



# POLICY BRIEF

## **Joining 37 other states in the Nurse Licensure Compact is one of the ways to help Washington patients, nurses and hospitals**

By Elizabeth Hovde,  
Director of WPC's Centers for Health Care and Worker Rights

January 2023

### **Key Findings**

1. The global, national and state nursing shortage was a well-recognized issue even prior to the COVID-19 pandemic.
2. Hiring qualified nurses with multistate licenses is one of the ways in which we could help patients, hospitals and nurses, improving access and safety.
3. The COVID-19 pandemic illustrated the need to lessen regulatory burdens on nurse licensure, so nurses could more easily mobilize to disease hotspots.
4. Nurses who are qualified in their profession should be able to move freely about the country. Similar to how driver's licenses operate, a multistate license for nursing with quality standards makes sense and exists.
5. The Nurse Licensure Compact (NLC) was introduced in 2000 and has been updated since to address various concerns. It has been joined by 37 states and two jurisdictions.
6. NLC nurses can work in any compact state without licensing barriers and delays, and the compact maintains patient protection at the state level.
7. Allowing multistate licenses would greatly help nurses who are military spouses and nurses looking to relocate to Washington state.
8. Washington state has not been successful in enacting the NLC due to opposition from the state nurses' union and legislators who support the wishes of the union. Money and control are primary factors, coming before what is best for Washington patients.



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3	<i>Introduction</i>
4	<i>Background</i>
4	<i>Failed policy approaches</i>
5	<i>State-imposed licensing barriers — a core problem</i>
6	<i>Policy recommendations</i>
9	<i>Policy analysis</i>
13	<i>Conclusion</i>

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## Introduction

The coffee shop on the corner can close for the day and hang a sign in the window letting customers know there aren't enough employees to serve them. "Hospitals can never do that," a spokeswoman from the Washington State Hospital Association correctly noted.<sup>1</sup> State leaders need to do all they can to help ensure enough trained staff members are available to provide for the public's health needs.

Washington state is facing a serious shortage of trained nurses. Hospitals have diverted patients<sup>2</sup> and delayed surgeries,<sup>3</sup> and patients are often experiencing extensive wait times.<sup>4</sup> Staffing is a factor, and the shortage has a harmful effect on patient care and patient waiting times. These poor conditions in the state's health care system have the same effect as a "closed" sign on a hospital's front doors.

Policies imposed by the state's elected leaders are contributing to the problem. Under Washington state law, the knowledge, experience and certification a trained nurse has gained in another state are excluded from consideration. In other words, hiring a qualified nurse from another state is banned.

This study reviews the current practice in Washington state, assesses its effect in limiting care for patients and recommends constructive policy change that would increase the amount and availability of high-quality nursing care in Washington state.

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- 1 Interview with Washington State Hospital Association (<https://www.wsha.org/>) Senior Vice President Chelene Whiteaker, MHA, and Ashlen Strong, senior director of government affairs, Sept. 29, 2022.
  - 2 "Harborview will divert patients with non-urgent needs as overcrowding strains the system," Aug. 11, 2022: <https://www.king5.com/article/news/health/harborview-medical-over-capacity/281-3c2317af-7c80-4473-b393-431da731eaaa>
  - 3 Surgeries delayed in hospitals, sometimes due to short staffing: <https://www.npr.org/sections/health-shots/2022/02/04/1078029696/americans-get-sicker-as-omicron-stalls-everything-from-heart-surgeries-to-cancer>
  - 4 Unprecedented demand and wait times at Seattle Children's Hospital: <https://www.seattletimes.com/seattle-news/health/seattle-childrens-emergency-department-sees-unprecedented-demand-long-wait-times/>

## Background

Washington, like most states, is short on nurses. The global, national and state nursing shortage was a well-recognized problem even before the COVID-19 pandemic of 2020.

The World Health Organization (WHO) reports that the nursing workforce is expanding in size and professional scope, but it is still insufficient to meet rising demand.<sup>5</sup> The global shortage of nurses was estimated to be 6.6 million in 2016, according to WHO. It decreased slightly to 5.9 million nurses in 2018.

On the national level, employment of registered nurses is projected to grow by six percent in the next decade. The average growth rate for all occupations is five percent. About 203,200 openings are anticipated for registered nurses each year over the decade. Many of the openings are expected to result from the need to replace workers who transfer to other occupations or who retire.<sup>6</sup>

In Washington state, hospitals have a current shortage of more than 6,000 registered nurses.<sup>7</sup>

An aging population is growing. It will require more medical services due to longer lifespans and result in an aging workforce. That will continue to threaten Washington's ability to employ an adequate number of nurses.

## Failed policy approaches

The Legislature has considered a number of policy approaches that have failed to address the nurse shortage. In a recent session, state lawmakers considered bills, such as House Bill 1868, that would have established minimum staffing ratios and imposed micromanaging rules on how hospitals operate.<sup>8</sup> The bill's supporters claimed this restrictive and punitive approach would reduce the state's nursing shortage. The proposal, however, would have done nothing to increase patient access to qualified nursing and could have made access issues worse.

The head of the Washington State Hospital Association testified before a House committee that hospitals cannot satisfy government-imposed regulations on staffing levels if there are not enough state-approved nurses to hire.<sup>9</sup> Hospital leaders

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5 World Health Organization's "State of the world's nursing 2020 report," executive summary: <https://www.who.int/publications/i/item/9789240003279>

6 U.S. Bureau of Labor Statistics' Occupational Outlook Handbook: <https://www.bls.gov/ooh/healthcare/registered-nurses.htm>

7 Washington State Hospital Association article, Feb. 2022: <https://www.wsha.org/articles/staffing-legislations-one-size-fits-all-approach-will-increase-health-care-costs-and-make-care-delays-permanent/>

8 HB 1868/SB 5751, "Improving worker safety and patient care in health care facilities by addressing staffing needs, overtime, meal and rest breaks, and enforcement," 2021-22: <https://apps.leg.wa.gov/billsummary?BillNumber=1868&Chamber=House&Year=2021>

9 Clark County Today opinion piece by Elizabeth Hovde, "We need more nurses, not more regulations:" <https://www.clarkcountytoday.com/opinion/opinion-we-need-more-nurses-not-more-regulations/>

reported that the rigid one-size-fits-all staffing mandate imposed by the bills would raise health care costs and limit patient access to care.<sup>10</sup>

A legislator noted in debate on HB 1868, “This [bill] won’t create more nurses. This isn’t magic. We can’t create a rule and make more nurses.” Another lawmaker pointed out that the only other state in the nation that restricts nurse-to-patient ratios is California. “They have the lowest number of nurses per capita anywhere in the United States,” she said.<sup>11</sup>

After due consideration, lawmakers recognized these policy weaknesses and the bill failed to gain enough support to pass.

A positive reform was blocked in the Legislature.

Senate Bill 5892<sup>12</sup> would have established “pilot projects for utilizing high school student nursing assistant-certified programs to address the nursing workforce shortage and promote nursing careers in rural hospitals.”<sup>13</sup> The proposed law had unanimous support in the Senate, receiving no opposition in hearings, and then it languished in House committees and failed to pass.

This modest pilot program could have helped supply hospitals with needed bodies, while jump-starting promising nursing careers. It was worthy of passage.

## State-imposed licensing barriers — a core problem

Strict licensing requirements are a serious obstacle to providing hospitals with enough qualified staff. Part of the problem is a long delay by state agencies in issuing licenses.

National Public Radio reports that according to licensing records in 32 states, almost one in 10 nurses who were issued new licenses last year had to wait six months or longer. “More than a third of these 226,000 registered nurses and licensed practical nurses waited at least three months.”<sup>14</sup>

Another national report shows the median wait time for Licensed Practical Nurses to gain approval to work in a new state was 51 days.<sup>15</sup>

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10 Washington State Hospital Association article by Tim Pfarr, Feb. 1, 2022: <https://www.wsha.org/articles/staffing-legislations-one-size-fits-all-approach-will-increase-health-care-costs-and-make-care-delays-permanent/>

11 TVW committee coverage: <https://tvw.org/video/senate-labor-commerce-tribal-affairs-committee-2022021371/>

12 SB 5892, 2021-22: <https://app.leg.wa.gov/billssummary?BillNumber=5892&Initiative=false&Year=2021>

13 SB 5892, 2021-22, House Bill Report: <https://lawfilesexternal.wa.gov/biennium/2021-22/Pdf/Bill%20Reports/House/5892-S%20HBR%20APP%2022.pdf?q=20221006130941>

14 “Nurses are waiting months for licenses as staffing shortages spread,” National Public Radio investigation and story, March 10, 2022: <https://www.npr.org/2022/03/10/1084897499/nurses-are-waiting-months-for-licenses-as-hospital-staffing-shortages-spread>

15 WITF.org: <https://www.witf.org/2022/03/10/nurses-in-pennsylvania-waited-months-to-get-licenses-to-work-during-historic-staffing-shortage/>

In Washington state, the forced wait is often longer. Hospitals here report that the state's processing time for licensing limits the number of available nursing staff. It takes weeks, if not months, to hire a qualified nurse, even when the standards for a nurse's original license are comparable to those in Washington state. In a 2018 survey, nearly a third of responding Washington state hospitals reported that recruiting a single nurse took longer than three months.<sup>16</sup>

Fully-trained, experienced in-state and out-of-state nurses report that Washington's licensure process is long and complicated. The process can include:

- Months of approval time, during which a qualified nurse is barred from caring for patients;
- Needing to find nursing school transcripts and course lists from years past;
- A lengthy, duplicative background check. Some nurses have been through several background checks, even though nothing in their past has changed;
- The need to start over. A single mistake on an application can require the process to restart, adding months of waiting time.

Arbitrary licensing barriers to practice medicine in Washington state impact nurses who live and work in neighboring states, too. They have the burdensome and costly process of licensing in two states, in case they come across Washingtonians in the course of their caregiving.

Vacancies place stress on the nurses who are in a workplace that has them. And a lack of nurses limits a hospital's bed capacity because there is not adequate staff, even if there is plenty of physical space. This creates conditions that mislead policymakers and the public about the true capacity of the state's health care system. For example, state and media reports have said that hospitals are "full" due to COVID-19 cases when, in reality, the hospitals have beds available, but they don't have enough nurses to care for patients.

## Policy recommendations

State policymakers should adopt policies that will reduce the nursing shortage. In addition to innovations that widen the nursing pipeline and add to the number of caregivers in our state, as the failed legislative proposal described above attempted to do, one policy option that would bring immediate public benefit would be for Washington to join the existing multistate Nurse Licen-

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16 "Joining the Nurse Licensure Compact would enable hospitals to add needed nurses quickly to staff beds to better serve patients," by Tim Pfarr, Washington State Hospital Association, Feb. 1, 2021: <https://www.wsha.org/articles/joining-the-nurse-licensure-compact-would-enable-hospitals-to-add-needed-nurses-quickly-to-staff-beds-to-better-serve-patients/>

sure Compact (NLC).<sup>17</sup>

### *Cooperating with other states to expand nursing care*

Individual state licensing laws have been one of the main barriers to an adequate physician and nurse supply. Each state has its own set of tests and regulations, even though patient needs and doctor and nurse training are essentially uniform throughout the country. Recognizing this, a licensing compact was created. Leaders in 37 states and two other jurisdictions have enacted legislation to join it.<sup>18</sup>

The NLC is an agreement among states to allow qualified nurses to have one license that lets them practice in any state that is a member of the compact, while maintaining full patient protection at the state level. By decreasing the waiting time and cost of becoming licensed in a new state, nurses can get to work fast, helping patients in areas where they are needed most.

The policy model is similar to nationally agreed-upon drivers' licensing. A driving license that meets the standard in one state is accepted by all states, allowing free movement around the country. This agreement is a driver's license "compact" that covers all 50 states and U.S. territories.

With the NLC, nurses who are qualified in their profession are able to move freely about the country for work. Right now, nurses in Washington state basically hold a driver's license that only permits them to drive up to a state's lines, and nurses from other states can't work here. A multistate nursing license would not only help patients and hospitals in times of need, but it would also help nurses explore relocation to our state and would help military spouses.

Like a multistate driver's license, a multistate license for nursing with quality standards makes sense and already exists.

### *COVID-19 waivers served as a pilot program*

The COVID-19 pandemic illustrated the need to reduce regulatory burdens on nurse licensure so that qualified nurses could more easily be mobilized to serve COVID-19 hotspots. In fact, Gov. Jay Inslee used emergency executive power to cancel Washington's ban on out-of-state nurses so more skilled help was available to treat COVID-19 patients.<sup>19</sup>

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17 About the NLC: <https://www.nursecompact.com/about.page>

18 "Travel in 37 states on one nursing license," by Tim McDonnell for RNnetwork, <https://rnnetwork.com/blog/nurse-licensure-compact-update/>, Nurse Licensure Compact <https://www.nursecompact.com/>, and National Council of State Boards of Nursing, Nurse Licensure Compact Director Jim Puente. Chart also available at: <https://www.ncsbn.org/compacts/nurse-licensure-compact.page>.

19 Proclamation by the governor, 20-05, Feb. 29, 2022: [https://www.governor.wa.gov/sites/default/files/20-05%20Coronavirus%20%28final%29.pdf?utm\\_medium=email&utm\\_source=govdelivery](https://www.governor.wa.gov/sites/default/files/20-05%20Coronavirus%20%28final%29.pdf?utm_medium=email&utm_source=govdelivery)

Inslee's order Feb. 29, 2020,<sup>20</sup> set the conditions for qualified out-of-state nurses to practice in Washington state without a state license. Then in March of 2020, Proclamation 20-32 suspended portions of licensing related to health care workers "to remove barriers to adding health care staffing capacity to meet the demands of the COVID-19 response."<sup>21</sup>

This decision was only temporary, however, and the governor has since rescinded his order.<sup>22</sup> The licensing barrier is back in place and hiring a qualified out-of-state nurse is once again banned in Washington.

Joining the nurse compact years ago would have put Washington in a stronger position when COVID-19 arrived. Washington State Hospital Association President and CEO Cassie Sauer said, "Being a member of the compact would have made a tremendous difference in Washington state in 2020."<sup>23</sup>

A sampling taken between February and May of 2020 found that almost two-thirds of incoming nurses came from a state participating in the compact. Sauer added, "While our state's nurses worked around the clock combatting the worst public health crisis of our lifetime, there were additional nurses ready to help who couldn't because of a time-consuming licensing process. Greater efficiency could have been a lifesaver and given our nurses needed support."<sup>24</sup>

"I think the COVID-19 outbreak is going to cause the states that are not in the compact now to really take a second look at it," says National Council of State Boards of Nursing NLC Director Jim Puente. "If the NLC was expanded to all 50 states, none of the guesswork with emergency orders would be necessary because nurses could travel to other states where they are needed. No applications, fees or

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20 Gov. Jay Inslee's COVID-19 emergency proclamation: <https://www.governor.wa.gov/news-media/inslee-issues-covid-19-emergency-proclamation>

21 Proclamation 20-32: <https://www.governor.wa.gov/sites/default/files/proclamations/20-32%20-%20COVID-19%20DOH%20Healthcare%20Worker%20Licensing%20%28tmp%29.pdf>

22 Proclamation 20-32 rescinded, <https://www.governor.wa.gov/sites/default/files/proclamations/20-32.12%20-%20Rescind%20COVID-19%20HCWorkerLicensing%20%28tmp%29.pdf>; notifications from the Washington State Nurses Association, <https://www.wsna.org/news/2022/what-the-end-of-washingtons-state-of-emergency-means-to-you>, Washington state's Board of Nursing Nursing Care Quality Assurance Commission, <https://nursing.wa.gov/news/2022/end-covid-19-emergency-orders-and-state-emergency-october-31> and the Washington Medical Commission <https://wmc.wa.gov/inslee-announces-pending-rescission-proclamation-20-32-waivers-ending-and-cme-requirements-being#:~:text=requirements%20being%20reinstated-,Inslee%20announces%20pending%20rescission%20of%20Proclamation%2020%2D32%3A%20Waivers%20ending,COVID%2D19%20public%20health%20emergency>

23 WSHA Communications Director Tim Pfarr, "Joining the nurse licensure compact would enable hospitals to add nurses quickly to staff beds to better serve patients:" <https://www.wsha.org/articles/joining-the-nurse-licensure-compact-would-enable-hospitals-to-add-needed-nurses-quickly-to-staff-beds-to-better-serve-patients/>

24 WSHA Communications Director Tim Pfarr, "Joining the nurse licensure compact would enable hospitals to add nurses quickly to staff beds to better serve patients:" <https://www.wsha.org/articles/joining-the-nurse-licensure-compact-would-enable-hospitals-to-add-needed-nurses-quickly-to-staff-beds-to-better-serve-patients/>



background checks would be necessary. Disaster preparedness is a nonpartisan issue.”<sup>25</sup>

The pandemic forced Washington state’s elected officials to implement positive reforms in the health care delivery system to accommodate a patient surge. The changes that were made and meant to be temporary have proved useful and increased access to care. Lawmakers should make these positive changes permanent. Being able to use trained, high-quality nurses from other states would be helpful to patients all the time, not just during an emergency. The current policy of single-state licensing imposes a barrier to care.

## Policy analysis

The NLC was introduced in 2000 and has been updated since to address common concerns. Despite its popularity and ability to help mobilize nurses where needed, Washington state’s lawmakers have resisted enacting NLC-joining legislation — to our detriment. Reasons for Washington state staying out of the compact are outdated and sometimes motivated by groups who aren’t putting patients first.

Puente<sup>26</sup> told me, “Washington state has not been successful in enacting the NLC due to the opposition of the nurse union and legislators who support the wishes of the union.” This is also the word in legislative caucuses. It is time to put patients first.

### *Unwarranted oversight concerns*

Many states were able to begin legislation toward NLC implementation during COVID-19. Some state nursing associations even supported bills that they were previously against.<sup>27</sup> In Washington state, both Democrats and Republicans sought laws to get us into the NLC, to no avail.<sup>28</sup> Despite bipartisan energy for the proposals, opposition from the Washington State Nurses Association (WSNA) and key lawmakers was too strong to overcome.

One of the reasons for opposition in the past involved oversight concerns. Originally, the NLC did not require applicants to undergo state and federal

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25 National Council of State Boards of Nursing, “The Nurse Licensure Compact and COVID-19 — a tale of two states,” June 1, 2020: <https://www.ncsbn.org/news/the-nurse-licensure-compact-and-covid19--a-tale-of-two-states>

26 Jim Puente, National Council of State Boards of Nursing’s NLC Director: [nursecompact@ncsbn.org](mailto:nursecompact@ncsbn.org)

27 Nurse.org, “Compact Nursing States List 2022,” by Kathleen Gaines, April 19, 2022: <https://nurse.org/articles/enhanced-compact-multi-state-license-eNLC/>

28 Bills to join the Nurse Licensure Compact, proposed by Democrats and Republicans. Senate Bill 6209 and companion bill House Bill 2376, 2019-20, and Senate Bill 5247, 2021-22, respectively: <https://app.leg.wa.gov/billsummary?BillNumber=6209&Initiative=false&Year=2019> and <https://app.leg.wa.gov/billsummary?BillNumber=5247&Initiative=false&Year=2021>

fingerprint-based criminal background checks. It does now.<sup>29</sup> A Nurse Licensure Compact FAQ states, “All nurses practicing under a multistate license must meet a minimum set of licensure requirements, including a fingerprint federal criminal background check. These requirements are based on the highest regulatory standards for licensed health care professionals. Nurses who fail to meet these requirements will not be eligible for a multistate license, and multistate privileges will be removed from nurses when disciplinary actions are taken against a home state multistate license.”<sup>30</sup>

And NLC nurses, like state-licensed nurses, are still held accountable to the rules, standards and discipline in the state in which they are practicing. One of the bills seeking NLC membership in our state said, “The practice of nursing in a party state under a multistate licensure privilege subjects a nurse to the jurisdiction of the licensing board, the courts, and the laws of the party state, including state practice laws, in which the client is located at the time of service.”<sup>31</sup>

The Online Journal of Issues in Nursing discusses the key disciplinary provisions in the compact this way: “The relevant parts of Article III require that nurses must comply with the practice laws in each state where they practice. Article III also grants compact states the authority to take disciplinary action against a nurse’s privilege to practice (PTP) status when the nurse violates the state laws and the state nurse practice act. For example, a nurse that obtains a conviction of driving under the influence (DUI) is subject both to the penal code of the state, and the disciplinary provisions of the state nurse practice act ([NCSBN, n.d.d](#)). Under Article V of the eNLC, member states may take adverse action, including revoking a nurse’s PTP in their state, even while the nurse is still under investigation or if the license is encumbered in any way ([NCSBN, n.d.d](#)).”<sup>32</sup>

Finally, a study that compared the discipline rates of multistate-license holders to nurses holding single-state licenses shows that participation in the NLC does not pose an elevated risk to patient safety.<sup>33</sup> “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,” the study concluded.

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29 Nurse.org, “Compact Nursing States List 2022,” by Kathleen Gaines, April 19, 2022: <https://nurse.org/articles/enhanced-compact-multi-state-license-eNLC/>

30 Nurse Licensure Compact.com Legislator FAQ: [https://www.nursecompact.com/files/Updated\\_Legislator\\_FAQ.pdf](https://www.nursecompact.com/files/Updated_Legislator_FAQ.pdf)

31 SB 6209, <https://lawfilesexternal.wa.gov/biennium/2019-20/Pdf/Bill%20Reports/Senate/6209%20SBA%20HLTC%202020.pdf?q=20220930122046>.

32 “The nursing licensure compact and its disciplinary provisions: What nurses should know,” May 20, 2019: <https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-24-2019/No2-May-2019/Articles-Previous-Topics/What-Nurses-Should-Know.html>

33 “A comparison of discipline between nurses holding a multi-state or single-state license,” a study published in NCSBN’s Journal of Nursing Regulation: [https://www.journalofnursingregulation.com/article/S2155-8256\(22\)00030-8/fulltext](https://www.journalofnursingregulation.com/article/S2155-8256(22)00030-8/fulltext)

Some in the field think the NLC's ability to track nurses and disciplinary actions is better and more thorough than what is being done in individual states.<sup>34</sup> The website Nursys.com is a licensing and disciplinary database NCSBN compiles and updates and that states can use to verify and monitor nurse licenses at any time.<sup>35</sup>

Nurses practicing in our state would need to familiarize themselves with our state laws if concerned about their compliance. An out-of-state nurse, just like a nurse in one of our state's hospitals or clinics who is changing jobs, also has to become familiar with the new operations and practices in a new workplace. This is not a foreign concept. Becoming familiar with a new job or workplace is something we all do.

### *Unwarranted concerns about finances, registration*

Other complaints about joining the nursing compact are about who makes the money related to licensing and the lack of a registration process to know which nurses are practicing in the state.

When it comes to money, whoever is doing the licensing work should be using the fees involved to license. As for registration needs, we can know who works in our hospitals and clinics — and they will have been vetted.

A Seattle Times editorial urging joining the NLC in 2021 when the state had a chance to with SB 5247 summed up this remaining point of opposition:<sup>36</sup>

“The Washington State Nurses Association opposes the legislation<sup>37</sup> in part, because there is no registration requirement for nurses working under compact licenses. They say this lack of transparency makes it impossible to know if the compact has actually lessened nursing shortages or led to better care in other states.

“The group has joined 10 other state nurses associations in asking<sup>38</sup> the compact administrators to make these and other changes, since state lawmakers aren't allowed to amend the compact agreement. These differences have kept Washington in a holding pattern for years.

“It's time to break the stalemate. The benefits of multistate nursing licenses far outweigh the potential drawbacks. What's more, joining the compact will give

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34 Podcast, “Let's Talk: A discussion about the NCSBN, Boards of Nursing, and more with Cathy Borris-Hale:” <https://podcasts.apple.com/us/podcast/a-discussion-about-the-ncsbn-boards-of-nursing/id632374585?i=1000426783659>

35 Nursys.com: <https://www.nursys.com/>

36 The Seattle Times editorial board: <https://www.seattletimes.com/opinion/editorials/interstate-compact-would-help-nurses-get-to-work/#:~:text=Lawmakers%20can%20change%20that%20by,military%20spouses%20and%20telehealth%20providers.>

37 Washington State Nurses Association, “Asking for an upgrade,” Oct. 9, 2020: <https://www.wsna.org/news/2020/asking-for-an-upgrade>

38 Letter to NCSBN: <https://cdn.wsna.org/assets/site/letter-clc-administrators.pdf?mtime=20201009181604&focal=none>

Washington greater influence within the compact states to effect the changes the State Nurses Association seeks.”

April 2021 saw some progress in the state Legislature. After tabling a proposal from Sen. Mike Padden, R-Spokane Valley, the Senate Health and Long-Term Care Committee had a work session about the issue.<sup>39</sup> It was informative and should be helpful in showing state lawmakers how Washington can help solve nursing shortages.

During the meeting, opponents of the compact complained that the NLC won’t fix all the problems facing nurses and hospitals in Washington. That’s true. It won’t. But it isn’t designed to. Opponents in the recent work session appeared to be against the compact only so they could lobby for more pay in the nursing profession, better work conditions and more resources for nursing education programs. Those are separate issues.

Other than concern about data tracking, which is no reason to oppose out-of-state nurses in good standing, hardline opponents didn’t have arguments against the compact idea itself. (Watch the work session<sup>40</sup> to learn more or read my blog<sup>41</sup> covering the discussion.)

### *NLC membership can attract nurses*

Being an NLC state can help attract nurses to live in Washington. And that is what we really need and one of the reasons Inslee is insistent that, “The best solution is to produce more nurses that are available for our hospitals.”<sup>42</sup>

He’s right. That makes it frustrating when legislation such as Senate Bill 5892<sup>43</sup> doesn’t move forward. It was the kind of innovative solution the state needs more of, rather than added regulation, as was present in HB 1686. Going in that direction would have made it even harder to supply quality health care to Washingtonians.

We want nurses who live here. Hospital finances and nurse morale suffer under staffing shortages. And as the Seattle Times editorial board notes in its support

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39 Senate Health and Long-term Care Committee work session: <https://www.youtube.com/watch?v=DR-8qOSnz8o>

40 Senate Health and Long-term Care Committee work session: <https://www.youtube.com/watch?v=DR-8qOSnz8o>

41 “Nurses should be able to move freely around the country:” <https://www.washingtonpolicy.org/publications/detail/nurses-should-be-able-to-move-freely-around-the-country-so-they-can-help-out-where-they-are-needed-most>

42 Hovde, Elizabeth, “We need more nurses, not more regulations:” <https://www.washingtonpolicy.org/publications/detail/we-need-more-nurses-not-more-regulations>

43 SB 5892, 2021-22: <https://app.leg.wa.gov/bills/summary/BillNumber=5892&Initiative=false&Year=2021>

of joining the NLC, “There are a lot of reasons to live and work here, including excellent medical services, strong workplace protections and quality of life.”<sup>44</sup>

In addition to our diverse and sought-after landscape and culture, Washington state is home to a number of top hospitals and medical facilities.<sup>45</sup> After comparing the 50 states across 21 key metrics to help nurses find the best state for their nursing careers, WalletHub recently named Washington the best place to work as a nurse.<sup>46</sup> Being part of the NLC would only help.

Just as being a part of the compact can attract new graduates and nurses thinking about relocating to the state — and while it can make life a lot easier for military spouses who are nurses<sup>47</sup> — not being a part of the compact can be a deterrent to relocating in Washington state.

For nurses, one of the big advantages of the NLC is that nurses can save money and time by obtaining one license, instead of having to pay each state’s individual application fee and license renewal fees. When considering a new state in which to practice, going to an NLC state offers a financial and time advantage.

## Conclusion

Hiring qualified nurses with multistate licenses is a patient-centered policy. It is one way to help patients seeking care and to help hospitals short on staff. It could also help current nurses who experience burnout and who incur costly and burdensome overtime at the expense of patient safety. Short staffing is dangerous for patients<sup>48</sup> and can lead to nurses making mistakes.<sup>49</sup>

State law should allow out-of-state nurses to help when and where they are needed and enable nurses to move freely about the country in their profession. Modern times benefit from caregiving services that are fluid across state boundaries.

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44 The Seattle Times editorial board, “Interstate compact will help nurses get to work,” Feb. 8, 2021: <https://www.seattletimes.com/opinion/editorials/interstate-compact-would-help-nurses-get-to-work/#:~:text=Lawmakers%20can%20change%20that%20by,military%20spouses%20and%20telehealth%20providers>

45 U.S. News & World Report, “Best Hospitals in Washington:” <https://health.usnews.com/best-hospitals/area/wa>

46 WalletHub, “Best and worst states for nurses,” by John S. Kiernan, May 3, 2022: <https://wallethub.com/edu/best-states-for-nurses/4041>

47 National Council of State Boards of Nursing’s Military Fact Sheet: <https://www.ncsbn.org/public-files/2018MilitaryFactsheetFINAL.pdf>. U.S. Department of Defense, Military On Source: <https://www.militaryonesource.mil/education-employment/for-spouses/education-training-licensing/transferring-your-professional-license-what-s-involved/>

48 National Library of Medicine, “RN shortages negatively impact patients,” by Karen Rosenberg: <https://pubmed.ncbi.nlm.nih.gov/30801322/>

49 National Library of Medicine, “Nursing Shortage,” by Lisa M. Haddad, Pavan Annamaraju and Tammy J. Toney-Butler: <https://www.ncbi.nlm.nih.gov/books/NBK493175/#:~:text=Nursing%20shortages%20lead%20to%20errors%2C%20higher%20morbidity%2C%20and, and%20failure-to-rescue%20rates%2C%20A0than%20facilities%20with%20lower%20patient-to-nurse%20ratios.>

Our research has us agreeing with 39 other jurisdictions, a bipartisan group of Washington state legislators, the Washington State Hospital Association and many other medical organizations: Joining the Nurse Licensure Compact is an important staffing tool that would serve the public interest by reducing Washington nursing shortage.

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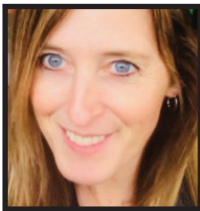
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## About the Author



**Elizabeth Hovde** grew up in Seattle's Ballard neighborhood and graduated with a Bachelor of Arts degree in journalism and political science from Western Washington University. That's where her newspaper career began, writing political opinion columns for The Bellingham Herald.

After graduation, Elizabeth became the communications director for the Washington Family Council, crafting legislative testimony, press releases and articles for various council publications. She was recruited away by The Columbian newspaper in Southwest Washington and spent the next decade as an editorial board member and columnist, winning several Society of Professional Journalists awards. Elizabeth enjoyed another 10 years as a political columnist for The Oregonian.

Elizabeth also has taught journalism, as an adjunct professor at Washington State University Vancouver.

Over the years, her volunteerism has included prison outreach, helping in public schools, writing for her neighborhood association and participating in area cleanups. She shares her Vancouver home with two teenage sons.