



**Washington State Board of Nursing (WABON)
Advanced Practice Subcommittee Meeting Agenda
October 18, 2023 7:00 p.m. to 8:00 p.m.**

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United States: +1 (253) 205-0468

Meeting ID: 828 7004 9914

Passcode: 700935

Committee Members:

Jonathan Alvarado, ARNP, CRNA, Chair
Emerisse Shen, MSN, CNP, FNP, ARNP
Megan Kilpatrick, MSN, ARNP-CNS, AOCNS
Wendy E. Murchie, DNP, CPNP-AC
Bianca Reis, DNP, MBA, ARNP, PMHNP-BC
Kimberley A. Veilleux, DNP, RN, ANP-BC
Michelle Dedeo, DNP, ARNP-CNS, ACCNS-AG, CCRN, CNRN, SCRNP
Cyd Marckmann, DNP, ARNP
Jeffery Ramirez, Ph.D., PMHNP, CARN-AP, CNE, FNAP, FAANP, FAAN
Ronna Smith, MN, ARNP
Molly Altman ARNP, MPH, RN

Staff:

Mary Sue Gorski, PhD, RN, Director, Advanced Practice and Research
Lohitvenkatesh Oswal, Research Assistant

Questions

Please contact us at (564) 669-3933 if you:

- have questions about the agenda.
- want to attend for only a specific agenda item.
- need to make language or accessibility accommodations.

Language and Accessibility

If you plan to attend and need language or accessibility services, WABON can arrange help. Please contact us at least one week before the meeting, but no later than **October 11, 2023**.

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Meeting Minutes

WABON records meetings to help write accurate minutes. Minutes are then approved at the WABON business meeting. WABON posts minutes on our website nursing.wa.gov.

All minutes and recordings are public record. They are available on request from DOH at doh.wa.gov/about-us/public-records. The minutes of this meeting will be posted on our website after they have been approved at the **January 12, 2024** WABON meeting.

To request this document in another format, call 1-800-525-0127.

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If attending remotely, please mute your connection in order to minimize background noise during the meeting. Comments from the public will be taken at the end of the meeting. Use the question box on the meeting control panel to submit questions.

- I. 7:00 PM Opening – Jonathan Alvarado, Chair**
Call to order
- Introduction
 - Public Disclosure Statement
 - Roll Call
- II. Standing Agenda Items**
- Announcements/Hot Topic/WABON Business Meeting Updates
 - Review of Advanced Practice Draft Minutes: September 20, 2023
- III. Old Business**
- Prep for Meeting about the AP Compact
 - New Member Orientation (see packet attached)
- IV. New Business**
- Anesthesiologist’s Assistant in Washington State
- V. Ending Items**
- Public Comment
 - Review of Actions
 - Meeting Evaluation
 - Date of Next Meeting – November 15, 2023
 - Adjournment – 8:00 PM or Earlier if Business is Finished



**Washington State Board of Nursing (WABON)
Advanced Practice Subcommittee Meeting Minutes
September 20, 2023**

Subcommittee Members: Jonathan Alvarado, ARNP, CRNA, Chair
Emerisse Shen, MSN, CNP, FNP, ARNP
Wendy E. Murchie, DNP, CPNP-AC
Bianca Reis, DNP, MBA, ARNP, PMHNP-BC
Kimberley A. Veilleux, DNP, RN, ANP-BC
Michelle Dedeo, DNP, ARNP-CNS, ACCNS-AG, CCRN, CNRN, SCRN
Cyd Marckmann, DNP, ARNP
Ronna Smith, MN, ARNP
Molly Altman, PhD, CNM, MPH, FACNM

Absent: Jeffery Ramirez, Ph.D., PMHNP, CARN-AP, CNE, FNAP, FAANP, FAAN
Megan Kilpatrick, MSN, ARNP-CNS, AOCNS

Staff Present: Mary Sue Gorski, PhD, RN, Director, Advanced Practice and Research
Lohitvenkatesh Oswal, Research Assistant

**I. 7:00 PM Opening – Jonathan Alvarado, Chair
Call to Order**

- Jonathan Alvarado called the meeting to order at 7:00 PM. The Advanced Practice Subcommittee members and support staff were introduced. The Public Disclosure Statement was read aloud for the meeting attendees.

II. Standing Agenda Items

- Announcements/Hot Topic/WABON Business Meeting Updates
 - Jonathan Alvarado gave an update on the Request for Legislation for the title change from ARNP to APRN. Mary Sue Gorski provided further details.
- Review of Advanced Practice Draft Minutes: July 19, 2023, August 14, 2023
 - Reviewed, with consensus to bring to the November 17, 2023 WABON business meeting for approval.

III. Old Business

- Update on the NCSBN Annual Meeting AP Compact
 - Jonathan Alvarado gave an update on the NCSBN Annual Meeting and the Advanced Practice Compact. Mary Sue Gorski provided further background on this item.
 - The subcommittee suggested the creation of an AP Compact workgroup. Some subcommittee members and members of the public volunteered to participate in the workgroup.

IV. New Business

- Rulemaking updates
 - Jonathan Alvarado gave an update on rulemaking.
- New Member Orientation
 - Jonathan Alvarado introduced this topic. Mary Sue Gorski provided an

overview of the upcoming new member orientation.

V. Ending Items

- Public Comment
 - The public was given the opportunity to comment on the agenda items.
- Date of Next Meeting – October 18, 2023
- Adjournment – The meeting adjourned at 7:42 PM.

DRAFT

Advanced Practice Subcommittee Work Plan				
Strategic Action Goals	Lead (s)	Type	Progress	Complete
Immediate Goals				
1. Draft Work Plan and Annual Report	Staff/All	Administrative	The APSC and staff will create a work plan and annual report	
2. Advanced Practice information on New Website	Staff/All	Administrative	APSC review advanced practice information on the new website to make sure it is current and up to date.	
3. Advanced Practice Communication	Staff/Chair	Administrative	Review what type of communication should be sent out to ARNPs in Washington State. <ul style="list-style-type: none"> • Licensing Welcome Message • Reminder about National Certification • Etc. 	
Short Term Goals				
4. Review Membership & Plan for Leadership Transition	All	Administrative	Consider representation from each of four roles. Current pro-tem representatives with active term dates listed. <ul style="list-style-type: none"> • Adult Nurse Practitioner (NP) – <ul style="list-style-type: none"> • Cyd Marckmann, 07/01/23-06/30/24 • Ronna Smith, 07/01/23-06/30/24 • Pediatric Nurse Practitioner (NP) – <ul style="list-style-type: none"> • Wendy E. Murchie, 07/01/23-06/30/24 • Psychiatric-Mental Health Nurse Practitioner (NP) – <ul style="list-style-type: none"> • Bianca Reis, 07/01/23-06/30/24 • Kimberley A. Veilleux, 07/01/23-06/30/24 • Jeffery Ramirez, 07/01/23-06/30/24 • Geriatric Nurse Practitioner (NP) – • Certified Nurse-midwife (CNM) – <ul style="list-style-type: none"> • Molly Altman, 09/01/23-06/30/24 • Certified Registered Nurse Anesthetist (CRNA) – • Clinical Nurse Specialist (CNS) – <ul style="list-style-type: none"> • Michelle Dedeo, 07/01/23-06/30/24 • Megan Kilpatrick, 07/01/23-06/30/24 	
Mid-Term Goals				
5. Advisory Opinion on Opening a Business	Staff/All	Subcommittee Review	Develop draft advisory opinion	
6. Acupuncture Advisory Opinion	Staff/All	Subcommittee Review	Develop draft advisory opinion	
7. Title change ARNP to APRN	Staff/All	Subcommittee Review	Request for legislation packet submitted 9/1/23. RCW change needed, recommendation from APSC to Commission in November for approval to start the process with goal of leg session 2024.	
8. Procedure to rule from JARRC recommendation	Staff/All		The board approved JARRC recommendations in September. Interested Party focus groups through November.	
Long-Term Goals				
9. ARNP Rules	Staff/All	Subcommittee Review	The APSC is working on a few rule sets. Once those are completed an entire review of ARNP rules is needed.	
10. AP Compact education	Staff/All		Schedule discussion session for broad interested parties group in December.	

Washington State Board of Nursing

Position Description

Advanced Practice Subcommittee

Purpose: To advise, monitor, and recommend scope of practice processes, advisory opinions, interpretive statements, policy statements, and declaratory statements, general policies and procedures, requests for rule review or formulation related to an advanced registered nurse practitioner (ARNP).

Membership: (Chair appointed by the WABON Chair)

ARNP members of the Washington State Board of Nursing (WABON), one of whom shall be the chair of the Subcommittee.

ARNP pro tem members selected to represent geographic areas and specialties and provide expertise for selected projects being addressed.

Certified Registered Nurse Anesthetist (CRNA)

Certified Nurse Midwife (CNM)

Clinical Nurse Specialist (CNS)

Duties and Responsibilities of the Sub-committee

1. With assistance from staff, prepares the agenda of the sub-committee meetings.
2. In consultation with sub-committee members, establishes the dates and times for the sub-committee meetings, at least two weeks prior to the WABON business meetings.
3. Prepares and presents a report to the WABON at business meetings with possible action items.
4. With WABON members, reviews practice standards, addresses requests for advisory opinions/interpretive statements, and recommends improvements.
5. Implements assigned responsibilities for the WABON strategic plan.

Goals: Committee goals include the following:

1. Review Commission policies, position statements, and administrative rules as directed and scheduled by the Commission related to advanced practice issues.
2. Respond, as directed by the Commission, to the changing healthcare environment by addressing scope of practice issues and developing policies and position statements as needed.
3. Discuss and deliberate licensing, scope of practice and disciplinary processes and outcomes for Advance Practice registered nurses as requested, and make recommendations to the Commission regarding specific issues.

Staff:


Associate Director of Nursing Practice

Advanced Practice Nursing Consultant

Adopted: 05/09/14

Revised: 03/13/15, 03/10/17

**DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE**

Title:	Advanced Registered Nurse Practitioner (ARNP) Application Exemption Requests	Number:	B09.06
Reference:	WAC 246-840-340 WAC 246-840-360 WAC 246-840-365 WAC 246-840-367 WAC 246-840-410 WAC 246-840-342 NCSBN's Consensus Model for APRN Regulation		
Author:	Amber Zawislak-Bielaski, MPH Assistant Director of Licensing Nursing Care Quality Assurance Commission		
Effective Date:	March 10, 2023	Date for Review:	March 10, 2025
Supersedes:	B09.05 – March 12, 2021 B09.04 – July 2018 B09.03 - April 1, 2016 B09.02 – May 2011 B09.01 – March 2009		
Approved:			
	Yvonne Strader, RN, BSN, BSPA, MHA Chair Nursing Care Quality Assurance Commission (NCQAC)		

PURPOSE:

The purpose of this procedure is to define the process for an advanced registered nurse practitioner (ARNP) applicant who requests an exemption from the prescriptive authority requirements; or an applicant who requests an exemption from the educational preparation requirement; or who requests an exemption related to an emergency or permanent change in rules.

WAC 246-840-410 allows an ARNP applicant to request an exception to the 30 hours of continuing education in pharmacotherapeutics, if they provide evidence of at least two hundred fifty hours of advanced clinical practice in an ARNP role with prescriptive authority in their scope of practice within the two years prior to application for prescriptive authority.

WAC 246-840-342 requires applicants applying for endorsement to Washington State to submit proof of a graduate degree from an advanced nursing education program accredited by a national nursing accreditation body recognized by the United States Department of Education. However, National Council of State Boards of Nursing's (NCSBN) has established a grandfathering provision within the Consensus Model for APRN (Washington State uses ARNP) Regulation. An ARNP applicant may qualify for an exemption to the educational requirement if the requirements of the grandfathering provision are met by the nurse.

Keeping the regulations current in rapidly changing practice environments require frequent rule changes and adjustments to prevent unnecessary barriers to practice. There may be unintended and/or unanticipated consequences of rule changes regarding applicant exemption requests.

PROCEDURE:

- I. Exemption Requests for the Prescriptive Authority Requirements.
 - A. Applicants requesting prescriptive authority must submit evidence of thirty hours of education in pharmacotherapeutics related to their scope of practice. The applicant may request an exemption to this requirement if the applicant has been actively practicing in another state with independent practice equivalent to Washington State with prescriptive authority, within two years of applying for ARNP licensure in Washington State. The applicant must also submit a copy of their Drug Enforcement Administration (DEA) license reflecting schedules 2-5.
 - B. Licensing ARNP review staff reviews the following as evidence for an exemption request:
 1. Verification of an ARNP license in another state with prescriptive authority.
 2. Copy of their Drug Enforcement Administration (DEA) license reflecting schedules 2-5.
 3. Verification of at least two hundred and fifty hours of independent ARNP practice with prescriptive authority within the last two years.
 - C. Licensing ARNP review staff forward the application with the exemption request to the licensing manager for approval or denial. The licensing manager determines prescriptive authority equivalence to Washington State. According to states with equivalent scope of practice, the manager informs the licensing ARNP review staff of the decision with a signed document which stays with the application file.

1. Approval: Licensing ARNP review staff forwards the application to the final review desk for licensure.
2. Denial: Licensing ARNP review staff notifies the applicant that the exception request was not granted and provides the reasoning for the denial.
3. Requires more input: Licensing ARNP review staff forwards the application to the Advanced Practice Panel (AP) for further consideration. The AP Panel is made up of; two AP Commission members; one additional pro-tem Commission member with expertise, when possible, in the practice area of the applicant; and the Director of Advanced Practice.

II. Exemption Requests for ARNP Educational Requirement for Licensure by Endorsement.

- A. Applicants applying for endorsement to Washington State must submit proof of a graduate degree from an advanced nursing education program accredited by a national nursing accreditation body recognized by the United States Department of Education. An applicant may request an exemption to this requirement if the applicant has been actively practicing in another state as an ARNP and meets the grandfathering provision from National Council of State Boards of Nursing's (NCSBN) Consensus Model for APRN Regulation stating the following:

“If an APRN applies for licensure by endorsement in another state, the APRN would be eligible for licensure if s/he demonstrates that the following criteria have been met:

1. *Current, active practice in the advanced role and population focus area,*
2. *Current active, national certification or recertification, as applicable, in the advanced role and population focus area,*
3. *Compliance with the APRN educational requirements of the state in which the APRN is applying for licensure that were in effect at the time the APRN completed his/her APRN education program, and*
4. *Compliance with all other criteria set forth by the state in which the APRN is applying for licensure (e.g., recent CE, RN licensure).”*

- B. Licensing ARNP review staff forward the application with the exemption request to the NCQAC Director of Advanced Practice for approval or denial. The Director of Advanced Practice reviews the application to determine if the educational preparedness of an ARNP applicant meets the grandfathering provision of the APRN consensus Model.

- C. The Director of Advanced Practice informs the licensing ARNP review staff of the decision with an email which stays with the application file.


1. Approval: Licensing ARNP review staff forwards the application to the final review desk for licensure.

2. Denial: After a decision is made, the ARNP review desk notifies the applicant of the decision and reasoning.
3. Requires more input: Licensing ARNP review staff forwards the application to the AP Panel for further consideration. The AP Panel is made up of; two Advanced Practice Commission members; one additional pro-tem Commission member with expertise, when possible, in the practice area of the applicant; and the Director of Advanced Practice.

III. Exemption Request Due to Unintended and/or Unanticipated Consequences of Rule Changes

- A. Applicants applying for licensure in Washington State must meet requirements as applicable in WAC 236-840-340, 360, 365, 367 during the application process.
- B. An applicant may request an exemption to a WAC requirement if the applicant can document unintended or unanticipated consequences of a rule change creating barriers to practice in Washington State.
- C. Licensing ARNP review staff forward the complete application, with the exemption request, to the NCQAC Director of Advanced Practice for approval or denial.
- D. The Director of Advanced Practice informs the licensing ARNP review staff of the decision with an email which stays with the application file.
 1. Approval: Licensing ARNP review staff forwards the application to the final review desk for licensure.
 2. Requires AP Panel Review: Licensing ARNP review staff forwards the application to the AP Panel for further consideration. The AP Panel is made up of two Advanced Practice Commission members; one additional pro-tem Commission member with expertise, when possible, in the practice area of the applicant; a staff attorney; and the Director of Advanced Practice.
 3. After a decision is made by the AP Panel, the ARNP review desk notifies the applicant of the decision and reasoning.

**DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE**

Title:	ARNP applications requiring clarification of licensure Requirements: CRNA education	Number:	B35.01
Reference:	WAC 246-840-302 WAC 246-840-340 WAC 246-840-342		
Contact:	Teresa Corrado Licensing Manager Nursing Care Quality Assurance Commission		
Effective Date:	September 14, 2018		
Supersedes:	N/A	Date Reviewed:	September 2018
Approved:			
	Tracy Rude, LPN Chair Nursing Care Quality Assurance Commission		

PURPOSE:

Advanced Registered Nurse Practitioner (ARNP) applications may need a review by practitioners with knowledge of education and certification requirements for the profession and historical perspective. Differences in scope of practice and prescriptive authority across the United States and Territories may impact applicant's ability to meet Washington licensing requirements.

PROCEDURE:

1. ARNP applications are received by licensing staff and data entry completed.
2. ARNP applications are reviewed for completion of the application requirements and meeting all licensing standards.
3. When licensing staff identify gaps in the information, the licensing staff issue letters to the applicant to supply required information and documentation.
4. The licensing staff may consult with the Advanced Practice consultant on issues such as:
 - a. Educational preparation
 - b. Pharmacology requirements for prescriptive authority
 - c. Practice hour requirement for applicants with less than one year since graduation from their graduate degree program
 - d. Practice hour requirement for applicants with more than one year since graduation from their graduate degree program

5. An “advanced nursing education program” must be ‘accredited by a national nursing accreditation body recognized by the United States Department of Education.’ A full list of programs recognized by the United States Department of Education may be found at <https://ope.ed.gov/accreditation/>
6. Historically, many Certified Registered Nurse Anesthetist (CRNA) programs were housed within medical centers, often affiliated with a university. Since 1998, all Council on Accreditation of Nurse Anesthesia Educational Programs (COA) accredited programs are graduate degree-granting programs (master’s, doctorate of nursing practice, doctorate of nurse anesthesia practice) that prepare students for advanced practice and national certification as a CRNA. These institutions qualify as institutions of higher learning and meet the requirements of WAC 246-840-340(1) (b) and WAC 246-840-342(1) (b).
7. Once graduated, the programs award the eligibility to the graduate to take the CNRA examination. The examination is administered by the National Board of Certification and Recertification for Nurse Anesthetists.
8. To be licensed as a CRNA in WA state:
 - a. The applicant must have graduated from a graduate degree program
 - b. The program must be accredited from a Council on Accreditation of Nurse Anesthesia Educational Programs (COA) accredited programs
 - c. The applicant must pass the National Board of Certification and Recertification for Nurse Anesthetists.
9. If the applicant meet all the licensing requirements, the application is approved and processed for licensing.
10. If the applicant *does not* meet all the licensing requirements, refer to Procedure E01.03 Nursing Program Approval Process, Review of Educational Qualifications for Nurse Licensure.

Advanced Practice Registered Nurse Compact

Adopted by NCSBN Delegate Assembly

August 12, 2020

ARTICLE I

Findings and Declaration of Purpose

- a. The party states find that:
 1. The health and safety of the public are affected by the degree of compliance with APRN licensure requirements and the effectiveness of enforcement activities related to state APRN licensure laws;
 2. Violations of APRN licensure and other laws regulating the practice of nursing may result in injury or harm to the public;
 3. The expanded mobility of APRNs and the use of advanced communication and intervention technologies as part of our nation's health care delivery system require greater coordination and cooperation among states in the areas of APRN licensure and regulation;
 4. New practice modalities and technology make compliance with individual state APRN licensure laws difficult and complex;
 5. The current system of duplicative APRN licensure for APRNs practicing in multiple states is cumbersome and redundant for healthcare delivery systems, payors, state licensing boards, regulators and APRNs;
 6. Uniformity of APRN licensure requirements throughout the states promotes public safety and public health benefits as well as providing a mechanism to increase access to care.
- b. The general purposes of this Compact are to:
 1. Facilitate the states' responsibility to protect the public's health and safety;
 2. Ensure and encourage the cooperation of party states in the areas of APRN licensure and regulation, including promotion of uniform licensure requirements;
 3. Facilitate the exchange of information between party states in the areas of APRN regulation, investigation and adverse actions;
 4. Promote compliance with the laws governing APRN practice in each jurisdiction;

5. Invest all party states with the authority to hold an APRN accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state privileges to practice;
6. Decrease redundancies in the consideration and issuance of APRN licenses; and
7. Provide opportunities for interstate practice by APRNs who meet uniform licensure requirements.

ARTICLE II

Definitions

As used in this Compact:

- a. "Advanced practice registered nurse" or "APRN" means a registered nurse who has gained additional specialized knowledge, skills and experience through a program of study recognized or defined by the Interstate Commission of APRN Compact Administrators ("Commission"), and who is licensed to perform advanced nursing practice. An advanced practice registered nurse is licensed in an APRN role that is congruent with an APRN educational program, certification, and Commission rules.
- b. "Adverse action" means any administrative, civil, equitable or criminal action permitted by a state's laws which is imposed by a licensing board or other authority against an APRN, including actions against an individual's license or multistate licensure privilege such as revocation, suspension, probation, monitoring of the licensee, limitation on the licensee's practice, or any other encumbrance on licensure affecting an APRN's authorization to practice, including the issuance of a cease and desist action.
- c. "Alternative program" means a, non-disciplinary monitoring program approved by a licensing board.
- d. "APRN licensure" means the regulatory mechanism used by a party state to grant legal authority to practice as an APRN.
- e. "APRN uniform licensure requirements" means the minimum uniform licensure, education and examination requirements set forth in Article III.b of this Compact.
- f. "Coordinated licensure information system" means an integrated process for collecting, storing and sharing information on APRN licensure and enforcement activities related to APRN licensure laws that is administered by a nonprofit organization composed of and controlled by licensing boards.
- g. "Current significant investigatory information" means:

1. Investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the APRN to respond, if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or
 2. Investigative information that indicates that the APRN represents an immediate threat to public health and safety regardless of whether the APRN has been notified and had an opportunity to respond.
- h. "Encumbrance" means a revocation or suspension of, or any limitation on, the full and unrestricted practice of nursing imposed by a licensing board in connection with a disciplinary proceeding.
 - i. "Home state" means the party state that is the APRN's primary state of residence.
 - j. "Licensing board" means a party state's regulatory body responsible for regulating the practice of advanced practice registered nursing.
 - k. "Multistate license" means an APRN license to practice as an APRN issued by a home state licensing board that authorizes the APRN to practice as an APRN in all party states under a multistate licensure privilege, in the same role and population focus as the APRN is licensed in the home state.
 - l. "Multistate licensure privilege" means a legal authorization associated with an APRN multistate license that permits an APRN to practice as an APRN in a remote state, in the same role and population focus as the APRN is licensed in the home state.
 - m. "Non-controlled prescription drug" means a device or drug that is not a controlled substance and is prohibited under state or federal law from being dispensed without a prescription. The term includes a device or drug that bears or is required to bear the legend "Caution: federal law prohibits dispensing without prescription" or "prescription only" or other legend that complies with federal law.
 - n. "Party state" means any state that has adopted this Compact.
 - o. "Population focus" means one of the six population foci of family/individual across the lifespan, adult-gerontology, pediatrics, neonatal, women's health/gender-related and psych/mental health.
 - p. "Prescriptive authority" means the legal authority to prescribe medications and devices as defined by party state laws.
 - q. "Remote state" means a party state that is not the home state.

- r. "Role" means one of the four recognized roles of certified registered nurse anesthetists (CRNA), certified nurse-midwives (CNM), clinical nurse specialists (CNS) and certified nurse practitioners (CNP).
- s. "Single-state license" means an APRN license issued by a party state that authorizes practice only within the issuing state and does not include a multistate licensure privilege to practice in any other party state.
- t. "State" means a state, territory or possession of the United States and the District of Columbia.
- u. "State practice laws" means a party state's laws, rules, and regulations that govern APRN practice, define the scope of advanced nursing practice and create the methods and grounds for imposing discipline except that prescriptive authority shall be treated in accordance with Article III.f and g of this Compact. "State practice laws" does not include:
 - 1. A party state's laws, rules, and regulations requiring supervision or collaboration with a healthcare professional, except for laws, rules, and regulations regarding prescribing controlled substances;
 - 2. the requirements necessary to obtain and retain an APRN license, except for qualifications or requirements of the home state.

ARTICLE III

General Provisions and Jurisdiction

- a. A state must implement procedures for considering the criminal history records of applicants for initial APRN licensure or APRN licensure by endorsement. Such procedures shall include the submission of fingerprints or other biometric-based information by APRN 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.
- b. Each party state shall require an applicant to satisfy the following APRN uniform licensure requirements to obtain or retain a multistate license in the home state:
 - 1. Meets the home state's qualifications for licensure or renewal of licensure, as well as, all other applicable state laws;
 - 2. i. Has completed an accredited graduate-level education program that prepares the applicant for one of the four recognized roles and population foci; or

- ii. Has completed a foreign APRN education program for one of the four recognized roles and population foci that (a) has been approved by the authorized accrediting body in the applicable country and (b) has been verified by an independent credentials review agency to be comparable to a licensing board-approved APRN education program;
3. Has, if a graduate of a foreign APRN education program not taught in English or if English is not the individual's native language, successfully passed an English proficiency examination that includes the components of reading, speaking, writing and listening;
4. Has successfully passed a national certification examination that measures APRN, role and population-focused competencies and maintains continued competence as evidenced by recertification in the role and population focus through the national certification program;
5. Holds an active, unencumbered license as a registered nurse and an active, unencumbered authorization to practice as an APRN;
6. Has successfully passed an NCLEX-RN® examination or recognized predecessor, as applicable;
7. Has practiced for at least 2,080 hours as an APRN in a role and population focus congruent with the applicant's education and training. For purposes of this section, practice shall not include hours obtained as part of enrollment in an APRN education program;
8. 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 or, if applicable, foreign country's criminal records;
9. Has not been convicted or found guilty, or has entered into an agreed disposition, of a felony offense under applicable state, federal or foreign criminal law.
10. 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 by factors set forth in rules adopted by the Commission;
11. Is not currently enrolled in an alternative program;
12. Is subject to self-disclosure requirements regarding current participation in an alternative program; and

13. Has a valid United States Social Security number.
- c. An APRN issued a multistate license shall be licensed in an approved role and at least one approved population focus.
 - d. An APRN multistate license issued by a home state to a resident in that state will be recognized by each party state as authorizing the APRN to practice as an APRN in each party state, under a multistate licensure privilege, in the same role and population focus as the APRN is licensed in the home state.
 - e. Nothing in this Compact shall affect the requirements established by a party state for the issuance of a single-state license, except that an individual may apply for a single-state license, instead of a multistate license, even if otherwise qualified for the multistate license. However, the failure of such an individual to affirmatively opt for a single state license may result in the issuance of a multistate license.
 - f. Issuance of an APRN multistate license shall include prescriptive authority for noncontrolled prescription drugs.
 - g. For each state in which an APRN seeks authority to prescribe controlled substances, the APRN shall satisfy all requirements imposed by such state in granting and/or renewing such authority.
 - h. An APRN issued a multistate license is authorized to assume responsibility and accountability for patient care independent of any supervisory or collaborative relationship. This authority may be exercised in the home state and in any remote state in which the APRN exercises a multistate licensure privilege.
 - i. All party states shall be authorized, in accordance with state due process laws, to take adverse action against an APRN's multistate licensure privilege such as revocation, suspension, probation or any other action that affects an APRN's authorization to practice under a multistate licensure privilege, including cease and desist actions. If a party state takes such action, it shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the home state of any such actions by remote states.
 - j. Except as otherwise expressly provided in this Compact, an APRN practicing in a party state must comply with the state practice laws of the state in which the client is located at the time service is

provided. APRN practice is not limited to patient care, but shall include all advanced nursing practice as defined by the state practice laws of the party state in which the client is located. APRN practice in a party state under a multistate licensure privilege will subject the APRN 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.

- k. Except as otherwise expressly provided in this Compact, this Compact does not affect additional requirements imposed by states for advanced practice registered nursing. However, a multistate licensure privilege to practice registered nursing granted by a party state shall be recognized by other party states as satisfying any state law requirement for registered nurse licensure as a precondition for authorization to practice as an APRN in that state.
- l. Individuals not residing in a party state shall continue to be able to apply for a party state's single-state APRN license as provided under the laws of each party state. However, the single-state license granted to these individuals will not be recognized as granting the privilege to practice as an APRN in any other party state.

ARTICLE IV

Applications for APRN Licensure in a Party State

- a. Upon application for an APRN multistate license, the licensing board in the issuing party state shall ascertain, through the coordinated licensure information system, whether the applicant has ever held or is the holder of a licensed practical/vocational nursing license, a registered nursing license or an advanced practice registered nurse 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.
- b. An APRN may hold a multistate APRN license, issued by the home state, in only one party state at a time.
- c. If an APRN changes primary state of residence by moving between two party states, the APRN must apply for APRN licensure in the new home state, and the multistate license issued by the prior home state shall be deactivated in accordance with applicable Commission rules.
 - 1. The APRN may apply for licensure in advance of a change in primary state of residence.

2. A multistate APRN license shall not be issued by the new home state until the APRN provides satisfactory evidence of a change in primary state of residence to the new home state and satisfies all applicable requirements to obtain a multistate APRN license from the new home state.
- d. If an APRN changes primary state of residence by moving from a party state to a non-party state, the APRN multistate license issued by the prior home state will convert to a single-state license, valid only in the former home state.

ARTICLE V

Additional Authorities Invested in Party State Licensing Boards

- a. In addition to the other powers conferred by state law, a licensing board shall have the authority to:
 1. Take adverse action against an APRN's multistate licensure privilege to practice within that party state.
 - i. Only the home state shall have power to take adverse action against an APRN's license issued by the home state.
 - ii. For purposes of taking adverse action, the home state licensing board shall give the same priority and effect to reported conduct that occurred outside of the home state as it would if such conduct had occurred within the home state. In so doing, the home state shall apply its own state laws to determine appropriate action.
 2. Issue cease and desist orders or impose an encumbrance on an APRN's authority to practice within that party state.
 3. Complete any pending investigations of an APRN who changes primary state of residence during the course of such investigations. The licensing board shall also have the authority to take appropriate action(s) and shall promptly report the conclusions of such investigations to the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any such actions.
 4. 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 party state licensing

board for the attendance and testimony of witnesses and/or the production of evidence from another party state shall be enforced in the latter state by any court of competent jurisdiction, according to that court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing licensing board shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state in which the witnesses and/or evidence are located.

5. Obtain and submit, for an APRN licensure applicant, fingerprints 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.
 6. If otherwise permitted by state law, recover from the affected APRN the costs of investigations and disposition of cases resulting from any adverse action taken against that APRN.
 7. Take adverse action based on the factual findings of another party state, provided that the licensing board follows its own procedures for taking such adverse action.
- b. If adverse action is taken by a home state against an APRN's multistate licensure, the privilege to practice in all other party states under a multistate licensure privilege shall be deactivated until all encumbrances have been removed from the APRN's multistate license. All home state disciplinary orders that impose adverse action against an APRN's multistate license shall include a statement that the APRN's multistate licensure privilege is deactivated in all party states during the pendency of the order.
- c. Nothing in this Compact shall 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 shall deactivate the multistate licensure privilege under the multistate license of any APRN for the duration of the APRN's participation in an alternative program.

ARTICLE VI

Coordinated Licensure Information System and Exchange of Information

- a. All party states shall participate in a coordinated licensure information system of all APRNs, licensed registered nurses and licensed practical/vocational nurses. This system will include information on the licensure and disciplinary history of each APRN, as submitted by party states, to assist in the

coordinated administration of APRN licensure and enforcement efforts.

- b. The Commission, in consultation with the administrator of the coordinated licensure information system, shall formulate necessary and proper procedures for the identification, collection and exchange of information under this Compact.
- c. All licensing boards shall 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 APRN participation in alternative programs known to the licensing board regardless of whether such participation is deemed nonpublic and/or confidential under state law.
- d. Notwithstanding any other provision of law, all party state licensing boards contributing information to the coordinated licensure information system may designate information that may not be shared with non-party states or disclosed to other entities or individuals without the express permission of the contributing state.
- e. Any personally identifiable information obtained from the coordinated licensure information system by a party state licensing board shall not be shared with non-party states or disclosed to other entities or individuals except to the extent permitted by the laws of the party state contributing the information.
- f. Any information contributed to the coordinated licensure information system that is subsequently required to be expunged by the laws of the party state contributing the information shall be removed from the coordinated licensure information system.
- g. The Compact administrator of each party state shall furnish a uniform data set to the Compact administrator of each other party state, which shall include, at a minimum:
 - 1. Identifying information;
 - 2. Licensure data;
 - 3. Information related to alternative program participation information; and
 - 4. Other information that may facilitate the administration of this Compact, as determined by Commission rules.
- h. The Compact administrator of a party state shall provide all investigative documents and information requested by another party state.

ARTICLE VII

Establishment of the Interstate Commission of APRN Compact Administrators

- a. The party states hereby create and establish a joint public agency known as the Interstate Commission of APRN Compact Administrators.
 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
 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 law 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 (1) vote with regard to the promulgation 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.
 4. All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in Article VIII.
 5. The Commission may convene in a closed, nonpublic meeting if the Commission must discuss:
 - 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 where 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; or
 - x. Matters specifically exempted from disclosure by federal or state statute.
6. If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision. The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefor, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the Commission or order of a court of competent jurisdiction.
- c. The Commission shall, by a majority vote of the administrators, 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 but not limited to:
- 1. Establishing the fiscal year of the Commission;
 - 2. 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.
 - 3. 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;

4. Establishing the titles, duties and authority and reasonable procedures for the election of the officers of the Commission;
 5. 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 shall exclusively govern the personnel policies and programs of the Commission;
 6. Providing a mechanism for winding up the operations of the Commission and the equitable disposition of any surplus funds that may exist after the termination of this Compact after the payment and/or reserving of all of its debts and obligations;
- d. The Commission shall publish its bylaws and rules, and any amendments thereto, in a convenient form on the website of the Commission;
 - e. The Commission shall maintain its financial records in accordance with the bylaws; and
 - f. The Commission shall meet and take such actions as are consistent with the provisions of this Compact and the bylaws.
 - g. The Commission shall have the following powers:
 1. To promulgate uniform rules to facilitate and coordinate implementation and administration of this Compact. The rules shall have the force and effect of law and shall be binding in all party states;
 2. To bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any licensing board to sue or be sued under applicable law shall not be affected;
 3. To purchase and maintain insurance and bonds;
 4. To borrow, accept or contract for services of personnel, including but not limited to employees of a party state or nonprofit organizations;
 5. To cooperate with other organizations that administer state compacts related to the regulation of

nursing, including but not limited to sharing administrative or staff expenses, office space or other resources;

6. 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 to establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel and other related personnel matters;
 7. 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; provided that at all times the Commission shall strive to avoid any appearance of impropriety and/or conflict of interest;
 8. To lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, whether real, personal or mixed; provided that at all times the Commission shall strive to avoid any appearance of impropriety;
 9. To sell convey, mortgage, pledge, lease, exchange, abandon or otherwise dispose of any property, whether real, personal or mixed;
 10. To establish a budget and make expenditures;
 11. To borrow money;
 12. To appoint committees, including advisory committees comprised of administrators, state nursing regulators, state legislators or their representatives, and consumer representatives, and other such interested persons;
 13. To issue advisory opinions;
 14. To provide and receive information from, and to cooperate with, law enforcement agencies;
 15. To adopt and use an official seal; and
 16. To perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the state regulation of APRN licensure and practice.
- h. Financing of the Commission
1. The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization and ongoing activities.
 2. The Commission may also 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, shall be allocated based upon a formula to be determined by the Commission, which shall promulgate a rule that is binding upon all party states.

3. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the Commission pledge the credit of any of the party states, except by, and with the authority of, such party state.
 4. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the Commission.
- i. Qualified Immunity, Defense, and Indemnification
1. The administrators, officers, executive director, employees and representatives of the Commission shall 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; provided that nothing in this paragraph shall be construed to protect any such person from suit and/or liability for any damage, loss, injury or liability caused by the intentional, willful or wanton misconduct of that person.
 2. The Commission shall 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; provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further that the actual or alleged act, error or omission did not result from that person's intentional, willful or wanton misconduct.
 3. The Commission shall 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, provided that the actual or alleged act, error or omission did not result from the intentional, willful or wanton misconduct of that person.

ARTICLE VIII

Rulemaking

- a. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this Article and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment and shall have the same force and effect as provisions of this Compact.
- b. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.
- c. Prior to promulgation and adoption of a final rule or rules by the Commission, and at least sixty (60) days in advance of the meeting at which the rule will be considered and voted upon, the Commission shall file a notice of proposed rulemaking:
 1. On the website of the Commission; and
 2. On the website of each licensing board or the publication in which each state would otherwise publish proposed rules.
- d. The notice of proposed rulemaking shall include:
 1. The proposed time, date and location of the meeting in which the rule will be considered and voted upon;
 2. The text of the proposed rule or amendment, and the reason for the proposed rule;
 3. A request for comments on the proposed rule from any interested person; and
 4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.
- e. Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions and arguments, which shall be made available to the public.

- f. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment.
- g. The Commission shall publish the place, time, and date of the scheduled public hearing.
 - 1. Hearings shall 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 will be recorded, and a copy will be made available upon request.
 - 2. Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.
- h. If no one appears at the public hearing, the Commission may proceed with promulgation of the proposed rule.
- i. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.
- j. The Commission shall, by majority vote of all administrators, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.
- k. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in this Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:
 - 1. Meet an imminent threat to public health, safety or welfare;
 - 2. Prevent a loss of Commission or party state funds; or
 - 3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule.
- l. The Commission may 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 shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (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 shall

be made in writing, and delivered to the Commission, prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

ARTICLE IX

Oversight, Dispute Resolution and Enforcement

a. Oversight

1. Each party state shall enforce this Compact and take all actions necessary and appropriate to effectuate this Compact's purposes and intent.
2. The Commission shall be entitled to receive service of process in any proceeding that may affect the powers, responsibilities or actions of the Commission, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the Commission shall render a judgment or order void as to the Commission, this Compact or promulgated rules.

b. Default, Technical Assistance and Termination

1. 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 shall:
 - 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 and/or any other action to be taken by the Commission; and
 - ii. Provide remedial training and specific technical assistance regarding the default.
2. If a state in default fails to cure the default, the defaulting state's membership in this Compact may be terminated upon 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.
3. Termination of membership in this Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the Commission to the governor of the defaulting state and to the executive officer of the defaulting state's licensing board, the defaulting state's licensing board, and each of the party states.

4. 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 of termination.
5. The Commission shall 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 upon in writing between the Commission and the defaulting state.
6. The defaulting state may appeal the action of the Commission by petitioning the U.S. District Court for the District of Columbia or the federal district in which the Commission has its principal offices. The prevailing party shall be awarded all costs of such litigation, including reasonable attorneys' fees.

c. Dispute Resolution

1. Upon request by a party state, the Commission shall attempt to resolve disputes related to the Compact that arise among party states and between party and non-party states.
2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes, as appropriate.
3. In the event 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, which will be comprised of individuals appointed by the Compact administrator in each of the affected party states and an individual mutually agreed upon by the Compact administrators of all the party states involved in the dispute.
 - ii. The decision of a majority of the arbitrators shall be final and binding.

d. Enforcement

1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this Compact.
2. 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 the provisions of this Compact

and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorneys' fees.

3. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.

ARTICLE X

Effective Date, Withdrawal and Amendment

- a. This Compact shall come into limited effect at such time as this Compact has been enacted into law in seven (7) party states for the sole purpose of establishing and convening the Commission to adopt rules relating to its operation.
- b. Any state that joins this Compact subsequent to the Commission's initial adoption of the APRN uniform licensure requirements shall be subject to all rules that have been previously adopted by the Commission.
- c. Any party state may withdraw from this Compact by enacting a statute repealing the same. A party state's withdrawal shall not take effect until six (6) months after enactment of the repealing statute.
- d. A party state's withdrawal or termination shall not affect the continuing requirement of the withdrawing or terminated state's licensing board to report adverse actions and significant investigations occurring prior to the effective date of such withdrawal or termination.
- e. Nothing contained in this Compact shall be construed to invalidate or prevent any APRN licensure agreement or other cooperative arrangement between a party state and a non-party state that does not conflict with the provisions of this Compact.
- f. This Compact may be amended by the party states. No amendment to this Compact shall become effective and binding upon any party state until it is enacted into the laws of all party states.
- g. Representatives of non-party states to this Compact shall be invited to participate in the activities of the Commission, on a nonvoting basis, prior to the adoption of this Compact by all states.

ARTICLE XI

Construction and Severability

This Compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this Compact shall be severable, and if any phrase, clause, sentence or provision of this Compact is declared to be contrary to the constitution of any party state or of the United States, or if the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of this Compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If this Compact shall be held to be contrary to the constitution of any party state, this Compact shall 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.