94TH GENERAL ASSEMBLY

State of Illinois

2005 and 2006

HB3497

Introduced 2/23/2005, by Rep. Angelo Saviano

SYNOPSIS AS INTRODUCED:

New Act 225 ILCS 65/5-10 225 ILCS 65/5-15 225 ILCS 65/10-30

Creates the Nurse Licensure Compact Act. Allows for reciprocity of licensure of licensed practical nurses and registered nurses among the states. Provides for administration of the Compact by the Nursing Act Coordinator. Provides that the licensing board shall participate in a Compact Evaluation Initiative designed to evaluate the effectiveness and operability of the Compact. Provides that the Compact does not relieve employers from complying with statutorily imposed obligations. Provides that the Compact does not supersede existing State labor laws. Amends the Nursing and Advanced Practice Nursing Act to make changes relating to the purposes of the Compact. Provides that the Department of Financial and Professional Regulation shall adopt any rules necessary for the implementation of this Act. Creates the Advanced Practice Registered Nurse Compact Act. Provides for recognition of the licensure/authority to practice of an advanced practice registered nurse among states. Provides guidelines concerning application, adverse actions, authority of licensing boards, compact administration, and immunity. Provides that the Secretary of Financial and Professional Regulation shall serve as the compact administrator for this State and provides for the termination of Illinois' participation in the compact under specified circumstances. Effective immediately.

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FISCAL NOTE ACT MAY APPLY

A BILL FOR

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AN ACT concerning regulation.

2 Be it enacted by the People of the State of Illinois, 3 represented in the General Assembly:

ARTICLE 5

5 Section 5-1. Short title. This Article may be cited as the 6 Nurse Licensure Compact Act. In this Article any reference to 7 this Act means this Article.

8 Section 5-5. Nurse Licensure Compact. The State of 9 Illinois ratifies and approves the Nurse Licensure Compact and 10 enters into it with all other jurisdictions that legally join 11 in the compact, which is, in form, substantially as follows:

12 ARTICLE I. Findings and Declaration of Purpose

13 (a) The party states find that:

14 (1) the health and safety of the public are affected by 15 the degree of compliance with and the effectiveness of 16 enforcement activities related to state nurse licensure 17 laws;

18 (2) violations of nurse licensure and other laws
19 regulating the practice of nursing may result in injury or
20 harm to the public;

(3) the expanded mobility of nurses and the use of advanced communication technologies as part of our nation's healthcare delivery system require greater coordination and cooperation among states in the areas of nurse licensure and regulation;

(4) new practice modalities and technology make
 compliance with individual state nurse licensure laws
 difficult and complex;

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(5) the current system of duplicative licensure for

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nurses practicing in multiple states is cumbersome and
 redundant to both nurses and states.

(b) The general purposes of this Compact are to:

4 (1) facilitate the states' responsibility to protect
5 the public's health and safety;

(2) ensure and encourage the cooperation of party states in the areas of nurse licensure and regulation;

8 (3) facilitate the exchange of information between 9 party states in the areas of nurse regulation, 10 investigation and adverse actions;

11 (4) promote compliance with the laws governing the 12 practice of nursing in each jurisdiction;

(5) invest all party states with the authority to hold a nurse accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state licenses.

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ARTICLE II. Definitions

19 As used in this Compact:

20 (a) "Adverse Action" means a home or remote state action.

(b) "Alternative program" means a voluntary, non-disciplinary monitoring program approved by a nurse licensing board.

(c) "Coordinated licensure information system" means an integrated process for collecting, storing, and sharing information on nurse licensure and enforcement activities related to nurse licensure laws, which is administered by a non-profit organization composed of and controlled by state nurse licensing boards.

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(d) "Current significant investigative information" means:

(1) investigative information that a licensing board,
after a preliminary inquiry that includes notification and
an opportunity for the nurse to respond if required by
state law, has reason to believe is not groundless and, if

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proved true, would indicate more than a minor infraction; or

3 (2) investigative information that indicates that the 4 nurse represents an immediate threat to public health and 5 safety regardless of whether the nurse has been notified 6 and had an opportunity to respond.

7 (e) "Home state" means the party state which is the nurse's8 primary state of residence.

9 (f) "Home state action" means any administrative, civil, 10 equitable or criminal action permitted by the home state's laws 11 which are imposed on a nurse by the home state's licensing 12 board or other authority including actions against an 13 individual's license such as: revocation, suspension, probation or any other action which affects a nurse's 14 15 authorization to practice.

16 (g) "Licensing board" means a party state's regulatory body 17 responsible for issuing nurse licenses.

"Multistate licensure privilege" means 18 (h) current, 19 official authority from a remote state permitting the practice 20 of nursing as either a registered nurse or a licensed practical/vocational nurse in such party state. All party 21 22 states have the authority, in accordance with existing state 23 due process law, to take actions against the nurse's privilege such as: revocation, suspension, probation or any other action 24 25 which affects a nurse's authorization to practice.

(i) "Nurse" means a registered nurse or licensed
 practical/vocational nurse, as those terms are defined by each
 party's state practice laws.

29 (j) "Party state" means any state that has adopted this 30 Compact.

31 (k) "Remote state" means a party state, other than the home32 state,

33 (1) where the patient is located at the time nursing34 care is provided, or,

35 (2) in the case of the practice of nursing not
 36 involving a patient, in such party state where the

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1 recipient of nursing practice is located.

(1) "Remote state action" means

(1) any administrative, civil, equitable or criminal
action permitted by a remote state's laws which are imposed
on a nurse by the remote state's licensing board or other
authority including actions against an individual's
multistate licensure privilege to practice in the remote
state, and

9 (2) cease and desist and other injunctive or equitable 10 orders issued by remote states or the licensing boards 11 thereof.

12 (m) "State" means a state, territory, or possession of the 13 United States, the District of Columbia or the Commonwealth of 14 Puerto Rico.

(n) "State practice laws" means those individual party's state laws and regulations that govern the practice of nursing, define the scope of nursing practice, and create the methods and grounds for imposing discipline. "State practice laws" does not include the initial qualifications for licensure or requirements necessary to obtain and retain a license, except for qualifications or requirements of the home state.

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ARTICLE III. General Provisions and Jurisdiction

(a) A license to practice registered nursing issued by a 23 home state to a resident in that state will be recognized by 24 25 each party state as authorizing a multistate licensure 26 privilege to practice as a registered nurse in such party 27 state. A license to practice licensed practical/vocational 28 nursing issued by a home state to a resident in that state will 29 be recognized by each party state as authorizing a multistate 30 licensure privilege to practice as а licensed practical/vocational nurse in such party state. In order to 31 obtain or retain a license, an applicant must meet the home 32 state's qualifications for licensure and license renewal as 33 34 well as all other applicable state laws.

1 (b) Party states may, in accordance with state due process 2 laws, limit or revoke the multistate licensure privilege of any nurse to practice in their state and may take any other actions 3 4 under their applicable state laws necessary to protect the 5 health and safety of their citizens. If a party state takes such action, it shall promptly notify the administrator of the 6 coordinated licensure information system. The administrator of 7 the coordinated licensure information system shall promptly 8 9 notify the home state of any such actions by remote states.

10 (c) Every nurse practicing in a party state must comply 11 with the state practice laws of the state in which the patient 12 is located at the time care is rendered. In addition, the practice of nursing is not limited to patient care, but shall 13 include all nursing practice as defined by the state practice 14 15 laws of a party state. The practice of nursing will subject a 16 nurse to the jurisdiction of the nurse licensing board and the 17 courts, as well as the laws, in that party state.

(d) This Compact does not affect additional requirements 18 19 imposed by states for advanced practice registered nursing. 20 However, a multistate licensure privilege to practice registered nursing granted by a party state shall be recognized 21 by other party states as a license to practice registered 22 23 nursing if one is required by state law as a precondition for qualifying for advanced practice registered 24 nurse 25 authorization.

(e) Individuals not residing in a party state shall
continue to be able to apply for nurse licensure as provided
for under the laws of each party state. However, the license
granted to these individuals will not be recognized as granting
the privilege to practice nursing in any other party state
unless explicitly agreed to by that party state.

32 ARTICLE IV. Applications for Licensure in a Party State

33 (a) Upon application for a license, the licensing board in34 a party state shall ascertain, through the coordinated

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licensure information system, whether the applicant has ever held, or is the holder of, a license issued by any other state, whether there are any restrictions on the multistate licensure privilege, and whether any other adverse action by any state has been taken against the license.

6 (b) A nurse in a party state shall hold licensure in only 7 one party state at a time, issued by the home state.

8 (c) A nurse who intends to change primary state of 9 residence may apply for licensure in the new home state in 10 advance of such change. However, new licenses will not be 11 issued by a party state until after a nurse provides evidence 12 of change in primary state of residence satisfactory to the new 13 home state's licensing board.

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(d) When a nurse changes primary state of residence by:

(1) moving between two party states, and obtains a license from the new home state, the license from the former home state is no longer valid;

18 (2) moving from a non-party state to a party state, and 19 obtains a license from the new home state, the individual 20 state license issued by the non-party state is not affected 21 and will remain in full force if so provided by the laws of 22 the non-party state;

(3) moving from a party state to a non-party state, the
license issued by the prior home state converts to an
individual state license, valid only in the former home
state, without the multistate licensure privilege to
practice in other party states.

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ARTICLE V. Adverse Actions

In addition to the General Provisions described in Article
III, the following provisions apply:

31 (a) The licensing board of a remote state shall promptly 32 report to the administrator of the coordinated licensure 33 information system any remote state actions including the 34 factual and legal basis for such action, if known. The

licensing board of a remote state shall also promptly report any significant current investigative information yet to result in a remote state action. The administrator of the coordinated licensure information system shall promptly notify the home state of any such reports.

(b) The licensing board of a party state shall have the 6 authority to complete any pending investigations for a nurse 7 who changes primary state of residence during the course of 8 9 such investigations. It shall also have the authority to take 10 appropriate action(s), and shall promptly report the 11 conclusions of such investigations to the administrator of the 12 coordinated licensure information system. The administrator of 13 the coordinated licensure information system shall promptly notify the new home state of any such actions. 14

15 (c) A remote state may take adverse action affecting the 16 multistate licensure privilege to practice within that party 17 state. However, only the home state shall have the power to 18 impose adverse action against the license issued by the home 19 state.

(d) For purposes of imposing adverse action, the licensing board of the home state shall give the same priority and effect to reported conduct received from a remote state as it would if such conduct had occurred within the home state. In so doing, it shall apply its own state laws to determine appropriate action.

(e) The home state may take adverse action based on the
factual findings of the remote state, so long as each state
follows its own procedures for imposing such adverse action.

29 (f) Nothing in this Compact shall override a party state's 30 decision that participation in an alternative program may be used in lieu of licensure action and that such participation 31 32 shall remain non-public if required by the party state's laws. Party states must require nurses who enter any alternative 33 programs to agree not to practice in any other party state 34 35 during the term of the alternative program without prior authorization from such other party state. 36

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ARTICLE VI. Additional Authorities Invested in Party State Nurse Licensing Boards

Notwithstanding any other powers, party state nurse
licensing boards shall have the authority to:

5 (a) if otherwise permitted by state law, recover from the 6 affected nurse the costs of investigations and disposition of 7 cases resulting from any adverse action taken against that 8 nurse;

(b) issue subpoenas for both hearings and investigations 9 10 which require the attendance and testimony of witnesses, and the production of evidence. Subpoenas issued by a nurse 11 licensing board in a party state for the attendance and 12 13 testimony of witnesses, and/or the production of evidence from 14 another party state, shall be enforced in the latter state by any court of competent jurisdiction, according to the practice 15 and procedure of that court applicable to subpoenas issued in 16 17 proceedings pending before it. The issuing authority shall pay 18 any witness fees, travel expenses, mileage and other fees required by the service statutes of the state where the 19 witnesses and/or evidence are located. 20

(c) issue cease and desist orders to limit or revoke a
nurse's authority to practice in their state;

23 (d) promulgate uniform rules and regulations as provided24 for in Article VIII(c).

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ARTICLE VII. Coordinated Licensure Information System

(a) All party states shall participate in a cooperative
effort to create a coordinated data base of all licensed
registered nurses and licensed practical/vocational nurses.
This system will include information on the licensure and
disciplinary history of each nurse, as contributed by party
states, to assist in the coordination of nurse licensure and
enforcement efforts.

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1 (b) Notwithstanding any other provision of law, all party 2 states' licensing boards shall promptly report adverse 3 actions, actions against multistate licensure privileges, any 4 current significant investigative information yet to result in 5 adverse action, denials of applications, and the reasons for 6 such denials, to the coordinated licensure information system.

7 (c) Current significant investigative information shall be
8 transmitted through the coordinated licensure information
9 system only to party state licensing boards.

10 (d) Notwithstanding any other provision of law, all party 11 states' licensing boards contributing information to the 12 coordinated licensure information system may designate 13 information that may not be shared with non-party states or 14 disclosed to other entities or individuals without the express 15 permission of the contributing state.

(e) Any personally identifiable information obtained by a party states' licensing board from the coordinated licensure information system may not be shared with non-party states or disclosed to other entities or individuals except to the extent permitted by the laws of the party state contributing the information.

(f) Any information contributed to the coordinated licensure information system that is subsequently required to be expunded by the laws of the party state contributing that information, shall also be expunded from the coordinated licensure information system.

(g) The Compact administrators, acting jointly with each other and in consultation with the administrator of the coordinated licensure information system, shall formulate necessary and proper procedures for the identification, collection and exchange of information under this Compact.

32 ARTICLE VIII. Compact Administration and Interchange of33 Information

(a) The head of the nurse licensing board, or his/her

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designee, of each party state shall be the administrator of
 this Compact for his/her state.

3 (b) The Compact administrator of each party state shall 4 furnish to the Compact administrator of each other party state 5 any information and documents including, but not limited to, a 6 uniform data set of investigations, identifying information, licensure data, disclosable alternative program 7 and participation information to facilitate the administration of 8 this Compact. 9

10 (c) Compact administrators shall have the authority to 11 develop uniform rules to facilitate and coordinate 12 implementation of this Compact. These uniform rules shall be 13 adopted by party states, under the authority invested under 14 Article VI (d).

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ARTICLE IX. Immunity

No party state or the officers or employees or agents of a party state's nurse licensing board who acts in accordance with the provisions of this Compact shall be liable on account of any act or omission in good faith while engaged in the performance of their duties under this Compact. Good faith in this article shall not include willful misconduct, gross negligence, or recklessness.

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ARTICLE X. Entry into Force, Withdrawal and Amendment

(a) This Compact shall enter into force and become
effective as to any state when it has been enacted into the
laws of that state. Any party state may withdraw from this
Compact by enacting a statute repealing the same, but no such
withdrawal shall take effect until six months after the
withdrawing state has given notice of the withdrawal to the
executive heads of all other party states.

31 (b) No withdrawal shall affect the validity or 32 applicability by the licensing boards of states remaining party - 11 - LRB094 09922 RAS 40180 b

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1 to the Compact of any report of adverse action occurring prior 2 to the withdrawal.

3 (c) Nothing contained in this Compact shall be construed to 4 invalidate or prevent any nurse licensure agreement or other 5 cooperative arrangement between a party state and a non-party 6 state that is made in accordance with the other provisions of 7 this Compact.

8 (d) This Compact may be amended by the party states. No 9 amendment to this Compact shall become effective and binding 10 upon the party states unless and until it is enacted into the 11 laws of all party states.

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ARTICLE XI. Construction and Severability

13 (a) This Compact shall be liberally construed so as to 14 effectuate the purposes thereof. The provisions of this Compact 15 shall be severable and if any phrase, clause, sentence or provision of this Compact is declared to be contrary to the 16 17 constitution of any party state or of the United States or the 18 applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of 19 this Compact and the applicability thereof to any government, 20 21 agency, person or circumstance shall not be affected thereby. If this Compact shall be held contrary to the constitution of 22 23 any state party thereto, the Compact shall remain in full force 24 and effect as to the remaining party states and in full force 25 and effect as to the party state affected as to all severable 26 matters.

27 28 (b) In the event party states find a need for settling disputes arising under this Compact:

29 (1) The party states may submit the issues in dispute 30 to an arbitration panel which will be comprised of an individual appointed by the Compact administrator in the 31 individual appointed by the Compact 32 home state; an administrator in the remote state(s) involved; and an 33 34 individual mutually agreed upon by the Compact

1 administrators of all the party states involved in the 2 dispute.

3 (2) The decision of a majority of the arbitrators shall
4 be final and binding.

5 Section 5-10. Compact administrator. The head of the nurse 6 licensing board as used to define the compact administrator in 7 Article VIII(a) of the Compact shall mean the Nursing Act 8 Coordinator as defined under Section 10-15 of the Nursing and 9 Advanced Practice Nursing Act.

10 Section 5-15. Compact Evaluation Initiative. Upon the effective date of this Compact, the licensing board shall 11 participate in a Compact Evaluation Initiative designed to 12 13 evaluate the effectiveness and operability of the Compact. Such 14 Compact Evaluation Initiative shall be conducted by an outside 15 researcher. A component of the Evaluation shall include a remote state identification system through which nurses shall 16 17 designate those remote states in which the nurse is practicing. 18 A nurse's practice information in such identification system shall be updated upon issuance and renewal of the nurse 19 license. The Evaluation shall continue until the year 2005, 20 21 after which time a report shall be produced for comment by the participating licensing boards and shall be submitted to the 22 General Assembly in the form of a Nurse Licensure Compact 23 24 evaluation report.

25 Section 5-20. Costs of investigation and disposition of 26 cases. To facilitate cross-state enforcement efforts, the 27 General Assembly finds that it is necessary for Illinois to 28 have the power to recover from the affected nurse the costs of 29 investigations and disposition of cases resulting from adverse 30 actions taken by this State against that nurse.

31 Section 5-25. Statutory obligations. This Compact is 32 designed to facilitate the regulation of nurses and does not

relieve employers from complying with statutorily imposed
 obligations.

3 Section 5-30. State labor laws. This Compact does not
4 supersede existing State labor laws.

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ARTICLE 10

Section 10-1. Short title. This Article may be cited as the
Advanced Practice Registered Nurse Compact Act. In this
Article, any reference to this Act means this Article.

9 Section 10-5. Ratification and approval of compact. The 10 advanced practice registered nurse compact is hereby enacted 11 into law and entered into on behalf of this State with any 12 state that legally joins therein in substantially the following 13 form:

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ARTICLE I. Findings and Declaration of Purpose

15 (a) The party states find that:

16 (1) The health and safety of the public are affected by 17 the degree of compliance with APRN licensure/authority to 18 practice requirements and the effectiveness of enforcement 19 activities related to state APRN licensure/authority to 20 practice laws;

(2) Violations of APRN licensure/authority to practice
 and other laws regulating the practice of nursing may
 result in injury or harm to the public;

(3) The expanded mobility of APRNs and the use of
advanced communication technologies as part of our
nation's health care delivery system require greater
coordination and cooperation among states in the areas of
APRN licensure/authority to practice and regulation;

29 (4) New practice modalities and technology make
 30 compliance with individual state APRN licensure/authority

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to practice laws difficult and complex;

(5) The current system of duplicative APRN licensure/authority to practice for APRNs practicing in multiple states is cumbersome and redundant to both APRNs and states;

6 (6) Uniformity of APRN requirements throughout the 7 states promotes public safety and public health benefits; 8 and

9 (7) Access to APRN services increases the public's 10 access to health care, particularly in rural and 11 underserved areas.

(b) The general purposes of this Compact are to:

13 (1) Facilitate the states' responsibilities to protect14 the public's health and safety;

15 (2) Ensure and encourage the cooperation of party 16 states in the areas of APRN licensure/authority to practice 17 and regulation including promotion of uniform licensure 18 requirements;

19 (3) Facilitate the exchange of information between
20 party states in the areas of APRN regulation, investigation
21 and adverse actions;

(4) Promote compliance with the laws governing APRN
 practice in each jurisdiction; and

(5) Invest all party states with the authority to hold
an APRN accountable for meeting all state practice laws in
the state in which the patient is located at the time care
is rendered through the mutual recognition of party state
licenses.

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ARTICLE II. Definitions

30 As used in this Compact:

(a) "Advanced Practice Registered Nurse" or "APRN" means a
Nurse Anesthetist; Nurse Practitioner; Nurse Midwife; or
Clinical Nurse Specialist to the extent a party state licenses
or grants authority to practice in that APRN role and title.

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(b) "Adverse Action" means a home or remote state
 disciplinary action.

3 (c) "Alternative program" means a voluntary, 4 non-disciplinary monitoring program approved by a licensing 5 board.

6 (d) "APRN Licensure/Authority to Practice" means the 7 regulatory mechanism used by a party state to grant legal 8 authority to practice as an APRN.

9 (e) "APRN Uniform Licensure/Authority to Practice 10 Requirements" means those agreed upon minimum uniform 11 licensure, education and examination requirements adopted by 12 licensing boards for the recognized APRN role and title.

(f) "Coordinated licensure information system" means an integrated process for collecting, storing and sharing information on APRN licensure/authority to practice and enforcement activities related to APRN licensure/authority to practice laws, which is administered by a non-profit organization composed of and controlled by state licensing boards.

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(g) "Current significant investigative information" means:

(1) Investigative information that a licensing board,
after a preliminary inquiry that includes notification and
an opportunity for the APRN to respond if required by state
law, has reason to believe is not groundless and, if proved
true, would indicate more than a minor infraction; or

(2) Investigative information that indicates that the
APRN represents an immediate threat to public health and
safety regardless of whether the APRN has been notified and
had an opportunity to respond.

30 (h) "Home state" means the party state that is the APRN's 31 primary state of residence.

(i) "Home state action" means any administrative, civil, equitable or criminal action permitted by the home state's laws which are imposed on an APRN by the home state's licensing board or other authority including actions against an individual's license/authority to practice such as: - 16 - LRB094 09922 RAS 40180 b

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revocation, suspension, probation or any other action which
 affects an APRN's authorization to practice.

3 (j) "Licensing board" means a party state's regulatory body
4 responsible for issuing APRN licensure/authority to practice.

5 "Multistate advanced practice privilege" means (k) 6 current, authority from a remote state permitting an APRN to practice in that state in the same role and title as the APRN 7 is licensed/authorized to practice in the home state to the 8 9 extent that the remote state laws recognize such APRN role and 10 title. A remote state has the authority, in accordance with 11 existing state due process laws, to take actions against the 12 APRN's privilege, including revocation, suspension, probation, or any other action that affects an APRN's multistate privilege 13 to practice. 14

15 (1) "Party state" means any state that has adopted this 16 Compact.

(m) "Prescriptive authority" means the legal authority to prescribe medications and devices as defined by party state laws.

20 (n) "Remote state" means a party state, other than the home21 state,

(1) Where the patient is located at the time APRN careis provided, or,

(2) In the case of APRN practice not involving a
 patient, in such party state where the recipient of APRN
 practice is located.

27 (o) "Remote state action" means

(1) Any administrative, civil, equitable or criminal
action permitted by a remote state's laws which are imposed
on an APRN by the remote state's licensing board or other
authority including actions against an individual's
multistate advanced practice privilege in the remote
state, and

34 (2) Cease and desist and other injunctive or equitable
 35 orders issued by remote states or the licensing boards
 36 thereof.

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(p) "State" means a state, territory, or possession of the
 United States.

(q) "State practice laws" means a party state's laws and 3 regulations that govern APRN practice, define the scope of 4 5 advanced nursing practice including prescriptive authority, 6 and create the methods and grounds for imposing discipline. State practice laws do not include the requirements necessary 7 to obtain and retain APRN licensure/authority to practice as an 8 9 APRN, except for qualifications or requirements of the home 10 state.

(r) "Unencumbered" means that a state has no current disciplinary action against an APRN's license/authority to practice.

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ARTICLE III. General Provisions and Jurisdiction

15 (a) All party states shall participate in the Nurse 16 Licensure Compact for registered nurses and licensed 17 practical/vocational nurses in order to enter into the APRN 18 Compact.

(b) No state shall enter the APRN Compact until the state adopts, at a minimum, the APRN Uniform Licensure/Authority to Practice Requirements for each APRN role and title recognized by the state seeking to enter the APRN Compact.

23 (c) APRN Licensure/Authority to practice issued by a home 24 state to a resident in that state will be recognized by each 25 party state as authorizing a multistate advanced practice 26 privilege to the extent that the role and title are recognized 27 bv each party state. То obtain or retain APRN 28 licensure/authority to practice as an APRN, an applicant must 29 meet the home state's qualifications for authority or renewal 30 of authority as well as all other applicable state laws.

31 (d) The APRN multistate advanced practice privilege does 32 not include prescriptive authority, and does not affect any 33 requirements imposed by states to grant to an APRN initial and 34 continuing prescriptive authority according to state practice - 18 - LRB094 09922 RAS 40180 b

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1 laws. However, a party state may grant prescriptive authority 2 to an individual on the basis of a multistate advanced practice 3 privilege to the extent permitted by state practice laws.

(e) A party state may, in accordance with state due process 4 5 laws, limit or revoke the multistate advanced practice 6 privilege in the party state and may take any other necessary actions under the party state's applicable laws to protect the 7 health and safety of the party state's citizens. If a party 8 9 state takes action, the party state shall promptly notify the 10 administrator of the coordinated licensure information system. 11 The administrator of the coordinated licensure information 12 system shall promptly notify the home state of any such actions 13 by remote states.

(f) An APRN practicing in a party state must comply with the state practice laws of the state in which the patient is located at the time care is provided. The APRN practice includes patient care and all advanced nursing practice defined by the party state's practice laws. The APRN practice will subject an APRN to the jurisdiction of the licensing board, the courts, and the laws of the party state.

(g) Individuals not residing in a party state may apply for APRN licensure/authority to practice as an APRN under the laws of a party state. However, the authority to practice granted to these individuals will not be recognized as granting the privilege to practice as an APRN in any other party state unless explicitly agreed to by that party state.

ARTICLE IV. Applications for APRN Licensure/Authority to Practice in a Party State

(a) Once an application for APRN licensure/authority to
 practice is submitted, a party state shall ascertain, through
 the Coordinated Licensure Information System, whether:

32 (1) The applicant has held or is the holder of a
33 nursing license/authority to practice issued by another
34 state;

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(2) The applicant has had a history of previous disciplinary action by any state;

3 (3) An encumbrance exists on any license/authority to
 4 practice; and

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(4) Any other adverse action by any other state has been taken against a license/authority to practice.

7 This information may be used in approving or denying an 8 application for APRN licensure/authority to practice.

9 (b) An APRN in a party state shall hold APRN 10 licensure/authority to practice in only one party state at a 11 time, issued by the home state.

(c) An APRN who intends to change primary state of residence may apply for APRN licensure/authority to practice in the new home state in advance of such change. However, new licensure/authority to practice will not be issued by a party state until after an APRN provides evidence of change in primary state of residence satisfactory to the new home state's licensing board.

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(d) When an APRN changes primary state of residence by:

(1) Moving between two party states, and obtains APRN
licensure/authority to practice from the new home state,
the APRN licensure/authority to practice from the former
home state is no longer valid;

(2) Moving from a non-party state to a party state, and
obtains APRN licensure/authority to practice from the new
home state, the individual state license issued by the
nonparty state is not affected and will remain in full
force if so provided by the laws of the non-party state;

(3) Moving from a party state to a non-party state, the
APRN licensure/authority to practice issued by the prior
home state converts to an individual state license, valid
only in the former home state, without the multistate
licensure privilege to practice in other party states.

ARTICLE V. Adverse Reactions

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In addition to the General Provisions described in Article
 III, the following provisions apply:

(a) The licensing board of a remote state shall promptly 3 4 report to the administrator of the coordinated licensure 5 information system any remote state actions including the 6 factual and legal basis for such action, if known. The licensing board of a remote state shall also promptly report 7 any significant current investigative information yet 8 to 9 result in a remote state action. The administrator of the coordinated licensure information system shall promptly notify 10 11 the home state of any such reports.

12 (b) The licensing board of a party state shall have the 13 authority to complete any pending investigations for an APRN who changes primary state of residence during the course of 14 15 such investigations. It shall also have the authority to take 16 appropriate action(s), and shall promptly report the 17 conclusions of such investigations to the administrator of the coordinated licensure information system. The administrator of 18 19 the coordinated licensure information system shall promptly 20 notify the new home state of any such actions.

(c) A remote state may take adverse action affecting the multistate advanced practice privilege to practice within that party state. However, only the home state shall have the power to impose adverse action against the APRN licensure/authority to practice issued by the home state.

(d) For purposes of imposing adverse action, the licensing board of the home state shall give the same priority and effect to reported conduct received from a remote state as it would if such conduct had occurred within the home state. In so doing, it shall apply its own state laws to determine appropriate action.

32 (e) The home state may take adverse action based on the 33 factual findings of the remote state, so long as each state 34 follows its own procedures for imposing such adverse action.

35 (f) Nothing in this Compact shall override a party state's 36 decision that participation in an alternative program may be - 21 - LRB094 09922 RAS 40180 b

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used in lieu of adverse action and that such participation shall remain non-public if required by the party state's laws. Party states must require APRNs who enter any alternative programs to agree not to practice in any other party state during the term of the alternative program without prior authorization from such other party state.

(g) All home state licensing board disciplinary orders, 7 agreed or otherwise, which limit the scope of the APRN's 8 practice or require monitoring of the APRN as a condition of 9 10 the order shall include the requirements that the APRN will 11 limit her or his practice to the home state during the pendency 12 of the order. This requirement may allow the APRN to practice in other party states with prior written authorization from 13 both the home state and party state licensing boards. 14

ARTICLE VI. Additional Authorities Invested in Party State Licensing Boards

Notwithstanding any other powers, party state licensingboards shall have the authority to:

19 (a) If otherwise permitted by state law, recover from the 20 affected APRN the costs of investigations and disposition of 21 cases resulting from any adverse action taken against that 22 APRN;

(b) Issue subpoenas for both hearings and investigations, 23 24 which require the attendance and testimony of witnesses, and 25 the production of evidence. Subpoenas issued by a licensing 26 board in a party state for the attendance and testimony of 27 witnesses, and/or the production of evidence from another party 28 state, shall be enforced in the latter state by any court of 29 competent jurisdiction, according to the practice and 30 procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay 31 any witness fees, travel expenses, mileage and other fees 32 required by the service statutes of the state where the 33 witnesses and/or evidence are located; 34

1 (c) Issue cease and desist orders to limit or revoke an 2 APRN's privilege or licensure/authority to practice in their 3 state; and

4 (d) Promulgate uniform rules and regulations as provided5 for in Article VIII(c).

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ARTICLE VII. Coordinated Licensure Information System

7 (a) All party states shall participate in a cooperative 8 effort to create a coordinated database of all APRNs. This 9 system will include information on the APRN 10 licensure/authority to practice and disciplinary history of each APRN, as contributed by party states, to assist in the 11 coordination of APRN licensure/authority to practice and 12 13 enforcement efforts.

14 (b) Notwithstanding any other provision of law, all party 15 states' licensing boards shall promptly report adverse against multistate advanced 16 actions, actions practice 17 privileges, any current significant investigative information 18 yet to result in adverse action, denials of applications, and the reasons for such denials, to the coordinated licensure 19 information system. 20

(c) Current significant investigative information shall be transmitted through the coordinated licensure information system only to party state licensing boards.

24 (d) Notwithstanding any other provision of law, all party 25 states' licensing boards contributing information to the may designate 26 coordinated licensure information system information that may not be shared with non-party states or 27 28 disclosed to other entities or individuals without the express 29 permission of the contributing state.

30 (e) Any personally identifiable information obtained by a 31 party states' licensing board from the coordinated licensure 32 information system may not be shared with non-party states or 33 disclosed to other entities or individuals except to the extent 34 permitted by the laws of the party state contributing the - 23 - LRB094 09922 RAS 40180 b

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1 information.

2 (f) Any information contributed to the coordinated 3 licensure information system that is subsequently required to 4 be expunded by the laws of the party state contributing that 5 information, shall also be expunded from the coordinated 6 licensure information system.

7 (g) The Compact administrators, acting jointly with each 8 other and in consultation with the administrator of the 9 coordinated licensure information system, shall formulate 10 necessary and proper procedures for the identification, 11 collection and exchange of information under this Compact.

12 ARTICLE VIII. Compact Administration and Interchange of13 Information

(a) The head of the licensing board, or his/her designee,
of each party state shall be the administrator of this Compact
for his/her state.

(b) The Compact administrator of each party state shall furnish to the Compact administrator of each other party state any information and documents including, but not limited to, a uniform data set of investigations, identifying information, licensure data, and disclosable alternative program participation information to facilitate the administration of this Compact.

(c) Compact administrators shall have the authority to develop uniform rules to facilitate and coordinate implementation of this Compact. These uniform rules shall be adopted by party states, under the authority invested under Article VI (d).

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ARTICLE IX. Immunity

No party state or the officers or employees or agents of a party state's licensing board who acts in accordance with the provisions of this Compact shall be liable on account of any

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1 act or omission in good faith while engaged in the performance 2 of their duties under this Compact. Good faith in this article 3 shall not include willful misconduct, gross negligence, or 4 recklessness.

5 ARTICLE X. Entry into Force, Withdrawal and Amendment

6 (a) This Compact shall enter into force and become 7 effective as to any state when it has been enacted into the 8 laws of that state. Any party state may withdraw from this 9 Compact by enacting a statute repealing the same, but no such 10 withdrawal shall take effect until six months after the 11 withdrawing state has given notice of the withdrawal to the 12 executive heads of all other party states.

13 (b) No withdrawal shall affect the validity or 14 applicability by the licensing boards of states remaining party 15 to the Compact of any report of adverse action occurring prior 16 to the withdrawal.

(c) Nothing contained in this Compact shall be construed to invalidate or prevent any APRN licensure/authority to practice agreement or other cooperative arrangement between a party state and a non-party state that is made in accordance with the other provisions of this Compact.

(d) This Compact may be amended by the party states. No amendment to this Compact shall become effective and binding upon the party states unless and until it is enacted into the laws of all party states.

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ARTICLE XI. Construction and Severability

(a) This Compact shall be liberally construed so as to
effectuate the purposes thereof. The provisions of this Compact
shall be severable and if any phrase, clause, sentence or
provision of this Compact is declared to be contrary to the
constitution of any party state or of the United States or the
applicability thereof to any government, agency, person or

1 circumstance is held invalid, the validity of the remainder of 2 this Compact and the applicability thereof to any government, 3 agency, person or circumstance shall not be affected thereby. If this Compact shall be held contrary to the constitution of 4 5 any state party thereto, the Compact shall remain in full force 6 and effect as to the remaining party states and in full force and effect as to the party state affected as to all severable 7 matters. 8

9 (b) In the event party states find a need for settling10 disputes arising under this Compact:

11 (1) The party states may submit the issues in dispute 12 to an arbitration panel which will be comprised of an individual appointed by the Compact administrator in the 13 home state; an individual appointed by the Compact 14 administrator in the remote state(s) involved; and an 15 16 individual mutually agreed upon by the Compact 17 administrators of all the party states involved in the 18 dispute.

19 (2) The decision of a majority of the arbitrators shall20 be final and binding.

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Section 10-10. Compact administrator; expenses.

(a) The Secretary of Financial and Professional Regulation
shall serve as the compact administrator for this State and any
expenses he or she incurs in so serving shall be paid from the
appropriation for the ordinary and contingent expenses of the
Department of Financial and Professional Regulation.

27 (b) The Secretary shall terminate Illinois' participation 28 in the compact if the APRN Uniform Licensure/Authority to 29 Practice Requirements are substantially changed after the effective date of this Act. A substantial change is anything 30 31 that significantly alters the individual professional qualifications for participation in the compact such as no 32 33 longer requiring either certification by a national accreditation body in the APRN's specialty appropriate to 34 35 educational preparation or completion of a graduate level APRN - 26 - LRB094 09922 RAS 40180 b

educational program accredited by a national accreditation body. If the Secretary terminates Illinois' participation in the compact, then the Secretary shall provide all APRNs practicing in Illinois under the compact at the time 60 days written notice of the termination.

6 (c) All APRNs practicing in Illinois under the compact at 7 the time of registration with the Department of Financial and 8 Professional Regulation shall be required to sign a notarized 9 statement of understanding and agreement to practice within the 10 scope of practice requirements for advanced practice nurses in 11 Illinois under the Nursing and Advanced Practice Nursing Act. 12 The Department shall prepare the form to be used.

ARTICLE 90

Section 90-5. The Nursing and Advanced Practice Nursing Act is amended by changing Sections 5-10, 5-15, and 10-30 as follows:

17 (225 ILCS 65/5-10)

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(Section scheduled to be repealed on January 1, 2008) Sec. 5-10. Definitions. Each of the following terms, when used in this Act, shall have the meaning ascribed to it in this Section, except where the context clearly indicates otherwise: (a) "Department" means the Department of Professional

23 Regulation.

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(b) "Director" means the Director of ProfessionalRegulation.

26 (c) "Board" means the Board of Nursing appointed by the 27 Director.

(d) "Academic year" means the customary annual schedule of
courses at a college, university, or approved school,
customarily regarded as the school year as distinguished from
the calendar year.

32 (e) "Approved program of professional nursing education"33 and "approved program of practical nursing education" are

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programs of professional or practical nursing, respectively,
 approved by the Department under the provisions of this Act.

3 (f) "Nursing Act Coordinator" means a registered 4 professional nurse appointed by the Director to carry out the 5 administrative policies of the Department.

6 (g) "Assistant Nursing Act Coordinator" means a registered 7 professional nurse appointed by the Director to assist in 8 carrying out the administrative policies of the Department.

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(h) "Registered" is the equivalent of "licensed".

(i) "Practical nurse" or "licensed practical nurse" means a
person who is licensed as a practical nurse under this Act or
<u>holds the privilege to practice under this Act</u> and practices
practical nursing as defined in paragraph (j) of this Section.
Only a practical nurse licensed or granted the privilege to
<u>practice</u> under this Act is entitled to use the title "licensed
practical nurse" and the abbreviation "L.P.N.".

17 (j) "Practical nursing" means the performance of nursing acts requiring the basic nursing knowledge, judgement, and 18 19 skill acquired by means of completion of an approved practical 20 nursing education program. Practical nursing includes assisting in the nursing process as delegated by and under the 21 22 direction of a registered professional nurse. The practical 23 nurse may work under the direction of a licensed physician, 24 dentist, podiatrist, or other health care professional 25 determined by the Department.

26 (k) "Registered Nurse" or "Registered Professional Nurse" 27 means a person who is licensed as a professional nurse under 28 this Act or holds the privilege to practice under this Act and practices nursing as defined in paragraph (1) of this Section. 29 30 Only a registered nurse licensed or granted the privilege to 31 practice under this Act is entitled to use the titles 32 "registered nurse" and "registered professional nurse" and the abbreviation, "R.N.". 33

(1) "Registered professional nursing practice" includes
 all nursing specialities and means the performance of any
 nursing act based upon professional knowledge, judgment, and

1 skills acquired by means of completion of an approved 2 professional nursing registered education program. Α 3 professional registered nurse provides nursing care 4 emphasizing the importance of the whole and the interdependence 5 of its parts through the nursing process to individuals, 6 groups, families, or communities, that includes but is not 7 limited to: (1) the assessment of healthcare needs, nursing 8 diagnosis, planning, implementation, and nursing evaluation; 9 (2) the promotion, maintenance, and restoration of health; (3) counseling, patient education, health education, and patient 10 11 advocacy; (4) the administration of medications and treatments 12 as prescribed by a physician licensed to practice medicine in 13 all of its branches, a licensed dentist, a licensed podiatrist, or a licensed optometrist or as prescribed by a physician 14 15 assistant in accordance with written guidelines required under 16 the Physician Assistant Practice Act of 1987 or by an advanced 17 practice nurse in accordance with a written collaborative agreement required under the Nursing and Advanced Practice 18 19 Nursing Act; (5) the coordination and management of the nursing 20 plan of care; (6) the delegation to and supervision of 21 individuals who assist the registered professional nurse 22 implementing the plan of care; and (7) teaching and supervision 23 of nursing students. The foregoing shall not be deemed to 24 include those acts of medical diagnosis or prescription of 25 therapeutic or corrective measures that are properly performed 26 only by physicians licensed in the State of Illinois.

27 (m) "Current nursing practice update course" means a 28 planned nursing education curriculum approved by the 29 Department consisting of activities that have educational 30 objectives, instructional methods, content or subject matter, clinical practice, and evaluation methods, related to basic 31 32 review and updating content and specifically planned for those nurses previously licensed in the United States or its 33 34 territories and preparing for reentry into nursing practice.

35 (n) "Professional assistance program for nurses" means a 36 professional assistance program that meets criteria HB3497 - 29 - LRB094 09922 RAS 40180 b

established by the Board of Nursing and approved by the Director, which provides a non-disciplinary treatment approach for nurses licensed under this Act whose ability to practice is compromised by alcohol or chemical substance addiction.

5 <u>(o) "Privilege to practice" means the authorization to</u> 6 practice as a practical nurse or a registered nurse in the 7 <u>State under the Nurse Licensure Compact.</u>

8 (p) "License" or "licensed" means the permission granted a 9 person to practice nursing under this Act, including the 10 privilege to practice.

11 (q) "Licensee" means a person who has been issued a license
12 to practice nursing in the state or who holds the privilege to
13 practice nursing in this State.

14 (Source: P.A. 90-61, eff. 12-30-97; 90-248, eff. 1-1-98; 15 90-655, eff. 7-30-98; 90-742, eff. 8-13-98.)

16 (225 ILCS 65/5-15)

17 (Section scheduled to be repealed on January 1, 2008)

18 Sec. 5-15. Policy; application of Act. For the protection 19 of life and the promotion of health, and the prevention of illness and communicable diseases, any person practicing or 20 offering to practice professional and practical nursing in 21 22 Illinois shall submit evidence that he or she is qualified to 23 practice, and shall be licensed or hold the privilege to practice as provided under this Act. No person shall practice 24 25 or offer to practice professional or practical nursing in 26 Illinois or use any title, sign, card or device to indicate 27 that such a person is practicing professional or practical nursing unless such person has been licensed or holds the 28 29 privilege to practice under the provisions of this Act.

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This Act does not prohibit the following:

(a) The practice of nursing in Federal employment in
the discharge of the employee's duties by a person who is
employed by the United States government or any bureau,
division or agency thereof and is a legally qualified and
licensed nurse of another state or territory and not in

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conflict with Sections 10-5, 10-30, and 10-45 of this Act.

(b) Nursing that is included in their program of study by students enrolled in programs of nursing or in current nurse practice update courses approved by the Department.

5 (c) The furnishing of nursing assistance in an
 6 emergency.

(d) The practice of nursing by a nurse who holds an active license in another state when providing services to patients in Illinois during a bonafide emergency or in immediate preparation for or during interstate transit.

(e) The incidental care of the sick by members of the
family, domestic servants or housekeepers, or care of the
sick where treatment is by prayer or spiritual means.

(f) Persons from being employed as nursing aides,
attendants, orderlies, and other auxiliary workers in
private homes, long term care facilities, nurseries,
hospitals or other institutions.

(g) The practice of practical nursing by one who has 18 applied in writing to the Department in form and substance 19 20 satisfactory to the Department, for a license as a licensed practical nurse and who has complied with all the 21 provisions under Section 10-30, except the passing of an 22 23 examination to be eligible to receive such license, until: 24 the decision of the Department that the applicant has 25 failed to pass the next available examination authorized by 26 the Department or has failed, without an approved excuse, 27 to take the next available examination authorized by the 28 Department or until the withdrawal of the application, but 29 not to exceed 3 months. An applicant practicing practical 30 nursing under this Section who passes the examination, 31 however, may continue to practice under this Section until 32 such time as he or she receives his or her license to practice or until the Department notifies him or her that 33 the license has been denied. No applicant for licensure 34 practicing under the provisions of this paragraph shall 35 practice practical nursing except under the direct 36

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supervision of a registered professional nurse licensed licensed physician, dentist or under this Act or a podiatrist. In no instance shall any such applicant practice or be employed in any supervisory capacity.

(h) The practice of practical nursing by one who is a licensed practical nurse under the laws of another U.S. jurisdiction and has applied in writing to the Department, in form and substance satisfactory to the Department, for a license as a licensed practical nurse and who is qualified to receive such license under Section 10-30, until (1) the expiration of 6 months after the filing of such written application, (2) the withdrawal of such application, or (3) the denial of such application by the Department.

(i) The practice of professional nursing by one who has 14 applied in writing to the Department in form and substance 15 16 satisfactory to the Department for a license as а 17 registered professional nurse and has complied with all the provisions under Section 10-30 except the passing of an 18 examination to be eligible to receive such license, until 19 20 the decision of the Department that the applicant has 21 failed to pass the next available examination authorized by the Department or has failed, without an approved excuse, 22 to take the next available examination authorized by the 23 Department or until the withdrawal of the application, but 24 25 to exceed 3 months. An applicant not. practicing professional nursing under this Section who passes the 26 27 examination, however, may continue to practice under this 28 Section until such time as he or she receives his or her 29 license to practice or until the Department notifies him or 30 her that the license has been denied. No applicant for 31 licensure practicing under the provisions of this 32 paragraph shall practice professional nursing except under the direct supervision of a registered professional nurse 33 licensed under this Act. In no instance shall any such 34 applicant practice or be employed in any supervisory 35 36 capacity.

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(j) The practice of professional nursing by one who is a registered professional nurse under the laws of another state, territory of the United States or country and has applied in writing to the Department, in form and substance satisfactory to the Department, for a license as a registered professional nurse and who is qualified to receive such license under Section 10-30, until (1) the expiration of 6 months after the filing of such written application, (2) the withdrawal of such application, or (3) the denial of such application by the Department.

11 (k) The practice of professional nursing that is 12 included in a program of study by one who is a registered professional nurse under the laws of another state or 13 territory of the United States or foreign country, 14 territory or province and who is enrolled in a graduate 15 16 nursing education program or a program for the completion 17 of a baccalaureate nursing degree in this State, which includes clinical supervision by faculty as determined by 18 the educational institution offering the program and the 19 20 health care organization where the practice of nursing occurs. The educational institution will file with the 21 Department each academic term a list of the names and 22 origin of license of all professional nurses practicing 23 nursing as part of their programs under this provision. 24

(1) Any person licensed in this State under any other
Act from engaging in the practice for which she or he is
licensed.

(m) Delegation to authorized direct care staff trained
under Section 15.4 of the Mental Health and Developmental
Disabilities Administrative Act.

An applicant for license practicing under the exceptions set forth in subparagraphs (g), (h), (i), and (j) of this Section shall use the title R.N. Lic. Pend. or L.P.N. Lic. Pend. respectively and no other.

35 (Source: P.A. 93-265, eff. 7-22-03.)

1 (225 ILCS 65/10-30) 2 (Section scheduled to be repealed on January 1, 2008) Sec. 10-30. Qualifications for licensure. 3 (a) Each applicant who successfully meets the requirements 4 5 of this Section shall be entitled to licensure as a Registered Nurse or Licensed Practical Nurse, whichever is applicable. 6 (b) An applicant for licensure by examination to practice 7 as a registered nurse or licensed practical nurse shall: 8 (1) submit a completed written application, on forms 9 10 provided by the Department and fees as established by the 11 Department; (2) for registered nurse licensure, have graduated 12 from a professional nursing education program approved by 13 the Department; 14 (2.5) for licensed practical nurse licensure, have 15 16 graduated graduate from a practical nursing education 17 program approved by the Department; (3) have not violated the provisions of Section 10-45 18 of this Act. The Department may take into consideration any 19 20 felony conviction of the applicant, but such a conviction shall not operate as an absolute bar to licensure; 21 (4) meet all other requirements as established by rule; 22 23 (5) pay, either to the Department or its designated testing service, a fee covering the cost of providing the 24 25 examination. Failure to appear for the examination on the scheduled date at the time and place specified after the 26 27 applicant's application for examination has been received 28 and acknowledged by the Department or the designated 29 testing service shall result in the forfeiture of the 30 examination fee. If an applicant neglects, fails, or refuses to take an 31 32 examination or fails to pass an examination for a license under this Act within 3 years after filing the application, the 33 application shall be denied. However, the applicant may make a 34 new application accompanied by the required fee and provide 35 36 evidence of meeting the requirements in force at the time of

1 the new application.

2 An applicant may take and successfully complete a 3 Department-approved examination in another jurisdiction. However, an applicant who has never been licensed previously in 4 5 jurisdiction that utilizes Department-approved any а taken and failed to pass the 6 examination and who has examination within 3 years after filing the application must 7 submit proof of successful completion 8 of а Department-authorized 9 nursing education program or 10 recompletion of an approved registered nursing program or 11 licensed practical nursing program, as appropriate, prior to 12 re-application.

13 An applicant shall have one year from the date of 14 notification of successful completion of the examination to 15 apply to the Department for a license. If an applicant fails to 16 apply within one year, the applicant shall be required to again 17 take and pass the examination unless licensed in another 18 jurisdiction of the United States within one year of passing 19 the examination.

(c) An applicant for licensure by endorsement who is a registered professional nurse or a licensed practical nurse licensed by examination under the laws of another state or territory of the United States or a foreign country, jurisdiction, territory, or province shall:

(1) submit a completed written application, on forms
 supplied by the Department, and fees as established by the
 Department;

(2) for registered nurse licensure, have graduated
 from a professional nursing education program approved by
 the Department;

31 (2.5) for licensed practical nurse licensure, have 32 graduated from a practical nursing education program 33 approved by the Department;

34 (3) submit verification of licensure status directly
35 from the United States jurisdiction of licensure, if
36 applicable, as defined by rule;

1 2 (4) have passed the examination authorized by the Department;

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(5) meet all other requirements as established by rule. (d) All applicants for registered nurse licensure pursuant to item (2) of subsection (b) and item (2) of subsection (c) of this Section who are graduates of nursing educational programs in a country other than the United States or its territories must submit to the Department certification of successful completion of the Commission of Graduates of Foreign Nursing Schools (CGFNS) examination. An applicant who is unable to provide appropriate documentation to satisfy CGFNS of her or his educational qualifications for the CGFNS examination shall be required to pass an examination to test competency in the English language, which shall be prescribed by the Department, if the applicant is determined by the Board to be educationally prepared in nursing. The Board shall make appropriate inquiry into the reasons for any adverse determination by CGFNS before making its own decision.

An applicant licensed in another state or territory who is applying for licensure and has received her or his education in a country other than the United States or its territories shall be exempt from the completion of the Commission of Graduates of Foreign Nursing Schools (CGFNS) examination if the applicant meets all of the following requirements:

(1) successful passage of the licensure examinationauthorized by the Department;

27 (2) holds an active, unencumbered license in another28 state; and

29 (3) has been actively practicing for a minimum of 2
30 years in another state.

31 (e) (Blank).

32 (f) Pending the issuance of a license under subsection (c) 33 of this Section, the Department may grant an applicant a 34 temporary license to practice nursing as a registered nurse or 35 as a licensed practical nurse if the Department is satisfied 36 that the applicant holds an active, unencumbered license in - 36 - LRB094 09922 RAS 40180 b

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1 good standing in another jurisdiction. If the applicant holds 2 more than one current active license, or one or more active temporary licenses from other jurisdictions, the Department 3 shall not issue a temporary license until it is satisfied that 4 5 current active license held by the applicant is each 6 unencumbered. The temporary license, which shall be issued no later than 14 working days following receipt by the Department 7 of an application for the temporary license, shall be granted 8 9 upon the submission of the following to the Department:

10 (1) a signed and completed application for licensure
11 under subsection (a) of this Section as a registered nurse
12 or a licensed practical nurse;

13 (2) proof of a current, active license in at least one 14 other jurisdiction and proof that each current active 15 license or temporary license held by the applicant within 16 the last 5 years is unencumbered;

17 (3) a signed and completed application for a temporary18 license; and

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(4) the required temporary license fee.

(g) The Department may refuse to issue an applicant a temporary license authorized pursuant to this Section if, within 14 working days following its receipt of an application for a temporary license, the Department determines that:

(1) the applicant has been convicted of a crime under
the laws of a jurisdiction of the United States: (i) which
is a felony; or (ii) which is a misdemeanor directly
related to the practice of the profession, within the last
5 years;

(2) within the last 5 years the applicant has had a
license or permit related to the practice of nursing
revoked, suspended, or placed on probation by another
jurisdiction, if at least one of the grounds for revoking,
suspending, or placing on probation is the same or
substantially equivalent to grounds in Illinois; or

35 (3) it intends to deny licensure by endorsement.
36 For purposes of this Section, an "unencumbered license"

means a license against which no disciplinary action has been taken or is pending and for which all fees and charges are paid and current.

4 (h) The Department may revoke a temporary license issued5 pursuant to this Section if:

6 (1) it determines that the applicant has been convicted 7 of a crime under the law of any jurisdiction of the United 8 States that is (i) a felony or (ii) a misdemeanor directly 9 related to the practice of the profession, within the last 10 5 years;

11 (2) it determines that within the last 5 years the 12 applicant has had a license or permit related to the 13 practice of nursing revoked, suspended, or placed on 14 probation by another jurisdiction, if at least one of the 15 grounds for revoking, suspending, or placing on probation 16 is the same or substantially equivalent to grounds in 17 Illinois; or

18 (3) it determines that it intends to deny licensure by19 endorsement.

A temporary license shall expire 6 months from the date of issuance. Further renewal may be granted by the Department in hardship cases, as defined by rule and upon approval of the Director. However, a temporary license shall automatically expire upon issuance of the Illinois license or upon notification that the Department intends to deny licensure, whichever occurs first.

(i) Applicants have 3 years from the date of application to complete the application process. If the process has not been completed within 3 years from the date of application, the application shall be denied, the fee forfeited, and the applicant must reapply and meet the requirements in effect at the time of reapplication.

33 (j) A practical nurse licensed by a party state under the 34 Nurse Licensure Compact is granted the privilege to practice 35 practical nursing in this State. A registered nurse licensed by 36 a party state under the Nurse Licensure Compact is granted the

1	privilege to practice registered nursing in this State. A
2	practical nurse or registered nurse who has been granted the
3	privilege to practice nursing in this State under this
4	subsection, shall notify the Department, prior to commencing
5	employment in this State as a practical or registered nurse, of
6	the identity and location of the nurse's prospective employer.
7	A practical nurse or registered nurse who has been granted the
8	privilege to practice nursing in this State under this
9	subsection is subject to the schedule of fees authorized under
10	Section 20-35 and the criminal background check required under
11	Section 5-23 of this Act, provided that the practical or
12	registered nurse may exercise her privilege to practice pending
13	completion of the criminal background check.
14	(Source: P.A. 92-39, eff. 6-29-01; 92-744, eff. 7-25-02;
15	revised 2-17-03.)
16	ARTICLE 99

Section 99-5. Effective date. This Act takes effect upon becoming law.