

A Comparison of Discipline Between Nurses Holding a Multi- or Single-State License

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Background: The Nurse Licensure Compact (NLC) is a modernized licensure system designed to facilitate nurse mobility in a safe and standardized way. It has demonstrated particular usefulness during the COVID-19 pandemic and other emergencies, allowing nurses to practice where they are needed without the time and cost burdens of obtaining multiple state licenses. In 2018, uniform licensure requirements were added to the NLC to strengthen the requirements for a multistate license. Nevertheless, some states have been reluctant to join the NLC, citing safety concerns. **Purpose:** The National Council of State Boards of Nursing compared the discipline rates of multistate license holders to nurses holding single-state licenses. **Methods:** This cross-sectional study used discipline data from the calendar year 2019, which was chosen because it contained the most current pre-pandemic data. Discipline cases among nurses with and without a multistate license were evaluated. Using the national Nursys database, we compared discipline rates and types of violations leading to disciplinary actions by 33 NLC Boards of Nursing (BONs) and 24 non-NLC BONs. **Results:** The overall discipline rates of nurses in NLC and non-NLC states were virtually identical (0.24% versus 0.23%). However, a further breakdown of the data revealed the annual discipline rate of nurses holding multistate licenses (0.11%) was about half the rate of nurses in non-NLC states (0.23%) and a quarter of the rate of nurses not holding multistate licenses in NLC states (0.40%). **Conclusion:** Multistate license holders' consistently low discipline rates hold across all available demographic categories, suggesting the overall safety of the NLC.

Keywords: Nurse Licensure Compact, NLC, discipline rate, uniform licensure requirements, ULRs, safety, Nursys database

The Nurse Licensure Compact (NLC), which was introduced by the National Council of State Boards of Nursing (NCSBN) in 2000, allows a registered nurse (RN) or a licensed practical nurse/licensed vocational nurse (LPN/LVN) to hold one multistate license, obtained from their state of residence, with the privilege to practice in all other NLC participating states without obtaining an additional license (Evans, 2015; Kappel, 2018; Litchfield, 2010; Poe, 2008; Thomas & Thomas, 2018).

Since the introduction of the NLC in 2000, both the number of NLC participating states as well as the number of nurses holding multistate licenses have steadily increased. In 2019, 55% of the nursing workforce across NLC participating states held a multistate license, reflecting the widespread and growing acceptance of the NLC (Figure 1A). Furthermore, the value of the NLC in enabling a flexible, mobile nursing workforce under crisis conditions has also been underscored during the global COVID-19 pandemic (American Organization for Nursing Leadership, 2021).

Despite the widespread adoption of the NLC, the high standards that need to be met to receive a multistate license and, reports by NLC states of its safety and efficiency, some have questioned whether the NLC allow high-risk nurses to move from state to state, posing a threat to public safety and increasing the discipline

case volume for BONs. To date, the safety of multistate license holders has not been subject to a national study, and no data have yet been presented to assess the impact of the NLC implementation (Alexander et al., 2021).

To address this knowledge gap, we conducted an in-depth analysis comparing the rates of discipline among multistate licensees to their peers holding single-state licenses in both non-NLC and NLC states. The types of violations committed by these nurses as well as the types of violations triggering disciplinary actions against a nurse's multistate privilege to practice in other compact states are analyzed.

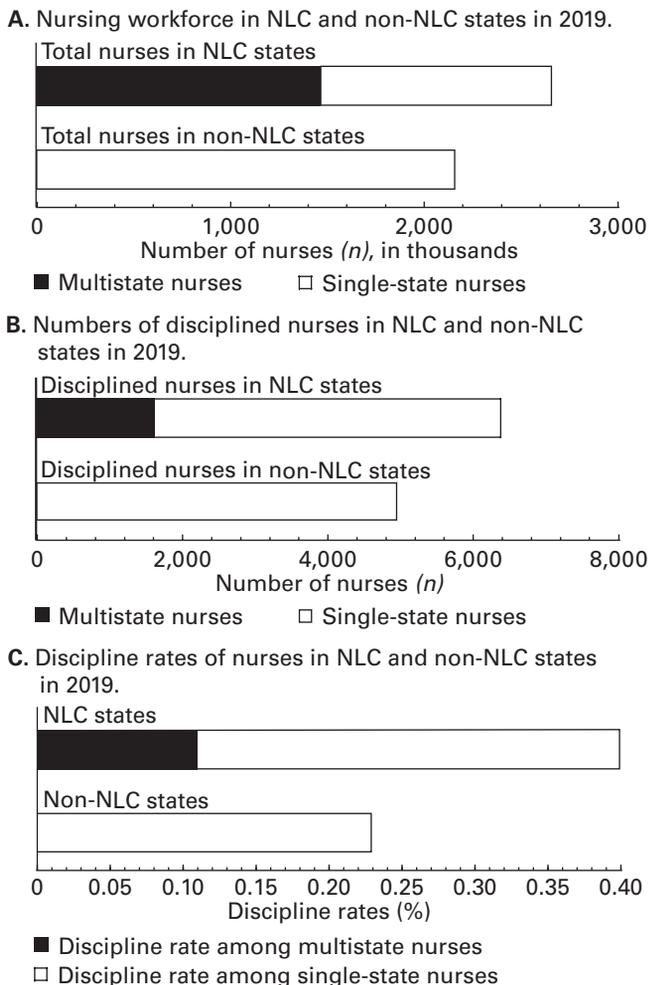
This study aimed to address two research questions: (1) How do the discipline rates of multistate license holders compare to those of their single-state license counterparts? (2) Are there any differences in the types of violations committed by nurses with multistate licenses compared with nurses in non-NLC states?

Terminology Multistate License

A multistate license refers to the license issued by NLC states to nurses who reside in their state and have met the requirements for

FIGURE 1

Comparison of 2019 Nursing Workforce, Number of Disciplined Nurses, and Discipline Rates in NLC and non-NLC States



the multistate license. They may use that license to practice in all other NLC states. A single-state license is a license issued by a state that allows practice only in that state. Both states that belong to the NLC and those that do not can issue single state licenses.

Nursys

Nursys is a national database for verification of nurse licensure, discipline, and practice privileges for RNs, LPNs/LVNs, and advanced practice registered nurses (APRNs) licensed in participating jurisdictions, including all states participating in the NLC (NCSBN, n.d.-a).

Discipline or Disciplinary Action

All sanctions are administered by a BON in response to a violation of the state Nurse Practice Act (NPA). While there are variations in definitions and interpretations of these actions from state to state, they generally include such actions as administrative warn-

ings (letters of concern), reprimands, practice probation (for a designated period), license suspension, or license revocation (Zhong et al., 2016). According to Nursys in 2019, BONs may impose 18 different disciplinary actions against the licenses of nurses who violate the NPA, as well as 13 different disciplinary actions against a nurse’s multistate privilege in other NLC states.

Home State

A home state is the NLC state that serves as a nurse’s primary state of residence. Sources used to verify a nurse’s primary residence may include driver’s license, federal income tax return, Military Form #2058, or voter registration (NCSBN, n.d.-b).

Multistate Licensure Privilege to Practice

Privilege to practice (PTP) is a legal authorization granted by the NLC permitting the practice of nursing in another NLC state (remote state) (NCSBN, 2015). When exercising his or her PTP in a remote state, a nurse is accountable for complying with the NPA of that state (Smith, 2014).

PTP Action

All states participating in the NLC are authorized to take an adverse action (discipline) against a nurse’s PTP when there is a violation of that state’s nurse practice act. These actions include revocation, suspension, probation, cease and desist, and any other action the state deems appropriate (NCSBN, n.d.-b).

Methods

Data Source

The current report is based on licensure and discipline data obtained from the Nursys database, including the following: (a) disciplined licensure statistics, (b) aggregated workforce licensure statistics, (c) disciplinary violations; and (d) disciplinary actions (initial actions only). Data were extracted from Nursys in June 2021. It is important to note that all nurses in non-NLC states hold single-state licenses only, whereas in NLC states, nurses may hold a multistate or single-state license.

Case Selection Criterion

This study is based on the annual discipline data from the calendar year 2019. The year 2019 was selected for analysis because it has the most current data not affected by the COVID-19 pandemic. All discipline records retrieved by the NCSBN IT department were reviewed. Only RN and LPN/LVN records were used for the current analysis. The cohort of nurses who held a multistate license was defined in a manner to be exclusive from the group of nurses who only held a single state license for the purposes of this analysis. When a nurse held both multistate and single state licenses, the nurse was coded in the multistate group. No cases were excluded.

Confidentiality and Data Analysis

The licensure and discipline data for a particular licensee is publicly accessible via Nursys Licensure Quick Confirm and many BON websites. To protect the confidentiality of the nurse records, individual ID codes (e.g., 123456) generated in the Nursys system were used to link the licensure and discipline data in the records. The records were maintained in password-protected files. This article presents data in aggregate form only.

Descriptive statistics are presented as frequencies, percentages, and bar charts. Odds ratios were calculated to assess the significance of observed trends. All findings with $p \leq .05$ were considered statistically significant. Analyses were conducted using SAS version 9.4 (Cary, NC).

Results

Overall Discipline Rates

According to Nursys, over 4.8 million RNs and LPNs/VNs were licensed in 2019 by 57 BONs. Among them, the overall discipline rates for all nurses in NLC states and non-NLC states were 0.24% (6,410 in 2,673,855) and 0.23% (4,987 in 2,173,840), respectively (Figure 1A-B). The discipline rate of these multistate license holders was 0.11% (1,642 of 1,468,682), about half the discipline rate of nurses in non-NLC states (Figure 1C).

In addition, we examined the discipline rates between nurses with a multistate license and those with a single-state license within the NLC states. In 2019, 6,410 nurses in NLC states received disciplinary actions by BONs. Among these, 26% ($n = 1,642$) held a multistate license, while the remaining 74% ($n = 4,768$) held a traditional single-state license. The discipline rate of the multistate license holders was 0.11% (1,642 of 1,468,682), or approximately one quarter the rate of single-state license holders (0.40%, 4,768 of 1,205,173). These data suggest that those who applied for and received a multistate license were approximately 72% less likely to commit violations that would trigger disciplinary actions by BONs (OR = 0.28, 95% CI = 0.27-0.30, $p < .001$).

Demographics of Disciplined Nurses

We further evaluated the demographic characteristics of the disciplined nurses to determine whether certain factors may contribute to the low discipline rates observed among the nurses with a multistate license. Interestingly, multistate license holders consistently displayed lower discipline rates across all gender and age groups compared with nurses holding single-state licenses in non-NLC states (Table 1). For example, among nurses younger than 40, multistate license holders were disciplined at a rate of 0.04% compared with a rate of 0.08% for nurses holding single-state licenses in non-NLC states.

When assessing the length of licensure, the discipline rates of multistate license holders were consistently low across all strata. The discrepancies in the discipline rates between multistate and single-state license holders in non-NLC states were most pronounced in

TABLE 1

Discipline Rates of Multistate and Single-State License Holders by Gender and Age in 2019

Characteristic	% (n)	
	Multistate Nurses (N = 1,468,682)	Single-State Nurses ^a (N = 2,173,840)
<i>Gender</i>		
Female	0.09% (1,276)	0.14% (3,115)
Male	0.02% (222)	0.03% (705)
NA	0.01% (144)	0.05% (1,167)
<i>Age, year</i>		
≤ 29	0.01% (117)	0.01% (310)
30-34	0.01% (216)	0.03% (657)
35-39	0.02% (251)	0.04% (778)
40-44	0.02% (251)	0.03% (699)
45-49	0.01% (209)	0.03% (737)
50-54	0.01% (187)	0.03% (575)
55-59	0.01% (182)	0.02% (516)
60-64	0.01% (137)	0.02% (394)
≥ 65	0.01% (92)	0.01% (312)
NA	0% (0)	0.00% (9)
Total	0.11% (1,642)	0.23% (4,987)

Note. NLC = Nurse Licensure Compact; NA = not available. Data were pulled from the Nursys database.

^a In this table, single-state license holders were all from non-NLC states.

TABLE 2

Discipline Rates of Multistate and Single-State License Holders by Length of License at the Time of 2019 Action

Years Licensed	Disciplined Nurses, % (n)	
	Multistate Nurses (N = 1,468,682)	Single-State Nurses ^a (N = 2,173,840)
0-5	0.03% (429)	0.05% (1,066)
6-10	0.03% (412)	0.06% (1,295)
11-20	0.03% (435)	0.07% (1,446)
21-30	0.02% (242)	0.03% (711)
31-40	0.01% (93)	0.02% (356)
> 40	0.00% (28)	0.00% (107)
NA	0.00% (3)	0.00% (6)
Total	0.11% (1,642)	0.23% (4,987)

Note. NLC = Nurse Licensure Compact; NA = not available. Data were pulled from the Nursys database.

^a In this table, single-state license holders were all from non-NLC states.

their earlier years of practice, with rates falling significantly after 20 or more years of licensure for both groups (Table 2).

TABLE 3

Types of Violations Committed by Multistate and Single-State License Holders

Basis for Disciplinary Actions	% (n)	
	Multistate Nurses (N = 1,468,682)	Single-State Nurses ^a (N = 2,173,840)
Substandard or inadequate care	0.02% (222)	0.02% (333)
Failure to maintain adequate or accurate records	0.01% (201)	0.01% (221)
Filing false reports or falsifying records	0.01% (155)	0.01% (205)
Criminal conviction	0.01% (135)	0.04% (913)
Violation of federal or state statutes, regulations, or rules	0.01% (129)	0.02% (387)
Unable to practice safely by reason of alcohol or other substance abuse	0.01% (116)	0.02% (484)
Other	0.11% (1,675)	0.27% (5,801)
Total	0.18% (2,633)	0.38% (8,344)

Note. NLC = Nurse Licensure Compact. Data were pulled from the Nursys database.

^aIn this table, single-state license holders were all from non-NLC states. A nurse could commit more than one violation.

Types of Violations Triggering BON Actions

Among nurses who held a multistate license, 1,642 committed 2,633 different types of violations in 2019. “Substandard or inadequate care” and “failure to maintain adequate or accurate records” were the most frequently reported causes of BON disciplinary actions (Table 3). A further breakdown of the types of violations revealed that, compared to their peers in non-NLC states, nurses holding an multistate license had an even lower risk for being disciplined by BONs for the following violation categories: (1) “criminal conviction” (OR = 0.22, 95% CI = 0.18-0.26, $p < .001$), (2) “unable to practice safely by reason of alcohol or other substance abuse” (OR = 0.35, 95% CI = 0.29-0.43, $p < .001$), and (3) “violation of federal or state statutes, regulations or rules” (OR = 0.49, 95% CI = 0.40-0.60, $p < .001$).

Finally, we evaluated the types of violations that triggered PTP actions taken by BONs against a nurse’s multistate privilege to practice. The proportion of nurses with a multistate license who committed a violation in other NLC states was very low (0.01%, $n = 155$). The main violations committed during cross-state practice included “failure to maintain adequate or accurate records” ($n = 34$), “drug screening violation” ($n = 20$), “substandard or inadequate care” ($n = 19$), and “unable to practice safely by reason of alcohol or other substance abuse” ($n = 19$). Due to the low case numbers and the lack of information regarding the practice settings involved, no additional analysis was performed.

Discussion

The overall rates of discipline in NLC and non-NLC states (0.24% versus 0.23%) are nearly equivalent; nonetheless, further breakdown shows that the discipline rates of nurses holding a multistate license are actually lower than those of their colleagues holding single-state licenses (0.11% versus 0.23%). The discrepancy is even more signifi-

cant when compared to nurses in the same NLC states who do not hold a multistate license (0.11% versus 0.40%).

The low discipline rates for multistate license holders were not a result of disproportionate participation of any low-risk group in the NLC, but rather a phenomenon seen across all gender, age, and length of licensure strata. The discipline rates for older nurses and those licensed for more than 20 years were reduced for both multistate and single-state license holders alike, aligning with previously reported evidence that experienced cohorts tend to develop better ways to manage errors (Zhong & Kenward, 2009; Zhong et al., 2009). Furthermore, nurses with a multistate license are disciplined less often than their colleagues in non-NLC states for violations related to criminal convictions (0.01% versus 0.04%, respectively), substance use (0.01% versus 0.02%, respectively), and violation of federal or state statutes, regulations, or rules (0.01% versus 0.02%, respectively). Finally, we found that only 0.01% of multistate license holders received disciplinary actions under their multistate license privilege in other NLC states, which implies that the NLC does not place any additional burden on BONs in terms of discipline case management.

In 2018, with the implementation of the enhanced NLC, 10 requirements for a multistate license were added to the compact legislation. These include undergoing a mandated criminal background check, not being enrolled in an substance use disorder alternative-to-discipline program, and not having had a criminal conviction. These requirements add another level of safety to the NLC and further ensure public protection. Based on the ULRs, nurses with criminal convictions or a previous discipline history, as well as those enrolled in an alternative-to-discipline program, may not qualify for a multistate license (Halpern, 2016; Oyeleye, 2019). The associations between criminal conviction history and subsequent violations have been well documented (Alper et al., 2018; Papinaho et al., 2021; Waneka et al., 2011; Zhong et al., 2009). In

addition, substance use disorder and previous discipline histories have also been reported as potential recidivism risks (Zhong et al., 2016; Zhong & Thomas, 2012). The NLC serves as a modern-day licensure model that promotes mobility, enhances access to care, and protects the public.

Limitations

The demographic data reported may be limited due to incomplete data in the Nursys database. Other factors, such as the nurses' roles and corresponding work hours and employment settings, that may have an impact on discipline rates were not available for analysis. In addition, due to the lack of information regarding whether nurses who hold multistate licenses practice outside their home state, we were not able to compare their home state versus cross border discipline rates. Finally, pandemic-driven emergency orders and legislative actions introduced significant variability across the healthcare landscape in 2020; thus, only 2019 cases were used for the current study.

Conclusion

Using the discipline rate as an objective endpoint measure, our data demonstrate that participation in the NLC does not pose an elevated risk to patient safety or place an additional burden on states in terms of discipline case management. Multistate license holders not only increase access to care across NLC state lines when necessary, but they also maintain and augment patient safety. The current findings underscore multistate license holders' consistently low discipline rates, which were evident across all available demographic categories.

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