meanwhile, supports the bill, which it said would make recruiting nursing staff easier here.



Edna Cadmus

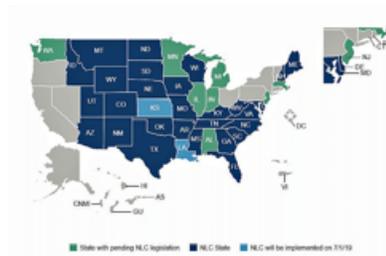
“I see this as a very positive step,” said Edna Cadmus, a nurse and clinical professor at Rutgers School of Nursing who also leads the **New Jersey Collaborating Center for Nursing**, which studies workforce issues. “It allows for greater mobility, and greater mobility will help us in dealing with shortages,” she said. “It also really helps reduce some of the duplication in licensing.”

Supply and demand varies

Currently, nurses based in New Jersey must obtain a separate license from other states where they want to work, and those coming to practice here must obtain Garden State credentials. The job of processing the licenses – and overseeing education, regulations and other aspects of the profession – falls to the New Jersey Board of Nursing, which oversees the credentials of more than 220,000 healthcare professionals, at least half of them registered nurses, or RNs. Some contend that staff shortages

and management concerns at the board have made it more challenging for individuals to obtain nursing certification in New Jersey; critics of the multi-state compact suggest the potential additional licensing traffic could exacerbate the situation.

(Former Gov. Chris Christie appointed additional members to the nursing board after lawmakers and advocates **flagged these and other issues** several years ago; at that time, state officials suggested the board, which is under the Department of Consumer Affairs, had sufficient staff support.)



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According to a **July 2017 report** from the national Health Resources and Services Administration, a division of the U.S. Department of Health and Human Services, there is substantial variability in the supply and demand of the nursing workforce among states across the country. By 2030, New Jersey is expected to be short some 11,400 nurses – one of four states with a 10,000-plus deficiency – but New York is likely to have at least 18,000 extra, the data shows.

The **National Council of State Boards of Nursing** helped organize the first multi-state compact (involving Texas and Wisconsin) in 2000 and has overseen the evolving process as it gained traction nationwide. As of this year, 29 states – including Delaware, Maryland and Virginia – have signed on; two more will join the pack this coming July; and eight more, including New Jersey, have legislation pending.

Unions have concerns

But 11 states have avoided getting involved, including Pennsylvania, New York, and a number of other labor-friendly states like California and Ohio. Some nursing unions, including the Health Professionals and Allied Employees, the largest such organization in New Jersey, have not endorsed the plan, saying it **could lower the bar** for workforce qualifications. While it had raised concerns about language in earlier versions of the bill, the New Jersey State Nurses Association fully supports the compact in its current form.

A key concern cited by these nursing groups has been maintaining a criminal background check, which is now required for someone to be licensed as a nurse – and nearly two-dozen other professions – in New Jersey. Not all jurisdictions in the eNLC have this same standard, so permitting those licensed elsewhere to work here could expose Garden State patients to individuals with dangerous backgrounds, they note.

In fact, that issue was largely responsible for derailing New Jersey's previous attempt to join the multi-state compact, which dates to 2001. Lawmakers from both parties have been pushing to **re-start the process** since 2006 – and groups like HPAE have been urging amendments that would require out-of-state nurses to meet New Jersey standards – but the legislation never made it through the gauntlet of committees and floor votes required in both houses.

The latest version (**S-954**) – which would take effect immediately upon the governor's signature – is led by Sens. Joseph Vitale (D-Middlesex), the longtime health committee chairman, Troy Singleton (D-Burlington) and Fred Madden (D-Gloucester) and co-sponsored by Sen. Declan O'Scanlon (R-Monmouth). Assemblyman Herb Conaway (D-Burlington), a physician and chair of that house's health committee, heads up the companion version, which cleared several Assembly panels last month.

The measure would authorize New Jersey's participation in the compact, enabling it to share nurses from the licensed pool and requiring it to participate in the interstate commission that administers the system. The system would be open to RNs and licensed practical/vocational nurses (LPN/VNs).

Under the program, New Jersey would be allowed to take action to suspend or even revoke the license of any nurse in the system – regardless of where they live and are licensed – if they violate Garden State regulations. It would also require state officials to log any adverse actions in the shared database. Officials would also have to contribute toward the operating expense for the compact, currently pegged at \$6,000 a year, per state.

In addition, the legislation would require that the New Jersey Attorney General evaluate the state’s participation in the compact after a year and report to the governor and Legislature on the pros and cons. And it would permit the Legislature to withdraw from the deal if the AG’s report suggests new states with significantly lower licensing standards have joined the group, a change that could result in less qualified caregivers working in the Garden State.

