

Department of Legislative Services
 Maryland General Assembly
 1999 Session

FISCAL NOTE
 Revised

House Bill 429 (Delegate Guns. *et al.*)

Environmental Matters

Nurse Multistate Licensure Compact

This bill enters Maryland into the Nurse Multistate Licensure Compact, which grants multistate licensing privileges to licensed registered, practical, and vocational nurses.

Fiscal Summary

State Effect: Special fund revenues for the State Board of Nursing could decrease by \$24,700 in FY 2000. No effect on expenditures.

(in dollars)	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
SF Revenues	(\$24,700)	(\$116,500)	(\$167,300)	(\$167,300)	(\$167,300)
SF Expenditures	0	0	0	0	0
Net Effect	(\$24,700)	(\$116,500)	(\$167,300)	(\$167,300)	(\$167,300)

Note: () = decrease; GF = general funds; FF = federal funds; SF = special funds; - =indeterminate effect

Local Effect: None.

Small Business Effect: Potential minimal. Nurses who are employed by small businesses would be able to practice in other party states without obtaining licensure in the other states. Nurses who practice in two or more party states would be subject to only their home state's licensure renewal fees.

Fiscal Analysis

Bill Summary: The bill allows nurses licensed in other participating states (party states) to practice nursing in Maryland, and allows nurses licensed in Maryland to practice in other party states. Every nurse practicing under the Nurse Multistate Licensure Compact must

comply with the practice laws of the state in which the patient is located at the time care is rendered. The practice of nursing in a party state will subject a nurse to the jurisdiction of the laws, nursing licensing board, and the courts of the party state. The Nurse Multistate Licensure Compact does not affect additional requirements imposed by states for advanced practice registered nursing. In addition, the bill requires all party states to participate in a cooperative effort to create a coordinated database of all licensed registered, practical, and vocational nurses. Each party state must report any disciplinary or other adverse actions taken against a nurse to the coordinated licensure information system.

The State Board of Nursing must also conduct a survey of the Nurse Multistate Licensure Compact to evaluate its effectiveness and operability. The board must report its findings to the General Assembly by November 1, 2004.

Background: Currently, nurses must obtain a license in each state in which they practice, despite the fact that licensure requirements are comparable in most states. Under the Nurse Multistate Licensure Compact, nurses would hold a license in their home state and would be able to practice in any state that has signed the interstate compact, provided the nurse follows the laws and regulations of the state in which the nurse practices. Once states enact the interstate compact, nurses can avoid duplicative licensure and fees.

State Revenues: Special fund revenues for the State Board of Nursing could decrease by \$24,700 in fiscal 2000. Future year revenue reductions reflect the number of licensees who live in contiguous states and practice in Maryland, and who would no longer be subject to Maryland license renewal fees. License renewal fees are currently \$30 per year. Delaware is expected to be the only contiguous state participating in the compact with Maryland in fiscal 2000. Currently, there are 822 licensees who live in Delaware and practice in Maryland. Virginia and West Virginia, with 3,062 licensees, are expected to participate in the compact in fiscal 2001. Pennsylvania, with 1,692 licensees, is expected to participate in fiscal 2002.

State Expenditures: Any expenditures associated with the study of the Nurse Multistate Licensure Compact can be handled with existing Board of Nursing resources.

Information Source(s): National Council of the State Boards of Nursing, Department of Health and Mental Hygiene (Board of Nursing), Department of Legislative Services

Fiscal Note History: First Reader - March 8, 1999
lnc/jr Revised - House Third Reader - April 2, 1999

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