

NURSE LICENSURE COMPACT LEGISLATION – OPPOSITION



NNOC-Illinois/National Nurses United urges you to **oppose H.B. 1338, H.B. 1652, H.B. 1706, H.B. 2614, H.B. 4369, H.B. 4920, S.B. 102,** and any other Nurse Licensure Compact or Universal Recognition of Occupational Licenses (Compact) legislation introduced this session for the following reasons:

Compact would endanger patients by ceding Illinois' regulatory authority over nurse licensing and patient care to a quasi-public interstate commission.

» **Illinois is allowed only one appointment to the interstate commission and one vote.** Illinois would have the same power on the interstate commission as every other commission member even though Illinois has more licensed RNs than 41 out of 43 of the commission members. The commission could create rules that would “have the force and effect of law and [...] be binding in all party states,” including rules assessing dues.¹

» **Nurses from Compact states do not need to meet Illinois' licensure standards.** Unlike Illinois, most states do not require 20 continuing education hours every two years or classes on sexual harassment, implicit bias, Alzheimer's, and dementia. In fact, three Compact states bordering Illinois have no continuing education requirements: Indiana, Missouri, and Wisconsin.²

» **Compact allows nurses located in other states to “care” for Illinois patients by telehealth without taking the responsibility for patient protections under Illinois standards.** Yet, under Compact, Illinois' Board of Nursing would remain responsible for protecting the public and ensuring that out-of-state nurses adhere to Illinois' Nurse Practice Act.³

Compact conflicts with Illinois shield laws that protect nurses who provide reproductive and gender-affirming care.

» Joining Compact potentially subjects Illinois nurses who provide abortion or gender-affirming care to prosecution or discipline in Compact states with restrictions on these services. 26 of 43 Compact states and territories severely restrict or ban abortions as well as gender-affirming care up to age 18.⁴

» Under Compact, the laws and licensing boards of states that restrict or ban abortions or gender-affirming care may subject Illinois nurses to disciplinary action, such as the revocation of the privilege to practice under Compact's multistate license, or even civil or criminal penalties, stripping away any protection from our shield laws. Out-of-state nurses with Compact licenses who aid health care activity that is legal in Illinois would also lose shield law protections because of the conflict with Compact requirements for enforceable subpoenas as well as mandatory participation in a coordinated information system.⁵

Compact would outsource Illinois jobs for nurses and other health care workers by expanding telehealth.

» **Compact would allow hospital and health care employers to race to the bottom on workplace standards by opening avenues to expand telehealth services outside of Illinois.** A key goal of the Compact is to expand telehealth and remote patient monitoring so that employers can reduce labor costs and increase profits by employing out-of-state nurses.⁶

continued »

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- » **Under Compact, Illinois nurses may lose their jobs and see reduced wages as employers outsource jobs to Compact states.** Research shows that Compact has “adverse impacts on labor market outcomes for registered nurses in the form of lower probability of employment, wages, and longer periods of unemployment.”⁷ Under Compact, not only are RNs less likely to get a nursing job, there also is “strong evidence” that Compact decreased RN wages between 9 and 11 percent.⁸
- » **Compact places patients in danger as employers move to telenursing services based outside of Illinois.** As telehealth and remote patient monitoring programs grow under Compact, hospitals would be incentivized to close or reduce services as they outsource care to nurses out-of-state. Patients would be in danger with fewer nurses on hand to respond in person to emergencies and as telehealth patients are forced to rely on 911 calls to receive care.

Safe and healthy workplaces support nurse recruitment and retention, not Compact.

- » Compact is unnecessary. Illinois already has an endorsement process to rapidly license out-of-state nurses⁹ and the number of active RN licenses in Illinois has increased by 18,978 or over 9 percent since 2021.¹⁰ In contrast, as of 2025, Illinois’ population has only increased by 15,787 or 0.1 percent since 2021.¹¹
- » Contrary to arguments in favor of Compact, during the pandemic, federal data show that hospitals in Compact states reported a higher percentage of days with critical staffing shortages every year from 2020–2023.¹²
- » Nurses want to provide high quality care in a safe environment, but employers often make that difficult. High patient loads jeopardize patient care and nurses’ licenses. Instead of joining Compact, Illinois should address issues related to recruitment and retention of nurses by ensuring safe patient limits, creating safe and healthy workplaces, supporting nurse education programs, and reinforcing strong union rights that ensure nurses can advocate for patients and protect their licenses without fear of retaliation.

ENDNOTES

- 1 Nurse Licensure Compact, Article VII, Sections g.1 & h.2.
- 2 Jividen, Sarah. (2025, February 3). Nursing Continuing Education (CE) Requirements by State. Available at: <https://nurse.org/resources/continuing-education/#nursing-ce-requirements-by-state>.
- 3 Nurse Licensure Compact, Article V, Section a.
- 4 Guttmacher Institute. (2026, February 8). Interactive Map: US Abortion Policies and Access After Roe. Available at: <https://states.guttmacher.org/policies/>; Kaiser Family Foundation. (2025, November 24). Policy Tracker: Youth Access to Gender Affirming Care and State Policy Restrictions. Available at: <https://www.kff.org/other/dashboard/gender-affirming-care-policy-tracker/>.
- 5 Nurse Licensure Compact, Article VI, Section a. and c; Article II, Section d; Article V, Section a, clause 4.
- 6 Note that the Compact refers to “the use of advanced communication technologies” and “[n]ew practice modalities and technology” in Article I, Sections a.3 and a.4; see also American Hospital Association (2019, February). Fact Sheet: Telehealth. Available at: <https://www.aha.org/system/files/2019-02/fact-sheet-telehealth-2-4-19.pdf>.
- 7 Marquiss, Nicholas. (2021). An Empirical Assessment of Occupational Licensing Reforms in the Healthcare Sector, p. 3. Available at: <https://ir.vanderbilt.edu/items/1eb9d5f4-7753-4c32-a2ae-9de14fb34f5f>.
- 8 Id.
- 9 See 225 ILCS 65/60-11(c) and 68 Ill. Adm. Code 1300.320.
- 10 Illinois Department of Financial and Professional Regulation. (2025, December). IDFPR Active Nurse Licensees FY26 - FY2001. Available at: <https://nursing.illinois.gov/content/dam/soi/en/web/nursing/documents/pdf/2025-12-01-active-nurse-licensees.pdf>.
- 11 U.S. Census Bureau. (2026, January). Annual Estimates of the Resident Population for the United States, Regions, States, District of Columbia, and Puerto Rico. Available at: <https://www.census.gov/data/tables/time-series/demo/popest/2020s-state-total.html#v2025>.
- 12 NNOC-IL/NNU calculations based on data available at HealthData.gov (Data collected 2020–2023). Critical Staffing Shortage (by day). Available at: <https://healthdata.gov/Hospital/Critical-Staffing-Shortage-by-day-/yu7x-wxqv>.