

ARIZONA HOUSE OF REPRESENTATIVES
Fifty-second Legislature – Second Regular Session

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2-3-16

COMMITTEE ON HEALTH

Report of Regular Meeting
Tuesday, February 2, 2016
House Hearing Room 4 -- 2:00 p.m.

Convened 2:16 p.m.

Recessed

Reconvened

Adjourned 4:55 p.m.

Members Present

Mr. Friese
Mr. Lawrence
Mr. Meyer
Mrs. Cobb, Vice-Chairman
Mrs. Carter, Chairman

Members Absent

Mr. Boyer

Agenda

Original Agenda – Attachment 1

Request to Speak

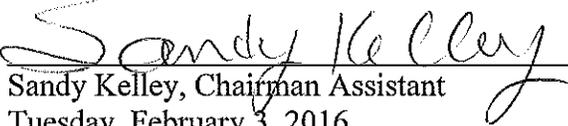
Report – Attachment 2

Presentations

<u>Name</u>	<u>Organization</u>	<u>Attachments (Handouts)</u>
David Notrica, MD, FACS, FAAP	Phoenix Children's Level 1 Pediatric Trauma Center	3

Committee Action

<u>Bill</u>	<u>Action</u>	<u>Vote</u>	<u>Attachments (Summaries, Amendments, Attendance)</u>
HB2359	DP	5-0-0-1	4, 5
HB2461	DP	5-0-0-1	6, 7
HB2290	HELD		
HB2503	HELD		
HB2357	DP	5-0-0-1	8, 9
HB2502	DP	5-0-0-1	10, 11, 12
HB2362	DPA/SE	4-0-0-2	13, 14, 15
HB2364	DP	4-0-0-2	16, 17
HB2358	DPA	4-0-0-2	18, 19, 20
HB2353	DPA	5-0-0-1	21, 22, 23
HB2363	DP	5-0-0-1	24, 25
	COMMITTEE ATTENDANCE		26


Sandy Kelley, Chairman Assistant
Tuesday, February 3, 2016

(Original attachments on file in the Office of the Chief Clerk; video archives available at <http://www.azleg.gov>)

COMMITTEE ON HEALTH
Tuesday, February 2, 2016

ARIZONA HOUSE OF REPRESENTATIVES
Fifty-second Legislature - Second Regular Session

REGULAR MEETING AGENDA

COMMITTEE ON HEALTH

DATE Tuesday, February 2, 2016

ROOM HHR 4

TIME 2:00 P.M.

Members:

Mr. Boyer
Mr. Friese

Mr. Lawrence
Mr. Meyer

Mrs. Cobb, Vice-Chairman
Mrs. Carter, Chairman

Presentation

- Pediatric Trauma, David Notrica, MD, FACS, FAAP, Medical Director, Phoenix Children's Level 1 Pediatric Trauma Center

Bills	Short Title	Strike Everything Title
HB2290	<u>held</u> AHCCCS; disproportionate share hospital payments (Bowers: Finchem)	
	HEALTH, APPROP, RULES	
HB2353	<u>dpa</u> regulatory boards; sunrise; draft legislation (Carter, Brophy McGee: Fann)	
	<u>5-0-0-1</u> HEALTH, RULES	
HB2357	<u>dp</u> AHCCCS; podiatry services (Carter)	
	<u>5-0-0-1</u> HEALTH, APPROP, RULES	
HB2358	<u>dpa</u> prevention education; appropriation (Carter: Brophy McGee)	
	<u>4-0-0-2</u> HEALTH, APPROP, RULES	
HB2359	<u>dp</u> physician assistants; continuing medical education (Carter)	
	<u>5-0-0-1</u> HEALTH, RULES	

Bills

Short Title

Strike Everything Title

HB2363 dp personal information; breach; records; exception
(Carter)

3-0-0-1 HEALTH, RULES

HB2364 dp medical board; license renewal
(Carter)

4-0-0-2 HEALTH, RULES

~~HB~~ HB2461 dp lifespan respite care; program termination
(Brophy McGee; Carter)

3-0-0-1 HEALTH, RULES

HB2502 dp medical licensure compact
(Carter)

3-0-0-1 HEALTH, RULES

HB2503 held psychologists; licensure compact
(Carter)

HEALTH, RULES

ADDENDUM #1 - 01/29/16

*HB2362 dpa
S/E technical correction; AHCCCS; application process S/E: nurse licensure compact
(Carter)

4-0-0-2

* If first read and assigned

ORDER OF BILLS TO BE SET BY THE CHAIRMAN

slk
1/28/16
1/29/16

People with disabilities may request reasonable accommodations such as interpreters, alternative formats, or assistance with physical accessibility. If you require accommodations, please contact the Chief Clerk's Office at (602) 926-3032, TDD (602) 926-3241.

Information Registered on the Request to Speak System

House Health (2/2/2016)

HB2290, AHCCCS; disproportionate share hospital payments

Support:

Deb Gullett, Arizona Association Of Health Plans; Barbara Fanning, Arizona Hospital And Healthcare Association; Tara Plese, AZ Alliance For Community Health Centers

HB2353, regulatory boards; sunrise; draft legislation

Support:

Rory Hays, Arizona Nurses Association; Pete Wertheim, Arizona Osteopathic Medical Association; Barbara Fanning, Arizona Hospital And Healthcare Association; Steve Barclay, Arizona Medical Association; Tara Plese, AZ Alliance For Community Health Centers

HB2357, AHCCCS; podiatry services

Support:

Joseph Abate, AZ PODIATRIC MEDICAL ASSN; Rory Hays, Arizona Nurses Association; shirley gunther, DIGNITY HEALTH; Pat VanMaanen, representing self; Donna Kruck, Ability360; Steven Moortel, BANNER HEALTH ARIZONA; Tom Dorn, THE CORE INSTITUTE; Pete Wertheim, Arizona Osteopathic Medical Association; Walt Gray, representing self; Barbara Fanning, Arizona Hospital And Healthcare Association; Steve Barclay, Arizona Medical Association; Tara Plese, AZ Alliance For Community Health Centers; alan discont, Azpma; Rip Wilson, AMERICAN DIABETES ASSN AZ AFFILIATE

All Comments:

Donna Kruck, Ability360: Ability360 supports adding podiatry into AHCCCS services because it can reduce more serious health problems for people with diabetes and spinal cord injury. It iwll save money in the long run.; Walt Gray, Self: As a podiatry patient with private insurance, I recognize the importance of podiatry care, particularly because of widespread Diabetes.

HB2358, prevention education; appropriation

Support:

Rory Hays, Arizona Nurses Association; Jeremy Arp, NATIONAL ASSOCIATION OF SOCIAL WORKERS, ARIZONA CHAPTER; Bahney Dedolph, representing self; Pat VanMaanen, representing self; Susan Cannata, Arizona Chapter Of The American Academy Of Pediatrics; Eddie Sissons, Mental Health America Of AZ; Joe Carter, ALL ARIZONA SCHOOL RETIREES ASSN; Barbara Fanning, Arizona Hospital And Healthcare Association; Tara Plese, AZ Alliance For

Community Health Centers; lindsay st clair , representing self; Shannon Rich, AZ COALITION TO END SEXUAL AND DOMESTIC VIOLENCE; Aimee Runyon, representing self; Kristen Polin, representing self

Neutral:

Shannon Whiteaker, AZ DEPT OF HEALTH SERVICES

All Comments:

Eddie Sissons, Mental Health America Of AZ: As part of our national effort Mental Health America supports efforts to start the conversation about Before Stage 4 helping to identify mental illness earlier among our youth. This bill supports that effort.; Joe Carter, ALL ARIZONA SCHOOL RETIREES ASSN: Proactive prevention programs and the money to fund them are extremely important in providing better choices for our youth. Teachers constantly struggle against the misleading allure of destructive behaviors. Help them help their students. Vote YES.; lindsay st clair , Self: Aimee Runyon and Kristen Polin will be speaking on behalf of notMYkid - prevention education non-profit; Aimee Runyon, Self: on behalf of notMYkid; Kristen Polin, Self: on behalf of notMYkid

HB2359, physician assistants; continuing medical education

Support:

Rory Hays, Arizona Nurses Association; Barbara Fanning, Arizona Hospital And Healthcare Association

HB2363, personal information; breach; records; exception

Support:

shirley gunther, DIGNITY HEALTH; Steven Moortel, BANNER HEALTH ARIZONA; Chuck Bassett, Blue Cross Blue Shield Of AZ; Gregory Harris, BANNER HEALTH ARIZONA; Garrick Taylor, Arizona Chamber Of Commerce And Industry; Michelle Pabis, HONORHEALTH; Jennifer Carusetta, HEALTH SYSTEM ALLIANCE OF ARIZONA

HB2364, medical board; license renewal

Support:

Garrick Taylor, Arizona Chamber Of Commerce And Industry; Jennifer Carusetta, HEALTH SYSTEM ALLIANCE OF ARIZONA; Annie Mooney, PHOENIX CHILDREN'S HOSPITAL; Russell Smoldon, PHOENIX CHILDREN'S HOSPITAL; Barbara Fanning, Arizona Hospital And Healthcare Association; Tara Plese, AZ Alliance For Community Health Centers; Stuart Goodman, Arizona Medical Board

HB2502, medical licensure compact

Support:

Rory Hays, Arizona Nurses Association; shirley gunther, DIGNITY HEALTH; Pete Wertheim, Arizona Osteopathic Medical Association; Bahney Dedolph, representing self; Steven Zylstra, representing self; Susan Cannata, Arizona Chapter Of The American Academy Of Pediatrics; Susan Cannata, The Arizona Academy Of Family Physicians; Joey Ridenour, representing self; Garrick Taylor, Arizona Chamber Of Commerce And Industry; Michelle Pabis,

HONORHEALTH; Steven Moortel, BANNER HEALTH ARIZONA; Deb Gullett, Arizona Association Of Health Plans; Russell Smoldon, PHOENIX CHILDREN'S HOSPITAL; Jennifer Carusetta, HEALTH SYSTEM ALLIANCE OF ARIZONA; Annie Mooney, PHOENIX CHILDREN'S HOSPITAL; Barbara Fanning, Arizona Hospital And Healthcare Association; Steve Barclay, Arizona Medical Association, MAYO CLINIC ARIZONA; Michael Keeling, Arizona Telecommunications And Information Council ; Gregory Harris, BANNER HEALTH ARIZONA; Russell Heigh, MD, representing self; Bunnie Richie, D.O., FAAN, representing self; Tara Plese, AZ Alliance For Community Health Centers; Nick Goodman, representing self; Dianne McCallister, Arizona Technology Council; Stuart Goodman, Arizona Medical Board

All Comments:

Bahney Dedolph, Self: We have a serious shortage of health care providers of all types in AZ. We have to make it easier for licensed professionals to work here.; Steven Zylstra, Self: The Arizona Technology Council supports this bill.; Russell Heigh, MD, Self: I am an authorized Lobbyist for Mayo Clinic and here to speak in support of the Bill.; Nick Goodman, Self: On behalf on MomDoc we support this bill.

HB2503, psychologists; licensure compact

Support:

Rory Hays, Arizona Nurses Association; shirley gunther, DIGNITY HEALTH; Bahney Dedolph, representing self; Joey Ridenour, representing self; Susie Stevens, Arizona Psychological Association; Garrick Taylor, Arizona Chamber Of Commerce And Industry; Deb Gullett, Arizona Association Of Health Plans; Barbara Fanning, Arizona Hospital And Healthcare Association; Tara Plese, AZ Alliance For Community Health Centers; Nick Goodman, representing self

Neutral:

Joseph Abate, AZ PSYCHIATRIC SOCIETY

All Comments:

Bahney Dedolph, Self: We have a severe shortage of licensed professionals in health care, both physical and behavioral health. We need to make is easier for qualified licensed professionals to work in Arizona.

HB2461, lifespan respite care; program termination

Support:

Don Isaacson, LEADINGAGE ARIZONA; Jeremy Arp, NATIONAL ASSOCIATION OF SOCIAL WORKERS, ARIZONA CHAPTER; Susan Cannata, The Arc Of Arizona; Donna Kruck, Ability360; Walt Gray, representing self; Mariel Nellas, representing self; Jantell Cansler, representing self; Joe Carter, ALL ARIZONA SCHOOL RETIREES ASSN; Dana Kennedy, representing self

All Comments:

Donna Kruck, Ability360: Ability360 supports this program extention because it helps families who do care giving for family members so that they can sustain an effective level of care and prevent the Ill person from going onto the public health system.; Walt Gray, Self: My best friend has deep Depression and is cared for by his wife. I provide informal respite care and recognize its value.; Mariel Nellas, Self: I believe in the benefits of respite for caregivers to improve their quality of life and the quality of care they provide to their care recipients.; Jantell Cansler, Self: on behalf of the Arizona Caregiver Coalition, we support the continuation of the Lifespan Respite

Program. This legislation will keep Arizona families strong and taking care of their own. The resource line helps people statewide.; Joe Carter, ALL ARIZONA SCHOOL RETIREES ASSN: The Lifespan Respite Care Program provides crucial support for caregivers. These people need Arizona to help them care for others. Please support the continuation of this important program.; Dana Kennedy, Self: As State Director of AARP we represent 850,000 members in Arizona and we strongly support passage of this bill.

HB2362, technical correction; AHCCCS; application process

Support:

Rory Hays, Arizona Nurses Association; Joey Ridenour, representing self; Gregory Harris, Arizona State Board Of Nursing; Garrick Taylor, Arizona Chamber Of Commerce And Industry; Pete Wertheim, Arizona Osteopathic Medical Association; Michelle Pabis, HONORHEALTH; Steven Moortel, BANNER HEALTH ARIZONA; Deb Gullett, Arizona Association Of Health Plans; Jennifer Carusetta, HEALTH SYSTEM ALLIANCE OF ARIZONA; Steve Barclay, Arizona Medical Association; shirley gunther, DIGNITY HEALTH; Barbara Fanning, Arizona Hospital And Healthcare Association; Tara Plese, AZ Alliance For Community Health Centers; Nick Goodman, representing self

All Comments:

Rory Hays, Arizona Nurses Association: with strike/everything amendment adopting Nursing Compact; Joey Ridenour, Self: The Enhanced Nurse Licensure Compact is the collective work of over 60 Boards of Nursing to improve the existing compact so the majority of boards enact over the next five or so years.; Gregory Harris, Arizona State Board Of Nursing: The board supports HB2362 with the Strike-everything amendment; Michelle Pabis, HONORHEALTH: support S/E nurse licensure compact; Steve Barclay, Arizona Medical Association: ArMA supports the Carter striker amendment on the RN licensing compact.

PEDIATRIC TRAUMA

David Notrica MD FACS FAAP
Trauma Medical Director
Level 1 Pediatric Trauma Center




Defining Trauma

An injury (wound) to living tissue caused by an extrinsic agent

<p>Blunt trauma</p> <ul style="list-style-type: none"> - Car crashes - Falls - Motorcycle crashes - Assaults - Sports injuries - Bicycle injuries - Animal trappings 	<p>Penetrating trauma</p> <ul style="list-style-type: none"> - Gunshot wounds - Stabbings/impalements - Animal maulings
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What is Trauma?

1. How do Trauma Centers differ from Emergency Rooms?
2. What are Arizona's trauma resources?
3. Why are children different?
4. Does a trauma system make a difference?



EMERGENCY DEPARTMENT AND TRAUMA CENTER

<p style="text-align: center;"><u>Emergency Department</u></p> <ul style="list-style-type: none"> • Physicians/NP • May or may not have surgeons • Surgical conditions <ul style="list-style-type: none"> • Appendicitis • Minor fractures • Medical emergencies <ul style="list-style-type: none"> • Severe stomach pain • Asthma • Drowning 	<p style="text-align: center;"><u>Trauma Center</u></p> <ul style="list-style-type: none"> • Surgeons available • Penetrating injury <ul style="list-style-type: none"> • Gunshots • Stabbings • Blunt force <ul style="list-style-type: none"> • Severe auto accidents > 40mph • Falls greater than one floor • Major Fracture broken bones
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Nationally

- The State designates Trauma Centers
- American College of Surgeons (ACS) verifies trauma centers
- 4 levels of Adult Trauma Centers
- 2 levels of Pediatric Trauma Centers
- 40 states have ACS-verified trauma centers
- Only 12 states have a verified Level I Pediatric Trauma Centers



LEVEL 1 TRAUMA IN ARIZONA

Trauma Centers in Arizona	ACS* Verification	AZ (State) Designation
Phoenix Children's Hospital	Pediatric Level I	Level I
Maricopa Medical Center	Level II Adult & Pediatric Level II	Level I
Dignity Health, Chandler Regional Medical Center	Level II Trauma Center	Level I
Flagstaff Medical Center	Level II Trauma Center	Level I
Honor Health, John C. Lincoln Medical Center	Level II Trauma Center	Level I
Honor Health Scottsdale Osborn Medical Center	Level II Trauma Center	Level I
Banner - University Medical Center Tucson	Level II Trauma Center	Level I
St. Joseph's Hospital and Medical Center	Level II Trauma Center	Level I
Abrazo West Campus	Level II Trauma Center	Level I
Banner - University Medical Center Phoenix	Level II Trauma Center	Level I

* ACS - American College of Surgeons



Arizona Trauma

- 10 Level I Trauma Centers
- 6 Level III Trauma Centers
- 24 Level IV centers



ACS Verified LEVEL I Adult

- 24-hour In-house coverage by
 - General Surgeons
 - Anesthesiologists
- Critical care specialists
- Emergency medicine

- Prompt availability of specialists
 - Orthopedic surgery
 - Neurosurgery
 - Radiology
 - Plastic surgery
 - Maxillofacial



LEVEL I Adult

- Provides leadership in Injury Prevention
- Continuous Quality Assessment program
- Operates teaching/research programs
- Direct new innovations in trauma care
- Must meet annual patient volume requirements of severely injured patients



LEVEL III

- 24-hour immediate coverage by emergency medicine physicians
- "Prompt availability" of general surgeons and anesthesiologists
- Quality Improvement programs
- Transfer agreements
- Provides back-up care for rural and community hospitals
- Offers continued medical education
- Must have an active outreach program



LEVEL II

- Similar to Level I, but no requirements for research/teaching
- Arizona Designates both ACS Level I and II as "Level I"



LEVEL IV

- Basic emergency department facilities
- Trauma nurse(s) and physicians available upon patient arrival
- 24-hour laboratory coverage
- May provide surgery and critical-care services if available
- Transfer agreements with Level I or Level II Trauma Center
- Quality assessment program
- Injury prevention program



Trauma Center and Emergency Rooms

<p>EMERGENCY DEPARTMENT</p> <ul style="list-style-type: none"> • Physicians/NP • May or may not have surgeons • Medical emergencies <ul style="list-style-type: none"> – Severe stomach pains – Asthma/Shortness of breath – Drowning • Surgeons <ul style="list-style-type: none"> – No always available – No all specialties 	<p>Level 1/2 Trauma Centers</p> <ul style="list-style-type: none"> • Surgeons avail • Can • Blunt force <ul style="list-style-type: none"> – Severe auto accidents >40mph – Falls greater than one floor – Major fractures/broken bones • Penetrating injury <ul style="list-style-type: none"> – Gunshots – Stabbings
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PHOENIX CHILDREN'S Hospital

PEDIATRIC TRAUMA SUB-SPECIALTIES

<ul style="list-style-type: none"> • Pediatric Trauma Surgeons • Pediatric Anesthesiologists • Pediatric Orthopedic Surgeons • Pediatric Neurosurgeons • Pediatric Spine surgeons • Pediatric Radiologist • Pediatric Craniofacial Plastic Surgeons • Pediatric Emergency Medicine Physicians • Pediatric Interventional Radiologists • Pediatric Critical Care Physicians • Pediatric Hand Surgeons 	<ul style="list-style-type: none"> • Pediatric Physical Medicine and Rehabilitation • Pediatric Ophthalmologists • Pediatric Respiratory Therapists • Pediatric Pain Management Specialists • Pediatric Trauma-trained Registered Nurses • Pediatric Trauma Social Workers • Pediatric Child Life specialists • Pediatric Interpreters • Pediatric On-site pharmacists • Pediatric X-Ray Technicians • Pediatric Blood Bank Team Specialists
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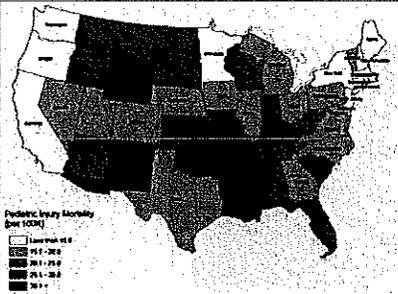
PHOENIX CHILDREN'S Hospital

PHOENIX CHILDREN'S HOSPITAL

- Only ACS Level I Pediatric Trauma Center in Arizona
- PedReduced child mortality
- 18 pediatric sub-specialties
- 27% of patients from referral facilities
- Private donations funding construction of expanded trauma center/ED
- PCH physicians published in *Journal of Trauma and Acute Care*
- Vital injury prevention efforts in the community

PHOENIX CHILDREN'S Hospital

PEDIATRIC MORTALITY RATES (2008)



- 37% lower mortality rate for states with a verified Level I Pediatric Trauma Center
- Each verified Level I Pediatric Trauma Center equates to 3.53 fewer deaths per 100,000 children

Notrica DM, Weiss J, Garcia-Fillon P, Kurohwa E, Clarke D, Harte M, et al. Pediatric trauma centers: correlation of ACS-verified trauma centers with CDC statewide pediatric mortality rates. *J Trauma Acute Care Surg.* 2012;73(3):566-70; discussion 70-2.

PHOENIX CHILDREN'S Hospital

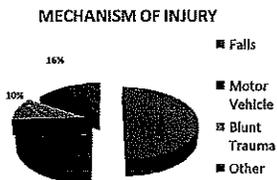
2015 PCH TRAUMA DATA

- 2,500 Trauma Center activations and admissions/ year
- 80,000 Emergency Department visits/ year
- 58% Medicaid/AHCCCS ; 33% commercial health plans
- Motor vehicle crashes and falls leading causes of trauma cases



NATIONAL PEDIATRIC TRAUMA DATA

- 152,000 cases resulting in 2,834 deaths
- 2:1 male to female ratio of cases
- Primary payment source nationally for pediatric trauma patients
 - o 32% Medicaid
 - o 29% Private
 - o 39% Other





HOUSE OF REPRESENTATIVES

HB 2359

physician assistants; continuing medical education
Prime Sponsor: Representative Carter, LD 15

X Committee on Health

Caucus and COW

House Engrossed

OVERVIEW

HB 2359 allows a licensee to use continuing medical education credits that were acquired for certification to satisfy their continuing medical education requirements.

PROVISIONS

1. Allows a licensee that holds a certification from a board approved certifying body to use their continuing medical education credits obtained for their certification to satisfy their continuing medical education requirements.

CURRENT LAW

A.R.S § 32-2523 states that each regular license holder must renew the license every other year on or before the licensee's birthday. This renewal is completed by paying the annual renewal fee and providing the board with necessary information. This includes proof of completion before the renewal date, and forty hours of category I continuing medical education that is approved by the American Academy of Physician Assistants, the American Medical Association, the American Osteopathic Association or any other accrediting organization that the board deems as acceptable. The board must verify continuing medical education compliance and must randomly audit at least 10% of physician assistants who are renewing their license within the calendar year and who do not hold a current national certification.

ARIZONA HOUSE OF REPRESENTATIVES
Fifty-second Legislature - Second Regular Session

ROLL CALL VOTE

COMMITTEE ON HEALTH BILL NO. HB 2359

DATE February 2, 2016 MOTION: dp

	PASS	AYE	NAY	PRESENT	ABSENT
Mr. Boyer					✓
Mr. Friese		✓			
Mr. Lawrence		✓			
Mr. Meyer		✓			
Mrs. Cobb, Vice-Chairman		✓			
Mrs. Carter, Chairman		✓			
		5	0	0	1

Sandy Kelley
 COMMITTEE SECRETARY

APPROVED:

Heather Carter
 HEATHER CARTER, Chairman
 REGINA COBB, Vice-Chairman

ATTACHMENT _____



HOUSE OF REPRESENTATIVES

HB 2461

lifespan respite care; program termination
Prime Sponsor: Representative Brophy McGee, LD 28

X Committee on Health
Caucus and COW
House Engrossed

OVERVIEW

HB 2461 extends the Lifespan Respite Care Program's (Program) termination date to July 1, 2025.

PROVISIONS

1. Extends the Program's termination date to July 1, 2025.
2. Clarifies that the Program is for primary caregivers of individuals who do not currently receive other publicly funded respite services

ADDITIONAL INFORMATION

A.R.S. § 46-172 states that the Department of Economic Security (DES) must establish a program for primary caregivers of individuals who do not currently qualify for publicly funded respite services. Additionally, DES must coordinate with other respite services and support the growth and maintenance of a statewide respite coalition. The Program must also conduct a study on the need for respite care and help identify local training resources for respite care providers. In addition, the Program must link families with respite care providers and create an evaluation tool for recipients of respite care to assure quality of care. Currently, the Program sunsets on July 1, 2017.

**ARIZONA HOUSE OF REPRESENTATIVES
Fifty-second Legislature - Second Regular Session**

ROLL CALL VOTE

COMMITTEE ON HEALTH BILL NO. HB 2461

DATE February 2, 2016 MOTION: dp

	PASS	AYE	NAY	PRESENT	ABSENT
Mr. Boyer					✓
Mr. Friese		✓			
Mr. Lawrence		✓			
Mr. Meyer		✓			
Mrs. Cobb, Vice-Chairman		✓			
Mrs. Carter, Chairman		✓			
		5	0	0	1

APPROVED:



 HEATHER CARTER, Chairman
 REGINA COBB, Vice-Chairman



 COMMITTEE SECRETARY

ATTACHMENT _____



HOUSE OF REPRESENTATIVES

HB 2357

AHCCCS; podiatry services

Prime Sponsor: Representative Carter, LD 15

X Committee on Health

Caucus and COW

House Engrossed

OVERVIEW

HB 2357 requires Arizona Health Care Cost Containment System (AHCCCS) contractors to provide benefit coverage for podiatry services that are performed by a licensed podiatrist and ordered by a primary care physician or primary care practitioner.

PROVISIONS

1. Requires AHCCCS contractors to provide benefit coverage for podiatry services performed by a licensed podiatrist and ordered by a primary care physician or primary care practitioner.
2. Repeals A.R.S. §36-2907 Version 1.
3. Conforms language in relation to the delivery of all medically necessary behavioral health services due to the transfer of behavioral health services from the Department of Health Services to AHCCCS in 2015.
4. Makes technical and conforming changes.

CURRENT LAW

A.R.S. §36-2907 outlines covered health and medical services provided by AHCCCS contractors to AHCCCS recipients.

ARIZONA HOUSE OF REPRESENTATIVES
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ROLL CALL VOTE

COMMITTEE ON HEALTH BILL NO. HB 2357

DATE February 2, 2016 MOTION: dp

	PASS	AYE	NAY	PRESENT	ABSENT
Mr. Boyer					✓
Mr. Friese		✓			
Mr. Lawrence		✓			
Mr. Meyer		✓			
Mrs. Cobb, Vice-Chairman		✓			
Mrs. Carter, Chairman		✓			
		5	0	0	1

Sandy Kelly
 COMMITTEE SECRETARY

APPROVED:

[Signature]
 HEATHER CARTER, Chairman
 REGINA COBB, Vice-Chairman

ATTACHMENT _____



HOUSE OF REPRESENTATIVES

HB 2502

medical licensure compact

Prime Sponsor: Representative Carter, LD 15

X Committee on Health
Caucus and COW
House Engrossed

OVERVIEW

HB 2502 enacts the Medical Licensure Compact (Compact).

PROVISIONS

Purpose

1. Declares that in order to strengthen access to health care, and in recognition of the advances in the delivery of health care, the member states of the Compact have allied in common purpose to develop a comprehensive process that complements the existing licensing and regulatory authority of state medical boards and provides a streamlined process that allows physicians to become licensed in multiple states, thereby enhancing the portability of a medical license and ensuring the safety of patients. This Compact creates another pathway for licensure and does not otherwise change a state's existing medical practice act. This Compact also adopts the prevailing standard for licensure and affirms that the practice of medicine occurs where the patient is located at the time of the physician-patient encounter, and therefore, requires the physician to be under the jurisdiction of the state medical board where the patient is located. State medical boards that participate in the Compact retain jurisdiction to impose an adverse action against a license to practice medicine in that state issued to a physician through the procedures in the Compact.

Eligibility

2. States a physician must meet the eligibility requirements of this Compact to receive an expedited license under the terms and provisions of this Compact.
3. Specifies that a physician who does not meet the requirements of this Compact may obtain a license to practice medicine in a member state if the individual complies with all laws and requirements, other than the Compact, relating to the issuance of a license to practice medicine in that state.

Designation of State of Principal License

4. Requires a physician to designate a member state as the state of principal license for purposes of registration for expedited licensure through the Compact if the physician possesses a full and unrestricted license to practice medicine in that state and the state is one of the following:
 - a. The state of primary residence of the physician;
 - b. The state where at least 25% of the physician's practice occurs;
 - c. The location of the physician's employer; and
 - d. If no state qualifies, the state designated as state of residence for purpose of federal income tax.

HB 2502

5. Allows a physician to redesignate a member state as state of principal residence license at any time, as long as the state meets the provisions outlined above.
6. Permits the Interstate Commission (Commission) to develop rules to facilitate the redesignation of another member state as the state of principal license.

Application and Issuance of Expedited License

7. Requires a physician seeking licensure through the Compact to file an application for an expedited license with the member board of the state selected by the physician as the state of principal license.
8. Provides that a member board, on receipt of an application for expedited license, within the state selected as the state of principal license must evaluate whether the physician is eligible for expedited licensure and issue a letter of qualification verifying or denying the physician's eligibility to the Interstate Commission as follows:
 - a. Static qualifications that are not be subject to additional primary source verification when already verified by the state of principal residence;
 - b. Requires the member board of the principal license state, in the course of verifying eligibility, to perform a criminal background check of an applicant; and
 - c. States that on appeal the determination of eligibility must be made to the member state where the application was filed and must be subject to the law of that state.
9. Specifies that after verification of a physician's qualifications by the member state, eligible physicians for an expedited license must complete the registration process established by the Commission to receive a license in a member state, including payment of applicable fees.
10. Sets forth that after verification of eligibility and payment of fees, a member board must issue an expedited license to the physician. This license must authorize the physician to practice medicine in the issuing state consistent with the medical practice act and all applicable laws and regulations of the issuing member board and member state.
11. States an expedited license must be valid for period consistent with the licensure period in the member state and in the same manner as required for physicians holding a full and unrestricted license within the member state.
12. Provides that an expedited license obtained through the Compact must be terminated if the physician fails to maintain a license in the state of principal license for a nondisciplinary reason, without designation of a new state of principal license.
13. Authorizes the Commission to develop rules regarding the application process, including payment of applicable fees and the issuance of an expedited license.

Fees for Expedited License

14. Allows a member state issuing an expedited license to impose a fee for the license issued or renewed through the Compact.
15. Permits the Commission to develop rules regarding fees for expedited licenses.

Renewal and Continued Participation

16. Outlines that a physician seeking to renew an expedited license must complete a renewal process with the Commission if the physician:
 - a. Maintains a full and unrestricted license in a state of principal license;

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- b. Has not been convicted, received adjudication, deferred adjudication or community supervision or deferred disposition for any offense by a court of appropriate jurisdiction;
 - c. Has not had a license subject to discipline by a licensing agency in any state, federal or foreign jurisdiction, excluding any action related to nonpayment of fees related to a license; and
 - d. Has not had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration.
17. Mandates that physicians must comply with all continuing professional development or continuing medical education requirements for renewal of a license issued by a member state.
18. Requires the Commission to collect any renewal fees and distribute the fees to the applicable member board and upon receipt of any renewal fees the member board must renew the physicians license.
19. State that all physician information collected by the Commission during the renewal process must be distributed to all member boards.
20. Permits the Commission to develop rules to address renewal of licenses obtained through the Compact.

Coordinated Information System

21. Requires the Commission to establish a database of all physicians who are licensed or who have applied for licensure under the Compact.
22. States member boards must report to the Commission any public action or complaints against a licensed physician who has applied or received an expedited license through the Compact.
23. Specifies that member boards must report disciplinary or investigative information as necessary and proper by rule of the Commission.
24. Allows member boards to report any nonpublic complaint, disciplinary or investigative information to the Commission.
25. Requires member boards to share complaint or disciplinary information about a physician to other member boards on request.
26. States that all information provided to the Commission or distributed by board members must be confidential, filed under seal and used only for investigatory or disciplinary matters.
27. Allows the Commission to develop rules for mandated or discretionary sharing of information by member boards.

Joint Investigations

28. States that licensure and disciplinary records of physicians are deemed investigative.
29. Permits a member board to participate with other members boards in joint investigations of physicians licensed by the member boards.
30. Requires that a subpoena issued by a member state be enforceable in other member states.
31. Provides for member boards to share any investigative, litigation or compliance materials in furtherance of any joint or individual investigation initiated under the Compact.
32. Allows any member state to investigate actual or alleged violations of the statutes authorizing the practice of medicine in any other member state in which a physician holds a license to

practice medicine.

Disciplinary Actions

33. Provides that any disciplinary action taken by any member board against a physician licensed through this Compact must be deemed unprofessional conduct that may be subject to discipline by other member boards. In addition to any violation of the medical practice act or regulations in that state.
34. Specifies that if a physician license granted by a member board in the state of principal license is revoked, surrendered or relinquished in lieu of discipline, or suspended, then all licenses issued to the physician by member boards must automatically be placed on the same status. If the member board in the state of principal license subsequently reinstates the physician's license, a license issued to the physician by any other member board must remain encumbered until that respective member board takes action to reinstate the license.
35. States that if disciplinary action is taken against a physician by a member board not in the state of principal license, any other member board may deem the action conclusive as to matter of law and fact decided, and either:
 - a. Impose the same or lesser sanctions against the physician so long as such sanctions are consistent with the medical practice act of that state; and
 - b. Pursue separate disciplinary action against the physician under its respective medical practice act, regardless of the action taken in other member states.
36. Stipulates that if a license granted to a physician by a member board is revoked, surrendered or relinquished in lieu of discipline, or suspended, any license issued to the physician by any other member board must be suspended automatically and immediately without further action necessary by the other member board, for 90 days on entry of the order by the disciplining board, to permit the member board to investigate the basis for the action under the medical practice act of that state. A member board may terminate the automatic suspension of the license it issued before the completion of the 90 day suspension period in a manner consistent with the medical practice act of that state.

Interstate Medical Licensure Compact Commission

37. Declares that the member states hereby create the Commission.
38. Provides that the purpose of the Commission is the administration of the Compact, which is a discretionary state function.
39. Mandates that the Commission be a body corporate and joint agency of the member states and must have all the responsibilities, powers and duties set forth in this Compact, and such additional powers as may be conferred on it by a subsequent concurrent action of the respective legislatures of the member states in accordance with the terms of the Compact.
40. Requires the Commission to consist of two voting representatives appointed by each member state who must serve as commissioners. In states where allopathic and osteopathic physicians are regulated by separate member boards, or if the licensing and disciplinary authority is split between multiple boards within a member state, the member state must appoint one representative from each member board. A commissioner must be one of the following:
 - a. An allopathic or osteopathic physician appointed to a member board;
 - b. An executive director, executive secretary or similar executive of a member board; and
 - c. A member of the public appointed to a member board.

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41. Mandates the Commission meet at least once each calendar year. A portion of this meeting must be a business meeting to address such matters as may properly come before the Commission, including election of officers. The chairperson may call additional meetings and must call a meeting on the request of the majority of the member states.
42. States the bylaws may provide for meetings of the Commission to be conducted by telecommunication or electronic communication.
43. Provides that each commissioner participating at a meeting of the Commission is entitled to one vote. A majority of commissioners constitute a quorum for the transaction of business, unless a larger quorum is required by the bylaws of the Commission. A commissioner must not delegate a vote to another commissioner. In the absence of its commissioner, a member state may delegate voting authority for a specified meeting to another person from that state who meets commissioner requirements.
44. Requires the Commission to provide public notice of all meetings, and all meetings must be open to the public. The Commission may close a meeting, in full or in part, if it determines by a two-thirds vote of the commissioners present that an open meeting would be likely to do any of the following:
 - a. Relate solely to the internal personnel practices and procedures of the Commission;
 - b. Discuss matters specifically exempted from disclosure by federal statute;
 - c. Discuss trade secrets or commercial or financial information that is privileged or confidential;
 - d. Involve accusing a person of a crime or formally censuring a person;
 - e. Discuss information of a personal nature for which disclosure would constitute a clearly unwarranted invasion of personal privacy;
 - f. Discuss investigative records compiled for law enforcement purposes; and
 - g. Specifically relate to the participation in a civil action or other legal proceeding.
45. Provides that the Commission must keep minutes that fully describe all matters discussed in a meeting and must provide a full and accurate summary of actions taken, including a record of all roll call votes.
46. State the Commission must make its information and official records, to the extent not otherwise designated in this Compact or by the Commission's rules, available to the public for inspection.
47. Requires the Commission to establish an executive committee, which must include officers, members and others as determined by the bylaws. The executive committee must have the power to act on behalf of the Commission, with the exception of rulemaking, during periods when the Commission is not in session. When acting on behalf of the Commission, the executive committee must oversee the administration of this Compact including enforcement and compliance with the provisions of this Compact, its bylaws, rules and other duties as necessary.
48. Permits the Commission to establish other committees for governance and administration of this Compact.

Powers and Duties of the Commission

49. Outlines the Commission's powers and duties as follows:
 - a. Oversee and maintain the administration of the Compact;
 - b. Promulgate rules that are binding to the extent and in the manner provided for in the

- Compact;
- c. Issue, on the request of a member state or member board, advisory opinions concerning the meaning or interpretation of this Compact, its bylaws, rules and actions;
 - d. Enforce compliance with compact provisions, the rules promulgated by the Commission and the bylaws, using all necessary and proper means, including the use of judicial process;
 - e. Establish and appoint committees, including an executive committee that must have the power to act on behalf of the Commission in carrying out its powers and duties;
 - f. Pay, or provide for the payment of, expenses related to the establishment, organization and ongoing activities of the Commission;
 - g. Establish and maintain one or more offices;
 - h. Borrow, accept, hire or contract for services of personnel;
 - i. Purchase and maintain insurance and bonds;
 - j. Employ an executive director who must have powers and duties to employ, select or appoint employees, agents or consultants and to determine their qualifications, define their duties and fix compensation;
 - k. Establish personnel policies and programs relating to conflicts of interest, rates of compensation and qualifications of personnel;
 - l. Accept donations and grants of money, equipment, supplies, materials and services and receive, utilize and dispose of these in a manner consistent with the conflict of interest policies established by the Commission;
 - m. Lease, purchase, accept contributions or donations of, or otherwise own, hold, improve or use, any property, real, personal or mixed;
 - n. Sell, convey, mortgage, pledge, lease, exchange, abandon or otherwise dispose of property, real, personal or mixed;
 - o. Establish a budget and make expenditures;
 - p. Adopt a seal and bylaws governing the management and operation of the Commission;
 - q. Report annually to the legislatures and governors of the member states concerning the activities of the Commission during the preceding year. Such reports must include reports of financial audits and recommendations that have been adopted by the Commission;
 - r. Coordinate education, training and public awareness regarding the Compact and its implementation and operation;
 - s. Maintain records in accordance with its bylaws;
 - t. Seek and obtain trademarks, copyrights and patents; and
 - u. Perform such functions as may be necessary or appropriate to achieve the purposes of the Compact.

Finance Powers

- 50. Permits the Commission to levy on and collect an annual assessment from each member state to cover the cost of the operations and activities of the Commission and its staff. The total assessment must be sufficient to cover the annual budget approved each year for which revenue is not provided by other sources. The aggregate annual assessment must be allocated on a formula to be determined by the Commission, which must promulgate a rule binding on the member states.
- 51. States the Commission must not incur obligations of any kind before securing the funds adequate to meet the same.

52. Specifies the Commission must not pledge the credit of any member state, except by and with the authority of the member state.
53. Provides that the Commission must be subject to a yearly financial audit conducted by a certified or licensed public accountant, and the report of the audit must be included in the annual report of the Commission.

Organization and Operation of the Commission

54. Delineates that the Commission, by a majority of commissioners present and voting, must adopt bylaws to govern its conduct as may be necessary or appropriate to carry out the purposes of the Compact within 12 months after the first Commission meeting.
55. Requires the Commission to elect or appoint annually from among its commissioners a chairperson, a vice chairperson and a treasurer, each of whom must have such authority and duties as may be specified in the bylaws. The chairperson or in the chairperson's absence or disability, the vice chairperson must preside at all meetings of the Commission.
56. States the officers must serve without remuneration from the Commission.
57. Specifies that the officers and employees of the Commission must be immune from suit and liability, either personally or in their official capacity, for a claim for damage to or loss of property or personal injury or other civil liability caused or arising out of, or relating to, an actual or alleged act, error or omission that occurred or that such person had a reasonable basis for believing occurred, within the scope of Commission employment, duties or responsibilities, except that such a person must not be protected from suit or liability for damage, loss, injury or liability caused by the person's intentional or willful or wanton misconduct as follows:
 - a. The liability of the executive director and an employee of the Commission or a representative of the Commission, acting within the scope of that person's employment or duties for acts, errors or omissions occurring within that person's state, may not exceed the limits of liability set forth under the constitution and laws of that state for state officials, employees and agents. The Commission is considered to be an instrumentality of the states for the purposes of any such action. This does not protect such a person from suit or liability for damage, loss, injury or liability caused by the person's intentional or wilful and wanton misconduct;
 - b. The Commission must defend the executive director and the Commission's employees and subject to approval of the attorney general or other appropriate legal counsel of the member state represented by a Commission representative, must defend a Commission representative in any civil action seeking to impose liability arising out of an actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities or that the defendant had reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities, if the actual or alleged act, error or omission did not result from the person's intentional or wilful and wanton misconduct; and
 - c. To the extent not covered by the state involved, the member state or the Commission, a representative or employee of the Commission must be held harmless in the amount of a settlement or judgment, including attorney fees and costs, obtained against that person arising out of an actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities or that the person had a reasonable basis for believing occurred within the scope of Commission employment, duties or

responsibilities, if the actual or alleged act, error or omission did not result from the person's intentional or wilful and wanton misconduct.

Rulemaking Functions of the Commission

58. Requires the Commission to promulgate reasonable rules in order to effectively and efficiently achieve the purposes of this Compact. If the Commission exercises its rulemaking authority in a manner that is beyond the scope of the purposes of this Compact, or the powers granted hereunder, such an action by the Commission must be invalid and have no force or effect.
59. States rules deemed appropriate for the operations of the Commission must be made pursuant to a rulemaking process that substantially conforms to the Model State Administrative Act of 2010, and subsequent amendments to.
60. Provides that not less than 30 days after a rule is promulgated, any person may file a petition for judicial review of the rule in the United States District for the District of Columbia or the Federal District where the Commission has its principal offices, provided that the filing of such a petition must not stay or otherwise prevent the rule from becoming effective unless the court finds that the petitioner has a substantial likelihood of success. The court must give deference to the actions of the Commission consistent with applicable law and must not find the rule to be unlawful if the rule represents a reasonable exercise of the authority granted to the Commission.

Oversight of the Compact

61. States the executive, legislative and judicial branches of state government in each member state must enforce the Compact and must take all actions necessary and appropriate to effectuate the Compact's purposes and intent. The provisions of the Compact and the rules promulgated under the Compact must have standing as statutory law but must not override existing state authority to regulate the practice of medicine.
62. Stipulates all courts must take judicial notice of the Compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of the Compact that may affect the powers, responsibilities or actions of the Commission.
63. Requires that the Commission be entitled to receive all service of process in any such proceeding and must have standing to intervene in the proceeding for all purposes. Failure to provide service of process to the Commission must render a judgment or order void as to the Commission, the Compact or promulgated rules.

Enforcement of the Compact

64. States the Commission, in the reasonable exercise of its discretion, must enforce the provisions and rules of this Compact.
65. Allows the Commission, by a majority vote of the commissioners, to initiate legal action in the United States District Court for the District of Columbia or, at the discretion of the Commission, in the Federal District where the Commission has its principal offices to enforce compliance with the provisions of this Compact and its promulgated rules and bylaws against a member state in default. The relief sought may include both injunctive relief and damages. If judicial enforcement is necessary, the prevailing party must be awarded all costs of such litigation, including reasonable attorney fees.

66. Provides that the remedies must not be the exclusive remedies of the Commission and the Commission may avail itself of any other remedies available under state law or the regulation of the profession.

Default Provisions

67. Stipulates that the grounds for default include failure of a member state to perform such obligations or responsibilities imposed on it by this Compact or the rules and bylaws of the Commission promulgated under this Compact.
68. States if the Commission determines that a member state has defaulted in the performance of its obligations or responsibilities under this Compact, the bylaws or promulgated rules, the Commission must:
- a. Provide written notice to the defaulting state and other member states of the nature of the default, the means of curing the default and any action taken by the Commission. The Commission must specify the conditions by which the defaulting state must cure its default; and
 - b. Provide remedial training and specific technical assistance regarding the default.
69. Specifies that if the defaulting state fails to cure the default, the defaulting state must be terminated from this compact on an affirmative vote of a majority of the commissioners, and all rights, privileges and benefits conferred by this Compact must terminate on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of the default.
70. Provides that the termination of membership in this compact must be imposed only after all other means of securing compliance have been exhausted. Notice of intent to terminate must be given by the Commission to the governor, the majority and minority leaders of the defaulting state's legislature and to each member state.
71. Requires the Commission to establish rules and procedures to address licenses and physicians that are materially impacted by the termination of a member state or the withdrawal of a member state.
72. States that a member state that has been terminated is responsible for all dues, obligations and liabilities incurred through the effective date of termination, including obligations, the performance of which extends beyond the effective date of termination.
73. Specifies that the Commission not bear any costs relating to any state that has been found to be in default or that has been terminated from this Compact, unless otherwise mutually agreed on in writing between the Commission and defaulting state.
74. Allows the defaulting state to appeal the action of the Commission by petitioning the United States District Court for the District of Columbia or the Federal District Court where the Commission has its principal offices. The prevailing party must be awarded all costs of such litigation, including reasonable attorney fees.

Dispute Resolution

75. Requires the Commission to attempt, on the request of a member state, to resolve disputes that are subject to the Compact and that may arise among member states or member boards.
76. Mandates the Commission to promulgate rules providing for both medication and binding dispute resolution as appropriate.

Member States, Effective Date and Amendment

77. Provides that any state is eligible to become a member state of this Compact.
78. Stipulates that the Compact becomes effective and binding on legislative enactment of this Compact into law by no less than seven member states. Thereafter, it must become effective and binding on a state on enactment of this Compact into law by that state.
79. States the governors of nonmember states, or their designees, must be invited to participate in the activities of the Commission on a nonvoting basis before adoption of this compact by all states.
80. Provides the Commission may propose amendments to this Compact for enactment by the member states. An amendment must not become effective and binding on the Commission and the member states unless and until it is enacted into law by unanimous consent of the member states.

Withdrawal

81. Requires, once effective, that the Compact continue in force and remain binding on each and every member state, except that a member state may withdraw from this Compact by specifically repealing the statute that enacted this Compact into law.
82. States that withdrawal from this Compact must be by the enactment of a statute repealing the Compact, but must not take effect until one year after the effective date of such statute and until written notice of the withdrawal has been given by the withdrawing state to the governor of each other member state.
83. Requires the withdrawing state to immediately notify the chairperson of the Commission in writing on the introduction of the legislation repealing this Compact in the withdrawing state.
84. Stipulates that the Commission must notify the other member states of the withdrawing state's intent to withdraw within 60 days of its receipt of notice.
85. States the withdrawing state is responsible for all dues, obligations and liabilities incurred through the effective date of withdrawal, including obligations, the performance of which extend beyond the effective date of the withdrawal.
86. Provides that reinstatement following withdrawal of a member state must occur on the withdrawing state reenacting this Compact or on such later date as determined by the Commission.
87. Allows the Commission to develop rules to address the impact of the withdrawal of a member state on licenses granted in other member states to physicians who designated the withdrawing member state as the state of principal license.

Dissolution

88. Requires this Compact to dissolve effective on the date of the withdrawal or default of the member state that reduces the membership in the Compact to one member state.
89. States that on dissolution of this Compact, the Compact becomes void and must be of no further force or effect, and the business and affairs of the Commission must be concluded and surplus funds must be distributed in accordance with the bylaws.

Severability and Construction

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90. Provides that the provisions of this Compact must be severable, and if any phrase, clause, sentence or provision is deemed unenforceable, the remaining provisions of the Compact must be enforceable.
91. States that the provisions of this Compact must be liberally construed to effectuate its purposes and this Compact must not be construed to prohibit the applicability of other interstate compacts to which the states are members.

Binding Effect of Compact and Other Laws

92. Provides that nothing in this Compact prevents the enforcement of any other law or a member state that is not inconsistent with this Compact. All laws in a member state in conflict with this Compact are superseded to the extent of the conflict.
93. Stipulates that all lawful actions of the Commission, including all rules and bylaws promulgated by the Commission, are binding on the member states. All agreements between the Commission and the member state are binding in accordance with their terms.
94. States if any provision of this compact exceeds the constitutional limits imposed on the legislature of any member state, such provision must be ineffective to the extent of the conflict with the constitutional provision in question in that member state.

Other

95. Defines terms.

CURRENT LAW

Contained within Title 32, Chapters 13 and 17 respectively are laws relating to the practice of medicine for allopathic and osteopathic physicians. Included therein are licensing and education requirements along with applicable regulations.

ADDITIONAL INFORMATION

According to a press release issued by the Federation of State Medical Boards ([Hyperlink](#)) twelve states have enacted the Compact which offers a streamlined licensing process for physicians interested in practicing medicine in multiple states.

ARIZONA HOUSE OF REPRESENTATIVES
Fifty-second Legislature - Second Regular Session

ROLL CALL VOTE

COMMITTEE ON HEALTH BILL NO. HB 2502

DATE February 2, 2016 MOTION: dp

	PASS	AYE	NAY	PRESENT	ABSENT
Mr. Boyer					✓
Mr. Friese		✓			
Mr. Lawrence		✓			
Mr. Meyer		✓			
Mrs. Cobb, Vice-Chairman		✓			
Mrs. Carter, Chairman		✓			
		5	0	0	1

APPROVED:


 HEATHER CARTER, Chairman
 REGINA COBB, Vice-Chairman

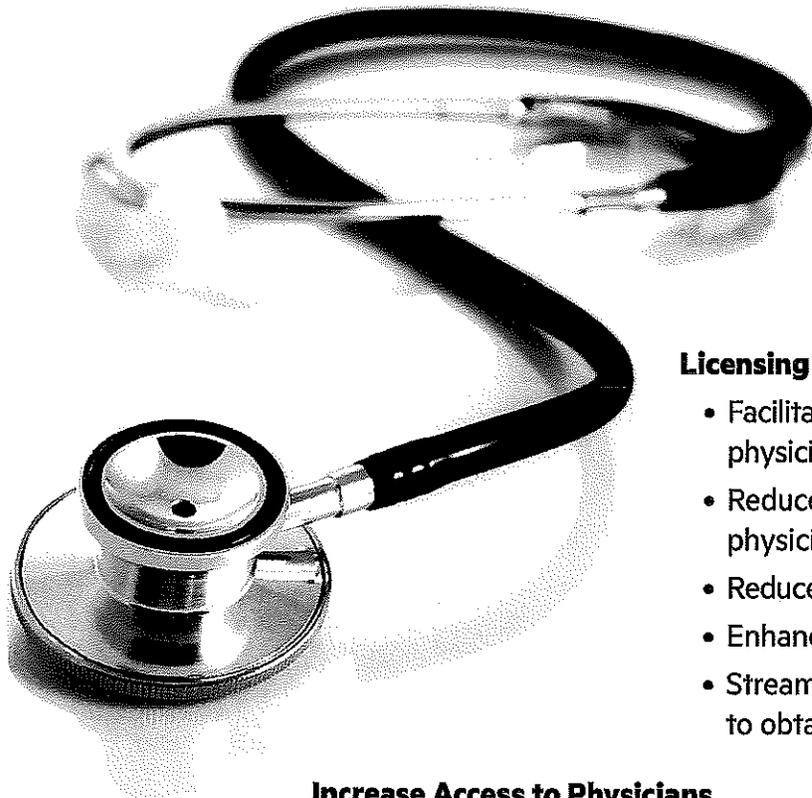


 COMMITTEE SECRETARY

ATTACHMENT _____

Support HB 2502

Medical Licensure Compact



HB 2502 would create a new pathway to expedite the licensing of physicians seeking to practice medicine in multiple states, improve license portability, and improve access, efficiency and quality of care for patients.

Licensing Physicians at the Speed of Business

- Facilitate speedier medical licensure process for physicians seeking licensure in multiple states
- Reduce licensing administrative burdens for physicians and their employers
- Reduce redundant licensing requirements across states
- Enhance license portability
- Streamline the licensing process for physicians to obtain licenses in multiple states

Increase Access to Physicians

- Help increase access to safe, quality physician care in underserved and rural areas
- Enhance the ability of physicians to properly utilize technology to improve access, efficiency and quality of care for patients
- Allow patients to more easily consult physician experts through the use of telemedicine technologies

Protects Patients by Maintaining Arizona Authority to Regulate Medicine

- Arizona maintains its state autonomy and control over the practice of medicine and protecting patient safety and welfare.
- The practice of medicine will continue to occur in the state where the patient is located.
- Physicians will be granted an Arizona license to practice medicine.
- Arizona's Medical Practice Act does not change.
- Arizona retains authority over disciplinary actions.
- A license obtained through the expedited procedure would provide the same licensing currently provided for physicians by state medical boards; however, the process of obtaining a license would be significantly streamlined.



Frequently Asked Questions (FAQ) HB 2502 – Medical Licensure Compact

Why should HB 2502 be passed?

It reduces physician shortages in Arizona by speeding licensing of physicians serving Arizonans. It maintains state control of licensure. Medical licensure is locally enforced by each state to protect that state's citizens. It provides nationally recognized physician licensure among the multiple Compact states.

Will HB 2502 change the current laws governing the licensing of physicians in Arizona?

No! There will be no change to the existing Arizona Medical Practice Act.

Will HB 2502 affect the Arizona disciplinary process for physicians?

No!

Will HB 2502 cost the taxpayers of Arizona any money?

No! The Arizona Medical Board is self-sustaining with physician licensing fees. Any costs incurred by licensing a physician whose primary licensure is from another state (e.g., a physician licensed and residing in New Mexico who claims New Mexico as his or her primary licensing state would have to pay administrative expenses to cover the cost of the Compact licensing in Arizona). There would be no change to the Arizona Medical Board's ability to assess fees, change its fee structure, or fee collection methodology.

Will HB 2502 preclude Arizona licensing of physicians who do not meet the Compact standards?

No! Such physicians can apply for Arizona medical licensure through the traditional Arizona processes.

Will HB 2502 allow incompetent physicians to easily obtain Arizona medical licensure?

No! The Medical Licensure Compact only speeds medical licensure amongst the Compact states for those physicians with a clean licensing record – no pending patient complaints, no pending malpractice suits, and no history of discipline in another state.

Are compacts between states unusual?

No! Arizona has entered into many compacts with other states over the years. Compacts are an everyday ordinary cooperative agreements (“contract”) between states.

Shouldn't there be national medical licensure for physicians?

No! Medical licensure is one of those rights and duties left to the states by the US Constitution. State licensure of physicians is well established in law and tradition. All states have medical licensing boards to protect their citizens from the unlawful and improper practice of medicine. These boards are much more accessible for patients and for physicians than a national licensing agency.

If I obtain a telemedicine consultation from a physician located in the state of Washington, and I live in Arizona and want to pursue a complaint against that physician where do I go?

Any patient complaint against a physician licensed via the Medical Compact would be adjudicated by the licensing board in which the patient resides. In the example cited, the physician complaint would be adjudicated by the Arizona Medical Board.

If I am an Arizona physician who obtains medical licensure in a Compact state not Arizona, am I governed by the medical licensing laws of that state?

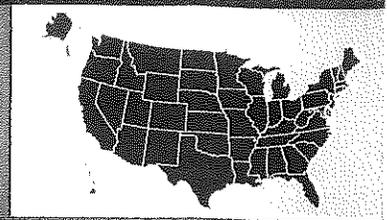
Yes! Your primary state of medical licensure would be Arizona, and you would be governed by the Arizona Medical Practice Act. In addition, you would have to follow rules and regulations of any state in which you obtain a medical license, either in the traditional fashion or via the Medical Compact. If you treat a patient in another state in which you are licensed and if that patient files a formal complaint against you, that complaint would be adjudicated in the state in which the patient received your treatment.

Is there nothing not to like about HB 2502?

No! It is a win-win situation for all concerned – patients, physicians, Arizona Medical Board, and legislators. It protects States Rights. Licensing remains at the local level. Physicians are still governed at the local level. All physicians licensed to practice in Arizona whether they are physically present when they practice here or practice by telemedicine are governed by the Arizona Medical Practice Act. All patients are protected by the Arizona Medical Practice Act which remains unchanged.

See <http://www.licenseportability.org/faq.html> for further questions and detailed answers concerning Medical Licensure by Compact.

Expanding Access, Protecting Patients: The Interstate Medical Licensure Compact



*A new, expedited pathway
to medical licensure*

The Interstate Medical Licensure Compact offers a new, expedited pathway to licensure for qualified physicians who wish to practice in multiple states, increasing access to health care for patients in underserved or rural areas and allowing them to more easily connect with medical experts through the use of telemedicine technologies. Put simply, the Compact makes it easier for physicians to obtain licenses to practice in multiple states. At the same time, the Compact strengthens public protection by enhancing the ability of states to share investigative and disciplinary information. The Compact is being implemented in twelve U.S. states, with others expected to adopt it soon.

How will the Compact work?

States participating in the Compact will formally agree to adopt common rules and procedures that will streamline medical licensure, thus substantially reducing the time it takes for physicians to obtain multiple state licenses. A Compact Commission will provide oversight and the administration of the Compact, creating and enforcing rules governing its processes. The Interstate Medical Licensure Compact will not supersede a state's autonomy and control over the practice of medicine, nor will it change a state's *Medical Practice Act*. Participating states will retain the authority to issue licenses, investigate complaints, and discipline physicians practicing in their state. The practice of medicine will continue to occur in the state where the patient is located.

What is driving the need for the Compact?

Among the issues driving the need for the Compact are physician shortages, the influx of millions of new patients into the health care system as a result of the *Affordable Care Act*, and the

growing need to increase access to health care for individuals in underserved or rural communities through the use of telemedicine. Proponents of telemedicine have often cited the time-consuming state-by-state licensure process required for multiple-license holders as a key barrier to telemedicine's growth—the Compact will help overcome this hurdle.

Who will be eligible to seek licensure through the Compact process?

To be eligible for entry into the Compact process, physicians will have to possess a full and unrestricted license in a Compact member state, be certified (or "grandfathered") in a medical specialty, have no history of being disciplined, penalized or punished by a court, a medical licensing agency or the Drug Enforcement Administration, and meet several other robust requirements. It is estimated that nearly 80% of the physician population licensed in the United States could be eligible for expedited licensure via the Compact.

How will a physician apply for expedited licensure through the Compact?

An eligible physician will designate a member state as the State of Principal Licensure and select the other member states in which a medical license is desired. Upon receipt of this verification in the additional Compact states, the physician will be granted a separate, full and unrestricted license to practice in each of those states.

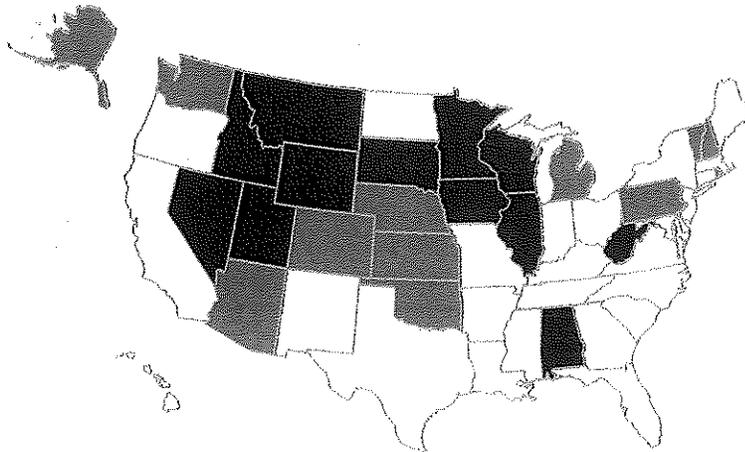
Can a physician that is ineligible for, or does not want to participate in, the Compact still obtain multiple state licenses?

Yes. The Compact is voluntary for both states and physicians. Physicians who cannot or do not want to participate in the expedited licensure process facilitated by the Compact will still be able to seek additional licenses in those states where they desire to practice by applying through that state's traditional and existing licensure processes.

continues

The Interstate Medical Licensure Compact **Legislative Overview** (As of January 15, 2016)

Enacted	Introduced
Alabama	Alaska
Idaho	Arizona
Illinois	Colorado
Iowa	Kansas
Minnesota	Michigan
Montana	Nebraska
Nevada	New Hampshire
South Dakota	Oklahoma
Utah	Pennsylvania
West Virginia	Rhode Island
Wisconsin	Vermont
Wyoming	Washington



How can a state become a member of the Interstate Medical Licensure Compact?

In order for a state to join the Interstate Medical Licensure Compact, state legislatures must enact the Compact into state law. In September 2014, state medical and osteopathic medical board representatives, along with other stakeholders, completed the crafting of model legislation for the use of states interested in participating in the Compact. Since 2015, half of the states in the nation have either introduced or enacted the model legislation in their legislative chambers and more than 30 state medical and osteopathic boards have publicly expressed support for the Compact.

How many states have adopted the Compact?

As of January 1, 2016, twelve states have enacted the Compact legislation: Alabama, West Virginia, South Dakota, Utah, Wyoming, Idaho, Illinois, Iowa, Minnesota, Montana, Nevada, and Wisconsin. By surpassing the minimum threshold of seven state enactments, the Compact is now officially established. This year, the Commission will determine the processes, rules and technical infrastructure necessary to facilitate the expedited licensing option available to qualified physicians in Compact member states. Additional Compact legislative introductions and enactments are expected in the future.

A practical and much needed solution

The Interstate Medical Licensure Compact represents a nationwide solution built upon, and reinforcing, a system of state-based regulation proven to extend health care to the underserved, protect patients and help facilitate telemedicine in the United States. To learn more, please visit www.licenseportability.org.

Support is Growing

A growing list of organizations have publicly expressed support for the Interstate Medical Licensure Compact. Among them are:

- AARP
- Accreditation Council for Continuing Medical Education
- American Academy of Dermatology
- American Academy of Neurology
- American Academy of Pediatrics
- American College of Physicians
- American Medical Association
- American Osteopathic Association
- American Well
- Ascension Health
- Avera Health
- Children's Hospital of Pittsburgh of UPMC
- Council of Medical Specialty Societies
- Educational Commission for Foreign Medical Graduates
- Guinn Center for Policy Priorities
- Gundersen Health System
- Helmsley Charitable Trust Foundation
- InSight Telepsychiatry
- LocumTenens.com
- Mayo Clinic
- National Association Medical Staff Services
- National Board Of Medical Examiners
- National Stroke Association
- Society of Hospital Medicine
- State Hospital Associations
- State Medical Associations
- vRad

"If the Interstate Medical Licensure Compact were to move forward, it would herald a major reform in medical licensing."

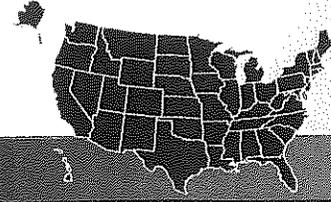
— Robert Steinbrook, MD, Yale School of Medicine



For more information on The Interstate Medical Licensure Compact go to licenseportability.org

Don't be misguided!

MYTHS vs. FACTS about the Interstate Medical Licensure Compact



A new, expedited pathway to medical licensure

The Interstate Medical Licensure Compact offers a new, alternative expedited pathway to licensure for qualified physicians who wish to practice in multiple states, increasing access to health care for patients in underserved or rural areas and facilitating the growth of telemedicine.

State legislatures that have enacted the Compact so far have approved it largely with overwhelming, bipartisan majorities. That is because the Compact offers a sensible and safe approach to expedited licensing that can improve access to health care, while maintaining state regulatory authority for the protection of the public.

Despite this innovative and proactive solution, as the Compact continues to be introduced in state legislatures, some critics are stepping forward to oppose it — resorting to falsehoods and distortions in order to keep the Compact from moving forward.

Here are the myths — and THE FACTS. Don't let stakeholders in YOUR state be misled by the distortions they may hear as the Compact is considered for enactment.

MYTH 1: The Compact overrides your state's medical practice laws.

FALSE. The Compact does not change your existing Medical Practice Act. In fact, it explicitly states that physicians must adhere to your state's existing rules and regulations currently in place for treatment of patients in your state.

MYTH 2: The Compact will take away the disciplinary authority of your state's medical board.

FALSE. Physicians participating in the Compact who treat patients in any Compact state will be accountable to, and under the jurisdiction of that state's medical board, just as they are today without the Compact.

MYTH 3: The Compact redefines "physician" to require your state's physicians to participate in MOC.

FALSE. The Compact makes absolutely no reference to Maintenance of Certification (MOC). The Compact does not require physicians in your state to participate in MOC at any stage. Specialty certification is only an eligibility factor at the initial entry point of participation in the Compact process. Not a single state in the United States requires MOC for licensure, nor does the Compact.

MYTH 4: Physicians in your state who participate in the Compact would apply for a medical license from a private organization — not from the state's medical board.

FALSE. Physicians who want to participate in the Compact in your state will be approved for a license by a state medical board and will receive their license from a state medical board — not from the Interstate Medical Licensure Compact Commission, which is simply an administrative body.

MYTH 5: "Carpetbagger" physicians could come to your state under the Compact, to perform medical procedures currently forbidden by state law.

FALSE. Physicians who receive an expedited license under the Compact will have to adhere to exactly the same rules and regulations as every other physician in your state — including refraining from outlawed medical procedures. And they will be subject to the full oversight and disciplinary authority of your medical board.

Don't be swayed by those who resort to distortions in order to stop this common sense approach to medical licensing!

For more information, visit www.licenseportability.org.



HOUSE OF REPRESENTATIVES

HB 2362

technical correction; AHCCCS; application process
Prime Sponsor: Representative Carter, LD 15

X Committee on Health
Caucus and COW
House Engrossed

OVERVIEW

HB 2362 makes a technical correction.

Summary of Proposed Strike-Everything Amendment to HB 2362

HB 2362 enacts the enhanced Nurse Licensure Compact (Compact) and repeals the current nurse compact.

PROVISIONS

Findings and Declaration of Purpose

1. Explains the findings of the party states as follows:
 - a. The health and safety of the public are affected by the degree of compliance with and the effectiveness of enforcement activities related to state nurse licensure laws;
 - b. Violations of nurse licensure laws and other laws regulating the practice of nursing may result in injury or harm to the public;
 - c. The expanded mobility of nurses 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 nurse licensure and regulation;
 - d. New practice modalities and technology make compliance with individual state nurse licensure laws difficult and complex;
 - e. The current system of duplicative licensure for nurses practicing in multiple states is cumbersome and redundant for both nurses and states; and
 - f. Uniformity of nurse licensure requirements throughout the states promotes public safety and public health benefits.
2. States the general purpose of this Compact is to:
 - a. Facilitate the states' responsibility to protect the public's health and safety;
 - b. Ensure and encourages the cooperation of party states in the areas of nurse licensure and regulation;
 - c. Facilitate the exchange of information between party states in the areas of nurse regulation, investigation and adverse actions;
 - d. Promote compliance with the laws governing the practice of nursing in each jurisdiction;
 - e. 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;
 - f. Decrease redundancies in the consideration and issuance of nurse licenses; and

- g. Provide opportunities for interstate practice by nurses who meet uniform licensure requirements.

General Provisions and Jurisdiction

- 3. States that a multistate license to practice registered or licensed practical/vocational nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a nurse to practice as a registered nurse or as a licensed practical/vocational nurse, under a multistate licensure privilege in each party state.
- 4. Requires a state to implement procedures for considering the criminal history records of applicants for initial multistate license or licensure by endorsement. Such proceedings must include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant's criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records.
- 5. Mandates each party state to require that, in order for an applicant to obtain or retain a multistate license in the home state, the applicant meets all of the following criteria:
 - a. Meets the home state's qualifications for licensure or renewal of licensure as well as all other applicable state laws;
 - b. Must have either graduated or is eligible to graduate from a licensing board-approved registered nurse or licensed practical/vocational nurse pre-licensure education program or has graduated from a foreign registered nurse or licensed practical/vocational nurse pre-licensure education program that both:
 - i. Have been approved by the authorized accrediting body in the applicable country; and
 - ii. Has been verified by an independent credentials review agency to be comparable to a licensing board-approved pre-licensure education program.
 - c. If a graduate of a foreign pre-licensure education program not taught in English or if English is not the individual's native language, has successfully passed an English proficiency examination that includes the components of reading, speaking, writing and listening;
 - d. Has successfully passed an NCLEX-RN® or NCLEX-PN® examination or recognized predecessor as applicable;
 - e. Is eligible for or holds an active, unencumbered license;
 - f. Has submitted, in connection with an application for initial licensure or licensure by endorsement, fingerprints or other biometric data for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records;
 - g. Has not been convicted or found guilty, or has entered into an agreed disposition of a felony offense under applicable state or federal criminal law;
 - h. Has not been convicted or found guilty, or has entered into an agreed disposition, of a misdemeanor offense related to the practice of nursing as determined on a case-by-case basis;
 - i. Is not currently enrolled in an alternative program;
 - j. Is subject to self-disclosure requirements regarding current participation in an alternative program; and
 - k. Has a valid United States social security number.
- 6. Requires all party states to be authorized, in accordance with existing state due process law, to take adverse action against a nurse's multistate licensure privilege such as revocation, suspension or probation or any other action that affects a nurse's authorization to practice

under a multistate licensure privilege, including cease and desist actions. If a party state takes action, it must promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system must promptly notify the home state of any such actions by remote states.

7. Mandates a nurse practicing in a party state to comply with the state practice laws of the state in which the client is located at the time service is provided. The practice of nursing is not limited to patient care, but must include all nursing practice as defined by the state practice laws of the party state in which the client is located. The practice of nursing in a party state under a multistate licensure privilege must subject a nurse to the jurisdiction of the licensing board, the Courts and the laws of the party state in which the client is located at the time service is provided.
8. Requires individuals not residing in a party state to continue to be able to apply for a party state's single-state license as provided under the laws of each party state. However, the single-state license granted to these individuals must not be recognized as granting the privilege to practice nursing in any other state. This compact does not affect the requirements established by a party state for the issuance of a single-state license.
9. Permits any nurse holding a home state multistate license on the effective date of this Compact to retain and renew the multistate license issued by the nurse's then-current home state, provided that:
 - a. A nurse who changes the nurse's primary state of residence after this Compact's effective date must meet all applicable requirements to obtain a multistate license from a new home state; and
 - b. A nurse who fails to satisfy the multistate licensure requirements due to a disqualifying event occurring after this Compact's effective date must be ineligible to retain or renew a multistate license, and the nurse's multistate license must be revoked or deactivated in accordance with applicable rules adopted by the Interstate Commission of Nurse Licensure Compact Administrators (Commission).

Applications for Licensure in a Party State

10. Requires the licensing board in the issuing party state to ascertain, through the coordinated 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 encumbrances on any license or multistate licensure privilege held by the applicant, whether any adverse action has been taken against any license or multistate licensure privilege held by the applicant and whether the applicant is currently participating in an alternative program.
11. Allows a nurse to hold a multistate license, issued by the home state, in only one party state at a time.
12. States that if a nurse changes the nurse's primary state of residence by moving between two party states, the nurse must apply for licensure as follows in the new home state and the multistate license issued by the prior home state will be deactivated in accordance with the applicable rules adopted by the commission:
 - a. The nurse may apply for licensure in advance of a change in primary state of residence; and
 - b. A multistate license must not be issued by the new home state until the nurse provides satisfactory evidence of a change in the nurse's primary state of residence to the new

home state and satisfies all applicable requirements to obtain a multistate license from the new home state.

13. States that if a nurse changes the nurse's primary state of residence by moving from a party state to a nonparty state, the multistate license issued by the prior home state must convert to a single-state license that is valid only in the former home state.

Additional Authorities Invested in Party State Licensing Boards

14. Mandates a licensing board to have the authority to:
 - a. Take adverse action against a nurse's multistate licensure privilege to practice within that party state as follows:
 - i. Only the home state must have the power to take adverse action against a nurse's license issued by the home state; and
 - ii. For purposes of taking adverse action, the home state licensing board must 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, the home state must apply its own state laws to determine appropriate action.
 - b. Issue cease and desist orders or impose an encumbrance on a nurse's authority to practice within that party state;
 - c. Complete any pending investigation of a nurse who changes the nurse's primary state of residence during the course of such an investigation. The licensing board must also have the authority to take any appropriate action and must promptly report the conclusions of such investigations to the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system must promptly notify the new home state of any such actions;
 - d. Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses as well as the production of evidence. Subpoenas issued by a licensing board in a party state for the attendance and testimony of witnesses or the production of evidence from another party state must be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority must pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state in which any witness or evidence is located;
 - e. Obtain and submit, for each nurse licensure applicant, fingerprint or other biometric-based information to the Federal Bureau of Investigation for criminal background checks, receive the results of the Federal Bureau of Investigation record search on criminal background checks and use the results in making licensure decisions;
 - f. Recover from the affected nurse the costs of investigations and disposition of cases resulting from any adverse action taken against that nurse, if otherwise permitted by state law; and
 - g. Take adverse action based on the factual findings of the remote state, provided that the licensing board follows its own procedures for taking such adverse action.
15. States that if adverse action is taken by the home state against a nurse's multistate license, the nurse's multistate licensure privilege to practice in all other party states must be deactivated until all encumbrances have been removed from the multistate license. All home state disciplinary orders that impose adverse action against a nurse's multistate license must include a statement that the nurse's multistate privilege is deactivated in all party states during the pendency of the order.

16. Clarifies this Compact does not override a party state's decision that participation in an alternative program may be used in lieu of adverse action. The home state licensing board must deactivate the multistate licensure privilege under the multistate license of any nurse for the duration of the nurse's participation in an alternative program.

Coordinated Licensure Information System and Exchange of Information

17. Requires all party states to participate in a coordinated licensure information system of all licensed registered nurses and licensed practical/vocational nurses. This system must include information on the licensure and disciplinary history of each nurse, as submitted by party states, to assist in the coordination of nurse licensure and enforcement efforts.
18. Mandates the Commission, in consultation with the administrator of the coordinated licensure information system, to formulate necessary and proper procedures for the identification, collection and exchange of information under this Compact.
19. Requires all licensing boards to promptly report to the coordinated licensure information system any adverse action, any current significant investigative information, denials of applications with the reasons for such denials and nurse participation in alternative programs known to the licensing board regardless of whether such participation is deemed nonpublic or confidential under state law.
20. Specifies that current significant investigative information and participation in nonpublic or confidential alternative programs must be transmitted through the coordinated licensure information system only to party state licensing boards.
21. Permits all party state licensing boards contributing information to the coordinated licensure information system may designate information that may not be shared with nonparty states or disclosed to other entities or individuals without the express permission of the contributing state.
22. States that any personally identifiable information obtained from the coordinated licensure information system by a party state licensing board may not be shared with nonparty states or disclosed to other entities or individuals except to the extent permitted by the law of the party state contributing the information.
23. Specifies that any information contributed to the coordinated licensure information system that is subsequently required to be expunged by the laws of the party state contributing that information must also be expunged from the coordinated licensure information system.
24. Requires the Compact administrator of each party state to furnish a uniform data set to the Compact administrator of each other party state that includes, at a minimum:
 - a. Identifying information;
 - b. Licensure data;
 - c. Information related to alternative program participation; and
 - d. Other information that may facilitate the administration of this Compact, as determined by Commission rules.
25. Mandates the Compact administrator of a party state provide all investigative documents and information requested by another party state.

Establishment of the Interstate Commission of Nurse Licensure Compact Administrators

26. Declares the party states hereby create and establish a joint public entity known as the Commission as follows:
- a. The Commission is an instrumentality of the party states;
 - b. Venue is proper, and judicial proceedings by or against the Commission must be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternate dispute resolution proceedings; and
 - c. Nothing in this Compact must be construed to be a waiver of sovereign immunity.
27. Stipulates membership, voting and meetings are as follows:
- a. Each party state must have and be limited to one administrator. The head of the state licensing board or designee must be the administrator of this Compact for each party state. Any administrator may be removed or suspended from office as provided by the laws of the state from which the administrator is appointed. Any vacancy occurring in the Commission must be filled in accordance with the laws of the party state in which the vacancy occurs;
 - b. Each administrator must be entitled to one vote with regard to the adoption of rules and creation of bylaws and must otherwise have an opportunity to participate in the business and affairs of the Commission. An administrator must vote in person or by such other means as provided in the bylaws. The bylaws may provide for an administrator's participation in meetings by telephone or other means of communication;
 - c. The Commission must meet at least once during each calendar year. Additional meetings must be held as set forth in the bylaws or rules of the Commission;
 - d. All meetings must be open to the public, and public notice of meetings must be given in the same manner as required under the rulemaking provisions of this Compact;
 - e. The Commission may convene in a closed, nonpublic meeting if the Commission must discuss any of the following:
 - i. Noncompliance of a party state with its obligations under this Compact;
 - ii. The employment, compensation, discipline or other personnel matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;
 - iii. Current, threatened or reasonably anticipated litigation;
 - iv. Negotiation of contracts for the purchase or sale of goods, services or real estate;
 - v. Accusing any person of a crime or formally censuring any person;
 - vi. Disclosure of trade secrets or commercial or financial information that is privileged or confidential;
 - vii. Disclosure of information of a personal nature if disclosure would constitute a clearly unwarranted invasion of personal privacy;
 - viii. Disclosure of investigatory records compiled for law enforcement purposes;
 - ix. Disclosure of information related to any reports prepared by or on behalf of the Commission for the purpose of investigation of compliance with this Compact; and
 - x. Matters specifically exempted from disclosure by federal or state law.
28. States if a meeting or portion of a meeting is closed the Commission's legal counsel or designee must certify that the meeting may be closed and must reference each relevant exempting provision. The Commission must keep minutes that fully and clearly describe all

matters discussed in a meeting and must provide a full and accurate summary of actions taken, and reasons therefor, including a description of the views expressed. All documents considered in connection with an action must be identified in such minutes. All minutes and documents of a closed meeting must remain under seal, subject to release by a majority vote of the Commission or an order of a court of competent jurisdiction.

29. Provides the Commission, by a majority vote of the administrators, must prescribe bylaws or rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of this Compact including:
 - a. Establishing the fiscal year of the Commission;
 - b. Providing reasonable standards and procedures;
 - i. For the establishment and meetings of other committees; and
 - ii. Governing any general or specific delegation of any authority or function of the Commission.
 - c. Providing reasonable procedures for calling and conducting meetings of the Commission, ensuring reasonable advance notice of all meetings and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals and proprietary information, including trade secrets. The Commission may meet in closed session only after a majority of the administrators vote to close a meeting in whole or in part. As soon as practicable, the Commission must make public a copy of the vote to close the meeting revealing the vote of each administrator, with no proxy votes allowed;
 - d. Establishing the titles, duties and authority and reasonable procedures for the election of the officers of the Commission;
 - e. Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the Commission. Notwithstanding any civil service or other similar laws of any party state, the bylaws must exclusively govern the personnel policies and programs of the Commission;
 - f. Providing a mechanism for winding up the operations of the Commission and the equitable disposition of any surplus monies that may exist after the termination of this Compact after the payment or reserving of all of its debts and obligations.
30. Requires the Commission to publish its bylaws and rules, and any amendments, in a convenient form on the website of the Commission.
31. Mandates the Commission meet and take such actions as are consistent with the provisions of this Compact and the bylaws.
32. Bestows the following powers on the Commission;
 - a. To adopt uniform rules to facilitate and coordinate the implementation and administration of this Compact. The rules must have the force and effect of law and must be binding on all member states;
 - b. To bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standard of any licensing board to sue or be sued under applicable law must not be affected;
 - c. To purchase and maintain insurance and bonds;
 - d. To borrow, accept or contract for services of personnel, including employees of a party state or nonprofit organizations;

- e. To cooperate with other organizations that administer state compacts related to the regulation of nursing, including sharing administrative or staff expenses, office space or other resources;
 - f. To hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of this Compact and establish the Commission's personnel policies and programs related to conflicts of interest, qualifications of personnel and other related personnel matters;
 - g. To accept any and all appropriate donations, grants and gifts of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same if at all times the Commission avoids any appearance of impropriety or conflict of interest;
 - h. To lease, purchase, accept appropriate gifts or donations of, or otherwise own, hold, improve or use, any property, whether real, personal or mixed if at all times the Commission avoids any appearance of impropriety;
 - i. To sell, convey, mortgage, pledge, lease, exchange, abandon or otherwise dispose of any property, whether real, personal or mixed;
 - j. To establish a budget and make expenditures;
 - k. To borrow money;
 - l. To appoint committees, including advisory committees composed of administrators, state nursing regulators, state legislators or their representatives, and consumer representatives and other such interested persons;
 - m. To provide and receive from, and to cooperate with, law enforcement agencies;
 - n. To adopt and use an official seal; and
 - o. To perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact, consistent with the state regulation of nurse licensure and practice.
33. Provides for financing of the Commission as follows:
- a. The Commission must pay, or provide for the payment of, the reasonable expenses of its establishment, organization and ongoing activities;
 - b. The Commission may levy on and collect an annual assessment from each party state to cover the cost of its operations, activities and staff in its annual budget as approved each year. The aggregate annual assessment amount, if any, must be allocated based on a formula to be determined by the Commission, which must adopt a rule that is binding on all party states;
 - c. The Commission, may not incur obligations of any kind before securing the monies adequate to meet the same or pledge the credit of any of the party states, except by, and with the authority of, such party state; and
 - d. The Commission must keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission must be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of monies handled by the Commission must be audited yearly by a certified or licensed public accountant, and the report of the audit must be included in and become part of the annual report of the Commission.
34. Outlines qualified immunity, defense and indemnification as follows:
- a. The administrators, officers, executive director, employees and representatives of the Commission must be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that

occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred, within the scope of Commission employment, duties or responsibilities. This paragraph does not protect any such person from suit or liability for any damage, loss, injury or liability caused by the intentional, wilful or wanton misconduct of that person;

- b. The Commission must defend any administrator, officer, executive director, employee or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities. This paragraph does not prohibit that person from retaining that person's own legal counsel if the actual or alleged act, error or omission did not result from that person's intentional, wilful or wanton misconduct; and
- c. The Commission must indemnify and hold harmless any administrator, officer, executive director, employee or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of commission employment, duties or responsibilities if the actual or alleged act, error or omission did not result from the intentional, wilful or wanton misconduct of that person.

Rulemaking

- 35. Requires the Commission to exercise its rulemaking powers pursuant to the criteria set forth and in conjunction with the adopted rules. Rules and amendments must become binding as of the date specified in each rule or amendment and must have the same force and effect as other provisions of this Compact.
- 36. Provides rules or amendments to the rules must be adopted at a regular or special meeting of the Commission.
- 37. States before adoption of a final rule or rules by the Commission, and at least 60 days in advance of the meeting at which the rule will be considered and voted on, the Commission must file a notice of proposed rulemaking both:
 - a. On the website of the Commission; and
 - b. On the website of each licensing board or the publication in which each state would otherwise publish proposed rules.
- 38. States the notice of proposed rulemaking must include all of the following:
 - a. The proposed time, date and location of the meeting in which the rule will be considered and voted on;
 - b. The text of the proposed rule or amendment and the reason for the proposed rule;
 - c. A request for comments on the proposed rule from any interested person; and
 - d. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.
- 39. Requires, the Commission before the adoption of a proposed rule, to allow persons to submit written data, facts, opinions and arguments that must be made available to the public.
- 40. Provides that the Commission must grant an opportunity for public hearing before it adopts a rule or amendment.

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41. Mandates the Commission to publish the place, time and date of the scheduled public hearing. The following apply to hearings:
 - a. Hearings must be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing. All hearings must be recorded, and a copy must be made available on request; and
 - b. A separate hearing is not required on each rule. Rules may be grouped for the convenience of the Commission at required hearings.
42. States, following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission must consider all written and oral comments received.
43. Requires the Commission, by a majority vote of all administrators, to take final action on the proposed rule and must determine the effective date of the rule, if any, based on the rulemaking record and full text of the rule.
44. Stipulates that if it is determined that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice or an opportunity for comment or hearing, provided the usual rulemaking procedures provided in this Compact and the section relating to rulemaking must be retroactively applied to the rule as soon as reasonably practicable, but not later than 90 days after the effective date of the rule. An emergency rule is one that must be adopted immediately in order to do any of the following:
 - a. Meet an imminent threat to public health, safety or welfare;
 - b. Prevent a loss of Commission or party state funds; and
 - c. Meet a deadline for the adoption of an administrative rule that is required by federal law or rule.
45. Allows the Commission to direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency or grammatical errors. Public notice of any revisions must be posted on the website of the Commission. The revision must be subject to challenge by any person for a period of 30 days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge must be made in writing, and delivered to the Commission before the end of the notice period. If no challenge is made the revision must take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

Oversight, Dispute Resolution and Enforcement

46. Provides oversight as follows:
 - a. Each party state must enforce this Compact and take all actions necessary and appropriate to effectuate this Compact's purposes and intent; and
 - b. The Commission is entitled to receive service of process in any proceeding that may affect the powers, responsibilities or actions of the Commission and has standing to intervene in such a proceeding for all purposes. Failure to provide service of process in such proceeding to the Commission must render a judgment or order void as to the Commission, this Compact or adopted rules.
47. Outlines default, technical assistance and termination are as follows:
 - a. If the Commission determines that a party state has defaulted in the performance of its obligations or responsibilities under this Compact or the promulgated rules, the Commission must do both of the following;

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- i. Provide written notice to the defaulting state and other party states of the nature of the default, the proposed means of curing the default or any other action to be taken by the Commission; and
 - ii. Provide remedial training and specific technical assistance regarding the default.
 - b. If a state in default fails to cure the default, the defaulting state's membership in this Compact may be terminated on an affirmative vote of a majority of the administrators, and all rights, privileges and benefits conferred by this Compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default;
 - c. Termination of membership in this Compact must be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate must be given by the Commission to the governor of the defaulting state and to the executive officer of the defaulting state's licensing board and each of the party states;
 - d. A state whose membership in this Compact has been terminated is responsible for all assessments, obligations and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date or termination;
 - e. The Commission may not bear any costs related to a state that is found to be in default or whose membership in this Compact has been terminated unless agreed on in writing between the Commission and the defaulting state; and
 - f. The defaulting state may appeal the action of the Commission by petitioning the United States District Court for the District of Columbia or the Federal District in which the Commission has its principal offices. The prevailing party must be awarded all costs of such litigation, including reasonable attorney fees.
48. Delineates dispute resolution as follows:
- a. On request by a party state, the Commission must attempt to resolve disputes related to the Compact that arise among party states and between party and nonparty states;
 - b. The Commission must adopt a rule providing for both mediation and binding dispute resolution for disputes, as appropriate;
 - c. If the Commission cannot resolve disputes among party states arising under this Compact:
 - i. The party states may submit the issues in dispute to an arbitration panel that is composed of individuals appointed by the Compact administrator in each of the affected party states and an individual who is mutually agreed on by the Compact administrators of all party states involved in the dispute; and
 - ii. The decision of a majority of the arbitrators is final and binding.
49. Outlines enforcement provisions as follows:
- a. The Commission, in the reasonable exercise of its discretion, must enforce the provisions and rules of the Compact;
 - b. By majority vote, the Commission may initiate legal action in the United States District Court for the District of Columbia or the Federal District in which the Commission has its principal offices against a party state that is in default to enforce compliance with this Compact and its adopted rules and bylaws. The relief sought may include both injunctive relief and damages. If judicial enforcement is necessary, the prevailing party must be awarded all costs of such litigation, including reasonable attorneys' fees; and
 - c. The remedies in this Compact are not the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.

Effective Date, Withdrawal and Amendment

50. Requires this Compact be effective and binding on the earlier of the date of legislative enactment of this Compact into law by at least 26 states or December 31, 2018. All party states to this Compact that also were parties to the prior nurse compact, superseded by this Compact, must be deemed to have withdrawn from the prior compact within six months after the effective date of this Compact.
51. Stipulates each party state to this Compact must continue to recognize a nurses' multistate licensure privilege to participate in that party state issued under the prior compact until the party state has withdrawn from the prior compact.
52. Provides that any party state may withdraw from this Compact by enacting a statute repealing the Compact. A party state's withdrawal must not take effect until six months after enactment of the repealing statute.
53. States that a party state's withdrawal or termination must not affect the continuing requirement of the withdrawing or terminated state's licensing board to report adverse actions and significant investigations occurring before the effective date of such withdrawal or termination.
54. Stipulates this Compact does not invalidate or prevent any nurse licensure agreement or other cooperative arrangement between a party state and a nonparty state that is made in accordance with the other provisions of this Compact.
55. Allows this Compact to be amended by the party states. An amendment to this Compact does not become effective and binding on the party states until it is enacted into the laws of all party states.
56. Specifies that representatives of nonparty states to this Compact must be invited to participate in the activities of the Commission, on a nonvoting basis, before the adoption of the Compact by all states.

Construction and Severability

57. Requires this Compact to be liberally construed so as to effectuate the purposes of the Compact. The provisions of this Compact must 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 the United States, or if the applicability of the Compact to any government, agency person or circumstance is held invalid, the validity of the remainder of this Compact and the applicability of the Compact to any government, agency, person or circumstance must not be affected. If this Compact is held to be contrary to the constitution of any party state, this Compact must remain in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to all severable matters.

Other

58. Repeals the current existing nurse compact at A.R.S. §§ 32-1668 and 32-1669.
59. Requires legislative staff to prepare proposed legislation conforming the Arizona Revised Statutes to the provisions of this act for consideration by the legislature.
60. Contains a conditional enactment of the Compact as added by this act, and the repeal of A.R.S. §§ 32-1668 and 32-1669 become effective on the earlier of:
 - a. December 31, 2018; or

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- b. The legislative enactment into law of the Compact by at least 26 other states.
- 61. Requires the Arizona State Board of Nursing to notify in writing the director of the Arizona Legislative Council on or before January 15, 2019 of the date on which the condition was met.
- 62. Defines terms.

CURRENT LAW

A.R.S. §§ 32-1668 and 32-1669 contain the current nurse compact.

ADDITIONAL INFORMATION

The National Council of State Nursing Boards has published information regarding the Compact NCSBN.

PROPOSED

HOUSE OF REPRESENTATIVES AMENDMENTS TO H.B. 2362

(Reference to printed bill)

1 Strike everything after the enacting clause and insert:

2 "Section 1. Title 32, chapter 15, Arizona Revised Statutes, is amended
3 by adding article 2.1, to read:

4 ARTICLE 2.1. NURSE LICENSURE COMPACT

5 32-1660. Nurse licensure compact

6 THE NURSE LICENSURE COMPACT IS ADOPTED AND ENACTED INTO LAW AS FOLLOWS:

7 ARTICLE I

8 FINDINGS AND DECLARATION OF PURPOSE

9 A. THE PARTY STATES FIND THAT:

10 1. THE HEALTH AND SAFETY OF THE PUBLIC ARE AFFECTED BY THE DEGREE OF
11 COMPLIANCE WITH AND THE EFFECTIVENESS OF ENFORCEMENT ACTIVITIES RELATED TO
12 STATE NURSE LICENSURE LAWS.

13 2. VIOLATIONS OF NURSE LICENSURE LAWS AND OTHER LAWS REGULATING THE
14 PRACTICE OF NURSING MAY RESULT IN INJURY OR HARM TO THE PUBLIC.

15 3. THE EXPANDED MOBILITY OF NURSES AND THE USE OF ADVANCED
16 COMMUNICATION TECHNOLOGIES AS PART OF OUR NATION'S HEALTH CARE DELIVERY
17 SYSTEM REQUIRE GREATER COORDINATION AND COOPERATION AMONG STATES IN THE AREAS
18 OF NURSE LICENSURE AND REGULATION.

19 4. NEW PRACTICE MODALITIES AND TECHNOLOGY MAKE COMPLIANCE WITH
20 INDIVIDUAL STATE NURSE LICENSURE LAWS DIFFICULT AND COMPLEX.

21 5. THE CURRENT SYSTEM OF DUPLICATIVE LICENSURE FOR NURSES PRACTICING
22 IN MULTIPLE STATES IS CUMBERSOME AND REDUNDANT FOR BOTH NURSES AND STATES.

Attachment 14

Adopted # of Verbals _____

Failed _____ Withdrawn _____

Not Offered _____ Analysts Initials _____

1 C. "COORDINATED LICENSURE INFORMATION SYSTEM" MEANS AN INTEGRATED
2 PROCESS FOR COLLECTING, STORING AND SHARING INFORMATION ON NURSE LICENSURE
3 AND ENFORCEMENT ACTIVITIES RELATED TO NURSE LICENSURE LAWS THAT IS
4 ADMINISTERED BY A NONPROFIT ORGANIZATION COMPOSED OF AND CONTROLLED BY
5 LICENSING BOARDS.

6 D. "CURRENT SIGNIFICANT INVESTIGATIVE INFORMATION" MEANS EITHER:

7 1. INVESTIGATIVE INFORMATION THAT A LICENSING BOARD, AFTER A
8 PRELIMINARY INQUIRY THAT INCLUDES NOTIFICATION AND AN OPPORTUNITY FOR THE
9 NURSE TO RESPOND, IF REQUIRED BY STATE LAW, HAS REASON TO BELIEVE IS NOT
10 GROUNDLESS AND, IF PROVED TRUE, WOULD INDICATE MORE THAN A MINOR INFRACTION.

11 2. INVESTIGATIVE INFORMATION THAT INDICATES THAT THE NURSE REPRESENTS
12 AN IMMEDIATE THREAT TO PUBLIC HEALTH AND SAFETY REGARDLESS OF WHETHER THE
13 NURSE HAS BEEN NOTIFIED AND HAD AN OPPORTUNITY TO RESPOND.

14 E. "ENCUMBRANCE" MEANS A REVOCATION OR SUSPENSION OF, OR ANY
15 LIMITATION ON, THE FULL AND UNRESTRICTED PRACTICE OF NURSING IMPOSED BY A
16 LICENSING BOARD.

17 F. "HOME STATE" MEANS THE PARTY STATE THAT IS THE NURSE'S PRIMARY
18 STATE OF RESIDENCE.

19 G. "LICENSING BOARD" MEANS A PARTY STATE'S REGULATORY BODY RESPONSIBLE
20 FOR ISSUING NURSE LICENSES.

21 H. "MULTISTATE LICENSE" MEANS A LICENSE TO PRACTICE AS A REGISTERED OR
22 A LICENSED PRACTICAL/VOCATIONAL NURSE ISSUED BY A HOME STATE LICENSING BOARD
23 THAT AUTHORIZES THE LICENSED NURSE TO PRACTICE IN ALL PARTY STATES UNDER A
24 MULTISTATE LICENSURE PRIVILEGE.

25 I. "MULTISTATE LICENSURE PRIVILEGE" MEANS A LEGAL AUTHORIZATION
26 ASSOCIATED WITH A MULTISTATE LICENSE THAT ALLOWS THE PRACTICE OF NURSING AS
27 EITHER A REGISTERED NURSE OR A LICENSED PRACTICAL/VOCATIONAL NURSE IN A
28 REMOTE STATE.

29 J. "NURSE" MEANS A REGISTERED NURSE OR A LICENSED PRACTICAL/VOCATIONAL
30 NURSE, AS THOSE TERMS ARE DEFINED BY EACH PARTY STATE'S PRACTICE LAWS.

31 K. "PARTY STATE" MEANS ANY STATE THAT HAS ADOPTED THIS COMPACT.

32 L. "REMOTE STATE" MEANS A PARTY STATE, OTHER THAN THE HOME STATE.

1 M. "SINGLE-STATE LICENSE" MEANS A NURSE LICENSE ISSUED BY A PARTY
2 STATE THAT AUTHORIZES PRACTICE ONLY WITHIN THE ISSUING STATE AND DOES NOT
3 INCLUDE A MULTISTATE LICENSURE PRIVILEGE TO PRACTICE IN ANY OTHER PARTY
4 STATE.

5 N. "STATE" MEANS A STATE, TERRITORY OR POSSESSION OF THE UNITED STATES
6 AND THE DISTRICT OF COLUMBIA.

7 O. "STATE PRACTICE LAWS" MEANS A PARTY STATE'S LAWS, RULES AND
8 REGULATIONS THAT GOVERN THE PRACTICE OF NURSING, DEFINE THE SCOPE OF NURSING
9 PRACTICE AND ESTABLISH THE METHODS AND GROUNDS FOR IMPOSING DISCIPLINE.
10 STATE PRACTICE LAWS DO NOT INCLUDE REQUIREMENTS NECESSARY TO OBTAIN AND
11 RETAIN A LICENSE, EXCEPT FOR QUALIFICATIONS OR REQUIREMENTS OF THE HOME
12 STATE.

13 ARTICLE III

14 GENERAL PROVISIONS AND JURISDICTION

15 A. A MULTISTATE LICENSE TO PRACTICE REGISTERED OR LICENSED
16 PRACTICAL/VOCATIONAL NURSING ISSUED BY A HOME STATE TO A RESIDENT IN THAT
17 STATE WILL BE RECOGNIZED BY EACH PARTY STATE AS AUTHORIZING A NURSE TO
18 PRACTICE AS A REGISTERED NURSE OR AS A LICENSED PRACTICAL/VOCATIONAL NURSE,
19 UNDER A MULTISTATE LICENSURE PRIVILEGE, IN EACH PARTY STATE.

20 B. A STATE MUST IMPLEMENT PROCEDURES FOR CONSIDERING THE CRIMINAL
21 HISTORY RECORDS OF APPLICANTS FOR INITIAL MULTISTATE LICENSE OR LICENSURE BY
22 ENDORSEMENT. SUCH PROCEDURES SHALL INCLUDE THE SUBMISSION OF FINGERPRINTS OR
23 OTHER BIOMETRIC-BASED INFORMATION BY APPLICANTS FOR THE PURPOSE OF OBTAINING
24 AN APPLICANT'S CRIMINAL HISTORY RECORD INFORMATION FROM THE FEDERAL BUREAU OF
25 INVESTIGATION AND THE AGENCY RESPONSIBLE FOR RETAINING THAT STATE'S CRIMINAL
26 RECORDS.

27 C. EACH PARTY STATE SHALL REQUIRE THAT, IN ORDER FOR AN APPLICANT TO
28 OBTAIN OR RETAIN A MULTISTATE LICENSE IN THE HOME STATE, THE APPLICANT MEETS
29 ALL OF THE FOLLOWING CRITERIA:

30 1. MEETS THE HOME STATE'S QUALIFICATIONS FOR LICENSURE OR RENEWAL OF
31 LICENSURE AS WELL AS ALL OTHER APPLICABLE STATE LAWS.

32 2. EITHER:

1 i. HAS GRADUATED OR IS ELIGIBLE TO GRADUATE FROM A LICENSING
2 BOARD-APPROVED REGISTERED NURSE OR LICENSED PRACTICAL/VOCATIONAL NURSE
3 PRELICENSURE EDUCATION PROGRAM.

4 ii. HAS GRADUATED FROM A FOREIGN REGISTERED NURSE OR LICENSED
5 PRACTICAL/VOCATIONAL NURSE PRELICENSURE EDUCATION PROGRAM THAT BOTH:

6 (a) HAS BEEN APPROVED BY THE AUTHORIZED ACCREDITING BODY IN THE
7 APPLICABLE COUNTRY.

8 (b) HAS BEEN VERIFIED BY AN INDEPENDENT CREDENTIALS REVIEW AGENCY TO
9 BE COMPARABLE TO A LICENSING BOARD-APPROVED PRELICENSURE EDUCATION PROGRAM.

10 3. IF A GRADUATE OF A FOREIGN PRELICENSURE EDUCATION PROGRAM NOT
11 TAUGHT IN ENGLISH OR IF ENGLISH IS NOT THE INDIVIDUAL'S NATIVE LANGUAGE, HAS
12 SUCCESSFULLY PASSED AN ENGLISH PROFICIENCY EXAMINATION THAT INCLUDES THE
13 COMPONENTS OF READING, SPEAKING, WRITING AND LISTENING.

14 4. HAS SUCCESSFULLY PASSED AN NCLEX-RN® OR NCLEX-PN® EXAMINATION OR
15 RECOGNIZED PREDECESSOR, AS APPLICABLE.

16 5. IS ELIGIBLE FOR OR HOLDS AN ACTIVE, UNENCUMBERED LICENSE.

17 6. HAS SUBMITTED, IN CONNECTION WITH AN APPLICATION FOR INITIAL
18 LICENSURE OR LICENSURE BY ENDORSEMENT, FINGERPRINTS OR OTHER BIOMETRIC DATA
19 FOR THE PURPOSE OF OBTAINING CRIMINAL HISTORY RECORD INFORMATION FROM THE
20 FEDERAL BUREAU OF INVESTIGATION AND THE AGENCY RESPONSIBLE FOR RETAINING THAT
21 STATE'S CRIMINAL RECORDS.

22 7. HAS NOT BEEN CONVICTED OR FOUND GUILTY, OR HAS ENTERED INTO AN
23 AGREED DISPOSITION, OF A FELONY OFFENSE UNDER APPLICABLE STATE OR FEDERAL
24 CRIMINAL LAW.

25 8. HAS NOT BEEN CONVICTED OR FOUND GUILTY, OR HAS ENTERED INTO AN
26 AGREED DISPOSITION, OF A MISDEMEANOR OFFENSE RELATED TO THE PRACTICE OF
27 NURSING AS DETERMINED ON A CASE-BY-CASE BASIS.

28 9. IS NOT CURRENTLY ENROLLED IN AN ALTERNATIVE PROGRAM.

29 10. IS SUBJECT TO SELF-DISCLOSURE REQUIREMENTS REGARDING CURRENT
30 PARTICIPATION IN AN ALTERNATIVE PROGRAM.

31 11. HAS A VALID UNITED STATES SOCIAL SECURITY NUMBER.

32 D. ALL PARTY STATES SHALL BE AUTHORIZED, IN ACCORDANCE WITH EXISTING
33 STATE DUE PROCESS LAW, TO TAKE ADVERSE ACTION AGAINST A NURSE'S MULTISTATE

1 LICENSURE PRIVILEGE SUCH AS REVOCATION, SUSPENSION OR PROBATION OR ANY OTHER
2 ACTION THAT AFFECTS A NURSE'S AUTHORIZATION TO PRACTICE UNDER A MULTISTATE
3 LICENSURE PRIVILEGE, INCLUDING CEASE AND DESIST ACTIONS. IF A PARTY STATE
4 TAKES SUCH AN ACTION, IT SHALL PROMPTLY NOTIFY THE ADMINISTRATOR OF THE
5 COORDINATED LICENSURE INFORMATION SYSTEM. THE ADMINISTRATOR OF THE
6 COORDINATED LICENSURE INFORMATION SYSTEM SHALL PROMPTLY NOTIFY THE HOME STATE
7 OF ANY SUCH ACTIONS BY REMOTE STATES.

8 E. A NURSE PRACTICING IN A PARTY STATE MUST COMPLY WITH THE STATE
9 PRACTICE LAWS OF THE STATE IN WHICH THE CLIENT IS LOCATED AT THE TIME SERVICE
10 IS PROVIDED. THE PRACTICE OF NURSING IS NOT LIMITED TO PATIENT CARE, BUT
11 SHALL INCLUDE ALL NURSING PRACTICE AS DEFINED BY THE STATE PRACTICE LAWS OF
12 THE PARTY STATE IN WHICH THE CLIENT IS LOCATED. THE PRACTICE OF NURSING IN A
13 PARTY STATE UNDER A MULTISTATE LICENSURE PRIVILEGE WILL SUBJECT A NURSE TO
14 THE JURISDICTION OF THE LICENSING BOARD, THE COURTS AND THE LAWS OF THE PARTY
15 STATE IN WHICH THE CLIENT IS LOCATED AT THE TIME SERVICE IS PROVIDED.

16 F. INDIVIDUALS NOT RESIDING IN A PARTY STATE SHALL CONTINUE TO BE ABLE
17 TO APPLY FOR A PARTY STATE'S SINGLE-STATE LICENSE AS PROVIDED UNDER THE LAWS
18 OF EACH PARTY STATE. HOWEVER, THE SINGLE-STATE LICENSE GRANTED TO THESE
19 INDIVIDUALS WILL NOT BE RECOGNIZED AS GRANTING THE PRIVILEGE TO PRACTICE
20 NURSING IN ANY OTHER PARTY STATE. THIS COMPACT DOES NOT AFFECT THE
21 REQUIREMENTS ESTABLISHED BY A PARTY STATE FOR THE ISSUANCE OF A SINGLE-STATE
22 LICENSE.

23 G. ANY NURSE HOLDING A HOME STATE MULTISTATE LICENSE ON THE EFFECTIVE
24 DATE OF THIS COMPACT MAY RETAIN AND RENEW THE MULTISTATE LICENSE ISSUED BY
25 THE NURSE'S THEN-CURRENT HOME STATE, PROVIDED THAT:

26 1. A NURSE WHO CHANGES THE NURSE'S PRIMARY STATE OF RESIDENCE AFTER
27 THIS COMPACT'S EFFECTIVE DATE MUST MEET ALL APPLICABLE REQUIREMENTS IN
28 SUBSECTION C OF THIS ARTICLE TO OBTAIN A MULTISTATE LICENSE FROM A NEW HOME
29 STATE.

30 2. A NURSE WHO FAILS TO SATISFY THE MULTISTATE LICENSURE REQUIREMENTS
31 IN SUBSECTION C OF THIS ARTICLE DUE TO A DISQUALIFYING EVENT OCCURRING AFTER
32 THIS COMPACT'S EFFECTIVE DATE SHALL BE INELIGIBLE TO RETAIN OR RENEW A
33 MULTISTATE LICENSE, AND THE NURSE'S MULTISTATE LICENSE SHALL BE REVOKED OR

1 DEACTIVATED IN ACCORDANCE WITH APPLICABLE RULES ADOPTED BY THE INTERSTATE
2 COMMISSION OF NURSE LICENSURE COMPACT ADMINISTRATORS.

3 ARTICLE IV

4 APPLICATIONS FOR LICENSURE IN A PARTY STATE

5 A. ON APPLICATION FOR A MULTISTATE LICENSE, THE LICENSING BOARD IN THE
6 ISSUING PARTY STATE SHALL ASCERTAIN, THROUGH THE COORDINATED LICENSURE
7 INFORMATION SYSTEM, WHETHER THE APPLICANT HAS EVER HELD, OR IS THE HOLDER OF,
8 A LICENSE ISSUED BY ANY OTHER STATE, WHETHER THERE ARE ANY ENCUMBRANCES ON
9 ANY LICENSE OR MULTISTATE LICENSURE PRIVILEGE HELD BY THE APPLICANT, WHETHER
10 ANY ADVERSE ACTION HAS BEEN TAKEN AGAINST ANY LICENSE OR MULTISTATE LICENSURE
11 PRIVILEGE HELD BY THE APPLICANT AND WHETHER THE APPLICANT IS CURRENTLY
12 PARTICIPATING IN AN ALTERNATIVE PROGRAM.

13 B. A NURSE MAY HOLD A MULTISTATE LICENSE, ISSUED BY THE HOME STATE, IN
14 ONLY ONE PARTY STATE AT A TIME.

15 C. IF A NURSE CHANGES THE NURSE'S PRIMARY STATE OF RESIDENCE BY MOVING
16 BETWEEN TWO PARTY STATES, THE NURSE MUST APPLY FOR LICENSURE AS FOLLOWS IN
17 THE NEW HOME STATE AND THE MULTISTATE LICENSE ISSUED BY THE PRIOR HOME STATE
18 WILL BE DEACTIVATED IN ACCORDANCE WITH APPLICABLE RULES ADOPTED BY THE
19 COMMISSION:

20 1. THE NURSE MAY APPLY FOR LICENSURE IN ADVANCE OF A CHANGE IN PRIMARY
21 STATE OF RESIDENCE.

22 2. A MULTISTATE LICENSE SHALL NOT BE ISSUED BY THE NEW HOME STATE
23 UNTIL THE NURSE PROVIDES SATISFACTORY EVIDENCE OF A CHANGE IN THE NURSE'S
24 PRIMARY STATE OF RESIDENCE TO THE NEW HOME STATE AND SATISFIES ALL APPLICABLE
25 REQUIREMENTS TO OBTAIN A MULTISTATE LICENSE FROM THE NEW HOME STATE.

26 D. IF A NURSE CHANGES THE NURSE'S PRIMARY STATE OF RESIDENCE BY MOVING
27 FROM A PARTY STATE TO A NONPARTY STATE, THE MULTISTATE LICENSE ISSUED BY THE
28 PRIOR HOME STATE WILL CONVERT TO A SINGLE-STATE LICENSE THAT IS VALID ONLY IN
29 THE FORMER HOME STATE.

30 ARTICLE V

31 ADDITIONAL AUTHORITIES INVESTED IN PARTY STATE LICENSING BOARDS

32 A. IN ADDITION TO THE OTHER POWERS CONFERRED BY STATE LAW, A LICENSING
33 BOARD SHALL HAVE THE AUTHORITY TO:

1 1. TAKE ADVERSE ACTION AGAINST A NURSE'S MULTISTATE LICENSURE
2 PRIVILEGE TO PRACTICE WITHIN THAT PARTY STATE AS FOLLOWS:

3 i. ONLY THE HOME STATE SHALL HAVE THE POWER TO TAKE ADVERSE ACTION
4 AGAINST A NURSE'S LICENSE ISSUED BY THE HOME STATE.

5 ii. FOR PURPOSES OF TAKING ADVERSE ACTION, THE HOME STATE LICENSING
6 BOARD SHALL GIVE THE SAME PRIORITY AND EFFECT TO REPORTED CONDUCT RECEIVED
7 FROM A REMOTE STATE AS IT WOULD IF SUCH CONDUCT HAD OCCURRED WITHIN THE HOME
8 STATE. IN SO DOING, THE HOME STATE SHALL APPLY ITS OWN STATE LAWS TO
9 DETERMINE APPROPRIATE ACTION.

10 2. ISSUE CEASE AND DESIST ORDERS OR IMPOSE AN ENCUMBRANCE ON A NURSE'S
11 AUTHORITY TO PRACTICE WITHIN THAT PARTY STATE.

12 3. COMPLETE ANY PENDING INVESTIGATION OF A NURSE WHO CHANGES THE
13 NURSE'S PRIMARY STATE OF RESIDENCE DURING THE COURSE OF SUCH AN
14 INVESTIGATION. THE LICENSING BOARD SHALL ALSO HAVE THE AUTHORITY TO TAKE ANY
15 APPROPRIATE ACTION AND SHALL PROMPTLY REPORT THE CONCLUSIONS OF SUCH
16 INVESTIGATIONS TO THE ADMINISTRATOR OF THE COORDINATED LICENSURE INFORMATION
17 SYSTEM. THE ADMINISTRATOR OF THE COORDINATED LICENSURE INFORMATION SYSTEM
18 SHALL PROMPTLY NOTIFY THE NEW HOME STATE OF ANY SUCH ACTIONS.

19 4. ISSUE SUBPOENAS FOR BOTH HEARINGS AND INVESTIGATIONS THAT REQUIRE
20 THE ATTENDANCE AND TESTIMONY OF WITNESSES AS WELL AS THE PRODUCTION OF
21 EVIDENCE. SUBPOENAS ISSUED BY A LICENSING BOARD IN A PARTY STATE FOR THE
22 ATTENDANCE AND TESTIMONY OF WITNESSES OR THE PRODUCTION OF EVIDENCE FROM
23 ANOTHER PARTY STATE SHALL BE ENFORCED IN THE LATTER STATE BY ANY COURT OF
24 COMPETENT JURISDICTION, ACCORDING TO THE PRACTICE AND PROCEDURE OF THAT COURT
25 APPLICABLE TO SUBPOENAS ISSUED IN PROCEEDINGS PENDING BEFORE IT. THE ISSUING
26 AUTHORITY SHALL PAY ANY WITNESS FEES, TRAVEL EXPENSES, MILEAGE AND OTHER FEES
27 REQUIRED BY THE SERVICE STATUTES OF THE STATE IN WHICH ANY WITNESS OR
28 EVIDENCE IS LOCATED.

29 5. OBTAIN AND SUBMIT, FOR EACH NURSE LICENSURE APPLICANT, FINGERPRINT
30 OR OTHER BIOMETRIC-BASED INFORMATION TO THE FEDERAL BUREAU OF INVESTIGATION
31 FOR CRIMINAL BACKGROUND CHECKS, RECEIVE THE RESULTS OF THE FEDERAL BUREAU OF
32 INVESTIGATION RECORD SEARCH ON CRIMINAL BACKGROUND CHECKS AND USE THE RESULTS
33 IN MAKING LICENSURE DECISIONS.

1 INVESTIGATIVE INFORMATION, DENIALS OF APPLICATIONS WITH THE REASONS FOR SUCH
2 DENIALS AND NURSE PARTICIPATION IN ALTERNATIVE PROGRAMS KNOWN TO THE
3 LICENSING BOARD REGARDLESS OF WHETHER SUCH PARTICIPATION IS DEEMED NONPUBLIC
4 OR CONFIDENTIAL UNDER STATE LAW.

5 D. CURRENT SIGNIFICANT INVESTIGATIVE INFORMATION AND PARTICIPATION IN
6 NONPUBLIC OR CONFIDENTIAL ALTERNATIVE PROGRAMS SHALL BE TRANSMITTED THROUGH
7 THE COORDINATED LICENSURE INFORMATION SYSTEM ONLY TO PARTY STATE LICENSING
8 BOARDS.

9 E. NOTWITHSTANDING ANY OTHER PROVISION OF LAW, ALL PARTY STATE
10 LICENSING BOARDS CONTRIBUTING INFORMATION TO THE COORDINATED LICENSURE
11 INFORMATION SYSTEM MAY DESIGNATE INFORMATION THAT MAY NOT BE SHARED WITH
12 NONPARTY STATES OR DISCLOSED TO OTHER ENTITIES OR INDIVIDUALS WITHOUT THE
13 EXPRESS PERMISSION OF THE CONTRIBUTING STATE.

14 F. ANY PERSONALLY IDENTIFIABLE INFORMATION OBTAINED FROM THE
15 COORDINATED LICENSURE INFORMATION SYSTEM BY A PARTY STATE LICENSING BOARD MAY
16 NOT BE SHARED WITH NONPARTY STATES OR DISCLOSED TO OTHER ENTITIES OR
17 INDIVIDUALS EXCEPT TO THE EXTENT PERMITTED BY THE LAWS OF THE PARTY STATE
18 CONTRIBUTING THE INFORMATION.

19 G. ANY INFORMATION CONTRIBUTED TO THE COORDINATED LICENSURE
20 INFORMATION SYSTEM THAT IS SUBSEQUENTLY REQUIRED TO BE EXPUNGED BY THE LAWS
21 OF THE PARTY STATE CONTRIBUTING THAT INFORMATION SHALL ALSO BE EXPUNGED FROM
22 THE COORDINATED LICENSURE INFORMATION SYSTEM.

23 H. THE COMPACT ADMINISTRATOR OF EACH PARTY STATE SHALL FURNISH A
24 UNIFORM DATA SET TO THE COMPACT ADMINISTRATOR OF EACH OTHER PARTY STATE THAT
25 INCLUDES, AT A MINIMUM:

- 26 1. IDENTIFYING INFORMATION.
27 2. LICENSURE DATA.
28 3. INFORMATION RELATED TO ALTERNATIVE PROGRAM PARTICIPATION.
29 4. OTHER INFORMATION THAT MAY FACILITATE THE ADMINISTRATION OF THIS
30 COMPACT, AS DETERMINED BY COMMISSION RULES.

31 I. THE COMPACT ADMINISTRATOR OF A PARTY STATE SHALL PROVIDE ALL
32 INVESTIGATIVE DOCUMENTS AND INFORMATION REQUESTED BY ANOTHER PARTY STATE.

ARTICLE VII

ESTABLISHMENT OF THE INTERSTATE COMMISSION OF NURSE
LICENSURE COMPACT ADMINISTRATORS

A. THE PARTY STATES HEREBY CREATE AND ESTABLISH A JOINT PUBLIC ENTITY KNOWN AS THE INTERSTATE COMMISSION OF NURSE LICENSURE COMPACT ADMINISTRATORS AS FOLLOWS:

1. THE COMMISSION IS AN INSTRUMENTALITY OF THE PARTY STATES.

2. VENUE IS PROPER, AND JUDICIAL PROCEEDINGS BY OR AGAINST THE COMMISSION SHALL BE BROUGHT SOLELY AND EXCLUSIVELY IN A COURT OF COMPETENT JURISDICTION WHERE THE PRINCIPAL OFFICE OF THE COMMISSION IS LOCATED. THE COMMISSION MAY WAIVE VENUE AND JURISDICTIONAL DEFENSES TO THE EXTENT IT ADOPTS OR CONSENTS TO PARTICIPATE IN ALTERNATIVE DISPUTE RESOLUTION PROCEEDINGS.

3. NOTHING IN THIS COMPACT SHALL BE CONSTRUED TO BE A WAIVER OF SOVEREIGN IMMUNITY.

B. MEMBERSHIP, VOTING AND MEETINGS ARE AS FOLLOWS:

1. EACH PARTY STATE SHALL HAVE AND BE LIMITED TO ONE ADMINISTRATOR. THE HEAD OF THE STATE LICENSING BOARD OR DESIGNEE SHALL BE THE ADMINISTRATOR OF THIS COMPACT FOR EACH PARTY STATE. ANY ADMINISTRATOR MAY BE REMOVED OR SUSPENDED FROM OFFICE AS PROVIDED BY THE LAWS OF THE STATE FROM WHICH THE ADMINISTRATOR IS APPOINTED. ANY VACANCY OCCURRING IN THE COMMISSION SHALL BE FILLED IN ACCORDANCE WITH THE LAWS OF THE PARTY STATE IN WHICH THE VACANCY EXISTS.

2. EACH ADMINISTRATOR SHALL BE ENTITLED TO ONE VOTE WITH REGARD TO THE ADOPTION OF RULES AND CREATION OF BYLAWS AND SHALL OTHERWISE HAVE AN OPPORTUNITY TO PARTICIPATE IN THE BUSINESS AND AFFAIRS OF THE COMMISSION. AN ADMINISTRATOR SHALL VOTE IN PERSON OR BY SUCH OTHER MEANS AS PROVIDED IN THE BYLAWS. THE BYLAWS MAY PROVIDE FOR AN ADMINISTRATOR'S PARTICIPATION IN MEETINGS BY TELEPHONE OR OTHER MEANS OF COMMUNICATION.

3. THE COMMISSION SHALL MEET AT LEAST ONCE DURING EACH CALENDAR YEAR. ADDITIONAL MEETINGS SHALL BE HELD AS SET FORTH IN THE BYLAWS OR RULES OF THE COMMISSION.

1 4. ALL MEETINGS SHALL BE OPEN TO THE PUBLIC, AND PUBLIC NOTICE OF
2 MEETINGS SHALL BE GIVEN IN THE SAME MANNER AS REQUIRED UNDER THE RULEMAKING
3 PROVISIONS IN ARTICLE VIII OF THIS COMPACT.

4 5. THE COMMISSION MAY CONVENE IN A CLOSED, NONPUBLIC MEETING IF THE
5 COMMISSION MUST DISCUSS ANY OF THE FOLLOWING:

6 i. NONCOMPLIANCE OF A PARTY STATE WITH ITS OBLIGATIONS UNDER THIS
7 COMPACT.

8 ii. THE EMPLOYMENT, COMPENSATION, DISCIPLINE OR OTHER PERSONNEL
9 MATTERS, PRACTICES OR PROCEDURES RELATED TO SPECIFIC EMPLOYEES OR OTHER
10 MATTERS RELATED TO THE COMMISSION'S INTERNAL PERSONNEL PRACTICES AND
11 PROCEDURES.

12 iii. CURRENT, THREATENED OR REASONABLY ANTICIPATED LITIGATION.

13 iv. NEGOTIATION OF CONTRACTS FOR THE PURCHASE OR SALE OF GOODS,
14 SERVICES OR REAL ESTATE.

15 v. ACCUSING ANY PERSON OF A CRIME OR FORMALLY CENSURING ANY PERSON.

16 vi. DISCLOSURE OF TRADE SECRETS OR COMMERCIAL OR FINANCIAL INFORMATION
17 THAT IS PRIVILEGED OR CONFIDENTIAL.

18 vii. DISCLOSURE OF INFORMATION OF A PERSONAL NATURE IF DISCLOSURE
19 WOULD CONSTITUTE A CLEARLY UNWARRANTED INVASION OF PERSONAL PRIVACY.

20 viii. DISCLOSURE OF INVESTIGATORY RECORDS COMPILED FOR LAW ENFORCEMENT
21 PURPOSES.

22 ix. DISCLOSURE OF INFORMATION RELATED TO ANY REPORTS PREPARED BY OR ON
23 BEHALF OF THE COMMISSION FOR THE PURPOSE OF INVESTIGATION OF COMPLIANCE WITH
24 THIS COMPACT.

25 x. MATTERS SPECIFICALLY EXEMPTED FROM DISCLOSURE BY FEDERAL OR STATE
26 STATUTE.

27 6. IF A MEETING, OR PORTION OF A MEETING, IS CLOSED PURSUANT TO THIS
28 ARTICLE, THE COMMISSION'S LEGAL COUNSEL OR DESIGNEE SHALL CERTIFY THAT THE
29 MEETING MAY BE CLOSED AND SHALL REFERENCE EACH RELEVANT EXEMPTING PROVISION.
30 THE COMMISSION SHALL KEEP MINUTES THAT FULLY AND CLEARLY DESCRIBE ALL MATTERS
31 DISCUSSED IN A MEETING AND SHALL PROVIDE A FULL AND ACCURATE SUMMARY OF
32 ACTIONS TAKEN, AND THE REASONS THEREFOR, INCLUDING A DESCRIPTION OF THE VIEWS
33 EXPRESSED. ALL DOCUMENTS CONSIDERED IN CONNECTION WITH AN ACTION SHALL BE

1 IDENTIFIED IN SUCH MINUTES. ALL MINUTES AND DOCUMENTS OF A CLOSED MEETING
2 SHALL REMAIN UNDER SEAL, SUBJECT TO RELEASE BY A MAJORITY VOTE OF THE
3 COMMISSION OR AN ORDER OF A COURT OF COMPETENT JURISDICTION.

4 C. THE COMMISSION, BY A MAJORITY VOTE OF THE ADMINISTRATORS, SHALL
5 PRESCRIBE BYLAWS OR RULES TO GOVERN ITS CONDUCT AS MAY BE NECESSARY OR
6 APPROPRIATE TO CARRY OUT THE PURPOSES AND EXERCISE THE POWERS OF THIS
7 COMPACT, INCLUDING:

8 1. ESTABLISHING THE FISCAL YEAR OF THE COMMISSION.

9 2. PROVIDING REASONABLE STANDARDS AND PROCEDURES:

10 i. FOR THE ESTABLISHMENT AND MEETINGS OF OTHER COMMITTEES.

11 ii. GOVERNING ANY GENERAL OR SPECIFIC DELEGATION OF ANY AUTHORITY OR
12 FUNCTION OF THE COMMISSION.

13 3. PROVIDING REASONABLE PROCEDURES FOR CALLING AND CONDUCTING MEETINGS
14 OF THE COMMISSION, ENSURING REASONABLE ADVANCE NOTICE OF ALL MEETINGS AND
15 PROVIDING AN OPPORTUNITY FOR ATTENDANCE OF SUCH MEETINGS BY INTERESTED
16 PARTIES, WITH ENUMERATED EXCEPTIONS DESIGNED TO PROTECT THE PUBLIC'S
17 INTEREST, THE PRIVACY OF INDIVIDUALS AND PROPRIETARY INFORMATION, INCLUDING
18 TRADE SECRETS. THE COMMISSION MAY MEET IN CLOSED SESSION ONLY AFTER A
19 MAJORITY OF THE ADMINISTRATORS VOTE TO CLOSE A MEETING IN WHOLE OR IN PART.
20 AS SOON AS PRACTICABLE, THE COMMISSION MUST MAKE PUBLIC A COPY OF THE VOTE TO
21 CLOSE THE MEETING REVEALING THE VOTE OF EACH ADMINISTRATOR, WITH NO PROXY
22 VOTES ALLOWED.

23 4. ESTABLISHING THE TITLES, DUTIES AND AUTHORITY AND REASONABLE
24 PROCEDURES FOR THE ELECTION OF THE OFFICERS OF THE COMMISSION.

25 5. PROVIDING REASONABLE STANDARDS AND PROCEDURES FOR THE ESTABLISHMENT
26 OF THE PERSONNEL POLICIES AND PROGRAMS OF THE COMMISSION. NOTWITHSTANDING
27 ANY CIVIL SERVICE OR OTHER SIMILAR LAWS OF ANY PARTY STATE, THE BYLAWS SHALL
28 EXCLUSIVELY GOVERN THE PERSONNEL POLICIES AND PROGRAMS OF THE COMMISSION.

29 6. PROVIDING A MECHANISM FOR WINDING UP THE OPERATIONS OF THE
30 COMMISSION AND THE EQUITABLE DISPOSITION OF ANY SURPLUS MONIES THAT MAY EXIST
31 AFTER THE TERMINATION OF THIS COMPACT AFTER THE PAYMENT OR RESERVING OF ALL
32 OF ITS DEBTS AND OBLIGATIONS.

1 D. THE COMMISSION SHALL PUBLISH ITS BYLAWS AND RULES, AND ANY
2 AMENDMENTS THERETO, IN A CONVENIENT FORM ON THE WEBSITE OF THE COMMISSION.

3 E. THE COMMISSION SHALL MAINTAIN ITS FINANCIAL RECORDS IN ACCORDANCE
4 WITH THE BYLAWS.

5 F. THE COMMISSION SHALL MEET AND TAKE SUCH ACTIONS AS ARE CONSISTENT
6 WITH THE PROVISIONS OF THIS COMPACT AND THE BYLAWS.

7 G. THE COMMISSION SHALL HAVE THE FOLLOWING POWERS:

8 1. TO ADOPT UNIFORM RULES TO FACILITATE AND COORDINATE THE
9 IMPLEMENTATION AND ADMINISTRATION OF THIS COMPACT. THE RULES SHALL HAVE THE
10 FORCE AND EFFECT OF LAW AND SHALL BE BINDING IN ALL PARTY STATES.

11 2. TO BRING AND PROSECUTE LEGAL PROCEEDINGS OR ACTIONS IN THE NAME OF
12 THE COMMISSION, PROVIDED THAT THE STANDING OF ANY LICENSING BOARD TO SUE OR
13 BE SUED UNDER APPLICABLE LAW SHALL NOT BE AFFECTED.

14 3. TO PURCHASE AND MAINTAIN INSURANCE AND BONDS.

15 4. TO BORROW, ACCEPT OR CONTRACT FOR SERVICES OF PERSONNEL, INCLUDING
16 EMPLOYEES OF A PARTY STATE OR NONPROFIT ORGANIZATIONS.

17 5. TO COOPERATE WITH OTHER ORGANIZATIONS THAT ADMINISTER STATE
18 COMPACTS RELATED TO THE REGULATION OF NURSING, INCLUDING SHARING
19 ADMINISTRATIVE OR STAFF EXPENSES, OFFICE SPACE OR OTHER RESOURCES.

20 6. TO HIRE EMPLOYEES, ELECT OR APPOINT OFFICERS, FIX COMPENSATION,
21 DEFINE DUTIES, GRANT SUCH INDIVIDUALS APPROPRIATE AUTHORITY TO CARRY OUT THE
22 PURPOSES OF THIS COMPACT AND ESTABLISH THE COMMISSION'S PERSONNEL POLICIES
23 AND PROGRAMS RELATING TO CONFLICTS OF INTEREST, QUALIFICATIONS OF PERSONNEL
24 AND OTHER RELATED PERSONNEL MATTERS.

25 7. TO ACCEPT ANY AND ALL APPROPRIATE DONATIONS, GRANTS AND GIFTS OF
26 MONEY, EQUIPMENT, SUPPLIES, MATERIALS AND SERVICES, AND TO RECEIVE, UTILIZE
27 AND DISPOSE OF THE SAME IF AT ALL TIMES THE COMMISSION AVOIDS ANY APPEARANCE
28 OF IMPROPRIETY OR CONFLICT OF INTEREST.

29 8. TO LEASE, PURCHASE, ACCEPT APPROPRIATE GIFTS OR DONATIONS OF, OR
30 OTHERWISE TO OWN, HOLD, IMPROVE OR USE, ANY PROPERTY, WHETHER REAL, PERSONAL
31 OR MIXED IF AT ALL TIMES THE COMMISSION AVOIDS ANY APPEARANCE OF IMPROPRIETY.

32 9. TO SELL, CONVEY, MORTGAGE, PLEDGE, LEASE, EXCHANGE, ABANDON OR
33 OTHERWISE DISPOSE OF ANY PROPERTY, WHETHER REAL, PERSONAL OR MIXED.

1 10. TO ESTABLISH A BUDGET AND MAKE EXPENDITURES.

2 11. TO BORROW MONEY.

3 12. TO APPOINT COMMITTEES, INCLUDING ADVISORY COMMITTEES COMPOSED OF
4 ADMINISTRATORS, STATE NURSING REGULATORS, STATE LEGISLATORS OR THEIR
5 REPRESENTATIVES, AND CONSUMER REPRESENTATIVES, AND OTHER SUCH INTERESTED
6 PERSONS.

7 13. TO PROVIDE AND RECEIVE INFORMATION FROM, AND TO COOPERATE WITH,
8 LAW ENFORCEMENT AGENCIES.

9 14. TO ADOPT AND USE AN OFFICIAL SEAL.

10 15. TO PERFORM SUCH OTHER FUNCTIONS AS MAY BE NECESSARY OR APPROPRIATE
11 TO ACHIEVE THE PURPOSES OF THIS COMPACT CONSISTENT WITH THE STATE REGULATION
12 OF NURSE LICENSURE AND PRACTICE.

13 H. FINANCING OF THE COMMISSION IS AS FOLLOWS:

14 1. THE COMMISSION SHALL PAY, OR PROVIDE FOR THE PAYMENT OF, THE
15 REASONABLE EXPENSES OF ITS ESTABLISHMENT, ORGANIZATION AND ONGOING
16 ACTIVITIES.

17 2. THE COMMISSION MAY LEVY ON AND COLLECT AN ANNUAL ASSESSMENT FROM
18 EACH PARTY STATE TO COVER THE COST OF ITS OPERATIONS, ACTIVITIES AND STAFF IN
19 ITS ANNUAL BUDGET AS APPROVED EACH YEAR. THE AGGREGATE ANNUAL ASSESSMENT
20 AMOUNT, IF ANY, SHALL BE ALLOCATED BASED ON A FORMULA TO BE DETERMINED BY THE
21 COMMISSION, WHICH SHALL ADOPT A RULE THAT IS BINDING ON ALL PARTY STATES.

22 3. THE COMMISSION MAY NOT INCUR OBLIGATIONS OF ANY KIND BEFORE
23 SECURING THE MONIES ADEQUATE TO MEET THE SAME OR PLEDGE THE CREDIT OF ANY OF
24 THE PARTY STATES, EXCEPT BY, AND WITH THE AUTHORITY OF, SUCH PARTY STATE.

25 4. THE COMMISSION SHALL KEEP ACCURATE ACCOUNTS OF ALL RECEIPTS AND
26 DISBURSEMENTS. THE RECEIPTS AND DISBURSEMENTS OF THE COMMISSION SHALL BE
27 SUBJECT TO THE AUDIT AND ACCOUNTING PROCEDURES ESTABLISHED UNDER ITS BYLAWS.
28 HOWEVER, ALL RECEIPTS AND DISBURSEMENTS OF MONIES HANDLED BY THE COMMISSION
29 SHALL BE AUDITED YEARLY BY A CERTIFIED OR LICENSED PUBLIC ACCOUNTANT, AND THE
30 REPORT OF THE AUDIT SHALL BE INCLUDED IN AND BECOME PART OF THE ANNUAL REPORT
31 OF THE COMMISSION.

32 I. QUALIFIED IMMUNITY, DEFENSE AND INDEMNIFICATION ARE AS FOLLOWS:

1 AND AMENDMENTS SHALL BECOME BINDING AS OF THE DATE SPECIFIED IN EACH RULE OR
2 AMENDMENT AND SHALL HAVE THE SAME FORCE AND EFFECT AS OTHER PROVISIONS OF
3 THIS COMPACT.

4 B. RULES OR AMENDMENTS TO THE RULES SHALL BE ADOPTED AT A REGULAR OR
5 SPECIAL MEETING OF THE COMMISSION.

6 C. BEFORE THE ADOPTION OF A FINAL RULE OR RULES BY THE COMMISSION, AND
7 AT LEAST SIXTY DAYS IN ADVANCE OF THE MEETING AT WHICH THE RULE WILL BE
8 CONSIDERED AND VOTED ON, THE COMMISSION SHALL FILE A NOTICE OF PROPOSED
9 RULEMAKING BOTH:

10 1. ON THE WEBSITE OF THE COMMISSION.

11 2. ON THE WEBSITE OF EACH LICENSING BOARD OR THE PUBLICATION IN WHICH
12 EACH STATE WOULD OTHERWISE PUBLISH PROPOSED RULES.

13 D. THE NOTICE OF PROPOSED RULEMAKING SHALL INCLUDE ALL OF THE
14 FOLLOWING:

15 1. THE PROPOSED TIME, DATE AND LOCATION OF THE MEETING IN WHICH THE
16 RULE WILL BE CONSIDERED AND VOTED ON.

17 2. THE TEXT OF THE PROPOSED RULE OR AMENDMENT AND THE REASON FOR THE
18 PROPOSED RULE.

19 3. A REQUEST FOR COMMENTS ON THE PROPOSED RULE FROM ANY INTERESTED
20 PERSON.

21 4. THE MANNER IN WHICH INTERESTED PERSONS MAY SUBMIT NOTICE TO THE
22 COMMISSION OF THEIR INTENTION TO ATTEND THE PUBLIC HEARING AND ANY WRITTEN
23 COMMENTS.

24 E. BEFORE THE ADOPTION OF A PROPOSED RULE, THE COMMISSION SHALL ALLOW
25 PERSONS TO SUBMIT WRITTEN DATA, FACTS, OPINIONS AND ARGUMENTS, WHICH SHALL BE
26 MADE AVAILABLE TO THE PUBLIC.

27 F. THE COMMISSION SHALL GRANT AN OPPORTUNITY FOR A PUBLIC HEARING
28 BEFORE IT ADOPTS A RULE OR AMENDMENT.

29 G. THE COMMISSION SHALL PUBLISH THE PLACE, TIME AND DATE OF THE
30 SCHEDULED PUBLIC HEARING. THE FOLLOWING APPLY TO HEARINGS UNDER THIS
31 SUBSECTION:

32 1. HEARINGS SHALL BE CONDUCTED IN A MANNER PROVIDING EACH PERSON WHO
33 WISHES TO COMMENT A FAIR AND REASONABLE OPPORTUNITY TO COMMENT ORALLY OR IN

1 WRITING. ALL HEARINGS WILL BE RECORDED, AND A COPY WILL BE MADE AVAILABLE ON
2 REQUEST.

3 2. THIS SUBSECTION DOES NOT REQUIRE A SEPARATE HEARING ON EACH RULE.
4 RULES MAY BE GROUPED FOR THE CONVENIENCE OF THE COMMISSION AT HEARINGS
5 REQUIRED BY THIS SECTION.

6 H. IF NO ONE APPEARS AT THE PUBLIC HEARING, THE COMMISSION MAY PROCEED
7 WITH THE ADOPTION OF THE PROPOSED RULE.

8 I. FOLLOWING THE SCHEDULED HEARING DATE, OR BY THE CLOSE OF BUSINESS
9 ON THE SCHEDULED HEARING DATE IF THE HEARING WAS NOT HELD, THE COMMISSION
10 SHALL CONSIDER ALL WRITTEN AND ORAL COMMENTS RECEIVED.

11 J. THE COMMISSION, BY MAJORITY VOTE OF ALL ADMINISTRATORS, SHALL TAKE
12 FINAL ACTION ON THE PROPOSED RULE AND SHALL DETERMINE THE EFFECTIVE DATE OF
13 THE RULE, IF ANY, BASED ON THE RULEMAKING RECORD AND THE FULL TEXT OF THE
14 RULE.

15 K. ON DETERMINATION THAT AN EMERGENCY EXISTS, THE COMMISSION MAY
16 CONSIDER AND ADOPT AN EMERGENCY RULE WITHOUT PRIOR NOTICE OR AN OPPORTUNITY
17 FOR COMMENT OR HEARING, PROVIDED THAT THE USUAL RULEMAKING PROCEDURES
18 PROVIDED IN THIS COMPACT AND IN THIS SECTION SHALL BE RETROACTIVELY APPLIED
19 TO THE RULE AS SOON AS REASONABLY PRACTICABLE, BUT NOT LATER THAN NINETY DAYS
20 AFTER THE EFFECTIVE DATE OF THE RULE. FOR THE PURPOSES OF THIS SUBSECTION,
21 AN EMERGENCY RULE IS ONE THAT MUST BE ADOPTED IMMEDIATELY IN ORDER TO DO ANY
22 OF THE FOLLOWING:

- 23 1. MEET AN IMMINENT THREAT TO PUBLIC HEALTH, SAFETY OR WELFARE.
24 2. PREVENT A LOSS OF COMMISSION OR PARTY STATE FUNDS.
25 3. MEET A DEADLINE FOR THE ADOPTION OF AN ADMINISTRATIVE RULE THAT IS
26 REQUIRED BY FEDERAL LAW OR RULE.

27 L. THE COMMISSION MAY DIRECT REVISIONS TO A PREVIOUSLY ADOPTED RULE OR
28 AMENDMENT FOR PURPOSES OF CORRECTING TYPOGRAPHICAL ERRORS, ERRORS IN FORMAT,
29 ERRORS IN CONSISTENCY OR GRAMMATICAL ERRORS. PUBLIC NOTICE OF ANY REVISIONS
30 SHALL BE POSTED ON THE WEBSITE OF THE COMMISSION. THE REVISION SHALL BE
31 SUBJECT TO CHALLENGE BY ANY PERSON FOR A PERIOD OF THIRTY DAYS AFTER POSTING.
32 THE REVISION MAY BE CHALLENGED ONLY ON GROUNDS THAT THE REVISION RESULTS IN A
33 MATERIAL CHANGE TO A RULE. A CHALLENGE SHALL BE MADE IN WRITING, AND

1 DELIVERED TO THE COMMISSION BEFORE THE END OF THE NOTICE PERIOD. IF NO
2 CHALLENGE IS MADE, THE REVISION WILL TAKE EFFECT WITHOUT FURTHER ACTION. IF
3 THE REVISION IS CHALLENGED, THE REVISION MAY NOT TAKE EFFECT WITHOUT THE
4 APPROVAL OF THE COMMISSION.

5 ARTICLE IX

6 OVERSIGHT, DISPUTE RESOLUTION AND ENFORCEMENT

7 A. OVERSIGHT IS AS FOLLOWS:

8 1. EACH PARTY STATE SHALL ENFORCE THIS COMPACT AND TAKE ALL ACTIONS
9 NECESSARY AND APPROPRIATE TO EFFECTUATE THIS COMPACT'S PURPOSES AND INTENT.

10 2. THE COMMISSION IS ENTITLED TO RECEIVE SERVICE OF PROCESS IN ANY
11 PROCEEDING THAT MAY AFFECT THE POWERS, RESPONSIBILITIES OR ACTIONS OF THE
12 COMMISSION AND HAS STANDING TO INTERVENE IN SUCH A PROCEEDING FOR ALL
13 PURPOSES. FAILURE TO PROVIDE SERVICE OF PROCESS IN SUCH PROCEEDING TO THE
14 COMMISSION SHALL RENDER A JUDGMENT OR ORDER VOID AS TO THE COMMISSION, THIS
15 COMPACT OR ADOPTED RULES.

16 B. DEFAULT, TECHNICAL ASSISTANCE AND TERMINATION ARE AS FOLLOWS:

17 1. IF THE COMMISSION DETERMINES THAT A PARTY STATE HAS DEFAULTED IN
18 THE PERFORMANCE OF ITS OBLIGATIONS OR RESPONSIBILITIES UNDER THIS COMPACT OR
19 THE PROMULGATED RULES, THE COMMISSION SHALL DO BOTH OF THE FOLLOWING:

20 i. PROVIDE WRITTEN NOTICE TO THE DEFAULTING STATE AND OTHER PARTY
21 STATES OF THE NATURE OF THE DEFAULT, THE PROPOSED MEANS OF CURING THE DEFAULT
22 OR ANY OTHER ACTION TO BE TAKEN BY THE COMMISSION.

23 ii. PROVIDE REMEDIAL TRAINING AND SPECIFIC TECHNICAL ASSISTANCE
24 REGARDING THE DEFAULT.

25 2. IF A STATE IN DEFAULT FAILS TO CURE THE DEFAULT, THE DEFAULTING
26 STATE'S MEMBERSHIP IN THIS COMPACT MAY BE TERMINATED ON AN AFFIRMATIVE VOTE
27 OF A MAJORITY OF THE ADMINISTRATORS, AND ALL RIGHTS, PRIVILEGES AND BENEFITS
28 CONFERRED BY THIS COMPACT MAY BE TERMINATED ON THE EFFECTIVE DATE OF
29 TERMINATION. A CURE OF THE DEFAULT DOES NOT RELIEVE THE OFFENDING STATE OF
30 OBLIGATIONS OR LIABILITIES INCURRED DURING THE PERIOD OF DEFAULT.

31 3. TERMINATION OF MEMBERSHIP IN THIS COMPACT SHALL BE IMPOSED ONLY
32 AFTER ALL OTHER MEANS OF SECURING COMPLIANCE HAVE BEEN EXHAUSTED. NOTICE OF
33 INTENT TO SUSPEND OR TERMINATE SHALL BE GIVEN BY THE COMMISSION TO THE

1 GOVERNOR OF THE DEFAULTING STATE AND TO THE EXECUTIVE OFFICER OF THE
2 DEFAULTING STATE'S LICENSING BOARD AND EACH OF THE PARTY STATES.

3 4. A STATE WHOSE MEMBERSHIP IN THIS COMPACT HAS BEEN TERMINATED IS
4 RESPONSIBLE FOR ALL ASSESSMENTS, OBLIGATIONS AND LIABILITIES INCURRED THROUGH
5 THE EFFECTIVE DATE OF TERMINATION, INCLUDING OBLIGATIONS THAT EXTEND BEYOND
6 THE EFFECTIVE DATE OF TERMINATION.

7 5. THE COMMISSION MAY NOT BEAR ANY COSTS RELATED TO A STATE THAT IS
8 FOUND TO BE IN DEFAULT OR WHOSE MEMBERSHIP IN THIS COMPACT HAS BEEN
9 TERMINATED UNLESS AGREED ON IN WRITING BETWEEN THE COMMISSION AND THE
10 DEFAULTING STATE.

11 6. THE DEFAULTING STATE MAY APPEAL THE ACTION OF THE COMMISSION BY
12 PETITIONING THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLUMBIA OR
13 THE FEDERAL DISTRICT IN WHICH THE COMMISSION HAS ITS PRINCIPAL OFFICES. THE
14 PREVAILING PARTY SHALL BE AWARDED ALL COSTS OF SUCH LITIGATION, INCLUDING
15 REASONABLE ATTORNEY FEES.

16 C. DISPUTE RESOLUTION IS AS FOLLOWS:

17 1. ON REQUEST BY A PARTY STATE, THE COMMISSION SHALL ATTEMPT TO
18 RESOLVE DISPUTES RELATED TO THE COMPACT THAT ARISE AMONG PARTY STATES AND
19 BETWEEN PARTY AND NONPARTY STATES.

20 2. THE COMMISSION SHALL ADOPT A RULE PROVIDING FOR BOTH MEDIATION AND
21 BINDING DISPUTE RESOLUTION FOR DISPUTES, AS APPROPRIATE.

22 3. IF THE COMMISSION CANNOT RESOLVE DISPUTES AMONG PARTY STATES
23 ARISING UNDER THIS COMPACT:

24 i. THE PARTY STATES MAY SUBMIT THE ISSUES IN DISPUTE TO AN ARBITRATION
25 PANEL THAT IS COMPOSED OF INDIVIDUALS APPOINTED BY THE COMPACT ADMINISTRATOR
26 IN EACH OF THE AFFECTED PARTY STATES AND AN INDIVIDUAL WHO IS MUTUALLY AGREED
27 ON BY THE COMPACT ADMINISTRATORS OF ALL THE PARTY STATES INVOLVED IN THE
28 DISPUTE.

29 ii. THE DECISION OF A MAJORITY OF THE ARBITRATORS IS FINAL AND
30 BINDING.

31 D. ENFORCEMENT PROVISIONS ARE AS FOLLOWS:

32 1. THE COMMISSION, IN THE REASONABLE EXERCISE OF ITS DISCRETION, SHALL
33 ENFORCE THE PROVISIONS AND RULES OF THIS COMPACT.

1 NONPARTY STATE THAT IS MADE IN ACCORDANCE WITH THE OTHER PROVISIONS OF THIS
2 COMPACT.

3 F. THIS COMPACT MAY BE AMENDED BY THE PARTY STATES. AN AMENDMENT TO
4 THIS COMPACT DOES NOT BECOME EFFECTIVE AND BINDING ON THE PARTY STATES UNTIL
5 IT IS ENACTED INTO THE LAWS OF ALL PARTY STATES.

6 G. REPRESENTATIVES OF NONPARTY STATES TO THIS COMPACT SHALL BE INVITED
7 TO PARTICIPATE IN THE ACTIVITIES OF THE COMMISSION, ON A NONVOTING BASIS,
8 BEFORE THE ADOPTION OF THIS COMPACT BY ALL STATES.

9 ARTICLE XI

10 CONSTRUCTION AND SEVERABILITY

11 THIS COMPACT SHALL BE LIBERALLY CONSTRUED SO AS TO EFFECTUATE THE
12 PURPOSES OF THE COMPACT. THE PROVISIONS OF THIS COMPACT SHALL BE SEVERABLE,
13 AND IF ANY PHRASE, CLAUSE, SENTENCE OR PROVISION OF THIS COMPACT IS DECLARED
14 TO BE CONTRARY TO THE CONSTITUTION OF ANY PARTY STATE OR OF THE UNITED
15 STATES, OR IF THE APPLICABILITY OF THE COMPACT TO ANY GOVERNMENT, AGENCY,
16 PERSON OR CIRCUMSTANCE IS HELD INVALID, THE VALIDITY OF THE REMAINDER OF THIS
17 COMPACT AND THE APPLICABILITY OF THE COMPACT TO ANY GOVERNMENT, AGENCY,
18 PERSON OR CIRCUMSTANCE SHALL NOT BE AFFECTED THEREBY. IF THIS COMPACT IS
19 HELD TO BE CONTRARY TO THE CONSTITUTION OF ANY PARTY STATE, THIS COMPACT
20 SHALL REMAIN IN FULL FORCE AND EFFECT AS TO THE REMAINING PARTY STATES AND IN
21 FULL FORCE AND EFFECT AS TO THE PARTY STATE AFFECTED AS TO ALL SEVERABLE
22 MATTERS.

23 Sec. 2. Repeal

24 Sections 32-1668 and 32-1669, Arizona Revised Statutes, are repealed.

25 Sec. 3. Conforming legislation

26 The legislative council staff shall prepare proposed legislation
27 conforming the Arizona Revised Statutes to the provisions of this act for
28 consideration by the legislature.

29 Sec. 4. Conditional enactment; notice

30 A. Title 32, chapter 15, article 2.1, Arizona Revised Statutes, as
31 added by this act, and the repeal of sections 32-1668 and 32-1669, Arizona
32 Revised Statutes, by this act, become effective on the earlier of:

33 1. December 31, 2018.

1 2. The legislative enactment into law of the nurse licensure compact
2 pursuant to title 32, chapter 15, article 2.1, Arizona Revised Statutes, by
3 at least twenty-six other states.

4 B. The Arizona state board of nursing shall notify in writing the
5 director of the Arizona legislative council on or before January 15, 2019 of
6 the date on which the condition was met."

7 Amend title to conform

HEATHER CARTER

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C: mjh

ARIZONA HOUSE OF REPRESENTATIVES
Fifty-second Legislature - Second Regular Session

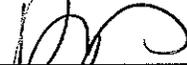
ROLL CALL VOTE

COMMITTEE ON HEALTH BILL NO. HB 2362

DATE February 2, 2016 MOTION: dpa/se

	PASS	AYE	NAY	PRESENT	ABSENT
Mr. Boyer					✓
Mr. Friese		✓			
Mr. Lawrence		✓			
Mr. Meyer					
Mrs. Cobb, Vice-Chairman		✓			✓
Mrs. Carter, Chairman		✓			
		4	0	0	2

APPROVED:



 HEATHER CARTER, Chairman
 REGINA COBB, Vice-Chairman



 COMMITTEE SECRETARY

ATTACHMENT _____



HOUSE OF REPRESENTATIVES

HB 2364

medical board; license renewal

Prime Sponsor: Representative Carter, LD 15

X Committee on Health

Caucus and COW

House Engrossed

OVERVIEW

HB 2364 permits a person to apply for a renewal license within a two year period after the expiration of their previous license.

PROVISIONS

1. Requires a person who submits an application for renewal within a two-year period after the expiration date of their previous license authorization period to complete all of the following:
 - a. Submit a completed application on a form provided by the Arizona Medical Board (Board);
 - b. Pay renewal and late renewal fees;
 - c. Provide proof of completion of continuing medical education requirements; and
 - d. Provide a notarized statement that describes any medical practice the person performed after the expiration of the previous licensure period.
2. Allows the Board to renew a license if all the requirements noted above are met.
3. Authorizes the Board to assess a civil penalty of no more than one thousand dollars or impose other appropriate sanctions to a person who perform the unauthorized practice of medicine.

CURRENT LAW

A.R.S. § 32-1430 provides a person, who holds an active license to practice medicine in the state of Arizona, to renew their license every other year on or before the licensee's birthday. A licensee must pay the fees required accompanied by a completed renewal form. If a licensee does not renew their active license on or before thirty days after the licensee's birthday, a penalty fee must be paid. The license will automatically expire if the licensee does not renew within four months after the licensee's birthday. A person who practices medicine after their license has expired is in violation of this statute.

A person renewing their license must provide the Board with a report of any disciplinary actions placed against them by a state licensing or disciplinary agency of the federal government. The report must include the name and address of the sanctioning agency or health care institution, the nature of the action taken and a general statement of the charges leading to the action taken. The licensee must also submit proof of having completed a training unit prescribed by the Board along with their renewal form.

ARIZONA HOUSE OF REPRESENTATIVES
Fifty-second Legislature - Second Regular Session

ROLL CALL VOTE

COMMITTEE ON HEALTH BILL NO. HB 2364

DATE February 2, 2016 MOTION: dp

	PASS	AYE	NAY	PRESENT	ABSENT
Mr. Boyer					✓
Mr. Friese		✓			
Mr. Lawrence		✓			
Mr. Meyer					✓
Mrs. Cobb, Vice-Chairman		✓			
Mrs. Carter, Chairman		✓			
		4	0	0	2

Sandy Kelley
 COMMITTEE SECRETARY

APPROVED:

 HEATHER CARTER, Chairman
 REGINA COBB, Vice-Chairman

ATTACHMENT _____



HOUSE OF REPRESENTATIVES

HB 2358

prevention education; appropriation

Prime Sponsor: Representative Carter, et al., LD 15

X Committee on Health

Caucus and COW

House Engrossed

OVERVIEW

HB 2358 appropriates an additional \$1,000,000 from the state General Fund (GF) in FY 2016 to the Department of Health Services (DHS) to provide grants for the development of training materials for a proactive prevention education program for middle school and high schools students.

PROVISIONS

1. Appropriates an additional \$1,000,000 from the state GF in FY 2016 to DHS to provide grants on a competitive basis for the development of training materials for a proactive prevention education program for middle and high school students in this state.
2. Outlines that the program must:
 - a. Promote positive life choices by educating middle and high school students about the harms and consequences of destructive behaviors in order to reduce the motivation to abuse substances and be involved in harmful social environments;
 - b. Include a proactive prevention component focused on substance abuse, violence and other risky behaviors; and
 - c. Include an educational component focused on mental health.
3. The appropriation is exempt from the provisions relating to lapsing of appropriations.

CURRENT LAW

Laws 2015, Chapter 8, Section 50 appropriated monies to the Department of Health Services.

PROPOSED

HOUSE OF REPRESENTATIVES AMENDMENTS TO H.B. 2358

(Reference to printed bill)

- 1 Page 1, line 16, strike the comma and insert "and"; after "violence" insert a
- 2 period and strike remainder of line
- 3 Amend title to conform

ERIC MEYER

2358MEYER
02/01/2016
11:18 AM
H: JH/rca

Attachment 19

Adopted # of Verbals _____
Failed _____ Withdrawn _____
Not Offered _____ Analysts Initials _____

ARIZONA HOUSE OF REPRESENTATIVES
Fifty-second Legislature - Second Regular Session

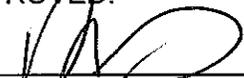
ROLL CALL VOTE

COMMITTEE ON HEALTH BILL NO. HB 2358

DATE February 2, 2016 MOTION: dpa

	PASS	AYE	NAY	PRESENT	ABSENT
Mr. Boyer					✓
Mr. Friese		✓			
Mr. Lawrence		✓			
Mr. Meyer					✓
Mrs. Cobb, Vice-Chairman		✓			
Mrs. Carter, Chairman		✓			
		4	0	0	2

APPROVED:



 HEATHER CARTER, Chairman
 REGINA COBB, Vice-Chairman



 COMMITTEE SECRETARY

ATTACHMENT _____



HOUSE OF REPRESENTATIVES

HB 2353

regulatory boards; sunrise; draft legislation
Prime Sponsor: Representative Carter, LD 15

X Committee on Health
Caucus and COW
House Engrossed

OVERVIEW

HB 2353 requires health and non-health applicant groups to submit draft legislation with a written report when requesting initial regulation or an expansion in scope of practice.

PROVISIONS

1. Requires health and non-health applicant groups to submit draft legislation with a written report when requesting initial regulation or an expansion in scope of practice.

CURRENT LAW

Contained in Title 32, Chapters 31 and 44 respectively are the laws relating to the regulation of health professions and non-health professions and occupations. Outlined are provisions relating to applicant groups, written reports and factors to be considered when requesting regulation or an expansion in scope of practice.

PROPOSED

HOUSE OF REPRESENTATIVES AMENDMENTS TO H.B. 2353

(Reference to printed bill)

1 Page 1, after line 42, insert:

2 "Sec. 2. Section 32-3104, Arizona Revised Statutes, is amended to
3 read:

4 32-3104. Applicant groups; written report

5 Applicant groups shall submit a written report explaining the factors
6 prescribed in section 32-3105, SUBSECTION A or SECTION 32-3106 to the
7 president of the senate and the speaker of the house of representatives. The
8 report shall be submitted on or before September 1 before the start of the
9 legislative session for which the legislation is proposed. THE REPORT SHALL
10 BE VALID ONLY FOR LEGISLATION TO BE INTRODUCED IN A LEGISLATIVE SESSION THAT
11 IS HELD ON OR BEFORE DECEMBER 31 OF THE FOLLOWING CALENDAR YEAR. The
12 president of the senate or the speaker of the house of representatives shall
13 assign the written report to the appropriate legislative committee of
14 reference. The legislative committee of reference shall study the written
15 report and deliver the report of its recommendations to the speaker of the
16 house of representatives, the president of the senate, the governor and, if
17 appropriate, the regulatory board of the health profession on or before
18 December 1 of the year in which the report is submitted. THE LEGISLATIVE
19 COMMITTEE OF REFERENCE SHALL PROVIDE A COPY OF THIS REPORT TO THE SECRETARY
20 OF STATE. Legislative committees of reference may hold hearings as they deem
21 necessary. If a health professional group proposes to increase the scope of
22 practice of its profession, copies of the written report shall be sent to the
23 regulatory board of the health profession for review and comment. If
24 applicable, the regulatory board of the health profession shall make

Attachment 22

Adopted # of Verbals _____
Failed _____ Withdrawn _____
Not Offered _____ Analysts Initials _____

1 recommendations based on the report submitted by applicant groups to the
2 extent requested by the legislative committees of reference.

3 Renumber to conform

4 Page 2, after line 41, insert:

5 "Sec. 4. Section 32-4402, Arizona Revised Statutes, is amended to
6 read:

7 32-4402. Applicant groups; nonhealth professions and
8 occupations; written report

9 Applicant groups shall submit a written report explaining the factors
10 prescribed in section 32-4403, SUBSECTION A to the president of the senate
11 and the speaker of the house of representatives. The report shall be
12 submitted on or before September 1 before the start of the legislative
13 session for which the legislation is proposed. THE REPORT SHALL BE VALID
14 ONLY FOR LEGISLATION TO BE INTRODUCED IN A LEGISLATIVE SESSION THAT IS HELD
15 ON OR BEFORE DECEMBER 31 OF THE FOLLOWING CALENDAR YEAR. The president of
16 the senate or the speaker of the house of representatives shall assign the
17 written report to the appropriate legislative committee of reference. The
18 legislative committee of reference shall study the written report and deliver
19 the report of its recommendations to the speaker of the house of
20 representatives, the president of the senate, the governor and, if
21 appropriate, the regulatory entity on or before December 1 of the year in
22 which the report is submitted. THE LEGISLATIVE COMMITTEE OF REFERENCE SHALL
23 PROVIDE A COPY OF THIS REPORT TO THE SECRETARY OF STATE. Legislative
24 committees of reference may hold hearings as they deem necessary.

25 Amend title to conform

HEATHER CARTER

2353CARTER2
02/1/2016
11:34 am
H: IG/ra

2353hc.doc*
02/1/2016
9:33 AM
C: mu

ARIZONA HOUSE OF REPRESENTATIVES
Fifty-second Legislature - Second Regular Session

ROLL CALL VOTE

COMMITTEE ON HEALTH BILL NO. HB 2353

DATE February 2, 2016 MOTION: dpa

	PASS	AYE	NAY	PRESENT	ABSENT
Mr. Boyer					✓
Mr. Friese		✓			
Mr. Lawrence		✓			
Mr. Meyer		✓			
Mrs. Cobb, Vice-Chairman		✓			
Mrs. Carter, Chairman		✓			
		5	0	0	1

APPROVED:


 HEATHER CARTER, Chairman
 REGINA COBB, Vice-Chairman


 COMMITTEE SECRETARY

ATTACHMENT _____



HOUSE OF REPRESENTATIVES

HB 2363

personal information; breach; records; exception

Prime Sponsor:

X Committee on Health

Caucus and COW

House Engrossed

OVERVIEW

HB 2363 extends exemptions for Health Insurance Portability and Accountability Act (HIPAA) covered entities to business associates, as defined by HIPAA.

PROVISIONS

1. Exempts *business associates* (as defined by HIPAA) from requirements regarding notification for compromised personal information.
2. Exempts *business associates* (as defined by HIPAA) from requirements regarding the discard and disposal of paper records and documents containing personal identifying information.
3. Makes technical and conforming changes.

CURRENT LAW

A.R.S. §44-7501 exempts *covered entities*, as defined by HIPAA, from requirements regarding notification for compromised personal data.

A.R.S. §44-7601 exempts *covered entities*, as defined by HIPAA, from requirements regarding notification in regard to the discard and disposal of paper records and documents containing personal identifying information.

ADDITIONAL INFORMATION

45 C.F.R. §160.103 provides the following definitions:

“Business associate” is a person that participates, creates, receives, maintains, or transmits protected health information on behalf of a covered entity or healthcare arrangement where the provision of the service(s) involves the disclosure of protected health information from such covered entity or arrangement, or from another business associate of such covered entity or arrangement, to the person.

“Covered entity” is a health plan, health care clearinghouse or a health care provider who transmits any health information in electronic form in connection with a transaction covered by the Administrative Data Standards and Related Requirements under Title 45 of the C.F.R. Subtitle A.

45 C.F.R. §164.410 provides regulations concerning the notification by a business associate following the discovery of a breach of unsecured protected health information (PHI).

ARIZONA HOUSE OF REPRESENTATIVES
Fifty-second Legislature - Second Regular Session

ROLL CALL VOTE

COMMITTEE ON HEALTH BILL NO. HB 2363

DATE February 2, 2016 MOTION: dp

	PASS	AYE	NAY	PRESENT	ABSENT
Mr. Boyer					✓
Mr. Friese		✓			
Mr. Lawrence		✓			
Mr. Meyer		✓			
Mrs. Cobb, Vice-Chairman		✓			
Mrs. Carter, Chairman		✓			
		5	0	0	1

Sandy Kelley
 COMMITTEE SECRETARY

APPROVED:

 HEATHER CARTER, Chairman
 REGINA COBB, Vice-Chairman

ATTACHMENT _____

ARIZONA STATE LEGISLATURE
 Fifty-second Legislature - Second Regular Session
COMMITTEE ATTENDANCE RECORD

COMMITTEE ON HEALTH

CHAIRMAN: Heather Carter VICE-CHAIRMAN: Regina Cobb

DATE	1/12/16	1/19/16	1/26/16	2/2/16	1/16
CONVENED	2:19pm	2:39 m	2:15pm	2:11pm	m
RECESSED					
RECONVENED					
ADJOURNED	3:22pm	3:10	5:57pm	4:55pm	
MEMBERS					
Mr. Boyer	✓	✓	✓	exc	
Mr. Friese	✓	✓	✓	✓	
Mr. Lawrence	✓	✓	✓	✓	
Mr. Meyer	✓	✓	✓	✓	
Mrs. Cobb, Vice-Chairman	✓	✓	✓	✓	
Mrs. Carter, Chairman	✓	✓	✓	✓	

✓ Present --- Absent exc Excused