1. When does the eNLC go into effect?
   The eNLC went into effect July 20, 2017, when 26 states enacted eNLC legislation. The significance of this date is that the compact was officially enacted and the eNLC commission met to draft rules, policies and set an implementation date. The effective date is not the same as the implementation date, which is when nurses can practice in eNLC states that have started issuing eNLC multistate licenses. See this resource for more information: www.ncsbn.org/Difference_Between_Effective_Implementation.pdf for a multistate license.

2. What is the difference between the effective date and the implementation date?
   Based on the legislation, the effective date of the eNLC was designated as “the earlier of the date of legislative enactment of this Compact into law by no less than twenty-six (26) states or Dec. 31, 2018.” The eNLC was enacted in the 26th state on July 20, 2017, so, the effective date was set as July 20, 2017. On this date, the compact’s governing body, the Interstate Commission of Nurse Licensure Compact Administrators (the Commission) was formed and could begin meeting and performing the work of the compact. The Commission is charged with drafting rules and policies to govern the operations and implementation of the eNLC. By contrast, the implementation date, Jan. 19, 2018, is a date set by the Commission on which eNLC states begin issuing multistate licenses and when nurses holding multistate licenses may start to practice in eNLC states. More information is available at www.ncsbn.org/Difference_Between_Effective_Implementation.pdf

3. When will nurses have multistate licenses in eNLC states?
   Nurses in the original NLC states that were grandfathered into the eNLC will be able to practice in eNLC states as of the implementation date, Jan. 19, 2018. Nurses in new states that joined the eNLC (Wyoming, Oklahoma, West Virginia, Georgia and Florida) will be able to practice in eNLC states upon issuance of a multistate license. Each eNLC state will notify its licensees by mail of the implementation date and the process by which a nurse can obtain a multistate license.

4. What happens to nurses in the original compact if their state does not pass the eNLC legislation?
   States that do not pass the eNLC will remain in the original NLC until: a) the state enacts the eNLC, b) the state withdraws from the original NLC or c) the original NLC ends due to having less than two states as members. As of now, Wisconsin, Colorado, New Mexico and Rhode Island are members of the original NLC that have not yet joined the eNLC. These states plan to introduce legislation in 2018 or sooner.

5. What happens to the original NLC after the eNLC starts?
   Once the eNLC is implemented, the original NLC will continue to operate until there are less than two states as members, at which time it will end. As of Jan. 19, 2018, the 21 states in the original NLC that enacted the eNLC will cease to be members of the original NLC. This means that a nurse in Wisconsin, Colorado, New Mexico and Rhode Island will then hold a multistate license valid in four states rather than 25 states, and will need to obtain additional licensure in order to practice in any of the eNLC states. Conversely, it also means that nurses in the eNLC will no longer have the authority to practice in those four states, and will need to obtain additional licensure in order to practice in the state.
6. Which nurses are grandfathered into the eNLC and what does that mean?
Nurses in eNLC states that were members of the original NLC may be grandfathered into the eNLC. Nurses who held a multistate license on the eNLC effective date of July 20, 2017, in original NLC states, will not need to meet the requirements for an eNLC multistate license. They are automatically grandfathered. Nurses issued a multistate license after July 20, 2017, will be required to meet the eNLC multistate license requirements.

7. Why was there a change to the eNLC from the original NLC?
The original NLC began in 2000 and grew to 24 member states by 2010. From 2010 to 2015, one more state joined. A primary reason identified for the slowed adoption of the NLC was the lack of uniform criminal background check (CBC) requirements among NLC states. As a result, the eNLC requires that all member states implement CBCs for all applicants upon initial licensure or licensure by endorsement. This revision, along with other significant updates, will remove barriers that kept other states from joining. The eNLC will make it possible to get closer to the goal of all states joining the eNLC.

8. How does the eNLC differ from the original NLC?
Primarily, the eNLC adopts 11 uniform licensure requirements (ULRs) in order for an applicant to obtain a multistate license. One of those requirements is submission to federal and state fingerprint-based criminal background checks (CBCs). The full list of ULRs can be viewed at www.ncsbn.org/eNLC-ULRs_082917.pdf. A fact sheet identifies the key provisions of the eNLC legislation and highlights the differences between the two compacts at nursecompact.com/privateFiles/NLC_Key_Provisions.pdf

9. Who are the primary proponents of a state’s decision to join the compact?
Most states that have joined the compact have done so by the supportive efforts of the state nurse association, the state hospital association or the state board of nursing. A number of other stakeholder organizations (e.g., AARP, AONE, National Military Family Association, etc.) have played significant roles in advancing the legislation.

10. Why are some states still not members of the compact? What is the opposition?
The minimum number of states (26) for the eNLC to become effective was just met. This includes five states that were not in the original NLC. More states plan to introduce eNLC legislation in 2018 and beyond. The eNLC removes barriers that prevented some states from joining.
Support for the NLC is overwhelming in the nursing community. According to 2014 NCSBN nurse and employer surveys, 80 to 90 percent of nurses and greater than 90 percent of employers want their state to be a member of the NLC.

11. Why would a nurse need a multistate license? What are the benefits for a nurse?
The foremost reason is that a nurse will not need individual licenses in each state where the nurse needs authority to practice. Obtaining individual licenses is a burdensome, costly and time-consuming process to achieve portability and mobility. Nurses are required to be licensed in the state where the recipient of nursing practice is located at the time service is provided. Any nurse who needs to practice in a variety of states benefits significantly from a multistate license. These licenses include military spouses, telehealth nurses, case managers, nurse executives, nurses living on borders, nurses engaged in remote patient monitoring, school nurses, travel nurses, call center nurses, online nursing faculty, home health nurses, nurses doing follow up care and countless more.

12. How can nurses stay well informed of the changes in the compact?
Nurses can subscribe to receive email updates at www.nursecompact.com, review their state board of nursing website and newsletter, and review the implementation page on the NCSBN website at www.ncsbn.org/enhanced-nlc-implementatin.htm. Follow the NLC on social media: Twitter @NurseCompact or Facebook at www.facebook.com/nurselicensurecompact.

13. How will the transition from NLC to eNLC affect employers of nurses?
The transition may impact employers in eNLC states that have nurses practicing in the four states that remain in the original NLC. As of the implementation date, those nurses with an eNLC multistate license will not have the authority to practice in those four states without applying for a single state license in those states.
The eNLC transition may also impact employers in the four states that remain in the original NLC who have nurses practicing in the 21 former original NLC states that joined the eNLC. As of Jan. 19, 2018, those nurses with an original NLC multistate license will not have the authority to practice in eNLC states without applying for a single-state license in those states.
Nurses residing in eNLC states who are not eligible to be grandfathered may not have a multistate license on the eNLC implementation date, those nurses with an eNLC multistate license will not have the authority to practice in those four states without applying for a single-state license in those states.
Nurse residing in eNLC states who are not eligible to be grandfathered may not have a multistate license on the Jan. 19, 2018 implementation date until they have completed an eligibility process. This process will determine if the licensee meets the licensure requirements for a multistate license. In some eNLC states, the nurse may need to proactively engage in this eligibility process. By October 2018, nurses in all eNLC states should receive a letter from the respective board of nursing with more information.