



NURSING

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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 Nursing Assistant and Medication Nursing Assistant professions. 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.

LICENSED NURSING ASSISTANTS AND MEDICATION NURSING ASSISTANTS

A nursing assistant services such as taking vital signs, assisting patients to move about, turning bedridden patients, taking height and weight measurements, assisting with bathing, toileting, dressing needs, and other daily care needs. In New Hampshire, a Licensed Nursing Assistant (LNA) may practice in a long-term care facility or an acute care setting. The Omnibus Budget Reconciliation Act of 1987 contained provisions designed to assure delivery of quality care to long-term care facility residents. Federal regulations (42 CFR § 483.156) require each State to establish and maintain a registry of individuals who have completed training and who the State finds to be competent to function as nursing assistants.

To become an LNA in New Hampshire, a typical applicant must:

- 1) Complete a board approved educational program of 100 hours
- 2) Pass a written and clinical test, and
- 3) Submit an FBI background check

Alternative pathways are also provided for applicants that apply through a comparable education program or a challenge exam.

New Hampshire also provides a specialty certification for Medication Nursing Assistants (MNA). An MNA helps administer a single dose of prescribed medication to patients with stable medication conditions under the supervision of a Licensed Practical Nurse or a Registered Nurse.

To become an MNA in New Hampshire, a typical applicant must:

- 1) Complete a board approved education program of 30 hours of theoretical content and 30 hours of clinical content, and
- 2) Hold an LNA license in good standing in New Hampshire.

Nursing assistants are in high demand in New Hampshire and represent a significant proportion of the healthcare workforce, especially given their contributions to a broad array of practice settings from hospitals, ambulatory health care, to long term care. New Hampshire Employment Security reports “workers in Healthcare support occupations hold the largest share of employment for this [Nursing and Residential Care] industry. The largest occupation by far is Nursing assistants, representing about 85 percent of employment in this occupational group.”²

²United 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

Most nursing assistants and other healthcare and social assistance workers are female “with women outnumbering men by four to one.”³ Younger workers aged 14 to 21 were more likely to be employed at nursing and residential care facilities likely due to the educational requirements for positions in other sectors.⁴ These considerations may be important when considering policies related to low-income workers, discussed later in this report.

Credentials related to nursing assistants are among the most in demand in the New Hampshire healthcare sector. The state observed 383 job postings in January to March 2020 for certified nursing assistants and 269 from April to June 2020. Likewise the state reflected 258 job postings for January to March 2020 for Licensed Nursing Assistants and 216 from April to June 2020.⁵ Postings for Geriatric Nursing Assistants were also represented.

The charts below summarize employment and wage data related to nursing assistants, as reported by New Hampshire Employment Security. Data for Nursing Instructors and Teachers is also provided given its relevance to workforce supply and public stakeholder concerns raised through OPLC’s town hall stakeholder meetings (discussed further in this report).

NURSING ASSISTANTS	
Code:	31-1131
May 2019 estimated employment	8,140
Active Licenses:	3,069
Entry Level Wage	\$13.88
Mean (Average) Wage	\$16.67
Median Wage	\$16.38
Experienced Wage	\$18.07
Living Wage Merrimack County	\$12.39
New Hampshire Minimum Wage	\$7.25
New Hampshire Minimum Wage	\$7.25

³United States, New Hampshire Employment Security, New Hampshire Sector Partnerships Initiatives. (2020). *NEW HAMPSHIRE HEALTH CARE SECTOR PARTNERSHIP* State of the Sector (p. 4). New Hampshire: New Hampshire Employment Security

⁴United States, New Hampshire Employment Security, New Hampshire Sector Partnerships Initiatives. (2020). *NEW HAMPSHIRE HEALTH CARE SECTOR PARTNERSHIP* State of the Sector (p. 4). New Hampshire: New Hampshire Employment Security

⁵United States, New Hampshire Employment Security, New Hampshire Sector Partnerships Initiatives. (2020). *NEW HAMPSHIRE HEALTH CARE SECTOR PARTNERSHIP* State of the Sector (p. 10). New Hampshire: New Hampshire Employment Security

NURSING INSTRUCTORS AND TEACHERS, POSTSECONDARY

Code:	25-1072
May 2019 estimated employment	170
Active Licenses:	13,313 LNA / 1,719 MNA
Entry Level Wage	\$50,495
Mean (Average) Wage	\$74,399
Median Wage	\$68,694
Experienced Wage	\$86,350
Living Wage Merrimack County	\$25,771
New Hampshire Minimum Wage	\$15,080
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 the use of a national exam among others.⁶ Many of these items are established in statute or rule. 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

Original applicants seeking to become Licensed Nursing Assistant face relatively low barriers to entry when compared to other professions. The required educational program is 100 hours in duration and can cost on average about \$1,500 which is quite low when compared to tuition for a post-secondary degree. As a relatively low-skilled occupation, even this barrier could be substantial especially for low-income workers (discussed later).

Alternative Pathways;

The Board of Nursing provides for two pathways for initial licensure:

Competency Evaluation: If the applicant has completed a New Hampshire Nursing Assistant Education Program and a written and clinical test, the applicant may choose to complete a competency evaluation examination.

Comparable Education: If the applicant completed (1) the Nursing Fundamentals portion of an RN or LPN program or (2) an LNA Challenge Exam with written and clinical testing, then the applicant may apply by demonstrating comparable education through submission of one of the following:

⁶This 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.

- Official Transcript from Nursing Program documenting completion of Nursing Fundamentals Course 5 years preceding application date;
- Letter from Nursing Program verifying completion of Nursing Fundamentals Course 5 years preceding application date;
- Challenge Exam Certificate and final report of written and clinical competency testing results.^{7 8}

Most states acknowledge two primary pathways: a board approved educational program or completion of nursing fundamentals as noted above. However, the additional option of a challenge exam is unique to New Hampshire and consistent with practices related to competency-based assessment, an emerging practice.

GRADATIONS OF LICENSURE

Some economists have noted that gradations of licensure, such as those observed in the nursing profession, can provide a legitimate pathway into a profession and encourage other workforce infrastructure that benefits the state's residents and economy.⁹ Low barriers and gradation of licensure also benefit other special populations in addition to the general public by expanding access to care.

The profession of nursing benefits from several “gradations” of licensure, allowing new entrants to step from one level of licensure to a more advanced level with additional training, responsibility and pay. Nurse assistants represent the entry point for many nurses. Even applicants that enter a Registered Nurse or Practical Nurse program directly often still obtain a nurse assistant license for training purposes, allowing them to find meaningful and directly applicable work experience as well as a wage while they pursue higher levels of education.

However, it could also be asserted that New Hampshire provides an additional gradation by allowing non-licensed personnel to provide nursing assistance under delegated authority and supervision similar to what is required for LNAs. Board rules allow for delegated tasks to unlicensed personnel “who have competency to perform the specific task” or to LNA/MNAs. Rule (Nur 404.06) goes on to provide requirements licensees must meet in order to delegate a task. Among these provide on the job training for the task. Therefore, a license is not necessarily required for all assistance roles. This is a good example of a “both/and” rule that provides broad access to the profession without erecting licensure barriers, but also provide a state-endorsed license to demonstrate competency which serves to safeguard the practice, the public and creates workforce infrastructure to support the profession and residents interested in serving it (see Nur 404.04 and 404.05).

Like state rules for pharmacy technicians, this rule is notable for allowing training to occur on the job by a more advanced licensee without requiring a new level of licensure for all tasks related to the practice. The board retains authority over the licensee and the training process for delegated tasks and can act to sanction licensees if that delegation is found to be unsafe. Therefore, consumer protection and board oversight are retained without erecting unnecessary barriers such as the high burden of a license or registration.

LNAs have many advancement opportunities memorialized by the licenses the state confers. For example, an LNA may choose to advance to a Medication Nursing Assistant which entails a short educational program. LNA's may also choose to undertake a longer course of study and passage of the NCLEX exam to become an LPN, then eventually an RN, then an APRN and from there other specialties which each confer greater responsibility and higher earning potential at each step.

Such advancement opportunities can also be costly to the applicant. Strategies to alleviate the cost and burden of advancement may increase patient access to care while facilitating access to low-income populations. Grant programs, loan forgiveness, employer sponsorship or other tailored strategies help to support licensees to take advantage of licensure gradations. Lastly, New Hampshire is part of the Nurse Licensure Compact facilitated by the National Council of State Boards of Nursing (NCSBN). Participating in the compact confers valuable benefits to nurses in the state, including aspiring LNAs. However, compacts also tend to settle on the highest common denominator when they craft entry requirements. Recently, NCSBN raised entry requirements for compact nurses essentially forcing states to adopt the new higher regulations, or risk removal from the

⁷ <https://www.oplc.nh.gov/nursing/licensure.htm#lna>

⁸ Nur 301.05

⁹ 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

compact. State policymakers may consider unintended consequences of compact participation and the impact they may have on the local workforce, patient access and economy. Compact participation need not present a binary decision to policymakers. State solutions can co-exist with compact licenses, offering yet another gradation by lowering entry requirements through a lower level license type, such as a non-compact LPN license for applicants that have no interest in crossing state lines.

Competency Based Assessments:

Board of Nursing rules do allow for a challenge examination as part of a comparable education pathway. Essentially the challenge examination is a competency-based assessment which tests the applicant's knowledge and skill related to practice without using time-based demonstrations such as completion of educational programming or on the job training.

Processing Times in Statute or Rule:

Board of Nursing rules do not specifically mention required processing times for license issuance. However, the Board employs other strategies such as temporary licensure and standing orders to ensure applicants can get to work immediately.

Temporary License:

LNAs receive a temporary license for 60 days if they went to a New Hampshire school. One stakeholder explained that this is allowed because New Hampshire educational programs in the state do not accept students with a criminal conviction listed in Nur 302.01. This means for local students the Board has some assurance as to the applicant's low-risk status. However, extending this collateral consequence to school enrollment removes Board discretion for considering applicants with these convictions, essentially preventing them from ever entering the program. The process also bypasses the requirements set forth in RSA 332-G:10 and RSA 332-G:13. The implications of these policies on individuals with criminal convictions is discussed further below. This temporary license also does not apply to applicants that received training out of state.

Streamlined Workflow and Standing Orders:

The Board has authorized OPLC staff to issue a license to any applicant that meets licensure requirements and does not have a criminal conviction listed in statute or an administrative matrix of convictions or circumstances requiring Board review. Standing orders such as these help to streamline the application process for the majority of applicants while allowing the Board and administration to invest their energies in applicants whose circumstances require further investigation or more thoughtful consideration.

Stakeholders identified a few more procedural barriers related to the licensing process. Several viewed the licensing process as complex and easily misunderstood by students and potential applicants. In fact, stakeholders particularly from the academic arena attested they offer an entire course on licensure because they find the process needs that much assistance, guidance and interpretation. They noted duplication in requirements that add burden, cost and time to the process. For example, the exam vendor must send state exam results directly to the Board, but the applicant must also submit a copy of the exam results. Not only does this duplicate paperwork without clear benefit, but also requires students have access to a printer which many do not personally own.

They also described the fingerprint process as complex and riddled with errors. Fingerprints must be submitted within a certain timeframe which can easily be missed by a novice applicant. Fewer errors are generally observed when a school or employer helps the applicant with the process, but those pursuing licensing on their own often see higher rates of errors and delays. Stakeholders suggested that greater communication would help, especially providing easier instructions online or through short videos to help improve understanding among applicants. Stakeholders noted that the NH Department of Safety is trying to convert the fingerprint process to an online format. The current paper process is difficult to understand and can take 8 – 14 days.

OUT OF STATE APPLICANTS

The majority of states certify nursing assistants while New Hampshire licenses nursing assistants, however these designations are comparable. To become certified or licensed, most states require completion of an education program and passage of an exam. New Hampshire offers a third pathway through a "challenge exam" offered by an approved nursing assistant program and board-approved competency evaluation.

New Hampshire’s requirements to become a licensed nursing assistant comport to the national average which requires 100 training hours and passage of an exam. This could be interpreted as beneficial to nursing assistants and public consumers in New Hampshire. The standardization of licensure requirements among states promotes portability.

CLEAR also evaluated licensure requirements among states to consider which states could demonstrate “substantial equivalence” meeting 70 percent of New Hampshire requirements. This analysis revealed that all 50 states meet the 70 percent threshold for training hours. New Hampshire requires more training hours than most states, with the average at 90 compared to 100. Only 13 states meet the 70 percent threshold for clinical hours. If the threshold were lowered to 67 percent, then nine additional states (AL, FL, IL, LA, MD, NJ, SC, TX and VA) could be counted. This would yield a 44 percent reciprocal rate as opposed to 26 percent.

NURSING ASSISTANT EDUCATION	
Median	90
Mean	100
Min	60
Max	180
New Hampshire	100

See Appendix B for a list of nurse assistant requirements by state.

Other best practice policies for out of state applicants include endorsement provisions, private certifications, national examinations, reciprocity or compacts.

Endorsement:

Board rule provides an endorsement policy which requires recent practice and recent maintenance of CC to demonstrate the currency of the applicants competency.¹⁰ This is notable for what the rule does not require – namely completion of a board approved program or passage of an exam which is the requirement for entry to practice. This is considered an accessible endorsement rule that does not require “substantial equivalence” tantamount to original licensure and primary source verification.

Board rule Nur 303.04(b) prohibits an out-of-state applicant to become a Medication Nursing Assistants without completing an education program New Hampshire. Many states issue medication assistant licenses or authorities following completion of an approved educational program. The Board may consider extending endorsement provisions related to Nursing Assistants to also encompass Medication Nursing Assistants and repealing this exclusionary rule which prevents out-of-state applicants from providing this service.

Private Certifications and Industry Recognized Exams:

While there is no private certification or compact license for LNAs, New Hampshire requirements follow national standards for LNAs (discussed in further detail below for out of state applicants).

New Hampshire has also adopted national standards issues through the Omnibus Budget Reconciliation Act (OBRA) of 1987; Section 1819 and 1919 which sets forth provisions for Medicare and Medicaid sections related to nursing home settings specifically. OBRA requires nursing assistant training and maintenance of a nurse assistant registry. Together the national standards help to harmonize requirements across state lines.

There is no single national examination offered for nurse assistants.

¹⁰ NH RSA 301.05, c and 304.04

Reciprocity:

Currently Board rules do not provide for reciprocal licensure. Stakeholders noted a few opportunities such as creating an automatic temporary license for applicants coming from a neighboring or New England state. They also mentioned interest in the fast-track process developed by the Allied Health Board.

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.

Some states have started instituting sliding scale fees to help accommodate low-income applications. An application fee of only \$10 in New Hampshire is already quite low.

Nursing Assistants barely make a livable wage in New Hampshire despite their high demand and the prevalence of jobs in the state. New Hampshire's Board of Nursing helps to process reimbursements for training and testing expenses for applicants that enter a nursing home practice environment. Policies such as these help to incentivize entry to an under-resources practice setting and provide accessibility to applicants that may not have otherwise been able to afford the cost of entry requirements. However, the program still requires the applicant to front the expense which can still be burdensome.

The reimbursement provisions also do not apply to other practice settings. New Hampshire Employment Security attests to the numerous practice environments that require nursing assistants. It was also noted by some stakeholders that employers may also provide financial assistance for the licensure process such as the program through River Valley Community College and its partnership with the Dartmouth-Hitchcock Medical Center which pays for tuition upon graduation. State or employer policies or programs that promote financial assistance for all nursing assistants, regardless of the practice setting, could help to lower the burden for a greater number of applications. For example, grant programs may help applicants to cover up-front costs which could then be repaid through employer assistance or other reimbursement programs.

Stakeholders attending the town hall meeting in November 2020 expressed a keen interest in low-income policies. They noted that tuition is a formidable barrier for many aspirants and proffered that online learning would help reduce the cost. More than any other profession, nursing stakeholders were pointed in their identification of other collateral impacts of licensure including transportation and childcare costs. They noted acute opportunities to support students by doing a better job of connecting them to existing infrastructure in the state such as the services through New Hampshire Employment Security, Apprenticeship New Hampshire, or WIOA grant recipients. Stakeholders noted the value of connecting students to these resources prior to application to the Board.

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.

Beyond RSA 332-G:7, Board statute and rules do not further address military applicants for LNAs. Both internal and external stakeholders reported very few applicants utilizing military experience. Since New Hampshire houses only one naval base and is not home to a significant military industry, it makes sense the military community in the state is quite small. For the residents that return to the state following military service, a license in the nursing profession may present a viable career. Military experience in nursing is quite prevalent and other states have instituted policies for direct licensure. Several states have found that military training and experience in the nursing field often exceeds the state requirements for an LNA license. For example, Arkansas acknowledges a pathway for those that demonstrate US medic training. Washington provides a pathway for applicants that completed the U.S. Army 91-C Program, the Navy's Basic Hospital Corps School, or the Air Force's Apprentice (Specialist) Program. Ohio recognizes current nursing students or have worked as a bedside aide in a hospital, including military facilities, for one full year within the past five years. Even more states identify a military experience as a viable pathway including Illinois, Maine, New Mexico, South Carolina, and Tennessee.

Military spouse policies and benefits are also relevant for the field. The nursing profession is promoted as a career for spouses on military bases and often in demand regardless of where the spouse is transferred. While no compact currently exists for LNAs, the CSG National Center for Interstate Compacts (NCIC) has partnered with the U.S. Department of Defense to support the development of new occupational licensure interstate compacts. These compacts will promote reciprocity and reduce the barriers to license portability, particularly for military spouses who face higher barriers to entry in state-licensed professions due to frequent relocation.

NCIC and the Department of Defense are seeking applications from professional associations, federations or associations of state licensing boards, a coalition of state licensing boards, or national credentialing bodies for professions that are licensed in at least 30 states. Additional information about this technical assistance can be found at <https://compacts.csg.org/>.

Military spouses looking to transfer a license to New Hampshire must comply with the same process for other out-of-state applicants. As described above, this process can be riddled with requirements to prove the applicant has met basic eligibility criteria despite substantial experience and a license in other states. In fact, license verifications are a major contributor to delays and military spouses, more than other applicants, are likely to hold licenses in multiple states, exponentially increasing to administrative burden, time and cost for transferring a license to New Hampshire. Often these license verifications require a small fee for each state which adds to the spouse's total investment for the application even though these fees are not imposed directly by the New Hampshire board.

Given military service members and spouses are such a small pool of applicants to the Board, policies to expedite the application process could prove beneficial to this special population without major risk of consumer harm. In fact, such expeditious and exemptive policies have been passed in several states for the military community and serve as the foundation for broader "universal" licensure policies such as that in Arizona.¹¹ The ultimate goal of these policies, regardless of the shape they take, is to help the military spouse get to work as quickly as possible, not necessarily to entirely bypass the licensing process. Consider for example policies that:

- Provide a temporary work permit to the military spouse applicant while other application elements (such as transcripts, license verifications, etc.) are pending submission.
- Provide a license upon proof of completion of a national examination.
- Allow military spouses to work without a license for up to a year while he/she prepares application materials.
- Accept verification of a license in another state through publicly available online license look-ups rather than requiring a letter sent directly to OPLC.
- Waive application fees for military service members, veterans and spouses.

¹¹Office of Governor Doug Ducey. (n.d.). Universal License Recognition. Retrieved February 23, 2021, from https://azgovernor.gov/sites/default/files/universallicensurecognition1_0.pdf

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. 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.¹²

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.

Define crimes related to practice:

Board rule defines crimes related to practice and disallows applicants with a conviction for those crimes. Additionally, board rule extends this ban to applicants for nursing education programs.¹³

(c) The applicant shall not have been convicted of a crime constituting any of the following unless such conviction was annulled by a court of competent jurisdiction:

- (1) Murder or manslaughter;
- (2) Robbery;
- (3) Felonious theft;
- (4) Felonious assault;
- (5) Sexual crime involving a child;
- (6) Kidnapping; or
- (7) Endangering the welfare of a child or incompetent person.¹⁴

¹² NH RSA 332-G:10

¹³ N.H. Code Admin Nur 704.08

¹⁴ NH RSA 302.01, c

While it tends to be a good policy to define crimes related to practice (which creates transparency for applicants while serving consumer protection mandates), this rule also creates a blanket denial for such convictions without closer consideration of the merits or circumstances of such convictions. This rule seems to contradict the provision of RSA332-G:10 which requires the board to consider the nature of the crime, the relationship to practice and the rehabilitation of the applicant. The Board may consider modifying this rule along the lines of other NH boards which provide for board review of these convictions, consistent with RSA 332-G:10 and the “Green factors” put forth by the Equal Employment Opportunity Commission (EEOC) for the enforcement of Title VII of the Civil Rights Act of 1964 (Title VII). The Green factors look at job-relatedness and how the criminal conduct is related to the specific position, considering specifically:

- The nature and gravity of the offense or conduct
- The time that has passed since the offense or conduct and/or completion of the sentence
- The nature of the job held or sought

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

The board may also consider looking to its own rules for policy alternatives. Nur 402.04(g) addresses factors the board will consider when evaluating disciplinary sanctions. These include:

(g) In imposing sanctions, the board shall apply the following factors in determining the level or kind of disciplinary sanction imposed:

- (1) The seriousness of the offense;*
- (2) The licensee’s prior disciplinary record;*
- (3) The licensee’s state of mind at the time of the offense;*
- (4) The licensee’s acknowledgment of his or her wrongdoing;*
- (5) The licensee’s willingness to cooperate with the board;*
- (6) The purpose of the rule or statute violated;*
- (7) The potential harm to public health and safety; and*
- (8) The nature and extent of the enforcement activities required of the board as a result of the offense.*

(h) Discipline imposed upon a licensee under (b) above shall be intended to be the minimum sanction or sanctions, both in type and extent, that the board believes will, based upon the unique facts and circumstances of each act of misconduct:

- (1) Protect the public; and*
- (2) Deter both the licensee charged and any other licensee from engaging in such misconduct in the future.*

The rule continues in subsection (i) to discuss types of sanctions depending on the severity of the offense. This methodology for disciplinary actions provides a continuum of interventions that can be tailored to the level of risk the applicant poses to the public, while still allowing access to the profession except in the most severe cases. This rule provides transparency and thoughtful and just consideration of an adverse situation that extends important rights to the applicant/licensee without compromising public protection.

Stakeholders defended current policies concerning applicants with criminal convictions noting concerns that an applicant could attempt to cross state lines to avoid discipline in a home state for a felony. Stakeholders were concerned that criminal convictions are not proactively disclosed in a forthcoming manner absent of the accountability provided by a criminal background check. Stakeholders also noted that state criminal codes could vary which makes some crimes a felony in one state but not another. Further, stakeholders attested to barriers created by Medicaid and Medicare reimbursement regulations, noting that certain convictions are listed with the Inspectors General which prevents licensees with these convictions from being hired by a facility for Medicare/Medicaid services. If the facility were to hire such a licensee, they must reimburse all patient expenses treated by that individual back to CMS.

Consistent Decision Making:

A case-by-case review of criminal histories can lead to inconsistency in decision making both among individual Board members and over time as there is member and staff turnover. Decision making matrices or other governance policies can be helpful to boards to ensure fair and consistent treatment of all applicants. They also help to notify the public of the board's thinking on the topic and/or treatment of a conviction. Internal OPLC stakeholders mentioned that the Board has developed a matrix of offenses that indicates which require Board consideration opposed to those that may be processed more expeditiously by OPLC staff.

Elimination of morality clauses:

Morality clauses such as “good professional character” are vague and provide sweeping authority to deny based on a variety of interpretations. Board of Nursing statute and rules do not utilize morality clauses.

Petition for Predetermination:

RSA 332-G:13 already establishes a method by which applicants may petition the Board for predetermination and establishes expectations of the Board when denying a license based on a conviction. Current BON rules do not further reference nor clarify the process for implementing these statutory provisions. For this reason, applicants may not be aware of the rights conferred to them. Amending rules to specify how the Board's process aligns to or implements these provisions would provide greater transparency.

Elimination of Blanket Bans:

The Board statute and rules do appear to indicate a blanket ban for certain offenses such as murder which, as noted above, seems to contradict the provision of RSA332-G:10 requiring the board to consider the nature of the crime, the relationship to practice and the rehabilitation of the applicant. Recommendations above concerning strategies to identify standards of consideration for convictions may provide more accessibility and alleviate a chilling effect such a regulation could have on the justice population.

Expungement of discipline or license conditions emanating from a conviction:

Licensing boards are not tied to a binary decision to either approve or deny an application based on a conviction. Often, they may also take intermediate or rehabilitative measures, providing a license with conditions such as supervision, completion of probation/parole, or probationary terms such safe practice free of discipline for a defined timeframe. These practices are often used for individuals with convictions. Unfortunately, they 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.

Data collection for evidence-informed policy:

The Board may consider reviewing its own data concerning applications denied and approved with a conviction as well as disciplinary frequency for licensees with convictions. This data could provide insight to the Board and could lead to regulations that are responsive to specific areas of public risk.

STANDOUT INNOVATIONS TO SHARE

Gradations of Licensure: The profession of nursing benefits from several “gradations” of licensure, allowing new entrants to step from one level of licensure to a more advanced level with additional training, responsibility and pay. LNAs have many advancement opportunities memorialized by the licenses the state confers.

New Hampshire provides an additional gradation by allowing non-licensed personnel to provide nursing assistance under delegated authority and supervision like what is required for LNAs. Board rules allow for delegated tasks to unlicensed personnel “who have competency to perform the specific task” or to LNA/MNAs. This rule is notable for allowing training to occur on the job by a more advanced licensee without requiring a new level of licensure for all tasks related to the practice. The board retains authority over the licensee and the training process for delegated tasks and can act to sanction licensees if that delegation is found to be unsafe. Therefore, consumer protection and board oversight are retained without erecting unnecessary barriers such as the high burden of a license or registration.

Challenge Exam: Board of Nursing rules allow for a challenge examination as part of a comparable education pathway. Essentially the challenge examination is a competency-based assessment which tests the applicant's knowledge and skill related to practice without using time-based demonstrations such as completion of educational programming or on the job training.

Temporary Permits: LNAs receive a temporary license for 60 days if they went to a New Hampshire school.

Accessible Regulations for Out-of-State Applicants: BON boasts an accessible endorsement rule that does not require "substantial equivalence" tantamount to original licensure and primary source verification.

Alignment to National Standards: While there is no private certification or compact license for LNAs, New Hampshire requirements follow national standards for LNAs. New Hampshire has adopted national standards issues through the Omnibus Budget Reconciliation Act (OBRA) of 1987; Section 1819 and 1919

Decision Matrix for Criminal Convictions: The Board has developed a matrix of criminal convictions that indicates which require Board consideration opposed to those that may be processed more expeditiously by OPLC staff.

Absence of Morality Clauses: Board of Nursing statute and rules do not utilize morality clauses.

STANDOUT INNOVATIONS TO CONSIDER

State Policy Levers to Support Nursing Preparation: Advancement opportunities in nursing can also be costly to the applicant. Strategies to alleviate the cost and burden of advancement may increase patient access to care while facilitating access to low-income populations. Grant programs, loan forgiveness, employer sponsorship or other tailored strategies help to support licensees to take advantage of licensure gradations.

State or employer policies or programs that promote financial assistance for all nursing assistants, regardless of the practice setting, could help to lower the burden for a greater number of applications. For example, grant programs may help applicants to cover up-front costs which could then be repaid through employer assistance or other reimbursement programs.

Stakeholders noted acute opportunities to support students by doing a better job of connecting them to existing infrastructure in the state such as the services through New Hampshire Employment Security, Apprenticeship New Hampshire, or WIOA grant recipients. Stakeholders noted the value of connecting students to these resources prior to application to the Board.

Processing Times in Statute or Rule: Board of Nursing rules do not specifically mention required processing times for license issuance. However, the Board employs other strategies such as temporary licensure and standing orders to ensure applicants can get to work immediately.

Improved Provisions for Out-of-State Applicants: LNAs that did not attend a NH education program are not eligible for a temporary license. This is because the Board does not allow NH educational programs to enroll students with criminal convictions. Accordingly, the Board could not make such a determination for an applicant educated out of state. Extending this collateral consequence to school enrollment removes Board discretion for considering applicants with felonies, essentially preventing them from ever entering the program. The implications of these policies on individuals with criminal convictions is discussed further below. This temporary license also does not apply to applicants that received training out of state.

The Board may consider extending endorsement provisions related to Nursing Assistants to also encompass Medication Nursing Assistants and repealing Nur 303.04(b) which only allows nursing assistants that attend a New Hampshire educational program to become a Medication Nursing Assistant.

Streamline through Regulatory Review and Sunset: Stakeholders identified a few more procedural barriers such as:

- Characterizing the licensing process as complex and easily misunderstood by students and potential applicants. In fact, stakeholders particularly from the academic arena attested they offer an entire course on licensure because they find the process needs that much assistance, guidance and interpretation.

- Duplication in requirements that add burden, cost and time to the process. For example, the exam vendor must send state exam results directly to the Board, but the applicant must also submit a copy of the exam results. Not only does this duplicate paperwork without clear benefit, but also requires students have access to a printer which many do not personally own.
- Characterizing the fingerprint process as complex and riddled with errors. Fingerprints must be submitted within a certain timeframe which can easily be missed by a novice applicant. Fewer errors are generally observed when a school or employer helps the applicant with the process, but those pursuing licensing on their own often see higher rates of errors and delays. Stakeholders suggested that greater communication would help, especially providing easier instructions online or through short videos to help improve understanding among applicants. Stakeholders noted that the NH Department of Safety is trying to convert the fingerprint process to an online format. The current paper process is difficult to understand and can take 8 – 14 days.

New England Reciprocity or Temporary Licensure: Stakeholders noted a few opportunities such as creating an automatic temporary license for applicants coming from a neighboring or New England state. They also mentioned interest in the fast-track process developed by the Allied Health Board.

Provisions for Military Servicemembers, Spouses and Veterans: Military experience in nursing is quite prevalent and other states have instituted policies for direct licensure. Several states have found that military training and experience in the nursing field often exceeds the state requirements for an LNA license. For example, Arkansas acknowledges a pathway for those that demonstrate US medic training. Washington provides a pathway for applicants that completed the U.S. Army 91-C Program, the Navy's Basic Hospital Corps School, or the Air Force's Apprentice (Specialist) Program. Ohio recognizes current nursing students or have worked as a bedside aide in a hospital, including military facilities, for one full year within the past five years. Even more states identify a military experience as a viable pathway including Illinois, Maine, New Mexico, South Carolina, and Tennessee.

License verifications are a major contributor to delays and military spouses, more than other applicants, are likely to hold licenses in multiple states, exponentially increasing to administrative burden, time and cost for transferring a license to New Hampshire. Often these license verifications require a small fee for each state which adds to the spouse's total investment for the application even though these fees are not imposed directly by the New Hampshire board. Consider for example policies that:

- *Provide a temporary work permit to the military spouse applicant while other application elements (such as transcripts, license verifications, etc.) are pending submission.*
- *Provide a license upon proof of completion of a national examination.*
- *Allow military spouses to work without a license for up to a year while he/she prepares application materials.*
- *Accept verification of a license in another state through publicly available online license look-ups rather than requiring a letter sent directly to OPLC.*
- *Waive application fees for military service members, veterans and spouses.*

Transparency and Identifying Crimes Related to Practice: The Board of Nursing 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 identify crimes related to practice. For example, a decision matrix specific to Nursing can be found at <https://dopl.utah.gov/nurse/> and clearly communicates how each offense will be treated, from licensure approval, review of the conviction to an interview with the applicant.

The Board may also consider looking to its own rules for policy alternatives. Nur 402.04(g) addresses factors the board will consider when evaluating disciplinary sanctions.

Eliminate Blanket Bans: The Board statute and rules do appear to indicate a blanket ban for certain offenses, extending this ban even to school enrollment. Recommendations above concerning strategies to identify standards of consideration for convictions may provide more accessibility and alleviate a chilling effect such a regulation could have on the justice population.

Rules of Policies to Implement RSA 332-G:13 and RSA 332-G:10: Rules Current BON rules do not further reference nor clarify

the process for implementing the provisions of RSA 332-G:13 and RSA 332-G:10. For this reason, applicants may not be aware of the rights conferred to them. Amending rules to specify how the Board's process aligns to or implements these provisions would provide greater transparency.

Expunge Discipline for Certain Criminal Records Prior to Licensure: Authority to expunge disciplinary records related to a criminal conviction upon satisfaction of the terms helps to reduce collateral consequences for conviction. Such a disciplinary record, although intended to be rehabilitative, can be a scarlet letter on a licensee's record and employment prospects.

Evidence Based Policy on Criminal Records: The Board may consider reviewing its own data concerning applications denied and approved with a conviction as well as disciplinary frequency for licensees with convictions. This data could provide insight to the Board and could lead to regulations that are responsive to specific areas of public risk.

²⁸ Utah Code Ann. §58-1-301(5), accessed at <https://le.utah.gov/~2019/bills/static/HB0226.html>

APPENDIX

Nursing Assistant Comparative Licensing Data and Reciprocity Analysis

Nursing Assistant

A nursing assistant or nurse aide provides services such as taking vital signs, assisting patients to move about, turning bedridden patients, taking height and weight measurements, assisting with bathing, toileting, dressing needs, and other daily care needs. In New Hampshire, a nursing assistant may practice in a long-term care facility or an acute care setting. The Omnibus Budget Reconciliation Act of 1987 contained provisions designed to assure delivery of quality care to long-term care facility residents. Federal regulations (42 CFR § 483.156) require each State to establish and maintain a registry of individuals who have completed training and who the State finds to be competent to function as nurse aides.

The majority of states certify nurse aides while New Hampshire licenses nursing assistants, however these designations are comparable. In order to become certified or licensed, most states require completion of an education program and passage of an exam. New Hampshire offers a third pathway through a “challenge exam” offered by an approved nursing assistant program and board-approved competency evaluation.

New Hampshire’s requirements to become a licensed nursing assistant comport to the national average which requires 100 training hours and passage of an exam. This could be interpreted as beneficial to nursing assistants and public consumers in New Hampshire. The standardization of licensure requirements among states promotes portability.

Nursing Assistant Education

Median	90
Mean	100
Min	60
Max	180
New Hampshire	100

STATE	DESIGNATION	EDUCATION REQUIREMENTS	HRS	EXAM	AGE	ADDT REQS.
AL	CNA	State-approved nurse aide training		competency evaluation program and pass both the written and skills tests		
AK	CNA	state approved certified nurse aide training program with 60 hours classroom and 80 hours clinical <u>Qr</u> - US or Canadian nursing license <u>Qr</u> - 1+ years nursing program education <u>Qr</u> - US medic training program	140	certified nurse aide competency evaluation		fingerprint card for Criminal History check; must not be in arrears on child support
AZ	CNA	approved CNA course		state manual skills/written exams		
AK	CNA	state-approved nursing assistant training program <u>Qr</u> - RN or LPN student who has completed Basic Nursing I		Nursing Assistant Competency Exam - must pass within 1 year of training or within 3 attempts		
CA	CNA	training program approved by the Department of Public Health		competency evaluation examination through American Red Cross or NNAAP	16	criminal record clearance
CO	CNA	75 hours to include 16 hrs classroom and 16 hrs clinical	75	NNAAP exam		
CO	CNA Medication Aide Authority	100 hours to include 60 classroom and 40 clinical	100	competency evaluation	18	CNA certificate with 1,000 hours experience in last 24 months; recommendation from supervisor
CT	CNA	completion of a Connecticut Department of Public Health approved nurse’s aide training program within 24 months of the date of application <u>Qr</u> - completion of at least 100 hours of theory and clinical instruction in an approved practical nurse or registered nurse program		Connecticut Nurse Aide Exam consists of a Clinical Skills Test and a Written (Knowledge) Test		

STATE	DESIGNATION	EDUCATION REQUIREMENTS	HRS	EXAM	AGE	ADDT REQS.
DC	CNA	120 hours to include 45 classroom, 30 clinical, 45 practicum	120	NNAP exam		free of communicable disease as verified in writing by a licensed physician
DE	CNA	CNA training program approved by the Division of Long-Term Care Residents Protection with 150 hours to include 75 classroom and 75 clinical <u>Or:</u> completed a "Fundamentals/Basic Nursing" course that includes 75 hours of clinical instruction in a long-term care setting	150	written and clinical skills passed within 3 attempts in 24 months		
FL	CNA	State-approved Nursing Assistant Training Program to include 80 hrs classroom and 40 hrs clinical	120	Nursing Assistant Competency Exam written and skills - must pass within 3 attempts	18	CBC
GA	CNA	state-approved nurse aide program <u>Or:</u> LPN or RN with first 16 hrs of basic training		Written/Oral and Skills Examination		
HI	CNA	State-approved nurse aide training program		Nursing Assistant Competency Exam written and skills - must pass within 3 attempts		
ID	CNA	State-approved nurse aide training program				
IL	CNA	state-approved nursing assistant training program <u>Or:</u> reciprocity for persons whose names are on other states' nurse aide registries and whose certification is current and in good standing, student nurses, foreign nurses and those with specific military medical training		competency test covering 21 mandated manual skills and a written competency test	16	CBC; Must be able to speak and understand English or a language understood by a substantial percentage of a facility's residents.
IN	CNA	105-hour (incl. 30 classroom and 75 clinical) state-approved nurse aide training program <u>Or:</u> student nurse completed Fundamentals of Nursing exam <u>Or:</u> graduate nurse who has not taken or passed nursing exam <u>Or:</u> Psychiatric Attendant in good standing on Qualified Medication Aide registry and working within past 6 months	105	nurse aide competency evaluation consisting of both a written and a skills test		
IA	CNA	state-approved 75-hour nurse's aide program	75	competency test (written & skills)		
KS	CNA	Kansas certified nurse aide course (90 hour)	90	state test of 100 multiple-choice questions (75% required to pass, must pass within 3 attempts in 12 months)		CBC
KS	CNA with medication aide	75-hour course in medication administration approved by the secretary (incl. 25 hr clinical)	75	state test of 85 multiple-choice questions (65 correct required to pass, 2 attempts within 12 months)	18	
KY	State Registered Nurse Aide (SRNA)	minimum of 75 hours with a minimum of 16 hours of supervised practical training	75	written exam and a clinical skills exam		
LA	CNA	state approved nurse aide training program completed within last 12 months -or- RN/LPN student		clinical skills exam and written or oral exam passed within 3 attempts		
ME	CNA	180 hours nurse aide training including 90 hours of classroom theory, 20 hours of clinical laboratory work, and 70 hours of supervised clinical practice <u>Or:</u> nursing student <u>Or:</u> equivalent military training	180	clinical skills exam and written or oral exam	16	CBC
ME	CNA - Medication Aide	Maine State Board of Nursing Standardized Medication Course for Certified Nursing Assistants				1-year FT employment as a CNA with no disqualifying annotations; achieve the 10th grade competency on approved test
MD	CNA	100-hour nursing assistant training program that includes clinical experience <u>Or:</u> nursing student	100	70 MCQ written exam; 5 Skills Evaluation		CBC; passport photo
MD	Certified Medicine Aide	60-hour medicine aide course	60			

STATE	DESIGNATION	EDUCATION REQUIREMENTS	HRS	EXAM	AGE	ADDT REQS.
MA	CNA	75-hour nurse aide training program	75	Nurse Assistant Competency Evaluation knowledge exam within 4 attempts; clinical skills exam within 3 attempts		
MI	CNA	75-hour nurse aide training program	75	within 2 years of training completion, Clinical Skills and Written/Oral Exam passed within 3 attempts		
MN	nursing assistant	75-hour nurse aide training program with at least 16 hours clinical	75	NNAAP 70 MCQ Written/oral and 5 skills evaluation		
MS	CNA	nurse aide training program -or- student nurse basic nursing skills		NNAAP 70 MCQ Written/oral and 5 skills evaluation		
MO	CNA	75 hours of classroom training, 100 hours of on-the-job training <u>Or</u> - student nurse basic nursing skills	175	written (or oral) and practicum examination	18	
MT	CNA	nurse aide training program		certified nurse aide exam		
NE	nurse aide	75 hours of training approved by the State of Nebraska or a 21-hour basic resident care course for intermediate care facilities for the developmentally disabled AND one hour of Nebraska-specific abuse/neglect/misappropriation training <u>Or</u> - nursing student	75	50 MCQ written/oral exam and 6 clinical/skills competency exam passed within 3 attempts	16	no crimes of moral turpitude
NV	CNA	state-approved training program that meets current OBRA requirements completed within 1 year of application <u>Or</u> - transcript showing the completion of "nursing fundamentals."		Clinical and Knowledge examinations		CBC
NH	Nursing assistant	Nursing Assistant Education Program <u>Or</u> - Nursing Fundamentals portion of an RN or LPN program <u>Or</u> - Challenge exam	100	Written and Clinical Competency Test		CBC
NH	Medication nursing assistant	Medication Nursing Assistant Program				valid and unrestricted nursing assistant license issued by the Board
NJ	Nurse Aide	75 hours of training approved by the State of Nebraska or a 21-hour basic resident care course for intermediate care facilities for the developmentally disabled AND one hour of Nebraska-specific abuse/neglect/misappropriation training <u>Or</u> - nursing student	75	50 MCQ written/oral exam and 6 clinical/skills competency exam passed within 3 attempts	16	CBC
NJ	Personal care assistant	85 hours, consisting of 69 classroom hours and 16 clinical hours <u>Or</u> - nursing student fundamentals of nursing	85	practical skills evaluation, a written/oral exam		CBC; can work unlicensed in an acute care hospital but must be licensed to work in licensed long-term care unit
NM	CNA	nurse aide training program that is at least 75 hours in duration <u>Or</u> - nurse aide-related skills and training through military service <u>Or</u> -nursing student basic course work and clinicals <u>Or</u> -completed a New Mexico state-approved RN/LPN program, but have not yet been licensed	75	clinical skills and written knowledge Competency Exam		CBC
NY	nursing home nurse aide	nursing home nurse aide training program <u>Or</u> - graduate nurse <u>Or</u> - active RN/LPN		60 MCQ written/oral exam and 5 skills evaluation		CBC
NC	Nurse Aide 1	Nurse Aide I Training Programs (75 hours or longer) <u>Or</u> -North Carolina EMT professionals with active credentials <u>Or</u> - nurses with inactive/expired listings (in good standing) <u>Or</u> - unlicensed nursing school graduates <u>Or</u> - military medics	75	NNAAP 70 MCQ Written/oral and 5 skills evaluation		

STATE	DESIGNATION	EDUCATION REQUIREMENTS	HRS	EXAM	AGE	ADDT REQS.
NC	medication aide	medication aide training program		state medication aide competency exam.		
ND	CNA	75-hour nurse aide training program including 16 hours classroom training	75	written/oral and manual skills evaluation		
ND	Medication assistant	active CNA; medication assistant training program clinical and theory				
OH	State Tested Nurse Aide	Nurse Aide Training and Competency Evaluation 75 hours with at least 59 hours of classroom experience and skills training and at least 16 hours of supervised resident care in a long-term care facility <u>Or</u> current nursing student or have worked as a bedside aide in a hospital, including military facilities, for one full year within the past five years	75	written and skills exam with 80% or better		
OK	LTC HHA DDCA RCA ADC CMA***	nurse aide training program -or- RN/LPN graduate		55 MCQ written exam and 5 clinical skills		CBC
OR	CNA	nursing assistant level-1 training program with minimum of 80 hours of classroom and 75 hours of clinical training -or- nursing student -or- RN/LPN -or- 400 hrs paid employment as military corpsman or medic	155	80 question knowledge test and 3-4 task skill evaluation		CBC
OR	CNA	OSBN-approved nursing assistant level-1 training program within the last two years, 80 hr classroom, 75 hr clinical <u>Or</u> active RN/LPN <u>Or</u> current or recent RN or PN student with equivalent CNA coursework	155	80 MCQ knowledge exam and 5 skills evaluation		CBC
OR	CMA	hold CNA and 84 hr medication-aide training program -or- nursing student -or- military corpsman or medic training -or- Oregon RN or LPN and active CNA 1 certificate	84	75 question knowledge test and manual skill test		CBC
PA	nurse aide	nurse aide training program 80-hours of which 37.5 hours must be supervised clinical experience <u>Or</u> nursing student	80	NNAAP 70 MCQ Written/oral and 5 skills evaluation		CBC
RI	CNA	nursing assistant training program with 80 classroom hours and 40 clinical hours <u>Or</u> nursing student	120	written and practical Nursing Assistant examination		CBC
RI	medication aide	medication aide training program		3 Medication Aide Technique Evaluation Checklists		CBC; active CNA license
SC	CNA	100-hr nurse aide training program that includes 40 hours of clinical training <u>Or</u> nursing student <u>Or</u> RN/LPN graduate <u>Or</u> military training	100	NNAAP 70 MCQ Written/oral and 5 skills evaluation		
SD	CNA	75-hour nurse aide training <u>Or</u> nursing student fundamentals	75	75 question knowledge test, 3-4 manual skills test	16	
TN	CNA	nurse aide training program 75 hours and 25 competency skills <u>Or</u> nursing student basic nursing fundamentals <u>Or</u> military trained as medic	75	state competency examination of 5 skills		
TX	CNA	nurse aide training program 100 hours that includes 60 hours classroom and 40 hours hands-on	100	70 MCQ written/oral exam and 5 skills evaluation		criminal history background check
TX	medication aide	medication aide training program with 100 hours classroom, 20 hours skills, 10 hours clinical	130	100 MCQ exam	18	active CNA certification; English-speaking; high school graduate; free of communicable disease

STATE	DESIGNATION	EDUCATION REQUIREMENTS	HRS	EXAM	AGE	ADDT REQS.
UT	CNA	nurse aide training program 100 hours with 24 hours clinical <i>Or:</i> nursing student completed fundamentals	100	75 MCQ knowledge exam and 5 skills evaluation	16	
VT	LNA	nurse aide training program <i>Or:</i> nursing student completed fundamentals		60 MCQ knowledge test and scenario-based clinical skills test	16	
VT	Medical nursing assistant	MNA training program		MNA competency exam	18	
VA	CNA	nurse aide education program 120 hours <i>Or:</i> nursing student 40 hours clinical <i>Or:</i> nursing graduate	120	70 MCQ written exam and 5 skills evaluation		
VA	medication aide	68 hours with 40 classroom, 8 diabetic module, 20 clinical	68	80 MCQ knowledge exam		
WA	nursing assistant - certified (NAC)	nursing assistant training program 85 hours incl. 7 hours HIV/AIDS training <i>Or:</i> nurse student/graduate completed comprehensive portion <i>Or:</i> military nursing assistant completed the U.S. Army 91-C Program, the Navy's Basic Hospital Corps School, or the Air Force's Apprentice (Specialist) Program <i>Or:</i> certified Home Care Aide or Medical Assistant completed Washington State approved Alternative "Bridge" Program	85	70 MCQ written exam and 5 skills evaluation		
WA	medication assistant	Nursing Commission-approved medication assistant education and training program		Nursing Commission-approved medication assistant written competency evaluation		NAC in good standing with at least 1,000 hours work experience in prior year
WV	nurse aide	nurse aide training program 120 hours incl 55 clinical	120	100 MCQ written exam and 5 skills evaluation		fingerprint CBC
WI	CNA	nursing assistant training program		5 clinical skills and 60 MCQ written/oral exam		CBC
WY	CNA	nursing assistant training program		5 clinical skills and 60 MCQ written/oral exam		CBC

Source: Data received from the 2017 Member Board Profiles from National Council of State Boards of Nursing. Requirements supplemented via review of each states' rules and regulations.

*For states with certification, registered nursing assistants can work for four months in a nursing home while completing training and exam.

** Criminal Background Check (CBC)

***6 types of nurse aides: Long Term Care Aide (LTC); Home Health Aide (HHA); Developmentally Disabled Direct Care Aide (DDCA); Residential; Care Aide (RCA); Adult Day Care Aide (ADC); Certified Medication Aide (CMA)

Nurse Assistant Reciprocity Analysis

Training Hours:

All 50 states meet the 70% threshold for training hours. However, New Hampshire requires more training hours than most states, with the average at 90 compared to 100.

Only 13 states meet the 70% threshold for clinical hours. The states that do not meet the threshold are:

AL	27%	IA	50%	MT	42%	OH	27%	UT	40%
AZ	67%	KY	27%	NE	27%	OK	27%	VT	50%
AK	27%	LA	67%	NV	n/a	PA	63%	VA	67%
CO	27%	MD	67%	NJ	67%	RI	33%	WI	53%
FL	67%	MA	27%	NM	n/a	SC	67%	WY	27%
GA	40%	MI	27%	NY	50%	SD	27%		
ID	53%	MN	27%	NC	27%	TN	58%		
IL	67%	MS	27%	ND	27%	TX	67%		

Note that if the threshold were lowered to 67%, then nine additional states (AL, FL, IL, LA, MD, NJ, SC, TX and VA) could be counted. This would yield a 44% reciprocal rate as opposed to 26%.



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