To encourage case managers and CM employers to support compliance with multistate nursing licensure, the Case Management Society of America (CMSA) board of directors has revised an earlier position statement on multistate nursing licensure in case management. According to CMSA President Susan Rogers, RN, BSN, CCM, “CMSA’s fundamental position on this topic remains unchanged. What’s different is a more assertive position in support of appropriate safeguards for our members and case managers nationwide.”

CMSA’s view on multistate licensure is clearly stated in the organization’s standards: “The case manager practices in accordance with applicable local, state, and federal laws. The case manager has knowledge of applicable accreditation and regulatory statutes governing sponsoring agencies that specifically pertain to delivery of case management services.”

Nurse licensure is regulated on a state-by-state basis with state boards of nursing requiring nurse case managers to be licensed within the states where patients reside whenever telephonic or on-site interactions occur. When nurses provide case management services telephonically or onsite without a license to practice in the state of the patient’s residence, he or she is violating the law. The violation is punishable with penalties of up to $1000, permanent loss of licensure, and up to 1 year in jail.

Of additional concern to nurse case managers is the fact that no professional liability insurance carrier will cover an improperly licensed or nonlicensed nurse in the event of actions deemed damaging to the patient. Therefore, case managers would be personally responsible for payment of damages if they are assessed.

Through the National Council of State Boards of Nursing (NCSBN), 20 states have entered into a compact to recognize other states’ licensing of nurses. A listing as of August 2005 is included below. The compact is tied to the state of the nurse’s residence, not the state of practice or the patient’s location. Therefore, if a nurse resides in and is licensed by a state that participates in
the Nurse Licensure Compact, the nurse’s licensure will be recognized by other states participating in the compact.

Jeanne Boling, MSN, CRRN, CDMS, CCM, CMSA executive director, explained, “The purpose of the CMSA position statement is to alert and to persuade individuals and organizations to aggressively encourage non-compact state boards of nursing to join the compact and to encourage federal legislation mandating recognition of nurse licensure across state lines in the same manner as driver’s licenses are recognized.”

According to Rogers, “In response to this issue, CMSA is encouraging case managers and employers to work aggressively with the state boards of nursing to encourage compliance and entry into the NCSBN as compact states so that appropriate multistate nursing licensure might continue appropriately and cost effectively. In addition or as an alternate step, CMSA is encouraging the enactment of federal legislation mandating recognition of nurse licensure in all states. Finally, CMSA has added its name to the growing list of those organizations supporting and endorsing the nurse compact.”

Here is the revised position statement in its entirety.

**Position Statement: Multistate Nursing Licensure in Case Management Revised 11-04-05**

**Purpose**

CMSA is frequently asked by its members how they should approach licensure in compliance with state nurse licensure laws when conducting case management outside their state of residence and licensure. The purpose of this paper is to clarify CMSA’s position as it applies to the issue of multistate nurse licensure.

**Summary**

Nurse licensure is regulated on a state-by-state basis with State Boards of Nursing requiring nurse case managers to be licensed within the states where patients reside when case manager-patient telephonic or on-site interactions occur. In general, nurses are required to be licensed in the state in which they are practicing and in which their patients reside. The 1997 Policy Statement by the National Council of State Boards of Nursing (NCSBN) defines “telenursing” as the practice of nursing and asserts that it is regulated by state boards of nursing. This paper is limited specifically to nursing licensure as there are unique qualifications associated specifically to nursing. Other professional specialties perform case management services and will be guided by their specific regulatory requirements.

This paper will address three related questions:

1. Which activities performed by licensed nurse case managers are defined as the practice of nursing and thus fall under regulatory control?
2. Do CMSA Standards of Practice for Case Management, Revised, 2002 address the issue of multistate nurse case manager licensure?
3. What action can case managers take to support reasonable licensure requirements to practice in today’s telephonic care world?

**Facts**

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

All registered nursing graduates must take the US qualifying exam, National Council Licensure Exam-RN (NCLEX), in order to obtain licensure. Many states “endorse” licenses from other states. For example, a nurse licensed in one state can submit paperwork and receive a license in another state without re-taking the NCLEX.

The NCLEX is currently also available to nurses outside the US. Therefore, nurses educated in foreign countries
can demonstrate equivalency by passing of the NCLEX exam.

**The Issue**

When nurses provide case management services telephonically or on site without a license to practice in the state of the patient’s residence, he/she is violating the law. The violation is punishable variably in states with penalties of up to $1000, permanent loss of licensure, and up to 1 year in jail. Of additional concern to nurse case managers is the fact that not one professional liability insurance carrier will cover an improperly licensed or nonlicensed nurse in the event of actions which are deemed damaging to the patient. Therefore, case managers would be personally responsible for payment of damages if they are assessed.

As one might imagine, licensure in 31 states (30 which are not within the Compact states and 1 within the Compact states) is financially and administratively burdensome to the organization. With pressure to demonstrate cost containment, current practice for some large organizations is to self insure the risk of incurring a damage assessment for the organization and to direct nurses to proceed whether licensed properly or not. This practice leaves the nurse vulnerable to being named in a lawsuit for damages without recourse to professional liability insurance.

**Goal**

The goal of the CMSA position statement is not to create an administrative nightmare or to create additional costs to organizations or to the US healthcare system. The purpose of the CMSA position statement is to alert and to encourage individuals and organizations to aggressively encourage the non-Compact State Boards of Nursing to join the Compact or to encourage federal legislation mandating recognition of nurse licensure across state lines just as driver’s licenses are recognized.

**Nurse Licensure Compact States as of August 2005**

Through the NCSBN, 20 states have entered into a compact to recognize other states’ licensing of nurses; a listing as of August 2005 is included in the sidebar.

The compact is tied to the state of the nurse’s residence, not the state of practice or the patient’s location. Therefore, if a nurse resides in and is licensed in a state that participates in the Nurse Licensure Compact, the nurse’s licensure will be recognized by other states participating in the compact. The nurse should check with her State Board of Nursing for appropriate procedures for recognition.

**Nurse Licensure Compact Implementation (Excerpted from www.ncsbn.org)**

The table and map indicate which states have enacted the RN and LPN/VN Nurse Licensure Compact. Please note that, although New Jersey and New Hampshire have enacted the Nurse Licensure Compact, these states have not yet implemented the compact. On April 25, 2005, Iowa and Utah agreed to mutually recognize APRN licenses. No date has been set for the implementation of the APRN Compact.

If you are seeking Compact licensure, please contact your state board of nursing for primary state of residence requirements. For state board of nursing contact information, go to www.ncsbn.org.
Leadership Coalition recognized the

In August 2005, the Case Management

state where the patient resides.

The practice of nursing is defined in

The 1997 position paper of NCSBN

noted that some common functions of

nursing practice include interacting

with an individual client, receiving

individual health-status data, initiating

and transmitting therapeutic interven-

tions and regimens, and monitoring

and reporting client response and

nursing care outcomes.

In 2004 and 2005, CMSA conducted a sur-

ey of all 50 State Boards of Nursing to
determine if case management as defined by
CMSA’s Standards of Practice is seen
as the practice of nursing. The survey
results indicated that in all 50 states case
management is considered the practice of
nursing when practiced by an RN.

The policy statement by NCSBN recog-
nizes that states consider telenursing
conducted by health call centers, tele-
phonic disease management and case
management to be the practice of nurs-
ing. Utilization management has made
an active argument that it falls under the
category of administrative oversight, and
is not nursing practice. However, previ-
ously silo UM, CM, and DM services are
now being integrated, which reopens the
issue of licensure.

Nurse case managers then are governed
by the state law governing the residence
of the patient with whom the case man-
ger is interacting. In the instances of
nurse case managers working with
patients in several states, licensure is ne-
cessary in each state. Should patients
reside in a Compact state and the nurse
case manager is licensed in one of the
Compact states, the nursing licensure
would be recognized. Should the patient
reside in a state not a part of the Compact
or should the nurse case manager not be
licensed in a Compact state, the nurse
case manager would need to comply with
the state law by obtaining licensure in the
state where the patient resides.

In August 2005, the Case Management
Leadership Coalition recognized the

Nurse Compact and recommended to
each of the participating organizations
that they aggressively support the
Compact.

The Compact is currently recognized by:

1. Case Management Society of
America
2. Case Management Leadership
Coalition
3. Several state nursing associations
whose states have adopted the
Compact
4. American Organization of Nurse
Executives (AONE)
5. Several State Hospital Associations
whose states have adopted the
Compact
6. American Association of Occupa-
tional Health Nurses
7. US Department of Commerce
8. Telehealth Leadership Council

CMSA Position

CMSA’s position is clearly stated by
CMSA’s Standards of Practice for Case
Management, Revised 2002®, which
state that: “The case manager practices in
accordance with applicable local, state, and
federal laws. The case manager has knowl-
edge of applicable accreditation and regula-
tory statutes governing sponsoring agen-
cies that specifically pertain to delivery of
case management services.”

1. CMSA encourages case managers
and case manager employers to work
aggressively with the State Boards of
Nursing to urge compliance and entry
into the NCSBN as Compact States so
that appropriate multi-state nursing
licensure might continue appropriate-
ly and cost effectively.

2. Alternatively, CMSA encourages the
enactment of federal legislation man-
dating the recognition of nurse licen-
sure in all states.

3. CMSA has added its name to the
growing list of those organizations
supporting and endorsing the Nurse
Compact.

Resources

Case Management Society of America
board meeting, November 4, 2005

Case Management Leadership
Coalition meeting, August 12, 2005

AAOHN Multistate Practice Advisory
available for a fee from American
Association of Occupational Health
Nursing, 2920 Brandywine Road, Suite
100, Atlanta, GA 30341.

Center for Telemedicine Law issued
its findings and recommendations on
interstate licensure on Feb 12, 1997.
Their detailed report can be obtained by
contacting the Center at (202) 775-5722.

Interstate Practice in the Age of Infor-
matics and E-Technology, Deborah
DiBenedetto, AAOHN Journal, Sept 2003,
Vol. 51, No. 9, pp. 367-369

National Council of State Boards of
Nursing, www.ncsbn.org

doi:10.1016/j.casemgr.2006.01.005