



ALLIED HEALTH

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The total cost of the *US Department of Labor; State Occupational Licensing Review and Reform Grant* program is \$244,260.28. \$244,260.28 (100%) is funded through a U.S. Department of Labor - Employment and Training Administration grant.

EXECUTIVE SUMMARY

In 2019, New Hampshire's Office of Professional and Occupational Licensure (OPLC) was awarded a grant by the U.S. Department of Labor, Employment and Training Administration (DOLETA) in the amount of \$244,260 to evaluate and streamline occupational licensing requirements to help address the effects of an aging population, opioid use and overdose deaths, and underemployment of certain untapped populations in the state's workforce.

New Hampshire's Occupational Licensing Review Project particularly sought to promote portability and reduce unnecessary licensing barriers, with special emphasis on populations that are most affected by licensing: low-income, military and justice-involved communities.

Through participation in the Occupational Licensing Learning Consortium facilitated by the National Conference of State Legislators (NCSL), the Council of State Government (CSG) and the National Governors Association (NGA), OPLC regularly engaged with other state grantees and regulatory subject matter experts to share learning, glean expert insight, and receive technical assistance for the state's licensing review. With the assistance of the Council on Licensure, Enforcement and Regulation (CLEAR), OPLC received licensing research and analysis, and subsequently to provide recommendations tailored to New Hampshire's regulatory infrastructure and environment.

New Hampshire's Office of Professional Licensure and Certification (OPLC) houses 40 professional licensing boards, commissions and councils and worked with the Council on Licensure, Enforcement and Regulation (CLEAR) to conduct an occupational licensing review and reform analysis on five (5) license categories: Alcohol and Other Drug Use Professionals; Office of Allied Health Professionals (including Occupational and Physical Therapist Assistants and Respiratory Care Providers); Barbering, Cosmetology, and Esthetics; Licensed Nursing Assistant, and Pharmacy Technician.

This final report contains CLEAR's findings from the Occupational Licensing Review Project. It is intended to be a comprehensive report of all accomplishments under the grant project and therefore also includes OPLC's accomplishments in fulfillment of its scope of work with DOLETA, some of which occurred without assistance from CLEAR.

The report provides an overview and discussion of the regulatory landscape, research and emerging practices concerning the special populations and focus areas selected by New Hampshire for the grant project. This is followed by promising practices from other umbrella agencies and standout innovations that could be leveraged by OPLC through its umbrella structure. The report summarized other accomplishments such as key legislation, operational improvements and technology advancements that were also accomplished during through the grant project. Lastly, this report delves into tailored analysis of the five professions applying a comparison to emerging practices and priority policies expressed by the state.¹

Key findings of the Occupational Licensing Review Project reveal several innovative and promising practices implemented by New Hampshire boards particularly related to entry to practice and labor mobility. Many of these relate to streamlined licensing process, helping applicants get to work quickly even through temporary permits while the board completes its due diligence. New Hampshire has broadly aligned entry to practice requirements to national averages and standards which bolsters reciprocity applicants and licensees. Early adoption and membership to licensure compacts further advances licensure portability.

New Hampshire boards reviewed as part of this project have generally not adopted more progressive policies concerning low-income applicants, military servicemembers, veterans and spouses, and individuals with criminal convictions. Some New Hampshire boards demonstrate promising practices that could serve as a model for other state licensing boards. Broad adoption of these practices or improvements to existing policies could promote greater fairness and equity in the licensure process, particularly for communities of color who are more likely also come from low-income communities and have a criminal record.

Several key findings of the project could be solved or partially accomplished through improved licensing technology, specifically through advancements in MLO or another licensing database. Improved technology, which is now widely accessible in the occupational licensing field, could dramatically reduce regulatory burden by creating efficiencies in the administrative process

¹These findings and recommendations are not considered legal advice nor should be construed as the opinion of CLEAR or its members. Where possible, alternatives are provided in an acknowledgement that a perceived barrier could be reduced through a plethora of potential solutions. The findings and recommendations must also be considered in context of the audience's intended outcomes which may vary among policymakers, board members, consumers and other stakeholders.

for both applicants and OPLC staff. Additionally, an improved data base could facilitate greater adoption of evidence-based regulations which evaluate characteristics of consumer endangerment and target regulatory interventions.

While this report makes tailored recommendations for consideration by each board, OPLC and other state policymakers may consider more sweeping initiatives that would support all boards. These strategies could include:

- Advance intentional staff and board member training on regulatory research and science, not just the practice act
- Improve My Licensing Office (MLO) or other technology to reduce regulatory burden and facilitate regulatory intelligence through data
- Improve operational effectiveness and efficiency through technology and rule reviews
- Public performance management through data collection and outcome tracking
- Consistent decision making among board members and over time to ensure fairness and equity
- Adopt evidence-informed regulations by evaluating regulatory data and outcomes
- Create a process to ensure boards align rules to statutes outside the practice act
- Embed a responsive regulatory culture through sunrise, sunset and routine regulatory review processes.

This final report provides in-depth analysis of research and findings related to Occupational Therapy Assistants, Physical Therapy Assistants, and Respiratory Care Practitioners. These findings and recommendations are not considered legal advice nor should be construed as the opinion of CLEAR or its members. Where possible, alternatives are provided in an acknowledgement that a perceived barrier could be reduced through a plethora of potential solutions. The findings and recommendations must also be considered in context of the audience's intended outcomes which may vary among policymakers, board members, consumers and other stakeholders.

ALLIED HEALTH - OCCUPATIONAL THERAPY ASSISTANTS, PHYSICAL THERAPY ASSISTANTS AND RESPIRATORY CARE PRACTITIONERS

Allied health professionals specialize in providing evaluation and prevention of diseases and disorders including rehabilitative services. The areas of specialization vary by profession. This Occupational Licensing Review project considered three specific professions:

- An occupational therapy assistant assists occupational therapists (OTA). Occupational therapy assistants assist in the practice of occupational therapy under the supervision of an occupational therapist. The assistance provided by the OTA are standardized assessments and other delegated screening, provide verbal and written reports to the OT about their observations and the client's capacities, and contributing to the documentation of results. These services are provided to patients with disabilities, illness or injury to develop, recover, improve, and maintain the skills needed for daily living and working.
- A physical therapy assistant (PTA) provides therapy services consisting of select components of physical therapy interventions under the direction and supervision of a licensed physical therapist. PTAs are responsible for interventions and tasks appropriate to the plan of care when they have been delegated to him or her by a PT, provide information to a PT about the client's status, and provide discharge information when requested to do so by a PT. The types of services included within the PTA scope of practice is teaching patients exercises for mobility, strength and coordination, train for activities such as walking with crutches, canes, or walkers using various modalities such as massage.
- Respiratory care practitioners or respiratory therapists (RCP or RT) care for patients who have deficiencies or abnormalities of the cardiopulmonary system or requiring support of that cardiopulmonary system. The services of an RCP are delivered through therapeutic agents necessary to treatment, management, diagnostic testing and evaluation of responses to respiratory or medical treatment and care of these individuals or groups of individuals. All services are provided in accordance with the prescription of a physician, nurse practitioner, or physician assistant. These services include implementation of respiratory care strategies and modalities, and the administration of pharmacological, diagnostic, and therapeutic agents necessary to implement a treatment, disease or injury prevention, rehabilitative or diagnostic, regimen. Included within the scope of practice of an RCP is initiating emergency procedures, providing health counseling and teaching, assembly, repair, testing and maintenance of respiratory equipment, and those respiratory care activities that require a substantial amount of scientific knowledge or technical skills.

Healthcare and especially healthcare support occupations constitute a major part of New Hampshire’s economy, not just for the job creation the industry creates but also for the care of its citizens. Healthcare is a significant part of the state’s gross domestic product, accounting for 9.4 percent overall compared to 7.6 percent of the nation’s gross domestic product.² New Hampshire Employment Security reports:

Unlike Ambulatory Health Care and Hospitals, workers in Healthcare support occupations hold the largest share of employment for this industry. The largest occupation by far is Nursing assistants, representing about 85 percent of employment in this occupational group. Other occupations include Physical therapist assistants and Home health aides. Workers in Healthcare practitioners and technical occupations have the second-largest share of workers in this industry.³

Physical Therapy Assistants ranked highly for jobs most in demand in the state coming in at 19th most in demand between April - June 2020. Certification from the American Occupational Therapy Association (AOTA) was a highly sought after credential, ranking 17th most in demand between April - June 2020.

COVID-19 has undoubtedly impacted demand and supply in the healthcare industry. The very nature of the virus, its symptoms, and treatment rely heavily on a multidisciplinary care team which includes all three of these professions and their unique specialties. Updated statistics may reveal even greater demand.

The charts below summarize employment and wage data related to these three professions, as reported by New Hampshire Employment Security.

OCCUPATIONAL THERAPY ASSISTANTS	
Code:	31-2011
May 2019 estimated employment from Department of Labor	200
Number of NH licensed individuals	331
Entry Level Wage	\$24.13
Mean (Average) Wage	\$29.25
Median Wage	\$28.95
Experienced Wage	\$31.81
Living Wage Merrimack County	\$12.39
New Hampshire Minimum Wage	\$7.25

² United States, New Hampshire Employment Security, New Hampshire Sector Partnerships Initiatives. (2020). NEW HAMPSHIRE HEALTH CARE SECTOR PARTNERSHIP State of the Sector (pp. 1-2). New Hampshire: New Hampshire Employment Security.

³ United States, New Hampshire Employment Security, New Hampshire Sector Partnerships Initiatives. (2020). NEW HAMPSHIRE HEALTH CARE SECTOR PARTNERSHIP State of the Sector (p. 8). New Hampshire: New Hampshire Employment Security

PHYSICAL THERAPIST ASSISTANTS	
Code:	31-2021
May 2019 estimated employment from Department of Labor	330
Number of NH licensed individuals	561
Entry Level Wage	\$26.12
Mean (Average) Wage	\$30.68
Median Wage	\$30.49
Experienced Wage	\$32.96
Living Wage Merrimack County	\$12.39
New Hampshire Minimum Wage	\$7.25

RESPIRATORY THERAPISTS	
Code:	29-1126
May 2019 estimated employment from Department of Labor	450
Number of NH licensed individuals	638
Entry Level Wage	\$27.71
Mean (Average) Wage	\$33.21
Median Wage	\$33.50
Experienced Wage	\$35.96
Living Wage Merrimack County	\$12.39
New Hampshire Minimum Wage	\$7.25

NEW APPLICANTS

CLEAR's review of entry requirements for original applicants considered emerging policies in the field such as multiple pathways, gradations of licensure, reliance or acceptance of national certifications, and/or use of a national exam among others. Many of these items are established in statute or rule.⁴ CLEAR'S review also considered processes and policies such as the use of standing orders to allow a board or staff member to approve applications (either with and without ratification), communication, technology, and workflows. A review of these items ideally requires intensive observation of procedures and information which CLEAR could not feasibly undertake due to operational or legal constraints concerning confidential information. Instead, CLEAR interviewed board members, OPLC staff, and other stakeholders to glean major pain points throughout the process. Barriers to entry related to low-income applicants, military service members, veterans and military spouses, and applicants with criminal convictions are considered under subsequent sections.

ORIGINAL APPLICANTS

Regulations for Occupational Therapy Assistants, Physical Therapy Assistants and Respiratory Care Practitioners are relatively similar. All rely on strong centralized federations or associations that help to standardize industry requirements across states. All require an associate's degree and passage of a national examination. Supervised field work is also required, often as part of the academic program. All Allied Health professions in New Hampshire must pass a criminal background check.

To become an Occupational Therapy Assistant, an applicant must:

- Be at least 17 years of age.
- Be of good moral character.
- Complete an academic program in occupational therapy accredited by the American Council for Occupational Therapy Education (ACOTE). These programs are generally two years and confer an associate's degree.
- Complete two months of supervised field work experience
- Successfully complete the entry level certification examination through the National Board for Certification in Occupational Therapy, Inc. or by another nationally recognized credentialing body.⁵

To become a Physical Therapy Assistant, an applicant must:

- Be of good moral character.
- Be a graduate of a physical therapist assistant education program accredited by the Commission on the Accreditation of Physical Therapy Education which is typically a two-year program that confers an associate's degree
- Successfully pass the national examination through the Federation of State Boards of Physical Therapy (FSBPT)⁶

To become a Respiratory Care Practitioner, an applicant must:

- Be a graduate of an accredited respiratory care educational program which is typically a two-year program conferring an associate's degree.
- Pass a standardized national examination administered in English by the National Board for Respiratory Care, Inc. (NBRC)
- Certify under oath that the applicant is not under investigation by any professional licensing board and that the applicant's credentials have not been suspended or revoked by any professional licensing board.⁷

Because New Hampshire, like all other states, requires NBRC certification, additional standards must be met which are set by NBRC directly. The NBRC issues two private certifications: Certified Respiratory Therapist (CRT), an entry-level credential, and Registered Respiratory Therapist (RRT), an advanced-level credential. Respiratory therapists are required to complete either a two-year associate degree or a four-year baccalaureate degree. Upon graduation they are eligible to take the national NBRC Therapist Multiple Choice (TMC) Examination that, upon passing at the low-cut score, leads to the credential Certified Respiratory Therapist (CRT). If a respiratory therapist successfully passes the TMC examination at the high cut score, he/she is eligible to take the national Clinical Simulation Examination that leads to the Registered Respiratory Therapist (RRT) credential.

NBRC establishes eligibility requirements for the Therapist Multiple Choice exam for CRT applicants. These require the applicant:

- be at least 18 years of age;
- hold a minimum of an associate degree from a respiratory therapy education program supported or accredited by the Commission on Accreditation for Respiratory Care (CoARC).

Applicants for any profession under the Allied Health board can generally get to work rather quickly after graduation and passage of the exam. This is thanks to a number of effective policies including temporary licenses and the "fast track" licensing process. A 90-day temporary work permit is conferred upon submission of a complete application while the Board awaits the results of the criminal background check. Background checks in particular can frequently become backlogged and face delays as local third-parties, such as law enforcement, process the request. The temporary permit is an elegant solution to a circumstance in which the Board and applicant are beholden to the timetable of a third party.

⁴ This report utilizes the term licensure and license generally to refer to state authorization to practice in a given profession or occupation. A board may provide such authority through a license, certification or registration. In this report, "license" is used to infer all three of these authorities.

⁵ NH RSA 326-C:5, I and II

⁶ NH RSA 328-A:5, IV

⁷ NH RSA 326-E:3

Through the “Fast-Track” licensing process the Board provides standing orders (delegated authority) to OPLC staff to screen and approve licenses that clearly meet eligibility requirements in the absence of a self-disclosed out-of-state discipline or criminal conviction. These policies allow applicants to enter the field quickly while the Board completes its due diligence to preserve consumer protections.

Stakeholders reported positive outcomes from these measures and could not recall a negative outcome resulting from a temporary permit holder or fast track applicant.

Allied Health rules also provide several performance benchmarks which provide transparency for the applicant and accountability for the licensure process. These include requirements that the Board approve or deny an application within 120 days, although the policies mentioned above have resulted in a much faster turnover, often totaling only just a few days in practice. Rules also require the Board notify the applicant within 60 days if additional information is needed and provides applicants with 60 days to challenge a licensure denial. The rules additionally require the return of application materials and fees upon a withdrawal, denial or expiration of an incomplete application.

The Allied Health boards utilize conditional licensure to provide accommodations to a number of circumstances in which the applicant falls just short of eligibility criteria or has been out of practice for a time. These conditional licenses allow the applicant to work while the Board also satisfies its consumer protection duties for relatively higher-risk circumstances. Such a practice can be thoughtful in the application of licensing burden and rehabilitative rather than exclusionary.

License conditions are often public discipline and a permanent part of the licensure record even in circumstances in which the practitioner may not have done anything wrong. The existence of public discipline can become a scarlet letter with its own collateral consequences and judgements by third-parties over which the Board has no control. The ability to enter into confidential agreements or expunge a record of license conditions (discipline) could help practitioners preserve a clean record, especially when they do not pose an ongoing risk.

The National Practitioner Data Bank (NPDB) is a web-based repository of adverse actions related to health care practitioners (such as discipline) and prevents practitioners from moving state to state without disclosure or discovery of previous damaging performance. New Hampshire participates in the NPDB by reporting discipline issued in New Hampshire and considers disciplinary records from other states during the licensing process. This powerful tool is an example in which discipline can follow a practitioner despite that the conditions were cleared or are no longer applicable. The NPDB does facilitate a process by which states can mark a record as expunged if that state has such authority which often requires legislation to provide statutory authority.

While there is not a diversity of pathways to become an Occupational Therapy Assistant or Physical Therapy Assistant, these professions are stepping stones to higher level credentials. These entry-level licenses provide a gateway to the profession and valuable experience as the applicant considers the investment and time to obtain a more advanced license or to pursue instead specialization and additional education within their current license.

Some economists have called for the elimination of state licensure for “assisting” professions, attesting the private market could effectively regulate these professions. Other economists have observed, licensure can provide a legitimate pathway into a profession and encourage other workforce infrastructure that benefits the state’s residents and economy.⁸ In fact, it is often the private market stakeholders that have called for regulation; insurance companies and Medicaid reimbursement rules tend to favor state licensure for the assurances it provides for consumer protection and minimum competency requirements, also providing an effective method to remove an unsafe practitioner from the practice entirely, curbing the ability of that person to skip across employers or states lines without detection. The absence of state regulation would require the private market to determine the optimal eligibility standards. Turnover and selection are already formidable costs for employers and would risk acquiring new burdens in the absence of state level licensure and regulation. Lastly, other consumer protections hinge on state licensure. For example, while state boards cannot require a licensee to reimburse a patient for a botched treatment, a malpractice carrier or court can. However, these findings often rely on state boards to first investigate and assess the facts

⁸ Redbird, B. (2017). The New Closed Shop? The Economic and Structural Effects of Occupational Licensure. *American Sociological Review*, 82(3), 600-624. doi:10.1177/0003122417706463

of the case considering standards of practice. Often, it is only after these board findings that additional consumer remedies initiated.

Stakeholders mentioned pain points in the process that were more operational in nature. Applicants often start sending application materials as they acquire them, rather than waiting to submit a complete application. This makes OPLC staff a repository for incomplete applications which can quickly grow into an administrative burden trying to match pieces of mail to boards and applications.

Similarly, third party verifications such as criminal background checks can create the same effect, returning paperwork for an applicant but without noting the board or application type that could help OPLC tie it to a particular applicant folder. These processing headaches could be easily resolved through improved technology. For example, the ability to start an online application and save one's progress is now standard (if not expected) across multiple industries from college applications to tax returns.

Advancements within MLO, OPLC's electronic licensing database, are still being made that would allow communication with licensees or other operational improvements. Meager staffing to support the database combined with an aging platform mean boards cannot easily pull data out of the database to inform regulations, policy, communications or workflows. The lack of advanced (or even more current) technology will ultimately increase the regulatory footprint by adding time and cost to OPLC, applicants, and licensees - all of which are presumably passed onto the consumer. Regulatory boards around the nation are already facing pressure to adopt evidence-informed regulation, considering upstream risk, disciplinary trends, practice profiles of individuals found to endanger consumers, and more. These are favorable developments for the regulatory field and yet rely heavily on the ability to track and analyze data. Without adequate technology, board hands will be tied to improve or modernize regulatory processes in the state.

Finally, Board rules often define eligibility and application criteria for licensees that wish to become supervisors. This ultimately creates a new license type which must be processed and tracked. Instead, some boards opt to establish practice expectations in rule without requiring application and board approval. If suspicious or sub-standard supervision is detected such as through the board's review of the applicant or a complaint, the board then takes steps to remediate that single case rather than submit all supervisors to a burdensome process - regulating to the exception. The Allied Health boards may consider opportunities to streamline supervisor regulations which could also decrease administrative burden to both licensees, OPLC staff and the board itself, especially in the absence of clear or frequent harm.

OUT OF STATE APPLICANTS:

The Allied Health professions benefit from strong coordination through private certification bodies and federations of state boards. This coordination is favorable for the portability of a license and mobility of the workforce. Additionally, the Allied Health Governing Board provides a temporary license for applicants from surrounding New England States. While the statute does not comprise a full reciprocity agreement (which requires bi- or multi-lateral and ongoing agreement), it has a similar effect by creating an expedited licensure process to provide for greater labor mobility among the regional economy.⁹

Occupational Therapy Assistants

New Hampshire's requirements to become an occupational therapy assistant align with the national average requirements for NBCOT certification, an AOTA approved education program and passage of the NBCOT exam. Across the nation, states fall into two schools of thought for experience hours; about half of the states including New Hampshire require two months of supervised fieldwork while the other half require four months per ACOTE standards. Only one state requires one month (MN) or three months (NJ and RI).

As it relates to portability, New Hampshire is consistent in its requirements to those of the surrounding states with the exception of experience hours. New Hampshire, Connecticut and Massachusetts all require eight to nine weeks of experience while Maine, New York and Vermont require 16 weeks and Rhode Island requires 12 weeks. This would make it relatively easy for an

⁹ NH RSA 328-F:18, VI

occupational therapy assistant in the region to transfer a license to New Hampshire. Occupational therapy assistants certified in New Hampshire may need to demonstrate additional hours of experience in order to transfer to another state, depending on the state. However, this is not likely to pose a significant barrier to anyone except a newly certified, entry-level occupational therapy assistant. Any applicant that has been certified in New Hampshire for more than two months would be able to demonstrate enough experience to qualify in nearly any other state across the nation.

Nearly every state requires OTAs to pass the National Board for Certification in Occupational Therapy (NBCOT) examination. Only two states (AK and MD) allow applicants to pass an alternative examination approved by the board, however presumably the only examination approved is the NBCOT examination. Arkansas also allows applicants to complete 60 hours of Occupational Therapy service or a 150-hour internship in lieu of the examination. Accordingly, Arkansas is the only state in which a licensee may not have completed the NBCOT examination and therefore may not reciprocate this requirement in New Hampshire.

It should also be noted that in order to sit for the NBCOT examination, an applicant must graduate with an entry-level occupational therapy degree from an ACOTE-accredited program.

AOTA and NBCOT announced in 2019 that they will be collaborating over the next four years to create an interstate licensure compact for the occupational therapy profession, working with the Council of State Governments (CSG), state occupational therapy regulatory entities, state occupational therapy associations, and other stakeholders to allow state licensure reciprocity. OPLC proposed legislation for the 2021 session that would gain the state membership to the compact which would further facilitate a streamlined process for moving from state to state. The goal for this initiative is to begin state participation by 2024.

In sum, New Hampshire boasts nearly a 100 percent inbound reciprocity rate; most Occupational Therapy Assistants licensed in other states would face no additional requirements when transferring their license to New Hampshire.¹⁰ The only possible exception is for a subset of applicants from Arkansas which may also be unlikely given industry standards that exceed Arkansas' requirements. Participation in the new compact for Occupational Therapy Compact will further bolster efficiency of the licensing process.

OCCUPATIONAL THERAPY ASSISTANT EXPERIENCE HOURS (IN WEEKS)	
Median	10.4
Mean	12.2
Min	8.0
Max	17.0
New Hampshire	8.7

Physical Therapy Assistants

The majority of states license PTAs (as opposed to registration or certification). In 2017, FSBPT initiated a national compact license for physical therapists and physical therapy assistants. To date, 27 states (including the District of Columbia) have enacted the licensure compact. Legislation has been introduced in three additional states.

Other licensure compacts have grown at a similar rate including those housed by the Federation of State Medical Boards (FSMB) and the National Council of State Boards of Nursing (NCSBN). New states join each year which will further bolster the ease of portability of a license across all state borders. While New Hampshire is the first state to adopt the compact in the region, Massachusetts recently introduced legislation to participate in the compact. States in the region have similar requirements to those in New Hampshire which facilitates portability as the FSBPT compact grows.

¹⁰ AOTA and NBCOT Announce Collaboration to Support Development of an Interstate Licensure Compact for Occupational Therapy. (2019, September 24). Retrieved February 23, 2021, from <https://www.aota.org/Publications-News/ForTheMedia/PressReleases/2019/092419-Licensure-Compact.aspx>

Given the near universal requirement that PTA applicants complete an accredited educational program and pass the NPTE examination, nearly all states have achieved reciprocity with New Hampshire PTA licensure requirements. Further, as part of the Physical Therapy Licensure compact New Hampshire further bolsters its reciprocity with 26 other states and counting. It is therefore reasonable to conclude that New Hampshire has a 100% reciprocity rate for PTA licenses.

Respiratory Care Practitioners

In order to become licensed or certified, most states require the applicant already hold a CRT credential. Only six states require the applicant to hold an RRT credential, a more advanced level. Like the majority of states, New Hampshire requires applicants hold a CRT. Many states that require the CRT for entry to practice will also accept the RRT. New Hampshire is well positioned to promote portability of a respiratory therapist license across state lines which provides consumers greater access to competent providers.

Accordingly, New Hampshire has achieved a 98% incoming reciprocity rate, aligning to 49 of 50 state requirements. Alaska is the only state that does not regulate respiratory care practitioners and therefore is not reciprocal to New Hampshire requirements.

Given that six states require the more advanced RRT credential, New Hampshire has an 86% outgoing reciprocity rate. This means a practitioner originally licensed in New Hampshire at CRT level would have to complete an additional examination to move their license to one of the following states that require the RRT for an entry-level credential:

- Arizona
- California
- Georgia
- New Jersey
- Ohio
- Oregon

LOW INCOME APPLICANTS

CLEAR's review of the treatment of low-income applicants considered policies such as reduced application fees, sliding scales, or fee waivers. Beyond licensing fees, entry requirements can be expensive for a given profession. Educational requirements can represent a significant barrier to low income applicants and traditional academic programs can entail steep student loans. Some states acknowledge experiential learning through apprenticeship or provide credit for years of experience towards satisfaction of educational requirements. These "earn and learn" policies can be particularly beneficial to low-income applicants. Importantly, attendees at OPLC stakeholder meetings in October and November 2020 identified additional barriers that were common complaints among students, including lack of transportation, expense of childcare and low earning potential (which in some circumstances could be influenced by Medicaid and Medicare reimbursement policies). These all point to the "total cost" of obtaining a license which is mostly directed by board regulations and above and beyond the license fee established by the board.

The allied health professions are in high demand within New Hampshire. New Hampshire has an aging population while it seeks to address public health crises such as COVID-19 and opioid use. Combined with a historically low unemployment rate, job demand often outpaces workforce supply. Yet barriers to entry for low-income applicants can prevent otherwise capable workers from entering the field. Provided the opportunity, allied health careers provide handsome wages when compared to other high-growth occupations in the state such as Pharmacy Technicians with an average wage of \$16.38 compared to \$30.00 for allied health occupations, nearly double.

The Allied Health boards, like so many others in the nation, face what sometimes seems like a binary decision: promote labor mobility through standardization with other states, or provide flexible pathways to facilitate greater accessibility. As noted previously, the Allied Health boards already boast policies that are highly favorable for mobility by adopting national industry standards. Yet these standards, like compacts, can settle on the highest common denominators. The total cost of meeting such standards can be higher than alternative approaches.

While applicants face few procedural delays in their ability to start working, entry to the practice relies on a singular academic pathway. Alternative pathways and apprenticeship opportunities are not available. Apprenticeships and experiential learning pathways can be very effective as professions such as Cosmetology and Electricians have demonstrated. However, few

apprenticeships exist for healthcare professions such as those in allied health due to the necessity the practitioner master extensive knowledge of anatomy and physiology. Different apprenticeship programs could lead to variance in curriculum and ultimately knowledge among students.

For this reason, Allied Health professions rely on third-party private certifications which have set industry standards. While this high-level coordination helps to harmonize requirements across state lines, it does not allow for flexibility in pathways, settling instead on the highest common denominator and the continued reliance on traditional academic and time-based programs.

Competency-based assessments (CBA) provide new platforms to record and verify skills and can, but do not require, a reliance on a traditional academic program. CBA leverages new technology for students to demonstrate their skill and for instructors or assessors (including boards) to verify their competency. These tools have the potential to level the playing field between apprenticeships and academic programs, providing both with the same tool to prove the student is safe to practice. Utah legislation which encourages boards to explore a conversion from “time-based” assessments such as education and work experience hours to competency-based assessments.

MILITARY SERVICE MEMBERS, VETERANS AND MILITARY SPOUSES

CLEAR’s review of policies affecting military service members, veterans and military spouses relied heavily on statewide legislation codified in New Hampshire RSA 332-G:7 which requires each board within OPLC to accept military training and experience towards licensure and to expeditiously approve a military spouse for a license if that individual holds a license in a state with substantially similar requirements.

Apart from these benefits, other states have considered bridge programs, temporary supervision, publicly available crosswalks, improved communications or an ombudsman appointed to this population. Some states also adopt policies related to entry to practice or portability but limit these benefits specifically for the military community rather than extending them to the general applicant population. Any policy which expedites licensing for all applicants will benefit the military community.

The Allied Health boards have adopted rules interpreting RSA 332-G:7 and specifically finding no applicable education or experience. For example, the Occupational Therapy rules cite:

*Based on the board’s determination pursuant to RSA 332-G:7, no military experience shall be applicable to the education of physical therapists or physical therapist assistants and therefore military experience shall not be considered when determining whether an applicant meets the educational requirements for licensure.*¹¹

Instead, it is likely that the private certification bodies that provide mandatory credentials for state licensure do accept military training and experience. The policies could be cited on the Board’s website. For example, FSBPT has found that military training and experience is identical to civilian requirements. The Board’s rule would seem to suggest military training and experience is not accepted when in reality it is directly transferable. This is worth promoting.

The Allied Health boards may additionally consider communication measures that more directly speak to the military community. Colorado for example provides a list of professions which have:

- Streamlined veteran policies/rules adopted;
- Requirements identical to military and civilian contexts;
- Minimal barriers to entry; or
- No identified military equivalence.¹²

JUSTICE INVOLVED APPLICANTS (WITH CRIMINAL CONVICTIONS)

Regulatory boards in New Hampshire are prescribed authority and responsibilities through state law. Most requirements are outlined in the profession’s practice act, the accumulation of state laws related to the board and profession. RSA Chapter 310-A creates the Office of Professional Licensure and Certification which is given certain authorities to administer regulatory boards.

¹¹ N.H. Code Admin Phy 305.01(b)

¹² Department of Regulatory Agencies, D. (n.d.). Veterans Occupational Credentialing and Licensing (VOCAL). Retrieved February 23, 2021, from <https://dpo.colorado.gov/Military/VOCAL>

All boards are also subject to RSA Chapter 332-G regarding the General Administration of Regulatory Boards and Commissions. It is this section of state law that outlines requirements of boards related to criminal convictions.

New Hampshire RSA 332-G:10 prevents boards from disqualifying a person from licensure simply for having been convicted of a crime and without consideration of the nature of the crime, relationship to the profession and the rehabilitation of the applicant. It states:

*No board or commission shall disqualify a person from practicing, pursuing, or engaging in any occupation, trade, vocation, profession, or business for which a license, permit, certificate, or registration is required under this title, nor suspend or revoke such license, certificate, or registration because of a prior conviction of a crime in and of itself. However, a board or commission may deny a license or certificate, or the renewal of a license or certificate, or may suspend or revoke such license or certificate, because of a prior conviction after considering the nature of the crime and whether there is a substantial and direct relationship to the occupation, trade, vocation, or profession for which the person has applied, and may consider information about the rehabilitation of the convicted person, and the amount of time that has passed since the conviction or release.*¹³

Recent legislation codified in New Hampshire RSA 332-G:13 limits consideration of a criminal record in licensing decisions and codifies:

- Procedures by which the applicant can petition for predetermination;
- Standards for disqualification based on a conviction;
- Procedures for determination and appeal; and,
- Annual reporting and publication requirements for OPLC.

While boards are required to comply with the requirements set forth in Chapter 332-G, there are at times conflicts with the Practice Act and Board rules. For example, when legislation changes a state law applying to all boards, it can take some time for boards to adopt these new provisions into rules such is the case with RSA 332-G:13. For this analysis, CLEAR's review primarily considered the practice act and board rules. OPLC is currently working to harmonize statutory conflicts. CLEAR's review also considered provisions related to blanket bans, identification of crimes related to practice, the use of morality clauses, strategies for consistent decision making and evidence informed policy.

Allied health statutes consistently require applicants be of "good moral character".¹⁴ Morality clauses such as this are vague and provide sweeping authority to deny based on a variety of interpretations. Substitution of these clauses or further definition of them, as seen in New Hampshire Board of Pharmacy, can curtail denials for irrelevant criminal histories and may ease a perceived chilling effect among returning citizens.¹⁵

More public stakeholders and policymakers are calling on licensing boards to consider the hard work identifying crimes related to practice. Statute and rules do not provide insight to the Allied Health Boards' consideration of criminal convictions, and which crimes might be related to practice.¹⁶ The only exception is the OTA rules which identify review criteria when considering misconduct, specifying crimes that injure a victim, risk injury or crimes of dishonesty. Still, applications for Allied Health professions require self-disclosure of criminal conduct, a background check and often professional references attesting to an applicant's character.

Allied Health boards tend to review criminal convictions on a case-by-case basis. Such a process can lead to inconsistency in decision making both among individual Board members and over time as there is member and staff turnover.

The Allied Health boards may consider the example of the New Hampshire Board of Pharmacy which specifically requires the reporting of crimes only related to practice; for that profession the Board considers only drug and pharmacy related crimes. As another alternative, the Board may consider the approach of Utah's DOPL which has issued guidelines for every profession that

¹³ NH RSA 332-G:10

¹⁴ See for example NH RSA 326-C:5 (l)(c)

¹⁵ Dick M. Carpenter et al., License to Work: A National Study of Burdens from Occupational Licensing, 2nd edition (Arlington, VA.: Institute for Justice, 2017), https://ij.org/wp-content/themes/ijorg/images/tw2/License_to_Work_2nd_Edition.pdf

¹⁶ The Evolving State of Occupational Licensing: Research, State Policies and Trends (2nd ed., p. 17, Rep.). (2019). Denver, CO: National Conference of State Legislatures. doi:https://www.ncsl.org/Portals/1/Documents/employ/Occu-Licensing-2nd-Edition_v02_web.pdf

identify crimes related to practice. For example, a decision matrix specific to Occupational Therapy can be found at <https://dopl.utah.gov/ot/> and clearly communicates how each offense will be treated, from licensure approval, review of the conviction to an interview with the applicant.

As mentioned previously, the Allied Health boards utilize conditional licensure to provide accommodations to a number of circumstances to allow an applicant to practice under greater oversight by the Board. However, such conditions are also public which is often a statutory requirement the board cannot waive. Such a disciplinary record, although intended to be rehabilitative, can be a scarlet letter on a licensee's record and employment prospects. Authority to expunge such disciplinary records upon satisfaction of the terms helps to reduce collateral consequences for conviction.

STANDOUT INNOVATIONS TO SHARE

Fast Track Licensing: Applicants for any profession under the Allied Health board can generally get to work rather quickly after graduation and passage of the exam. This is thanks to several effective policies including temporary licenses and the “fast track” licensing process.

Processing Times Set in Rule/Statute: Allied Health rules also provide several performance benchmarks which provide transparency for the applicant and accountability for the licensure process. These include requirements that the Board approve or deny an application within 120 days, although the policies mentioned above have resulted in a much faster turnover, often totaling only just a few days in practice. Rules also require the Board notify the applicant within 60 days if additional information is needed and provides applicants with 60 days to challenge a licensure denial. The rules additionally require the return of application materials and fees upon a withdrawal, denial or expiration of an incomplete application.

Conditional Licensure: The Allied Health boards utilize conditional licensure to provide accommodations to several circumstances in which the applicant falls just short of eligibility criteria or has been out of practice for a time. These conditional licenses allow the applicant to work while the Board also satisfies its consumer protection duties for relatively higher-risk circumstances. Such a practice can be thoughtful in the application of licensing burden and rehabilitative rather than exclusionary.

Gradations of Licensure: Occupational Therapy Assistant or Physical Therapy Assistant licenses are stepping stones to higher level credentials. These entry-level licenses provide a gateway to the profession and valuable experience as the applicant considers the investment and time to obtain a more advanced license or to pursue instead specialization and additional education within their current license.

Temporary Licensure for New England States: The Allied Health Governing Board provides a temporary license for applicants from surrounding New England States. While the statute does not comprise a full reciprocity agreement (which requires bi- or multi-lateral and ongoing agreement), it has a similar effect by creating an expedited licensure process to provide for greater labor mobility among the regional economy.¹⁷

Aligning to National Standards and Compacts: New Hampshire boasts nearly a 100 percent inbound reciprocity rate; most Occupational Therapy Assistants licensed in other states would face no additional requirements when transferring their license to New Hampshire. The only possible exception is for a subset of applicants from Arkansas which may also be unlikely given industry standards that exceed Arkansas' requirements.

Occupational therapy assistants certified in New Hampshire may need to demonstrate additional hours of experience in order to transfer to another state, depending on the state. However, this is not likely to pose a significant barrier to anyone except a newly certified, entry-level occupational therapy assistant. Any applicant that has been certified in New Hampshire for more than two months would be able to demonstrate enough experience to qualify in nearly any other state across the nation.

Given the near universal requirement that PTA applicants complete an accredited educational program and pass the NPTAE examination, nearly all states have achieved reciprocity with New Hampshire PTA licensure requirements. Further, as part of the Physical Therapy Licensure compact New Hampshire further bolsters its reciprocity with 26 other states and counting. It is therefore reasonable to conclude that New Hampshire has a 100% reciprocity rate for PTA licenses.

¹⁷ NH RSA328-F:18(VI)

Given that six states require the more advanced RRT credential, New Hampshire has an 86 percent outgoing reciprocity rate. This means a practitioner originally licensed in New Hampshire at a CRT level would have to complete an additional examination to move their license to certain states that require the RRT for an entry-level credential.

STANDOUT INNOVATIONS TO CONSIDER

Expunge Discipline for Certain Criminal Records Prior to Licensure: The ability to enter into confidential agreements or expunge a record of license conditions (discipline) could help practitioners preserve a clean record, especially when they do not pose an ongoing risk.

Improved Technology: Third party verifications such as criminal background checks can create headaches for administrative processes which could be easily resolved through improved technology. For example, the ability to start an online application and save one's progress is now standard (if not expected) across multiple industries from college applications to tax returns.

Streamline Supervisor Regulations: The Allied Health boards may consider opportunities to streamline supervisor regulations which could also decrease administrative burden to both licensees, OPLC staff and the board itself, especially in the absence of clear or frequent harm.

Competency Based Assessments: Competency-based assessments (CBA) provide new platforms to record and verify skills and can, but do not require, a reliance on a traditional academic program. CBA leverages new technology for students to demonstrate their skill and for instructors or assessors (including boards) to verify their competency. These tools have the potential to level the playing field between apprenticeships and academic programs, providing both with the same tool to prove the student is safe to practice. Utah legislation which encourages boards to explore a conversion from "time-based" assessments such as education and work experience hours to competency-based assessments.

APPENDIX B

Allied Health Comparative Licensing Data and Reciprocity Analysis

Occupational Therapy Assistant

An occupational therapy assistant helps occupational therapists. Occupational therapy assistants often help patients with disabilities, illness or injury to develop, recover, improve, and maintain the skills needed for daily living and working.

The majority of states certify occupational therapy assistants (as opposed to registration or licensure). In order to become certified, most states require completion of an education program and passage of an exam in addition to experience hours. The American Occupational Therapy Association (AOTA) and the National Board of Certification for Occupational Therapy (NBCOT) have helped to standardize education, exam and certification requirements across the nation through their private (non-governmental) certifications. Many states require applicants first obtain an NBCOT certification prior to applying for certification in the state. Most also require an AOTA approved education program and passage of the NBCOT exam.

New Hampshire's requirements to become an occupational therapy assistant align with the national average requirements for NBCOT certification, an AOTA approved education program and passage of the NBCOT exam. Across the nation, states fall into two schools of thought for experience hours; New Hampshire requires about nine weeks of experience which is similar to 30% of states while approximately another 30% require 16-17 weeks of experience. The difference between these two standards impacts the average experience requirement at 10 weeks although no single state actually requires 10 weeks of experience.

As it relates to portability, New Hampshire is consistent in its requirements to those of the surrounding states with the exception of experience hours. New Hampshire, Connecticut and Massachusetts all require eight to nine weeks of experience while Maine, New York and Vermont require 16 weeks and Rhode Island requires 12 weeks. This would make it relatively easy for an occupational therapy assistant in the region to transfer a license to New Hampshire. Occupational therapy assistants certified in New Hampshire may need to demonstrate additional hours of experience in order to transfer to another state, depending on the state. However, this is not likely to pose a significant barrier to anyone except a newly certified, entry-level occupational therapy assistant. Any applicant that has been certified in New Hampshire for more than two months would be able to demonstrate enough experience to qualify in nearly any other state across the nation.

Occupational Therapy Assistant Experience Hours

Median	10.4
Mean	12.2
Min	8.0
Max	17.0
New Hampshire	8.7

STATE	NBCOT CERT. REQ*	EXP IN WEEKS	EDUCATION REQUIREMENTS (GENERALLY BACHELORS OR GRADUATE DEGREE)	EXAMINATION REQUIREMENT	AGE	ADDITIONAL REQUIREMENTS
AL	yes		program on OT accredited by Accreditation Council for Occupational Therapy Education of the AOTA	written knowledge exam		
AK	yes	8.7	program in OT approved by Committee of Allied Health Education and Accreditation of the American Medical Association or the AOTA	NBCOT exam or: 60 hours of OT service or: 150-hour internship		letter of professional reference from physician, instructor, supervisor, or official of applicant's OT school; jurisprudence questionnaire
AZ	yes	17	board-approved educational program	NBCOT exam or AOTA exam		good moral character recommendation from 2 healthcare professionals; may deny applicant for felony or for misdemeanor involving moral turpitude
AR		8.7	educational program in occupational therapy accredited by AOTA and shall lead to the awarding of an associate level degree	NBCOT exam	18	good moral character
CA		16	educational program in OT accredited by AOTA or graduate of OT program and passed NBCOT, AOTCB, or AOTA exam	examination administered by the NBCOT, the American Occupational Therapy Certification Board, or the AOTA	18	not addicted to controlled substances

STATE	NBCOT CERT. REQ*	EXP IN WEEKS	EDUCATION REQUIREMENTS (GENERALLY BACHELORS OR GRADUATE DEGREE)	EXAMINATION REQUIREMENT	AGE	ADDITIONAL REQUIREMENTS
CA		16	educational program in OT accredited by AOTA or graduate of OT program and passed NBCOT, AOTCB, or AOTA exam	examination administered by the NBCOT, the American Occupational Therapy Certification Board, or the AOTA	18	not addicted to controlled substances
CO	certification is option instead of educational and experiential requirements	16	educational program accredited by the ACOTE or education approved by the World Federation of Occupational Therapists (WFOT)	NBCOT		
CT		8	Associate degree from an educational program accredited by the AOTA	NBCOT		photo
DE			educational program in OT accredited by the ACOTE	NBCOT within past 3 years		CBC; no impairment related to drugs, alcohol or a finding of mental incompetence; convicted of a felony sexual offense
DC			educational program for occupational therapists that is accredited by the ACOTE	NBCOT	18	
FL	AOTA certification with 4 years of practice is option to meet edu req's	8.7	educational program in OT accredited by the American Occupational Therapy Association's ACOTE	NBCOT		good moral character
GA		8.7	educational program in occupational therapy recognized by the board accredited by a recognized accrediting agency acceptable to the board	NBCOT	18	good moral character; CBC; affidavit of citizenship or lawful presence; 3 references (1 from licensed OT practitioner, 1 from licensed healthcare practitioner, and 1 personal)
HI	yes	16	as required for NBCOT certification	NBCOT	18	US citizen or national or alien authorized to work in US
ID		16.8	educational program in occupational therapy that is accredited by the AOTA's Accreditation Council for Occupational Therapy Education (ACOTE)	NBCOT within 2 attempts		good moral character
IL			occupational therapy program leading to an associate degree	Certification Examination for Occupational Therapist		
IN			program of OTA accredited by the ACOTE of the AOTA	NBCOT		CBC; two passport photos
IA		8.7	educational program in OT approved by AOTA	NBCOT		
KS			educational program in OT by the ACOTE	NBCOT		
KY	yes	16	baccalaureate degree, postbaccalaureate certificate, master's degree, or doctorate degree from an educational program in OT accredited by the AOTA's ACOTE	NBCOT		good moral character; jurisprudence exam
LA	yes	16	as required for NBCOT certification	NBCOT		good moral character
ME	yes	16	educational program must be accredited by ACOTE	NBCOT		
MD	yes	16.8	educational program in occupational therapy that is recognized by the Board and accredited by ACOTE or any other nationally recognized programmatic accrediting agency	NBCOT or any other national credentialing organization	18	good moral character; 2-character letters; jurisprudence exam
MA		8.7	occupational therapist educational program accredited by AOTA's ACOTE	NBCOT		CBC
MI			OTA program accredited by ACOTE	NBCOT		jurisprudence exam; CBC; human trafficking identification training
MN		16	ACOTE approved program	NBCOT		CBC
MS	yes		ACOTE approved program	NBCOT		good moral character; photo; English proficiency
MO	yes		ACOTE approved program	NBCOT		CBC; open book jurisprudence exam
MT	yes	8.7	Associate degree from ACOTE approved program	NBCOT		

STATE	NBCOT CERT. REQ*	EXP IN WEEKS	EDUCATION REQUIREMENTS (GENERALLY BACHELORS OR GRADUATE DEGREE)	EXAMINATION REQUIREMENT	AGE	ADDITIONAL REQUIREMENTS
NE		8.7	ACOTE approved program	NBCOT	19	good character
NV	yes	16	ACOTE approved program	NBCOT		good moral character; jurisprudence exam; photo
NH	(NBCOT certification in place of supervised fieldwork and education requirement)	8.7	ACOTE approved program (or NBCOT certification)	NBCOT	17	good moral character
NJ		12	Associate degree from AOTA or WFOT accredited program	NBCOT	18	good moral character (2 certificates); CBC; photo
NM	yes	16	ACOTE approved program	NBCOT		no record of unprofessional conduct or incompetence; jurisprudence exam; photo
NY		16	two-year associate degree program for occupational therapy assistants registered by the department or accredited by a national accreditation agency	AOTA, which may be used in whole or in part	18	good moral character
NC			accredited OT curriculum	NBCOT		good moral character (2 signed statements); photo; jurisprudence
ND			ACOTE approved program	NBCOT		jurisprudence exam
OH		8.7	ACOTE approved program	NBCOT		good moral character
OK		8.7	AOTA approved program	NBCOT		good moral character; CBC
OR		8.7	ACOTE approved program	NBCOT	18	CBC; jurisprudence exam
PA		8.7	2-year program approved by AOTA	NBCOT		good moral character; child abuse recognition training; proof of liability insurance
RI		12	ACOTE approved program	NBCOT	18	good moral character
SC	yes	8.7	ACOTE approved program	NBCOT		jurisprudence exam; photo
SD		8.7	AOTA approved program	NBCOT		good moral character
TN		16	ACOTE approved program	NBCOT		good moral character
TX		8.7	ACOTE approved program	NBCOT		jurisprudence exam; CBC; photo
UT	yes	16	ACOTE approved program	NBCOT		good moral character
VT	NBCOT certification can be used to meet education, experience and exam requirements	16	ACOTE approved program	NBCOT		
VA	NBCOT certification can be used to meet education, experience and exam requirements		ACOTE approved program	NBCOT		
WA		8.7	ACOTE approved program	NBCOT		good moral character; jurisprudence exam; 7 hrs AIDS/HIV training
WV			ACOTE approved program	NBCOT		good moral character
WI	yes		ACOTE approved program	NBCOT		jurisprudence exam
WY	yes		ACOTE approved program	NBCOT		Has a good reputation for honesty, trustworthiness and competence in all matters relevant to practicing the profession of occupational therapy; 2 professional references; photo

Source: Data received from American Occupational Therapy Association (AOTA) and supplemented by review of board applications, statutes and regulations.

*Requires certification by the National Board for Certification in Occupational Therapy

Occupational Therapy Assistant Reciprocity Analysis

Generally, in order to obtain an OTA license, an applicant must complete an accredited educational program (usually yielding an associate degree), complete required supervised fieldwork, and pass an examination.

Accredited Educational Program:

Nearly every state, including New Hampshire, requires OTA applicants to complete an ACOTE accredited educational program. The Accreditation Council for Occupational Therapy Education (ACOTE®) is an Associated Advisory Council of the Executive Board of the American Occupational Therapy Association (AOTA®). ACOTE® is recognized as the accrediting agency for occupational therapy education by both the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA). ACOTE is also an active member of the Association of Specialized and Professional Accreditors (ASPA). ACOTE currently accredits or is in the process of accrediting over 570 occupational therapy and occupational therapy assistant educational programs in the United States and its territories as well as programs in the United Kingdom.

Only Illinois allows applicants to complete an alternative board approved program, however presumably the only approved programs are ACOTE programs.

Supervised Fieldwork:

States have set supervised fieldwork requirements for OTAs between 1 – 4 months generally. About half of the states including New Hampshire, require 2 months of supervised fieldwork while the other half require 4 months per ACOTE standards. Only one state requires 1 month (MN) or 3 months (NJ and RI).

Supervised fieldwork requirements are also set by the educational program. ACOTE standards allow for the program to set the requirement for Level I fieldwork. ACOTE requires at least 4 months of Level II fieldwork in order for the program to obtain/maintain its accreditation. Therefore, while numerous states allow for less than four months of supervised fieldwork, nearly every student completing an ACOTE program (which is required by nearly all states) will by virtue of that program complete four weeks of supervised fieldwork.

Examination:

Nearly every state requires OTAs to pass the National Board for Certification in Occupational Therapy (NBCOT) examination. Only two states (AK and MD) allow applicants to pass an alternative examination approved by the board, however presumably the only examination approved is the NBCOT examination. Arkansas also allows applicants to complete 60 hours of Occupational Therapy service or a 150-hour internship in lieu of the examination. Accordingly, Arkansas is the only state in which a licensee may not have completed the NBCOT examination and therefore may not be reciprocate this requirement in New Hampshire.

It should also be noted that in order to sit for the NBCOT examination, an applicant must graduate with an entry-level occupational therapy degree from an ACOTE-accredited program.

Summary:

Given the near universal requirement that OTA applicants complete an ACOTE educational program, which specifies supervised fieldwork requirements, and pass the NBCOT examination, which requires completion of an ACOTE-approved program, nearly all states have achieved reciprocity with New Hampshire OTA licensure requirements. The only exception may be Arkansas in which applicants may not have passed the NBCOT examination, opting instead to complete the service hours or internship in lieu of the examination. Accordingly, New Hampshire has a 99% reciprocity rate with only these few exceptions applying.

Physical Therapy Assistants

A physical therapy assistant (PTAs) provides therapy services under the direction and supervision of a licensed physical therapist. PTAs may teach patients exercises for mobility, strength and coordination, train for activities such as walking with crutches, canes, or walkers, massage, and use other therapeutic services.

The majority of states license PTAs (as opposed to registration or certification). In order to become licensed, most states require completion of an education program and passage of an exam. The Federation for State Boards of Physical Therapy Boards (FSBPT) has helped to standardize educational programs and examinations for the physical therapy profession. In 2017, FSBPT initiated a national compact license for physical therapists and physical therapy assistants. To date, 27 states (including the District of Columbia) have enacted the licensure compact. Legislation has been introduced in three additional states.

Other licensure compacts have grown at a similar rate including those housed by the Federation of State Medical Boards (FSMB) and the National Council of State Boards of Nursing (NCSBN). New states join each year which will further bolster the ease of portability of a license across all state borders. While New Hampshire is the first state to adopt the compact in the region, Massachusetts recently introduced legislation to participate in the compact. States in the region have similar requirements to those in New Hampshire which facilitates portability as the FSBPT compact grows.

STATE	COMPACT PARTICIPATION	GRADUATE APPROVED PT OR PTA PROGRAM	PASS NPTE OR NPTAE*	EXAMINATION ADDITIONAL REQUIREMENT
AL		Yes	Yes	photo; 2-character references
AK		Yes	Yes	professional reference form
AZ	enacted	Yes	Yes	photo
AR		Yes	Yes, within 2 attempts	photo
CA		Yes	Yes	photo
CO	enacted	Yes	Yes	
CT		Yes*	Yes	
DE	enacted	Yes	Yes	CPR certification
DC		Yes	Yes	18 years of age; 2 photos
FL		Yes	Yes, within 3 attempts, then 2 more after remediation	18 years of age
GA	enacted	Yes	Yes	18 years of age; photo
HI		Yes	Yes	18 years of age
ID		Yes	Yes	photo; 2 references
IL		Yes	Yes	21 years of age PT; 18 years of age PTA
IN		Yes	Yes	photo
IA	enacted	Yes	Yes	
KS		Yes	Yes	photo; peer recommendation
KY	enacted	Yes	Yes	photo
LA	enacted	Yes	Yes	photo
ME		Yes*	Yes	professional reference letter
MD	enacted	Yes	Yes	photo
MA	legislation under consideration	Yes	Yes	
MI	legislation under consideration	Yes	Yes	identifying victims of human trafficking training
MN		Yes	Yes	photo; 2 recommendation forms
MS	enacted	Yes	Yes, 6-attempt limit	photo
MO	enacted	Yes	Yes	photo
MT	enacted	Yes	Yes	18 years of age
NE: L-PT; C-PTA	enacted	Yes	Yes	19 years of age
NV	legislation under consideration	Yes	Yes	photo; reference letters
NH	enacted	Yes	Yes	continuing competence in PT for 1 year prior to application
NJ	enacted	Yes	Yes	photo; not in arrears on child support
NM		Yes	Yes	photo; not 30 days in arrears on child support
NY		Yes*	Yes	18 years of age
NC	enacted	Yes	Yes	photo; 2-character references
ND	enacted	Yes	Yes	photo
OH		Yes	Yes	photo

STATE	COMPACT PARTICIPATION	GRADUATE APPROVED PT OR PTA PROGRAM	PASS NPTE OR NPATAE*	EXAMINATION ADDITIONAL REQUIREMENT
OK	enacted	Yes	Yes	
OR	enacted	Yes	Yes	PT - 1-hour pain management training
PA	legislation under consideration	Yes	Yes	20 years of age; no drug addiction
RI	legislation under consideration	Yes*	Yes	
SC	enacted	Yes	Yes	photo
SD		Yes	Yes	
TN	enacted	Yes	Yes	photo; letter of recommendation
TX	enacted	Yes	Yes	photo
UT	enacted	Yes	Yes	
VT		Yes*	Yes	
VA	enacted	Yes	Yes	18 years of age
WA	enacted	Yes	Yes	7 hrs HIV/AIDS training
WV	enacted	Yes	Yes	photo
WI		Yes	Yes	
WY		Yes	Yes	photo; 2 letters of recommendation

Source: Data obtained from Federation of State Boards of Physical Therapy and supplemented by review of license applications and statutes, rules and regulations.

* Pass National Physical Therapy Examination (NPTE) or National Physical Therapist Assistant Examination (NPATAE) as applicable

Physical Therapy Assistant Reciprocity Analysis

Generally, in order to obtain a Physical Therapy Assistant (PTA) license, an applicant must complete an accredited educational program and pass an examination.

Accredited Educational Program:

Every state, including New Hampshire, requires PTA applicants to complete an accredited educational program approved by the board. Boards may opt to approve more than one accrediting agency and may periodically add or remove accredited programs from the list of board approved programs. Accordingly, it is difficult to determine at a point in time which programs are approved by a given board. The broad authority for boards to approve or disapprove of programs yields inconsistency in reciprocity analysis across state lines as it relates to the educational program. Nevertheless, nearly all state boards only approve “nationally recognized” accrediting agencies of which there are two: The Council on Medical Education and Hospitals of the American Medical Association, or the Commission on Accreditation in Physical Therapy Education (CAPTE).

Accordingly, there is widespread uniformity across all states that PTA applicants must graduate from an educational program approved by one of these two entities which aligns with New Hampshire requirements without exception.

Examination:

All states, including New Hampshire, requires PTAs to pass the National Physical Therapist Assistant Examination (NPATAE) issued by the Federation of State Physical Therapy Boards. It is notable that in order to be eligible to sit for the NPATAE exam, the applicant must have graduated from a CAPTE accredited educational program. Currently, FSBPT allows applicants to demonstrate they graduated from a non-CAPTE educational program that is approved by their state board. However, in 2020 FSBPT will require documentation of this approval be sent from the board directly to FSBPT.

Licensure Compact:

In 2017, FSBPT initiated a national compact license for physical therapists and physical therapy assistants. To date, 26 states (including the District of Columbia) have enacted the licensure compact. Legislation has been introduced in four additional states. New Hampshire is part of the licensure compact.

Summary:

Given the near universal requirement that PTA applicants complete an accredited educational program and pass the NPATAE examination, nearly all states have achieved reciprocity with New Hampshire PTA licensure requirements. Further, as part of

the Physical Therapy Licensure compact New Hampshire further bolsters its reciprocity with 26 other states and counting. It is therefore reasonable to conclude that New Hampshire has a 100% reciprocity rate for PTA licenses.

Respiratory Care Practitioner

Respiratory Care Practitioners or Respiratory Therapists care for patients who have trouble breathing. Respiratory Care Practitioners may examine a patient's breathing, perform diagnostic tests, treat patients using physiotherapy and medications, monitor patient progress and teach patients to use equipment to assist their breathing.

The National Board for Respiratory Care (NBRC) has helped to standardize requirements for Respiratory Care Practitioners and Therapists. The NBRC issues two private certifications: Certified Respiratory Therapist (CRT), an entry-level credential, and Registered Respiratory Therapist (RRT), an advanced-level credential. For states listed below as CRT, the entry-level credential is required, and the advanced-level credential is also accepted. For states listed RRT only, the advanced-level credential is required. Respiratory therapists are required to complete either a two-year associate degree or a four-year baccalaureate degree. Upon graduation they are eligible to take the national NBRC Therapist Multiple Choice (TMC) Examination that, upon passing at the low-cut score, leads to the credential Certified Respiratory Therapist (CRT). If a respiratory therapist successfully passes the TMC examination at the high cut score, he/she is eligible to take the national Clinical Simulation Examination that leads to the Registered Respiratory Therapist (RRT) credential.

NBRC establishes eligibility requirements for the Therapist Multiple Choice exam for CRT applicants. These require the applicant:

- be at least 18 years of age;
- hold a minimum of an associate degree from a respiratory therapy education program supported or accredited by the Commission on Accreditation for Respiratory Care (CoARC).

In order to become licensed or certified, most states require the applicant already hold a CRT credential. Only six states require the applicant hold an RRT credential, a more advanced level. Like the majority of states, New Hampshire requires applicants hold a CRT. Many states that require the CRT for entry to practice will also accept the RRT. Accordingly, New Hampshire is well positioned to promote portability of a respiratory therapist license across state lines which provides consumers greater access to competent providers.

STATE	CREDENTIAL REQ. - CRT OR RRT*	ADDITIONAL REQUIREMENTS
Alabama	CRT	photo
Alaska	n/a	n/a
Arizona	RRT only	
Arkansas	CRT	resume Rules & Regulations Affidavit
California	RRT only	photo; criminal background check (CBC) 3 hr Law & Professional Ethics course sign and initial understanding of current statutes and regulations
Colorado	CRT	Healthcare Professions Profiling Program
Connecticut	CRT	photo
Delaware	CRT	CBC, sign understanding of duty to report
District of Columbia	CRT	
Florida	CRT entry, RRT advanced	
Georgia	RRT only	resume/photo professional reference
Hawaii	CRT	
Idaho	CRT	photo 2 forms/letters of recommendation
Illinois	CRT	not 30+ days delinquent on child support or delinquent in state taxes
Indiana	CRT	CBC; 2 photos
Iowa	CRT	CBC
Kansas	CRT	photo; NPDB report, peer recommendation
Kentucky	CRT	not in default on educational financial loans
Louisiana	CRT	photo; CBC

STATE	CREDENTIAL REQ. - CRT OR RRT*	ADDITIONAL REQUIREMENTS
Maine	CRT entry RRT advanced	CBC
Maryland	CRT	photo; CBC graduate from English-speaking school or TOEFL
Massachusetts	CRT	photo; CBC
Michigan	CRT	CBC
Minnesota	CRT	photo; CBC
Mississippi	CRT	photo
Missouri	CRT	photo; CBC
Montana	CRT	photo
Nebraska	CRT	19 years of age
Nevada	CRT	CBC; photo adequate oral and written communication in English not in arrears on child support
New Hampshire	CRT	photo; CBC; resume 2 professional letters of reference
New Jersey	RRT only	photo; CBC not in arrears on child support not in default on student loans or have an arrangement for repayment
New Mexico	CRT	photo; resume
New York	CRT entry RRT advanced	
North Carolina	CRT	photo; CBC BLS/CPR certification
North Dakota	RRT for advanced practice endorsements	CBC
Ohio	CRT	CBC
Oklahoma	RRT only	Extended Background Check; TOEFL if applicable
Oregon	RRT only	CBC Respiratory Therapist Oregon Laws and Admin Rules exam- \$50 fee
Pennsylvania	CRT	
Puerto Rico	CRT	
Rhode Island	CRT	
South Carolina	CRT	photo; CBC 3 Reference forms
South Dakota	CRT	
Tennessee	CRT entry RRT advanced	photo; CBC Practitioner Profile Questionnaire
Texas	CRT	CBC NPDB/HIPDB Report jurisprudence exam 3 evaluations from supervisors or instructors
Utah	CRT	
Vermont	CRT	
Virginia	CRT	
Washington	CRT	CBC 7 hours HIV/AIDS training
West Virginia	CRT	photo
Wisconsin	CRT	jurisprudence exam not delinquent in state taxes or child support
Wyoming	CRT	

Source: Data obtained from American Association for Respiratory Care, AARC Guidance Document Regarding RRT Entry to Licensure, and the NBRC Candidate Handbook. Additional requirements data obtained from review of application forms and statutes, rules and regulations.

Respiratory Care Practitioner Reciprocity Analysis

The National Board for Respiratory Care (NBRC) has helped to standardize requirements for Respiratory Care Practitioners and Therapists. The NBRC issues two private certifications: Certified Respiratory Therapist (CRT), an entry-level credential, and Registered Respiratory Therapist (RRT), an advanced-level credential. For states listed below as CRT, the entry-level credential is required, and the advanced-level credential is also accepted. For states listed RRT only, the advanced-level credential is required. Respiratory therapists are required to complete either a two-year associate degree or a four-year baccalaureate degree. Upon graduation they are eligible to take the national NBRC Therapist Multiple Choice (TMC) Examination that, upon passing at the low-cut score, leads to the credential Certified Respiratory Therapist (CRT). If a respiratory therapist successfully passes the TMC examination at the high cut score, he/she is eligible to take the national Clinical Simulation Examination that leads to the Registered Respiratory Therapist (RRT) credential.

NBRC establishes eligibility requirements for the Therapist Multiple Choice exam for CRT applicants. These require the applicant:

- be at least 18 years of age;
- hold a minimum of an associate degree from a respiratory therapy education program supported or accredited by the Commission on Accreditation for Respiratory Care (CoARC).

In order to become licensed or certified, most states require the applicant already hold a CRT credential. Only six states require the applicant hold an RRT credential, a more advanced level.

Reciprocity:

Like the majority of states, New Hampshire requires applicants hold a CRT. Many states that require the CRT for entry to practice will also accept the RRT given that it is an advanced credential. Accordingly, New Hampshire has achieved a 98% incoming reciprocity rate, aligning to 49 of 50 state requirements. Alaska is the only state that does not regulate respiratory care practitioners and therefore is not reciprocal to New Hampshire requirements.

Given that six states require the more advanced RRT credential, New Hampshire has an 86% outgoing reciprocity rate. This means a practitioner originally licensed in New Hampshire at CRT level would have to complete an additional examination to move their license to one of the following states that require the RRT for an entry-level credential:

AZ
CA
GA
NJ
OH
OR



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