



June 10, 2025

INTERSTATE HEALTH CARE PROFESSIONAL LICENSURE COMPACTS

Interstate compacts are agreements among states reached through the enactment of the same compact legislation by each state to address a common purpose, such as reciprocal professional licensure or compact privilege to practice in another compact member state.

This memorandum summarizes the interstate health care professional licensure compacts enacted in Kansas through the 2025 Legislative Session. Four interstate health care professional licensure compacts were enacted in Kansas during the 2025 Legislative Session through HB 2069¹: Cosmetologist Licensure Compact, Dietician Compact, Physician Assistant Licensure Compact, and the School Psychologist Compact. Health care professional licensure compacts enacted in Kansas are presented in order of enactment.

Also included are interstate health care professional licensure compacts that have not been enacted in Kansas but have been enacted or are being considered in other states: Advanced Practice Registered Nurse Compact, Interstate Massage Compact, Occupational Therapy Licensure Compact, and Respiratory Care Interstate Compact. [*Note: The Advanced Practice Registered Nurse Compact Compact (2025 HB 2266) was introduced and referred to the House Committee on Health and Human Services, but no action was taken on the bill during the 2025 Legislative Session.*]

The Athletic Trainer Compact, which is in the drafting process, is also noted.

Interstate Health Care Professional Licensure Compacts Enacted in Kansas

Interstate Compact for Recognition of Emergency Personnel Licensure

The Interstate Compact for Recognition of Emergency Personnel Licensure (EMS Compact, 2016 SB 225) was enacted in Kansas with an effective date of July 1, 2016, and is formalized in statute at KSA 65-6158. [*Note: The EMS compact is also known as the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact (REPLICA).*] The EMS Compact is designed to achieve the following purposes and objectives:

- Increase public access to emergency medical service (EMS) personnel;
- Enhance states' abilities to protect the public's health and safety, especially patient safety;

¹ https://kslegislature.gov/li/b2025_26/measures/hb2069/

- Encourage the cooperation of member states in the areas of EMS personnel licensure and regulation;
- Support licensing of military members who are separating from active duty tour and their spouses;
- Facilitate the exchange of information between member states regarding EMS personnel licensure, adverse action, and significant investigatory information;
- Promote compliance with the laws governing EMS personnel practice in each member state; and
- Invest all member states with the authority to hold EMS personnel accountable through the mutual recognition of member state licenses.

The EMS Compact created and established a joint public agency known as the Interstate Commission for EMS Personnel Practice (Commission), with each member state limited to one delegate who has one vote with regard to the promulgation of rules and creation of bylaws, and who participates in the business and affairs of the Commission. Activation of the EMS Compact required enactment of the legislation by ten state legislatures.

The National EMS Coordinated Database was not operational when the Commission officially activated the EMS Compact on March 10, 2020; however, the Commission recognized the benefit of the EMS Compact as EMS personnel were responding to the COVID-19 pandemic.²

With the enactment of the EMS Compact in Arkansas on March 20, 2025³, 25 states have joined the EMS Compact. Other states recently enacting the EMS Compact are Nevada⁴, effective October 1, 2023, and Oklahoma⁵, effective November 1, 2023. All states neighboring Kansas are EMS Compact member states. Any member state can withdraw from the EMS Compact by enacting a repealing statute, but the withdrawal cannot take effect until six months after enactment of the repealing statute.

Interstate Medical Licensure Compact

The enactment of 2016 HB 2615, formalized in KSA 65-28,133, allowed Kansas to join the Interstate Medical Licensure Compact (IMLC). The purpose of the IMLC is for the Compact member states to develop a comprehensive process that complements the existing licensing and regulatory authority of state medical boards and provides a streamlined process for physicians to become licensed in multiple states, thereby enhancing the portability of a medical license and ensuring the safety of patients. Joining the IMLC does not change a state's existing medical practice act and does require the physician to be under the jurisdiction of the state medical board where the patient is located.

2 <https://www.emscompact.gov/the-compact/compact-history>

3 <https://arkleg.state.ar.us/Home/FTPDocument?path=%2FACTS%2F2025R%2FPublic%2FACT384.pdf>

4 <https://www.leg.state.nv.us/App/NELIS/REL/82nd2023/Bill/9824/Overview>

5 <https://www.sos.ok.gov/documents/legislation/59th/2023/1R/HB/2422.pdf>

The IMLC is governed by the Interstate Medical Licensure Compact Commission (IMLC Commission), which consists of two voting representatives appointed by each member state who serve as commissioners. The IMLC Commission has the authority to develop rules to implement the provisions of the IMLC.

The IMLC Commission is required to establish a database of all physicians licensed or who have applied for licensure. Member states are required to report to the IMLC Commission complaints against a licensed physician who has applied for or received an expedited license. [Note: An “expedited license,” as defined in the IMLC, means a full and unrestricted medical license granted by a member state to an eligible physician through the process set forth in the IMLC.] Member boards are also required to report disciplinary or investigatory information determined as necessary by rule of the IMLC Commission.

A member state may withdraw from the IMLC by repealing the statute that enacted the IMLC into law; however, the withdrawal does not take effect until one year after the effective date of such statute and until written notice of the withdrawal has been given to the governor of each other member state. The IMLC dissolves upon the date of withdrawal or default of the member state that reduces the membership in the IMLC to one member state.

The IMLC became effective and binding upon legislative enactment of the Compact into law by no less than seven states. According to the IMLC website⁶, 41 states, the District of Columbia, and the Territory of Guam have enacted the IMLC. Implementation of the IMLC is delayed in Arkansas and Rhode Island. Kansas’ surrounding states have joined the IMLC.

[Note: According to the IMLC Commission website,⁷ the Michigan IMLC was repealed effective March 28, 2025, per the sunset provision in the enactment legislation. Michigan has begun the process of withdrawing from the IMLC Commission, with the withdrawal effective on March 26, 2026, unless legislation is enacted removing the sunset provision or reinstating the IMLC. During Michigan’s 2025 Legislative Session, SB 60 and HB 4032 were introduced to remove the IMLC statutory sunset provision. SB 60 was passed by the Senate and was referred to the House Committee on Health Policy on February 18, 2025. HB 4032 was passed by the House on March 12, 2025, with an immediate effective date and was referred to the Senate Committee on Health Policy. Both bills remained in the second chamber’s Committee on Health Policy as of June 10, 2025. SB 303 was introduced on May 14, 2025, and would reenact the IMLC provisions without language providing for a future repeal. SB 303 was passed by the Senate and was referred to the House Committee on Health Policy on May 21, 2025. Michigan has a year-round legislature.]

Four states introduced IMLC legislation in the 2025 Legislative Session that was pending as of June 10, 2025:

- Massachusetts: HB 2393 was introduced but had not been enacted. A hearing is scheduled for June 11, 2025, before the Joint Committee on Public Health. Massachusetts has a year-round legislature;
- New Mexico: SB 46 was recommended favorably for passage as amended by the Senate Health and Public Affairs Committee, with a recommendation to refer

6 <https://imlcc.com/wp-content/uploads/2025/03/Information-Release-Arkansas-becomes-43rd-member-3-12-2025.pdf>

7 <https://imlcc.com/>

to the Senate Judiciary Committee. The bill remained in the Senate Judiciary Committee upon adjournment on March 22, 2025;

- New York: SB 1505 was referred to the Senate Committee on Higher Education on January 10, 2025, where it remains. New York has a year-round legislature; and
- North Carolina: HB 67 was passed by the House. The bill was referred to the Senate Committee on Health Care, which recommended a substitute bill be passed that would add the Physician Assistant Interstate Licensure Compact; address international physician licensure, the dangers of surgical smoke, community college behavioral health workforce enhancement, and limitations on agreements with health care professionals (e.g. non-compete clauses and nondisclosure agreements); and amend statutes pertaining to licensure and services provided by various health care providers. The Senate adopted the substitute bill on May 22, 2025. As required by the re-referral to the Senate Committee on Health Care, if reported favorably by that committee, the bill was to be re-referred to three other Senate Committees sequentially (Judiciary, Finance, and Rules and Operations) if reported favorably by the preceding committee. The substitute bill was reported favorably by the Senate Committee on Judiciary on June 3, 2025, and re-referred to the Senate Committee on Finance, where it remained as of June 10, 2025. North Carolina has a year-round legislature.

Enhanced Nurse Licensure Compact

In 2018, Kansas enacted the Enhanced Nurse Licensure Compact (eNLC) with HB 2496 and amended the Kansas Nurse Practice Act (Act) to enable the Board of Nursing to carry out the provisions of the eNLC and establish the duties of registered nurses (RNs) and licensed practical nurses (LPNs) under the eNLC. The bill took effect on July 1, 2019. The eNLC is formalized at KSA 65-1166. The eNLC allows RNs and LPNs to have one multistate license, with the privilege to practice in the home state of Kansas and in other eNLC states physically, electronically, and telephonically.

The general purposes of the eNLC include:

- Facilitating the states' responsibility to protect the public's health and safety;
- Ensuring and encouraging the cooperation of party states in the areas of nurse licensure and regulation;
- Facilitating the exchange of information among party states in the areas of nurse regulation, investigation, and adverse actions;
- Promoting compliance with the laws governing the practice of nursing in each jurisdiction;
- Investing all party states with the authority to hold a nurse 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 licenses;

- Decreasing redundancies in the consideration and issuance of nurse licenses; and
- Providing opportunities for interstate practice by nurses who meet uniform licensure requirements.

The eNLC was set to become effective and binding upon the earlier of the date of legislative enactment of the eNLC into law by no less than 26 states or December 31, 2018. The eNLC was activated on January 19, 2018.

The eNLC provides that a party state may withdraw from the eNLC by enacting a statute repealing the same. The party state's withdrawal or termination does not take effect until six months after enactment of the repealing statute, and the party state continues to be required to report adverse actions and significant investigations occurring prior to the effective date of withdrawal or termination.

According to the National Council of State Boards of Nursing's eNLC webpage⁸, 43 jurisdictions are part of the eNLC. Connecticut, Massachusetts, and the Virgin Islands have enacted legislation and are awaiting full implementation. Pennsylvania and Guam have partial implementation.

Eight states and the District of Columbia introduced eNLC legislation during the 2025 Legislative Session that was pending as of June 10, 2025:

- Alaska: HB 131 and SB 124 were introduced on March 10, 2025, and were referred to the respective chamber's committees on Labor and Commerce, with subsequent referrals to the Finance committees. Neither bill was enacted prior to adjournment on May 20, 2025;
- Hawaii: HB 897 was introduced, but the 2025 Session adjourned on May 2, 2025, without enactment of the bill;
- Illinois: HB 1652, HB 1706, and SB 102 were introduced but had not been enacted. The Illinois Legislature adjourned on May 31, 2025;
- Michigan: HB 4246 was referred to the House Committee on Health Policy, which reported with recommendation for referral to the House Committee on Rules. The House Committee on Rules reported with recommendation without amendment on June 5, 2025. Michigan has a year-round legislature;
- Minnesota: HF 1925 and SF 2608 were referred to the House Committee on Health Finance and Policy and the Senate Committee on Health and Human Services, respectively. Neither bill was enacted prior to adjournment on May 19, 2025;
- Nevada: SB 34 was referred to the Senate Committee on Commerce and Labor, but no action was taken on the bill before April 12, 2025, the last day for non-exempt bills in the house of origin per Nevada Legislature Joint Rule No. 14.3.1.

⁸ <https://www.nursecompact.com/index.page>

No further action was allowed during the 2025 Session, which adjourned on June 3, 2025;

- New York: AB 4524 and SB 3916 were introduced, and both also contain the Advanced Practice Registered Nurse Compact. Both remain in the respective chamber's Committee on Higher Education. New York has a year-round legislature;
- Oregon: SB 966 was referred to the Senate Committee on Health Care on January 30, 2025. No action has been taken on the bill. The Oregon Legislature is set to adjourn on June 29, 2025; and
- District of Columbia: Council Bill 260069 was introduced and referred to the Committee on Health on February 4, 2025. No further action has been taken on the bill. The Council meets year-round.

Physical Therapy Licensure Compact

In 2021, the Physical Therapy Licensure Compact (PT Compact) was enacted in Kansas through SB 170. The PT Compact is formalized in KSA 65-2925. The purpose of the PT Compact is to facilitate the interstate practice of physical therapy with the goal of improving public access to physical therapy services. The PT Compact preserves the regulatory authority of states to protect public health and safety through the current system of state licensure.

The PT Compact is designed to:

- Increase public access to physical therapy services by providing for the mutual recognition of other member-state licenses;
- Support spouses of relocating military members;
- Enhance the exchange of licensure, investigative, and disciplinary information among member states; and
- Allow a remote state to hold a provider of services with a compact privilege in that state accountable to that state's practice standards.

The PT Compact directs compact member states to create a joint public agency known as the Physical Therapy Compact Commission (PT Commission), which is an instrumentality of the compact states. Each member state will have one delegate selected by that member state's licensing board as a member of the PT Commission. The PT Compact provides for the qualifications for PT Commission delegates.

The PT Compact requires the PT Commission to provide for the development, maintenance, and utilization of a coordinated database and reporting system containing licensure, adverse action, and investigative information on all licensed individuals in member states. Notwithstanding any state law to the contrary, the PT Compact requires a member state to submit a uniform data set to the data system on all individuals to whom the PT Compact is applicable as required by the rules of the PT Commission. The PT Compact requires the

uniform data set to include identifying information, licensure data, adverse actions against a license or compact privilege, non-confidential information related to alternative program participation, any denial of application for licensure and the reason for the denial, and other information that may facilitate the administration of the PT Compact, as determined by rules of the PT Commission.

The PT Compact became effective on April 25, 2017, when the PT Compact legislation was enacted into law in the tenth member state. The PT Compact allows a member state to withdraw from the PT Compact by enacting a statute repealing the same, and such withdrawal is to take effect six months after enactment of the repealing statute. The PT Compact requires the withdrawing state's physical therapy licensing board comply with the investigative and adverse action reporting requirements until the effective date of the withdrawal.

According to the PT Compact website⁹, 38 states and the District of Columbia have enacted PT Compact legislation and are actively issuing and accepting PT Compact privileges. Six states (Connecticut, Kansas, Maine, Nevada, Pennsylvania, and Rhode Island) have enacted legislation but do not yet have compact privileges.

Kansas PT Compact legislation (2021 SB 170) was signed into law on May 17, 2021, and formalized in KSA 65-2925. However, as of May 13, 2025, Kansas has not completed the requirements of the PT Compact and does not yet have compact privileges. The PT Compact website notes it takes typically between 8 and 12 months from the date of enactment, sometimes longer, to complete the process to actively issue and accept compact privileges.

Five states introduced PT Compact legislation during the 2025 Legislative Session that was pending as of June 10, 2025:

- Illinois: HB 3420 was introduced, but the bill has been re-referred to the House Rules Committee on March 21, 2025, pursuant to House Rule 19(a) for failure to meet the applicable deadline established by House Rule 9 for reporting to the House by a standing committee. No further action was taken. The Illinois Legislature adjourned on May 31, 2025;
- Massachusetts: HB 2490 and SB 1506 were introduced. The House and Senate concurred on February 27, 2025, in referring both bills to the Joint Public Health Committee. No other action has been taken on either bill. Massachusetts has a year-round legislature;
- Michigan: HB 4101 was introduced and a substitute bill was recommended by the House Committee on Health Policy to require the enactment of HB 4380, which would amend the physical therapy provisions of the Public Health Code to allow individuals authorized under the PT Compact to engage in the practice of physical therapy or to practice as a physical therapy assistant. The substitute bill would change the effective date to one year after enactment and prevent either bill from taking effect unless both bills are enacted. The substitute bill was passed by the House on May 22, 2025, and was referred to the Senate Committee on Health Policy on May 29, 2025. Michigan has a year-round legislature;

9 <https://ptcompact.org/ptc-states>

- New Mexico: HB 82 was passed by the House and was referred to the Senate Judiciary Committee on February 26, 2025. The bill was not enacted prior to the Legislature's adjournment on March 22, 2025; and
- Wyoming: SF 172 was passed by the House and recommended for passage by the House Corporations, Elections and Political Subdivisions Committee. The bill was not considered by the House Committee of the Whole prior to adjournment of the Legislature on March 6, 2025.

Audiology and Speech-Language Pathology Interstate Compact

The Audiology and Speech-Language Pathology Interstate Compact (ASLP-IC) was enacted in Kansas by 2021 SB 77 and formalized in KSA 65-6513. Its purpose is to facilitate the interstate practice of audiology and speech-language pathology with the goal of improving public access to audiology and speech-language pathology services.

The ASLP-IC provides licensure requirements for states participating in the ASLP-IC. Licenses issued by a home state to an audiology or speech-language pathologist are recognized by each member state as authorizing the practice of audiology or speech-language pathology in each member state. States are required to implement criminal history record checks of license applicants. The privilege to practice audiology or speech-language pathology is derived from the home state license. The ASLP-IC requires member states to recognize the right of an audiologist or speech-language pathologist licensed in a member state to practice in another member state via telehealth. Additionally, the ASLP-IC allows active-duty military personnel or their spouses to designate a home state where such service member or spouse has a license in good standing, and allows such military personnel or spouse to retain that home state designation during the period of time the service member is on active duty.

Member states are required to comply with bylaws and rules of the Audiology and Speech-Language Pathology Compact Commission (ASLP-IC Commission) created by the ASLP-IC.

Any member state is allowed to withdraw from the ASLP-IC by enacting a statute that repeals its ASLP-IC enacting statute, but withdrawal does not take effect until six months after the enactment of the repealing statute.

The ASLP-IC became effective on the date on which the ASLP-IC statute was enacted into law in the tenth member state. The ASLP-IC Commission held its first meeting in January 2022. According to the ASLP-IC website¹⁰, with the enactment of legislation in Arizona on May 13, 2025, 35 states and the Virgin Islands have enacted the compact. All states surrounding Kansas have enacted ASLP-IC legislation.

As of June 10, 2025, ASLP-IC legislation is pending in seven states:

- Illinois: HB 2417 was introduced and a technical amendment was made by the House Health Care Licenses Committee. The bill was re-referred to the House Rules Committee pursuant to House Rule 19(a) for failure to meet the applicable deadline established by House Rule 9 for reporting to the House by a standing

¹⁰ <https://aslpcompact.com/>

committee. No further action was taken prior to the Legislature's adjournment on May 31, 2025;

- Nevada: No action was taken on SB 34 before April 12, 2025, the last day for non-exempt bills in the house of origin per Nevada Legislature Joint Rule No. 14.3.1. No further action was allowed on SB 34 during the 2025 Session. AB 230 was also introduced, was passed by the Assembly on May 26, 2025, and was referred to the Senate Committee on Commerce and Labor. AB 230 was passed by the Senate on May 30, 2025. AB 230 was delivered to the governor on June 2, 2025, and is pending action by the governor. The Nevada Legislature adjourned on June 3, 2025;
- New Jersey: 2024 AB 4115 and 2024 SB 682 were introduced during the 2024 Session and referred to the Assembly Health Committee and the Senate Health, Human Services and Senior Citizens Committee, respectively. Neither bill has been enacted. The New Jersey has a year-round legislature. Both bills carried over from the 2024 Session to the 2025 Session;
- New York: AB 4522 and SB 3598 were introduced and referred to the respective chamber's Committee on Higher Education. Neither bill has been enacted. New York has a year-round legislature. [Note: Both bills also contain the Occupational Therapy Compact and the Physical Therapy Compact.];
- Pennsylvania: HB 80 was introduced and referred to the House Committee on Professional Licensure. The bill has not been enacted. Pennsylvania has a year-round legislature;
- Oregon: The House Committee on Behavioral Health and Health Care held a hearing on HB 2357 on February 18, 2024, but the legislation has not been enacted. The Oregon Legislature is set to adjourn on June 29, 2025; and
- Texas: HB 4409 and SB 1843 were introduced and referred to the House Committee on Public Health and the Senate Committee on Business and Commerce, respectively. Neither bill was enacted prior to the Legislature's adjournment on June 2, 2025.

The ASLP-IC website notes the process of establishing the ASLP-IC Commission and operationalizing the Compact typically takes 18 months to 2 years. The ASLP-IC Commission has established rules and bylaws to implement the Compact. Compact privileges will begin issuing after the ASLP-IC is fully operational and the member states are fully integrated into the Compact's data system, which is anticipated to be launched on September 30, 2025.

Psychology Interjurisdictional Compact

The Psychology Interjurisdictional Compact (PSYPACT), enacted in Kansas through 2021 SB 170 and formalized at KSA 74-5352, provides for the interjurisdictional authorization of psychologists across state boundaries to practice telepsychology using telecommunication technologies and provide temporary in-person psychology services. The Kansas PSYPACT legislation became effective on January 1, 2022. All states neighboring Kansas have enacted the PSYPACT.

The purpose of the PSYPACT is to:

- Regulate the day-to-day practice of telepsychology, which is the provision of psychological services using telecommunication technologies;
- Regulate the temporary (30 days within a calendar year) in-person practice of telepsychology by psychologists across state boundaries in performing their psychological practice as assigned by an appropriate authority; and
- Authorize state psychology regulatory authorities to legally recognize, in a manner consistent with the terms of the PSYPACT, psychologists licensed in another state.

The PSYPACT does not apply to a psychologist licensed in both the home and receiving states or to the permanent, in-person practice of psychology.

The Behavioral Sciences Regulatory Board set a \$25 licensure fee for PSYPACT home state privilege to practice, in addition to any other fees authorized by law for licensure.¹¹

The PSYPACT requires compact states to create and establish a joint public agency known as the Psychology Interjurisdictional Compact Commission (PSYPACT Commission). The PSYPACT Commission consists of one voting representative appointed by each compact state who serves as that state's commissioner. The state psychology regulatory authority appoints its delegate, who is empowered to act on behalf of the compact state. Limitations on who may be appointed as a delegate are outlined in the PSYPACT. The PSYPACT requires the PSYPACT Commission, by a majority vote of the commissioners, to prescribe bylaws or rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of the PSYPACT.

The PSYPACT came into effect when the seventh compact state enacted the PSYPACT on April 23, 2019. As of June 10, 2025, 41 states, Guam, and the Commonwealth of the Northern Mariana Islands¹² have enacted PSYPACT, with Montana's legislation (2025 HB 241) enacted on April 16, 2025, but not yet effective.

A PSYPACT compact state is allowed to withdraw from the PSYPACT by enacting a statute repealing the same. The PSYPACT provides that a compact state's withdrawal does not take effect until six months after enactment of the repealing statute and does not affect the continuing requirement of the withdrawing state's psychology regulatory authority to comply with

11 https://sos.ks.gov/publications/pubs_kar_Regs.aspx?KAR=102-1-13

12 <https://psypact.org/mpage/psypactmap>

the investigative and adverse action reporting requirements of the PSYPACT prior to the effective date of withdrawal.

As of June 10, 2025, PSYPACT legislation was considered or is pending in four states:

- Hawaii: SB 32 and HB 839 were introduced, but neither bill was enacted prior to the Legislature's adjournment on May 2, 2025;
- Iowa: HF 255 remained in the House Health and Human Services Committee when the Legislature adjourned on May 15, 2025;
- Massachusetts: SB 1487 and HB 2528 were introduced. The House and Senate concurred in referring both bills to the Joint Committee on Public Health. Neither bill has been enacted. Massachusetts has a year-round legislature; and
- New York: S 7136 and A 6744 were introduced, but neither bill has been enacted. New York has a year-round legislature.

Counseling Compact

The Counseling Compact (also known as the Licensed Professional Counselors Compact in some states) was enacted in Kansas through 2023 HB 2288¹³ and became effective on July 1, 2023. The Counseling Compact was formalized at KSA 68-5825. The Counseling Compact facilitates the interstate practice of licensed professional counselors with the goal of improving public access to professional counseling services. The practice of professional counseling under the Counseling Compact occurs in the state where the client is located at the time of the counseling services, and the Counseling Compact preserves the regulatory authority of states to protect public health and safety through the current system of state licensure.

The Counseling Compact provides for the creation of a joint public agency to be formally identified as the Counseling Compact Commission. The Counseling Compact Commission is composed of one delegate selected by each member state's licensing board from all states that have adopted the Counseling Compact.

The Counseling Compact requires member states to recognize the right of a licensed professional counselor, licensed by a home state in accordance with the Counseling Compact, to practice professional counseling in any member state via telehealth under a privilege to practice as provided in the Counseling Compact and rules promulgated by the Counseling Compact Commission. Under the Counseling Compact, a licensee providing professional counseling services in a remote state under the privilege to practice is required to adhere to the laws and regulations of the remote state.

The Counseling Compact requires the Counseling Compact Commission to provide for the development, maintenance, operation, and utilization of a coordinated database and reporting system containing licensure, adverse action, and investigative information on all licensed individuals in member states. As permitted by member state laws, member states are required to submit a uniform data set to the data system on all individuals to whom the

13 https://kslegislature.gov/li_2024/b2023_24/measures/hb2288/

Counseling Compact is applicable as required by the rules of the Counseling Compact Commission, including:

- Identifying information;
- Licensure data;
- Adverse actions against a license or privilege to practice;
- Non-confidential information related to alternative program participation;
- Any denial of application for licensure, and the reasons for such denial;
- Current significant investigative information; and
- Other information that may facilitate the administration of the Counseling Compact, as determined by the rules of the Counseling Compact Commission.

The Counseling Compact provides for investigative information pertaining to a licensee in any member state to be available only to other member states.

The Counseling Compact became effective on April 19, 2022, when Nebraska became the tenth state to enact the Counseling Compact legislation. Any member state may withdraw from the Compact by repealing the Compact statute. A member state's withdrawal takes effect six months after enactment of the repealing statute.

As of June 10, 2025, 38 states and the District of Columbia have enacted the Counseling Compact.¹⁴ Missouri enacted 2023 SB 70, which became effective on August 28, 2023, making it the last of the states surrounding Kansas to enact the Counseling Compact.

As of June 10, 2025, Counseling Compact legislation was considered or is pending in five states:

- New York: SB 3915 was referred to the Senate Committee on Higher Education, where it was defeated on May 13, 2025. AB 4566 was referred to the Assembly Committee on Higher Education, but was held for consideration on May 20, 2025. New York has a year-round legislature;
- Oregon: HB 3351 was referred to the House Committee on Behavioral Health and Health Care, which held a hearing on February 18, 2025. No further action has been taken. The Oregon Legislature is set to adjourn on June 29, 2025;
- Pennsylvania: SB 604 was referred to the Senate Committee on Consumer Protection and Professional Licensure on April 9, 2025, was reported as committed on June 3, 2025, and was re-referred to the Senate Committee on Appropriations on June 9, 2025. HB 668 was referred to the House Committee on Professional Licensure, which reported the bill as amended. HB 668 was first considered, laid on the table by the House Committee on May 6, 2025, and removed from the table on June 2, 2025. HB 668 was passed by the House on June 4, 2025, and referred to the Senate Committee on Consumer Protection and Professional Licensure on June 6, 2025. Neither bill has been enacted. Pennsylvania has a year-round legislature; and

¹⁴ <https://counselingcompact.org/map/>

- Texas: SB 498 and HB 1537 were introduced and referred to the Senate Committee on Business and Commerce and the House Committee on Human Services, respectively. Neither bill was enacted prior to the Legislature's adjournment on June 2, 2025.

Social Work Licensure Compact

The Social Work Licensure Compact (SW Compact) was developed by the Council of State Governments in partnership with the U.S. Department of Defense and the Association of Social Work Boards to reduce the barriers to licensure portability for social workers and to facilitate multistate practice. Additionally, multiple state health and social work-related organizations contributed to the development of the SW Compact.¹⁵

The SW Compact became effective on April 12, 2024, when Kansas became the seventh state to enact the Compact legislation (2024 HB 2484).¹⁶ The SW Compact was formalized at KSA 65-6325. The implementation process for the Compact will take 12 to 24 months before multistate licenses may be issued. As of June 13, 2025, 29 states have enacted the SW Compact, including all states surrounding Kansas.

As of June 10, 2025, SW Compact legislation is pending in the following 12 states:

- Alaska: HB 110 was referred to the House Labor and Commerce Committee, which recommended the bill favorably for passage. The bill was referred to the House Rules Committee on May 14, 2025, where it remained upon adjournment of the Legislature on May 20, 2025;
- California: AB 427 was recommended favorably for passage with a recommendation by the Assembly Committee on Judiciary to place the bill on the consent calendar. The bill was re-referred to the Assembly Committee on Appropriations, where it is held under submission. The bill has not been enacted. The California Legislature is set to adjourn on September 12, 2025;
- Delaware: Senate Sub. for SB 109 was passed by the Senate and was assigned to the House Health and Human Development Committee on May 14, 2025. The bill has not been enacted. The Delaware Legislature is set to adjourn on June 30, 2025;
- Illinois: HB 2473 was referred to the House Rules Committee, where it remains. The Illinois Legislature adjourned on May 31, 2025;
- Indiana: SB 163 was referred to the Senate Committee on Health and Provider Services, which amended the bill and recommended it for passage and reassignment to the Senate Committee on Appropriations. Upon adjournment of the Indiana Legislature on April 29, 2025, the bill remained in the Senate Committee on Appropriations;

¹⁵ <https://swcompact.org/>

¹⁶ https://www.kslegislature.org/li_2024/b2023_24/measures/hb2484/

- Massachusetts: SB 252 and HB 380 were introduced, and both were referred to the Joint Committee on Consumer Protection and Professional Licensure as concurred to by House and Senate on February 27, 2025. No further action has been taken. Massachusetts has a year-round legislature;
- Oregon: HB 2554 was referred to the House Committee on Behavioral Health and Health Care, where it remains after a public hearing on February 18, 2025. The Oregon Legislature is set to adjourn on June 29, 2025;
- Pennsylvania: HB 554 was referred to the House Professional Licensure Committee, which recommended that the bill be passed as amended to extend the effective date 18 months. The bill passed the House on June 4, 2025, and was referred to the Senate Committee on Consumer Protection and Professional Licensure on June 6, 2025. Pennsylvania has a year-round legislature;
- South Carolina: HB 4365 was referred to the House Committee on Labor, Commerce, and Industry. No further action was taken prior to adjournment on May 8, 2025;
- Texas: HB 3503 and SB 1726 were introduced and referred to the House Committee on Human Services and the Senate Committee on Business and Commerce, respectively, where they remain. The Texas Legislature adjourned on June 2, 2025; and
- Wisconsin: SB 74 was recommended for passage by the Senate Committee on Health on March 14, 2025, but has not been considered for passage by the Senate. AB 80 was referred to the Assembly Committee on Children and Families, which held a public hearing on May 21, 2025, and recommended the bill for passage on June 6, 2025. The bill was referred to the Assembly Committee on Rules, where it remains. Wisconsin has a year-round legislature.

Dentist and Dental Hygienist Compact

The Dentist and Dental Hygienist Compact (DDH Compact) was enacted in Kansas through 2024 HB 2453 and formalized at KSA 2024 Supp. 65-1473. The Kansas DDH Compact became effective on July 1, 2024. Two states neighboring Kansas have not enacted the DDH Compact: Missouri and Oklahoma.

The purpose of the DDH Compact is to facilitate the interstate practice of dentistry and dental hygiene and improve public access to dentistry and dental hygiene services by providing dentists and dental hygienists licensed in a participating state the ability to practice in Compact states in which they are not licensed. The member states retain the authority to regulate the practice of dentistry and dental hygiene in their state.

The DDH Compact became effective on April 22, 2024, when Maine became the seventh state to enact the Compact legislation. Compact privileges will take 18 to 24 months to be issued to allow for completion of the implementation process. According to a DDH Compact

map and the National Center for Interstate Compacts database from the Council of State Governments, as of June 10, 2025, 12 states have enacted the DDH Compact¹⁷.

Eleven states introduced DDH Compact legislation during the 2025 Session that is pending as of June 10, 2025:

- Arizona: HB 2190 was passed by the House and referred to the Senate Committee on Government, where it remains. The adjournment date for the Arizona Legislature is set for June 30, 2025. Arizona does not carry over bills from one session of the biennium to the next;
- Massachusetts: SB 1494 was referred to the Joint Committee on Public Health on February 27, 2025. No further action has been taken. Massachusetts has a year-round legislature;
- Missouri: HB 56 was passed by the House and was referred to the Senate Committee on Emerging Issues and Professional Registrations on April 17, 2025. No further action was taken prior to the Legislature's adjournment on May 16, 2025;
- Nevada: AB 143 was referred to the Assembly Committee on Commerce and Labor, which held a hearing and recommended the bill favorably for passage. The bill was subsequently referred to the Assembly Committee on Ways and Means and became exempt. The bill was referred to the Assembly Committee on Health and Human Services. No further action was taken prior to the Nevada Legislature's adjournment on June 3, 2025;
- New Hampshire: SB 187 was re-referred to the Senate Executive Departments and Administration Committee on March 6, 2025. No further action has been taken. New Hampshire has a year-round legislature;
- New Jersey: 2024 SB 702 and 2024 AB 1896 were introduced during the 2024-2025 Session. SB 702 was referred to the Senate Health, Human Services and Senior Citizens Committee on January 9, 2024, and no further action has been taken. AB 1896 was referred to the Assembly Health Committee and then to the Assembly Regulated Professions Committee, and both committees recommended the bill favorably for passage in 2024. No further action has been taken on AB 1896. New Jersey has a year-round legislature;
- Oklahoma: SB 540 was recommended favorably for passage by the Senate Committee on Health and Human Services and placed on General Orders on February 26, 2025. No further action was taken prior to the Oklahoma Legislature's adjournment on May 30, 2025;
- Oregon: HB 2676 was referred to the House Committee on Behavioral Health and Health Care, which held a bill hearing on February 24, 2025. The bill was to be subsequently referred to the House Committee on Ways and Means, but no

¹⁷ <https://ddhcompact.org/compact-map/>

further action has been taken. The Oregon Legislature is set to adjourn on June 29, 2025;

- Pennsylvania: SB 81 was referred to the Senate Committee on Consumer Protection and Professional Licensure on January 22, 2025, where it remains. Pennsylvania has a year-round legislature;
- Texas: HB 1803 was passed by the House and was referred to the Senate Committee on Business and Commerce, which held a hearing on May 23, 2025. The bill was left pending in the Senate Committee on May 23, 2025. The Texas Legislature adjourned on June 2, 2025; and
- Vermont: HB 47 was referred to the House Committee on Health Care on January 21, 2025, and remained in committee upon adjournment of the Legislature on May 9, 2025.

Cosmetologist Licensure Compact

On April 8, 2025, Kansas became the ninth state to enact the Cosmetologist Licensure Compact through 2025 HB 2069.¹⁸ The purpose of the Cosmetology Compact is to facilitate the interstate practice and regulation of cosmetology by providing a regulatory framework for a multistate licensing program.

The Cosmetology Compact became effective when enacted in the seventh member state on June 13, 2024. The Cosmetology Compact has been enacted in nine states¹⁹: Alabama, Arizona, Colorado, Kansas, Kentucky, Maryland, Ohio, Tennessee, and Virginia. Additionally, the governor of Washington signed 2025 HB 1023 on May 12, 2025, with an effective date of June 1, 2028.

As of June 10, 2025, Cosmetology Compact legislation was considered or is pending in 11 states:

- Hawaii: SB 1619 was passed by the Senate and, on March 6, 2025, was referred to the House Committees on Consumer Protection and Commerce, Judiciary and Hawaiian Affairs, and Finance. No further action was taken prior to the Legislature's adjournment on May 2, 2025;
- Indiana: HB 1133 was recommended favorably for passage by the House Committee on Employment, Labor, and Pensions. On February 6, 2025, the bill was recommitted to the House Committee on Ways and Means pursuant to House Rule 126.3, which provides that any bill with a fiscal impact to the State in excess of \$50,000 may be recommitted to and reported by the House Committee on Ways and Means before it is eligible for second reading. No further action was taken prior to the Legislature's adjournment on April 29, 2025;

¹⁸ https://www.kslegislature.gov/li/b2025_26/measures/hb2069/

¹⁹ <https://cosmetologycompact.org/compact-map/>

- Massachusetts: On February 27, 2025, SD 2627 was referred to the Joint Committee on Rules. No further action has been taken. Massachusetts has a year-round legislature;
- Montana: SB 515 had a bill hearing in the Senate Committee on Business, Labor, and Economic Affairs and was tabled by the Committee. The bill missed the deadline for general bill transmittal on March 12, 2025, and died in process in the Senate on May 23, 2025. The Montana Legislature adjourned on April 30, 2025;
- Nebraska: LB 82 was referred to the Health and Human Services Committee and a bill hearing was held on January 31, 2025. No further action was taken prior to the Nebraska Legislature's adjournment on June 2, 2025;
- Nevada: AB 371 was re-referred to the Assembly Committee on Ways and Means on March 26, 2025, and became an exempt bill. No further action was taken prior to the Nevada Legislature's adjournment on June 3, 2025;
- New Jersey: AB 4630 and SB 3766 were introduced during the 2024-2025 biennium. AB 4630 was referred to the Assembly Regulated Professions Committee on June 25, 2024. SB 3766 was referred to the Senate Commerce Committee on October 7, 2024. There has been no further action on either bill. New Jersey has a year-round legislature;
- New York: SB 3917 was referred to the Senate Committee on Consumer Protection on January 30, 2025. AB 4424 was referred to the Assembly Committee on Economic Development on February 4, 2025. There has been no further action on either bill. New York has a year-round legislature;
- Pennsylvania: HB 365 was referred to the House Committee on Professional Licensure on January 27, 2025, and no further action has been taken. Pennsylvania has a year-round legislature;
- Texas: HB 705 was passed as amended by the House and was passed as amended by the Senate on May 27, 2025. The Conference Committee Report on HB 705 was adopted by the Senate and House. The bill was sent to the governor on June 2, 2025, and awaits action by the governor. SB 1905 was referred to the Senate Committee on Business and Commerce on March 17, 2025, and remains in committee. The Texas Legislature adjourned on June 2, 2025; and
- West Virginia: HB 2491 was referred to the House Committee on Government Organization on February 25, 2025, where it remained upon adjournment of the Legislature on April 12, 2025.

Dietitian Compact

The Dietitian Compact was enacted in Kansas on April 8, 2025, through HB 2069.²⁰ The purpose of the Dietitian Compact is to facilitate the interstate practice of dietetics with the goal of

²⁰ https://kslegislature.gov/li/b2025_26/measures/hb2069/

improving public access to dietetics services and achieving a number of objectives that reduce administrative burden while increasing availability of licensed dietitians as well as cooperation among member state licensing bodies. The Dietitian Compact applies to dietitians who hold the registered dietitian nutritionist (RDN) credential or who have successfully completed an accredited education program, a supervised experience in dietetics and nutrition, and the RDN examination.

The Dietitian Compact preserves the regulatory authority of states to protect public health and safety through the current system of state licensure while also providing license portability for qualifying professionals.

The Dietitian Compact became effective when enacted in the seventh member state on March 21, 2025. The Dietitian Compact has been enacted in 12 states: Alabama, Arkansas, Iowa, Kansas, Mississippi, Montana, Nebraska, North Dakota, Ohio, South Dakota, Tennessee, and Utah.²¹ The Dietitian Compact was enacted in Oklahoma when SB 805 became law without the governor's signature on May 28, 2025, bringing the total of member states to 13. After completion of the 18-to-24-month implementation process, dietitians may begin applying for compact privileges.

As of June 10, 2025, Dietitian Compact legislation was considered or is pending in ten states:

- Idaho: HB 132 was referred to the House Committee on Health and Welfare on February 5, 2025, and remained in committee upon adjournment of the Legislature on April 4, 2025;
- Louisiana: HB 399 passed the House and was referred to the Senate Committee on Health and Welfare, which reported the bill out of committee with technical amendments on May 28, 2025. The bill was passed by the Senate as amended on June 2, 2025. The House nonconcurred with Senate amendments, and House and Senate conferees were appointed on June 8 and 9, respectively. The Louisiana Legislature is set to adjourn on June 12, 2025;
- Missouri: HB 397 was passed by the House and was recommended favorably for passage by the Senate Committee on Emerging Issues and Professional Registration on April 22, 2025. SB 412 was referred to the Senate Emerging Issues and Professional Registration Committee on February 17, 2025. No further action was taken on either bill prior to the adjournment of the Legislature on May 15, 2025;
- New Hampshire: HB 145 was recommended for passage as amended by the House Committee on Executive Departments and Administration, but the House tabled the bill on March 26, 2025. New Hampshire has a year-round legislature;
- Rhode Island: HB 5067 was recommended to be held for further study by the House Committee on Corporations on February 4, 2025, and recommended for passage on June 5, 2025. The Rhode Island Legislature is set to adjourn on June 30, 2025;

²¹ https://dietitianscompact.org/?page_id=10

- South Carolina: SB 160 was referred to the Senate Committee on Medical Affairs, where it remained upon adjournment of the Legislature on May 8, 2025;
- Texas: HB 4465 was referred to the House Committee on Public Health on April 3, 2025, where it remained upon adjournment of the Texas Legislature on June 2, 2025;
- Vermont: HB 296 was referred to the House Committee on Health Care on February 20, 2025. The Vermont Legislature adjourned on May 9, 2025, with no further action taken on the bill;
- West Virginia: HB 2389 was passed by the House. The Senate Committee on Organization recommended the bill favorably for passage with the requirement that it first be referred to the Senate Committee on Finance. The bill remained in the Senate Committee on Finance upon adjournment of the Legislature on April 12, 2025; and
- Wisconsin: AB 45 was passed by the Assembly and was referred to the Committee on Senate Organization on May 14, 2025, for scheduling. SB 71 was recommended for passage by the Senate Committee on Health on May 5, 2025, and is pending scheduling. No further action has been taken on either bill. Wisconsin has a year-round legislature.

Physician Assistant Licensure Compact

The Physician Assistant Licensure Compact (PA Compact) was enacted in Kansas on April 8, 2025, through HB 2069.²² As of May 29, 2025, the PA Compact has been enacted in 17 states: Arkansas, Colorado, Delaware, Iowa, Kansas, Maine, Minnesota, Montana, Nebraska, Ohio, Oklahoma, Tennessee, Utah, Virginia, Washington, West Virginia, and Wisconsin. Missouri is the only state neighboring Kansas that has not enacted the PA Compact.

The purpose of the PA Compact is to facilitate the interstate practice of physician assistants (PAs) with the goal of improving public access to medical services and achieving a number of objectives that reduce administrative burden while increasing availability of licensed PAs as well as cooperation among member state licensing bodies.

The PA Compact preserves the regulatory authority of states to safeguard the safety of patients through the current system of state licensure while also providing license portability for qualifying professionals.

The PA Compact allows active duty military personnel or their spouses to obtain a compact privilege by having an unrestricted license in good standing from a participating state.

The PA Compact requires the member states agree to grant compact privilege to PAs who hold a valid, unencumbered license in another member state. With a compact privilege, PAs will be allowed to provide telehealth services in accordance with the laws and regulations of the state in which the patient is located. When using the compact privilege, PAs still may be

²² https://kslegislature.gov/li/b2025_26/measures/hb2069/

subject to supervision, collaboration, prescribing authority, and other requirements to legally practice in another member state.

The PA Compact was activated in May 2024 with its adoption by a seventh state. The PA Compact website projects the PA Compact Commission will begin granting compact privileges to practice in early 2026.

According to the PA Compact website²³, Compact legislation was introduced and considered during the 2025 Legislative Session in 11 states as of June 10, 2025:

- Connecticut: HB 6835 was passed by the House on May 28, 2025, and was assigned a Senate Calendar number on May 29, 2025. The Legislature adjourned on June 4, 2025, with no further action taken on the bill;
- Illinois: SB 209 was re-referred on April 11, 2025, to the Senate Committee on Assignments from the Senate Committee on Licensed Activities per Senate Rule 3-9(a). The rule requires referral to the Senate Committee on Assignments when a standing committee fails to meet the deadline for reporting to the Senate. The Illinois Legislature adjourned on May 31, 2025;
- Massachusetts: HD 2531 and SD 1608 were referred to the Joint Committee on Public Health on February 27, 2025. No further action has been taken on either bill. Massachusetts has a year-round legislature;
- Michigan: Substitute for HB 4309 was passed by the House and was referred to the Senate Committee on Health Policy on May 15, 2025. No further action has been taken. Michigan has a year-round legislature;
- Missouri: HB 1388 was referred to the House Committee on Emerging Issues on May 15, 2025, the date the Legislature adjourned;
- Nevada: SB 34 was referred to the Senate Committee on Commerce and Labor, but no action was taken on the bill before April 12, 2025, the last day for non-exempt bills in the house of origin per Nevada Legislature Joint Rule No. 14.3.1. No further action was allowed on SB 34 during the 2025 Session, which adjourned on June 3, 2025;
- New Jersey: AB 4328 and SB 3560 were introduced during the 2024 Legislative Session and carried over into the 2025 Session. AB 4328 was passed by the Assembly and reported favorably for passage by the Senate Health, Human Services and Senior Citizens Committee on May 19, 2025. SB 3560 was reported favorably for passage with technical amendments by the Senate Health, Human Services, and Senior Citizens Committee and referred to the Senate Budget and Appropriations Committee on May 19, 2025. New Jersey has a year-round legislature;
- New York: SB 4933 was referred to the Senate Committee on Higher Education on February 14, 2025. AB 5985 was referred to the Assembly Committee on

²³ <https://www.pacompact.org/>

Higher Education on February 25, 2025. No further action has been taken on either bill. New York has a year-round legislature;

- North Carolina: SB 190 was passed by the Senate and referred to the House Committee on Rules, Calendar, and Operations on April 28, 2025, where it remains. North Carolina has a year-round legislature;
- Oregon: After two days of bill hearings on February 20 and 25, 2025, HB 3060 remains in the House Committee on Behavioral Health and Health Care. The Oregon Legislature is set to adjourn on June 29, 2025; and
- Texas: HB 1731 was passed by the House and was referred to the Senate Committee on Business and Commerce, where it received a hearing on May 23, 2025, and was left pending in committee. SB 1609 was referred to the Senate Committee on Business and Commerce on March 10, 2025, where it remains. The Texas Legislature adjourned on June 2, 2025.

School Psychologist Compact

The School Psychologist Compact (SP Compact) was enacted in Kansas on April 8, 2025, through HB 2069.²⁴ The SP Compact's purpose is to facilitate the interstate practice of school psychology in educational or school settings to improve the availability of school psychological services to the public. The SP Compact establishes a pathway to allow school psychologists to obtain equivalent licenses to provide school psychological services in any member state and promotes the mobility of school psychologists between and among member states to address workforce shortages. The SP Compact will also facilitate the relocation of military members and their spouses who are licensed to provide school psychological services.

According to the SP Compact website,²⁵ six states have enacted the SP Compact: Alabama, Colorado, Georgia, Kansas, Nebraska, and West Virginia. The SP Compact will become active when enacted by seven states.

SP Compact legislation was introduced and considered in nine states during the 2025 Legislative Session as of June 10, 2025:

- Delaware: SB 107 was passed by the Senate and reported favorably for passage by the House Committee on Education on May 21, 2025. The Delaware Legislature is set to adjourn on June 30, 2025;
- Florida: On May 3, 2025, HB 327 and SB 434 were indefinitely postponed and withdrawn from consideration. The Florida Legislature was set to adjourn on May 2, 2025, but the session was extended to June 6, 2026, to address certain designated bills;

²⁴ https://kslegislature.gov/li/b2025_26/measures/hb2069/

²⁵ <https://schoolpsychcompact.org/compact-map/>

- Maryland: HB 959 was referred to the House Committee on Ways and Means, which held a hearing on February 24, 2025. The bill remains in committee as of adjournment of the Legislature on April 7, 2025;
- Nevada: SB 227 was referred to the Senate Committee on Education, but no action was taken on the bill before April 12, 2025, the last day for non-exempt bills in the house of origin per Nevada Legislature Joint Rule No. 14.3.1. No further action was allowed on SB 227 during the 2025 Session, which adjourned on June 3, 2025;
- New Jersey: AB 4344 was introduced on May 10, 2024, for the 2024-2025 biennium and was referred to the Assembly Regulated Professions Committee, where it remains. New Jersey has a year-round legislature;
- North Carolina: HB 588 was referred to the House Committee on Appropriations on April 1, 2025. If recommended favorably for passage by the House Committee on Appropriations, the bill will be referred to the House Committee on Rules, Calendar, and Operations. SB 259 was re-referred to the Senate Committee on Appropriations and Base Budget on March 11, 2025. No further action has been taken on either bill. North Carolina has a year-round legislature;
- North Dakota: SB 2341 was passed by the Senate but failed to pass the House on April 4, 2025. The North Dakota Legislature adjourned on May 3, 2025;
- Oregon: HB 2596 was passed by the House, and passed the Senate on June 10, 2025. The bill is pending presentation to and action by the governor. The Oregon Legislature is set to adjourn June 29, 2025; and
- Vermont: HB 325 was referred to the House Committee on Health Care on February 25, 2025, where it remained upon the Legislature's adjournment on May 9, 2025.

Interstate Health Care-related Licensure Compact Legislation Not Enacted in Kansas

The Council of State Governments (CSG) National Center for Interstate Compacts²⁶ has assisted in managing and advising the drafting, development, and implementation of the following health-related occupational licensure compacts that have not been enacted in Kansas as of the adjournment of the 2025 Legislative Session: Advanced Practice Registered Nurse Compact, Interstate Massage Compact, Occupational Therapy Compact, and Respiratory Care Interstate Compact. Additionally, CSG is providing development services for the Athletic Trainers Compact. A brief summary of these compacts is provided below.

²⁶ <https://compacts.csg.org/compacts/>

Compact Legislation Available for Consideration

APRN Compact

The Advanced Practice Registered Nurse Compact (APRN Compact) allows APRNs with 2,080 hours or more of practice to have a multistate license in their home state, with the privilege to practice in other APRN Compact member states without requiring an additional license in those states. APRNs could provide in-person or electronic care across state lines in compact member states.

The APRN Compact would become effective when enacted in seven states. As of June 10, 2025, the APRN Compact has been enacted in four states²⁷: Delaware, North Dakota, South Dakota, and Utah. In Kansas, 2025 HB 2266 was introduced and referred to the House Committee on Health and Human Services but did not receive a hearing prior to the Legislature's adjournment on April 11, 2025.

As of June 10, 2025, four additional states introduced or considered APRN Compact legislation during the 2025 Legislative Session:

- Arizona: HB 2310 was referred to the House Committee on Health and Human Services, which discussed and held the bill on February 17, 2025. No further action has been taken on the bill. The Arizona Legislature is set to adjourn on June 30, 2025. Arizona does not carry over bills between legislative sessions;
- Arkansas: HB 1134 was withdrawn by the author on February 13, 2025. The Arkansas Legislature adjourned on May 5, 2025;
- Montana: HB 526 was referred to the House Committee on Business and Labor but missed the deadline for general bill transmittal and died in the process. The Montana Legislature adjourned on April 30, 2025; and
- New York: AB 4524 was referred to the Assembly Committee on Higher Education on February 4, 2025. SB 3916 was referred to the Senate Committee on Higher Education on January 30, 2025. No further action had been taken on either bill. New York has a year-round legislature.

Interstate Massage Compact

CSG partnered with the U.S. Department of Defense and the Federation of State Massage Therapy Boards to develop an Interstate Massage Compact (IMPACT) to allow for licensure reciprocity of licensed massage therapists in member states.²⁸ The IMPACT has been finalized and is available for states to consider for enactment.

The IMPACT would take effect on the date the Compact legislation is enacted into law by the seventh member state. As of June 10, 2025, five states have enacted the IMPACT: Arkansas, Montana, Nevada, Ohio, and Virginia.

27 <https://www.aprncompact.com/about.page#map>

28 <https://massagecompact.org/>

As of June 10, 2025, IMPACT legislation is pending in six states:

- Alabama: SB 37 was referred to the Senate Committee on Veterans, Military Affairs, and Public Safety on February 4, 2025, where it remained upon the Legislature's adjournment on May 14, 2025;
- Connecticut: SB 1063 was referred to the Joint Committee on Public Health on January 22, 2025. No further action was taken prior to the Connecticut Legislature's adjournment on June 4, 2025;
- Georgia: HB 232 was passed by the House and was referred to the Senate Committee on Regulated Industries and Utilities. On March 20, 2025, the Senate Committee recommended a substitute bill to amend or repeal state statutes in conflict with the IMPACT; authorize the Georgia Board of Massage Therapy to administer the Compact; and provide for definitions, conditions, and eligibility. The bill was read a second time in the Senate, but no further action was taken prior to the Legislature's adjournment on April 4, 2025;
- Illinois: SB 1756 was re-referred to the Senate Committee on Assignments from the Senate Committee on Licensed Activities on April 11, 2025, per Senate Rule 3-9 (a). The rule requires referral to the Senate Committee on Assignments when a standing committee fails to meet the deadline for reporting to the Senate. The Illinois Legislature adjourned on May 31, 2025;
- New York: SB 3931 was referred to the Senate Committee on Higher Education on January 30, 2025. AB 4444 was referred to the Assembly Committee on Higher Education on February 4, 2025. No further action has been taken on either bill. New York has a year-round legislature; and
- North Carolina: HB 693 was referred to the House Committee on Health on April 3, 2025, where it remains. North Carolina has a year-round legislature.

Occupational Therapy Licensure Compact

The Occupational Therapy Licensure Compact (OT Compact) allows occupational therapists (OTs) and occupational therapy assistants (OTAs) who are licensed and in good standing in an OT Compact member state to practice in other OT Compact member states.²⁹ The OT Compact is a joint initiative of the National Board for Certification in Occupational Therapy and the American Occupational Therapy Association.

The OT Compact became effective on February 4, 2022, when Wisconsin became the tenth state to enact the Compact legislation (2021 SB 412). As of June 10, 2025, 32 states have enacted the OT Compact. Three Kansas neighboring states are OT Compact member states: Colorado, Missouri, and Nebraska. According to the OT Compact website, compact privileges to practice are not being issued because completion of the national data system necessary for states to upload their data and receive applications is pending.

As of June 10, 2025, OT Compact legislation is pending in eight states:

²⁹ <https://otcompact.org/>

- Florida: HB 909 was referred to the House Health and Human Services Committee. SB 1010 was referred to the following Senate Committees: Health Policy, Appropriations Committee on Health and Human Services; and Fiscal Policy. Both chambers indefinitely postponed and withdrew their respective bills from consideration on May 3, 2025. Adjournment of the Florida Legislature was set to be May 2, 2025, but it was extended to June 6, 2025, for consideration of specified bills only;
- Massachusetts: On February 27, 2025, HB 427 and SB 256 were referred to the Joint Committee on Consumer Protection and Professional Licensure. No further action has been taken on either bill. The Massachusetts Legislature meets year-round;
- Michigan: HB 4103 was passed by the House and was referred to the Senate Committee on Health Policy on May 15, 2025. The Michigan Legislature meets year-round;
- Nevada: SB 34 was referred to the Senate Committee on Commerce and Labor, but pursuant to the Nevada Legislature Joint Standing Rule No. 14.3.1, as of April 12, 2025 (the last day for non-exempt bills in the house of origin), no further action is allowed. AB 106 was recommended favorably for passage by the Assembly Committee on Commerce and Labor, referred to the Assembly Committee on Ways and Means, and declared exempt from legislative deadlines. The Assembly Committee on Ways and Means held a hearing on AB 106 on May 22, 2025. The Nevada Legislature adjourned on June 3, 2025, without taking further action;
- New York: SB 3598 was referred to the Senate Committee on Higher Education on January 28, 2025. AB 4522 was referred to the Assembly Committee on Higher Education on February 4, 2025. No further action has been taken on either bill. New York has a year-round legislature;
- Oregon: HB 2357 was referred to the House Committee on Behavioral Health and Health Care and a hearing was held on February 18, 2025. No further action has been taken. The Oregon Legislature is set to adjourn on June 29, 2025;
- Pennsylvania: HB 482 was referred to the House Committee on Professional Licensure on February 4, 2025. SB 571 was referred to the Senate Committee on Consumer Protection and Professional Licensure on April 9, 2025. No further action has been taken on either bill. Pennsylvania has a year-round legislature; and
- Texas: HB 932 was passed by the House and was referred to the Senate Committee on Health and Human Services on May 5, 2025. No further action was taken prior to the Texas Legislature's adjournment on June 2, 2025.

Respiratory Care Interstate Compact

The Respiratory Care Interstate Compact (RCIC) model legislation was finalized in October 2024. The RCIC would become effective when seven states have enacted the Compact legislation. The RCIC would reduce the barriers to license portability for licensed respiratory therapists. According to CSG, operationalization of a compact typically takes two to three years after the activation threshold of seven states has been met.

As of June 10, 2025, four states have enacted RCIC legislation (Alabama, Iowa, Montana, and Washington), and legislation has been introduced in two states³⁰:

- Ohio: SB 149 was referred to the Senate Committee on Health on March 19, 2025. No further action has been taken. Ohio has a year-round legislature; and
- Wisconsin: SB 190 was referred to the Senate Committee on Health on April 14, 2025. AB 193 was referred to the Assembly Committee on Health, Aging and Long-Term Care on April 15, 2025. No further action has been taken on either bill. Wisconsin has a year-round legislature.

Compact Legislation in Development

Athletic Trainer Compact

CSG, the Department of Defense, and the Board of Certification for the Athletic Trainer are partnering in the development of the Athletic Trainers Compact (AT Compact).³¹ The purpose of the AT Compact is to support the mobility of athletic trainers by reducing barriers to license portability and to facilitate multistate practice among member states. A draft of the AT Compact is currently available for public comment on the CSG website. Surveys are available for comment from the public and from board members and staff of athletic trainer licensure boards or agencies. The CSG website does not indicate an anticipated date that the AT Compact will be available for states to enact.

30 https://respiratorycarecompact.org/?page_id=46

31 <https://compacts.csg.org/compact-updates/athletic-trainer-licensure-compact/>