

Legislative Analysis



HEALTH CODE: NURSING COMPACT

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House Bill 5750

Sponsor: Rep. John Stakoe

Committee: Health Policy

Complete to 2-27-06

A SUMMARY OF HOUSE BILL 5750 AS INTRODUCED 2-23-06

The bill would amend the definition of "licensee" in the Public Health Code so that it would include an individual authorized to engage in the practice of nursing or the practice of nursing as a licensed practical nurse under a multistate nurse licensure compact.

House Bill 5750 is tie-barred to House Bill 5493, under which Michigan would enter the Nurse Licensure Compact. The Compact is model legislation initiated by the National Council of State Boards of Nursing. Based on a mutual recognition model of nurse licensure, the Compact would allow a registered nurse (RN) or a licensed practical nurse (LPN) to be licensed in the home state of residency and practice in another compact state without an additional license. (See the summary of House Bill 5493 for additional information.)

House Bill 5750 would also require the Department of Community Health to submit a written report to the Legislature on the impact and effectiveness of the Nurse Licensure Compact by December 31, 2010.

FISCAL IMPACT:

The bill, combined with House Bill 5493, will have state fiscal implications for the Department of Community Health. Participation in the interstate nurse licensure compact will require additional administrative responsibilities to integrate and liaison with the compact system, which could have some initial costs. As nurses working in the compact states need only be licensed in a home state that is part of the compact, Michigan's participation in the compact will allow many out-of-state nurses who now must have a Michigan license to practice in Michigan without obtaining a Michigan license. Fewer out-of-state nurses will obtain Michigan licenses, reducing revenue to the Health Professions Regulatory Fund, which supports the licensing programs, and to the Nurse Professional Fund. The compact may ease recruitment of out-of-state nurses into Michigan to help meet demand, and may produce some financial efficiencies for the health care system which could reduce state costs.

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