POSITION STATEMENT:

MULTISTATE NURSING LICENSURE IN CASE MANAGEMENT

Revised: 11/04/2005 | Updated: 07/21/2009
Revised October 2010 | Revised March 2016

Purpose:
The purpose of this statement is to clarify CMSA’s position as it applies to the issue of multistate licensure for professional nurses. The model for achieving this purpose is the Nurse Licensure Compact (NLC).

Goal:
The goal of the CMSA position statement is to alert and encourage individuals and organizations to aggressively urge adoption of the Nurse Licensure Compact (enhanced version adopted 5/2015).

Summary:
Nurse licensure is regulated on a state-by-state basis and each state’s Nurse Practice Act set forth the specific regulations as to the practice of nursing. This is a key issue for nurse case managers as the CMSA Standards of Practice (2010) state, “The case manager should adhere to applicable local, state, and federal laws.....”

Professional Nurse: Current, active, and unrestricted licensure in nursing which allows the professional nurse to conduct an assessment independently permitted within the scope of practice.¹

Case Management: A collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual and family’s comprehensive health

¹ Adapted from the CMSA Model Act, 2011 pg. 4
needs through communication and available resources to promote quality cost-effective outcomes, according to the Case Management Society of America.²

Case managers have potential for situations that require providing nurse case management services to patients outside their state of licensure. In such cases the nurse case manager needs licensure in the state where nursing care is being provided, including all aspects of care coordination.

As stated by the Tri-Regulator Collaborative³, “...in a consumer protection model, health care practice occurs where the recipient of health care services are located.”⁴ This affirms CMSA’s Standards of Practice 2010 that the continuum of health care is patient centered.

**Facts:**

A license is a legal document that permits the holder to offer special skills and knowledge to the public in a particular jurisdiction, where such practice would otherwise be unlawful. To offer nurse case management services, the case manager must have proper state licensure, recognized endorsement, or statutory waiver (typically limited to those working with the Veterans Administration or military service). Without such legal authority, a professional may not be adhering to state of residence licensure requirements or the licensure requirements of the state in which the patient is receiving nursing services.

Currently, all registered nursing graduates must take the US qualifying exam, National Council Licensure Exam-RN (NCLEX) in order to obtain licensure. Many states “endorse” licenses from other states. For example, a nurse licensed in one state can apply and receive a license in another state without re-taking the NCLEX. The NCLEX is currently also available to nurses outside the US. Therefore, nurses educated in foreign countries can demonstrate equivalency by passing of the NCLEX exam.

**The Issue:**

When nurses provide case management services telephonically or on site without a license to practice in the state where the patient is receiving nursing care, he/she may be violating the law. The violation is punishable variably in states with some penalties of up to $1,000, permanent loss of licensure, and up to 1 year in jail. Of additional concern to nurse case managers is the fact that no professional liability insurance carrier will cover an improperly licensed or non-licensed nurse in the event of actions which are deemed damaging to the patient. Therefore, case managers would be personally responsible for payment of damages if there are damages assessed.

---

² CMSA Standards of Practice for Case Management r.2010
³ Federation of State Medical Boards; National Association of Boards of Pharmacy; National Council of State Boards of Nursing
The practice of case management is often conducted telephonically in multiple work settings. Often telephonic management was considered solely as an issue for nurse case managers working in the insurance or disability industries. The changing healthcare landscape with a rise in Accountable Care Organizations, Patient Centered Medical Homes, and integrated delivery models has placed greater demand for nurse case managers to provide patient-centered care within the continuum of care and across state lines to promote quality, efficient care.

FAQs

Which activities performed by licensed nurse case managers are defined as the practice of nursing and, thus fall under regulatory control?

The practice of nursing is defined in state law, and therefore varies by state. The 1997 NCSBN policy statement noted that some common functions of nursing practice include interacting with an individual client, coordinating care with a physician practice, receiving individual health-status data, initiating and transmitting therapeutic interventions and regimens, and monitoring and reporting client response and nursing care outcomes.

In 2004 and 2005, CMSA conducted a survey of all 50 State Boards of Nursing and the District of Columbia Board of Nursing to determine if case management as defined by CMSA’s Standards of Practice is seen as the practice of nursing. The survey results indicated that in all 50 states and D.C., case management is considered the practice of nursing when practiced by a RN.

The NCSBN policy statement recognizes that states consider tele-nursing conducted by health call centers, telephonic disease management and case management to be the practice of nursing. Utilization management has made an active argument that it falls under the category of administrative oversight, and is not nursing practice.

Nurse case managers are governed by laws regulating nursing practice where care is being provided. In the instance of nurse case managers working with patients in several states, licensure is necessary in each state. Should a patient reside in a Compact state AND the nurse case manager reside in and be licensed in a Compact state, the nursing licensure would be mutually recognized. Should a patient reside in a non-Compact state OR should the nurse case manager reside in and be licensed in a non-Compact state, the nurse case manager would need to comply with state law by obtaining nursing licensure in the state where the patient receives care.

How do I know if my state of residence is currently in the Nursing Compact?
As of the end of 2015, 25 states have enacted the original NLC legislation (Compact). It is important to note the legislative language and content of the Compact was revised in May, 2015 resulting in new legislative language. Both current Compact states and now other states will be actively seeking to adopt the Revised Compact legislatively.

**How do I know if I am eligible for a multistate license?**

- Resident of a Compact state and declare that this is your primary state of residence
- Have an active license in good standing and meet all of your state’s requirements for licensure
- NOTE: when practicing in a remote state - you are responsible to that state’s Nurse Practice Act (much like your driver’s license accountability to traffic laws of where you are driving)

---

5 www.ncsbn.org