



OCCUPATIONAL LICENSING

REVIEW PROJECT 2018 - 2020

FINAL REPORT

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.

I. 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 54 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.

Key findings are outlined in each relevant section and summarized in Appendix A.

II. BACKGROUND

In 2017, the U.S. Department of Labor, Employment and Training Administration (DOLETA) announced a new initiative to assist states to evaluate and streamline occupational licensing requirements. The project was in part predicated upon findings of the economic influence of state licensure systems which impacts over one-fifth of the U.S. workforce. When licensing systems become inefficient, they can create unnecessary barriers, restricting mobility and impairing economic growth². DOLETA set aside over \$7 million in grant funds to support states to promote portability and reduce unnecessary licensing barriers, with special emphasis on populations that are most affected by licensing: low-income, immigrant, military and justice-involved communities. The State of New Hampshire, Office of Professional and Occupational Licensure was awarded a grant through a competitive process in the amount of \$244,260 from October 2018 through June 2021.

New Hampshire's Office of Professional Licensure and Certification (OPLC) houses 54 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 which are: 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.

New Hampshire's economic environment reflects the state's changing socioeconomic characteristics. At the time of the grant award, primary among these influences was a successful economy, generating more jobs than the workforce could fulfill, as indicated by an extremely low unemployment rate. This phenomenon was exacerbated by three additional trends:

- An aging population making the state the second oldest in the US. As the population ages, vacancies are left to be filled; but also aging creates demand for new jobs for healthcare and other supportive services. OPLC noted that "Jobs are currently available, and more will become available to both assist and employ this aging population. New Hampshire has an opportunity to provide better services and extend the working careers for those who wish to do so. Without occupational licensing reform, the process becomes more challenging."³ Nurse aides, respiratory care practitioners, pharmacists, physical therapists and occupational therapists are among the professions most in demand in the state.
- The far-reaching impacts of opioid use and overdose deaths which not only impacts the health of the workforce, but also creates acute demand for alcohol and drug counselors to help turn the tide. Access to treatment was and remains vital. Opioid deaths have accelerated since the COVID-19 outbreak, straining an already taxed treatment infrastructure.⁴
- Underemployment of certain populations leaves portions of the workforce untapped. Wholistic policies that work in partnership among labor, education and licensing can elevate these populations to viable careers such as in the state's growing barbering, cosmetology and esthetics field and bolstering the state's strong small business sector.

Occupational licensing in New Hampshire intersects with these economic forces. New Hampshire policymakers and regulators already had taken steps to drive thoughtful policies to simultaneously protect consumers and support economic growth. Many of those policies are highlighted in this report such as the broad use of temporary work permits during application, fast-track licensing and compacts to eliminate barriers to mobility. The state had also recently created the Office of Professional Licensure and Certification to support the state's numerous boards, commissions, and councils. The DOLETA grant offered the opportunity to fund work to augment these efforts, peering both internally and externally to uncover new strategies to strengthen this regulatory culture.

With the support of the grant funding and through a competitive process, OPLC entered an 18-month contract with the Council on Licensure, Enforcement and Regulation (CLEAR) to provide licensing research and analysis, and subsequently to provide recommendations tailored to New Hampshire's regulatory infrastructure and environment.

² U.S. Department of Treasury Office of Economic Policy, Council of Economic Advisers and Department of Labor. Occupational Licensing: A Framework for Policymakers (Washington, D.C.: The White House, 2015), https://obamawhitehouse.archives.gov/sites/default/files/docs/licensing_report_final_nonembargo.pdf

³ Office of Professional Licensure and Certification. (n.d.). Licensing Reform Grant. Retrieved January 2, 2021, from <https://www.oplc.nh.gov/licensing-reform-grant/index.htm>

⁴ Centers for Disease Control and Prevention. (2020, December 18). Overdose deaths accelerating during covid-19. Retrieved January 06, 2021, from <https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html>

The award of the DOLETA grant also earned New Hampshire a seat in a 10-state Occupational Licensing Learning Consortium facilitated with the National Conference of State Legislators (NCSL), the Council of State Government (CSG) and the National Governors Association (NGA). Through the consortium, grant recipients convened regularly to share learning, glean expert insight, and receive technical assistance for their licensing review. Through this technical assistance, OPLC further refined its review to specifically address the following goals:

1. *Review existing regulations to identify opportunities to streamline the application process for original license applicants, out-of-state applicants and special populations.*
 - a. *Engage professional associations in the rule review process.*
 - b. *Engage public and licensee stakeholders in the rule review process.*
 - c. *Consider barriers for special populations to include:*
 - i. *Veterans, transitioning service members;*
 - ii. *Persons with criminal records/convicted offenders; and*
 - iii. *Low-income, unemployed, and dislocated workers.*
 - d. *Utilizing the rule review outcomes, recommend proposed changes to rules to appropriate board for:*
 - i. *Original license applicants;*
 - ii. *Out-of-state applicants; and*
 - iii. *Special populations.*
 - e. *Utilizing the rule review outcomes, recommend proposed rules that relate to OPLC powers and duties.*
 - i. *Original license applicants;*
 - ii. *Out-of-state applicants; and*
 - iii. *Special populations.*
 - f. *Using the results of the rule review, evaluate changes to forms for both process and alignment to any new or modified rules.*
2. *Leverage technology to create efficiency for OPLC staff, applicants and licensees for the professions that are part of the DOL grant project.*
 - a. *Create one core application to help standardize data collection while allowing customization for unique requirements for each license type.*
 - b. *Streamline the process for collecting documentation for out-of-state applicants using verifiable electronic processes.*
 - c. *Streamline the process for providing documentation to other state licensing boards to support a NH licensee's application to that state.*
 - d. *After applications are moved online to MLO, create a user interface that allows the applicant to securely log in and review the status of their application and collection of all required documents.*

This state plan is tangential to OPLC's scope of work for the DOLETA grant. Some of these goals were accomplished during the same term while others were initiated but will require multi-year consideration and investment. These goals are important to further refine and guide the overall grant project.

III. METHOD

CLEAR was elected by OPLC through a competitive process to provide licensing research, analysis and recommendations tailored to New Hampshire's unique regulatory environment and economy. CLEAR is the premier international resource for professional regulation stakeholders, promoting regulatory excellence through conferences, educational programs, webinars, seminars and symposia among other services. CLEAR is therefore uniquely positioned to support the regulatory community and its vital contribution to public protection. CLEAR's hallmark is its inclusiveness. Since it does not lobby or adopt positions on debatable matters, CLEAR offers neutral ground to those holding diverse viewpoints.

CLEAR undertook this work through a four-part operational plan:

- I. *Stakeholder engagement;*
- II. *Facilitation;*
- III. *Research and analysis;*
- IV. *Grant administrative support; and*
- V. *Findings.*

Stakeholder Engagement:

CLEAR engaged both internal OPLC and external stakeholders through a series of convenings from December 2018 through November 2020. In all, CLEAR conducted 34 stakeholder meetings, including a public stakeholder meeting through a virtual town hall for each of the five professions the grant project targets. These occurred on the following date:

- Board of Pharmacy: October 20, 2020;
- Office of Allied Health Professionals: October 21, 2020;
- Board of Nursing: October 28, 2020;
- Board of Barbering, Cosmetology and Esthetics: October 29, 2020; and
- Board of Licensing for Alcohol and Other Drug Use Professionals: November 5, 2020

These public stakeholder meetings also benefited from the attendance of both OPLC staff and board members. Targeted stakeholder meetings engaged OPLC executive leadership, board administrators, board chairs, and subject matter experts from New Hampshire's Governor's Office, New Hampshire Employment Security, the Department of Information Technology, and the University of New Hampshire.

Facilitation:

In addition to the stakeholder meetings previously mentioned, CLEAR facilitated a convening of board administrators to share emerging practices and research on occupational licensing as well as learnings from the Occupational Licensing Learning Consortium. The purpose of the convening was to educate board administrators by providing a window to policies, practices, and innovations in other states and to later consider opportunities and areas of interest to pursue in New Hampshire.

CLEAR also assisted OPLC to orchestrate the first Occupational Licensing Symposium in the state, inviting OPLC staff and board members from all 54 boards and commissions. The Symposium shared best practices on goals specifically identified by OPLC relating to portability, streamlined operations, board member responsibilities and the special target populations (veterans and military spouses; low-income applicants; new applicants; and applicants with criminal convictions).

Research and analysis:

CLEAR performed a 50-state comparative licensing analysis for 11 professions and occupations targeted by the grant project including private certifications and emerging compacts. The comparative licensing analysis is intended to provide a useful gauge of entry requirements across the nation. This analysis was deepened to then consider reciprocity benchmarks by evaluating which state licensing requirements could be interpreted to be equivalent to satisfying 70 percent of New Hampshire requirements. This analysis was nuanced in that some requirements are binary or not easily compared. For example, consider the case in which a state requires a licensing exam, but not the same exam required in New Hampshire.

CLEAR also reviewed the statute, rules and licensing practices for the five occupations including entry requirements, portability considerations, criminal conviction provisions, low-income policies and provisions for military service-members, veterans and military spouses. This review compared New Hampshire requirements and practices to emerging policies in the occupational

licensing field. The list of emerging practices is not comprehensive rather based upon the learning produced by the Occupational Licensing Learning Consortium, the final report from that Consortium, “Occupational Licensing Final Report: Assessing State Policies and Practices” published by the National Conference of State Legislators, and CLEAR’s collective expertise generated through its various resources and importantly including the expertise shared by its members through the CLEAR Annual Conference.⁵ A copy of the review rubric is located in Appendix E. An expanded discussion of these emerging policies and practices is provided in Section IV of this report, OPLC Regulatory Landscape and Focus Areas.

Lastly, CLEAR undertook research of umbrella agency practices from a selection of states with reputations for having model centralized agencies. While 23 states ultimately utilize the centralized approach, New Hampshire is the only state that has consolidated regulatory boards in the last five years. Commonly, states that have taken this approach for reasons related to information technology, administrative support, and investigative functions in a collaborative fashion, realizing efficiencies that are not possible in a siloed environment.

CLEAR’s research team identified four states that exemplified “best practices” for consolidated oversight of occupational licensing. The research team interviewed the Executive Directors of these four model states to provide a brief landscape analysis to evaluate whether there have been any legislative developments regarding the implementation of umbrella agency oversight nationwide, and to identify best practices from other states that can be applied to the nascent collaborative effort in New Hampshire.

Grant administrative support:

DOLETA requires grant recipients to submit quarterly progress reports for the duration of the grant term and to participate in other regular conferences. CLEAR supported New Hampshire in these administrative duties by drafting quarterly reports and preparing presentations and commentary for conference updates. CLEAR also offered subject matter expertise for a Scope of Work Modification Request. Through staff changes, CLEAR promoted the overall progression of the project and fulfillment of OPLC’s scope of work for the DOLETA grant.

Findings:

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 Occupational Licensing Review 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.

CLEAR was specifically retained to perform the following duties:

- Conduct a comparative analysis of requirements within each US jurisdiction for the occupations OPLC has selected and determine how New Hampshire’s standards line up with standards across the US.
- Review national certifications for identified occupations and compare certification requirements to existing state licensing requirements. Identify areas of overlap and potential gaps between national certification and licensure.
- Review existing or emerging interstate licensing compacts for the selected occupations and develop a report on what it would take for New Hampshire to be able to join. At the outset of the grant project, New Hampshire boards already were members of all existing licensing compacts. However, emerging compacts for Audiology and Speech Language Pathology, and Occupational Therapy were all initiated, with legislation forthcoming in the 2021 session to propose joining these compacts.
- Analyze the current barriers to entry/mobility within the selected professions and the rationale for each barrier. Through OPLC’s work with the Occupational Licensing Learning Consortium, the project was refined to specifically address barriers for Veterans, transitioning service members; persons with criminal records/convicted offenders; and, low-income, unemployed, and dislocated workers.
- Conduct a series stakeholder’s meetings to collect feedback and contribute to the set of reports associated with this project. Given the onset of COVID-19, some stakeholder meetings occurred in a virtual platform.
- Based on stakeholder feedback and meetings with military organizations/representatives, determine the best methods for communications. Conduct a review of best practices employed by other states in communications with military spouses. Develop and execute the communications plan and make the information readily available on the state website and other channels identified within the plan.

⁵ Smith, L. (n.d.). Occupational licensing final report: Assessing state policies and practices. Retrieved January 06, 2021, from <https://www.ncsl.org/research/labor-and-employment/occupational-licensing-final-report-assessing-state-policies-and-practices637425196.aspx>

- Based on the report addressing unjustified barriers, stakeholder input, data from other states, and current best practices, develop a set of recommendations on which barriers to former convicted offenders could be removed or lessened.
- Compile a set of recommendations and rationale based on the research conducted, reports developed, and stakeholder feedback. Research legislation and best practices in other states and obtain model legislation when possible for New Hampshire to utilize in the process of drafting legislation. Provide input, review and comment during the process of drafting legislation.
- Assist New Hampshire staff with grant and reporting requirements.

CLEAR also assisted OPLC with two additional ad hoc projects. Using the comparative licensing data, CLEAR responded to a request to provide analysis of other state licensing requirements that would be equivalent to satisfying 70 percent of New Hampshire requirements. Next, CLEAR assisted OPLC to convene the Occupational Licensing Symposium for board members and OPLC staff.

IV. REGULATORY LANDSCAPE OF THE OPLC FOCUS AREAS

New Hampshire's state motto "Live Free or Die" is characteristic of its regulatory landscape seeking to preserve economic freedoms of businesses and the rights of consumers. State occupational licensing speaks to a balance of freedoms. Licensing drives at the heart of competing interests: a government intervention to referee the interests of consumers and those of workers.

Citizens ask state governments to fulfill the dual purpose of safeguarding public health while ensuring economic freedom and robust markets. The last several years have witnessed a surge of research and interest for occupational licensing. The national dialogue acknowledges both the benefits and pitfalls of state licensing schemes.

The primary goal of state licensing is consumer protection, an evident mission voiced throughout interviews with board members and OPLC staff. However, licensing can present disproportionate barriers for certain populations. For this reason, New Hampshire sought assistance to analyze and identify opportunities to reduce barriers to those most impacted by licensing requirements, according to research. These populations can be summarized as:

- New applicants;
- Low income applicants;
- Military service member, veteran and military spouse applicants; and
- Applicants with criminal convictions.

Research and evidence-based policies concerning these populations can help to inform local regulations.

Regulatory Landscape - New Applicants:

By and large, the highest barrier presented by occupational licensing is at entry to practice. New applicants must demonstrate their qualifications to a licensing board prior to receiving authorization to practice in the profession. New applicants are generally recognized in two categories: "original" licensure applicants such as recent graduates and "out-of-state" applicants that bring prior experience.

Original Licensure Applicants: Original licensure applicants have never practiced autonomously within the profession and therefore face the steepest entry to practice requirements. These applications are also among the most time-consuming and labor-intensive for boards to process. Applications may require a range of supporting documentation from university transcripts, certified logs of experience hours, or criminal record review. Applicants can invest heavily acquiring their qualifications for licensure which may take a multi-year degree program and months or years of supervised experience. Coalescing these various elements for an application can pose a significant barrier to entry.

Some economists note that licensing requirements can become mismatched to the risk of consumer harm. That is, those professions that pose the least risk have the more intensive barriers, while those posing relatively less risk to life and safety are easier to enter.⁶

Some states have sought to reduce these barriers by exploring gradations of licensure and alternative pathways. Gradations of licensure speak to the various levels and specialty licenses that fall under a single board or commission. These specialties are generally arranged according to responsibility starting with a supporting role and graduating to autonomous practice and even supervisory authority. For example, nursing boards across the United States tend to offer a broad array of license types which may include:

- Nurse Assistant;
- Licensed Practical Nurse;
- Registered Nurse;
- Advanced Practice Nurse;
- Prescription Authority; and
- Specialty Authority (e.g. licensed nurse anesthetist).

Gradations of licensure can be perceived as the proverbial double-edged sword. On the one hand, they are partially attributed with the burgeoning of licensing requirements over the last 50 years. Today states regulate not only primary professions but

⁶The 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

also the support staff under that professional's supervision. On the other hand, gradations can offer valuable experience and an industry-recognized pathway towards autonomous practice.

Regulating sub-specialties can contribute to the steep incline in occupational licensing witnessed over the last 50 years leading many to question if it is truly necessary to regulate so many professions and occupations to safeguard the consumers wellbeing.⁷ Any circumstance in which one license type is authorized by the state to supervise and deny market entry to another license type creates a ripe environment for anticompetitive conduct. These policies deserve to be closely scrutinized and monitored. However, these pitfalls are more common when supervisory authority is granted across professions, and not within it. Consider for example a veterinarian that supervises an animal physical therapist (a relationship that crosses professions) in contrast to a master plumber that is coaching a plumbing apprentice. Gradations can provide a formalized mechanism by which new applicants can enter a profession. This is important for all new applicants, but as sociologist Beth Redbird points out, licensure can be especially beneficial for women and applicants of color.⁸

Licensure pathways are another policy receiving interest among regulatory reform stakeholders. Typically, state licensing acknowledges a single pathway to licensure which requires a combination of academic completion, experience under supervision, and passage of an examination. However, some professions offer alternative pathways. These include but are not limited to:

- 1) Recognition of military training and experience in lieu of academic coursework;
- 2) Experiential pathways through a registered apprenticeship or on the job training;
- 3) Competency-based assessment; and/or,
- 4) Relying solely on an exam to demonstrate knowledge and skills.

A reliance on academic pathways can be incredibly time consuming and costly for aspirants. According to Student Loan Hero, "Among the Class of 2019, 69% of college students took out student loans, and they graduated with an average debt of \$29,900, including both private and federal debt." The total cost of a license that requires a bachelor's degree far exceeds the sum of license and exam fees.

Multiple pathways create "earn and learn" opportunities. Many higher-level licenses require academic and experience requirements, both of which can be costly. An apprenticeship or entry-level license can ease the burden, providing quicker entry with lower barriers and a wage while the applicant works towards a more advanced credential and autonomous practice.

Licensing also can contribute to the development of other supports for entry, such as vocational schools, exam-oriented coursework, licensure application assistance, career counseling, and network opportunities which can make a license and career more attainable.¹⁰ It is notable that many labor and workforce policies of the last twenty years were crafted to do just this. The U.S. provides millions in funding each year to support the Workforce Innovation and Opportunity Act (WIOA) which places workforce assistance and resources in communities across the nation. Yet licensing requirements can help this infrastructure grow organically and formalize these systems through state endorsement.

Out-of-State Applicants: The other category of new applicants constitutes out-of-state applicants. These are individuals that have been licensed in the same or a similar profession in another state and seek licensure in New Hampshire. This population is a primary focus for regulatory reform efforts. The crux of the matter lies in the patchwork of licensing requirements and authorities across 50 states. The first level-setting concerns scope of practice. One state may authorize a profession to engage more responsibility and authority than another state allows. For example, one state may allow a profession to administer injections while another state prohibits it. This has a direct relation to education and training requirements. The cohort licensed in the former state received education on administering injections, cleaning, and disinfecting protocols while the cohort in the neighboring state have not. It can be relatively easy to move from a state with a "large" scope of practice to a state with a "smaller" scope of practice, yet the reverse can be formidable. The second level-setting relates to the perceived qualifications necessary to ensure safe practice. One state judges that 300 hours of education is best while another state requires 400.

⁷ U.S. Department of Treasury Office of Economic Policy, Council of Economic Advisers and Department of Labor. Occupational Licensing: A Framework for Policymakers (Washington, D.C.: The White House, 2015), 7, https://obamawhitehouse.archives.gov/sites/default/files/docs/licensing_report_final_nonembargo.pdf

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

⁹ U.S. Student Loan Debt Statistics for 2020. (n.d.). Retrieved June 28, 2020, from <https://studentloanhero.com/student-loan-debt-statistics/>

¹⁰ 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

Private certifying bodies and professional associations can help to harmonize these standards, yet their influence can vary by profession. Occupational therapy assistants (OTA) were previously unregulated by most states and therefore relied on a private market credential to demonstrate quality and qualification. When OTA's became licensed, most states adopted this "national" standard. This stands in stark contrast to a more embedded profession like barbering in which standards developed without centralized coordination and now can vary by over 1,300 educational hours.

The patchwork of requirements speaks directly to labor mobility, a primary concern among economists, policymakers, and workers. Licensing has a chilling effect on labor mobility.¹¹ The importance of labor mobility is never more poignant than in crisis. A natural disaster or a pandemic such as COVID-19 creates an acute need for labor mobility in which a local market may be starved for a service while another has the surplus to feed it. During such a crisis, licensing boards stand in a gap: on the one hand is dire need for services and on the other is the perfect market circumstance ripe for abuse and fraud.

In more stable markets, licensing boards grapple with the issue of trust. Licensing boards are charged to establish competency requirements and rules of engagement. They serve to correct asymmetries of market information, helping consumers select qualified practitioners when such information would otherwise not be available solely through free market competition.¹² Can a board trust another state or entity to do this job while upholding the commission with which it was charged by state law?

Economists have noted some unintended consequences related to occupational licensing, and geographic mobility is one lightning rod for criticism. Research has indicated that occupational licensing can restrict mobility across state lines for licensed occupations more than for unlicensed (unregulated) occupations. This prevents the market from correcting unemployment which impacts the worker, consumer, employer and economy more broadly¹³. While the burden of initial application can disproportionately affect specific populations and low-income workers, the barrier of moving a license to another state only further compounds these by adding time, cost and confusion. These considerations can be especially important for states like New Hampshire which are more prone to experience a workforce dearth than a surplus.

This high level of trust has led many boards to establish "substantial equivalency" provisions. Applicants from another state are treated in an expedited fashion if their state has "substantially equivalent" requirements and scope of practice to those of the new state. Unfortunately, it is incredibly difficult to maintain currency of which states are substantially equivalent. Legislation affecting professions can change each year, allowing a state to enter or exit an interpretation of substantial equivalence. This analysis must be done for 49 other states almost yearly. The board must also decide how to define the vague term "substantial". Upon request from OPLC, CLEAR conducted a review of state licensing requirements that could arguably meet 70 percent of New Hampshire requirements. The findings for several occupations found a 67 percent equivalency would allow maxim mobility while meeting the majority of New Hampshire requirements. Is this satisfactory for consumer protection or sub-standard? Would it place too many people in harms' way or do the board, courts, and/or police leverage other remedies and protections for such circumstances? The answers to these questions are incredibly subjective and ones with which society at large has charged licensing boards to decide. For many boards, the answer depends on a case-by-case review of each applicant, cloaking the process behind closed doors and dragging out the licensing process.

Fortunately, several regulatory policies help boards address this tension. These include:

- Interstate Compacts - a contract among states generally to adopt standardized entry criteria for licensure and to share information especially related to suspension, discipline and revocation.
- Endorsement Provisions - a process by which an individual holding a license in one state may apply for a similar or equal license in another state without relying on original documentation typically required for initial licensure.
- Reciprocity Agreements - an agreement among states to recognize individuals holding a similar or equal license in another state as equivalent and minimally competent. Unlike endorsement, a reciprocity agreement generally is predetermined, providing a more "automatic" approval of an applicant or waiving the application process entirely.
- Universal licensure - generally enacted through legislation, a recent policy development that allows any person holding a similar or equal license in another state to be recognized as a valid license in the home state.

¹¹ Jason Furman and Laura Gialiano, New Data Show that Roughly One Quarter of U.S. Workers Hold an Occupational Licensure (Washington, D.C.: Council of Economic Advisers, 2016), <https://obamawhitehouse.archives.gov/blog/2016/06/17/new-data-show-roughly-one-quarter-us-workers-hold-occupational-licensure>

¹² 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

¹³ Jason Furman and Laura Gialiano, New Data Show that Roughly One Quarter of U.S. Workers Hold an Occupational Licensure (Washington, D.C.: Council of Economic Advisers, 2016), <https://obamawhitehouse.archives.gov/blog/2016/06/17/new-data-show-roughly-one-quarter-us-workers-hold-occupational-licensure>

New Hampshire's boards offer insights from which other boards or states may benefit. These include:

- Fast track licensing: New Hampshire's Allied Health Boards issued standing orders to its Board Administrator to approve license applications that meet certain criteria. These criteria are clearly defined and excludes special circumstances which may require expertise in the profession, such as the relevancy of a criminal conviction or classwork that does not clearly match requirements in rule. These standing orders or delegations of authority allow most applications to proceed without waiting for board review (given most boards meet monthly or bi-monthly at best).
- Temporary work permits: New Hampshire's Barbering, Cosmetology and Esthetician Board grants a temporary work permit upon application receipt. Additional application elements may still require verification, such as passing a criminal background check. Through the temporary permit the Board fulfills its mission by pulling this applicant under its authority, verifying basic training requirements while working to satisfy its due diligence without compromising the applicant's economic freedom or consumer protections.

Licenses that participate in a licensure compact perhaps enjoy the most freedom and least burden when transferring to a new state. In this case, a third-party agency (often born from a private certifying body or federation of state boards), establishes application criteria. A licensee submits all requirements for a "compact" license which, once approved, is then accepted in all member states without the requirement to re-apply such as with endorsement or universal licensure. One of the primary reasons compacts are so effective relates to the data sharing; each applicant has a single record and information concerning discipline and public safety is exchanged among member states. Boards that do not participate in a compact will face an additional burden to ensure that an applicant is not "fleeing" discipline in another state. Absent a compact, boards have limited abilities to learn of an applicant's licensure background. License verifications and criminal background checks can be effective tools, as can the National Health Practitioner Data Bank or other national registries.

Compacts are growing in popularity however at the time of this analysis, New Hampshire belonged to all compacts including those for teachers, physicians, nurses, physical therapists, and emergency medical services. During the grant term, OPLC also put forward legislative proposals to join emerging compacts for Audiology, Speech Language Pathology and Occupational Therapy.

New Hampshire boards may consider a multitude of strategies that could assist the state to determine the status, obstacles and opportunities related to the geographic mobility of a license.

1. Engage out of state applicants on their experience with the endorsement, reciprocity, or compact process. What were the unforeseen costs or speed bumps in the process?
2. Host a roundtable of regulators and/or board leadership on the concept of "universal" licensure and the primary barriers regulators face in determining if an out-of-state applicant is competent and safe to practice.
3. Where statute requires "substantial equivalence" language, evaluate how such a measure is met. Who is responsible for the burden of proof? How much time does it take or how complex is such analysis for board members and staff that process applications? If requirements are divergent across states, can policies emphasize a range of acceptability.
4. If an exam is required, consider accepting all exam types in a profession rather than limiting the options to just one or two providers.
5. For applicants with experience, consider relying solely on the exam rather than requesting information on education and experience which could be difficult to track down after several years have passed.
6. After gathering data and feedback, consider processes and rules that would help streamline the out-of-state application process. Consider legislation if the intent for such policies is mismatched to the current process.

The above options are just a few. There is no substitute for surveying both potential and actual out-of-state applicants on opportunities that are unique to New Hampshire's regulatory landscape and economy.

The following sections will delve into barriers that disproportionately affect other special populations. As unique as these experiences may be, it should be noted that any policy which expedites any application, regardless of its characteristics, will serve all applicants and special populations. This conclusion is indelible for New Hampshire where licensing times are relatively quick for most boards. Any process that treats all applicants with such care and expediency will therefore not require exceptional treatment for others.

Regulatory Landscape - Low Income:

The upfront cost of licensure for training, education and fees can be substantial and prevent low-income individuals from entering a profession. This report previously summarized the economic cost of post-secondary degrees which are required for many professions. However, it was the public stakeholder meetings in New Hampshire that provided meaningful insight not often cited by recent research in the licensing field.

Tuition, transportation, childcare, connection to organizations that support students, technology, in-person learning requirements, duplication of requirements among state and employer requirements, or even Medicare reimbursement policies all substantially affect applicants from low-income backgrounds. Combined, these considerations likely prevent low-income individuals from even pursuing a profession in the first place. Quickly, state licensed occupations become the privilege of the privileged.

Some professions such as nursing and addiction counseling have more robust supports, and more dire needs, than others. Coincidentally, they are also professions facing significant workforce shortages given soaring demand in 2020 because of COVID-19, let alone pressures created in previous years for other public health emergencies.

States have pursued a few policies aimed to accommodate low-income workers. For example, some agencies provide a sliding scale for application fees based on income or the receipt of other public supports. However, licensing policies in consideration of low-income workers are relatively underdeveloped. Cost drivers are often embedded in statutes and rules that create upstream barriers triggered far before the applicant ever must pay a license fee - such as sole reliance on a college degree program. In every circumstance, a board would be behooved to consider how a regulation protects consumer safety and how the regulation promotes or discourages accessibility. Regulations such as the proportion of in-person learning for school accreditation may seem rather benign, and yet can have a sizable effect on accessibility. An evaluation of the total cost of licensure can exponentially exceed the application fee. The Institute of Justice's License to Work report ranked states according to the burden imposed on low-income occupations which revealed inconsistencies across states and 18 states that required more than one year of education and experience on average for licensed occupations.¹⁴ To lower the total cost, boards may consider some of the policies mentioned above that also help reduce barriers to entry for all populations such as apprenticeships, gradations or other "earn and learn" pathways.

The effect of licensing on low-income populations also underscores the importance and opportunity for boards to collaborate with other state agencies including New Hampshire Employment Security and the Department of Health and Human Services.

Regulatory Landscape - Military service members, veterans and military spouses:

The burden of occupational licensing disproportionately affects transitioning military service members, veterans and military spouses. Veterans often face state policies that do not acknowledge or credit the training and experience they accrued while performing a similar military job. And when a state does acknowledge and credit such experience, the benefit can hinge on an honorable discharge regardless of the individual's competence and ability to practice safely.

Military spouses are highly mobile and often required to move every two to three years. A 2018 seminal report on military spouse labor market information poignantly called attention to the disproportionate impact of occupational licensure:

Military spouses are more likely than other workers to be caught up in this country's patchwork of occupational licensing laws, both because they are more likely to move across State lines and because they are disproportionately employed in occupations that require a license. The Bureau of Labor Statistics estimates that 22 percent of all workers required a government license to do their job in 2016, while 35 percent of military spouses in the labor force worked in occupations requiring a license or certification (U.S. Department of Treasury and U.S. Department of Defense 2012).¹⁵

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.

¹⁴ 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/lw2/License_to_Work_2nd_Edition.pdf

¹⁵ U.S. Department of Treasury Office of Economic Policy, Council of Economic Advisers and Department of Labor. Military Spouses in the Labor Market (Washington, D.C.: The White House, 2018), 4, <https://www.whitehouse.gov/wp-content/uploads/2018/05/Military-Spouses-in-the-Labor-Market.pdf>

Overall, this legislation is somewhat standard to provisions passed in other states. However, its implementation can become rote or, conversely, excessively complicated. Consider for example the board that requires completion of a bachelor's degree and passage of an exam. In this circumstance, the board entrusts a third-party academic institution with the evaluation of military training and experience. In other circumstances, boards will waive a bachelor's degree to provide partial or full credit for military training and experience but often these applications are considered on a case-by-case basis in which the merits of the applicant's unique service over the course of several years could yield disparate results. More boards have begun to develop more systematic processes for evaluating military training and experience according to standard military transcripts for similar military occupations. These can be communicated to local community colleges for the development of bridge programs which help the applicant complete only the coursework absolutely necessary to qualify for the license, such as a course in pediatric or geriatric patients which are not a patient population appearing in the military.

Military spouses in New Hampshire appear to enjoy quick licensing times from application to approval. While CLEAR sought to understand the utilization of benefits directed by RSA 332-G:7, the overwhelming consensus is that New Hampshire boards provide quick turnarounds without the lengthy pitfalls that tend to impact spouses most.

Like other considerations related to geographic mobility for the general population, New Hampshire policymakers may further investigate the experience of the spouse up to the point of application. How long did it take to obtain required documentation? What was entailed from the point of investigating licensing requirements to submitting a complete application? How much work did the spouse do prior to submitting an application - what was the cost considering finance, time and burden? The responses to this line of questioning may be relatively benign, in which case there may be few policy gains to be made in relation to military spouse licensure.

New Hampshire processes few applications for military service members, veterans, and spouses. New Hampshire is home to only one military base and therefore this population does not frequently move in and out of the state.

Nonetheless, it is difficult to assess military training and experience. For this very reason, the Department of Defense (DoD) has made it a priority to improve how military training and experience is captured in a fashion that is understandable to civilian academic institutions and licensing boards. The DoD is also working with the University of Minnesota to evaluate state policies and recommend strategies to deepen reform for veteran and spouse licensure. As an indicator of board implementation of military licensing legislation, the University of Minnesota contacted boards in all 50 states for six professions. They found "Forty-four percent of boards were not accessible on the first attempt. Customer service representatives were most often not aware of the legislation specific to military spouses. Only about 40 percent of boards had information on websites specific to military spouse license and credential."

Still, many states have already pursued next level legislation to advance licensing policies for military spouses and veterans. Of these, improved communication is a key finding, and one that does not require legislation or rule changes. Colorado for example launched a single website dedicated to military spouse and veteran licensing which centralizes information on various state policies benefiting this population, from fee waivers, reinstatement of expired licenses, temporary license waivers, and military pathways to civilian licenses.¹⁶ Other states such as Illinois have appointed a military liaison to help applicants navigate the state's regulations. Florida tasked the Veterans Employment and Training Services program to provide skills assessment, information and assistance to veterans reentering the civilian job market.^{17 18}

Spouses specifically could benefit from universal recognition of all state licenses, as is the case in Utah which allows spouses to practice in the state if they hold a license in good standing in another state and pay applicable fees in Utah. The U.S. Department of Labor also compiles military spouse provisions by state which is a helpful tool to learn about other state approaches to reform.

One of the main initiatives affecting veterans requires licensing boards and commission to accept military training and experience toward license requirements. This can be especially difficult if a license requires a specific academic degree from an accredited institution. This challenge has resulted in three new innovations:

¹⁶ Military & Veterans Program HOME. (n.d.). Retrieved June 28, 2020, from <https://dpo.colorado.gov/Military>

¹⁷ Military Service Members and Spouses. (n.d.). Retrieved June 28, 2020, from <https://www.idfpr.com/military.asp>

¹⁸ 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

- 1) Bridge Programs: Some states have acknowledged that military training and experience relates to part but not all of the degree program. They engaged academic stakeholders to identify gaps and develop bridge programs that require the veteran only complete a few courses rather than a full degree.
- 2) Alternative Pathways: Similar to bridge programs, if military training and experience delivers the same minimum competence as a civilian academic/experience pathway, the state allows the board to confer a license automatically without completing remedial coursework. For example, a military post as a medic may directly satisfy minimum competence requirements to become a CNA, without having attended a civilian training program.
- 3) Licensure by exam: If a license requires passage of an exam, some state policies allow a board to credit military training and experience toward license requirements and skip directly to the exam to demonstrate minimum competence and knowledge.

Lastly, many states have re-evaluated policies that confer these benefits based on military discharge status. New Hampshire's statute addressing military training and experience for licensure does require honorable or uncharacterized discharge.¹⁹ Amending such language could more directly connect policy to competence.

Regulatory Landscape - Justice involved applicants (with criminal convictions):

Like veterans and military spouses, occupational licensing also disproportionately affects individuals with criminal histories. From blanket bans, good moral character clauses or simply the sheer cost of accruing training and experience, state policies can systematically exclude anyone with a justice history. At times, state policies also consider charges, even if they were not ultimately found guilty of the alleged crime.

Determining how boards enact or interpret such statutes and their own rules can be nebulous. For example, boards may not track license denials based on a criminal conviction or other data that would be pertinent to crafting evidence informed policies. Likewise, the existence of such clauses can serve as a deterrent to aspirants, preventing them from seeking licensure or a particular career pathway in the first place.

While most boards appear to consider criminal convictions in the context of the applicant's competence and ability to practice safely, it can be useful to publicly affirm this process in state rule. This could happen at a board level or a legislative one. For example, a decision matrix could help guide board members and provide for more consistent decision making. Legislation in other states has asked boards to identify the specific crimes related to practice narrowing the scope of a criminal record check or disclosure.

The National Council of State Legislators (NCSL) highlights several policies to address criminal convictions such as:

- Removing blanket bans;
- Relevancy limitations;
- Certificate of rehabilitation; and
- Pre-qualification process/standards.

NCSL also points out that some state laws provide protections for employers that hire people with criminal convictions.²⁰

New Hampshire passed SB589 in 2018 which addresses both relevancy limitations and a pre-qualification process. However, it goes a step further to require a board to give reasons for denial in writing, explain remedial measures to address the board's concerns, and limit the fees a board may charge to render a determination. The bill also requires the board to report annually on the number of licenses granted and denied to applicants with a criminal record. Colorado added similar criteria to its sunset process which states:

Whether the agency through its licensing or certification process imposes any sanctions or disqualifications on applicants based on past criminal history and, if so, whether the sanctions or disqualifications serve public safety or commercial or consumer protection interests. To assist in considering this factor, the analysis prepared pursuant to subsection (5)(a) of this section must include data on the number of licenses or certifications that the agency

¹⁹ RSA 332-G:7 and RSA 21:50, II

²⁰ 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

*denied based on the applicant's criminal history, the number of conditional licenses or certifications issued based upon the applicant's criminal history, and the number of licenses or certifications revoked or suspended based on an individual's criminal conduct. For each set of data, the analysis must include the criminal offenses that led to the sanction or disqualification.*²¹

Lastly, occupational licensing may seem to have little to do with policing, court and corrections systems - all of which are at the heart of national dialogue and protests concerning racial justice. Yet such policies regarding justice involvement tether state boards and commissions to broader systemic injustices.

One in three Americans has a criminal record. Black men are six times more likely to be incarcerated than white men and Hispanic men are two and a half times more likely to be incarcerated than white men. More than just communities of color, mass incarceration disproportionately affects lesbian, gay, bisexual, and transgender individuals as well as people with histories of mental illness. The Sentencing Project highlights the lifelong barriers and broad implications this has on individual and family economic security let alone the national economy. It logically follows that policies that exclude individuals with a criminal record could potentially impact a third of all applicants, many of whom would be people of color.²²

While many licensing boards across the nation consider criminal convictions on a case-by-case basis, the collective result of these decisions still serve to exclude these individuals from the workforce. Taken a step further, if the criminal conviction occurred early in life, an individual may be also denied school admission and therefore preemptively denied entry to a profession of their choice. The National Inventory of Collateral Consequence of Conviction catalogs over 6,000 occupational licensing consequences for people with criminal records. It is noteworthy that some boards can influence school accreditation and/or acceptability towards licensure through either statute or rule and may have the ability to coordinate the alignment of policies regarding criminal convictions.

Most board and commission members dedicate their time and energy to the mission of public safety and professional practice. Their intent is not to harm. They are commissioned by state governments and society at large to stand in a space ripe with dilemma as they balance the public good with an individual's livelihood. Licensing the wrong person could have detrimental effects for a patient or customer. Beyond this immediate consequence, such a decision could affect the board's credibility through bad press while the Supreme Court has issued a monumental decision that creates civil liability for anticompetitive conduct. Without a crystal ball, board members are asked to peer into the future to predict who will safely practice and who will harm. The liability a board member faces for licensing an applicant with a criminal conviction can be severe. The trade-offs may never be clear.

If the rise of mass incarceration is found to be racially bias, any policy that creates a collateral consequence for a criminal conviction also risks perpetuating the same bias. It is imperative board members and regulators receive education about such evidence and maintain awareness of these risks as they craft regulatory interventions. Empowering board and commission members with education, data, feedback loops, and training are all vital to craft and implement evidence-based and equitable policies.

²¹ Colorado Revised Statutes Title 24. Government State § 24-34-101. Department created–executive director, §§ 34-101(6)(IX)-101(6)(IX) (2019).

²² Rebecca Vallas and Sharon Dietrich, "One Strike and You're Out: How We Can Eliminate Barriers to Economic Security and Mobility for People with Criminal Records" (Washington: Center for American Progress, 2014).

V. OPLC UMBRELLA AGENCY

FACILITATING A COLLABORATIVE APPROACH TO OCCUPATIONAL LICENSING AN ANALYSIS OF BEST PRACTICES IN MODEL STATES

Introduction:

The New Hampshire Office of Professional Licensure and Certification was established in 2018 to provide administrative support to 54 professional licensing boards, commissions, and councils. The Boards, Commissions, and Councils qualify and license, certify or register individuals and businesses and regulate their professions to safeguard the public.

In 2018, OPLC introduced legislation giving the agency responsibility over administrative functions crucial to the professional licensing process. SB 531 also gave the OPLC's Executive Director responsibility for assessing and adjusting licensing fees for many of the boards administratively supported by OPLC and created the Office of Professional Licensure and Certification Fund, which has essentially made the agency financially self-supporting.

During its relatively brief history, OPLC has seen instability in the position of Executive Director, with a great deal of turnover. This has led to some skepticism of the agency and doubts about its merit. This skepticism has broadened beyond the agency itself and has led to some hostility toward the concept of centralizing oversight of occupational licensing under an umbrella agency. The new Executive Director, Lindsey Courtney, has engaged with the Council on Licensure, Enforcement and Regulation (CLEAR) to conduct a landscape analysis to evaluate whether there have been any legislative developments regarding the implementation of umbrella agency oversight nationwide, and to identify best practices from other states that can be applied to the nascent collaborative effort in the state.

Methodology:

CLEAR has identified 23 states that have adopted a consolidated approach to oversight for occupational licensing. The advantages of a consolidated approach are considerable. States that undertake this strategy are more likely to have consistent personnel policies and business practices across occupational licensing boards. States with so-called "umbrella" offices also realize considerable cost savings, achieving economies of scale by consolidating overhead and support services across multiple boards and commissions. Commonly, states that have taken this approach undertake information technology, administrative support, and investigative functions in a collaborative fashion, realizing efficiencies that are not possible in a non-consolidated environment.

Initially, the research team planned to study recent trends toward consolidation through a legislative analysis. A five-year look-back period was determined to be appropriate, given budgetary and time constraints. The National Conference of State Legislatures was an invaluable partner in the legislative review, as they maintain an Occupational Licensing Legislation Database (<https://www.ncsl.org/research/labor-and-employment/occupational-licensing636476435.aspx>) that allows for quick searches for relevant legislation. Ultimately, NCSL determined through its analysis that New Hampshire was the only state that had enacted any legislation consolidating occupational licensing oversight over the five-year lookback period. The database may still be of interest in more specific searches on issues related to occupational licensing oversight. Zach Herman, Policy Associate for NCSL, identified 237 enacted bills related to existing consolidated agencies, for example enacting new requirements for the management of occupational licensing in those states.

Subsequently, the research team identified four states that exemplified "Best Practices" for consolidated oversight of occupational licensing. The four model states are all mid-sized states, ranking between 10th and 30th in population of the 50 states. (New Hampshire is ranked 42nd in population among the states.). Two of the four states (Colorado and Utah) have consolidated all occupational licensing under one umbrella agency, while the other two states have consolidated healthcare-related professions separately from other licensed occupations. In these cases, the research team focused on the consolidated healthcare-related agency, because this is typically the most complex challenge, and is also the sector that the New Hampshire OPLC had identified as particularly challenging.

The research team successfully contacted the Executive Directors of these four model states the week of December 14th and scheduled interviews with the Directors or their designees. Standardized interviews, following a common outline but allowing for variation in follow-up questions, took place late that week and early the week of December 21st. This report was produced

the week of December 28th. In all four cases, the interviews were recorded and summarized for Section III of this report. The points of contact designated by all four states were sent drafts of their summaries and provided feedback to the research team to ensure accuracy.

Expert Interview Summaries:

Colorado

Interview with Ronne Hines, Director, Division of Professions and Occupations (DPO):

Colorado has a pioneering fifty-year history of consolidated oversight over occupational licensing. The DPO is housed within the Department of Regulatory Agencies (DORA). The division has had remarkably little turnover in its leadership, as Ms. Hines is just the fourth director in 50 years. DPO regulates more than 55 professions and over 500,000 licensees. A DPO org chart is included in the report (Attachment A).

Licensing and disciplinary boards are led and staffed in Colorado by Program Directors. These are experienced employees with pay that starts in the \$80,000 range. Program Directors supervise their own teams that may be comprised of middle managers and administrative staff. Program Directors are responsible for staffing licensing/disciplinary board meetings, recruiting board members, and maintaining an awareness and informing board members about legislation that may be relevant to the board. Some boards are more legislatively active than others. Program Directors are supervised in turn by Senior Program Directors, whose main job function is to assure consistency in staffing, onboarding, and resource allocation. They also facilitate communication and consistency in administration among the Program Directors. These Senior Program Director positions are primarily managerial in nature.

Director Hines indicates that the division's leadership is proactive in conducting outreach to professional associations; most of the senior leadership of the division has strong relationships with association leaders, and in Colorado's experience most conflicts can be averted with proactive communication. Program Directors do outreach as well, but this is less common.

Distinctively, DPO is far more involved in the recruiting and vetting process for potential board members than the other states studied. Many candidates are identified by DPO staff and referred to the Governor's Office to submit applications for board positions. DPO has developed a standardized interview template to guide discussions with potential board members (Attachment B). DPO is very proactive at identifying and avoiding potential conflicts of interest. This process, which is managed by the Legal Division, works to maintain diversity on boards (also including diversity of field of practice for the health boards). They provide resources to Program Directors to prompt a fairly standardized intake process, explaining up front the extensive time commitment, the potential constraints on continued involvement in professional associations, and looking to identify potential conflicts of interest early before candidates get too far in the recruitment process. (This is less of an issue with candidate board members representing the general public; most boards have statutory language that precludes any involvement within the profession for those seats reserved to represent the general public.). Board members and board chairs are only involved in recruitment when there is a shortage of board candidates.

Inspections and investigations work hand-in-hand and are housed within the same centralized division. Before the COVID era, investigators were the only DPO employees who worked from home. DPO's inspection authority is statutorily constrained; electrical and plumbing inspections are based on permit requests, for example, and barber/cosmetology inspections occur based on complaints only. Once an investigation is completed, the results are presented to the full boards, or the Director depending upon type of regulatory model, which determine whether discipline is warranted. Once that determination is made, cases are referred to Colorado's distinctive Expedited Settlement Program (ESP). Expedited Settlement was implemented as a cost-saving measure and has proven to be a great success in Colorado. Approximately 80% of cases are settled in this manner. There are four Expedited Settlement specialists. None of the current specialists are lawyers, and they are constrained in what they can do in order to assure they are not practicing law. Typically, part of the referral process for Expedited Settlement will include parameters set by the board for settling a case. The board may authorize an initial offer for settlement, and also set a minimum acceptable outcome for the nature of the discipline. The Expedited Settlement process only allows for one counteroffer, in order to limit the back-and-forth that might otherwise occur. A detailed overview of the Expedited Settlement Program, as well as cost savings realized through program implementation, is included in this report. A detailed overview of the Expedited Settlement Program (Attachment C), as well as cost savings realized through program implementation (Attachment D), is included in this report.

AGs come into the investigatory process in several ways. They are assigned to be counsel for board meetings, and also handle issues that are not settled through Expedited Settlement. For those cases that do require involvement by Assistant Attorneys General, the time of the AGs is assessed on the basis of a three-year trailing average of tracked time. This provides some predictability in billings and minimizes month-to-month variability. There has been a recent trend toward increased use of paralegals, which keeps costs down.

The licensing application process in Colorado is entirely online. Whereas each profession has its own form, there are standardized components to those forms that assures consistency in the information collected. Intake administrative staff is collectively managed through the Division of Centralized Services. They cross-train to support multiple licensing types. Applications are reviewed regularly to assure that all questions asked are necessary, in order to keep the process as streamlined and efficient as possible.

Management of workload and performance evaluation is achieved through statistical analysis. The Division is evaluated against Strategic Policy Initiatives, with specific and well-delineated program goals. This aligns DPO performance with broader departmental objectives for DORA. An example of the dashboards utilized by DPO to monitor and manage performance is included in this report (Attachment E).

Colorado has implemented several noteworthy innovations related to conflicts of interest and ethics concerns. The DPO has developed in-house a Code of Ethics to which all board members must adhere (Attachment F). In addition, board members must verbally state at the end of every board meeting that they have no conflicts of interest for the matters that have come before the board. This affirmation serves several purposes, providing transparency for the public while also keeping the issue of conflicts of interest top of mind for the board members themselves.

Massachusetts

Interview with Joanne Trifone, Director of Pharmacy Investigations, and Erica Robinson, Director of Quality Improvement, Bureau of Health Professions Licensure:

The Bureau of Health Professions Licensure (BHPL) was formed within the Department of Public Health in 2008. Like Virginia, the Massachusetts Bureau of Health Professions Licensure operates in parallel with a separately-housed and separately-managed occupational licensure division (in this case comprised of mostly non-healthcare related occupational licensing administered by the Division of Professional Licensure, housed in the Consumer Services Department.) The Bureau of Health Professions Licensure handles health-related licensure boards and the state's drug control program. There are ten boards under BHPL: the pharmacy, dentistry, and nursing boards each have separate staffs, and the remaining seven boards (Community Health Workers, Genetic Counselors, Naturopathy, Nursing Home Administrators, Perfusionists, Physician Assistants, and Respiratory Care) are referred to colloquially as the "multi-board" team and those seven are staffed collectively. Each board (and the multi-board) has an Executive Director, a deputy (variously titled "Associate Director" or "Assistant Director") as well as at least two administrative staff. The Executive Directors are often recruited from the profession: The Executive Director of the Pharmacy Board is a pharmacist and the Assistant Executive Director is a pharmacy technician, for example. The Nursing Board Executive Director must be a nurse by statute; this is the only board for which this is the case. These Executive Directors are management-level positions that typically pay \$100,000 per year.

Investigations are handled by an Office of Public Protection, which oversees all investigators. For all boards except the Pharmacy Board, these investigators are titled "Compliance Officers." The Pharmacy Board's investigators are titled "Pharmacy Investigators." All investigators work exclusively for one board (or the multi-board team). There are teams of about a half dozen investigators per board. They are typically assigned geographically. Approximately 75% of pharmacy investigators are in the field (working out of their houses) and 25% are "desk investigators" that manage caseload and present findings to boards. Nursing investigators are mainly desk-based, but occasionally go into the field to conduct interviews. The multi-board investigator is also desk-based. The dental investigators follow a hybrid model; they all handle desk-based investigations, but also go out into the field to conduct pre-licensing inspections, which are scheduled, as well as occasional investigation-based compliance inspections, which are unannounced. These inspectors are typically in the field about 1-2 days a week, depending on licensing inspection needs.

Each board is staffed by a board counsel, which is employed by the bureau and not by the Attorney General's office. AGs are not very involved in the investigatory process and are typically brought in only for criminal matters. The only time that bureau

investigators routinely work collaboratively with Attorney General staff is with the drug control program. A flow chart of BHPL's investigatory process is included (Attachment G).

The Director and Deputy Director of the Bureau are focused mainly on administration/management matters. They do not interface much with professional associations. When interaction with professional associations occurs, it is typically handled through the Executive Director for each board. The BHPL Director and Deputy Director regularly communicate bureau or gubernatorial policy priorities through the Executive Directors. The Bureau employs a point person who oversees legislative affairs; this is typically the person who will work with boards to ascertain how legislation will affect professions and then communicate that information back to the legislature. In Massachusetts, the boards do not typically get involved with legislation. While hypothetically an Executive Director could be asked to represent a board position at a legislative hearing, it would typically go through the legislative affairs person and the Department of Public Health commissioner's office.

The Bureau of Health Professions Licensure is distinctive among the states studied because of its Quality Improvement team, which serves as an internal consultant for the Bureau's Director. The Quality Improvement team analyzes BHPL data to make informed decisions and recommendations for improvements of BHPL operations and oversees all BHPL improvement initiatives. This is a small team comprised of a Director, two full-time analysts, and an administrative staffer that is shared with another office. Typically, this team is assigned issues to investigate, though they do have some agency to self-initiate work at times when their availability allows. The focus of the Quality Improvement team is to ensure consistency in customer service, employee management, and investigations. They develop common personnel policies and procedures, promote uniformity in bureau processes, and strive for consistency among different reporting units. They are data-driven and have developed dashboards to track and manage data flow. These metrics drive decision-making for staffing levels for boards and the multi-board team. Their work spans both objective (data-intensive) and subjective (anecdotal) evidence, and much of their work appears in the bureau's annual report (Attachment H). They do not produce public reports.

Staffing for the bureau is consistent year-round. There is no internal flex of bureau staff, nor any surge staffing during busy times. The bureau does have an external vendor that does some licensing for them during peak times.

Utah

Interview with Mark Steinagel, Director, Division of Occupational and Professional Licensing (DOPL), Utah Department of Commerce:

The Division of Occupational and Professional Licensing, also known as DOPL, is one of seven agencies within the Utah Department of Commerce. Currently, DOPL issues licenses in approximately 60 categories of licensure. Annually, DOPL reviews an average of over 24,000 new applications and processes approximately 58,000 renewal applications. An organizational chart for DOPL is included in the report (Attachment I).

DOPL's licensing operation is supervised by two Supervising Bureau Managers, who report directly to Director Steinagel. Those Supervising Bureau Managers oversee three Bureau Managers, who each staff eight or nine boards. Some Bureau Managers manage fewer, busier, boards. On the investigative side, a Chief Investigator supervises three teams, each led by a supervising Investigator. Altogether, the Director has eight direct reports.

Investigators are assigned to specific boards, and like the Bureau Managers, they too are typically responsible for eight or nine boards. The Investigative Unit teams are the Occupational Conduct Unit (construction trades), the Healthcare Conduct Units (health care providers), and the Professional Healthcare Unit (other business licensure). Responsibilities are balanced in that most investigators and Bureau Managers are assigned one or two of the busier boards and a number of less busy boards to staff. There are six Assistant Attorneys General, one of which is housed within DOPL. The one housed within DOPL likely does more work for the Division than the other five combined. That AG handles their stipulated agreements. The other AGs handle work as assigned and specialize in specific areas of licensure.

The Investigatory process is outlined in the "DOPL Enforcement Strategy Map." Every case is assigned a priority score on a 1-4 grade scale, with a 1 score signifying imminent danger to the public. A copy of the DOPL Enforcement Strategy Map is included in the report (Attachment J).

DOPL has centralized some aspects of licensure. Intake, customer service, criminal background checks, and monitoring of probation are handled on a centralized basis. Part of the Director's role is to balance and manage the workload for Bureau

Managers. Bureau Managers are hired for management capability and for the ability to interact with professional associations and stakeholders. When these positions were first established, a master's degree was required, but over time the division has become more focused on capabilities and less focused on academic credentials. Indeed, there have been several successful Bureau Managers lacking even an undergraduate degree. Nevertheless, these are fairly senior positions. Non-supervisory Bureau Managers (classified as a Commerce Manager I) typically make \$30 to \$35 an hour. Supervisory Bureau Managers (classified as a Commerce Manager II) typically earn \$40 to \$45 an hour.

As Division Director, Mark interacts with professional associations "as little as possible," though he does serve as a resource for these associations as needed. Management of these outside relationships is seen as a key component of the Bureau Manager's responsibility. Some professional groups will come to Mark when an issue arises. As Director, Mark's job is to serve as the conduit between the boards and government (both the executive and legislative branches). At the advent of his term as Director, conflict between the boards and the division was more common, today it is rare. The Director's role is to work behind the scenes and to head off issues before they become contentious. Most of the time, when a professional association is looking to enact a regulatory reform, they will give the Director a heads up. His approach with them is that unless he has different direction from the Commerce Department or the Governor's Office, he will remain neutral on proposed reforms.

Director Steinagel is fortunate to have worked under the same Governor for virtually his entire time as Director (the outgoing Governor has been in office for over 11 years). The Governor's approach has been to set broad direction (limiting regulations) and to leave it to departments and divisions to enact that agenda. For DOPL, this seems to have worked well. The DOPL mission is to protect the public and to enhance commerce. The emphasis on enhancing commerce is unique to Utah among the states studied. This mission statement is repeated often in DOPL publications and widely known among the workforce. One way in which this regulatory approach has been adopted is in the form of very broad endorsement provisions for those licensed elsewhere. Extensive endorsement provisions make it exceedingly easy to receive licensure in Utah for those with out of state licenses, with very few additional steps required.

As to management philosophy, the Director's approach is to hire good people, get rid of bad people, and get out of their way. He holds monthly management team meetings at which the first four agenda items are always the same: a good customer service story, a review of metrics and resource (Attachment K), examples of performance plan success stories, and individual reports by bureaus. His management mantra is "no surprises."

Virginia

Interview with Dr. Barbara Allison-Bryan, Chief Deputy Director, Virginia Dept. of Health Professions (DHP) and Dr. Elizabeth Carter, Executive Director, Virginia Board of Health Professions:

In Virginia, there are essentially two umbrella agencies: The Department of Health Professions (DHP) and the Department of Professional and Occupational Regulation (DPOR). Dr. Allison-Bryan serves as the Chief Deputy to Dr. David Brown, who has served as Director of DHP for six years under two Governors. Consolidation in Virginia happened in 1978, and before that time board management was completely disparate, not only staffed separately but often headquartered in different cities. The DHP organizational chart is included in this report (Attachment L).

In Virginia, all administrative, finance, and information technology services are provided collectively to the health boards. These services are not shared with occupational licensing, which is managed completely separately. The Attorney General's office has three designated AGs who work with DHP. Hours for AGs are funded via allocation based on actual hours worked. Each of the AGs have specializations and are assigned to specific boards. DHP is a "non-general funds" agency, meaning that fees collected by the licensing boards constitute the vast majority of operating funds for the agency. DHP receives no tax revenue, though they do on occasion receive grant funding. Funding produced by each board supports not only the direct costs of the board but also the infrastructure/overhead for the department as a whole.

Unlike the other states in this overview, pay varies greatly by board as market conditions required and it's difficult to characterize a "typical" salary. By the very nature of some of the Executive Director roles, some pay more than others. The Board of Medicine and the Board of Pharmacy's Executive Directors must either be licensed or eligible for licensure by their respective boards, by statute. The nature of some Executive Director roles, particularly those that oversee a large number of professions, require higher pay. The Board of Nursing's Executive Director (referred to in the Code as an "Administrator") must be a registered nurse by statute. Titles and job functions are largely similar for all Executive Directors.

There is a separate Enforcement Division, which crosses jurisdictions across all licensing boards. Case intake and prioritization is handled centrally with input from each board, but the investigators largely work along geographic lines and support all health licensing boards. For the metropolitan areas, investigator assignments may reflect aptitude for investigators managing specific types of investigations, but any investigator can handle any assigned work at any time. There are two types of investigations: facility inspections and complaint-driven investigations. The enforcement team is home-based. Once investigations are completed, board staff reviews the investigative report, and the board determines whether or not probable cause exists that there has been a violation of law or regulation and whether to proceed with one of several possible actions. An Administrative Proceedings Division compiles a Notice of Allegations which may result with board and board staff input in a Confidential Consent Order, an informal conference, or, in extreme cases, a Summary Suspension. A small cohort of board members or an Agency Subordinate staff informal fact-finding conferences. Formal hearings are heard by a larger number of board members, though a member cannot serve on both an informal and a formal panel. In the case of a formal hearing before the board, there will be an assigned prosecutor from the Attorney General's office. Virginia has developed sanction reference points, which systematizes board actions to determine appropriate sanctions in any given case. This is analogous to sentencing guidelines utilized by judges in criminal matters.

The Chief Deputy and Director have collegial relationships with professional associations, but their outreach is not proactive. Between the two of them they try to have a presence at board meetings, so as to promote communication and to monitor the activities of all boards. In Virginia, there is a tradition of keeping a distance between the department leadership and the professional associations. Board members seldom if ever call the Director, most of the interaction will be with their own board Executive Directors. There is no history in Virginia of boards having any kind of adversarial relationship with the Department leadership. The Director of the Department is credited with this tradition; given the respect he commands among the department's stakeholder groups. DHP is aligned with the Governor, and the boards have historically been aligned with DHP.

DHP is very mission-driven. If you ask anyone in the department, they will be able to recite the department's three-fold mission: "the mission of the Department of Health Professions is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public." (Unlike some other states studied, the DHP mission notably does not include promoting commerce.)

Executive Directors have different training regimens for their staff and new board members, developed board by board. There is exceedingly little turnover among the Executive Directors (the last vacancy was seven years ago). They meet regularly as a group, with the organizing of each monthly meeting rotating among the Executive Directors. The Director and Operations Director may join these meetings as well. Unique among the states studied, in Virginia the Executive Directors are all direct reports to the Department Director.

Virginia utilizes a variety of metrics and performance indicators to track and monitor performance. For fifteen years, the Commonwealth has initiated government-wide requirements for Key Performance Measures, as monitored by Virginia's Department of Planning and Budget. There is no "surge" team to cover particularly busy boards, though they do see seasonal increases in license applications during graduation periods. There are clear Departmental expectations and measures, and board Executive Directors and Investigators are held accountable for these. Customer service surveys typically show over 90% satisfaction with the licensing process, with good response rates for a non-mandatory customer satisfaction survey. Boards can set their own license requirements based on staffing availability; the Board of Medicine only renews every other year, for example, though some smaller boards require annual renewals. They have also adopted birth month renewal rather than end-of-year renewal, so as to spread out the pacing of renewal applications. The Department-wide expectation is that licenses will be issued within 30 days of the submission of a complete application, though generally the turnaround is more in the order of one week.

Summary of Themes and Common Best Practices:

The regulatory environment in every state is by its very nature idiosyncratic to that state. Invariably, there are unique geographic, economic, and governmental considerations that drive how a given state's regulatory environment is organized. There are, however, some evident themes that emerge from these interviews.

A Clear Sense of Mission:

All four states have clearly identified missions and integrate those missions into its publications and management practices.

Interestingly, the missions themselves can vary according to the politics of the state. Utah’s mission clearly identifies “promoting commerce” as a priority, a component that the other states lack. This coincides with the clear direction of the Governor of Utah to all executive branch agencies to be business-friendly and to minimize regulations across state government.

Empowerment of Board Staff Directors:

The nomenclature is different in different states – states vary in the job titles assigned to these staffers, with titles ranging from “Executive Director” to “Bureau Manager” to “Program Director.” But these positions seem consistent in that staff directors are seasoned employees, paid in all four states at least \$60,000 per year, (and in some cases much more) who are given responsibility to build relationships with key stakeholders and professional associations. They have direct lines of communication to agency Executive Directors, in some cases reporting directly. In most states, these directors’ staff multiple boards, typically a mix of busier and less busy bodies.

Agency Executive Director as Referee:

Colorado was the lone state to indicate that it “proactively” reaches out to industry associations and other stakeholders, but the DPO/DORA leadership has very little turnover, so the proactive outreach is likely as much a product of familiarity than overt strategy. But all four states draw a clear distinction between the licensing boards’ missions (public protection, information, and promotion of commerce in Utah’s case) and the mission of professional associations and other agency stakeholders (promoting the profession). In all states including Colorado, keeping the agency director in reserve and at an arm’s length relationship – promoting cordiality but eschewing overt partnership – seems the best way to keep the agency out of politics. It is notable that none of the four states have encountered the scenario that has played out in New Hampshire, where agency staff have testified on behalf of boards on opposite sides of legislation from the Agency’s Director. Some states avoid this by building in an expectation that the boards take no position on legislation, while other states handle this by designating a “legislative liaison” whose primary job function is to run interference with the professional board staff with the state legislature.

Dedication to Empirical Data to Balance Workload and Gauge Performance:

One very consistent theme of these states is their reliance on objective data to measure performance and perform strategic planning functions. Several states mentioned “dashboards” they have established to provide month-to-month objective evidence of performance as it relates to institutional goals and commitments. Several states employed aspirational goals, balanced by obtainable month-to-month intermediate goals. Holding staff board directors accountable to these goals is an effective management technique.

Longevity of Division Management:

It is difficult to determine whether this is an input or an output: all of the division directors interviewed for this report indicate that there has been very little turnover in senior management roles over time. Tenures of a decade or more for division directors is a common denominator. Several directors interviewed for this study have been in their current roles for virtually their entire careers. Senior management for exemplary umbrella occupational licensing divisions should be identified and cultivated early in their careers, fostered to build long-term relationships within the role, and compensated competitively to assure retention. A virtuous cycle can be built over time, with strong management leading to stability, innovation, and industry-leading achievement, which in turn inspires employees to dedicate themselves to the agency, which reinforces strong agency management.

Standout Innovations to Consider

Colorado: Utilization of “Rolling Averages” to Minimize Volatility in Interagency Transfers:

All four states have active partnerships with their respective Attorneys General to provide board legal support for meetings and investigations, though the roles of the AGs vary considerably from one state to another. But the research team was particularly impressed with Colorado’s practice of accounting for AG support by doing a three-year look back of actual billed hours. Director Ronne Hines indicated during the interview that decisions on engaging AG staff can be made independently of immediate fiscal considerations with this three-year rolling average approach. This provides predictability in both directions, providing the Attorney General’s office with a predictable revenue stream while also providing budgetary assurance to the regulatory agency.

Massachusetts: A “Quality Improvement Team” to Identify and Facilitate Internal Best Practices:

The Massachusetts BHPL started its Quality Improvement Team just three years ago, but already the team seems to have provided some real return on investment for the bureau. The QI Team is noteworthy in Massachusetts particularly because it can sidestep issues of “turf” that inevitably bog down all consolidated agencies. The Director of the Quality Improvement Team

lamented that they weren't able to do more self-directed work, as they are regularly called on by the Bureau's Executive Director to serve an internal consulting role, "fire-fighting" internal challenges and contributing to agency publications, most importantly its Annual Report. But the benefit of having an internal team dedicated to ensuring consistency in business practices seems evident.

Utah: A "SWAT Team" Approach to Handling Surge Events:

Admittedly, the term "SWAT Team" wasn't native to Utah's Division of Occupational and Professional Licensing but was instead a term used admiringly by Director Hines of Colorado to refer to her Utah colleague's ability to convene ad-hoc groups to evaluate legislation and cover licensing peak periods. Director Hines indicated that she is adopting this approach for her own challenges. When asked about this approach, Director Steinagel of Utah was matter of fact about his ability to convene ad-hoc groups as needed to address a variety of agency leads. For legislative matters, he indicated that he took a "mix and match" approach to committee building. Whereas some participants were common to all of these ad-hoc groups (the Operations Manager, Chief Investigator, and his immediate Deputy), he would also bring in Bureau Managers and line employees with specialized knowledge. This versatility seems to serve Utah's DOPL well.

Virginia: Sanction Reference Points to Ensure Equity and Fairness:

Virginia takes understandable pride in the consistency and fairness of its Sanction Reference Point process, which dates back 20 years from its first utilization for its Board of Medicine. This systematizes investigatory outcomes of Virginia's disciplinary process, giving boards the ability to make future sanctions decisions based on precedent. The analogy to "sentencing guidelines" for a judge is a good one; Virginia has developed a point system and comprehensive database to make what is in many cases a subjective process far more objective and thus less susceptible to legal liability. An instructive presentation about this can be found at https://www.ncsbn.org/2016DCM_ECarter.pdf.

Conclusion:

All four division directors interviewed by the Research Team were evangelists for the consolidated umbrella agency approach. It's difficult to quarrel with the rationale: consolidated occupational licensing board management results in undeniable efficiencies and economies of scale. Though the four states selected as models for this study are all larger than New Hampshire, they provide realistic and proven solutions for many of the same challenges that New Hampshire faces today. With a new Executive Director leading a relatively new agency, there is an opportunity for the OPLC to bypass the typical growing pains of a nascent umbrella agency by applying lessons hard-learned elsewhere. The most difficult step – attaining the legislative and executive buy-in for a consolidated approach in the first place – is already complete. CLEAR stands ready to assist OPLC as it continues its journey.

VI. OUTCOMES

The Occupational Licensing Review Project yielded multiple outcomes in the form of new practices, operations, regulations and legislation.

Agency Restructuring:

OPLC has evolved substantially since it was created in 2017. This work was in part supported by the collaborative lessons from the Occupational Licensing Learning Consortium and the review process supported by the DOLETA grant project. When it was established, OPLC featured a centralized office providing administrative support to 54 professional licensing boards, commissions and councils (hereafter referred to collectively as “boards”). OPLC also consolidated the fiscal processes for these boards and was authorized to set fees. Few positions were “shared” across traditional board lines. This very basic organizational structure technically centralized the state’s occupational licensing regulators but did not leverage the opportunities and benefits of more sophisticated umbrella organization.

Today, OPLC is organized into three sections: the Divisions of Technical Professions, Healthcare Professions, and Administration. Occupational boards have two primary functions: licensing and enforcement. These functions, as well as several other administrative responsibilities, are common to all boards regardless of the profession and its unique regulations. The Administration branch will provide support for these common functions, harmonizing operations, allowing for specialization and leveraging economies of scale. OPLC’s Annual Report outlines the benefits of this new structure:

OPLC anticipates that [with the new structure] it will be able to streamline the occupational licensing and disciplinary process for all Boards, Councils, and Commissions within the agency. Additionally, restructuring the agency as proposed would help OPLC establish a more efficient, productive, balanced workforce that will meet the needs of constituents.

Legislation:

In 2019, OPLC pursued significant legislation to harmonize certain practice acts with OPLC’s authority. The omnibus bill (SB576) proposed to align multiple statutes and operations to the state’s new umbrella model. It proposed to:

(1) remove language from certain practice acts that conflict with OPLC’s authority to establish fees across all boards; (2) establish OPLC as a 125% agency; (3) remove the requirement in certain board practice acts that require a court stenographer to be present for all hearings; (4) grant to the executive director the authority to set per diem rates for board members; (5) standardize quorum requirements; (6) repeal RSA 332-H; (7) add the board of veterinary medicine to RSA 310-A:1-a; (8) remove references to the commissioner of the department of health and human services; (9) remove the requirement in certain practice acts that boards provide a roster of licensees for a fee; (10) permit OPLC to adopt a retention policy across the agency; (11) clarify that OPLC does not have reporting requirements under RSA 332-G:13, XIII and RSA 332-G:14 for boards that do not fall within the agency; (12) grant the executive director the authority to promulgate rules for all boards that participate in the professional health program; (13) set term limits for the board of family mediator certification; (14) change term limits for the prescription drug monitoring program to three, three-year terms; (15); clarify that the executive director, not the PDMP program administrator, has authority over certain discretionary tasks; and (16) change licensing schedule of pharmacies.

The only piece of SB576 to pass was the change in the licensing schedule of pharmacies to prevent a budget shortfall. As the changes sought in SB576 are vital to OPLC’s ability to function effectively as an agency, OPLC plans to seek these legislative changes in FY21.

In 2021, OPLC plans a number of legislative initiatives to further streamline licensing practices in the state. At the time of drafting this report, these legislative initiatives were not passed and may be subject to further changes and/or termination. Legislative initiatives include:

Relative to the use of physical agent modalities by occupational therapists (HB369):

Eliminate the need for Occupational Therapists and Occupational Therapy Assistants to eliminate the restriction for use of ultrasound or electrical physical agent modalities on the shoulder, arm, elbow, forearm, writ, or hand and if passed will allow the use of these modalities anywhere on the body in accordance with the scope of practice.

Authorizing certification for the microblading of eyebrows (HB70);

This bill allows certain persons who are not licensed for tattooing as body art practitioners to perform microblading of eyebrows.

Exempting services provided without remuneration from license requirements for barbering, cosmetology, and esthetics. (HB606);

This bill clarifies that a person may provide barbering, cosmetology, or esthetics services without remuneration and not be in violation of regulation of barbering, cosmetology, and esthetics.

Adopting Omnibus Legislation Relative to Occupational Licensure (SB133);

This bill adopts legislation relative to:

- I. Licensing places of assembly.
- II. Repealing the emergency medical services personnel licensure interstate compact.
- III. Hearings at the board of nursing.
- IV. Membership of the professional standards board.
- V. Adopting the Audiology and Speech-Language Pathology Compact and the Occupational Therapy Licensure Compact.
- VI. Licensure and regulation of music therapists.
- VII. The authority of the office of professional licensure and certification for administration, rulemaking, and enforcement of investigations, hearings, and appeals.
- VIII. Skilled professional medical personnel.
- IX. Temporary licensure of certain licensed nursing assistants.
- X. The revocation of licensure for licensed emergency medical service units and emergency medical service vehicles.
- XI. Schools for barbering, cosmetology, and esthetics.
- XII. Telemedicine provided by out of state psychologists.
- XIII. Sanitary production and distribution of food.

Relative to licensure renewal dates for certain governing boards under the office of professional licensure and certification (HB-94);

This bill revises the procedure and timeframe for license renewals of allied health professionals, body art practitioners, podiatrists, chiropractors, acupuncturists, and veterinarians.

Fee Setting (SB58);

Provide authority to OPLC to standardize fees, per diem and quorum requirements. This flexibility could also promote measures to support low-income applicants such as the establishment of a sliding scale application fee based on income. Remove the requirement that a board retain a sonographer at every hearing, making this permissible but allowing flexibility and discretion on when a sonographer is utilized.

Public Meetings (HB630);

Memorialize emergency measures adopted in COVID, making permanent the authorization to hold electronic meetings and accept electronic signatures.

Relative to out-of-state applicants occupational licensure or certification (HB405)

This bill modifies the procedures for out-of-state applicants for professional licensure or certification to be issued a license or certificate in this state, allows for appeals of decisions, and provides for licensure or certification based on work experience and private certification.

Relative to licensure of applicants for cosmetology, esthetics, and manicuring through apprenticeship programs (HB575)

This bill expands the use of apprenticeship programs in qualifying for licensure as a cosmetologist, manicurist, or esthetician by the board of barbering, cosmetology, and esthetics.

Relative to pharmacist administration of vaccines and allowing a licensed advanced pharmacy technician to administer vaccines (HB572)

This bill extends authority for pharmacist administration of vaccines to include vaccines approved by the Centers for Disease Control (CDC) and allows licensed advanced pharmacy technicians to administer vaccines.

Relative to allowing pharmacy technicians and interns to remotely perform non-dispensing tasks (SB57):

This bill allows pharmacy technicians and interns to remotely perform non-dispensing tasks.

Relative to the administration of occupational regulation by the office of professional licensure and certification (SB58):

This bill makes changes to the statutory provisions governing the regulatory boards and commissions for technical professions and health professions in order to conform to oversight and administration by the office of professional licensure and regulation.

In addition to the initiatives noted above, several legislative proposals were made this year to memorialize emergent measures put in place as part of the state's COVID response. These include:

HB 349 – relative to certification requirements for school nurses.

HB 572 – relative to pharmacist administration of vaccines and allowing a licensed advanced pharmacy technician to administer vaccines.

HB 479 – relative to pharmacist provider status and nicotine cessation therapy.

HB 302 – relative to the creation and use of electronic records by government agencies.

HB 261 – relative to apprenticeship programs in trade and industry.

HB 108 – relative to minutes and decisions in nonpublic sessions under the right-to-know law.

HB 232 – relative to nonpublic sessions under the right to know law.

V. STANDOUT INNOVATIONS

While standout innovations to share and consider are provided in each individual Profession Report, CLEAR's research team identified a few overarching considerations for the state's regulators.

Staff and Board Training

Occupational licensing is a unique industry. OPLC provides orientations to new board members starting with a substantial handbook which is followed by orientation often with a Board Administrator. The orientation content, frequency and process may vary significantly depending on the Board Administrator. In the regulatory community generally, board orientation typically walks through state sunshine laws followed by profession-specific regulations and a refresher on Robert's Rules of Order. Few orientation and training programs expose staff and board members to regulatory research, emerging trends, legislative initiatives, and relevant court decisions. The state expects certain outcomes from regulators tied to larger priorities such as those in workforce, education and the economy and yet these major departments rarely communicate with each other, let alone the board members that ultimately craft regulations.

This grant project through DOLETA provided for such education. A state team participated in the Occupational Licensing Learning Consortium to hear from subject matter experts and exchange ideas with other states. This training was brought home and shared with OPLC staff and board administrators. A symposium provided staff and board members an opportunity to hear from experts with the NCSL, CSG, and CLEAR on the research and innovations in the field. As a relatively young umbrella agency, OPLC has a significant opportunity to continue this culture of education and continuous improvement. This could be accomplished through several pathways.

- Creation of an OPLC-wide orientation that would provide greater consistency in training, but also could be highly specialized with content related to occupational licensing theory and practice. This strategy could be bolstered by appointing a single staff person or panel with advanced expertise in occupational regulation. Specialized topics could include:
 - How to read a criminal record and understanding the criminal justice system;
 - How to use data to drive regulations or reduce red tape;
 - Cost-benefit analysis;
 - Basic workforce information related to the profession;
 - Recent research and findings on occupational licensing;
 - Unique considerations for the military community; and/or
 - Strategies to assess unintended consequences of regulatory decisions.
- Development of a board member code of ethics or competencies like what Colorado has adopted for its board members and notably aligned to what many board members require and adopt for their licensees.
- Specialized training for public members that address responsibilities and challenges unique to this special role.
- Advanced training for board presidents and chair people as it relates to greater public administration and governance priorities, not to make the position partisan rather to understand the unique needs of the state such as an urgent demand for rural practitioners or professionals working in communities of color. Board presidents and chairs are in a significant position of leadership, not just to administer effective meetings but also to drive policy and responsiveness to the community.
- Participation in board member training programs such as those offered through CLEAR or other professional federations of state boards.
- Participation in board administrator training programs such as that offered through CLEAR or another federation to sharpen skills and competencies. The testimony of umbrella agency Executive Directors interviewed for the landscape analysis points to the value of an effective board administrator.

Ongoing professional development opportunities would complement a robust orientation process. This could include:

- Creating communities of practice among board and staff members that meet regularly on a common topic of shared interest. Communities of practice specialize and serve as subject-matter-experts to help educate others on emerging research or practices. These could be created around shared challenges in the licensing field such as the military community, low-income applicants, criminal convictions, equity in licensing, stakeholder engagement or academic partnerships to name a few.

- Normalizing feedback loops from occupational licensing communities such as the learning and practices shared at federation and other association meetings related to licensing.
- Board and staff symposiums could provide an ongoing educational opportunity to share ideas across traditional board/profession lines. Some of the best innovations shared in this report emanate from New Hampshire boards directly and could offer effective solutions to other boards under the OPLC umbrella.

Technology

A more sophisticated licensing database could address a multitude of “pain points” identified through this review project. The lack of more current technology is a major drag in the licensing process affecting all professions. Improvements to MLO to empower the database could drastically improve operational processes and regulatory outcomes. Updating licensing technology through financial and human resource investments to MLO could drastically reduce the regulatory footprint without changes to rules or statute. Improved technology could be the most influential intervention for the state to reduce regulatory burden.

Improved technology is the foundation to the following four standout innovations to consider.

Operational Effectiveness and Efficiency

A primary goal in the creation of OPLC was to facilitate an efficient, productive and balanced workforce to meet the needs of the state.²³ Yet one of the primary causes for delays in license processing relates to a cumbersome paper process. Staff receive incomplete applications and must try to match new paperwork to a historic file. Regulations that require third-party submission of application elements, such as transcripts or background checks, are easily disjoined from other application materials. An effective technology solution can reduce the central red tape drivers of cost, time and burden for New Hampshire workers, reducing the regulatory footprint simply by streamlining and organizing the process.

Public Performance Management

The New Hampshire boards considered under this project boast some incredibly effective processes that are leading to rapid licensing turnaround. Some identify specific benchmarks for the process in rule, such as approval or denial in 60 days. Many are exceeding these performance metrics. These outcomes should be shared. On the other hand, it is difficult for both board and staff members to “fix” a perceived problem if there is no data to describe the problem. How can a board shorten licensing times if they can’t determine how long it takes to approve standard application? Boards in New Hampshire that can report this data are likely keeping tallies in excel spreadsheets. Improved technology which is now widely available in the licensing field helps boards to track basic statistics to inform operational efficiency and outcomes.

Consistent Decision Making

Occupational licensing boards in general are susceptible to inconsistent decisions. This can happen among board members and over time with term limits and turnover. Many New Hampshire regulations use vague language and case-by-case reviews that advance disparate outcomes.

Consistent decision making among professions is also a consideration. For example, does a DUI conviction 10 years ago warrant a different outcome in different professions? There are legitimate consumer protection needs that could direct boards to different outcomes. Yet the proven impact of unconscious bias would also suggest disparate outcomes may not be supported by the evidence of a case. OPLC’s umbrella structure helps to create consistency, not just for efficiency but also to uphold fairness principles tied to OPLC’s mission through consistent processes and practices for investigations and administrative hearings. Governance documents such as Virginia’s model that provides sanction reference points and guidelines could help bolster fairness and equity in the regulatory and licensing processes.

Evidence-Informed Policy

Regulators across the world are being called to thoughtful adoption of evidence-informed or evidence-based policies. In the last several decades, most regulatory boards converted to paperless processes using electronic databases. Only now are regulators beginning to pull data from the repositories to inform regulatory interventions and outcomes. However, the industry remains rather nascent in its data intelligence. By and large these efforts trail developments among workforce and post-secondary arenas.

²³ OPLC ANNUAL REPORT

Occupational licensing regulators have an opportunity to mine and analyze their own data to inform policy. Data could be used to evaluate upstream risk for example by profiling “risk factors” that are associated with those that could most endanger consumers; address unconscious bias in regulatory decisions; localize or identify trends in complaints and consumer endangerment tied to education, exam, or other entry factor; and, create a feedback loop to educators regarding matters or practice quality that would benefit from remediation and further development. The occupational reports that follow emphasize opportunities for evidence-based policy related to three cornerstones in occupational regulation: applicants with criminal convictions, ethical violations, and matters of competence such as entry-to-practice requirements.

This was one recommendation shared during OPLC’s Occupational Licensing Symposium in November 2020. A board could profile disciplinary actions from a given year to identify trends. These outcomes could be shared with local educational programs and licensees or lead to the development of modified regulations and resources. The possibilities are endless but invaluable for effective governance.

Partnerships with post-secondary institutions and department of labor may augment and expedite these efforts. For example, Virginia partnered with local workforce stakeholders to address workforce gaps through policy. The Department of Health Professions Healthcare Workforce Data Center works to improve the data collection and measurement of Virginia’s healthcare workforce through regular assessment of workforce supply and demand issues among the over 62 professions and the over 380,000 practitioners licensed in Virginia by DHP. DHP healthcare workforce data is provided online to ensure accessibility of the findings among healthcare decision makers, hospital systems, academic institutions and constituents statewide.

The Australian Health Practitioner Regulation Agency (AHPRA) invests in and leverages its own data set to create evidence-based policy. Data is reported regularly and data sets are publicly available leading to publications such as *Demographics and distribution of new entrants to the optometry profession in Australia’ Clinical and Experimental Optometry; Complaint risk among mental health practitioners compared with physical health practitioners: a retrospective cohort study of complaints to health regulators in Australia; and, Identification of practitioners at high risk of complaints to health profession regulators.*²⁴

Process to Ensure Boards Align Rules to Statutes Outside the Practice Act

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. Increasingly, statutory changes that affect all boards are housed in chapters separate from the practice act. For example, 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.

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 and RSA 332-G:10. OPLC is currently working to harmonize statutory conflicts.

Current rules for all boards reviewed through this project do not further reference nor clarify the process for implementing the provisions of RSA 332-G:13 and RSA 332-G:10 which relate to criminal convictions. For this reason, applicants may not be aware of the rights conferred to them, especially since this statute is not part of the practice act and referenced on board webpages. Amending rules to specify how the board’s process aligns to or implements these provisions would provide greater transparency.

Sunrise, Sunset and Regulatory Review

The Occupational Licensing Review Project provided a unique opportunity to consider effective policies and practices to protect consumers while reducing unnecessary regulatory burden. Many states have also codified these types of reviews through Sunrise and Sunset processes or other legislation that requires a routine regulatory review. Establishing a formalized regulatory

²⁴ Duffy, J.F., Douglass, A.G., Hammond, D.S. & Woods, C.A. (2020) ‘Demographics and distribution of new entrants to the optometry profession in Australia’ *Clinical and Experimental Optometry*, [on-line first]

Veness, B.G., Tibble, T., Grenyer, B.F.S., Morris, J.M., Spittal, M.J., Nash, L., Studdert, D.M. and Bismark, M.M. (2019) ‘Complaint risk among mental health practitioners compared with physical health practitioners: a retrospective cohort study of complaints to health regulators in Australia’ *BMJ Open*

Spittal, M.J., Bismark, M.M. and Studdert, D.M. (2019) ‘Identification of practitioners at high risk of complaints to health profession regulators’ *BMC Health Services Research* [on-line first]

review process with accountable expectations may also help to keep regulations in check, providing more pointed oversight than currently experienced in the New Hampshire rulemaking process. Such a review process should include the voice of key constituents such as consumers of the profession, current licensees and applicants or students. Such provisions embed a culture of responsive regulation, publicly signifying this commitment and providing for external accountability and public transparency.

VI. PROFESSIONS REPORTS

This final report provides in-depth analysis of research and findings related to the license types considered within the five targeted professions. Findings for each profession are compiled in the Profession Reports incorporated at the end of this report. 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.

VII. APPENDICES AND ATTACHMENTS

Profession Reports

Alcohol and Drug Counselors

Allied Health - Occupational Therapy Assistants, Physical Therapy Assistants and Respiratory Care Practitioners

Barbering, Cosmetology and Esthetics

Licensed Nursing Assistants and Medication Nursing Assistants

Registered Pharmacy Technicians and Certified Pharmacy Technicians

Report Appendices

Appendix A: Compiled Standout Innovations to Share and Consider

Appendix B: Comparative Licensing Reports

Appendix C: Reciprocity Summary Reports

Appendix D: Scope of Work Status Update

Appendix E: Regulatory Review Rubric

Attachments for Section V – OPLC Umbrella Agency: Facilitating a Collaborative Approach to Occupational Licensing

Attachment A: DPO Organizational Chart – CO

Attachment B: Board Member Questions – CO

Attachment C: ESP Training – CO

Attachment D: ESP Program Savings – CO

Attachment F: Board Member Code of Ethics – CO

Attachment G: BHPL Pharmacy Board Investigatory Case Flow Diagram – MA

Attachment H: FY 2019 BHPL Annual Report – MA

Attachment I: DOPL Organizational Chart – UT

Attachment J: DOPL Enforcement Strategy Map – UT

Attachment K: DOPL Monthly Report – UT

Attachment L: DHP Organizational Chart – VA

ALCOHOL AND DRUG COUNSELORS

An Alcohol and Drug Use Counselor specializes in helping patients overcome dependence on alcohol or other substance use. In New Hampshire, an Alcohol and Drug Use Counselor works with patients to overcome dependency to promote the patient's health, social, and economic function and the welfare of those connected to the patient. Such counselors go by many names depending on the state or credentialing body. This report will broadly refer to the field as substance use counseling.

BACKGROUND

Alcohol and Drug Use Counselors are a rapidly growing occupation in the nation. The rising crisis of opioid use has further increased the demand for substance use counseling services. Stress and triggers associated with the COVID-19 pandemic have led to increased urgency, erasing the gains made through concerted response efforts in the last several years. The workforce needs are acute. The Substance Abuse and Mental Health Services Administration (SAMHSA) recently estimated that an additional 4,486,865 behavioral health practitioners are needed to meet current demand in the United States. This includes addiction psychiatrists, physicians, nurses and other professions. The nation is short 1,436,228 behavioral health counselors specifically.²⁵ SAMHSA estimates that 80 percent of people with Substance Use Disorder (SUD) do not get the care they need.

Substance use counseling is also a field experiencing a renaissance. Substance use itself is one of the most stigmatized medical conditions. Treatment options emerged from within the community such as Alcoholics Anonymous, Narcotics Anonymous and the surge in halfway houses in the 1950s and 1960s. Substance use was often perceived as a symptom of another problem, and only recently acknowledged as a primary condition in and of itself.²⁶ Formal recognition of SUD through the American Psychiatric Association's (APA) Diagnostic and Statistical Manual of Mental Disorders (DSM) and the American Medical Association (AMA) gave rise to improved research, treatment and policies surrounding substance use.

Just as substance use itself has gained notoriety among the medical and mental health community, so too have the professionals specializing in effective and specialized treatment. The U.S. Department of Health and Human Services observed that the substance use counseling field started as a trade, largely outside mainstream medical and mental health treatment. Viewed as paraprofessionals, substance use counselors played a supportive and not primary role in the care team.

Today, acknowledgement of addiction as a primary disorder combined with the rapid pace of SUD diagnosis within the U.S. has two major implications relevant to occupational licensing. First, as a young profession, standards of training and competence are still emerging as witnessed by the wide array of entry requirements across the nation. Second, the substance use counseling field lacks a strong private certification body and/or professional association to help inform standard of practice. Two private, national certifying bodies exist in the substance use counseling field: the International Certification and Reciprocity Consortium (IC&RC) and the Association for Addiction Professionals (NAADAC).

While IC&RC and NAADAC offer private credentials, as noted later these requirements can sway through state influence. Licensing boards can serve as gatekeepers to these credentials meaning entry requirements even for these private certifications are diverse.

Researchers have also raised related challenges created by the adolescent stage of the profession. They note that the science and evidence-base about addiction is rapidly changing theory and practice, asserting that fragmented education and training requirements slow the adoption of evidence-based practice. These issues are compounded by fragmentation within the broader behavioral health field. Several types of licensed professionals can treat patients with a SUD diagnosis, despite that they may never be required to receive training specifically in addictions. Physicians, social workers, professional counselors and psychologists are examples of professions that share aspects of the substance use counseling scope of practice.

Today, substance use counseling is more mainstream. Like other healthcare and mental health professions, substance use counselors must complete an accredited educational program, accrue on the job training experience, and pass an exam. The combined effect of challenges characteristic of an emerging profession serves to undermine the standard of practice in the substance use counseling field. Without a strong national credentialing scheme, standard of practice is not clearly defined therefore states are left to devise their own estimations on the preparation necessary to ensure safe practice. It is within this

²⁵ <https://www.samhsa.gov/sites/default/files/behavioral-health-workforce-report.pdf> page 27

²⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5039518/>

context that the New Hampshire LADC Board operates. Some of these challenges are outside of the Board's control. This report will focus on those policy mechanisms that are within the Board's realm of influence.

NEW HAMPSHIRE CERTIFICATIONS AND LICENSES

New Hampshire offers four types of licensure or certification for the Alcohol and Drug Counselor industry. This report refers to them collectively as the LADC workforce. This report also uses the term "licensure" to generally characterize the state's authorization of this workforce despite that some may be certified while others are licensed.

Certified Recovery Support Workers (CRSW) provide basic screening of patients with substance use disorders to determine whether referral or further assessment or diagnosis is needed. They also monitor patient health and safety and provide practical support, mentoring and education about addiction. To become a CRSW in New Hampshire, an applicant must:

- Obtain 46 hours of education in the four domains of alcohol and drug use
- Obtain 500 hours of work experience
- Obtain 25 hours of supervised work experience
- Possess a high school diploma, GED or higher
- Pass an examination

Licensed Alcohol and Drug Counselors (LADC) provide screening, assessment, diagnosis, treatment planning, and treatment of substance use disorders and the screening and referral of mental health disorders under clinical supervision. There are two acknowledged pathways to become a LADC in New Hampshire.

Associate's Degree Pathway:

Obtain an Associate's degree in addiction
Complete 6,000 hours of experience

Bachelor's Degree Pathway:

Obtain a Bachelor's Degree
Complete 4,000 hours of experience

All applicants must additionally submit proof of the following:

- Complete 300 hours of supervised practical training;
- Verification of Employment Form attaching job descriptions (hours must match the hours listed in the Applicant Work Experience Report Form;
- Supervision Agreement Form;
- Applicant Work Experience Report Form that shows work experience hours meet or exceed the requirements listed above according to the applicable pathway;
- Supervised Practical Training Report Form showing completion of 300 hours and a minimum of 10 hours in each core function;
- Supervised Work Experience Report Form showing a rating of two or higher;
- Counselor Evaluation Form with an acceptable evaluation and no more than two non-acceptable ratings but at least one rating per core function;
- Three professional references using the Professional Reference Form and demonstrating acceptable ratings;
- Certificates of completion and descriptions to demonstrate the education and training meets requirements in rule which include:
 - 270 hours in 18 categories of competence;
 - 6 hours in ethics;
 - 6 hours in 12 core functions;
 - 6 hours in HIV/Aids;
 - 6 hours in confidentiality; and
 - No more than 25% of the training occurred online;

²⁷ 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.

- Passage of the LADC examination approved by the Board;
- Passage of a criminal background check;
- Two photos;
- Complete and signed Application Form; and
- Additional information for any screening questions, as applicable.

Master Licensed Alcohol and Drug Counselors (MLADC) also provide screening, assessment, diagnosis, treatment planning, and treatment of substance use disorders and co-occurring disorders and may practice independently. To become an MLADC in New Hampshire, an applicant must:

Master's Degree of 60 hours:

3,000 hours' experience or 1500 if holding a MH license or 1500 if already a LADC; and
Complete 300 hours of supervised practical training including 4 hours' supervision per month.

Master's Degree that is less than 60 hours:

Completion of enough CUs to obtain the full 60 hours after crediting the hours in the Master's program; and
3,000 hours' experience or 1500 if holding a MH license or 1500 if already a LADC.

All applicants must additionally submit proof of the following:

- Complete 300 hours of supervised practical training;
- Verification of Employment Form attaching job descriptions (hours must match the hours listed in the Applicant Work Experience Report Form);
- Supervision Agreement Form;
- Applicant Work Experience Report Form that shows work experience hours meet or exceed the requirements listed above according to the applicable pathway;
- Supervised Practical Training Report Form showing completion of 300 hours and a minimum of 10 hours in each core function;
- Supervised Work Experience Report Form showing a rating of two or higher;
- Counselor Evaluation Form with an acceptable evaluation and no more than two non-acceptable ratings but at least one rating per core function;
- Three professional references using the Professional Reference Form and demonstrating acceptable ratings;
- Certificates of completion and descriptions to demonstrate the education and training meets requirements in rule which include:
 - 270 hours in 18 categories of competence;
 - 6 hours in ethics;
 - 6 hours in 12 core functions;
 - 6 hours in HIV/Aids;
 - 6 hours in confidentiality;
 - 4 hours' supervision per month; and
 - No more than 25% of the training occurred online;
- Passage of the MLAD examination approved by the Board;
- Passage of the co-occurring examination approved by the Board;
- Passage of a criminal background check;
- Two photos;
- Complete and signed application Form; and
- Additional information for any screening questions, as applicable.

Licensed Clinical Supervisors (LCS) provide administrative, evaluative, clinical, and supportive oversight of the practice of alcohol and drug counselors licensed to people seeking licensure in the Alcohol and Drug Counselor field. To become an LCS in New Hampshire, an applicant must:

- Complete 10,000 hours (5 years) of counseling experience as a LADC or MLADC including 200 hours of face-to-face clinical supervision through four hours per month;

- Complete 4,000 hours (2 years) of clinical supervisory experience;
- Complete 30 hours didactic training in clinical supervision in the areas of assessment, evaluation, counselor's development, management, administration and professional responsibility and no more than 25% occurring online;
- Pass a clinical supervisor examination approved by the board; and
- Pass a criminal background check.

LABOR MARKET CONSIDERATIONS

While New Hampshire Employment Security publishes extensive information on the impact and status of the opioid crisis in the state, relatively little information is collected concerning specific demand for alcohol and drug use professionals in New Hampshire, especially when compared to similar analysis for the healthcare and other therapy sectors. Often alcohol and drug use counselors are combined with statistics related to mental health counselors generally.

New Hampshire Employment Security does however note the investment of resources for apprenticeships to further increase workforce in the industry, highlighting that "The University of New Hampshire received a grant in 2020 to develop an Opioid-Impacted Family Support Program. This program would aim to increase number of peer support specialists and other behavioral health-related paraprofessionals who provide behavioral health services for families affected by opioids and other substance use disorders."²⁸

The chart below summarizes employment and wage data related to alcohol and drug use professionals, as reported by New Hampshire Employment Security. Note the data concerning the profession is lumped together with other mental health professions and does not further distinguish between the various levels of licensure and practice.

SUBSTANCE ABUSE, BEHAVIORAL DISORDER, AND MENTAL HEALTH COUNSELORS	
Code:	21-1018
May 2019 estimated employment	1,790
Entry Level Wage	\$15.16
Mean (Average) Wage	\$22.02
Median Wage	\$20.43
Experienced Wage	\$25.45
Living Wage Merrimack County	\$12.39
New Hampshire Minimum Wage	\$7.25

²⁸ New Hampshire Employment Security, E. (2020, November). Apprenticeships in New Hampshire. Retrieved January 2, 2021, from <https://www.nhes.nh.gov/elmi/career/documents/apprenticeship-factsheet.pdf>

MENTAL HEALTH AND SUBSTANCE ABUSE SOCIAL WORKERS

Code:	21-1023
May 2019 estimated employment	470
Entry Level Wage	\$20.36
Mean (Average) Wage	\$28.82
Median Wage	\$27.66
Experienced Wage	\$33.06
Living Wage Merrimack County	\$12.39
New Hampshire Minimum Wage	\$7.25

Because labor market information related to Alcohol and Drug Counselors amassed with data related to other mental health fields, little appears to be known about the supply, demand, and compensation of the workforce that could help New Hampshire establish more pointed policies concerning the profession skilled to address these emergent crises. While several physical and mental healthcare professions may support substance use treatment, LADC personnel are highly specialized and provide important support to medication assisted treatment. Knowledge of this workforce will be critical as the state refines its response to emerging drug related crises.

Major policies related to the substance use counseling field are housed and supported by two influential bodies in New Hampshire. The Governor’s Commission on Alcohol and Drugs advises the Governor and Legislature regarding the delivery of effective and coordinated substance misuse prevention, treatment, and recovery services throughout the state. The New Hampshire Center for Excellence houses the Governor’s Commission and provides technical assistance and training in support of best practice implementation, systems change, quality improvement, data reporting and evaluation, and other efforts related to substance misuse, prevention, treatment and recovery.²⁹ These efforts are augmented by federal regulators and initiatives, specifically the Center for Medicaid Services (CMS) which regulates Medicaid eligibility and payments, and the U.S. Department of Health and Human Services which houses many policies and commissions related to the substance use counseling field.

All of these commissions, regulators and advisors agree on three common barriers dramatically affecting the LADC workforce: 1) Medicaid reimbursement and inadequate compensation; 2) stigma and 3) complex licensing laws.

Medicaid reimbursement and inadequate compensation:

Low Medicaid reimbursement is a primary workforce barrier for individuals interested in entering and/or remaining in the field. In 2016, the State of New Hampshire Insurance Department concluded:

Staff recruiting and retention has been identified as a problem in providing services to the population diagnosed with opiate substance use disorders both nationwide and in New Hampshire. According to a 2013 report to Congress, the federal Substance Abuse and Mental Health Services Administration acknowledged “the growing workforce crisis in the addictions field due to an aging workforce, stigma and inadequate compensation.”³⁰

The U.S. Department of Health and Human Services studied workforce shortages in SUD counseling and cited New Hampshire’s reimbursement rates as an exemplary barrier observed nationwide:

A 2016 study of reimbursement rates for SUD services from claims data in New Hampshire found that commercial reimbursement rates were substantially lower compared to Medicare and similar to the state’s Medicaid rates (Compass

²⁹ Center for Excellence on Addiction. (2018, November 09). Center services. Retrieved January 2, 2021, from <https://nhcenterforexcellence.org/center-services/center-services/>

³⁰ Compass Health Analytics, Inc. (2016, June). Analysis of New Hampshire Commercial Insurance Claim Data Related to Substance Use Disorder: Reimbursement Rates. Retrieved January 2, 2021, from https://www.nh.gov/insurance/reports/documents/080516_nhid_analysis_of_claims_for_substance_use_disorder_pricing.pdf

Health Analytics Inc., 2016). Although plans that participate in the state and federal marketplaces are required to cover ten essential benefits of which SUD services is one, coverage for individual services is highly dependent on the plan as well as an individual's circumstances (e.g., prior experience in treatment programs, type of substance use, co-occurring mental health diagnoses). Even when a service is a covered benefit under a state's Medicaid plan, MCOs might not reimburse it under the provider's participation agreement (Falcone & Berke, 2018).³¹

New Hampshire's Keene Sentinel editorial board agreed and cited New Hampshire's 10-year plan adopted by the Governor's Commission, attesting that low reimbursement rates were causing an exodus of mental health workers and impacting patient access to care. The Keene Sentinel observed, "This double whammy of lower Medicaid and commercial insurance reimbursements, the 10-year plan reported, seriously impacts access to care by limiting services that can be affordably delivered and by "driving" mental health workers out of New Hampshire."³²

In July 2018, the state received approval from CMS to provide Medicaid reimbursement for opioid use disorder (OUD) and substance use disorder (SUD) to residents of institutions of mental disease (IMD).³³ However stakeholders participating in OPLC's town hall in November 2020 reported that in order to receive Medicaid reimbursement, a diagnosis of SUD is required as a co-occurring disorder and that SUD cannot be the sole or primary diagnosis in order to be eligible for reimbursement. Still, the state's Medicaid reimbursement policies do acknowledge LADCs, MLADCs and even peer recovery support specialists as eligible Medicaid providers for SUD.³⁴

Stigma:

Stigma for patients with substance use and addiction is well documented. New Hampshire stakeholders expressed frustration that this stigma extends to LADC professionals among the behavioral and healthcare community. Some theorized the stigma was evidenced by and reinforced through Medicaid policies. It is likely a number of factors have contributed to this trend, including that substance use counseling is new to the mainstream of mental and behavioral health, only now coming into its own as an acknowledged specialty. This background was discussed previously in this report.

Complex licensing laws:

The U.S. Department of Health and Human Services studied workforce shortages in SUD counseling and highlighted New Hampshire's cumbersome licensing laws:

For example, as part of a 2016 study of assets and gaps in New Hampshire's SUD service continuum, researchers surveyed and interviewed stakeholders throughout the state and found that "complex, unclear, and cumbersome" licensing procedures were the most frequently cited barrier to addressing the state's SUD workforce shortages (NHBDAS, 2016).³⁵

New Hampshire's licensing laws are the focus of this report. Streamlining licensing in the state may help to improve workforce supply and therefore patient access to substance use counseling services that are deeply needed within the state. The influence of insurance and Medicaid payment policies and the financial barriers of low earning potential are important workforce considerations that must also be aligned to licensing reform efforts if the state desires to truly unleash a qualified workforce to help overcome a substance use pandemic. The U.S. Department of Health and Human Services summarized the combination of circumstances that pose significant obstacles to the development of a robust substance use counseling workforce:

³¹ New Hampshire Department of Health and Human Services (NHBDAS). (2016). New Hampshire's Substance Use Disorder Continuum of Care Assets and Gaps Assessment Results. New Hampshire Department of Health and Human Services, Bureau of Drug and Alcohol Services. Retrieved from <https://www.dhhs.nh.gov/dcbcs/bdas/documents/cocassess-gap.pdf>.

³² Speeding up the roll: State needs to up its Medicaid rates so mental health agencies can hire people. (2020, January 4). SentinelSource.com. Retrieved January 2, 2021, from https://www.sentinelsource.com/opinion/editorial/speeding-up-the-roll-state-needs-to-up-its-Medicaid-rates-so-mental-health-agencies/article_75c1ad29-cced-5f15-a930-efe4dc3eaad5.html

³³ Trieger, M. (2018, July 10). NEW HAMPSHIRE SECTION 1115(a) MEDICAID DEMONSTRATION FACT SHEET. Retrieved January 2, 2021, from <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/nh/nh-sud-treatment-recovery-access-fs.pdf>

³⁴ New Hampshire Standard Medicaid Substance Use Disorder Services. (2017, May). Substance Use Disorder Provider Types. Retrieved January 2, 2021, from <https://www.dhhs.nh.gov/ombp/sud/providers.htm>

³⁵ New Hampshire Department of Health and Human Services (NHBDAS). (2016). New Hampshire's Substance Use Disorder Continuum of Care Assets and Gaps Assessment Results. New Hampshire Department of Health and Human Services, Bureau of Drug and Alcohol Services. Retrieved from <https://www.dhhs.nh.gov/dcbcs/bdas/documents/cocassess-gap.pdf>.

This study revealed that the SUD counseling profession faces multiple interconnected challenges associated with complex training, credentialing, and payment structures. Compared to other counseling professions like clinical social work and marriage/family therapy, addiction counseling is a less desirable specialty due to the difficulty in obtaining a credential or a license, low portability of credentials across state lines, relatively low earning potential, and multiple barriers to establishing an independent practice, joining insurance networks, and filing claims. The absence of a clearly defined career ladder specific to SUD counseling, often vague and inconsistent requirements for advancing within the profession, low reimbursement, and relatively low earning potential have combined to make this an undesirable area of concentration in comparison to other behavioral health specialties. Despite the innovative initiatives to address these challenges and to facilitate entry into and advancement in the field described in this report, workforce shortages remain one of the key barriers to addressing the national opioid crisis.³⁶

NEW HAMPSHIRE REGULATORY LANDSCAPE

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. 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 or 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

Gradations:

The gradations of licensure observed within the substance use counselor field are notable. As some economists have observed, gradations can provide a legitimate pathway into a profession and encourage other workforce infrastructure that benefits the state's residents and economy.³⁷ Through gradations, applicants face relatively low barriers to enter the field and begin earning a wage. From this point they can advance their skill through additional training and education to obtain a higher level license. In a sense, gradations provide the benefits of other "earn and learn" strategies such as apprenticeships which can be particularly helpful to special populations in addition to the general public. Lower level licenses provide easier entry to the profession and valuable experience as the applicant considers the investment and time to obtain a more advanced license. For example, a CRSW need only complete 46 training hours and 500 experience hours, just a fraction of the requirements for LADCs and MLADCs.

Board rules are also constructed in a way that allows these credentials to build upon each other. An MLADC applicant that already holds a LADC license receives a discount on training hours, completing an additional 1,500 hours rather than a full 3,000.

Gradations can be helpful for individual applicants, but also support the workforce more broadly and patient access. Through gradations, the alcohol and drug counselor field can cultivate its workforce to gradually take on greater responsibility while still providing care during their training process. Patients receive the immediate benefit of accessing care while the applicant further hones their skill. Memorializing these gradations in the licensure process also can help facilitate the development of related infrastructure such as educational programs, workforce assistance, or other supports.

³⁶ Isvan, N., Gerber, R., Hughes, D., Battis, K., & Anderson, E. (2019, November). Credentialing, Licensing, and Reimbursement of the SUD Workforce: A Review of Policies and Practices Across the Nation. Retrieved January 2, 2021, from <https://aspe.hhs.gov/system/files/pdf/263006/CLRSUDWorkforce.pdf>

³⁷ 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

Alternative Pathways:

Related to gradations are alternative pathways which are also observed in New Hampshire's alcohol and drug counselor field. Extending alternative pathways with lower barriers is a particularly effective strategy to keep regulatory burden low while still protecting the public. Consider for example that to become a LADC in New Hampshire, an applicant can hold a four-year Bachelor's degree and complete 4,000 hours of supervised experience or could choose to pursue a two-year Associate's degree and complete 6,000 hours of supervised experience. Like gradations, alternative pathways provide the benefits of other "earn and learn" strategies helping to reduce reliance on expensive degrees and student loans.

Competency Based Assessment:

Competency based assessments (CBA) are an emerging practice gaining recognition internationally and in the United States. Through competency based assessment, applicants utilize a web-based platform and upload demonstration of required skills. These skills are then assessed by an evaluator. Once all required skills are demonstrated, a license may be conferred. CBA is unlike an examination which only tests knowledge, not performance of a skill. CBA also de-emphasizes reliance on academic pathways and time-based experience requirements as a demonstration of competency. Critics of time-based and exam methods note that an applicant could complete these requirements and yet still struggle to implement this learning in a competent fashion, "testing" well but performing poorly in the application of their knowledge. CBA more directly links performance to licensure to demonstrate competency. CBA may be a valuable consideration for the substance use counselor field, particularly to overcome the numerous administrative barriers and the complexity of regulations associated with the licensure process in New Hampshire (see the "Streamlined Workflow and Regulatory Review" section below). CBA could form another alternative pathway for alcohol and drug counselors in New Hampshire without eliminating existing pathways. Consider for example Utah legislation which encourages boards to explore a conversion from "time-based" assessments such as education and work experience hours to competency-based assessments.³⁸

Processing times in statute or rule:

Board rules take the extra step to establish benchmarks for processing applications and licensure decisions. More states are adopting this same standard to identify license processing timelines in statute or rule to provide both transparency and accountability in the licensing process. The LADC Board stipulates in rule that complete applications must be approved or denied within 120 days. If a complete application is submitted and the Board requires additional information, notification must be sent to the applicant within 60 days of the application submission. Incomplete applications are routinely denied within 52 weeks if they are not completed during that term. Military service members called to active duty are provided additional time, starting the clock when they return from an overseas mission or their release from duty. Refunds for denials and withdrawals are made to the applicant as well.

One concern noted by internal OPLC stakeholders was the administrative headache associated with incomplete applications. Because the application process involves multiple parts, some of which must be completed by people other than the applicant, the Board's office can become a repository of incomplete application elements. It can be difficult to match incoming paperwork to an ongoing application file and difficult to determine which applications have expired at the 52-week benchmark.

There may be several potential solutions to consider to resolve this operational burden. Rules that clarify only complete applications will be accepted is one potential solution (perhaps providing an allowance for testing scores and transcripts which come from an institution or exam vendor). A more effective strategy however would be an improved online licensing database in which an applicant can save application elements as they work towards completion. This technology is widely used from college applications to tax returns. OPLC has only started converting applications to an online platform through its My Licensing Office (MLO) database.

Standing Orders:

Many regulatory boards utilize standing orders to authorize staff to issue a license to any applicant that meets licensure requirements and does not have a conviction or circumstances requiring Board review. These triggers are identified in the standing orders so staff have clear guidance on which applications may proceed and which are sent to the Board. Standing orders such as these help to streamline the 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.

³⁸ Hb0226. (n.d.). Retrieved January 1, 2021, from <https://le.utah.gov/~2019/bills/static/HB0226.html>

CLEAR's review of the LADC Board did not reveal that such standing orders exist at this time. However other New Hampshire boards utilize this process and report favorable outcomes. For example, through the "Fast-Track" licensing process the Allied Health Boards provide 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.

Streamlined Workflow and Regulatory Review:

The major pain points reported by stakeholders concerned operational workflows, many of which appear to emanate from disorganized, complex and overly prescriptive rules. A comparative review of licensing requirements among all 50 states revealed that New Hampshire requirements for education and training hours tend to fall within the average or even slightly lower than average when compared to other states. This is favorable for entry to practice and portability (discussed further below). However, the application process associated with proving the applicant has met these requirements seems unusually complex when compared to other regulatory boards, even within New Hampshire. Rules also add special criteria that are not observed in licensing processes for other LADC boards or other occupational licensing boards.

Complex rules and entry requirements may in fact be driving state policies away from LADC practitioners towards other mental health professionals. In August 2016, The New Hampshire Department of Health and Human Services Bureau of Drug and Alcohol Services (NHBDAS) reported its findings on the state's Continuum of Care (CoC) for addressing substance use disorders (SUD), citing:

The most pressing workforce need identified in the CoC assessment was the need for increased treatment clinicians; specifically, LADCs and MLADCs. In this assessment, complex licensing procedures was cited most often as the reason there is a shortage of these types of professionals in NH. In recognition of this, one effort to increase the capacity of existing behavioral health professionals to treat SUD and Mental Health Disorders has been to recommend core competencies for Masters-Level licensed behavioral health counselors.³⁹

The NH Governor's Commission on Alcohol and other Drugs Action Plan proposed to overcome workforce gaps through strategies to "Promote core competency training to engage qualified mental health clinicians including social workers in the treatment of persons with substance use disorder" and to "include training on substance use and substance use disorders in undergraduate and graduate professional education programs."⁴⁰

Both of these conclusions point to the urgency of the public health and workforce crises related to SUD, understandably proposing to engage all qualified practitioners in response. The solutions offered should also be a wakeup call for the LADC Board. Licensing regulations have become so cumbersome in the face of a rising crisis that policymakers are turning to other mental health professions in hopes they could create specialty training and/or credentials to stand in the alcohol and drug counseling gap. Stakeholders concerned about ongoing stigma and underutilization of LADCs in the state may consider that efforts to simplify entry requirements may be one of the most effective strategies to help solve the workforce gap and subsequently the alleged underutilization and stigma. Instead, many stakeholders reported a desire to maintain vigorous entry to practice requirements to demonstrate the professionalization of the industry. Such a strategy may in fact have the opposite effect.

LADC Board rules create a complicated web of regulations for students and supervisors. When compared to other licensing boards generally, the LADC rules appear to veer into areas unrelated to occupational licensing. For example, the board has several rules that most other boards would delegate to academic programs such as a capstone project documenting a case study. Others deal with employer functions such as requiring professional letters of reference. Some rules place the Board in an unnecessary intermediary role, accepting payment for an exam and then passing this payment to the exam vendor. Other rules are duplicative. For example, the application has three different sections for documenting employment history, supervised

³⁹ United States. (2016, August). <https://www.dhhs.nh.gov/dcbcs/bdas/documents/coc-assests-gap.pdf>. Retrieved January 2, 2021.

⁴⁰ Tufts, P. M. (2021, December 31). http://1viuw040k2mx3a7mwz1lwva5-wpengine.netdna-ssl.com/wp-content/uploads/2019/02/FINAL-Gov-Comm-1_16_19rev.pdf (United States, New Hampshire Governor's Commission on Alcohol and Drugs). Retrieved January 2, 2021.

hours (theoretically accrued during employment) and professional references (even though supervisors must submit evaluations of the applicant as part of supervised hours). Rules are also quite prescriptive. While many substance use counseling boards require documentation of supervised hours, the New Hampshire rules address supervision expectations in numerous areas including eligibility, application forms, and other requirements. As another example, the case study required for application boasts three pages of regulations stipulating required sub-headings and other sections of the case study. Adding to this complexity is disorganization in the rules. For example, Board rules note that applicants that do not hold another mental health license must demonstrate 3,600 hours of work experience and applicants that do hold another mental health license also must demonstrate 3,600 hours of experience. One page later, as the rules stipulate the requirements for this required experience, the very last rule allows for a credit of 1,500 hours for applicants holding another mental health license (see Alc 310.01 (f) and (g) and Alc 310.05 (d)). The rule creates two categories of applicants, but requires the same thing for both categories. Then a page later, the rules provide special treatment for one category seemingly negating the rule on the prior page. Similarly, requirements for supervisors are found dispersed throughout the Board's 45 pages of regulations, making it extremely difficult for the reader to comprehend the full scope of responsibility to which the Board calls a supervisor. Supervisors are crucial to the development of new LADC professionals yet they are overburdened by prescriptive and disorganized requirements, even if the standards for supervision are aligned to other substance use counseling and behavioral health boards.

Finally, the licensing process established in Board rules relies on several subjective inputs. For example, professional references are subjective and likely influenced by a colleague's feelings about the applicant, unrelated to their competence to practice safely. The case study is also a subjective requirement. The review process relies on a single Board member's evaluation of the case study. One Board member may be stricter than another or dislike a particular writing style. With no established evaluation criteria, interrater reliability, or even training for new Board members to review such case studies, the outcomes for a single case study could be quite disparate. Compounding the problem, the Board does not track statistics related to case study approvals and denials, therefore the scope of bias or inequality is unknown while regulatory fidelity is compromised. Adding to this subjectivity is a process that is highly dependent on case-by-case analysis of applications. Many Board decisions are made behind closed doors, either by a single Board member, a committee or the entire Board.

The combined effect of these challenges are significant. The impacts are far reaching. First among them is the well documented workforce shortage to address the growing occurrence of opioid misuse and substance use disorder, worsened recently by COVID-19. The subjectivity and lack of transparency coupled with complexity and duplicity make it exceptionally difficult for an accomplished licensee to understand the universe of regulations related to supervision to cultivate new workers. This has a significant impact on small business and independent practitioners that do not benefit from corporate legal and regulatory compliance offices. These trends also brew an environment ripe for inequity. Implicit or unconscious bias is well documented to be pervasive and particularly thrives in environments that are ambiguous, lack feedback, and lack awareness. Circumstances with distracted or pressured decision-making also compound unconscious bias. These descriptors are characteristic of the LADC licensing process.

In the face of these challenges, a LADC applicant has good reason to question the fairness of the licensing process. Not only are these practices inconsistent with the regulator's fiduciary responsibility to assess an applicant's ability to safely practice (according to minimum standards), they also could expose the Board to potential liability as indicated by the Supreme Court's ruling concerning anticompetitive conduct through occupational licensing. In the absence of clear evidence that a particular regulatory requirement such as a "good" case study produces safer counselors, such interventions and the landscape they create, are dangerously close to regulatory capture.

New Hampshire policymakers including the LADC Board may consider a variety of strategies to streamline regulations and reduce unnecessary barriers. These could include:

Technology:

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.

More current technology could have a major impact on the application experience. LADC applications require numerous inputs to the application file from multiple subjects such as supervisors, professional references, exam vendors, or academic institutions.

Many application elements are acquired over time. For example, a supervisor agreement must be executed before an applicant accrues supervised hours, but the same agreement must be submitted again as part of the application. The ability to open and save a draft application would dramatically streamline the operational process for applicants and the administrative process for OPLC staff.

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.

Regulatory Review and Sunset:

Establishing a formalized regulatory review process with accountable expectations may also help to keep regulations in check, providing more pointed oversight than currently experienced in the New Hampshire rulemaking process. The regulatory review process may pointedly require the divorce from rule for any requirement that is already or more appropriately overseen by an employer or academic program. A legislative sunset review process would provide an opportunity to state stakeholders to consider regulations for the LADC field and formalize regulatory review processes in statute.

Pursuing evidence based policy:

The Board may consider reviewing its own data concerning applications denied and approved as well as disciplinary frequency for licensees. This data could provide insight to the Board and could lead to regulations that are responsive to specific areas of public risk. Data analytics should especially consider disciplinary actions related to competence, ethical violations and criminal convictions.

Other Legislative Solutions:

The proliferation of regulations in LADC occurs in rules (not statute) which are set by Board members. Legislative strategies may address the complexity of LADC rules and prompt regulatory changes by addressing board authority. Other states for example have considered legislative changes to provide a public member majority or to change an autonomous board to an advisory committee, providing rulemaking, licensing and disciplinary authority to a government oversight office such as OPLC. For example, all regulatory boards in Utah serve in an advisory capacity to the Utah Division of Occupational and Professional Licensing.

Given Board members are appointed and removed by the Governor, replacement of current members with more progressive members could help to curb prescriptive rules. A public member majority has been used by some states to correct professional interest and anticompetitive conduct.

Staffing Solutions:

Stakeholders throughout the process have also noted turnover in OPLC staff appointed to the Board which they report has had a destabilizing effect and is obstructive to the Board's efforts to undertake rule reviews and revisions. One stakeholder also noted that the Board has access to an attorney only as needed and not as a matter of routine practice. The attorney appointed to the Board does not allegedly regularly attend Board meetings but is available at request. The LADC Board would likely benefit from the regulatory expertise and influence of both a strong administrator and attorney.

OUT OF STATE APPLICANTS

The majority of states regulate Alcohol and Drug Use Counselors. The profession may go by several names, which include addiction counselor, substance use counselor, or chemical dependence counselor among others. The career ladder for substance use counseling involves multiple levels of certification or licensure. IC&RC provides six different credentials while NAADAC offers seven credentials. The aforementioned USDHHS study acknowledged five licensing categories.

CLEAR's research revealed most states consistently acknowledge at least three levels of certification or licensure. An entry level alcohol and drug use counselor typically screens potential patients for substance use dependence and educates patients about addiction, making referrals to and supporting more advanced alcohol and drug use professionals. In this report, the entry level

counselors are categorized as Level I and are equivalent to New Hampshire's Certified Recovery Support Worker (CRSW). The next level of practice entails the screening, diagnosis, and treatment of patients with substance use dependence. Acknowledged in this report as Level II, these individuals orchestrate and deliver care and are comparable to New Hampshire's Licensed Alcohol and Drug Counselors (LDAC). The advanced level of practice, Level III (Master's), addresses co-occurring disorders for substance use and mental health conditions. This level of practice may also provide clinical supervision to Level I and Level II practitioners and is comparable to New Hampshire's Master Licensed Alcohol and Drug Use Counselors (MLADC). The field of alcohol and drug use counseling broadly acknowledges the value of lived experience and offers a viable career pathway to those that have experienced and recovered from an addiction. For this reason, some states may require demonstration of sobriety for a certain term prior to licensure. Nearly all states require alcohol and drug use counselors to be free of addiction.

Requirements among the three levels of licensure may vary greatly. Many states offer multiple pathways to licensure, which provide for the use of experience hours to substitute for advanced academic education and vice versa. Requirements are disparate among the states, leading to inconsistency across borders. The number of education and experience hours required for licensure may easily be doubled or tripled from one state to the next. Most states require education hours, experience hours, and passage of an exam. Many also stipulate the number of "supervised" hours that must be demonstrated as part of the experience hours.

Two private, national certifying bodies help to standardize requirements across the nation. Both offer private certifications and accredited examinations. Some states have aligned regulations to the requirements of one of these two private certification bodies. Some accept the private certification either as an alternative pathway or for a reduction in education, experience, or examination requirements. Some states acknowledge both private certifications, while others subscribe to only one.

The International Certification and Reciprocity Consortium (IC&RC) offers six types of credentials related to alcohol and drug use counselors. The Alcohol and Drug Counselor (ADC) credential is IC&RC's most widely recognized credential. It is the basis of the mandated credential or license in many jurisdictions. The ADC credential is designed to be an entry-level credential and covers the basics of substance use counseling. The ADC credential is not available in all jurisdictions, and requirements, application processes, and fees will vary. IC&RC offers the ability to reciprocate a license from one-member state to another, serving as a quasi-licensure compact. Adopted in 1999, the Advanced Alcohol & Drug Counselor (AADC) is one of the largest credentials in the field of addiction-related behavioral health care. The Advanced Alcohol & Drug Counselor credential requires professionals to demonstrate competency through experience, education, supervision, and the passing of a rigorous examination. The certification is administered on a jurisdictional level by an IC&RC Member Board. Each IC&RC Member Board has unique procedures, requirements, and documents.

The Association for Addiction Professionals (NAADAC) represents the professional interests of addiction counselors, educators, and other addiction-focused health care professionals and provides seven private, voluntary credentials. The NAADAC certification is a voluntary national certification intended for professionals working within Substance Use Disorders/Addiction-related disciplines. Three of those credentials broadly align with the three levels identified in this report: the National Certified Addiction Counselor, Level I (NCAC I); National Certified Addiction Counselor, Level II (NCAC II); and Master Addiction Counselor (MAC).

Many states have an IC&RC or NAADAC affiliate, which are private member-based organizations responsible for the voluntary certifications in the state and, as applicable, the administration of the exam. Many states acknowledge the private certifications as one of several pathways to licensure, which often earns the applicant a discount on education or experience hours (which were theoretically obtained for the private certification). In some cases, the state may appoint the IC&RC or NAADAC affiliate as the certifying body, such as is the case in California or North Carolina.

The vast majority of states are members of IC&RC representing approximately 68 percent of states, while membership to NAADAC represents approximately 32 percent. Since New Hampshire acknowledges the IC&RC credentials, the state is positioned to promote and benefit from the reciprocal arrangements facilitated by this nationally recognized credential.

LEVEL I

Becoming licensed, certified, or registered at an entry level requires completion of approximately 270 hours of addiction education and 2,000 hours of documented work experience on average. Most states do not require the applicant to hold a degree; however, education and experience hours may be reduced for advanced education. Typically, an academic degree is not required, although some states do require an associate or bachelor's degree. New Hampshire offers a Certified Recovery Support Worker credential, which requires the applicant to hold a high school diploma or GED, obtain 46 hours of training, and document 500 hours of experience.

LEVEL I		
Median	270	2000
Mean	232	2517
Max	600	6400
Min	0	0
NH	46	500

LEVEL II

Becoming licensed, certified, or registered at an autonomous level requires completion of approximately 300 hours of addiction education and 4,000 hours of directly related work experience. Most states require an associate or bachelor's degree and will credit more advanced education with a discount in experience hours. New Hampshire offers a credential as a Licensed Alcohol and Drug Use Counselor, which requires 270 hours of education and 6,000 hours of experience as well as an associate or bachelor's degree.

LEVEL II:		
Median	300	4000
Mean	309	3521
Max	1125	10000
Min	0	0
NH	270	6000

LEVEL III (MASTER'S)

Becoming licensed, certified, or registered at an advanced level requires a master's degree and about 270 hours of addiction education followed by around 2,000 hours of experience. New Hampshire acknowledges a Master Licensed Alcohol and Drug Counselor license, which requires 270 education hours and 3,000 experience hours, which may be reduced to 1,500 by holding another mental health license or Alcohol and Drug Counselor license. These requirements are slightly below the average. Coupled with membership to IC&RC, New Hampshire is favorably positioned to encourage portability and in-migration of qualified practitioners to the state.

LEVEL III		
Median	270	2370
Mean	323	3141
Max	2250	10000
Min	0	0
NH	270	3000

See Appendix B for a list of requirements by state.

Perhaps the most formidable challenge facing the LADC field is the considerable variety of credentials and licensing requirements across the nation. While private certification bodies have often facilitated a harmonization and standardization of requirements for other professions, the U.S. Department of Health and Human Services points out that both IC&RC and NAADAC make room for state-level modifications to their credentialing requirements concluding “Thus, a credential affiliated with the same national body in two different states does not necessarily have identical requirements, although reciprocity or endorsement between the two states is more likely than if they were affiliated with different credentialing organizations.”⁴¹

In 2005, the Substance Abuse and Mental Health Services Administration (SAMHSA), part of the U.S. Department of Health and Human Services, called on the two national bodies to work together to find common standards for credentialing which did not produce concrete results after several years of discussions. A renewed commission was issued in 2013 which also fizzled. This places state licensing boards at a considerable disadvantage. More than most licensing boards in which standards are shared across state lines, addiction counseling boards are forced to constantly assess and reassess how one state compares to the home state’s requirements.

Considering these daunting challenges in the field, any strategy to streamline the licensing process for out-of-state applicants will likely prove worthy endeavors. New Hampshire’s LADC Board has instituted many longstanding and emerging practices wielded by licensing boards around the nation. New ground may be achieved by deepening some of these efforts and initiating new ones.

Endorsement:

The licensing process for out-of-state applicants is generally called an endorsement process. Many licensing boards, even from states with “universal” licensing provisions still require an out-of-state applicant to come from a state with “substantial equivalence” or prove they meet the licensing requirements for the receiving state (in this case New Hampshire).

New Hampshire statute allows for three pathways depending on three categories of applicants:

- Applicants from a substantially equivalent state: these applicants are deemed able to practice in New Hampshire and provided a 60-day temporary permit to practice while their application is processed. This is a highly effective practice that allows the applicant to get to work immediately while the Board completes its due diligence.
- Applicants from a state without substantial equivalence that hold a master’s degree that is less than a 60-hour degree: these applicants may be licensed and provided five years to complete the deficient requirements in coursework. Various levels of experience are required to qualify which differ according to the applicant’s holding of another LADC or mental health license creating further fragmentation in this pathway.
- Applicants with proof of active licensed practice in good standing in another jurisdiction for five years: these applicants may be granted a license as a LADC or MLADC even if they come from a state that does not have substantial equivalence. This also is an effective practice that helps to streamline the endorsement process allowing qualified practitioners to get to work without lengthy primary source verifications equating the endorsement process to the burdens of initial licensure.

⁴¹ New Hampshire Standard Medicaid Substance Use Disorder Services. (2017, May). Substance Use Disorder Provider Types. Retrieved January 2, 2021, from <https://www.dhhs.nh.gov/ombp/sud/providers.htm>

The use of a temporary permit, a five-year grace period or automatic licensure for applicants with five years of experience are all progressive policies in the occupational licensing field. Like the initial application process, the statute, rules and application forms are still very difficult to understand. The application forms on the Board's website provide a separate section for "reciprocity-based" LADC and MLADC applicants but these forms are identical to the applications for original licensure. Nowhere do these forms outline the requirements set forth in statute or rule.

Endorsement requirements for CRSWs are slightly more understandable. In this case, applicants from an IC&RC jurisdiction are provided direct licensure while those from a non-IC&RC state must either demonstrate substantial equivalence or complete all the requirements for original licensure.

Reciprocity:

Generally, the occupational licensing field refers to licensure by reciprocity only when formal recognition is established between two or more states. This process is not equivalent to endorsement in that the analysis of "substantial equivalence" generally occurs among policymakers and memorialized in an executed agreement, rather than considering substantial equivalence on a case-by-case basis for each applicant. While the LADC Board rules refer to "reciprocity-based" applicants, the use of the term is misleading in that very few applicants will actually qualify for reciprocal licensure through the endorsement process. Board rules purport to acknowledge a reciprocity process through the IC&RC Reciprocity provisions. But even IC&RC's description of the process is confusing if not circular. The mechanism is boasted as the ability to "transfer" a credential between jurisdictions that use IC&RC products. However each state can set reciprocity requirements for entry to their jurisdiction which therefore negates all the benefits of the reciprocity mechanism.⁴²

This appears to be the case in New Hampshire in which an MLADC applicant seeking to utilize the reciprocity process must still complete the same application for original licensure (which would entail, sending transcripts from educational programs, obtaining the same proof of supervision and completing necessary training within five years of application). The Program Administrator clarified that such an applicant would indeed only need to submit a background check, transcripts, photo ID, and proof of passing the IC&RC exam. However, this process is not clearly defined in board rule, the application or the website. When overlaid to the three categories of applicants identified in the endorsement process, it is bewildering to figure out which eligibility requirements apply to one's circumstance.

Compact:

A licensure compact has not been developed for the LADC field therefore this particular option is not available to New Hampshire. The Council of State Governments has assisted other professions such as Occupational Therapy to create a licensure compact among states. Such an initiative would be highly valuable for this field if not a national priority in the face of a substance use crisis.

Private Certifications and National Exams:

While private certifying bodies can help to standardize competencies and licensure requirements across state lines, as mentioned above, IC&RC and NAADAC both allow states to change these requirements thus diluting the value these bodies could offer to state licensing boards. Still, it may be advisable for the New Hampshire LADC Board to accept NAADAC credentials and standards in addition to the IC&RC standards to maximize the entry of qualified practitioners.

The barriers to out-of-state applicants are substantial for the entire field of alcohol and substance use counseling. New Hampshire's LADC Board has extended admirable policies to help ease these burdens for some categories of applicants utilizing tools such as temporary licensure, a grace period for obtaining requirements and streamlined licensure for applicants with five years of active practice experience. The statute, rules and applications are disorderly nearly to the point of incoherence for an audience without specialized regulatory knowledge. Many of the same recommendations made above for initial licensure also apply to policies for mobility and portability of a license.

Two other potential strategies may also be considered. First, labor mobility and portability is most crucial within a local geographic region. It is highly likely that neighboring states share these challenges and would be enticed to consider a true reciprocity agreement that harmonizes entry requirements among the New England states and provides for automatic licensure

⁴² The National Conference on Addiction Disorders (NCAD). (n.d.). Reciprocity. Retrieved January 1, 2021, from <https://internationalcredentialing.org/reciprocity>

for applicants from those states. New Hampshire's Allied Health Boards offer an example of such a rule as a starting place, although these professions already benefit from greater harmonization across state lines.

Second, perhaps more than any other profession, the substance use counseling field is in dire need of a national licensing compact. The Council of State Governments has a history of supporting such initiatives and is a logical starting point with support from New Hampshire's Board, workforce professionals, and policymakers as well as other state and federal agencies.

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 child care 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.

As discussed above, the LADC field tends to offer a lower wage compared to other behavioral health professions. This may be in part due to low Medicaid and other insurance reimbursement rates for SUD treatment services as well as a general stigma for addictions generally and associated treatment providers.

Stakeholders attending the town hall meeting on November 5, 2020 pointed to these concerning workforce trends. Frankly put, stakeholders attested that individuals in the Alcohol and Drug Use Counseling field are not paid much and that earning potential is the "number one" barrier in the field. When the topic of low-income policies emerged, stakeholders rebutted "that's everyone" in the LADC field. Many end up working two to three jobs to make ends meet, leading to higher and quicker levels of burnout and attrition. Stakeholders reported anecdotal evidence of a two to five-year retention rate after which many LADCs are forced to leave the field due to income pressure. Stakeholders acknowledged that MLADCs can earn a decent salary, but this requires a master's degree and therefore a significant barrier with a low return on investment when compared to earning potential for other mental health, allied health and physical health professions requiring a master's degree.

The stakeholder group discussed several strategies worth consideration. Primary among these is to engage workforce development partners through New Hampshire Employment Security and the State's various offices supported by the Workforce Innovation Opportunity Act. Closer collaboration and coordination with the Governor's Commission on Alcohol and Other Drugs as well as the New Hampshire Center for Excellence may also be warranted, especially given their findings related to licensing barriers.

CLEAR's review of emerging practices in the regulatory field may also offer additional considerations to support low-income workers hoping to enter the LADC field.

Financial Assistance:

Stakeholders were interested in policies from other states related to a sliding scale for application fees. While application fees are often a small portion of the total cost of obtaining a license, such a policy could still help low-income applicants. The New Hampshire Center for Excellence and the Governor's Commission on Alcohol and Other Drugs also promoted goals to extend financial assistance to students entering LADC studies. Such assistance or other financial incentives, such as loan forgiveness, have proven pivotal for other healthcare workforce priorities, such as recruitment of rural health practitioners. These may be particularly effective for the LADC field given the low income potential once a license is obtained.

Total cost analysis:

Application fees usually are only a fraction of the total cost associated with licensure. Tuition is most often the highest cost along with other necessary support such as those for textbooks, travel, and child care. Likewise, exam fees for most LADC license types is \$115 for each exam attempt. This is added to licensure fees ranging from \$110 to \$240.

Earn and learn pathways:

The primary cost drivers for obtaining a license are driven by board regulations, not just licensing fees. Some boards have reduced the total cost of a license by acknowledging “earn and learn” pathways towards licensure. For example, the Barbering, Cosmetology and Esthetics Board offers an apprenticeship pathway as an alternative to the formal education pathway. The Pharmacy Board regulations allow Pharmacy Technicians to obtain training on the job.

For LADC, a primary issue identified by the U.S. Department of Health and Human Services related to the disjointed and complicated nature of licensing laws across the country. Adding an apprenticeship or other earn and learn pathway could further complicate an already complex licensing infrastructure. While “earn and learn” pathways may be a worthy consideration for other professions, New Hampshire policymakers may be better served to start by simplifying current entry-to-practice requirements rather than adding new pathways.

However, exploration of an apprenticeship pathway with local workforce professionals may be valuable. Recall that apprenticeships are more than just observation and often still entail classwork provided by a union or other qualified trainer: it just all occurs on the job and is therefore paid. Bipartisan policies have promoted “earn and learn” opportunities as a workforce development strategy, co-opting the private sector to help solve workforce gaps for training and to fill job vacancies. This is a good example of how closer coordination with workforce and other policy bodies, such as the Governor’s commission, could help pinpoint solutions and worthwhile investments.

Alternative Pathways:

Somewhat related to “earn and learn” pathways are alternative pathways. This report previously discussed these alternatives memorialized in the LADC licensing infrastructure, however it is worth mentioning here how these alternatives facilitate low-income entry to the profession. Consider for example that to become a LADC, an applicant could hold an associate’s degree and obtain more experience hours or hold a bachelor’s degree and complete fewer experience hours. Saving two years in college also reduces tuition costs by 50 percent. The applicant instead learns the requisite skills and experience through on-the-job experience without the financial burden of the ivory tower. This type of policy could be shared with other New Hampshire boards as a strategy to further reduce entry-to-practice barriers. Generally speaking, other policies to reduce the barriers to entry, such as competency-based assessments, will also benefit low-income applicants.

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.

In regard to the application of RSA 332-G:7, Board rules and statute do not specifically address military training and experience. More than likely, an applicant with military training or as a military spouse has likely served in a domestic context. Often this means the military requires that individual to meet state licensing laws.

Beyond RSA 332-G:7, LADC Board statute and rules extend more provisions for military training and experience than other professions reviewed under this grant project. LADC rules allow for a licensee or certificate holder who is a member of the armed forces of the United States, a member of any reserve component of the armed forces, or a member of the national guard, to place their license on inactive status while serving in active duty. The license may be reactivated within two years of discharge from active military duty with payment of the renewal and completion of any continuing education requirements. Other LADC rules are conscientious to mention the special circumstances associated with military duty. For example, applicants have 60 days to respond to a license denial, but an applicant in active duty is provided an extended timeline.

⁴³ Alc 330-C:22(V).

Like the other professions, very few applicants apply as a military spouse or with military training and 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 LADC field may present a viable career.

Military spouse policies and benefits are also relevant for the field. While no compact currently exists for LADC, 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. Few professions could benefit more from such a coordinated effort given the inconsistency among states coupled with the opioid and COVID-19 pandemics. 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. IC&RC provides for "reciprocity" but New Hampshire rules still require extensive verifications that void the reciprocity benefits.

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.⁴⁴ The ultimate goal of these policies, regardless of the shape they take, is to help the military service member or 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 or verification.
- 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.

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:

⁴³ Arizona Governor's Office. (n.d.). Universal Licensing Recognition. Retrieved January 2, 2021, from https://azgovernor.gov/sites/default/files/universallicensingrecognition1_0.pdf

*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.*⁴⁵

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.

Disclosure of pending charges:

Statute requires applicants to report pending criminal charges as well as convictions in RSA 330-C:15 (c) and (d). However, Board rule (which serves to interpret or apply statute) establishes eligibility criteria citing only a felony conviction (Alc 302(a)(3) (d)). Later Board rules stipulate the content of the application form which requires disclosure of a pending criminal charge or a plea agreement, but does not mention conviction at all (see 304.02(a)(7) and 313.02(a)(10)). Indeed the application uses this identical language and it is assumed a conviction is discovered through the background check process.⁴⁶

Together these rules create confusion about the criminal background screening. Does the Board consider convictions or also charges? Are misdemeanors reportable or just felonies? Consistent language and implementation would help reduce ambiguity.

More states are eliminating regulations requiring disclosure of charges. Pending charges may not result in a conviction. An individual could be found innocent of those charges, but consideration of charges means a Board member could still impose licensing sanctions despite the Court's conclusion. This practice is contrary to the processes of the criminal justice system and one of its most sacred principles to consider a defendant innocent until proven guilty. Such a practice also risks adding to an already long list of collateral consequences outside the tenets of the justice system. Because statute requires the Board to screen for pending criminal charges, it is likely legislation would be required to remove this condition.

Automatic Disqualifications or Blanket Bans:

The LADC statute and rules do not issue an automatic disqualification for a criminal conviction. Rules take the proactive step to affirm that the Board may license an individual if the applicant has been rehabilitated, as demonstrated by compliance with court orders including parole or probation. For substance use (and theoretically therefore crimes involving substance use), the rules allow for licensure and certification if the substance use is "presently controlled". The board may also issue a license or certification with a probationary status. Through this process the Board may "waive" a felony.

Define crimes related to practice:

Neither statute nor rule identify crimes related to practice. Often regulatory boards approve criminal backgrounds that do not impact the applicant's ability to practice safely. Naming the crimes that do require further review can create transparency for applicants while serving consumer protection mandates.

⁴⁵ RSA 332-G:10

⁴⁶ RSA 330-C:20

The LADC Board 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 Division of Occupational and Professional Licensure (DOPL) which has issued guidelines for every profession that identify crimes related to practice. For example, a decision matrix specific to Alcohol and Drug Counselors can be found at <https://dopl.utah.gov/sudc/> and clearly communicates how each offense will be treated, from licensure approval, review of the conviction to an interview with the applicant.

Other boards in New Hampshire, such as the Board of Nursing, stipulate in rule the factors the board will consider when evaluating disciplinary sanctions. This same approach could be tailored to consideration of a criminal conviction. Consider for example Nur 402.04(g) which state:

- (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.*

This rule provides transparency and thoughtful consideration of an adverse situation that extends important rights to the applicant/licensee without compromising public protection.

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. The example from Utah mentioned above may offer a starting point to develop such a matrix. If one is already in place, it can be particularly helpful to applicants to publish the guidelines to facilitate transparency and reverse an unintended chilling effect created by requiring a criminal background check.

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. Interestingly, the LADC statute does not utilize morality clauses, however Board rules do create this requirement. Board rules set "good moral character" requirements and authorize the Board to issue a license if rehabilitation is demonstrated or the Board concludes the act or omission does not impair the applicant's ability to practice safely. Consider for example the requirements for CRSWs in Alc 303.01 (and restated in Alc 306):

- (8) *Is of good moral character, as evidenced by:*
 - a. *Information provided on the application form or in the additional materials reviewed by the board regarding any criminal convictions, pending criminal charges, and plea agreements;*
 - b. *Information provided on the application form or in the additional materials reviewed by the board regarding any restitution made for any acts or omissions described in RSA 330-C:27, III (b), (c), (d), (e), (f), (g), (h), and (j);*
 - c. *Information provided on the application form or in the additional materials reviewed by the board regarding any remedial action taken with respect to mental disability;*

- d. Official letters of verification submitted in accordance with Alc 304.04(e), if any; and
 - e. Letters from employers for whom the individual volunteered or worked as further described in Alc 304.04(g).
- (b) The board shall waive an applicant's felony conviction, if any, if:
- (1) The applicant has corrected the deficiency which led to the felonious act or omission; and
 - (2) The board has determined, after considering complete information about the conviction, that it does not impair the applicant's ability to conduct with safety to the public the practices for which the applicant seeks certification.⁴⁷

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 LADC 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.

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 as 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:

Through gradations, applicants face relatively low barriers to enter the field and begin earning a wage. From this point they can advance their skill through additional training and education to earn a higher level license. In a sense, gradations provide the benefits of other "earn and learn" strategies such as apprenticeships which can be particularly helpful to special populations in addition to the general public. Through gradations, the alcohol and drug counselor field can cultivate its workforce to gradually take on greater responsibility while still providing care during their training process. Patients receive the immediate benefit of accessing care while the applicant further hones their skill. Memorializing these gradations in the licensure process also can help facilitate the development of related infrastructure such as educational programs, workforce assistance, or other supports.

Alternative Pathways:

Extending alternative pathways as the LADC Board has done is a particularly effective strategy to keep regulatory burden low while still protecting the public. Like gradations, alternative pathways provide the benefits of other "earn and learn" strategies helping to reduce reliance on expensive degrees and student loans. Alternative pathways can be particularly impactful for low-income, military service member, veteran and military spouse applicants.

Processing Times:

Board rules take the extra step to establish benchmarks for processing applications and licensure decisions. More states are adopting this same standard to identify license processing timelines in statute or rule to provide both transparency and accountability in the licensing process.

⁴⁷ Alc 303.01

Streamlined Licensing Through Permits and Grace Periods:

The use of a temporary permit, a five-year grace period or automatic licensure for applicants with five years of experience are all progressive policies in the occupational licensing field.

Provisions for Military Service Members: Beyond RSA 332-G:7, LADC Board statute and rules extend more provisions for military training and experience than other professions reviewed under this grant project. LADC rules allow for a licensee or certificate holder who is a member of the armed forces of the United States, a member of any reserve component of the armed forces, or a member of the national guard, to place their license on hold while on active duty. The license then may be reactivated within two years of active military duty with payment of the renewal and completion of any continuing education requirements.⁴⁸ Other LADC rules are conscientious to mention the special circumstances associated with military duty. For example, applicants have 60 days to respond to a license denial, but an applicant on active duty is provided an extended timeline.

Absence of Blanket Denials for Criminal Background:

The LADC statute and rules do not issue an automatic disqualification for a criminal conviction. Rules take the proactive step to affirm that the Board may license an individual if the applicant has been rehabilitated, as demonstrated by compliance with court orders including parole or probation. Through this process the Board may “waive” a felony.

STANDOUT INNOVATIONS TO CONSIDER

Competency Based Assessments:

CBA may be a valuable consideration for the alcohol and drug counselor field, particularly to overcome the numerous administrative barriers and the complexity of regulations associated with the licensure process in New Hampshire.

Advancements in Technology:

An improved online licensing database in which an applicant can save application elements as they work towards completion could help streamline the process. LADC applications require numerous inputs to the application file from multiple subjects such as supervisors, professional references, or schools for transcripts among others. Many application elements are acquired over time. For example, a supervisor agreement must be executed before an applicant accrues supervised hours, but the same agreement must be submitted again as part of the application. The ability to open and save a draft application would dramatically streamline the operational process for applicants and the administrative process for OPLC staff.

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.

Standing Orders:

Other New Hampshire boards utilize standing orders to quickly issue licenses for low-risk applicants. For example, through the “Fast-Track” licensing process the Allied Health Boards provide 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.

Pursuing evidence based policy:

The Board may consider reviewing its own data concerning applications denied and approved as well as disciplinary frequency for licensees. This data could provide insight to the Board and could lead to regulations that are responsive to specific areas of public risk. Data analytics should especially consider disciplinary actions related to competence, ethical violations and criminal convictions.

Regulatory Review and Sunset:

The LADC rules would benefit from a strong regulatory review process. Several stakeholders, researchers, and policymakers, including this regulatory review project noted complexity, disorganization, duplicity, subjectivity and a lack of transparency

in LADC Board rules. Establishing a formalized regulatory review process with accountable expectations may also help to keep regulations in check, providing more pointed oversight than currently experienced in the New Hampshire rulemaking process. The regulatory review process may pointedly require the divorce from any rules that are already or better overseen by an employer or academic program. A legislative sunset review process would provide an opportunity to State stakeholders to consider regulations for the LADC field and formalize regulatory review processes in statute.

Other Legislative Solutions:

The proliferation of regulations in LADC occurs in rules (not statute) which are set by Board members. Legislative strategies may address the complexity of LADC rules and prompt regulatory changes by addressing board authority. Other states for example have considered legislative changes to provide a public member majority or to change an autonomous board to an advisory committee, providing rulemaking, licensing and disciplinary authority to a government oversight office such as OPLC. For example, all regulatory boards in Utah serve in an advisory capacity to the Utah Division of Occupational and Professional Licensing.

Given Board members are appointed and removed by the Governor, replacement of current members with more progressive members could help to curb prescriptive rules. A public member majority has been used by some states to correct professional interest and anticompetitive conduct.

Staffing Solutions:

Stakeholders throughout the process have also noted turnover in OPLC staff appointed to the Board which they report has had a destabilizing effect and is obstructive to the Board's efforts to undertake rule reviews and revisions. One stakeholder also noted that the Board has access to an attorney only as needed and not as a matter of routine practice. The attorney appointed to the Board does not allegedly regularly attend Board meetings but is available at request. The LADC Board would likely benefit from the regulatory expertise and influence of both a strong administrator and attorney.

Reciprocity Agreements:

It is highly likely that neighboring states share challenges related to labor mobility and would be enticed to consider a true reciprocity agreement that harmonizes entry requirements among the New England states and provides for automatic licensure for applicants from those states. New Hampshire's Allied Health Boards offer an example of such a rule as a starting place, although these professions already benefit from greater harmonization across state lines.

Pursue CSG Assistance to Develop a Licensure Compact:

Perhaps more than any other profession, the substance use counseling field is in dire need of a national licensing compact. The Council of State Governments has a history of supporting such initiatives and is a logical starting point with support from New Hampshire's Board, workforce professionals, and policymakers as well as other state and federal agencies.

Apprenticeship Pathways:

Exploration of an apprenticeship pathway with local workforce professionals may be valuable while still providing training consistent with national accreditations. Bipartisan policies have promoted "earn and learn" opportunities as a workforce development strategy, co-opting the private sector to help solve workforce gaps for training and to fill job vacancies. This is a good example of how closer coordination with workforce and other policy bodies, such as the Governor's commission, could help pinpoint solutions and worthwhile investments.

Deepening Provisions for Military Service Members, Veterans and Military Spouses:

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.

Eliminate the Reporting and Consideration of Charges:

Pending charges may not result in a conviction. An individual could be found innocent of those charges, but consideration of charges means a Board member could still impose licensing sanctions despite the Court's conclusion. This practice is contrary to the processes of the criminal justice system and one of its most sacred principles to consider a defendant innocent until proven guilty. Such a practice also risks adding to an already long list of collateral consequences outside the tenets of the justice system. Because statute requires the Board to screen for pending criminal charges, it is likely legislation would be required to remove this condition.

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.⁴⁹ 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.⁵⁰

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.

⁴⁹United 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.

⁵⁰United 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

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

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.⁵¹ 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.⁵²

⁵¹ 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.

⁵² NH RSA 326-C:5, I and II

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)⁵³

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.⁵⁴

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.

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.

⁵³ NH RSA 328-A:5, IV

⁵⁴ NH RSA 326-E:3

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.⁵⁵ 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 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

⁵⁵ 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

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.⁵⁶

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 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

⁵⁶ NH RSA 328-F:18, VI

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.⁵⁷ 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.

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 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.

⁵⁷ 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 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.*⁵⁸

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.⁵⁹

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.*⁶⁰

⁵⁸ N.H. Code Admin Phy 305.01(b)

⁵⁹ Department of Regulatory Agencies, D. (n.d.). Veterans Occupational Credentialing and Licensing (VOCAL). Retrieved February 23, 2021, from <https://dpo.colorado.gov/Military/VOCAL>

⁶⁰ NH RSA 332-G:10

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”.⁶¹ 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.⁶²

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.⁶³ 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 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.

⁶¹ See for example NH RSA 326-C:5 (l)(c)

⁶² 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/ltw2/License_to_Work_2nd_Edition.pdf

⁶³ 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

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.⁶⁴

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.

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.

⁶⁴ NH RSA328-F:18(VI)

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.

BARBERING, COSMETOLOGY AND ESTHETICS

Barbering and cosmetology provide haircutting, hairstyling, shaving, facials, and a wide range of other beauty services. Estheticians provide cosmetic and therapeutic skin care treatments and manicurists provide services specifically for fingernails and toenails. Each has specific scopes of practice of which cosmetologists have the most expansive practice.

The Board of Barbering, Cosmetology, and Esthetics also issues a variety of licenses. Considered specifically by this project are barbers, cosmetologists, estheticians and manicurist's licenses however the board also licenses shops, booth rentals, instructors and schools among others.

Generally, the outlook for these professions is very favorable meaning they are expected to experience a combined high rate of growth and a large number of annual job openings, providing the best employment opportunities through 2028. From 2018 - 2028,⁶⁵ New Hampshire Employment Security projects cosmetology will increase by 9.4 percent, manicuring by 11.1 percent and esthetics by 11.5 percent. Barbering is projected to experience a slightly lower growth rate at 7.5 percent likely given more conservative estimates in the number of job openings; however, the industry generally is seeing more barbers seek cosmetology licenses and therefore would enjoy the favorable growth rate for these professionals.

The chart below summarizes employment and wage data related to these occupations, as reported by New Hampshire Employment Security.⁶⁶ Note barbers and estheticians are not listed separately in New Hampshire Employment Security's Occupational Employment and Wages publication.

BARBERS AND COSMETOLOGISTS WHICH INCLUDES HAIRDRESSERS, HAIR STYLISTS, AND COSMETOLOGISTS	
Code:	39-5012
May 2019 estimated employment from Department of Labor	2,610
Number of NH licensed individuals	9,109
Number of NH licensed apprentices and work permits	27,159 (Apprentices = 16,010)
Entry Level Wage	\$8.91
Mean (Average) Wage	\$14.79
Median Wage	\$11.80
Experienced Wage	\$17.73
Living Wage Merrimack County	\$12.39
New Hampshire Minimum Wage	\$7.25

⁶⁵ New Hampshire Employment Security. (2020, October). New Hampshire Job Outlook and Locator base year 2018 to projected year 2028. Retrieved February 22, 2021, from <https://www.nhes.nh.gov/elmi/products/documents/job-locator-intro.pdf>

⁶⁶ New Hampshire Employment Security. (2020, June). STATEWIDE Occupational Employment & Wages. Retrieved February 22, 2021, from <https://www.nhes.nh.gov/elmi/products/documents/wages-state.pdf>

ESTHETICIANS AND MANICURISTS	
Code:	39-5092
May 2019 estimated employment from Department of Labor	470
Number of NH licensed individuals	3,448
Number of NH licensed apprentices and work permits	12,770 (Apprentices = 6,757)
Entry Level Wage	\$13.65
Mean (Average) Wage	\$18.59
Median Wage	\$19.10
Experienced Wage	\$21.06
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.⁶⁷ 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 a license in one of these fields in New Hampshire and other states generally must complete a training program followed by supervised experience and passage of a national exam.

To become a barber, an applicant must:

- (a) *Be of good professional character;*
- (b) *Have completed high school or its equivalent;*
- (c) *Have received training of:*
 - (1) *A minimum of 800 hours of training in a school of barbering approved by the board; or*
 - (2) *A minimum of 1,600 hours distributed over a period of at least 12 months under a licensed barber who has engaged in the practice of barbering within the state for at least 2 years;*
- (d) *Pass an examination conducted by the board; and*
- (e) *Pay a fee established by the board.*⁶⁸

⁶⁷ 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.

⁶⁸ NH RSA 313-A:10, I

To become a master barber, an applicant must:

- (a) *Be of good professional character;*
- (b) *Have completed high school or its equivalent;*
- (c) *Have received training of:*
 - (1) *A minimum of 1,500 hours of training in a school of master barbering approved by the board; or*
 - (2) *A minimum of 3,000 hours distributed over a period of at least 18 months under a licensed barber who has engaged in the practice of barbering within the state for at least 2 years;*
- (d) *Pass an examination conducted by the board; and*
- (e) *Pay a fee established by the board.*

To become a cosmetologist, an applicant must:

- (a) *Be of good professional character;*
- (b) *Have completed high school or its equivalent;*
- (c) *Have received training of:*
 - (1) *A minimum of 1,500 hours of training in a school of cosmetology approved by the board; or*
 - (2) *A minimum of 3,000 hours distributed over a period of at least 18 months under a licensed cosmetologist who has engaged in the practice of cosmetology within the state for at least 2 years;*
- (d) *Pass an examination conducted by the board; and*
- (e) *Pay a fee established by the board.*⁶⁹

To become a manicurist, an applicant must:

- (a) *Be of good professional character;*
 - (b) *Have completed high school or its equivalent;*
 - (e) *Pay a fee established by the board*⁷⁰;
- and*
- I. Have completed a course of at least 300 hours of professional training in manicuring, in a school approved by the board and passed an examination conducted by the board.*⁷¹

To become an esthetician, an applicant must:

- (a) *Be of good professional character;*
 - (b) *Have completed high school or its equivalent;*
 - (e) *Pay a fee established by the board*⁷²
- and*
- I. have completed a course of at least 600 hours of training in a school approved by the board and have passed an examination conducted by the board.*⁷³

The Board of Barbering, Cosmetology, and Esthetics leverages some highly effective provisions to demonstrate its fiduciary commitment to consumers, workers and the marketplace more generally. The Board has kept licensing requirements within industry standards (more on this in the next section on out-of-state applicants). The Board also issues a temporary permit to applicants that have completed all licensure requirements and are only waiting to pass the final examination.⁷⁴ The permit expires within 60 days but may be reissued if the applicant fails the first exam, a rehabilitative practice. This is an effective regulatory tool that provides the Board oversight of the applicant to protect the consumer while allowing that applicant to immediately begin work as they engage the licensing process. This also significantly reduces pressure on licensing timelines while preserving the Board's important consumer protection role. The success of the program is evident in the experience of one OPLC staff member who reported never having witnessed a disciplinary case against a temporary licensee in her 11 years of

⁶⁹ NH RSA 313-A:11, I

⁷⁰ NH RSA 313-A:11, I, a, b and e, and NH RSA 313-A:12

⁷¹ NH RSA 313-A:12, I

⁷² NH RSA 313-A:11, I, a, b and e, and NH RSA 313-A:13

⁷³ NH RSA 313-A:13

⁷⁴ NH RSA 313-A:18

experience.⁷⁵ This process should be considered by other boards within OPLC to determine if such a process would be feasible for their unique practice environments.

The Board also features an exemption process which allows applicants to petition the Board if they do not meet certain qualifications. Board rules take the extra step to require the approval or denial of an application with 30 days of receipt. More states are adopting this same standard to identify license processing timelines in statute or rule to provide both transparency and accountability in the licensing process.

The gradations of licensure observed within the Board are also notable. As some economists have observed, gradations can provide a legitimate pathway into a profession and encourage other workforce infrastructure that benefits the state's residents and economy.⁷⁶ It is notable that the low barriers and gradation of licensure also benefit other special populations in addition to the general public. Lower level licenses provide an easier entry to the profession and valuable experience as the applicant considers the investment and time to obtain a more advanced license. For example, a Barber can enter the profession with only 800 hours of training and then work towards a Master Barber license with 1,500 hours. These credentials can build upon each other. A manicurist requires only 300 hours to enter the profession and then could advance to an esthetician or cosmetologist. These policies are especially helpful given the minimum age to enter the profession is 16, providing young people with industry experience that does not rely on a college education.

An apprenticeship alternative also diversifies pathways into the profession and provides “earn and learn” opportunities which are discussed in the section below on low-income applicants.⁷⁷

The major pain points reported by stakeholders concerned operational workflows. Public stakeholders shared frustration with a recent change in the examination vendor which moved the testing site to a new location and purportedly moved the test date out six weeks, affecting the ability of students to get to the new test site while maintaining jobs to pay their student loans.

Internal OPLC stakeholders reported the time investment of processing licensing verifications for other states and wondered if this could not be easily automated through MLO, OPLC's electronic database, to reduce the workload burden. However, other OPLC boards have made it policy to point states to the online license verification process available on the website, an operational tweak that saves significant staff hours.

It was also reported the application process generates a lot of questions and therefore workload in customer service, despite efforts to present this information clearly and readily on the Board's website. The complexity of rules not just for barbers and cosmetologists, but also instructors, supervisors, schools, shops, booth rental and more can create an understandable web of confusion for an audience that lacks the same expertise in the regulatory process as a Board or staff member at OPLC.

The privileges granted to these license types do involve procedures, chemical and other practices that pose a risk to consumers if not practiced safely. The number of inspections and complaints that reveal violations concerning proper disinfection and application of these treatments demonstrates the value of these regulations. Further, the professions collectively are made up of many small business owners including a significant number that are minority owned and non-English speaking. Students face substantial risk from unscrupulous schools and human trafficking is known to hide behind salon business fronts. Licensing and inspection requirements are sometimes the first line of defense to detect wrongdoing, providing first and foremost accountability and sunshine. Furthermore, the regulations in New Hampshire are not all that different from other boards of barbering and cosmetology.

Boards can also undertake additional practices to help ease this burden of understanding for the majority of otherwise upstanding applicants, considering for example:

- The College of Physiotherapists of Ontario published a video series on YouTube, “Understanding the Regulated Health Professions Act”, to help applicants and licensees understand industry regulations. See: <https://www.youtube.com/watch?v=klol9ipYDDo>.

⁷⁵ Ms. Kathryn Wantuck, Board Administrator, Barber, Cosmetology and Esthetics Board [Personal interview]. (March 20, 2019).

⁷⁶ 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

⁷⁷ NH RSA313-A:24

- The Ontario College of Dietitians maintains a YouTube site with multiple videos breaking down ethics and continuing competency requirements among others. See: <https://www.youtube.com/user/CollegeofDietitians>.
- The North Carolina Addiction Specialist Professional Practice Board publishes a brochure for the profession, providing a synopsis of the profession, outlining the scope of practice and detailing the licensure process. See: <https://www.ncsappb.org/wp-content/uploads/2018/05/Combined-CSAPC.pdf>
- Lean process improvement that engages board members and OPLC staff to collectively map the operational effects and potential savings created by regulations and consider more permissive rules that allow operational flexibility while preserving consumer protections.
- Utah legislation which encourages boards to explore a conversion from “time-based” assessments such as education and work experience hours to competency-based assessments. Platforms for competency-based assessments provide e-portfolios to simplify the process of certification, accreditation or competency testing for both the candidate as well as the assessor.⁷⁸

Advancements within this MLO database are still being made that would allow communication with licensees or other operational improvements. The conversion to online renewals through MLO reportedly increased processing times due to its cumbersome design and newness. 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.

OUT OF STATE APPLICANTS

Original applicants seeking a license in one of these fields in New Hampshire faces relatively average or lower barriers to entry when compared to other states.

The Board provides a specific application process for out-of-state applicants that hold a license in a state with similar eligibility requirements. Also called “substantial equivalency”, these clauses can prove burdensome for staff that must verify the equivalency of that originating state’s requirements, which could change yearly with legislative movements. Such clauses are also vague and do not provide the applicant with clear guidance on gaps in training or remedial alternatives. Does similar mean “equal or higher”? Is a discount provided to satisfy the similar benchmark such as 70 percent or 90 percent of New Hampshire requirements? Does this comparison apply only to education and training or also to other eligibility requirements?

For these reasons the benefits of holding a license in another state can be lost in the application process as state boards seek to independently and forensically verify eligibility. New Hampshire rules require an extensive state verification including proof of a high school diploma or GED, school transcripts and examination passage, all of which could be very old or with institutions that no longer exist. Further, license verifications from other states can take weeks which further slows the process. Since many boards have now moved to electronic databases, often a license and discipline can be verified using publicly available license verification websites. In fact, license verifications have become so cumbersome for state boards that many now refuse to issue individual letters, pointing inquiring employers and boards to the online database. Yet in New Hampshire Board rules still require a letter directly from the out-of-state board with 10 individual elements. This type of requirement is both burdensome on the applicant and out-of-state board and duplicative of information required elsewhere in the application. Bar 304.01 specifically requires:

(d) In order to verify licensure, each applicant shall request the state board in which the current license is held to complete a certificate of state licensure.

(e) The certificate of state licensure shall include the following:

⁷⁸ Utah Code Ann. §58-1-301(5), accessed at <https://le.utah.gov/~2019/bills/static/HB0226.html>

- (1) *The state of licensure and the name of the board or agency that issued the license;*
- (2) *The name of the applicant;*
- (3) *The name and address of the school or shop where the apprenticeship was completed;*
- (4) *The applicant's enrollment and completion date;*
- (5) *The total number of hours completed;*
- (6) *The year first license was issued;*
- (7) *The expiration date of last held license;*
- (8) *The exam date(s), language exam taken in, and scores;*
- (9) *The signature, current date, and title of the person filling out the certificate of state licensure; and*
- (10) *The state seal, if applicable.*⁷⁹

The Board may consider opportunities to streamline the out-of-state process. A good starting point is already embodied in the expeditious policies in place for original applicants, including the use of a temporary work permit upon application.

Alternatively, some boards pursue regional reciprocity agreements with neighboring states. The burden of maintaining data on “substantial equivalence” for 50 states is high, but this is quickly reduced by considering formalized agreements with only a handful of neighboring states that are together members of a regional economy. A review of rules for out-of-state applicants with an eye towards streamlining extensive documentation requirements could also prove an elegant improvement to the process. Lastly, the Board could also undertake its own evidence-based policy initiative by evaluating complaint and disciplinary data for out-of-state applicants compared to the general licensee pool. Such data could prove useful to consider a cost-benefit analysis for such an intensive regulation verification process. Could regulations be relaxed to provide a lower level of verification through alternative pathways?

To this end, a comparative analysis to requirements across the nation follows for each license type. A reciprocity analysis is also provided for each license type assuming “substantial equivalence” can be interpreted to be 70 percent satisfaction of New Hampshire requirements. Comparative licensing data for Manicurists or Master Barbers was not evaluated given the relative infrequency of licensure in other states. See Appendix B for a list of license requirements by state.

BARBERS

The majority of states license barbers (as opposed to registration or certification). In order to become licensed, most states require completion of an education program and passage of an exam. Most states set a minimum grade completion and age for applicants. Apprenticeship programs offer an alternative path to licensure in many states which can substitute for a more traditional academic educational program.

New Hampshire's requirements to become a licensed barber align with the national average. Most states require 1,500 education hours while New Hampshire requires 800. This could be interpreted as favorable to New Hampshire to encourage portability into the state and still protect the public. In general, licensure requirements should be set to ensure applicants have the competence to practice safely. Licensing requirements may be raised or lowered given the number of complaints and other evidence of harm to consumers. New Hampshire's requirements demonstrate barbers may practice safely with 800 hours of education. However, as one of the states with the lowest requirement in the nation, it is likely that barbers trained and licensed in New Hampshire could have difficulty transferring to another state. Most would need to complete additional hours of education or training. More locally, the median training requirement for licensure in states that surround New Hampshire (Connecticut, Maine, Massachusetts, Rhode Island, New York and Vermont), is 1,000 hours. This means barbers trained and licensed in those states could easily transfer their license into New Hampshire. Barbers trained and licensed in New Hampshire would be deterred from leaving, likely finding it difficult to transfer to a surrounding state. Like many states, New Hampshire recognizes a qualified apprenticeship program as an alternative pathway to licensure.

⁷⁹ N.H. Code Admin Bar 304.01

BARBER EDUCATION HOURS	
Median	1500
Mean	1357
Min	800
Max	2100
New Hampshire	800

The Barber license in New Hampshire yields a high reciprocity rate for applicants seeking to transfer a license into the state.

Barber Academic Pathway:

All 50 states meet the 70% threshold for educational hours. In fact, New Hampshire requires the fewest educational hours in the nation at 800 hours. New Jersey requires the next lowest required hours at 900. This means it will be relatively easy for individuals transferring into New Hampshire to obtain a license but relatively difficult for New Hampshire licensees to transfer their license to another state.

Barber Apprenticeship Pathway:

26 of 30 states that allow for an apprenticeship or require an apprenticeship for licensure meet the 70% threshold. The following states offer an apprenticeship pathway or require completion of an apprenticeship for licensure, but do not meet the 70% threshold:

- Kentucky – 63%
- Louisiana – 43%
- Rhode Island – 53%
- Tennessee – 47%

This comparative analysis does not consider the type of exam, passing rate, minimum age or grade/degree accomplishment.

COSMETOLOGIST

The majority of states license cosmetologists (as opposed to registration or certification). In order to become licensed, most states require completion of an education program and passage of an exam. Most states set a minimum grade completion and age for applicants. Apprenticeship programs offer an alternative path to licensure in many states which can substitute for a more traditional academic educational program.

New Hampshire’s requirements to become a licensed cosmetologist comport to the average across the nation which requires 1,500 education hours and passage of an exam. This could be interpreted as beneficial to cosmetologists and public consumers in New Hampshire. While a licensure compact among states does not currently exist, more states are settling on 1,500 education hours and other similar requirements. The standardization of licensure requirements among states promotes portability and serves as a useful foundation for the development of a licensure compact. Like many states, New Hampshire recognizes a qualified apprenticeship program as an alternative pathway to licensure.

COSMETOLOGIST EDUCATION HOURS	
Median	1500
Mean	1521
Min	1000
Max	2100
New Hampshire	1500

The Cosmetologist license in New Hampshire yields a slightly lower reciprocity rate when compared to barbering and esthetics.

Cosmetology Academic Pathway:

47 of 50 states meet the 70% threshold for educational hours. If the threshold is lowered to 67%, then the remaining three states could be counted (FL, MA and NY).

Cosmetology Apprenticeship Pathway:

16 of 25 states that allow for an apprenticeship meet the 70% threshold. The following states offer an apprenticeship pathway but do not meet the 70% threshold:

- Arkansas – 67%
- Kansas – 50%
- Maryland – 67%
- Michigan – 64%
- North Carolina – 40%
- Pennsylvania – 67%
- Tennessee – 50%
- Vermont – 50%
- Washington – 67%

Note that if the threshold were lowered to 67%, then four additional states (AK, MD, PA, and WA) could be counted. This would yield an 80% reciprocal rate as opposed to 64%. This comparative analysis does not consider the type of exam, passing rate, minimum age or grade/degree accomplishment.

ESTHETICIANS

The majority of states license estheticians (as opposed to registration or certification). In order to become licensed, most states require completion of an education program and passage of an exam. Most states set a minimum grade completion and age for applicants. Apprenticeship programs offer an alternative path to licensure in many states which can substitute for a more traditional academic educational program.

New Hampshire's requirements to become a licensed esthetician comport to the median across the nation which requires 600 education hours and passage of an exam. This could be interpreted as beneficial to estheticians and public consumers in New Hampshire. While a licensure compact among states does not currently exist, more states are settling on 600 education hours and other similar requirements. The standardization of licensure requirements among states promotes portability and serves as a useful foundation for the development of a licensure compact. While apprenticeship programs are less common among states for esthetician licensure (when compared to cosmetologists and barbers), New Hampshire recognizes a qualified apprenticeship program as an alternative pathway to licensure.

ESTHETICIAN EDUCATION HOURS	
Median	600
Mean	627
Min	260
Max	1100
New Hampshire	600

The Esthetician license in New Hampshire yields a high reciprocity rate for applicants seeking to transfer a license across state lines.

Esthetician Academic Pathway:

45 of 49 states that regulate estheticians meet the 70% threshold for educational hours. The following states do not meet the threshold:

- Arkansas – 50%
- Connecticut – no regulation
- Florida – 43%
- Massachusetts – 67%
- Michigan – 67%
- Pennsylvania - 50%
- Virginia – regulation recently passed, awaiting requirements

Note that if the threshold were lowered to 67%, then two additional states (MA and MI) could be counted. This would yield a 94% reciprocal rate as opposed to 90%.

Esthetician Apprenticeship Pathway:

15 of 21 states that allow for an apprenticeship meet the 70% threshold. The following states offer an apprenticeship pathway but do not meet the 70% threshold:

- Arkansas – 29%
- Michigan – 40%
- Nebraska – 50%
- Utah – 67%
- Vermont – 67%
- Washington – 67%

Note that if the threshold were lowered to 67%, then three additional states (UT, VT and WA) could be counted. This would yield an 85% reciprocal rate as opposed to 71%. Some states require an apprenticeship to obtain a license, meaning the apprenticeship is not an alternative pathway as it is in New Hampshire and other states. These states were still included in this analysis since the substance and form of experience is substantially similar. This comparative analysis does not consider the type of exam, passing rate, minimum age or grade/degree accomplishment.

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.

As described above, barbers and cosmetologists earn an average of \$14.79 hourly which can increase to nearly \$18.00 for more advanced credentialing or experience. New Hampshire Employment Security reports Manicurists, a smaller subset of the profession, earn an average of \$18.59 or up to \$21.06 for experienced individuals.

Barbers and cosmetologists can face a relatively high “total cost” of licensure given the sum total of licensing fees, tuition, and exam fees. Public stakeholders shared concern about the cost of a cosmetology program in the state which they report yields on average \$16,000 in student loans plus living and travel expenses. High school programs through existing public school systems may offer beneficial innovation in the field to help reduce costs while preparing students for a viable career in a high-growth sector.

The cost of licensure could be significantly reduced by taking advantage of the apprenticeship pathway, however the majority of applicants still utilize the academic pathway. An apprenticeship alternative diversifies pathways into the profession and provides “earn and learn” opportunities which are a major benefit to all potential applicants but are particularly pertinent when considering minority and low-income communities.

Rules for apprenticeships are quite prescriptive and could be confusing to an audience that does not have advanced regulatory expertise (such as a barber overseeing an apprentice). There are two types of apprenticeship: a “school” or “shop” apprenticeship (more specifically independent licensees that agree to train an apprentice). Rules for the two types of apprenticeship seem to converge and diverge with numerous standards depending on the hours and curriculum of the program. A licensee may have difficulty navigating through each circumstance to determine which best describes his/hers.

Rules this complicated benefit from an interpretive guide which the Board has provided on its website. The Board may also consider reviewing these rules in particular along with the operational procedures they create through a Lean process and consideration of the public benefit tied to each requirement.

Lastly, the rules require a shop apprenticeship instructor to submit a monthly record of attendance to the Board no later than the 15th day of the following month. This is not a requirement of schools where records are retained by the school and a final document demonstrating completion is retained for licensure purposes. The Board could consider the practice of the Pharmacy Board related to Registered Pharmacy Technicians in which records are kept by the supervisor and available upon request, or in this circumstance, could be provided upon completion of the apprenticeship and application to the Board. This would reduce burden on both the licensee and OPLC staff - especially if staff infrequently finds anything of concern in these monthly records. Note also shop apprenticeships are still subject to inspection twice yearly and that apprentices still must pass the same licensing exam to demonstrate competence in the practice. It would seem these measures could serve as an appropriate safeguard for consumer protection without the additional burden of monthly paperwork which purportedly requires nearly a full time OPLC employee to keep pace. OPLC staff have observed that some people use the apprenticeship to skirt licensing requirements, essentially remaining an apprentice for years without ever pursuing a full license. To correct this loophole, the Board could consider modifying reporting to an annual requirement and/or enacting grounds for discipline if a current licensee overseeing an apprenticeship enables such fraudulent behavior.

Public stakeholders voiced support to see regulations accommodate more crossover from school to apprenticeship settings. They also voiced concern that shop apprenticeship supervisors are not required to meet the same requirements as school instructors. However, a move this direction could have a chilling effect on apprenticeships by raising barriers for supervisors to provide this valuable service. Additionally, because a shop supervisor can only oversee one or two apprentices at a time, the risk of harm would seem far less than a school instructor that oversees much larger class sizes and applicant volume.

OPLC staff reported anecdotal experience administering the shop apprenticeships. According to their insight, approximately 200 - 250 people are in a shop apprenticeship at one time. Shop apprentices seem to demonstrate a lower examination

passage rate although the cause of this trend deserves exploration. One important consideration may constitute the language proficiency of the student. According to stakeholders, shop apprentices often do not speak English as a first language, however the exam is offered in multiple languages.

The apprenticeship process would seem to lend itself to further review to inform if regulations could be relaxed, harmonized or amended. For example, are more complaints received for shop apprentices than school apprentices? Does the monthly attendance report ever reveal concerning or suspicious behavior? What explains the lower passage rate of shop apprentices and could this be tied to language proficiency? How do these outcomes speak to the accessibility of the profession for minority and low-income communities? OPLC staff have observed numerous occasions where these reports showed the apprentice had not receive the required number of hours to be considered for licensure which prompts the opportunity for guidance, however statistics on such denials are not routinely logged or evaluated. As a first step, the Board could begin by collecting and tracking pertinent data to inform its regulatory review.

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. 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 professional care industry may present a viable career. Military experience in the barbering and cosmetology fields is somewhat rare and therefore often handled on a case-by-case basis to determine if the applicant meets basic requirements to sit for the examination.

Military spouse policies and benefits are likely much more relevant for the field. Professional care professions are promoted as a career for spouses on military bases and often in demand regardless of where the spouse is transferred. An overall lack of coordination for licensing requirements across state lines particularly characterizes the barber, cosmetology and esthetic industries. The professions would very much benefit from the development of a compact. At the time of this report, no such compact was sufficiently developed to offer a viable pathway.

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.⁸⁰ 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 from the out-of-state board with the elements listed in Bar 304.01.
- Waive application fees for military service members, veterans and spouses.

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.*⁸¹

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.

⁸¹ Office of Governor Doug Ducey. (n.d.). Universal License Recognition. Retrieved February 23, 2021, from https://azgovernor.gov/sites/default/files/universallicensurecognition1_0.pdf

¹⁸ NH RSA 332-G:10

The Board of Barbering, Cosmetology and Esthetics has ample statutory authority to define qualifications of applicants which includes satisfactory evidence of “good professional character”.⁸² The Board is required to establish review criteria of the applicant’s “good professional character” which it has done in Bar 301.02(d) citing:

- (1) Whether the person has been found guilty of abuse, neglect, exploitation of any person or has been convicted of child endangerment, fraud or a felony against a person in this or any other state by a court of law;
- (2) Whether the person has a current mental condition affecting the ability to practice the profession;
- (3) The length of time that has passed since the crime or disciplinary action;
- (4) Information showing the positive answer is not indicative of the persons current character; and
- (5) Any relevant circumstances surrounding the affirmative answer.⁸³

Rules go on to specify apprentice applicants must report conviction of a felony or misdemeanor, stating:

- (5) Whether the applicant:
 - a. Has been convicted of a felony or misdemeanor, other than a traffic violation, which has not been annulled by a court, and, if yes, the applicant shall submit:
 - (i) A Court provided copy of the charge(s), conviction(s), penalties imposed, and a statement created by the applicant relative to the charges;
 - (ii) If the applicant is currently on probation, the probation officer’s name, mailing address, and telephone number, a letter from the probation officer stating that the applicant is in compliance, and;
 - (iii) If the applicant has completed probation or parole, a letter indicating that the applicant met all the requirements and is no longer on parole or probation⁸⁴

Further, rule provides the process of denying an application, requiring the board to provide the applicant with a letter containing the following:

- (1) Referencing the statute or rule the applicant has not complied with;
- (2) Explaining what the applicant shall do in order to become registered or licensed; and
- (3) Providing the secretary’s name and telephone number for further assistance.⁸⁵

Statute does not address criminal convictions or background checks. As noted above, rules address the reporting of a criminal conviction but do not specify a requirement that an applicant undergo a criminal background check even though one is required as part of the application process.

Taken together, the architecture of regulations and processes concerning applicants with criminal convictions boasts alignment to emerging practices in the licensing field as well as opportunities for further consideration of standout innovations.

EMERGING PRACTICE

Publicly identify review criteria for convictions:

The Board has done this in Bar 301.02(d) which provides transparency to potential applicants. However, the criteria are still vague and provides ample decision-making authority to the Board, even if anecdotal evidence suggests the Board generally approves applicants with convictions. One public stakeholder questioned if such regulations have a chilling effect returning citizens that would otherwise consider a career in the industry. The Utah Division of Occupational and Professional Licensure (DOPL) published an entire webpage on criminal history guidelines. The webpage lets applicants know what they can expect from the application process. Criminal history guidelines are readily available throughout DOPL’s website with a primary overview page addressing Division-wide information and as a menu bar option for each individual profession. See https://dopl.utah.gov/criminal_history.html

⁸² NH RSA 313-A:8, II, b

⁸³ N.H. Code Admin Bar 301.02, d

⁸⁴ N.H. Code Admin Bar 301.01, b, 5

⁸⁵ N.H. Code Admin Bar 301.02, g

Identify crimes related to practice: More public stakeholders and policymakers are calling on licensing boards to consider the hard work identifying crimes related to practice.⁸⁶ The Board has established in Bar 301.02(d) criteria for reviewing convictions. This rule clarifies the Board will consider convictions of “abuse, neglect, exploitation of any person or has been convicted of child endangerment, fraud or a felony against a person in this or any other state by a court of law.”

However, the Board’s application process requires applicants to report any conviction. Stakeholders further reported that the Board in practice considers convictions related to drugs, domestic violence and theft, a slightly different list than the one provided in rule.

The Board may consider tethering these rules (Bar 301.02 (g) and Bar 301.01(b)(5)) to each other, refining the application criteria to only report convictions named in Bar 301.02(g).

The New Hampshire Board of Pharmacy statute does just this and 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. A decision matrix specific to the Barber and Cosmetology professions can be found at <https://dopl.utah.gov/cosmo/> and clearly communicates how each offense will be treated, from licensure approval, review of the conviction to an interview with the applicant.

Elimination of morality clauses: Morality clauses such as “good professional character” which is used broadly in the Barber, Cosmetology and Esthetic statutes and rules, 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.⁸⁷

Elimination of consideration or denials based on charges: Board rules require applicants to report convictions of a felony or misdemeanor. If the applicant discloses a conviction, they must also then provide copies of charges and penalties imposed, not just documentation of the conviction. This rule demonstrates potential confusion regarding criminal proceedings. Charges may not result in a conviction. An individual could be found innocent of those charges, but a Board member could misunderstand a criminal record or view the existence of a charge as a lack of “good moral character” and impose licensing sanctions despite the Court’s conclusion. This practice is contrary to the processes of the criminal justice system and one of its most sacred principles to consider a defendant innocent until proven guilty. Such a practice also risks adding to an already long list of collateral consequences outside the tenets of the justice system.

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.

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. The Barber, Cosmetology and Esthetic Board also clarifies in rule these denial proceedings therefore aligning to this statutory requirement and promising practice observed in the occupational licensing field.

Elimination of Blanket Bans: The Board does not provide blanket bans, allowing instead discretion to consider the subjective information related to a conviction.

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.

⁸⁶ 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

⁸⁷ 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/tlw2/ License_to_Work_2nd_Edition.pdf,

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 as 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.

Occupational training programs in state jails and prisons: The Board has exclusive authority in the State of New Hampshire to license training programs and schools related to the profession. The Board recently authorized a new training program in the New Hampshire Correctional Facility for Women (NHCFW). As noted elsewhere in this report, individuals with criminal convictions can face dire job prospects and tend to be an underemployed and underutilized population in the workforce. The Board's approval of the program at NHCFW is a demonstration of its progressive and thoughtful regulatory philosophy. Consideration of the above policy levers may help to streamline the application process for this new wave of students, helping them to get to work quickly upon transition to the community.

STANDOUT INNOVATIONS TO SHARE

Alignment to National Standards: The Board of Barbering, Cosmetology, and Esthetics has kept licensing requirements within industry standards without imposing requirements that are higher or lower than most other states.

Temporary Permits: The Board issues a temporary permit to applicants that have completed all licensure requirements and are only waiting to pass the final examination, an effective regulatory tool that provides the board oversight of the applicant to protect the consumer, while allowing that applicant to immediately begin work as they engage the licensing process.⁸⁸ The success of the program is evident in the experience of one OPLC staff member who reported never having witnessed a disciplinary case against a temporary licensee in her 11 years of experience.⁸⁹

Petition Pathway: The Board features an exemption process which allows applicants to petition the Board if they do not meet certain qualifications, providing a potential alternative pathway to licensure.

Processing Times Set Rule/Statute: Board rules require the approval or denial of an application with 30 days of receipt, a policy to which more states have turned to provide both transparency and accountability in the licensing process.

Gradations of Licensure: The gradations of licensure observed within the Board provide a legitimate pathway into a profession and encourage other workforce infrastructure that benefits the state's residents and economy.⁹⁰ It is notable that the low barriers and gradation of licensure also benefit other special populations in addition to the general public. These policies are especially helpful given the minimum age to enter the profession is 16, providing young people with industry experience that does not rely on a college education.

Training in Correctional Facility: The Board's approval of the cosmetology training program at New Hampshire Correctional Facility for Women (NHCFW) is a demonstration of its progressive and thoughtful regulatory philosophy providing a viable career path to returning citizens that could help reduce recidivism.

Absence of Blanket Bans: The Board does not institute blanket bans for criminal convictions, allowing instead discretion to consider the subjective information related to a conviction.

STANDOUT INNOVATIONS TO CONSIDER

Communication Tools to Improve Transparency: Boards can undertake additional practices to help applicants understand the licensure process, considering for example:

⁸⁸ NH RSA 313-A:18

⁸⁹ Ms. Kathryn Wantuck, Board Administrator, Barber, Cosmetology and Esthetics Board [Personal interview]. (March 20, 2019).

⁹⁰ 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

- The College of Physiotherapists of Ontario published a video series on YouTube, “Understanding the Regulated Health Professions Act”, to help applicants and licensees understand industry regulations. See: <https://www.youtube.com/watch?v=klol9ipYDDo>.
- The Ontario College of Dietitians maintains a YouTube site with multiple videos breaking down ethics and continuing competency requirements among others. See: <https://www.youtube.com/user/CollegeofDietitians>.
- The North Carolina Addiction Specialist Professional Practice Board publishes a brochure for the profession, providing a synopsis of the profession, outlining the scope of practice and detailing the licensure process. See: <https://www.ncsappb.org/wp-content/uploads/2018/05/Combined-CSAPC.pdf>
- Lean process improvement that engages board members and OPLC staff to collectively map the operational effects and potential savings created by regulations and consider more permissive rules that allow operational flexibility while preserving consumer protections.
- Utah legislation which encourages boards to explore a conversion from “time-based” assessments such as education and work experience hours to competency-based assessments. Platforms for competency-based assessments provide e-portfolios to simplify the process of certification, accreditation or competency testing for both the candidate as well as the assessor.⁹¹

Improved Technology: Consider upgrading or improving the existing MLO database to provide a sharp tool to the Board for adopting evidence-based policy and streamlining workflows.

Streamline Process for Out of State Applicants: The Board may consider opportunities to streamline the out-of-state process. A good starting point is already embodied in the expeditious policies in place for original applicants, including the use of a temporary work permit upon application. Alternatively, some boards pursue regional reciprocity agreements with neighboring states. The burden of maintaining data on “substantial equivalence” for 50 states is high, but this is quickly reduced by considering formalized agreements with only a handful of neighboring states that are together members of a regional economy. A review of rules for out-of-state applicants with an eye towards streamlining extensive documentation requirements could also prove an elegant improvement to the process. Lastly, the Board could also undertake its own evidence-based policy initiative by evaluating complaint and disciplinary data for out-of-state applicants compared to the general licensee pool. Such data could prove useful to consider a cost-benefit analysis for such an intensive regulation verification process. Could regulations be relaxed to provide a lower level of verification through alternative pathways?

Apprenticeship Reporting: Review the apprenticeship process to determine if regulations could be relaxed, harmonized or amended. For example, are more complaints received for shop apprentices than school apprentices? Does the monthly attendance report ever reveal concerning or suspicious behavior? What explains the lower passage rate of shop apprentices and could this be tied to language proficiency? How do these outcomes speak to the accessibility of the profession for minority and low-income communities?

Military and Military Spouse Policies: Consider policies to expedite the application process for military service members, veterans and military spouses. 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 from the out-of-state board with the elements listed in Bar 304.01.
- Waive application fees for military service members, veterans and spouses.

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

Transparency for Justice Involved Applicants: Consider next-step policies to provide greater transparency and access to the profession for aspirants and applicants with criminal convictions. Consider for example:

- A webpage that conveys criminal history guidelines similar to that published by the Utah Division of Occupational and Professional Licensure (DOPL) at https://dopl.utah.gov/criminal_history.html
- Identify crimes related to practice, considering:
 - *Tethering Bar 301.02 (g) and Bar 301.01(b)(5) to each other, refining the application criteria to only report convictions named in Bar 301.02(g).*
 - *Adopting a decision matrix similar to Utah’s DOPL matrix specific to the Barber and Cosmetology professions, found at <https://dopl.utah.gov/cosmo/>. 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.*
 - Substitute or further define morality clauses to curtail denials for irrelevant criminal histories and reduce a potential chilling effect among returning citizens.
- Eliminate the collection and consideration of information related to criminal charges.
- Consider reviewing 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.
- Consider legislation that would allow the Board to expunge a disciplinary record emanating from a conviction upon satisfaction of the terms to help reduce collateral consequences for conviction.

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.

LIST OF DEMAND RANKING – PROFESSION AND CERTIFICATION

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.”⁹²

Most nursing assistants and other healthcare and social assistance workers are female “with women outnumbering men by four to one.”⁹³ 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.⁹⁴ 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 2020.⁹⁵ 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).

⁹²United 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

⁹³United 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

⁹⁴United 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

⁹⁵United 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 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

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 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.⁹⁶ 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.

⁹⁶ 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.

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:

- 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.^{97 98}

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.⁹⁹ 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.

⁹⁷ <https://www.oplc.nh.gov/nursing/licensure.htm#Ina>

⁹⁸ Nur 301.05

⁹⁹ 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

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 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.¹⁰⁰ 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.

¹⁰ NH RSA 301.05, c and 304.04

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.

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.¹⁰¹ 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.

¹⁰¹Office of Governor Doug Ducey. (n.d.). Universal License Recognition. Retrieved February 23, 2021, from https://azgovernor.gov/sites/default/files/universallicensurecognition1_0.pdf

- 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.

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.¹⁰²

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.¹⁰³

(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;*

¹⁰² NH RSA 332-G:10

¹⁰³ N.H. Code Admin Nur 704.08

- (5) *Sexual crime involving a child;*
- (6) *Kidnapping; or*
- (7) *Endangering the welfare of a child or incompetent person.*¹⁰⁴

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.

¹⁰⁴ NH RSA 302.01, c

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.

REGISTERED PHARMACY TECHNICIANS AND CERTIFIED PHARMACY TECHNICIANS

Pharmacy technicians assist pharmacists in the practice of pharmacy to provide a variety of services to patients and customers. This may include maintaining inventory, stocking machines, and communicating with patients. Pharmacy technicians must work under the supervision of a pharmacist. New Hampshire offers two types of credentials to pharmacy technicians: Registered Pharmacy Technician or Certified Pharmacy Technician. It is notable there are two additional license types similar to technicians: Pharmacy Interns and Licensed Advanced Pharmacy Technicians. Pharmacy Interns are graduate-level applicants working towards a full pharmacy license meaning this credential is interim in nature. Licensed Advanced Pharmacy Technicians constitute a new license type under the Board of Pharmacy and rules have not yet been adopted related to these technicians at the time of this analysis.

Certified Pharmacy Technicians ranked 28th in the list of workers highest in demand in the healthcare industry from April 1 - June 30, 2020, and 36th in the certifications highest in demand. The charts below summarize employment and wage data related to pharmacy technicians, as reported by New Hampshire Employment Security.

PHARMACY TECHNICIANS	
Code:	29-2052
May 2019 estimated employment from Department of Labor	1,870
Number of NH certified pharmacy technicians	2,004
Number of NH registered pharmacy technicians	2,795
Entry Level Wage	\$12.95
Mean (Average) Wage	\$16.38
Median Wage	\$15.84
Experienced Wage	\$18.10
Living Wage Merrimack County	\$12.39
New Hampshire Minimum Wage	\$7.25

PHARMACY AIDES	
Code:	31-9095
May 2019 estimated employment from Department of Labor	120
Number of NH licensed individuals	NH dose not license/certify/register
Entry Level Wage	\$13.01
Mean (Average) Wage	\$13.99
Median Wage	\$14.21
Experienced Wage	\$14.49
Living Wage Merrimack County	\$12.39
New Hampshire Minimum Wage	\$7.25
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.¹⁰⁵ 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 a Registered or Certified Pharmacy Technician face relatively few barriers to entry when compared to other professions. To become a Registered Pharmacy Technician, an applicant must:

- (1) Be at least 16 years of age;
- (2) Have a high school or equivalent diploma, or be working to achieve a high school or equivalent diploma;
- (3) Not have been convicted of a drug or pharmacy-related felony or misdemeanor or admitted to sufficient facts to warrant such a finding; and
- (4) Register with the board within 15 days of start date of employment as a pharmacy technician, and post such registration in the pharmacy within 30 days.¹⁰⁶

¹⁰⁵ 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.

¹⁰⁶ N.H. Code Admin Ph 803.01(a)(1-4).

An applicant holding a private national certification through PTCB or NHA may become a Certified Pharmacy Technician in New Hampshire which requires:

- (1) Be at least 18 years of age;
- (2) Have a high school or equivalent diploma;
- (3) Obtain and maintain national certification from a nationally recognized certifying organization, such as the Pharmacy Technician Certification Board (PTCB) or the National Healthcare Association (NHA);
- (4) Not have been convicted of a drug or pharmacy-related felony or misdemeanor or admitted to sufficient facts to warrant such a finding; and
- (5) Seek certification from the board within 15 days of the start date of employment as a certified pharmacy technician, and post such certification in the pharmacy within 30 days.¹⁰⁷

New Hampshire does not require any national credential, experience, formal education, or passage of an exam in order to become a Registered Pharmacy Technician. This means entry to the profession is rather quick and applicants are processed timely. Training for the job is provided by the supervising pharmacist and records of this training are kept by that individual meaning the applicant does not need to assemble lengthy paperwork, track down signatures, or await board verification of entry requirements - all very common features of the application experience in most regulated professions. Because a Registered Pharmacy Technician works under supervision, New Hampshire's Pharmacy Board has enacted streamlined regulations that are appropriately matched to the low risk of harm, despite the trend some economists observe in which barriers are elevated for professions with little risk.¹⁰⁸ Accordingly, emerging policies such as the use of alternative pathways or competency based assessments are neither useful nor needed for Registered Pharmacy Technicians.

The gradations of licensure observed within the pharmacy profession in New Hampshire are however notable. As some economists have noted, gradations can provide a legitimate pathway into a profession and encourage other workforce infrastructure that benefits the state's residents and economy.¹⁰⁹ Low barriers and gradation of licensure also benefit other special populations in addition to the general public.

OUT OF STATE APPLICANTS

The majority of states register pharmacy technicians although some certify or license pharmacy technicians. In order to become registered, many states require or accept a national voluntary certification issued by the Pharmacy Technician Certification Board (PTCB) or the National Healthcare Association (NHA). While the requirements for these credentials are slightly different, it is common for a state to accept the credential in order to qualify for a state-issued registration, certification, or license. Many states require some type of education or training experience, which may be directed by the supervising pharmacist or may be completed pursuant to the private national credential.

Only 15 states stipulate a certain number of hours in education or experience to qualify for registration. Accordingly, New Hampshire is among the majority of states that allow a person to become a Registered Pharmacy Technician without education or experience requirements. Since a pharmacy technician works under the direct supervision of a pharmacist and is limited to non-discretionary functions, consumers are protected while maintaining low barriers to entry for the field. This promotes portability into the state and often allows pharmacy students to engage in the profession while studying to become a pharmacist.

Registered Pharmacy Technician:

New Hampshire does not require national certification, experience, education or passage of an exam to become a registered pharmacy technician. Accordingly, anyone from another state could apply to become a registered pharmacy technician yielding a 100% reciprocity rate for incoming applicants to OPLC. This includes individuals coming from the seven states that do not regulate pharmacy technicians.

¹⁰⁷ N.H. Code Admin Ph 808.01(a)(1-5).

¹⁰⁸ *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

¹⁰⁹ 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

Certified Pharmacy Technician:

To become a Certified Pharmacy Technician in New Hampshire, an applicant must hold a national certification and pass either the PTCB or ExCPT exam. New Hampshire does not require experience or education hours in addition to these minimum requirements. While a private certification requires additional education and therefore cost, often the credential is more widely accepted by the industry generally allowing for portability across state lines.

Utilizing these standards, 19 states are reciprocal to New Hampshire for both the certification and examination requirements:

- 19 states (AZ, DC, ID, IL, IN, KS, LA, MD, MT, ND, NE, NM, OH – Certified Pharm Tech, OR, RI, SD, TX, WV and WY) are reciprocal in meeting both the certification and exam requirement,
- 3 states (MS, FL and IA) require certification but not an examination
- 9 states (CA, MA, MI, OK, RI-Pharmacy Tech I, SC, UT, VA, and WA) require the examination but not certification
- 15 states (AL, AK, AR, CT, GA, KY, ME, MN, MO, NV, NJ, NC, OH-Registered Pharm Tech, TN, and VT) are not reciprocal to New Hampshire requirements in that they do not require national certification or the same examination(s).
- 7 states (CO, DE, HI, NY, PA and WI) do not regulate pharmacy technicians.¹¹⁰

Accordingly, New Hampshire has a 37% reciprocity rate for Certified Pharmacy Technicians. If New Hampshire were to accept the three additional states that require national certification but not the same exam, this rate could be boosted to 43%. Given the number of states that do not offer a higher-level certification for pharmacy technicians, the reciprocity rate is low for this particular credential. Specifically, only 31 states require either certification or an exam. If only states with this more advanced credential are considered, New Hampshire would yield a 61% reciprocity rate (19 of 31). Lowering requirements would not yield increases to the reciprocity rate for this reason. Additionally, New Hampshire has provided a viable pathway through the Registered Pharmacy Technician credential which yields a 100% reciprocity rate.

Accordingly, out of state applicants for both Registered and Pharmacy Technicians do not face major barriers in transferring a license to New Hampshire because 1) the entry requirements are already relatively low and 2) the requirements for certification align to national industry standards. Other policy levers utilized in the occupational licensing field, such as reciprocity agreements or temporary licenses, would therefore be unnecessary.

PHARMACY TECHNICIAN EDUCATION/EXPERIENCE HOURS:	
Median	0
Mean	203
Min	0
Max	1500
New Hampshire	0

See Appendix B for a list of pharmacy technician requirements by state.

Finally, it is worth mentioning that when asked about “pain points” in the licensing process, both internal and external stakeholders referenced technology, communication and operational processes. For example, a relatively novice licensing population in the Pharmacy Technician field means licensees are inexperienced and unpracticed at navigating this governmental process. This adds work volume to OPLC staff that support the licensing and renewal processes as they provide one-on-one customer service to help these applicants through the process. Likewise, improved technology that provides a more intuitive user interface could drastically reduce the time commitment for both the applicant and OPLC staff to carry out these basic duties, all of which would benefit New Hampshire’s consumers and economy through an overall reduction in the regulatory footprint.

¹¹⁰ Colorado passed legislation in 2019 to begin regulating pharmacy technicians.

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.

For Pharmacy Technicians, the "total cost" of licensure is likely very low. Experience is acquired on the job while earning a wage. Public stakeholders and staff reported that often the pharmacy employer will assist Pharmacy Technicians with licensing fees and at times may also assist with the cost of obtaining private certifications to advance to the next level of licensure. While perhaps outside of the Board's direct purview and influence, these collaborative industry initiatives are beneficial to the state generally and complement Board efforts to reduce regulatory impact on low-income populations.

As described above, Pharmacy Technicians earn an average of \$14 - 16 an hour, only slightly above a living wage for a single adult with no children in New Hampshire. Recall however that an applicant need only be 16 years of age to become a Registered Pharmacy Technician. OPLC staff shared anecdotal observations of licensing trends, noting many in the profession are either young or working part-time and generally do not remain in a position for more than a year. Staff also shared concerns about a high level of stress and burnout in these positions. If validated, these anecdotes deserve further exploration to determine if greater labor market influences are contributing to underemployment. On the other hand, such exploration could also reveal the credential is an important stepping stone or supplemental to other income which would reduce the dire effects of a low wage. As noted above, pharmacy technicians are among the most in-demand positions and training in New Hampshire's healthcare industry. A collaborative exploration of these labor market trends with New Hampshire Employment Security and key stakeholders such as local hospital human resource experts could prove valuable to the Board's calibration of its regulations and processes.

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.

For Registered Pharmacy Technicians, entry requirements are so low that the military community should have no issue entering the profession. For Certified Pharmacy Technicians, the acceptance of military experience would be determined by the private certifying body, given that PTCB or NHA certification is required. Under most circumstances for professions in which the board sets such a requirement, the board could consider strategies to reduce this burden by creating an alternative pathway that allows for military experience without relying on a third-party for this determination. In this instance, the Board of Pharmacy has already provided that pathway through a Registered Pharmacy Technician credential.

Military spouses also face few barriers to entry when transferring a license to New Hampshire. There are virtually no entry requirements to become a Registered Pharmacy Technician which typically delay military spouses such as requesting transcripts or verification of an out-of-state license. As mentioned above, New Hampshire has provided a viable pathway through the Registered Pharmacy Technician credential which yields a 100% reciprocity rate. The reliance on a national certification to

become a Certified Pharmacy Technician also helps military spouses by relying on national industry standards to harmonize requirements across state lines.

Board of Pharmacy stakeholders, board members and staff reported few applications for military services members, veterans and/or military spouses likely given the state hosts only one naval base. One potential opportunity for OPLC generally, and the Board of Pharmacy specifically, is to consider more specific communication targeting the military community. While applications within OPLC are overlaid with a military questionnaire, it may be beneficial to promote to the military community the various benefits of entering the pharmacy profession. Colorado for example specifically calls out professions have requirements identical to military professions or that offer minimal barriers to entry¹¹¹

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.¹¹²

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.

The Pharmacy statute in New Hampshire makes several references to criminal convictions. It provides broad authority to the board to define eligibility requirements for technicians and interns, but specifically limits the Board's consideration of criminal history for pharmacists, a higher level license to only felony and misdemeanors related to "drug or pharmacy-related law, rule, or regulation."^{113 114} The Board has adopted this identical requirement for technicians and interns in rule (Ph 803.01(a)(3) and elsewhere).¹¹⁵

¹¹¹ Department of Regulatory Agencies, D. (n.d.). Veterans Occupational Credentialing and Licensing (VOCAL). Retrieved February 23, 2021, from <https://dpo.colorado.gov/Military/VOCAL>

¹¹² NH RSA 332-G:10

¹⁰ NH RSA 318:18, II

¹¹ See also N.H. Code Admin Ph 301.02(b) which states: "The candidate shall be of good professional character, and not have been convicted of any felony, or of a misdemeanor resulting from a violation of any drug and/or pharmacy-related law or rule".

¹² N.H. Code Admin Ph 803.01(a)(3)

Statute also uses a sweeping morality clause when defining disciplinary criteria in RSA 318:29(II)(b) which cites “conviction of a felony or any offense involving moral turpitude”.¹¹⁶

Other appearances of moral character, moral turpitude and immorality appear throughout the Board of Pharmacy Statute especially related to business licensing.¹¹⁷

New Hampshire Pharmacy statute allows the board to deny a license to a pharmacist for a felony or misdemeanor and importantly takes the additional step of narrowing this conviction to a drug or pharmacy related offence. It is notable this is done in both statute and rule as statute is binding to the board. This practice is viewed favorably by experts speaking to the Occupational Licensing Learning Consortium, among others, who have promoted the next wave of policy innovation concerning this topic requires the hard work of identifying crimes related to practice and committing this to rule. Providing this commitment in statute places New Hampshire’s Board of Pharmacy ahead of the game in this regard.

However, emerging practice also suggests policymakers and boards consider eliminating “morality clauses” such as moral turpitude or good moral character. References to morality clauses in the pharmacy statute and rules are inconsistent, especially among the various license, certification and registration types. The frequent and inconsistent use of morality clauses could be perceived to create ambiguity. Consider for example that Pharmacy Technicians and Interns must report on application conviction of a drug or pharmacy related felony or if the applicant “admitted to sufficient facts to warrant such a finding”.¹¹⁸

This rule demonstrates the expansive nature morality clauses can take in occupational regulations and specifically board rules. Admission to whom? Admission when? What constitutes admission to “sufficient facts to warrant such a finding”? Is this requirement more stringent than the morality requirements set forth for pharmacists and pharmacies?

Another objection raised by some experts in the field note that boards too often consider charges or behaviors that do not constitute conviction of a crime. These regulations provide sweeping authority to boards to deny or revoke licenses when even the courts have not proven the applicant guilty of a crime. Morality clauses such as these make all the more important the provisions of RSA 332-G:13 and the ability to solicit a predetermination.

Board rules continue to require (not authorize) the board to revoke or deny based on a felony or misdemeanor related to practice. This is notable in that the rules, which are drafted by the Board, do not allow the Board its own discretion to consider the Green factors promoted by equal opportunity employment law and include:

- The nature and gravity of the offense or conduct;
- The time that has passed since the offense, conduct and/or completion of the sentence; and,
- The nature of the job held or sought.¹¹⁹

Rules go on to again require the Board to reinstate a revoked license if “the reason for the revocation no longer exists or it is determined that there is no longer a threat to public safety”.¹²⁰

Rules are drafted by boards. Rules that bind a board to a particular action can be useful to create consistent decision making. However, such rules can also eliminate the board’s ability to discern based up on the facts and circumstances of a particular case. Too much case-by-case analysis creates ambiguity. Instead, boards are challenged to consider regulations that would facilitate transparency, consistent decision making and appropriate discretion. This could be accomplished through several tools such as:

1. Adoption of a decision matrix policy and published on the board’s website, that provides the board’s consideration of aggravating and mitigating circumstances;
2. Modified rules that identify the Green factors or other considerations the board will utilize to guide decisions to deny or revoke a license; or
3. Statutory amendments that more clearly articulate grounds for denial or revocation based on a conviction related to practice and/or the removal of value

¹¹⁶ NH RSA 318:29, II, b

¹¹⁷ NH RSA 318:48 to 318:51.

¹¹⁸ N.H. Code Admin Ph 808.014(a)(4); Ph 803.01(a)(3); and, Ph 808.02(a)(5).

¹¹⁹ U.S. Equal Employment Opportunity Commission. (n.d.). Enforcement guidance on the consideration of arrest and conviction records in employment decisions under title vii of the civil rights act. Retrieved February 24, 2021, from <https://www.eeoc.gov/laws/guidance/enforcement-guidance-consideration-arrest-and-conviction-records-employment-decisions>

¹²⁰ N.H. Admin Code Ph 806.01, c and 811.01, c

STANDOUT INNOVATIONS TO SHARE

Gradations of Licensure: The gradations of licensure observed within the pharmacy profession in New Hampshire are notable. As some economists have observed, gradations can provide a legitimate pathway into a profession and encourage other workforce infrastructure that benefits the state's residents and economy.¹²¹ Low barriers and gradation of licensure also benefit other special populations, such as the low-income, military and justice-involved communities in addition to the general public.

Alignment to National Standards: New Hampshire has a 100 percent reciprocity rate for Registered Pharmacy Technicians which also serves as a viable pathway to more advanced credentials, especially with anecdotal evidence of relatively frequent employer assistance.

On the Job Training: Training for Registered Pharmacy Technicians is provided on the job by the supervising pharmacist and records of this training are kept by that individual meaning the applicant does not need to assemble lengthy paperwork, track down signatures, or await board verification of entry requirements - all very common features of the application experience in most regulated professions. Because a Registered Pharmacy Technician works under supervision, New Hampshire's Pharmacy Board has enacted streamlined regulations that are appropriately matched to the low risk of harm, despite the trend some economists observe in which barriers are elevated for professions with little risk.¹²²

STANDOUT INNOVATIONS TO CONSIDER

Improved Technology: Improved technology that provides a more intuitive user-interface could drastically reduce the time commitment for both the licensee and OPLC staff to carry out basic application and renewal duties, all of which would benefit New Hampshire's consumers and economy through an overall reduction in the regulatory footprint.

State Policy Levers to Support Licensure Preparation: A collaborative exploration of Pharmacy Technician labor market trends with New Hampshire Employment Security and key stakeholders, such as local hospital human resource experts to help inform the Board's ongoing calibration of its regulations and processes.

Communications Targeting Military Servicemembers and Veterans: Pharmacy Technician credentials in New Hampshire could present a key opportunity for transitioning service members and military spouses alike. This is worth promoting. Colorado for example specifically calls out professions have requirements identical to military professions or that offer minimal barriers to entry.¹²³

Eliminate Morality Clauses: Consider amending the frequent use of morality clauses to convey the Board's process more specifically and transparently for considering applicants with criminal convictions.

Transparency for Applicants with Criminal Convictions: Consider regulatory tools that would facilitate transparency, consistent decision making and room for discretion when considering applicants with criminal backgrounds. This could be accomplished through several tools such as:

- Public policy of a decision matrix, noticed on the board's website, that provides the boards consideration of aggravating and mitigating circumstances;
- Modified rules that identify the Green factors or other considerations the board will utilize to guide decisions to deny or revoke a license; or
- Statutory amendments that more clearly articulate grounds for denial or revocation based on a conviction related to practice and/or the removal of value

¹²¹ 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

¹²² 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

¹²³ Department of Regulatory Agencies, D. (n.d.). Veterans Occupational Credentialing and Licensing (VOCAL). Retrieved February 23, 2021, from https://dpo.colorado.gov/Military/VOCAL

APPENDIX A

Compiled Standout Innovations to Share and Consider

This final report details key findings for consideration by state policymakers at all levels including legislators, government officials, OPLC as an umbrella agency and board members. This appendix compiles these findings into a single section.

Key Findings Related OPLC:

Staff and Board Training:

As a relatively young umbrella agency, OPLC has a significant opportunity to advance a culture of education and continuous improvement through staff and board training. While some training already exists, often these efforts are limited to sunshine laws and the tenants of a profession's practice act, rarely delving into regulatory research, emerging trends, legislative initiatives, and relevant court decisions. The state expects certain outcomes from regulators tied to larger priorities such as those in workforce, education and the economy and yet these major departments rarely communicate with each other, let alone the board members that ultimately craft regulations. This grant project through DOLETA provided for such education through the Occupational Licensing Learning Consortium and New Hampshire's first Occupational Licensing Consortium. Strategies to embed these practices into routine practice would ensure board members especially are qualified regulators through expertise in effective governance not just the profession. Ongoing professional development could be facilitated through communities of practice relate to topics of shared interest, feedback loops and ongoing symposiums working across traditional board lines.

Advanced Technology

A more sophisticated licensing database could address a multitude of "pain points" identified through this review project. The lack of more current technology is a major drag in the licensing process affecting all professions. Improvements to MLO to empower the database could drastically improve operational processes and regulatory outcomes. Updating licensing technology through financial and human resource investments to MLO could drastically reduce the regulatory footprint without changes to rules or statute. Improved technology could be the most influential intervention for the state to reduce regulatory burden.

Operational Effectiveness and Efficiency

A primary goal in the creation of OPLC was to facilitate an efficient, productive and balanced workforce to meet the needs of the state.¹ Yet one of the primary causes for delays in license processing relates to a cumbersome paper process. Staff receive incomplete applications and must try to match new paperwork to a historic file. Regulations that require third-party submission of application elements, such as transcripts or background checks, are easily disjoined from other application materials. An effective technology solution can reduce the central red tape drivers of cost, time and burden for New Hampshire workers, reducing the regulatory footprint simply by streamlining and organizing the process.

Public Performance Management

The New Hampshire boards considered under this project boast some incredibly effective processes that are leading to rapid licensing turnaround. Some identify specific benchmarks for the process in rule, such as approval or denial in 60 days. Many are exceeding these performance metrics. These outcomes should be shared. On the other hand, it is difficult for both board and staff members to "fix" a perceived problem if there is no data to describe the problem. How can a board shorten licensing times if they can't determine how long it takes to approve standard application? Boards in New Hampshire that can report this data are likely keeping tallies in excel spreadsheets. Improved technology which is now widely available in the licensing field helps boards to track basic statistics to inform operational efficiency and outcomes.

Consistent Decision Making

Occupational licensing boards in general are susceptible to inconsistent decisions. This can happen among board members and over time with term limits and turnover. Many New Hampshire regulations use vague language and case-by-case reviews that advance disparate outcomes. Consistent decision making among professions is also a consideration. For example, does a DUI conviction 10 years ago warrant a different outcome in different professions? There are legitimate consumer protection needs that could direct boards to different outcomes. Yet the proven impact of unconscious bias would also suggest disparate

¹OPLC ANNUAL REPORT

outcomes may not be supported by the evidence of a case. OPLC's umbrella structure helps to create consistency, not just for efficiency but also to uphold fairness principles tied to OPLC's mission through consistent processes and practices for investigations and administrative hearings. Governance documents such as Virginia's model that provides sanction reference points and guidelines could help bolster fairness and equity in the regulatory and licensing processes.

Evidence-Informed Policy

Regulators across the world are being called to thoughtful adoption of evidence-informed or evidence-based policies. In the last several decades, most regulatory boards converted to paperless processes using electronic databases. Only now are regulators beginning to pull data from the repositories to inform regulatory interventions and outcomes. However, the industry remains rather nascent in its data intelligence. By and large these efforts trail developments among workforce and post-secondary arenas.

Occupational licensing regulators have an opportunity to mine and analyze their own data to inform policy. Data could be used to evaluate upstream risk for example by profiling "risk factors" that are associated with those that could most endanger consumers; address unconscious bias in regulatory decisions; localize or identify trends in complaints and consumer endangerment tied to education, exam, or other entry factor; and, create a feedback loop to educators regarding matters or practice quality that would benefit from remediation and further development. The occupational reports that follow emphasize opportunities for evidence-based policy related to three cornerstones in occupational regulation: applicants with criminal convictions, ethical violations, and entry-to-practice requirements such as educational programs or exams.

Process to Ensure Boards Align Rules to Statutes Outside the Practice Act

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. Increasingly, statutory changes that affect all boards are housed in chapters separate from the practice act. For example, 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.

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 and RSA 332-G:10. OPLC is currently working to harmonize statutory conflicts.

Current rules for all boards reviewed through this project do not further reference nor clarify the process for implementing the provisions of RSA 332-G:13 and RSA 332-G:10 which relate to criminal convictions. For this reason, applicants may not be aware of the rights conferred to them, especially since this statute is not part of the practice act and referenced on board webpages. Amending rules to specify how the board's process aligns to or implements these provisions would provide greater transparency.

Sunrise, Sunset and Regulatory Review

The Occupational Licensing Review Project provided a unique opportunity to consider effective policies and practices to protect consumers while reducing unnecessary regulatory burden. Many states have also codified these types of reviews through Sunrise and Sunset processes or other legislation that requires a routine regulatory review. Establishing a formalized regulatory review process with accountable expectations may also help to keep regulations in check, providing more pointed oversight than currently experienced in the New Hampshire rulemaking process. Such a review process should include the voice of key constituents such as consumers of the profession, current licensees and applicants or students. Such provisions embed a culture of responsive regulation, publicly signifying this commitment and providing for external accountability and public transparency.

Key Findings from Professions Reports

The Professions Reports outline standout innovations to share and innovations to consider, tailored to each board's statute, rules and practice. Below are notable highlights from across all boards.

Standout Innovations to Share:

Temporary Licenses: Many boards considered under this project leverage temporary licenses that allow applicants to get to work quickly while the board completes its due diligence.

Fast Track Licensing Process / Standing Orders: Allied Health boards utilize a “fast track” licensing process that leverages standing orders to OPLC staff to approve applications meeting certain criteria. These policies and practices mean applicants can get to work quickly without administrative delays in the licensing process.

Processing times set in rule/statute: Many boards set benchmarks in rule for licensing processing times or other key functions. These regulations provide transparency to applicant and accountability to the board.

Conditional Licensure: Allied Health boards frequently utilize conditional licensure to approve an applicant that poses increased risk. The conditions often require monitoring or increased oversight for a term (such as two years) and then are removed upon satisfactory completion. Rather than denying an applicant that appears risky, the Allied Health boards provide a safe environment in which the applicant can demonstrate their safety to practice. Conditional licensure can also have a downside – consider expunging the record as noted below.

Gradations of Licensure: Gradations of licensure, leveraged by many of the professions considered under this project, can provide valuable pathways into a profession, starting at an entry-level while providing opportunity to advance to higher credentials, all while earning a salary using the lower-level credential. Other benefits of gradations of licensure are outlined in the report above.

Reciprocity for Neighboring States: The Allied Health boards provide temporary licensure for applicants coming from a neighboring New England state, providing maximum labor mobility in the region without administrative burdens.

Aligning to National Averages and Standards: Licensing requirements for most of the professions considered by this project align to national averages and standards, including those set by private certifying bodies. In the absence of a licensure compact, this alignment ensures maximum incoming and outgoing reciprocity.

Licensure Compacts: Where licensure compacts exist, New Hampshire has sought membership through legislation.

Delegation and Supervision of Non-Licensees: The Board of Nursing allows licensees to delegate certain tasks within the nursing scope of practice to non-licensees. Many of these tasks are the same as those under the scope of practice of a certified nursing assistant. This essentially provides an alternative pathway to the profession: nursing assistant duties can be carried out by a certified nursing assistant or a non-certified assistant through delegation and supervision by a higher-level licensee. This expands access to the profession and access to care without compromising safety nor erecting unnecessary barriers.

Challenge Exam: The Board of Nursing allows applicants to utilize a challenge exam if they do not meet eligibility criteria for licensure. The challenge exam allows such applicants a pathway into the profession by demonstrating through knowledge and skill through an examination.

Standout Innovations to Consider:

Updated Technology: The lack of more current technology is a major drag in the licensing process affecting all professions. Updating licensing technology through financial and human resource investments to MLO could drastically reduce the regulatory footprint without changes to rules or statute. Improved technology could be the most influential intervention for the state to reduce regulatory burden.

Competency Based Assessments: Competency based assessments are an emerging practice that 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.

Communication Tools: Boards could improve their communication tools to help simplify the licensing process, especially for a novice (non-regulatory) audience. Several pointed examples are provided in the profession reports.

Streamlined Processes for Out of State Applicants: Out-of-state application processes can become burdensome by requiring “substantial equivalence” and primary source verification that are tantamount to original/initial licensure. The Board of Nursing has adopted effective regulations to curb this burden which could serve as a model for other boards.

Military Pathways and Provisions: Consider rules that allow for a military pathway such as automatic licensure as a Certified Nursing Assistant for an Army medic. Policies to expedite application process for military service members, veterans and military spouses including temporary work permits, licensure upon exam passage, a one-year grace period to practice while preparing an application, automatic licensure for out-of-state applicants regardless of equivalence (limited to military service members, spouses and veterans) and waiving fees.

State Policy Levers to Support Licensure Preparation: Consider partnering with state policymakers to explore strategies to alleviate the cost burden of advancing in the nursing profession. Working in tandem with local schools (possibly including high schools), workforce centers, higher education, legislators and others could help to synchronize and leverage various resources to support students and residents interested in entering the nursing profession.

Stakeholders proposed amending financial assistance mechanisms to apply to all nursing assistants regardless of practice setting and working more collaboratively with state workforce partners to connect applicants to these valuable networks.

Transparency for Applicants with Criminal Convictions: Boards could pursue greater transparency related to how they process and consider applicants with criminal convictions. This could be accomplished through a number of strategies such as:

Identify Crimes Related to Practice: Most licensure boards require applicants to report any conviction of a crime and then they consider this criminal record on a case-by-case basis. Recently, boards have been challenged to identify crimes specifically related to practice and therefore the applicant’s ability to practice safely. The New Hampshire Pharmacy Board provides a model for other state Boards, requiring applicants report only crimes related to controlled substances.

Adoption of a Decision Matrix: Since most boards consider criminal convictions on a case-by-case basis, they are more exposed to the influence of bias and inconsistency between two applicants and over time as there is turnover in the board. A decision matrix provides governance for decision-making to help ensure equity and fairness. Many such matrices still provide leeway to consider aggravating and mitigating circumstances.

Communication Strategies: Dedicating webpage or other guidance document that outlines the rights and responsibilities of applicants with criminal convictions can provide transparency and reduced perceived collateral consequences, helping to combat a chilling effect the licensure process can have on applicants with criminal records. Utah’s Division of Occupational and Professional Licensure offers a progressive model that provides transparency through effective communication without modifications to rules or statute.

Rules of Policies to Implement RSA 332-G:13 and RSA 332-G:10. Current rules for all Boards reviewed through this project 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, especially since this statute is not part of the practice act and referenced on Board webpages. Amending rules to specify how the Board’s process aligns to or implements these provisions would provide greater transparency.

Elimination of Morality Clauses: Some boards utilize vague morality clauses in statute or rule which can proliferate to regulatory requirements that are unrelated to competency or contradictory to other state laws. For example, regulations that require a professional reference are subjective and unrelated to competency to safely practice.

Expunge Disciplinary Actions or Conditions No Longer Relevant: Authority to expunge a disciplinary action could prove valuable especially in cases of conditional licensure in which the conditions were satisfied and the ability to practice safely was proven. This eliminates the opportunity for collateral consequences associated with discipline that is no longer current yet often remains as a permanent part of the licensure record. While there are some types of discipline that should rightfully remain part of the

permanent record, expungement of conditions related to a criminal record obtained prior to licensure could help to ensure safety while reducing collateral consequences.

Eliminate Disclosure of Charges: Consideration of criminal charges, not convictions, can serve as an unfair assessment and diminish the right to be considered innocent until proven guilty.

Evidence-Based Policy and Data: Regulatory boards around the world are being called to align regulations to evidence-based policies. New Hampshire boards could undertake this practice by collecting data particularly related to applicants/licensees with criminal convictions, discipline related to ethical matters, and entry to practice.

Streamline through Regulatory Review and Sunset: Stakeholders commenting on the Nursing and LADC professions specifically voiced concern about the complexity of regulations. Both professions should consider a regulatory review process to help streamline entry requirements. The review process should consider not just the statute and rules, but also the operational procedures requisite to implement regulations. Following the regulatory review, compelling communication tools could be created to help a novice audience navigate the licensure process.

For nursing, stakeholders voiced an opportunity to eliminate the duplication of requirements such as the submission of exam results by student and the exam vendor and pressed regulators to consider strategies to simplify and streamline the fingerprinting process.

The LADC rules would benefit from a strong regulatory review process. Several stakeholders, researchers, and policymakers, including this regulatory review project noted complexity, disorganization, duplicity, subjectivity and a lack of transparency in LADC Board rules. Establishing a formalized regulatory review process with accountable expectations may also help to keep regulations in check, providing more pointed oversight than currently experienced in the New Hampshire rulemaking process. The regulatory review process may pointedly require the divorce from any rules that are already or better overseen by an employer or academic program. A legislative sunset review process would provide an opportunity to State stakeholders to consider regulations for the LADC field and formalize regulatory review processes in statute.

Other Legislative Solutions for LADC: Legislative strategies may address the burden of current LADC regulations which may be considered for this board specifically (note other Boards reviewed by this project did not demonstrate the same level of burden, disorganization and complexity observed within LADC regulations). Other states for example have considered legislative changes to provide a public member majority or to change an autonomous board to an advisory committee, providing rulemaking, licensing and disciplinary authority to a government oversight office such as OPLC. For example, all regulatory boards in Utah serve in an advisory capacity to the Utah Division of Occupational and Professional Licensing. Given Board members are appointed and removed by the Governor, replacement of more progressive members could help to curb prescriptive rules. Some states have used a public member majority to correct professional interest and anticompetitive conduct.

Staffing Solutions: Stakeholders throughout the process have also noted turnover in OPLC staff appointed to the Board which they report has had a destabilizing effect and is obstructive to the Board's efforts to undertake rule reviews and revisions. One stakeholder also noted that the Board has access to an attorney only as needed and not as a matter of routine practice. The attorney appointed to the Board does not allegedly regularly attend Board meetings but is available at request. The LADC Board would likely benefit from the regulatory expertise and influence of both a strong administrator and attorney.

APPENDIX B

Comparative Licensing Reports



**Council on Licensure,
Enforcement & Regulation**
Promoting Regulatory Excellence

Under a grant awarded by the U.S. Department of Labor, the State of New Hampshire is studying strategies to streamline occupational licensing to protect the public and decrease unnecessary barriers to licensure with a focus on license portability. New Hampshire's Office of Professional Licensure and Certification (OPLC), which houses 40 professional licensing boards, commissions and councils, worked with the Council on Licensure, Enforcement and Regulation (CLEAR) to study comparative licensing requirements across the nation for select occupations. The results of that study follow.

Cosmetologist

A cosmetologist provides beautification treatments to the hair, skin and nails. In New Hampshire, a cosmetologist arranges, dresses, curls, waves, cleanses, cuts, bleaches, colors, or similarly treats the hair of any person, and performs other work customarily performed by a cosmetologist such as giving facials, manicures, pedicures, and artificial nail enhancements, applying makeup or eyelashes to any person, and removing superfluous hair.

The majority of states license cosmetologists (as opposed to registration or certification). In order to become licensed, most states require completion of an education program and passage of an exam. Most states set a minimum grade completion and age for applicants. Apprenticeship programs offer an alternative path to licensure in many states which can substitute for a more traditional academic educational program.

New Hampshire's requirements to become a licensed cosmetologist comport to the average across the nation which requires 1,500 education hours and passage of an exam. This could be interpreted as beneficial to cosmetologists and public consumers in New Hampshire. While a licensure compact among states does not currently exist, more states are settling on 1,500 education hours and other similar requirements. The standardization of licensure requirements among states promotes portability and serves as a useful foundation for the development of a licensure compact. Like many states, New Hampshire recognizes a qualified apprenticeship program as an alternative pathway to licensure.

Cosmetologist Education Hours

Median	1500
Mean	1521
Min	1000
Max	2100
New Hampshire	1500

STATE	EDUCATION REQUIREMENTS	APPRENTICESHIP OPTION IN LIEU OF EDUCATION REQUIREMENT	EXAMINATION REQUIREMENT	PASSING RATE	MIN. AGE	MIN. GRADE
AL	1500	3000 hrs apprenticeship	theory and practical - 70% passing score	70	16	10
AK	1650	2000 hrs apprenticeship completed within 1-2 yrs	written and practical - 75 points passing	75		
AZ	1600	No	written and practical		16	10
AR	1200	No	written (70% passing) and practical (75% passing)	70 written and 75 practical	16	10
CA	1600	3200 hrs apprenticeship, with 39 hrs of pre-apprenticeship training and 220 hrs classroom training	practical demonstration and written test		17	10
CO	1500	No	written exam		16	
CT	1500	No	written exam			9
DE	1500	3000 hr			16	10
	2100	merged education/apprenticeship option with 600 hrs classroom and 1500 hrs apprenticeship	theory and practical exams with 75 passing score	75		
FL	1000	No	examination		16	12
GA	1500	3000 hrs within at least 18 months	written and practical exams with 70% passing score	70	17	12/GED
HI	1800	3600 hrs within 42 months max	written and practical exams with 75% passing score	75	16	12
ID	1600	3200	National Interstate Council of State Boards of Cosmetology (NIC) theory and practical exams		16.5	10
IL	1500	No, but schools offer internship program that can count for up to 150 of the 1500 education hrs	written exam on theory and practical knowledge		16	12
IN	1500	No	written and practical exam with 75% passing score	75	18	10
IA	2100	No	national exam with 75% passing score	75		12
KS	1500		written and practical exam with 75% passing score	75	17	12
KY	1500		written and practical exam		16	12
LA	1500	No	written and practical exam		16	10
ME	1500	2500 hrs over at least 18 months	written and practical exam		17	10
MD	1500	24 months of training with 20 hrs per week; mail monthly reports to Board	theory and practical exam		17	9
MA	1000		practical with 80% passing and written exam with 75% passing	75		
MI	1500	2 yrs including an average of 80 hrs of instruction per month; monthly attendance reports to Board; examination every 6 months	theory and practical exam with 75% passing score	75	17	9
MN	1550	No	general theory test, written practical test, jurisprudence exam			12
MS	1500	No	exam with 70% passing score	70	17	12
MO	1500	3000 hrs within 5 yrs, including at least 1 hr of lectures/demonstrations each business day	written and practical exam with 75% passing score	75	17	10
MT	1500	No	NIC written and practical exam with 75% passing score	75	18	12/GED
NE	2100	2100 hrs and 2000 credits	written or practical exam with 75% passing score	75	17	12/GED
NV	1600	3600 hrs (apprenticeship program only available if nearest licensed school is more than 60 miles away from residence)	written, practical and jurisprudence exam		18	10
NH	1500	3000 hrs apprenticeship program over 18 months (must be 16 yrs old and deemed by the board to be of good professional character)	written and practical exam			12/GED
NJ	1200	No	written and practical exam with 75% passing score	75		12/GED
NM	1600	No	practical, written theory and jurisprudence with 75% passing score	75	17	10
NY	1000	No	written and practical exam with 70% passing score	70	17	
NC	1500	1200 hrs over 6 months or more	NIC written and practical exam with 75% (70% for apprentices) passing score	75		

STATE	EDUCATION REQUIREMENTS	APPRENTICESHIP OPTION IN LIEU OF EDUCATION REQUIREMENT	EXAMINATION REQUIREMENT	PASSING RATE	MIN. AGE	MIN. GRADE
ND	1800	No	NIC written exam, ND state practical, jurisprudence exam			12/GED
OH	1500	No	practical demonstration and written exam		16	10
OK	1500	3000 hrs	written and practical exam		16	8
OR	1450	No	written exam and jurisprudence exam with 75% passing score	75		
PA	1250	2000 hrs	written exam		16	10
RI	1200	No	NIC written and practical exam with 70% passing score	70	18	12/GED
SC	1500	No	NIC written and practical exam		16	10
SD	1500	2150 hrs	NIC written and practical and state jurisprudence exam		18	12/GED
TN	1500	750 classroom hrs then complete an apprenticeship	written theory and practical exams with 70% passing score	70	16	
TX	1500	No	written and practical exam with 70% passing score	70	17	12/GED
UT	1600	2500 hrs in not less than 15 months	NIC theory and practical exams with 75% passing score	75	n/a	
VT	1500	2000-3000 hrs within 12-36 months	written and practical exam		18	12/GED
VA	1500	3000 hrs	written and practical exam			
WA	1600	2000 hrs	written and performance exams with a 75% passing score	75	17	
WV	1800	No	examination		18	12/GED
WI	1550	3000 hrs (3712 hrs practical training and 288 hrs theoretical instruction) within 2-4 yrs	written and practical exam		18	12/GED
WY	1600	No	theory and practical exam passed with in 1 year		16	10

Source: Information received from Professional Beauty Association and supplemented by review of board applications, statutes and regulations

Barber

A barber provides beautification treatments by shaving and trimming beards, cutting hair and other related services. In New Hampshire, a barber shaves and trims beards, cuts hair, gives facials or scalp massages, and shampoos, arranges, dresses and styles hair.

The majority of states license barbers (as opposed to registration or certification). In order to become licensed, most states require completion of an education program and passage of an exam. Most states set a minimum grade completion and age for applicants. Apprenticeship programs offer an alternative path to licensure in many states which can substitute for a more traditional academic educational program.

New Hampshire's requirements to become a licensed barber align with the national average. Most states require 1,500 education hours while New Hampshire requires 800. This could be interpreted as favorable to New Hampshire to encourage portability into the state and still protect the public. In general, licensure requirements should be set to ensure applicants have the competence to practice safely. Licensing requirements may be raised or lowered given the number of complaints and other evidence of harm to consumers. New Hampshire's requirements demonstrate barbers may practice safely with 800 hours of education. However, as one of the states with the lowest requirement in the nation, it is likely that barbers trained and licensed in New Hampshire could have difficulty transferring to another state. Most would need to complete additional hours of education or training. More locally, the median training requirement for licensure in states that surround New Hampshire (Connecticut, Maine, Massachusetts, Rhode Island, New York and Vermont), is 1,000 hours. This means barbers trained and licensed in those states could easily transfer their license into New Hampshire. Barbers trained and licensed in New Hampshire would be deterred from leaving, likely finding it difficult to transfer to a surrounding state. Like many states, New Hampshire recognizes a qualified apprenticeship program as an alternative pathway to licensure.

Barber Education Hours

Median	1500
Mean	1357
Min	800
Max	2100
New Hampshire	800

STATE	EDUCATION REQUIREMENTS	APPRENTICESHIP OPTION IN LIEU OF EDUCATION REQUIREMENT	EXAMINATION REQUIREMENT	PASSING RATE	MIN. AGE	MIN. GRADE
AL	1000	2000 hrs apprenticeship completed within 2 yrs	theory and practice - 70% passing score	70	16	10
AK	1650	2000 hrs apprenticeship completed within 2 yrs	written and practical - 75 points passing score	75		
AZ	1500	No	written and practical demonstration		16	10
AR	1500	No	practical demonstration, written and oral (75% passing)	75	16.5	10
CA	1500	3200 hrs, with 39 hrs of pre-apprenticeship training and 216 hrs classroom training	practical demonstration and written test		17	10
CO	1500	No	written exam		16	
CT	1000	apprenticeship approved by Labor Dept	examination			8
DE	1500	3000 hrs	theory and practical exams with 75 passing	75	16	10
FL	1200	No	examination		16	
GA	1500	3000 hrs for a minimum of 18 months for master barber; 2280 hrs for a minimum of 14 months for barber II	written and practical exam with 70% passing score	70	16	HS/GED
HI	1500	1500 hrs within 12 months max	exam with 75% passing score	75	17	
ID	900	No	written and practical demonstration exam		16.5	10
IL	1500	No	written exam on theory and practical knowledge		16	HS
IN	1500	No	written and practical exam with 75% passing score	75	18	
IA	2100	No	NIC theory and practical exams with 70% passing score	70		10
KS	1200	No	NIC National Barber Styling Theory Examination; and KS jurisprudence exam		16	HS/GED
KY	1500		Probationary Barber exam; then barber exam with a written exam and practical demonstration on living model with a 75% passing score	75	17.5	HS/GED
LA	1500	400 practical hrs and 288 theory hrs completed in 2 yrs; \$500 registration fee	practical demonstration and written portion		17	HS
ME	1500	2500 hrs over at least 18 months	written and practical exam		17	10
MD	1200	2250 hrs within 2 yrs	theory and practical exam			
MA	1000	required: 18 months apprenticeship outside of a school	written and practical exam		16	
MI	1800	No	theory and practical exam with 75% passing score	75	17	10
MN	1500	No	1 written, 1 oral, 4 practical passed with 55 or higher	55		10
MS	1500	No	practical demonstration and written and oral test			HS
MO	1000	2000 hrs within 5 yrs with at least 1 hr lecture/demonstration each business day	practical and theoretical exam with 75% passing score	75	17	
MT	1100	No	NIC written and practical exam with 75% passing score	75	18	HS/GED
NE	2100	No	written and practical exam		17	HS/GED
NV	1500	1500 hrs and must complete 12th grade	written and practical exam		18	10
NH	800	1600 hrs of apprenticeship over 12 months	examination		16	HS/GED
NJ	900	No	written and practical exam with 75% passing score	75	17	HS/GED
NM	1200	1200 hrs within 36 months	practical, written theory and jurisprudence with 75% passing score	75	17	10
NY	1000	2 yrs	practical exam		17	

STATE	EDUCATION REQUIREMENTS	APPRENTICESHIP OPTION IN LIEU OF EDUCATION REQUIREMENT	EXAMINATION REQUIREMENT	PASSING RATE	MIN. AGE	MIN. GRADE
NC	1528		NIC clinical exam			
ND	1550		70% passing required for apprentice; 75% passing for barber	75	17	HS
OH	1800	No	written and practical exam with 75% passing score	75	18	8
OK	1500	3000 hrs	written and practical exam		16	8
OR	1350	No	written and jurisprudence exam with 75% passing	75		
PA	1250	1250 hrs in not less than 9 months	theory exam and practical exam		16	8
RI	1500		NIC written and practical exam with 70% passing score	70	18	HS
SC	1500	1920 hrs over 12 months	written and practical exam		17	9
SD	1500	No	written and practical exam with 75% passing score	75	18	
TN	1500	750 classroom hrs then complete apprenticeship	written theory and practical exams		17	12
TX	1500	No	written and practical exam		16	7
UT	1000	1250 hrs in not less than 9 months	NIC theory and practical exams with 75% passing score	75		
VT	1000	2000-3000 hrs in 12-36 months	practical, written, and jurisprudence exam		18	HS/GED
VA	1500	3000 hrs	written and practical exam			
WA	1000	1200 hrs	written and performance exam with 75% passing score	75	17	
WV	1200	2400 hrs within 30 months, pass each chapter review exam with 70%	examination		18	HS/GED
WI	1000	2000 hrs (1712 hrs practical and 288 theory instruction) within 4 yrs or less	written and practical exam		18	HS/GED
WY	1000	No	theory and practical exam with 75% passing score	75	17	10

Source: Information received from Professional Beauty Association and supplemented by review of board applications, statutes and regulations Barber

Esthetician

An esthetician provides beautification treatments to skin through cosmetic treatments and services such as facials, hair removal, and makeup application.

In New Hampshire, an esthetician gives facials, applies makeup, gives therapeutic skin care treatments, removes superfluous hair, applies eyelashes, beautifies the face, neck, arms and shoulders, massages, cleanses or stimulates the skin in these areas and provides manicure and pedicure services to hands and feet.

The majority of states license estheticians (as opposed to registration or certification). In order to become licensed, most states require completion of an education program and passage of an exam. Most states set a minimum grade completion and age for applicants. Apprenticeship programs offer an alternative path to licensure in many states which can substitute for a more traditional academic educational program.

New Hampshire's requirements to become a licensed esthetician comport to the median across the nation which requires 600 education hours and passage of an exam. This could be interpreted as beneficial to estheticians and public consumers in New Hampshire. While a licensure compact among states does not currently exist, more states are settling on 600 education hours and other similar requirements. The standardization of licensure requirements among states promotes portability and serves as a useful foundation for the development of a licensure compact. While apprenticeship programs are less common among states for esthetician licensure (when compared to cosmetologists and barbers), New Hampshire recognizes a qualified apprenticeship program as an alternative pathway to licensure.

Esthetician Education Hours

Median	600
Mean	627
Min	260
Max	1100
New Hampshire	600

STATE	TYPE OF REGULATION	EDUCATION REQUIREMENTS	APPRENTICESHIP OPTION IN LIEU OF EDUCATION REQUIREMENT	EXAMINATION REQUIREMENT	PASSING RATE	MIN. AGE	MIN. GRADE
AL	licensure	1000	2000 hrs completed within 3 yrs	theory and practical - 70% passing score	70	16	10
AK	licensure	350	350 hrs	written and practical with 75 point passing score	75		
AZ	licensure	600	No	written and practical		18	
AR	licensure	480	No	written (70% passing) and practical (75% passing)	70 written, 75 practical	16	10
CA	licensure	600	3200 hrs, with 39 hrs of pre-apprenticeship training and 220 hrs classroom training option	practical demonstration and written test		17	10
CO	licensure	600	No	written exam		16	
CT	n/a		n/a	n/a			
DE	licensure	600	1200 hrs	theory and practical exams with 75 passing	75	16	10
FL	registration	260	No	n/a		16	HS
GA	licensure	1000	2000 hrs within at least 18 months	written and practical exam with 70% passing score	70	17	HS/GED
HI	licensure	600	1200 hrs within 42 months minimum	exam with 75% passing score	75	16	HS
ID	licensure	600	1200 hrs within 42 months minimum	NIC theory and practical exam		16.5	10
IL	licensure	750	No	written exam on theory and practical knowledge		16	HS
IN	licensure	700	No	written and practical exam with 75% passing score	75	18	10
IA	licensure	600	No	NIC exams with 75% passing score	75		HS
KS	licensure	1000		written and practical exam with 75% passing score	75	17	HS
KY	licensure	1000		fitness to practice exam		18	HS/GED
LA	registration	750	No	practical demonstration, written and oral tests		16	10
ME	licensure	600	1000 hrs over at least 6 months	written and practical exam		17	10
MD	licensure	600	12 months with at least 20 hrs per week; mail monthly training reports to Board	theory and practical exam		17	9
MA	licensure	300	HS/GED	practical and written exam			
MA	licensure	400	required: 2 yrs work experience	practical and written exam			
MI	licensure	400	6 months with average of 80 hrs per month; monthly attendance reports to Board	theory and practical exam with 75% passing score	75	17	9
MN	licensure	600	No	general theory, written practical test, jurisprudence exam			HS
MS	licensure	600	No	exam		17	HS/GED
MO	licensure	750	1500 hrs within 5 yrs with at least 1 hr lecture/demonstration each business day	written and practical exam with 75% passing score	75	17	10
MT	licensure	650	No	NIC written and practical exam with 75% passing score	75	18	HS/GED
NE	licensure	600	600 hrs or 600 credits	written and practical exam with 75% passing score	75	17	HS/GED
NV	licensure	900	1800 hrs (apprenticeship program only available if nearest licensed school is more than 60 miles away from residence)	written, practical and jurisprudence exam		18	10
NH	licensure	600	1200 hrs within 42 months minimum	examination			HS/GED
NJ	licensure	1100	No	written and practical exam with 75% passing score	75	17	HS/GED
NM	licensure	600	No	practical, written theory and jurisprudence with 75% passing score	75	17	10
NY	licensure	600	No	written and practical with 70% passing score	70	17	
NC	licensure	600	1200 hrs within 24 months minimum	NIC written and practical exam with 75% passing score	75		

STATE	TYPE OF REGULATION	EDUCATION REQUIREMENTS	APPRENTICESHIP OPTION IN LIEU OF EDUCATION REQUIREMENT	EXAMINATION REQUIREMENT	PASSING RATE	MIN. AGE	MIN. GRADE
ND	licensure	600	No	NIC written, ND state practical, and jurisprudence exam			
OH	licensure	600	No	practical demonstrations and written exam		16	10
OK	licensure	600	1200 hrs	written and practical exam		16	8
OR	licensure	500	No	written and jurisprudence exam with 75% passing	75		
PA	licensure	300	No	theory exam		16	10
RI	licensure	600	No	NIC written and practical exam with 70% passing score	70	18	HS/GED
SC	licensure	450	No	NIC written and practical exam		16	10
SD	licensure	600	No	NIC written and practical exam and state jurisprudence exam		18	HS/GED
TN	licensure	750		written theory and practical exam passed within 3 yrs		16	
TX	licensure	750	No	written and practical exam with 70% passing score	70	17	HS/GED
UT	licensure	600	800 hrs in not less than 5 months	NIC theory and practical exam with 75% passing score	75		
VT	licensure	600	800-1200 hrs within 12-18 months	written and practical exam		18	HS/GED
VA	licensure		not yet set	written and practical exam			
WA	licensure	750	800 hrs in not less than 5 months	written and performance exam with 75% passing score	75	17	
WV	licensure	600	No	examination		18	HS/GED
WI	licensure	450	No	written and practical exam		18	HS/GED
WY	licensure	600	No	theory and practical exam passed within 1 year		16	10

Source: Information received from Professional Beauty Association and supplemented by review of board applications, statutes and regulations Barber

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>Or</u> US or Canadian nursing license <u>Or</u> 1+ years nursing program education <u>Or</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>Or</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>Or</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		
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 <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

STATE	DESIGNATION	EDUCATION REQUIREMENTS	HRS	EXAM	AGE	ADDT REQS.
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			
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

STATE	DESIGNATION	EDUCATION REQUIREMENTS	HRS	EXAM	AGE	ADDT REQS.
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>Q:</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>Q:</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>Q:</u> nurse aide-related skills and training through military service <u>Q:</u> nursing student basic course work and clinicals <u>Q:</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>Q:</u> graduate nurse <u>Q:</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>Q:</u> North Carolina EMT professionals with active credentials <u>Q:</u> nurses with inactive/expired listings (in good standing) <u>Q:</u> unlicensed nursing school graduates <u>Q:</u> military medics	75	NNAAP 70 MCQ Written/oral and 5 skills evaluation		
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>Q:</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>Q:</u> active RN/LPN <u>Q:</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

STATE	DESIGNATION	EDUCATION REQUIREMENTS	HRS	EXAM	AGE	ADDT REQS.
PA	nurse aide	nurse aide training program 80-hours of which 37.5 hours must be supervised clinical experience <u>Q:</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>Q:</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>Q:</u> nursing student <u>Q:</u> RN/LPN graduate <u>Q:</u> military training	100	NNAAP 70 MCQ Written/oral and 5 skills evaluation		
SD	CNA	75-hour nurse aide training <u>Q:</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>Q:</u> nursing student basic nursing fundamentals <u>Q:</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
UT	CNA	nurse aide training program 100 hours with 24 hours clinical <u>Q:</u> nursing student completed fundamentals	100	75 MCQ knowledge exam and 5 skills evaluation	16	
VT	LNA	nurse aide training program <u>Q:</u> 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 <u>Q:</u> nursing student 40 hours clinical <u>Q:</u> 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 <u>Q:</u> nurse student/graduate completed comprehensive portion <u>Q:</u> 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 <u>Q:</u> 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)

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 NCBOT 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 NCBOT 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

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

STATE	COMPACT PARTICIPATION	GRADUATE APPROVED PT OR PTA PROGRAM	PASS NPTE OR NPTAE*	EXAMINATION ADDITIONAL REQUIREMENT
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
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 (NPTAE) as applicable

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
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

STATE	CREDENTIAL REQ. - CRT OR RRT*	ADDITIONAL REQUIREMENTS
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.

Pharmacy Technician

Pharmacy technicians assist pharmacists to provide a variety of services to patients and customers. This may include maintaining inventory, compounding medicines, stocking machines and communicating with patients. Pharmacy technicians must work under the supervision of a pharmacist. New Hampshire offers two types of credentials to pharmacy technicians: Registered Pharmacy Technician or Certified Pharmacy Technician.

The majority of states register pharmacy technicians although some certify or license pharmacy technicians. In order to become licensed, many states require or accept a national voluntary certification issued by the Pharmacy Technician Certification Board (PTCB) or the National Healthcare Association (NHA). While the requirements for these credentials are slightly different, it is common for a state to accept the credential in order to qualify for a state issued registration, certification or license. Many

states require some type of education or training experience, which may be directed by the supervising pharmacist or may be completed pursuant to the private national credential.

New Hampshire does not require any national credential, experience, formal education or passage of an exam in order to become a Registered Pharmacy Technician. An applicant holding a private national certification through PTCB or NHA may become a Certified Pharmacy Technician in New Hampshire.

Only 15 states stipulate a certain number of hours in education or experience to qualify for registration. Accordingly, New Hampshire is among the majority of states that allow a person to become a Registered Pharmacy Technician without education or experience requirements. Since a pharmacy technician works under the direct supervision of a pharmacist and is limited to non-discretionary functions, consumers are protected while maintaining low barriers to entry for the field. This promotes portability into the state and often allows pharmacy students to engage in the profession while studying to become a pharmacist. Note that blank cells below indicate that element is not required in the state.

Pharmacy Technician Education/Experience Hours:

Median	0
Mean	203
Min	0
Max	1500
New Hampshire	0

STATE	TITLE	TYPE	NATL CERT REQ*	TRAINING REQUIREMENTS	TRAIN HOURS	TYPE	EXAM - PTCB OR EXCPT*	MIN GRADE	MIN AGE	ADDITIONAL REQUIREMENTS***
AL	Pharmacy Technician	registration		no			no	0	17	criminal background check (CBC); photo
AK	Pharmacy Technician	licensure		on-the-job training by PIC appropriate to technician's duties			no	12	18	not in arrears on child support or in default on student loan
AZ	Pharmacy Technician	licensure	yes	yes		600	PTCB or ExCPT or other Board-approved exam	12	18	CBC; photo
AR	Pharmacy Technician	registration		no			no	12	0	state and federal CBC
CA	Pharmacy Technician	licensure		training and/or pharmacy technician certification program accredited by National Commission for Certifying Agencies			training and/or pharmacy technician certification program accredited by National Commission for Certifying Agencies	12	0	photo; NPDB Self-Query Report; LiveScan fingerprints for CBC
CO	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
CT	Pharmacy Technician	registration		on-the-job training by PIC appropriate to technician's duties			no	0	0	
DE	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
DC	Ancillary Personnel	registration	yes	yes			yes			
FL	Pharmacy Technician	licensure	yes	board-approved training program	1050	education	no	0	17	
GA	Pharmacy Technician	registration		yes	1500	experience	no	0	17	CBC; 1500 hours internship
HI	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

STATE	TITLE	TYPE	NATL CERT REQ*	TRAINING REQUIREMENTS	TRAIN HOURS	TYPE	EXAM - PTCB OR EXCPT*	MIN GRADE	MIN AGE	ADDITIONAL REQUIREMENTS***
ID	Pharmacy Technician	registration	yes	yes			yes	12	18	high school graduate; CBC; certificate of moral character signed by 2 reputable business persons
IL	Pharmacy Technician	licensure	yes	yes	600	Experience	PTCB or other Board-approved exam	12	18	16 years of age
IN	Pharmacy Technician	licensure	yes	yes			accept PTCB or ExCPT	12	18	CBC
IA	Pharmacy Technician	registration	yes	yes			no	12	0	
KS	Pharmacy Technician	registration	yes	yes			exam approved by Board	0	0	CBC
KY	Pharmacy Technician	registration	for some functions	no			no	0	16	
LA	Pharmacy Technician	licensure	yes	no	600	experience	PTCB or other Board-approved exam	12	18	18 years of age; CBC
ME	Pharmacy Technician	licensure		yes			no	0	0	CBC
MD	Pharmacy Technician	registration	yes or proof of training	pharmacy technician training program if not completed national certification	160	experience	yes	0	17	17 years of age; CBC
MA	Pharmacy Technician	registration		yes	240	education	yes	0	18	18 years of age; good moral character and no drug-related felonies
MI	Pharmacy Personnel	certification		training requirements developed by training pharmacies and approved by board			yes	12	0	CBC
MN	Pharmacy Technician	registration		yes			no	12	18	18 years of age
MS	Pharmacy Technician or Support Personnel	registration	yes	no			no	12	18	18 years of age; CBC; photo; fill-in-the-blank short answer questionnaire/quiz @ familiarity with regulations
MO	Pharmacy Technician	registration		training for sterile compounding			no	0	0	CBC; photo
MT	Pharmacy Technician	registration	yes	technician utilization plan filed with board or didactic course			PTCB or ExCPT	12	18	photo; 3 character references (1 lic'd pharmacist, 2 non-relatives)
NE	Pharmacy Technician	registration	yes	training requirements developed by training pharmacies and approved by board			yes	12	18	18 years of age
NV	Pharmaceutical Technician or Support Personnel	registration		yes	950	education and experience	no	12	18	18 years of age; training hours are totaled for comparison purposes, requirements set at 600 clock hours education and 350 clock hours experience
NH	Registered Pharmacy Technician	registration	no	no			no	0	16	16 years of age; working toward high school diploma; attestation from Pharmacist-in-Charge

STATE	TITLE	TYPE	NATL CERT REQ*	TRAINING REQUIREMENTS	TRAIN HOURS	TYPE	EXAM - PTCB OR EXCPT*	MIN GRADE	MIN AGE	ADDITIONAL REQUIREMENTS***
NH	Certified Pharmacy Technician	certification	yes	yes			PTCB, NHA / ICPT, or ASHP			18 years of age, high school diploma; attestation from Pharmacist-in-Charge
NJ	Pharmacy Technician	registration		no			no	12	18	18 years of age; attestation of written and spoken English proficiency; CBC
NM	Pharmacy Technician	licensure	yes	yes	600	experience	PTCB or ExcPT	0	0	
NY	n/a	n/a		n/a			n/a	n/a	n/a	n/a
NC	Pharmacy Technician	registration	PTCB for some functions	yes			no	0	0	
ND	Registered Pharmacy Technician	registration	yes	ASHP-accredited program	480	experience	PTCB only	12	0	photo; training hours noted in equivalent clock hours; requirements are set at 3 months' work experience
OH	Pharmacy Technician	registration		yes			no	12	18	18 years of age; English proficiency attestation; CBC; technician attestation form
OH	Certified Pharmacy Technician	certification	yes	yes			yes	12	18	18 years of age; English proficiency attestation; CBC; technician attestation form
OK	Pharmacy Technician	registration/ issued a permit		yes	600	experience	yes	12	0	pharmacy technician exam @ familiarity with regulations
OR	Pharmacy Technician	licensure	yes	yes			yes	n/a	n/a	18 years of age; CBC; photo
PA	n/a	n/a		n/a			n/a	0	18	n/a
RI	Pharmacy Technician I	licensure		yes	600	experience	PTCB or board-approved training program and exam			18 years of age
RI	Pharmacy Technician II	licensure	yes	yes			PTCB			18 years of age
SC	Pharmacy Technician	registration		1,000 hours under supervision of pharmacist and Board-approved technician course			PTCB or board-approved exam	0	0	
SD	Pharmacy Technician	registration	yes	yes, same as PTCB requirements			PTCB	12	0	
TN	Pharmacy Technician	registration		no			no	0	0	
TX	Pharmacy Technician	registration	yes	yes			yes	12	0	CBC for renewal
UT	Pharmacy Technician	licensure		yes	600	experience	PTCB or ExcPT	12	0	CBC; Utah law exam
VT	Pharmacy Technician	registration		no			no	0	0	18 years of age
VA	Pharmacy Technician	registration		PTCB or board-approved training program and exam			PTCB or board-approved training program and exam	12	0	
WA	Pharmacy Technician	certification		Commission-approved program with didactic training and practical experience	600	experience	exam administered by organizations accredited by National Commission for Certifying Agencies	12	0	8 hours pharmacy law study; 4 hours HIV/AIDS training

STATE	TITLE	TYPE	NATL CERT REQ*	TRAINING REQUIREMENTS	TRAIN HOURS	TYPE	EXAM - PTCB OR EXCPT*	MIN GRADE	MIN AGE	ADDITIONAL REQUIREMENTS***
WV	Pharmacy Technician	registration	yes	competency-based pharmacy technician training and education program or PTCB/ExCPT	980	education and experience	PTCB or ExCPT	12	0	CBC; photo; training hours combined for comparison purposes, requirements set at 20 hours education and 960 hours experience
WI	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
WY	Registered Pharmacy Technician	licensure	yes	on-the-job training in permitted activities			PTCB only	12	18	CBC

Source: Data drawn from the 2018 Survey of Pharmacy Law by National Association of Boards of Pharmacy and the Institute of Justice, License to Work. Additional Requirements data obtained via review of each state's applications, statutes and rules.

* National certification through Pharmacy Technician Certification Board - requirements:

- High school diploma or equivalent educational diploma (e.g., a GED or foreign diploma).
- Full disclosure of all criminal and State Board of Pharmacy registration or licensure actions.
- Compliance with all applicable PTCB Certification policies.
- Passing score on the Pharmacy Technician Certification Exam® (PTCE®).

Beginning in 2020, PTCB will require technicians to complete a PTCB-recognized education/training program or have equivalent work experience to be eligible to apply.

* National certification through National Healthcare Association - requirements:

- Successfully completed a pharmacy technician or pharmacy-related training offered by an accredited or state-recognized institution or provider within the last five years, or a registered apprenticeship pharmacy technician training program that is registered by the U.S. Department of Labor.
- Formal pharmacy training program offered by any branch of the U.S. Military fulfills the Training Program.
- In lieu of training, completed at least 1,200 hours of supervised pharmacy related work experience within any one (1) year in the last three (3) years
- High school diploma or GED/high school equivalency.
- Passing score on the ExCPT exam.

Data drawn from 2018 Survey of Pharmacy Law by National Association of Boards of Pharmacy and the Institute of Justice

Additional Requirements data obtained via review of each state's applications and laws/regulations

**Pharmacy Technicians Certification Board (PTCB) or Exam for the Certification of Pharmacy Technicians (ExCPT from National Healthcare Association)

Alcohol and Drug Use Counselor

An Alcohol and Drug Use Counselor specializes in treating patients that struggle with substance use or have a history of substance use. In New Hampshire, an Alcohol and Drug Use Counselor works with patients to overcome dependency to promote the patient's health, social, and economic function and the welfare of those connected to the patient.

Alcohol and Drug Use Counselors are a rapidly growing occupation in the nation. The rising crisis of opioid addiction has further increased the demand for addiction counseling services.

The majority of states regulate Alcohol and Drug Use Counselors. The profession may go by several names, which include addiction counselor, substance use counselor, or chemical dependence counselor among others. Most states acknowledge

three levels of certification or licensure. An entry level alcohol and drug use counselor typically screens potential patients for substance use dependence and educates patients about addiction, making referrals to and supporting more advanced alcohol and drug use professionals. In this report, the entry level counselors are categorized as Level I. The next level of practice entails the screening, diagnosis, and treatment of patients with substance use dependence. Acknowledged in this report as Level II, these individuals orchestrate and deliver care. The advanced level of practice, Level III (Master's), addresses co-occurring disorders for substance use and mental health conditions. This level of practice may also provide clinical supervision to Level I and Level II practitioners. The field of alcohol and drug use counseling broadly acknowledges the value of lived experience and offers a viable career pathway to those that have experienced and recovered from an addiction. For this reason, some states may require demonstration of sobriety for a certain term prior to licensure. Nearly all states require alcohol and drug use counselors to be free of addiction.

Requirements among the three levels of licensure may vary greatly. Many states offer multiple pathways to licensure, which provide for the use of experience hours to substitute for advanced academic education and vice versa. Requirements are disparate among the states, leading to inconsistency across borders. The number of education and experience hours required for licensure may easily be doubled or tripled from one state to the next. Most states require education hours, experience hours, and passage of an exam. Many also stipulate the number of "supervised" hours that must be demonstrated as part of the experience hours.

Two private, national certifying bodies help to standardize requirements across the nation. Both offer private certifications and accredited examinations. Some states have aligned regulations to the requirements of one of these two private certification bodies. Some accept the private certification either as an alternative pathway or for a reduction in education, experience, or examination requirements. Some states acknowledge both private certifications, while others subscribe to only one.

The International Certification and Reciprocity Consortium (IC&RC) offers six types of credentials related to alcohol and drug use counselors. The Alcohol and Drug Counselor (ADC) credential is IC&RC's most widely recognized credential. It is the basis of the mandated credential or license in many jurisdictions. The ADC credential is designed to be an entry-level credential and covers the basics of alcohol and drug counseling. The ADC credential is not available in all jurisdictions, and requirements, application processes, and fees will vary. IC&RC offers the ability to reciprocate a license from one member state to another, serving as a quasi-licensure compact. Adopted in 1999, the Advanced Alcohol & Drug Counselor (AADC) is one of the largest credentials in the field of addiction-related behavioral health care. The Advanced Alcohol & Drug

Counselor credential requires professionals to demonstrate competency through experience, education, supervision, and the passing of a rigorous examination. The certification is administered on a jurisdictional level by an IC&RC Member Board. Each IC&RC Member Board has unique procedures, requirements, and documents.

The Association for Addiction Professionals (NAADAC) represents the professional interests of alcohol and drug counselors, educators, and other addiction-focused health care professionals and provides seven private, voluntary credentials. The NAADAC certification is a voluntary national certification intended for professionals working within Substance Use Disorders/Addiction-related disciplines. Three of those credentials broadly align with the three levels identified in this report: the National Certified Addiction Counselor, Level I (NCAC I); National Certified Addiction Counselor, Level II (NCAC II); and Master Addiction Counselor (MAC).

Many states have an IC&RC or NAADAC affiliate, which are private member-based organizations responsible for the voluntary certifications in the state and, as applicable, the administration of the exam. Many states acknowledge the private certifications as one of several pathways to licensure, which often earns the applicant a discount on education or experience hours (which were theoretically obtained for the private certification). In some cases, the state may appoint the IC&RC or NAADAC affiliate as the certifying body, such as is the case in California or North Carolina.

The vast majority of states are members of IC&RC representing approximately 68 percent of states, while membership to NAADAC represents approximately 32 percent. Since New Hampshire acknowledges the IC&RC credentials, the state is well positioned to promote and benefit from the reciprocal arrangements facilitated by this nationally recognized credential.

Level I: Becoming licensed, certified, or registered at an entry level requires completion of approximately 270 hours of addiction education and 2,000 hours of documented work experience on average. Most states do not require the applicant to hold a degree; however, education and experience hours may be reduced for advanced education. Typically, an academic degree is not required, although some states do require an associate or bachelor’s degree. New Hampshire offers a Certified Recovery Support Worker credential, which requires the applicant to hold a high school diploma or GED, obtain 46 hours of training, and document 500 hours of experience.

Level I

	Training hrs	Experience hrs
Median	270	2000
Mean	232	2517
Max	600	6400
Min	0	0
NH	46	500

Level II: Becoming licensed, certified, or registered at an autonomous level requires completion of approximately 300 hours of addiction education and 4,000 hours of directly related work experience. Most states require an associate or bachelor’s degree and will credit more advanced education with a discount in experience hours. New Hampshire offers a credential as a Licensed Alcohol and Drug Use Counselor, which requires 270 hours of education and 6,000 hours of experience as well as an associate or bachelor’s degree.

Level II

	Training hrs	Experience hrs
Median	300	4000
Mean	309	3521
Max	1125	10000
Min	0	0
NH	270	6000

Level III (Master’s): Becoming licensed, certified, or registered at an advanced level requires a master’s degree and about 270 hours of addiction education followed by around 2,000 hours of experience. New Hampshire acknowledges a Master Licensed Alcohol and Drug Counselor license, which requires 270 education hours and 3,000 experience hours, which may be reduced to 1,500 by holding another mental health license or Alcohol and Drug Counselor license. These requirements are slightly below the average. Coupled with membership to IC&RC, New Hampshire is favorably positioned to encourage portability and in-migration of qualified practitioners to the state.

Level III

	Training hrs	Experience hrs
Median	270	2370
Mean	323	3141
Max	2250	10000
Min	0	0
NH	270	3000

Level I

STATE	DESIGNATION/TITLE	TYPE	DEGREE	EDUC. CLOCK HOURS	EXP. HOURS	EXAM (Y/N)	EXAM NAME (IF AVAILABLE)	IC&RC (Y/N)	NAADAC (Y/N)
AL	None								
AK	Technician/ Counselor I	Certification	None	300	0	N			
AZ	Licensed Substance Abuse Technician (LSAT)	License	None Associate Bachelor's	0 450 450	6400 0 0	Y	NAADAC Level I or IC & RC ADC	Y	Y
AR	Certified Alcoholism and Drug Abuse Technician (CADAT).	Certification	None	270	6000	Y			
CA	Certified Addiction Treatment Counselor I	Certification	Associate	450	2240	Y	CATC		
CA	Registered Alcohol Drug Technician I (RADT I)		None	9		N			
CA	Substance Use Disorder Certified Counselor	Certification		315	2080	Y	IC&RC ADC	Y	
CO	Certified Addiction Counselor CAC I	Certification	None	112	1000	N			
CT	None (see Level II)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
DE	None (see Level II)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
D.C.	Certified Addiction Counselor I	Certification	Associate	39	500	Y	NAADAC		Y
FL	Certified Addiction Counselor (CAC)	Certification	None Associate or non-related Bachelor's related Bachelor's Master's or higher	270	6000 5000 4000 2000	Y	IC&RC ADC	Y	N
GA	Certified Alcohol and Drug Counselor I	Certification	None	300		Y	IC&RC ADC	Y	
HI	Substance Abuse Counselor	Certification	None Bachelor's Master's	270	6000 4000 2000	Y	IC&RC ADC	Y	
ID	Certified Alcohol/Drug Counselor	Certification	None Associate in behavioral science Bachelor's in behavioral science Master's in behavioral science	270	6000 5000 4000 2000	Y		Y	
IL	Certified Alcohol and Drug Counselor	Certification	None Associate Bachelor's	225	4000 3000 2000	Y	CADC Illinois Examination	N	N
IN	Licensed Addiction Counselor	License	Bachelor's	600	4000	Y	IC&RC ADC or NAADAC Level II	Y	Y
IA	Certified Alcohol and Drug Counselor	Certification	HS/GED Associate or higher	150	3000 1000	Y	IC&RC ADC	Y	
KS	None (see Level II)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
KY	Certified Alcohol and Drug Counselor	Certification	Bachelor's	270	6000	Y		Y	
LA	Registered Addiction Counselor	Certification	HS/GED Associate	300	6000 5000	Y			
ME	Certified Alcohol and Drug Counselor	Certification	HS/GED	450	4000	Y	IC&RC ADC	Y	
MD	Certified Supervised Counselor-Alcohol and Drug	Certification	Associate	360		Y	IC&RC ADC	Y	
MA	Licensed Alcohol and Drug Counselor Assistant	License		50	2000	Y		Y	
MI	Certified Alcohol and Drug Counselor	Certification	None Bachelor's Master's	270	6000 4000 2000	Y	IC&RC ADC	Y	
MN	None (see Level II)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

STATE	DESIGNATION/TITLE	TYPE	DEGREE	EDUC. CLOCK HOURS	EXP. HOURS	EXAM (Y/N)	EXAM NAME (IF AVAILABLE)	IC&RC (Y/N)	NAADAC (Y/N)
MS	Provisionally Certified Addictions Therapist	Certification	Master's	450	0				
MS	Certified Alcohol and Drug Counselor	Certification	None	270	6000	Y	written exam and case presentation		
MO	Recognized Associate Substance Abuse Counselor II	Certification	None Associate Bachelor's	90	2000 1000 0	N	n/a	n/a	n/a
MT	Licensed Addiction Counselor Candidate	License	Associate or higher	330	0	N	n/a	n/a	n/a
NE	Provisional Alcohol and Drug Counselor	Certification	HS/GED	270	0	N	n/a	n/a	n/a
NV	Certified Alcohol and Drug Abuse Counselor Intern	Certification	None	12	0	N	n/a	n/a	n/a
NH	Certified Recovery Support Worker	Certification	HS/GED	46	500	Y	IC&RC PR	Y	N
NJ	None (see Level II)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
NM	Licensed Substance Abuse Associate Counselor	License	None	90	0	N	n/a	n/a	n/a
NY	Credentialed Alcoholism and Substance Abuse Counselor Trainee	Certification	None	350	4000	N	n/a	n/a	n/a
NC	Certified Substance Abuse Prevention Specialist	Certification	None	270	6000	Y	IC&RC International CPS	Y	N
ND	Addiction Counselor Trainee	Registration	enrolled in program	0	0	N	n/a	n/a	n/a
OH	Chemical Dependency Counselor Assistant	Certification	None	40	0	N	n/a	n/a	n/a
OK	None (see Level II)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
OR	Certified Alcohol Drug Counselor I	Certification	None	150	1000	Y	NAADAC Level I	N	Y
PA	None	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
RI	None (legislation enacted October 2018 and rulemaking is in progress)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
SC	None (see Level II)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
SD	Certified Prevention Specialist	Certification	Bachelor's or higher	270	2000	Y	IC&RC ADC	Y	N
TN	Licensed Alcohol and Drug Counselor Level I	License	HS/GED	270	6000	Y	NAADAC Level I; NCC AP; MAC	N	Y
TX	Counselor Intern	Registration	HS/GED	270	300	N	n/a	n/a	n/a
UT	Certified Substance Use Disorder Intern	Certification	Associate or higher	400	0	Y	NAADAC Level I or higher; IC&RC ADC or higher	Y	Y
VT	Apprentice Addiction Professional	Certification	Associate	40	0	Y	TAP 21	N	N
VA	Certified Substance Abuse Counselor Assistant	Certification	HS/GED	300	0	Y	Virginia State Constructed CSAC-A Exam	N	N
WA	Substance Use Disorder Trainee	Certification	None	0	0	N	n/a	n/a	n/a
WV	Prevention Specialist	Certification	60 credit hours	180	0	Y	IC&RC International CPS	Y	N
WI	Prevention Specialist	Certification	None	120	0	N	n/a	n/a	n/a
WY	Certified Addictions Practitioner Assistant	Certification	Associate Degree; or NCAC I; or AODA (IC&RC); OR None	270	0	Y	NAADAC Level I	Y	Y

Level II

STATE	DESIGNATION/TITLE	TYPE	DEGREE	EDUC. CLOCK HOURS	EXP. HOURS	EXAM (Y/N)	EXAM NAME (IF AVAILABLE)	IC&RC (Y/N)	NAADAC (Y/N)
AL	None	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
AK	Chemical Dependency Counselor II	Certification	Bachelor's	300	2000	N	NAADAC Level I accepted		
AZ	Licensed Associate Substance Abuse Counselor (LASAC)	License	Bachelor's	315	3200	Y	NAADAC Level II or IC & RC AADC		
AR	Licensed Associate Alcoholism and Drug Counselor (LAADAC)	License	Bachelor's	270	6000	Y			
CA	Certified Addiction Treatment Counselor II Certified Addiction Treatment Counselor III	Certification Certification	Associate Bachelor's	450 450	2240 2240	Y	CATC CATC		
CA	Certified Alcohol Drug Counselor II (CADC II)	Certification	None	315	6000	Y	IC&RC ADC		
CA	SUDCC II- Substance Use Disorder Certified Counselor SUDCC III - Substance Use Disorder Certified Counselor	Certification Certification	None Bachelor's	315 315	10,000 10,000	Y	IC&RC ADC IC&RC		
CO	Certified Addiction Counselor CAC II	Certification	None	238	3000	Y	NAADAC Level I		Y
CT	Certified Alcohol and Drug Counselor	Certification	None Master's	360	6000 4000	Y	IC&RC ADC	Y	
DE	Counselor I	Certification	None Associate Bachelor's Master's	300	6000 5000 4000 2000	Y	IC&RC ADC	Y	
D.C.	Certified Addiction Counselor II	Certification	Associate	39	180	Y	NAADAC		Y
FL	Certified Addiction Professional (CAP)	Certification	Bachelor's in related field	350	6000	Y	Florida Certified Addiction Professional Exam		
GA	Certified Alcohol and Drug Counselor II	Certification	Bachelor's	300	4000	Y	IC&RC ADC	Y	
HI	None (See Level I)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
ID	None (See Level I)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
IL	Certified Reciprocal Alcohol and Other Drug Abuse Counselor	Certification	None Associate Bachelor's	300	6000 5000 4000	Y	CADC Illinois Examination and the IC&RC ADC examination		
IN	None (See Level I)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
IA	International Alcohol and Drug Counselor	Certification	None Associate Bachelor's Master's		6000 5000 4000 2000	Y	IC&RC ADC	Y	
KS	Licensed Addiction Counselor	License	Bachelor's	495		Y	NAADAC Level II		Y
KY	None (See Level I)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
LA	Certified Addiction Counselor	Certification	Bachelor's	300	4000	Y	IC&RC ADC	Y	
ME	Licensed Alcohol and Drug Counselor	License	Associate Bachelor's Master's	270 270 180	4000 2000 1500	Y	IC&RC ADC & AADC	Y	
MD	Certified Associate Counselor-Alcohol and Drug	Certification	Bachelor's	495	2000	Y	IC&RC ADC	Y	
MA	Licensed Alcohol and Drug Counselor II (this is a lower designation than I, which is Masters)	License	None Bachelor's	270	6000 4000	Y		Y	
MI	None (See Level I)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

STATE	DESIGNATION/TITLE	TYPE	DEGREE	EDUC. CLOCK HOURS	EXP. HOURS	EXAM (Y/N)	EXAM NAME (IF AVAILABLE)	IC&RC (Y/N)	NAADAC (Y/N)
MN	Licensed Alcohol and Drug Counselor	License	Bachelor's Bachelor's	270 270	0 2000	Y Y	written comprehensive exam OR written/oral exam written exam (NOT comprehensive)	Y, ADC or AADC Y	Y Level 2 Y Level 2
MS	None (See Level I)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
MO	Certified Alcohol and Drug Counselor	Certification	None Associate Bachelor's Master's	180	4000 3000 2000 1000	Y	IC&RC ADC	Y	
MO	Certified Reciprocal Alcohol and Drug Counselor	Certification	Associate Bachelor's Master's	300	5000 4000 2000	Y	IC&RC ADC	Y	
MT	Licensed Addiction Counselor	License	Associate or higher	330	1000	Y	NAADAC Level II; Northwest Certification II; Southwest Certification II	N	Y
NE	Licensed Alcohol and Drug Counselor	License	HS/GED or higher Associate Bachelor's Master's	270	6000 5000 4000 2000	Y	IC&RC ADC	Y	N
NV	Certified Alcohol and Drug Abuse Counselor	Certification	Bachelor's in social science Bachelor's in addiction Master's in addiction	270 270 180	4000 1500 1500	Y	IC&RC ADC	Y	N
NH	Licensed Alcohol and Drug Counselor	License	Associate Bachelor's	270	6000 4000	Y	IC&RC ADC	Y	N
NJ	Certified Alcohol, Drug Counselor	Certification	HS/GED or higher	270	3000	Y	IC&RC	Y	N
NM	Licensed Alcohol and Drug Counselor	License	Associate or higher Bachelor's Master's	276	3000 2000 1000	Y	NAADAC Level I	N	Y
NY	Credentialed Alcoholism and Substance Abuse Counselor	Certification	HS/GED Associate Bachelor's Master's	350	6000 5000 4000 2000	Y	IC&RC ADC	Y	N
NC	Certified Substance Abuse Counselor	Certification	HS/GED	270	6000	Y	IC&RC ADC	Y	N
ND	Licensed Addiction Counselor	License	Bachelor's or higher	960	0	Y	NAADAC Level II	N	Y
OH	Chemical Dependence Counselor II	License	Associate	400	2000	Y	IC&RC ADC	Y	N
OK	Certified Alcohol and Drug Counselor	Certification	Bachelor's	300	4000	Y	IC&RC ADC	Y	N
OR	Certified Alcohol Drug Counselor II	Certification	Bachelor's	300	4000	Y	NAADC Level II	N	Y
PA	None	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
RI	Certified Alcohol and Drug Counselor	Certification	HS/GED Associate Bachelor's Master's	300	6000 5000 4000 2000	Y	IC&RC ADC	Y	N
SC	None (legislation enacted October 2018 and rulemaking is in progress)								
SD	Certified Addiction Counselor	Certification	HS/GED Associate Bachelor's Master's	450	8000 6000 4000 2000	Y	IC&RC	Y	N
TN	Licensed Alcohol and Drug Counselor Level II	License	Bachelor's Master's	270	4000 2000	Y	NAADAC Level II; NCC AP; MAC	N	Y

STATE	DESIGNATION/TITLE	TYPE	DEGREE	EDUC. CLOCK HOURS	EXP. HOURS	EXAM (Y/N)	EXAM NAME (IF AVAILABLE)	IC&RC (Y/N)	NAADAC (Y/N)
TX	Licensed Chemical Dependency Counselor	License	Associate or higher	270	4000	Y	Texas Board of Addiction Professionals LCDC-I Exam	N	N
UT	Licensed Substance Use Disorder Counselor	License	Associate or higher	400	4000	Y	NAADAC Level II or higher; IC&RC ADC or higher	N	Y
VT	Certified Alcohol and Drug Abuse Counselor	Certification	Bachelor's or higher	270	4000	Y	IC&RC ADC	Y	N
VA	Certified Substance Abuse Counselor	Certification	Bachelor's or equivalent	400	2000	Y	NAADAC Level I	N	Y
WA	Substance Use Disorder Counselor	Certification	Associate or higher Bachelor's NAADAC/ICRC Cert or Psychology License	1125	2500 500 1000	Y	NAADAC Level I or higher; or IC&RC AADC	Y	Y
WV	Alcohol and Drug Counselor	Certification	None Associate Bachelor's Master's	300 250 200 100	6000 3000 2000 1000	Y	IC&RC AADC	Y	N
WI	Substance Abuse Counselor	Certification	None	360	3000	Y	NAADAC Level I	N	Y
WY	Certified Addictions Practitioner	Certification	Bachelor's in addiction therapy Bachelor's in human resource and Associate in addiction therapy Bachelor's in human resource and board approved coursework NCAC II	0 270 0 0	0	Y	NAADAC Level II or IC&RC ADC	Y	Y

Level III (Masters)

STATE	DESIGNATION/TITLE	TYPE	DEGREE	EDUC. CLOCK HOURS	EXP. HOURS	EXAM (Y/N)	EXAM NAME (IF AVAILABLE)	IC&RC (Y/N)	NAADAC (Y/N)
AL	None	n/a	n/a	n/a	n/a	n/a	n/a		
AK	Chemical Dependency Counselor II	Certification	Master's	160	6000	Y	NAADAC Level I, Level II or MAC		Y
AZ	Licensed Independent Substance Abuse Counselor (LISAC)	License	Master's	405	3200	Y	NAADAC Level II or IC & RC AADC		
AR	Licensed Alcoholism and Drug Counselor (LADAC)	License	Master's	270	6000	Y			
CA	Certified Addiction Treatment Counselor IV	Certification	Master's	450	2240	Y	CATC		
CA	Certified Addiction Treatment Counselor V	Certification	Doctoral	450	2240	Y	CATC		
CA	Licensed Advanced Alcohol Drug Counselor (LAADC)	Certification	Master's	180	2070	Y	IC&RC AADC	Y	
CA	SUDCC IV: Substance Use Disorder Certified Counselor	Certification	Master's	315	10,000	Y	IC&RC		Y
CO	Certified Addiction Counselor CAC III Licensed Addiction Counselor	Certification License	Bachelor's in human services field Master's or Doctoral in clinical field	294 0	5000 2000 5000	Y	NAADAC Level II NAADAC MAC		Y
CT	Licensed Alcohol and Drug Counselor (LADC)	License	Master's or higher	270	4000	Y	IC&RC ADC	Y	
DE	Licensed Chemical Dependency Professional	License	Master's	450	3200	Y	IC&RC ADC or NAADAC MAC or Level I	Y	Y
D.C.	None (see level II)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
FL	Master's Level Certified Addiction Professional (MCAP)	Certification	Master's in related field	350	4000	Y	Florida Certified Master's Level Addiction Professional Exam	Y	
GA	Certified Advanced Alcohol and Drug Counselor	Certification	Master's	300	4000	Y	IC&RC AADC	Y	
HI	Certified Co-Occurring Disorders Professional-Diplomate	Certification	Master's in behavioral science or co-occurring disorders	140	4000	Y	IC&RC CCDP	Y	
ID	Advanced Certified Alcohol/Drug Counselor	Certification	Master's in behavioral science with clinical component	180	2000	Y		Y	
IL	Certified Advanced Alcohol and Drug Counselor	Certification	Master's in behavioral science	180	2000	Y	IC&RC AADC	Y	
IN	Licensed Clinical Addiction Counselor	License	Master's or Doctoral in addiction counseling, addiction therapy, or a related area	405	4000	Y	IC&RC AADC or NAADAC MAC	Y	Y
IA	International Advanced Alcohol and Drug Counselor	Certification	Master's in behavioral science	180	2000	Y	IC&RC AADC	Y	
KS	Licensed Master Addictions Counselor or Licensed Clinical Addictions Counselor	License	Master's Doctoral	450	4000 2000	Y	NAADAC MAC	Y	Y
KY	Licensed Clinical Alcohol and Drug Counselor	License	Master's or higher	180	2000	Y	IC&RC AADC	Y	
LA	Licensed Addiction Counselor	License	Master's or higher	300	2000	Y	IC&RC AADC	Y	
ME	None (see level II)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
MD	Licensed Graduate Alcohol and Drug Counselor	License	Master's or Doctoral	720		Y	NAADAC MAC		Y

STATE	DESIGNATION/TITLE	TYPE	DEGREE	EDUC. CLOCK HOURS	EXP. HOURS	EXAM (Y/N)	EXAM NAME (IF AVAILABLE)	IC&RC (Y/N)	NAADAC (Y/N)
LA	Licensed Addiction Counselor	License	Master's or higher	300	2000	Y	IC&RC AADC	Y	
ME	None (see level II)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
MD	Licensed Graduate Alcohol and Drug Counselor	License	Master's or Doctoral	720		Y	NAADAC MAC		Y
MA	Licensed Alcohol and Drug Counselor I	License	Master's or Doctoral	270	6000 (2000 if earned 4000 as LADC II)	Y		Y	
MI	Certified Advanced Alcohol and Drug Counselor	Certification	Master's	180	2000	Y	IC&RC AADC	Y	
MN	None (see level II)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
MN	Advanced Alcohol and Drug Counselor Reciprocal - Minnesota	Certification	Master's	180	2000	Y	IC&RC AADC	Y	
MS	Certified Addiction Therapist	Certification	Master's	450	4000	Y	DMH Addictions Therapist Examination		
MO	Certified Reciprocal Advanced Alcohol & Drug Counselor	Certification	Master's	180	2000	Y	IC&RC AADC	Y	
MT	None - (see level II)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
NE	None - (see level II)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
NV	Licensed Alcohol and Drug Abuse Counselor	License	Master's in social science Bachelor's in addiction Master's in addiction	270 180	4000 2500 1000	Y	IC&RC AADC	Y	N
NH	Master Licensed Alcohol and Drug Counselor	License	Master's Master's (holding LADC) Master's (holding MH license) Master's (holding LADC and MH license)	270 270 270 270	3000 1500 1500 1500	Y Y Y Y	IC&RC AADC and CCDP (CCDP waived if current mental health license) IC&RC AADC and CCDP (CCDP waived if current mental health license) IC&RC AADC IC&RC AADC	Y	N
NJ	Licensed Clinical Alcohol, Drug Counselor	License	Master's	270	3000	Y	IC&RC	Y	N
NM	None - (see level II)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
NY	None - (see level II)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
NC	Licensed Clinical Addiction Specialist	License	Master's in unrelated field Master's in related field CSAC IC&RC MAC or other national credential	180	4000 2000 0 0	Y	Y	Y	N
ND	Licensed Master Addiction Counselor	License	Master's	700	2000	Y	NAADAC MAC	N	Y
OH	Licensed Independent Chemical Dependence Counselor	License	Master's	400	2000	Y	IC&RC ADC	Y	N
OK	Licensed Alcohol and Drug Counselor	License	Master's	300	2000	Y	IC&RC AADC	Y	N
OR	Certified Alcohol Drug Counselor II	Certification	Master's	300	6000	Y	NAADAC MAC	N	Y
PA	None	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
RI	Certified Advanced Alcohol and Drug Counselor	Certification	Master's	180	2000	Y	IC&RC AADC	Y	N
SC	None (legislation enacted October 2018 and rulemaking is in progress)								

STATE	DESIGNATION/TITLE	TYPE	DEGREE	EDUC. CLOCK HOURS	EXP. HOURS	EXAM (Y/N)	EXAM NAME (IF AVAILABLE)	IC&RC (Y/N)	NAADAC (Y/N)
SD	Licensed Addiction Counselor	License	Master's	250	2000	Y	IC&RC	Y	N
TN	None - (see level II)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
TX	None - (see level II)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
UT	Licensed Advanced Substance Use Disorder Counselor	License	Bachelor's or higher	650	4000	Y	NAADAC Level II or higher; IC&RC AADC	N	Y
VT	Licensed Alcohol and Drug Abuse Counselor	License	Master's or higher	270	2000	Y	IC&RC AADC	Y	N
VA	Licensed Substance Abuse Treatment Practitioner	License	Master's	2250	3400	Y	NAADAC MAC	N	Y
WA	None - (see level II)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
WV	Advanced Alcohol and Drug Counselor	Certification	Master's	300	3000	Y	IC&RC AADC	Y	N
WI	Clinical Substance Abuse Counselor	License	Associate or higher	360	5000	Y	NAADAC Level II or higher; IC&RC AADC	N	Y
WY	Licensed Addiction Therapist	License	Master's or higher Master's or higher	0 0	3000 10000	Y N	NAADAC MAC; or NBCC MAC; or IC&RC AADC	Y Y	Y Y

Source: Data acquired through a review of board applications, statutes and regulations.

Note that statistical information concerning licensing requirements is skewed by the number of pathways to licensure provided in a single state.

APPENDIX C

Reciprocity Analysis by Profession

CLEAR performed a 50-state comparative licensing analysis for 11 professions and occupations targeted by the grant project including private certifications and emerging compacts. The comparative licensing analysis is intended to provide a useful gauge of entry requirements across the nation. This analysis was deepened to then consider reciprocity benchmarks by evaluating which state licensing requirements could be interpreted to be equivalent to satisfying 70 percent of New Hampshire requirements. Below are key findings of this analysis by profession.

Esthetician Reciprocity Analysis

Academic Pathway:

45 of 49 states that regulate estheticians meet the 70% threshold for educational hours. The following states do not meet the threshold:

AK – 50%
CT – no regulation
FL – 43%
MA – 67%
MI – 67%
PA – 50%
VA – regulation recently passed, awaiting requirements

Note that if the threshold were lowered to 67%, then two additional states (MA and MI) could be counted. This would yield a 94% reciprocal rate as opposed to 90%.

Apprenticeship Pathway:

15 of 21 states that allow for an apprenticeship meet the 70% threshold. The following states offer an apprenticeship pathway but do not meet the 70% threshold:

AK – 29%
MI – 40%
NE – 50%
UT – 67%
VT – 67%
WA – 67%

Note that if the threshold were lowered to 67%, then three additional states (UT, VT and WA) could be counted. This would yield an 85% reciprocal rate as opposed to 71%.

Some states require an apprenticeship in order to obtain a license, meaning the apprenticeship is not an alternative pathway as it is in New Hampshire and other states. These states were still included in this analysis since the substance and form of experience is substantially similar.

This comparative analysis does not consider the type of exam, passing rate, minimum age or grade/degree accomplishment.

Barber Reciprocity Analysis

Academic Pathway:

All 50 states meet the 70% threshold for educational hours. In fact, New Hampshire requires the fewest educational hours in the nation at 800 hours. New Jersey requires the next lowest required hours at 900. This means it will be relatively easy for individuals transferring into New Hampshire to obtain a license but relatively difficult for New Hampshire licensees to transfer their license to another state.

Apprenticeship Pathway:

26 of 30 states that allow for an apprenticeship or require an apprenticeship for licensure meet the 70% threshold. The following states offer an apprenticeship pathway or require completion of an apprenticeship for licensure, but do not meet the 70% threshold:

KY – 63%
LA – 43%
RI – 53%
TN – 47%

This comparative analysis does not consider the type of exam, passing rate, minimum age or grade/degree accomplishment.

Cosmetology Reciprocity Analysis

Academic Pathway:

47 of 50 states meet the 70% threshold for educational hours. If the threshold is lowered to 67%, then the remaining three states could be counted (FL, MA and NY).

Apprenticeship Pathway:

16 of 25 states that allow for an apprenticeship meet the 70% threshold. The following states offer an apprenticeship pathway but do not meet the 70% threshold:

AK – 67%
KS – 50%
MD – 67%
MI – 64%
NC – 40%
PA – 67%
TN – 50%
VT – 50%
WA 67%

Note that if the threshold were lowered to 67%, then four additional states (AK, MD, PA, and WA) could be counted. This would yield an 80% reciprocal rate as opposed to 64%.

This comparative analysis does not consider the type of exam, passing rate, minimum age or grade/degree accomplishment.

Licensed Alcohol and Drug Counselor Reciprocity Analysis

The majority of states regulate Alcohol and Drug Use Counselors. The profession may go by several names, which include addiction counselor, substance use counselor, or chemical dependence counselor among others. Most states acknowledge three levels of certification or licensure. An entry level alcohol and drug use counselor typically screens potential patients for substance use dependence and educates patients about addiction, making referrals to and supporting more advanced alcohol and drug use professionals. In this report, the entry level counselors are categorized as Level I. The next level of practice entails the screening, diagnosis, and treatment of patients with substance use dependence. Acknowledged in this report as Level II, these individuals orchestrate and deliver care. The advanced level of practice, Level III (Master's), addresses co-occurring disorders for substance use and mental health conditions. This level of practice may also provide clinical supervision to Level I and Level II practitioners. The field of alcohol and drug use counseling broadly acknowledges the value of lived experience and offers a viable career pathway to those that have experienced and recovered from an addiction. For this reason, some states may require demonstration of sobriety for a certain term prior to licensure. Nearly all states require alcohol and drug use counselors to be free of addiction.

Requirements among the three levels of licensure may vary greatly. Many states offer multiple pathways to licensure, which provide for the use of experience hours to substitute for advanced academic education and vice versa. Requirements are

disparate among the states, leading to inconsistency across borders. The number of education and experience hours required for licensure may easily be doubled or tripled from one state to the next. Most states require education hours, experience hours, and passage of an exam. Many also stipulate the number of “supervised” hours that must be demonstrated as part of the experience hours.

Two private, national certifying bodies help to standardize requirements across the nation. Both offer private certifications and accredited examinations. Some states have aligned regulations to the requirements of one of these two private certification bodies. Some accept the private certification either as an alternative pathway or for a reduction in education, experience, or examination requirements. Some states acknowledge both private certifications, while others subscribe to only one.

The International Certification and Reciprocity Consortium (IC&RC) offers six types of credentials related to alcohol and drug use counselors. The Alcohol and Drug Counselor (ADC) credential is IC&RC’s most widely recognized credential. It is the basis of the mandated credential or license in many jurisdictions. The ADC credential is designed to be an entry-level credential and covers the basics of addiction counseling. The ADC credential is not available in all jurisdictions, and requirements, application processes, and fees will vary. IC&RC offers the ability to reciprocate a license from one member state to another, serving as a quasi-licensure compact. Adopted in 1999, the Advanced Alcohol & Drug Counselor (AADC) is one of the largest credentials in the field of addiction-related behavioral health care. The Advanced Alcohol & Drug Counselor credential requires professionals to demonstrate competency through experience, education, supervision, and the passing of a rigorous examination. The certification is administered on a jurisdictional level by an IC&RC Member Board. Each IC&RC Member Board has unique procedures, requirements, and documents.

The Association for Addiction Professionals (NAADAC) represents the professional interests of addiction counselors, educators, and other addiction-focused health care professionals and provides seven private, voluntary credentials. The NAADAC certification is a voluntary national certification intended for professionals working within Substance Use Disorders/Addiction-related disciplines. Three of those credentials broadly align with the three levels identified in this report: the National Certified Addiction Counselor, Level I (NCAC I); National Certified Addiction Counselor, Level II (NCAC II); and Master Addiction Counselor (MAC).

Many states have an IC&RC or NAADAC affiliate, which are private member-based organizations responsible for the voluntary certifications in the state and, as applicable, the administration of the exam. Many states acknowledge the private certifications as one of several pathways to licensure, which often earns the applicant a discount on education or experience hours (which were theoretically obtained for the private certification). In some cases, the state may appoint the IC&RC or NAADAC affiliate as the certifying body, such as is the case in California or North Carolina.

The vast majority of states are members of IC&RC representing approximately 68 percent of states, while membership to NAADAC represents approximately 32 percent. Since New Hampshire acknowledges the IC&RC credentials, the state is well positioned to promote and benefit from the reciprocal arrangements facilitated by this nationally recognized credential.

To become an alcohol and drug counselor at any of the three level usually requires completion of required education hours, experience hour and passage of an exam. Reciprocity generally is based on the fulfillment of these three conditions. Many states allow for multiple pathways meaning each pathway must be reviewed for equivalency. The summary statistics below count states that have at least one pathway that are within 70% of OPLC requirements.

Level I: Becoming licensed, certified, or registered at an entry level requires completion of approximately 270 hours of addiction education and 2,000 hours of documented work experience on average. Most states do not require the applicant to hold a degree; however, education and experience hours may be reduced for advanced education. Typically, an academic degree is not required, although some states do require an associate or bachelor’s degree. New Hampshire offers a Certified Recovery Support Worker credential, which requires the applicant to hold a high school diploma or GED, obtain 46 hours of training, and document 500 hours of experience.

No regulation

Not all states regulate alcohol and drug use counselors; ten states do not regulate Level I counselors. These are:

AL
CT
DE
KS
MN
NJ
OK
PA
RI
SC

Education, Experience and Exam Reciprocity

Eleven states match all three of these requirements within the 70% threshold. These states are:

AZ
CA
FL
GA
HI
IN
IA
ME
MI
NC
SD

Education and Experience Reciprocity

Twenty-three states meet the 70% threshold for the education and experience hours, but not necessarily the same exam requirement. In these cases, the state requires a different exam (eg. NAADAC as opposed to IC&RC), the exam name is unknown, or an exam is not required. These states are:

AR
CA
CO
D.C.
FL
GA
HI
ID
IL
IN
IA
KY
LA
ME
MA
MI
MS
MO
NY
NC

OR
SD
TN

Exam Reciprocity

Sixteen states require the same exam but may not meet the educational and experience hour threshold. These states are:

AL
AZ
CA
FL
GA
HI
IN
IA
ME
MD
MI
NC
SD
UT
WV
WY

New Hampshire's requirements for a Level I counselor are among the lowest in the nation. While there is broad diversity in licensure requirements among states, New Hampshire has achieved maximum reciprocity when only education and experience hours are considered. By these criteria, the only states that do not demonstrate reciprocity either do not regulate Level I counselors or do not have experience or education hour requirements to become licensed. If New Hampshire were to accept the NAADAC exam and certification, this would further maximize reciprocity.

Level II: Becoming licensed, certified, or registered at an autonomous level requires completion of approximately 300 hours of addiction education and 4,000 hours of directly related work experience. Most states require an associate or bachelor's degree and will credit more advanced education with a discount in experience hours. New Hampshire offers a credential as a Licensed Alcohol and Drug Use Counselor, which requires 300 hours of education and 6,000 hours of experience as well as an associate or bachelor's degree.

No regulation

Not all states regulate alcohol and drug use counselors; nine states do not regulate Level II counselors. These are:

AL
HI
ID
IN
KY
MI
MS
PA
SC

Education, Experience and Exam Reciprocity

Fifteen states match all three of these requirements within the 70% threshold. These states are:

CA
CT
DE

IL
IA
MO
NE
NY
NC
RI
SD
WV

Education and Experience Reciprocity

Fifteen states meet the 70% threshold for the education and experience hours, but not necessarily the same exam requirement. In these cases, the state requires a different exam (eg. NAADAC as opposed to IC&RC), the exam name is unknown, or an exam is not required. These states are:

AR
CA
CT
DE
FL
IA
IL
MA
MO
NE
NY
NC
RI
SD
WV

Exam Reciprocity

Twenty-five states require the same exam but may not meet the educational and experience hour threshold. These states are:

AR
CA
CT
D.C.
GA
IA
IL
LA
MA
ME
MO
NC
NE
NM
NV
NY
OH
OK
RI

SD
UT
VA
WA
WY

New Hampshire's requirements for a Level II counselor are equal to the national average for educational hours and slightly higher than the average for experience hours. If OPLC were to accept a 67% threshold for experience hours, it could add seven states to its consideration of reciprocity (GA, LA, ME, NV, OK, and VT). Four additional states could be added if the threshold were lowered to 67% for experience and all exams were accepted by NH (to include OR, TN, TX, UT). Like New Hampshire, many states provide multiple pathways into a Level II license which provides for discounted experience hours with higher education. Accordingly, lowering the threshold for experience hours would allow New Hampshire to consider more pathways as reciprocal. A 67% threshold would be consistent with one licensure pathway within New Hampshire that requires fewer experience hours when the applicant holds a bachelor's rather than an associate degree.

Like with Level I counselors, if New Hampshire were to accept the NAADAC exam and certification, this would further maximize reciprocity.

Level III (Master's): Becoming licensed, certified, or registered at an advanced level requires a master's degree and about 270 hours of addiction education followed by around 2,000 hours of experience. New Hampshire acknowledges a Master Licensed Alcohol and Drug Counselor license, which requires 270 education hours and 3,000 experience hours, which may be reduced to 1,500 by holding another mental health license or Alcohol and Drug Counselor license. These requirements are slightly below the average. Coupled with membership to IC&RC, New Hampshire is favorably positioned to encourage portability and in-migration of qualified practitioners to the state.

No regulation

Not all states regulate alcohol and drug use counselors; thirteen states do not regulate Level III counselors. These are:

AL
D.C.
ME
MN
MT
NE
NM
NY
PA
SC
TN
TX
WA

Education, Experience and Exam Reciprocity

Nine states match all three of these requirements within the 70% threshold. These states are:

AZ
CA
CT
IN
NV
NJ
UT
WV
WI

Education and Experience Reciprocity

Seventeen states meet the 70% threshold for the education and experience hours, but not necessarily the same exam requirement. In these cases, the state requires a different exam (eg. NAADAC as opposed to IC&RC), the exam name is unknown, or an exam is not required. These states are:

AZ
AR
CA
CO
DE
FL
GA
IN
KS
MS
NV
NJ
OR
UT
VA
WV
WI

Exam Reciprocity

Twenty-one states require the same exam but may not meet the educational and experience hour threshold. These states are:

AZ
CA
GA
IL
IN
IA
KY
LA
MI
MN
MO
NV
NJ
OK
RI
SD
UT
VT
WV
WI
WY

New Hampshire's requirements for a Level III counselor are equivalent to the national average for educational hours and slightly higher than the average for experience hours (3,000 vs. 2,370). At these rates and considering a 70% thresholds, New Hampshire is largely reciprocal in its requirements for Level III counselors.

If OPLC were to accept a 67% threshold for experience hours, it could add twelve states to its consideration of reciprocity (ID, IL, IA, LA, MI, MN, MO, ND, OH, RI, SD and VT).

Like with Level I and II counselors, if New Hampshire were to accept the NAADAC exam and certification, this would further maximize reciprocity.

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

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%.

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 reciprocated 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.

Pharmacy Technician Reciprocity Analysis

The majority of states register pharmacy technicians although some certify or license pharmacy technicians. In order to become licensed, many states require or accept a national voluntary certification issued by the Pharmacy Technician Certification Board (PTCB) or the National Healthcare Association (NHA). While the requirements for these credentials are slightly different, it is common for a state to accept the credential in order to qualify for a state issued registration, certification or license. Many states require some type of education or training experience, which may be directed by the supervising pharmacist or may be completed pursuant to the private national credential.

New Hampshire does not require any national credential, experience, formal education or passage of an exam in order to become a Registered Pharmacy Technician. An applicant holding a private national certification through PTCB or NHA may become a Certified Pharmacy Technician in New Hampshire.

Registered Pharmacy Technician:

New Hampshire does not require national certification, experience, education or passage of an exam to become a registered pharmacy technician. Accordingly, anyone from another state could apply to become a registered pharmacy technician yielding a 100% reciprocity rate for incoming applicants to OPLC. This includes individuals coming from the seven states that do not regulate pharmacy technicians.

Certified Pharmacy Technician:

To become a Certified Pharmacy Technician in New Hampshire, an applicant must hold a national certification and pass either the PTCB or ExCPT exam. New Hampshire does not require experience or education hours in addition to these minimum requirements. Utilizing these standards, 19 states are reciprocal to New Hampshire for both the certification and examination requirements:

- 19 states (AZ, DC, ID, IL, IN, KS, LA, MD, MT, ND, NE, NM, OH – Certified Pharm Tech, OR, RI, SD, TX, WV and WY) are reciprocal in meeting both the certification and exam requirement,
- 3 states (MS, FL and IA) require certification but not an examination
- 9 states (CA, MA, MI, OK, RI-Pharmacy Tech I, SC, UT, VA, and WA) require the examination but not certification
- 15 states (AL, AK, AR, CT, GA, KY, ME, MN, MO, NV, NJ, NC, OH-Registered Pharm Tech, TN, and VT) are not reciprocal to New Hampshire requirements in that they do not require national certification or the same examination(s).
- 7 states (CO, DE, HI, NY, PA and WI) do not regulate pharmacy technicians.*

**Colorado passed legislation in 2019 to begin regulating pharmacy technicians.*

Accordingly, New Hampshire has a 37% reciprocity rate for Certified Pharmacy Technicians. If New Hampshire were to accept the three additional states that require national certification but not the same exam, this rate could be boosted to 43%. Given the number of states that do not offer a higher-level certification for pharmacy technicians, the reciprocity rate is low for this particular credential. Specifically, only 31 states require either certification or an exam. If only states with this more advanced credential are considered, New Hampshire would yield a 61% reciprocity rate (19 of 31). Lowering requirements would not yield increases to the reciprocity rate for this reason. Additionally, New Hampshire has provided a viable pathway through the Registered Pharmacy Technician credential which yields a 100% reciprocity rate.

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 (NPTAE) issued by the Federation of State Physical Therapy Boards. It is notable that in order to be eligible to sit for the NPTAE 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 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.

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

APPENDIX D

Occupational Licensing Review Project - Scope of Work

Task	Outcome	Projected Date(s)	Status	Comments	Page Number
Reviewing the extent of alignment with similar requirements in other states—for example, are the number of hours of training required reasonable and comparable to other states.	Conduct a comparative analysis to of requirements within each US jurisdiction for the selected occupations. Determine how New Hampshire's standards line up with standards across the US.	7/1/18 - 11/1/18	Complete	A 50 state analysis of licensing requirements was conducted for the following professions: Pharmacy technicians Barbers Cosmetologists Estheticians Respiratory Therapists Occupational Therapy Assistants Physical Therapy Assistants Nursing Assistants Certified Recovery Support Workers Licensed Alcohol and Drug Counselors Master Licensed Alcohol and Drug Counselors This analysis shows New Hampshire requirements are generally consistent with other states. Where an array of entry requirements is observed in a profession, New Hampshire's requirements are consistent with the median or lower than the median. For this reason, New Hampshire also enjoys a high level of reciprocity for applicants transferring a license from out-of-state.	Appendix B
Exploring and identifying the extent of and which changes might be needed to permit a state to join one or more existing or emerging interstate licensing compacts.	Review existing or emerging interstate licensing compacts for the selected occupations and develop a report on what it would take for New Hampshire to be able to join.	10/15/18 - 11/15/18	Complete	At the start of this project, New Hampshire had already joined all existing compacts. In 2020, new licensure compacts emerged for Occupational Therapy, Audiology and Speech Language Pathology. In 2021, New Hampshire introduced legislation to join both of these compacts. See LSR 2021-0846. The professions considered under this licensing review project will not be impacted by these new compacts. It is notable however that occupational therapy assistants could be impacted should they choose to pursue a license as an Occupational Therapist.	12-13, 27, 45, 48-49, 51, 56 and Profession Reports
Considering intended purpose, how well the requirements achieve that purpose and any potential unintended consequences.	Develop a report on the potential benefits and detriments to joining said compacts.	10/15/18 - 11/15/18	Complete	While no emerging licensure compact impacts the specific professions considering during this licensing review project, the report discusses the potential benefits and detriments of joining compacts and addresses other strategies and measures to facilitate greater portability of a license across state lines. With the emergence of two new licensure compacts, New Hampshire's legislators will be deliberating during the 2021 session the whether the state should join the compacts. Legislation will be introduced in the senate pursuant to LSR 2021-0846.	12-13, 27, 45, 48-49, 51, 56 and Profession Reports
Identifying potential unjustified barriers to entry or mobility (including provisions regarding the treatment of persons with criminal records or convicted offenders).	Analyze the current barriers to entry/mobility within the selected professions and the rationale for each barrier.	11/1/18 - 12/31/20	Complete	"Through the licensing review project, several internal and external stakeholders were engage to learn of potential unjustified barriers to entry or mobility. A regulatory review of board statutes, rules and practices complemented this stakeholder input to highlight both standout innovations currently in practice and innovations to consider. A report for each professions considered under the grant review project provides tailored analysis for each board and OPLC to consider. Special emphasis was placed on unjustified barriers and emerging practices related to new applicants and out of state applicants as well as special populations disproportionately impacted by licensing: military servicemembers, veterans, military spouses, low-income and justice-involved applicants. Additionally, the licensing review project provided opportunity to educate Board Administrators, Board Chairs, and public stakeholders on emerging practices in other states through dedicated in-house trainings, an Occupational Licensing Symposium hosted by NCSL, CSG and CLEAR, and public townhall meetings in October and November 2020."	10-17, 29-32 and Profession Reports
Identifying ways to align with national industry-recognized certifications that would permit a certification to be adopted as a multi-state standard, either as part of state licensing requirements or in lieu of licensing.	Review national certifications for identified occupations and compare certification requirements to existing state licensing requirements. Identify areas of overlap and potential gaps between national certification and licensure.	1/1/19 - 12/31/20	Complete	An analysis of licensure requirements for the professions considered by the licensing review project revealed a strong reliance on national industry recognized certifications. This is one of the primary reasons New Hampshire requirements are so reciprocal to the majority of other states. The only additional consideration relates to Alcohol and Drug Counselors in which two separate national certifying bodies exist. New Hampshire has aligned its licensing requirements to the largest and most widely accepted of these, the International Certification and Reciprocity Consortium (IC&RC). Current rules do not acknowledge the credentials provided by the National Association for Alcoholism and Drug Abuse Counselors (NAADAC) therefore this recommendation is made in the final report. However, interviews with LADC Board members and OPLC staff revealed this consideration was already underway and the intended goal of the Board.	Appendices B and C and each Profession Report
Examining particular labor market licensing barriers for veterans and transitioning servicemembers and persons with criminal records/convicted offenders, as well as low-income, unemployed, and dislocated workers.	The report from item ii d will be used to develop a list of barriers for each of these situations.	12/1/18 - 12/31/20	Complete	"Through the licensing review project, several internal and external stakeholders were engage to learn of potential unjustified barriers to entry or mobility. A regulatory review of board statutes, rules and practices complemented this stakeholder input to highlight both standout innovations currently in practice and innovations to consider. A report for each professions considered under the grant review project provides tailored analysis for each board and OPLC to consider. Special emphasis was placed on unjustified barriers and emerging practices related to new applicants and out of state applicants as well as special populations disproportionately impacted by licensing: military servicemembers, veterans, military spouses, low-income and justice-involved applicants. Additionally, the licensing review project provided opportunity to educate Board Administrators, Board Chairs, and public stakeholders on emerging practices in other states through dedicated in-house trainings, an Occupational Licensing Symposium hosted by NCSL, CSG and CLEAR, and public townhall meetings in October and November 2020."	10-17, 29-32 and Profession Reports

Engage and consult with stakeholders, such as representatives of industry, small businesses, and other affected individuals.	Conduct a series of five in-person meetings with stakeholders to collect feedback and contribute to the set of reports associated with this project. In consultation with the state, prepare a list of questions and conduct pre and post meeting surveys as necessary.	11/1/18 – 12/31/20	Complete	Through the licensing review project, several internal and external stakeholders were engaged to learn of potential unjustified barriers to entry or mobility. This process started with a public stakeholder meeting in November 2018. Next, CLEAR met with OPLC stakeholders such as board administrators and other staff. Board chairs were engaged next and additional board members also attended the public townhall meetings for each of the five boards participating in the licensing review project. The town hall meetings were also shared with the licensee population, professional associations and local schools or training programs.	Overview on pages 7-9 and feedback incorporated throughout Professions Reports
Develop recommendations and implementation plans to join one or more existing or emerging interstate licensing compacts.	Utilizing the report from item b and feedback from stakeholders, develop a plan for the state of New Hampshire to join interstate licensing compacts where applicable	3/1/19 – 10/1/19	Complete	"With the emergence of two new licensure compacts, New Hampshire's legislators will be deliberating during the 2021 session the whether the state should join the compacts. Legislation will be introduced in the senate pursuant to LSR 2021-0846. However, these emerging licensure compacts do not impact the specific professions considering during this licensing review project. The final report offers tailored analysis to each board on strategies and measures other than compacts to facilitate greater portability of a license across state lines.	12-13, 27, 45, 48-49, 51, 56 and Profession Reports
Develop approaches to better publicize the availability of military spouse licensing solutions already authorized, such as licensure by endorsement, temporary licensing, or expedited processing. Based on stakeholder feedback and meetings with military organizations/representatives, determine the best methods for communications.	Conduct a review of best practices employed by other states in communications with military spouses. Develop and execute the communications plan and make the information readily available on the state website and other channels identified within the plan.	4/1/19 – 12/31/20	Complete	"CLEAR researched effective practices employed by other states to facilitate licensure for military stakeholders. This research was complemented by a regulatory review of board statutes, rules and practices for each board considered by the licensing review project. A report for each professions provides tailored analysis for each board and OPLC to consider. Additionally, the licensing review project provided opportunity to educate Board Administrators, Board Chairs, and public stakeholders on emerging practices related to military applicants in other states through dedicated in-house trainings, an Occupational Licensing Symposium hosted by NCSL, CSG and CLEAR, and public townhall meetings in October and November 2020. The final report and its findings will be shared with the licensing boards and OPLC leadership in March to June 2021. The decision to implement new policies or strategies starts with the autonomous boards and OPLC leadership, although legislative initiatives may also be considered. "	11, 14-16, 29, 66, 105, 107 and Profession Reports
Develop recommendations to remove unnecessary licensing barriers preventing former convicted offenders from gaining meaningful employment and reintegration to society. Where barriers are not eliminated, work to limit denials based on criminal history to those situations where conviction is relevant to the occupational license sought, and public health and safety would be potentially at risk by granting license.	Based on report from item d, stakeholder input, data from other states and current best practices, develop a set of recommendations on which barriers to former convicted offenders could be removed or lessened.	6/1/19 – 12/30/20	Complete	"CLEAR researched effective practices employed by other states to facilitate licensure for individuals with criminal convictions. This research was complemented by a regulatory review of board statutes, rules and practices for each board considered by the licensing review project. A report for each professions provides tailored analysis for each board and OPLC to consider. Additionally, the licensing review project provided an opportunity to educate Board Administrators, Board Chairs, and public stakeholders on emerging practices in other states related to applicants with convictions through dedicated in-house trainings, an Occupational Licensing Symposium hosted by NCSL, CSG and CLEAR, and public townhall meetings in October and November 2020. The final report and its findings will be shared with the licensing boards and OPLC leadership in March to June 2021. The decision to implement new policies or strategies starts with the autonomous boards and OPLC leadership, although legislative initiatives may also be considered. "	10, 13, 16-17, 29-31, 51-57, 66-69, 81-86, 94-99, 105 - 112
Develop recommendations, document rationale, and propose revisions to state occupational regulation and licensure requirements based on the state's review and analysis, and stakeholder input.	Compile a set of recommendations and rationale based on the research conducted, reports developed and stakeholder feedback. Research legislation and best practices in other states and obtain model legislation when possible for New Hampshire to utilize in the process of drafting legislation. Provide input, review and comment during the process of drafting legislation.	8/1/19 – 12/31/19	Complete	"A final report of all regulatory review findings and recommendations was drafted. The report provides information on emerging and/or particularly effective regulatory strategies tied to the priorities and initiatives identified in this scope of work. The report highlights standout innovations currently in practice in New Hampshire as well as innovations to consider. Many of the challenges and opportunities identified through the regulatory review process could be resolved through a number of strategies. The final report offers solutions that range from operational, administrative and technology based strategies that do not require rulemaking or legislation, to rule amendments and legislative proposals. The report is divided into two sections, offering sweeping analysis for OPLC as an umbrella agency and tailored to its authority followed by profession specific reports in which board members are the primary audience. OPLC worked on several legislative initiatives during the term of the grant project. Some of these efforts were not passed while others are pending consideration or were adopted. A summary of legislation related to the initiative identified in this scope of work is provided in the final report. "	Throughout report
Initiate steps to join interstate compacts as suggested by contract services.	Contact interstate compact administrators and begin the process of joining licensing compacts.	12/1/19 – 7/1/21	Complete	See entries above related to licensure compacts.	See entries above related to licensure compacts.
Initiate changes to process, board rules, or legislation based on stakeholder feedback and regulatory review analysis.	Draft new rules or revised rules to be submitted to the Joint Legislative Committee on Administrative Rules.	1/1/21 – 7/1/21	Complete	"OPLC Board Administrators and officials have already begun the process of reviewing an initiating changes to process, rules or legislation. This includes a legislative proposal in FY18/19 and an Executive Order in FY19/20 addressing regulatory redtape. OPLC worked on several legislative initiatives during the term of the grant project. Some of these efforts were not passed while others are pending consideration or were adopted. A summary of legislation related to the initiative identified in this scope of work is provided in the final report. The final report and its findings will be shared with the licensing boards and OPLC leadership in March to June 2021. The decision to implement new policies or strategies starts with the autonomous boards and OPLC leadership, although legislative initiatives may also be considered. "	Recommendations throughout the report and Appendix A

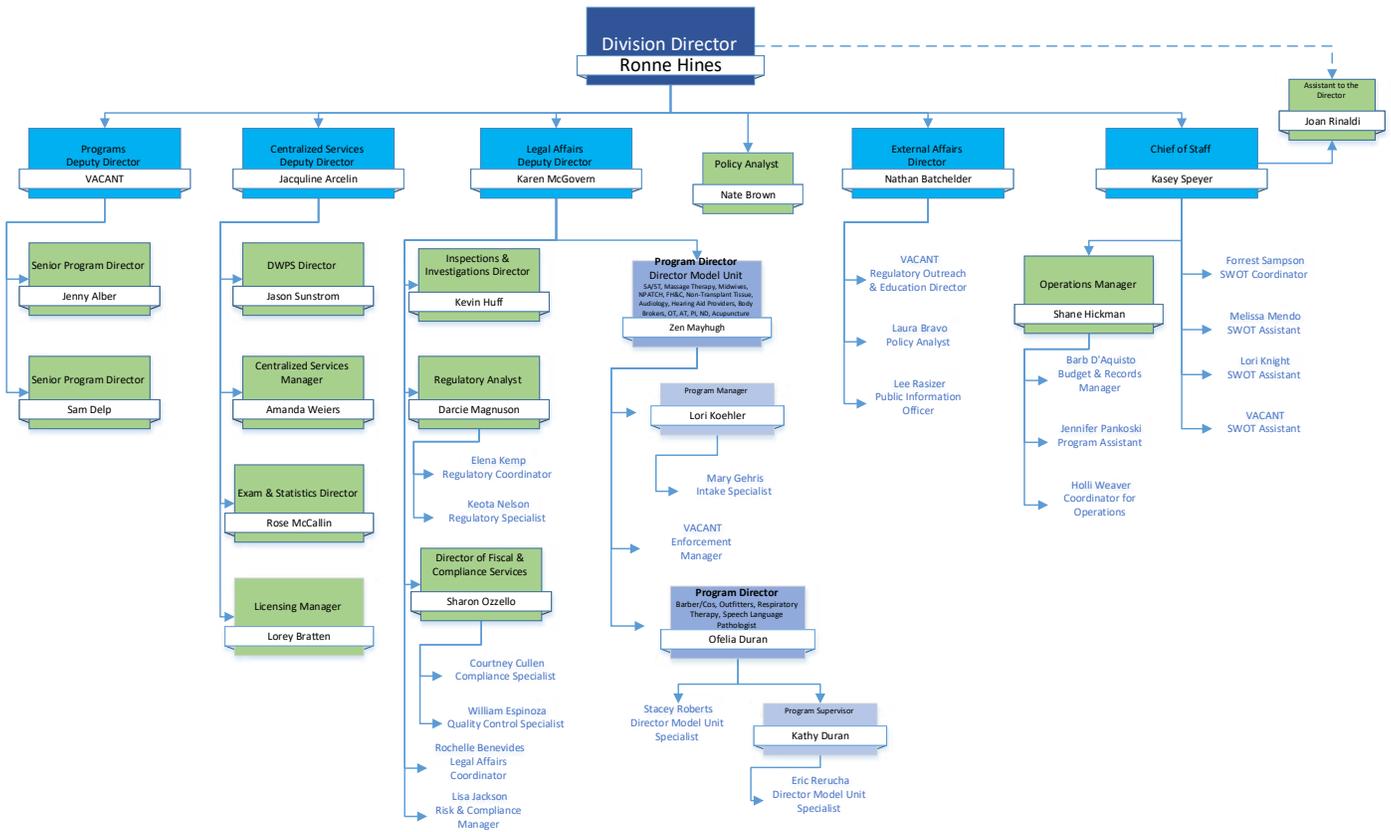
<p>Utilizing regulatory review analysis and stakeholder engagement findings, recommend proposed rules that relate to OPLC powers and duties.</p>	<p>Develop a report of recommendations concerning OPLC powers and duties related to original license applicants; out-of-state applicants; and, special populations.</p>	<p>12/1/19 - 12/31/20</p>	<p>In Progress</p>	<p>"OPLC Board Administrators and officials have already begun the process of reviewing an initiating changes to process, rules or legislation. This includes a legislative proposal in FY18/19 and an Executive Order in FY19/20 addressing regulatory redtape. A final report of all regulatory review findings and recommendations was drafted. The report provides information on emerging and/or particularly effective regulatory strategies tied to the priorities and initiatives identified in this scope of work. The report highlights standout innovations currently in practice in New Hampshire as well as innovations to consider. Many of the challenges and opportunities identified through the regulatory review process could be resolved through a number of strategies. The final report offers solutions that range from operational, administrative and technology based strategies that do not require rulemaking or legislation, to rule amendments and legislative proposals. The report is divided into two sections, offering sweeping analysis for OPLC as an umbrella agency and tailored to its authority followed by profession specific reports in which board members are the primary audience.</p> <p>In late February 2021, OPLC provided approval for CLEAR to deepen the analysis and consideration of umbrella powers and duties across the nation. This work is anticipated for completion in March 2021. Findings and considerations for OPLC will be provided in a final report for this project."</p>	<p>Recommendations throughout the report especially 18 - 32 and Appendix A</p>
<p>Leverage technology to create efficiency for OPLC staff, applicants and licensees for the professions that are part of the DOL grant project.</p>	<p>a. Create one core application to help standardize data collection while allowing customization for unique requirements for each license type.</p> <p>b. Streamline the process for collecting documentation for out-of-state applicants using verifiable electronic processes.</p> <p>c. Streamline the process for providing documentation to other state licensing boards to support a NH licensee's application to that state.</p> <p>d. After applications are moved online to MLO, create a user interface that allows the applicant to securely log in and review the status of their application and collection of all required documents.</p>	<p>12/1/19 - 12/31/20</p>	<p>Complete Complete Complete In Progress (extending beyond June 2021 grant term)</p>	<p>A core application was identified and initial discussions with DOIT were initiated. OPLC has laid out a timeline for moving all applications online through the My Licensing Office (MLO) database by December 31, 2021.</p> <p>Board processes vary within OPLC when it comes to out-of-state license verifications. Many Boards accept verifications through publicly available websites. The Board of Barbering, Cosmetology and Esthetics is an exception which still requires a letter verification from the out-of-state licensing board. The final report makes a recommendation to this Board to amend this practice which is enshrined in rule and therefore subject to the autonomous decision making of the Board.</p> <p>A review of current board practices revealed most boards utilizing MLO already provide electronic verification of a license online, thereby reducing email and phone traffic to individual boards. With the conversion of all applications to an online format through MLO, the time and energy invested in this burdensome process will continue to decrease.</p> <p>A core application was identified and initial discussions with DOIT were initiated. OPLC has laid out a timeline for moving all applications online through the My Licensing Office (MLO) database by December 31, 2021.</p>	<p>30, 40, 41, 43, 44, 55, 62-63, 65, 68-69, 74, 85, 103, 107-108, 110</p>

APPENDIX E

Regulatory Review Rubric

MODALITY	INNOVATIONS
Entry to Practice	<ul style="list-style-type: none"> Streamline workflow / Increase efficiency Transparency Regulatory review Alternative pathways Earn and learn / apprenticeship or experiential pathway Align to other states Industry recognized exams Private certifications Competency based assessment Gradations of licensure Processing times in statute/rule Standing orders / Delegations to board or staff
Mobility/Portability	<ul style="list-style-type: none"> Temporary license Alternative pathways Reciprocity Private certifications Industry recognized exams Expedited review CE reductions, waivers, elimination Competency based assessment Compacts Endorsement
Low Income	<ul style="list-style-type: none"> Reduce / Waive fees Total cost analysis Sliding scale or reduced fees based on income / need Alternative pathways Earn and learn / apprenticeship or experiential pathway
Military	<ul style="list-style-type: none"> Experience pathway Bridge program Apprenticeship Competency based assessment Expedited application review Extend benefits regardless of discharge reason Transparently notice gap analysis for common military professions Temporary licenses Temporary exemptions Reduce / Waive Fees Automatic licensure
Collateral Consequences	<ul style="list-style-type: none"> Define crimes related to practice Modification / elimination of morality clauses, good moral character Eliminate denials / conditions based on charges (not convictions) Certificate of rehabilitation Petition / pre-determination Automatic disqualification & blanket bans (even for certain crimes) Discipline sealing / expungement Evidence based policy / data collection Transparency in process Consistency in decision making Insurance and Medicaid considerations

Attachment A: DPO Organization Chart



Attachment B: Board Members Questions

Questions to ask or points that should be covered

What do you think about regulation?

What is your comfort level with technology?

What do you know about our organization and our mission? or in another way - What

What are some of your previous volunteer experiences or leadership roles?

Why are you interested in committing your time and energy to us?

What do you see motivating you as a Board Member?

Are there any experiences you'd like to have or look forward to having as a member?

Is there anything you think you would need from me or the Board to make this

Board members bring experience and wisdom to their roles. What can you tell me

What do you think are great characteristics of a successful State Board member?

Do you have any concerns about joining the Board?

As a Board Member what do you think will be your greatest challenge?

What factor(s) has influenced your decision to seek appointment to a state regulatory

Do you belong to any professional associations? What is your role with the association?

Do you believe the roles of the Board and professional associations differ? If so, how?

Do you currently serve on any other associations, committees, or Boards ? What are

Explain that we are executive branch and the Boards, as a body, do not formally take

We meet ____number of times per year, on ____blank schedule. We cannot conduct

Board meetings are conducted during business hours, is your employer supportive of

Are you someone who has difficulty making decisions?

What do you see is the Board's role in the state?

What do you see is the role of the professional association in the state?

As a board member, what would be your personal responsibilities?

Describe your professional practice philosophy.

How can DORA enhance public confidence in professional regulation?

Have you participated in the legislative process?

The Division is an umbrella agency that houses the Board and is responsible for the

The Division is focused on reducing regulatory burden- how do you feel in general

Attachment C: ESP Training

Division of Professions and Occupations

ESP Referral Training



Attachment D: ESP Program Savings

Dora
Department of Regulatory Agencies

DORA is dedicated to preserving the integrity of the marketplace and is committed to promoting a fair and competitive business environment in Colorado. Consumer protection is our mission.

Consumer Protection

printed on recycled paper



Bill Ritter, Jr., Governor
D. Rico Munn, Executive Director

Fiscal Year 2007-2008
Annual Report on Colorado's Regulatory Environment



Attachment E: ESP Training



Division of Professions & Occupations

Ronne Hines, Division Director

Reporting Period: November 1- November 30, 2020

Date: December, 9 2020

I. STRATEGIC POLICY INITIATIVES

SPI 1 | BALANCED REGULATION TO ENSURE EFFECTIVE ENFORCEMENT TO PROTECT CONSUMERS WHILE REDUCING UNDUE BURDEN

Deliver timely resolution of complaints and investigations														
Measure	Baseline	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Target
100% of unlicensed case referrals to law enforcement within 14 days of case closure, sustained through June 30, 2021 (I)	100%	100%	100%	100%	100%	100%								100%
Reducing the average life of a case from 80 to 75 (I)	105	88.75	93	91.3	98	99.3								75
<p>Narrative: The Division continues to address unlicensed practice through its <i>ULP Initiative</i>, issuing 139 Cease and Desist Orders, referring 116 Cease and Desist Orders to the Office of Investigation for enforcement of the Order; and referring 107 unlicensed practice matters to law enforcement.</p> <p>Life of a Case WIG: As of June 30, 2020, the median case processing time was 83 days- a 23% decrease in case processing time. The WIG team is developing strategies to quickly reduce and sustain case processing times.</p>														

Strengthen the Department's efforts to combat opioid and prescription drug abuse (I)														
Measure	Baseline	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Target
Utilization of the Prescription Drug Monitoring Program (PDMP): Number of Prescriber Queries to the PDMP/Prescriptions Dispensed (I)	166 (FY20)	176%	219%	225%	247%	248%								>100% and > 40%_
Organizations Integrated with the PDMP (I)	361 (FY20)	402	418	424	431	439								Increase by 4

Attachment F: Board Member Code of Ethics

<p>Division of Professions and Occupations POLICY 80-30</p>	
<p>BOARD MEMBER CODE OF ETHICS</p>	<p>Effective Date: August 2, 2018 Reviewed: References: Sections 24-18-101, <i>et. seq.</i>, and 24-3.7-102, C.R.S., DORA’s Conflict of Interest Policy No. 2011-DORA-GEN-007, Federation of Associations of Regulatory Boards (FARB) “Model Board Member Code of Conduct” and the relevant provisions of each organic act for those professions and occupations regulated by the Division of Professions and Occupations.</p>
	<p>Approval: Ronne Hines, Division Director</p>

I. PURPOSE OF POLICY

This policy establishes a code of conduct particular to members serving on Division of Professions and Occupations’ (the “Division”) professional and occupational regulatory boards, advisory committees, commissions or task forces that defines the expected character and conduct of such individuals and establishes a standard for removal from serving in order to sustain public confidence in the ability of a regulatory program to carry out its mission to protect the public health, safety, and welfare through the regulation of professions and occupations in the state of Colorado. In the interest of consumer protection and to set forth the mandates of the relevant agency of the state legislatively delegated with the authority to enforce laws and promulgate rules or assist the Division Director in doing so, members of a Division board, advisory committee, commission or task force shall at all times maintain a perspective consistent with the enforcement of the relevant law in the interest of consumer protection. They are required to adhere to the code of conduct set forth herein and other applicable ethical obligations imposed upon public servants.

II. POLICY

Board, commission and task force members are appointed by, and accountable to, the executive branch of the state government. Advisory Committee members are appointed by, and accountable to, the Division of Professions and Occupations within the Department of Regulatory Agencies or designated by a Board or Commission by virtue of its enabling Act to assist the Board with matters requiring technical or other expertise. It is expected that each board/advisory committee/commission/task force member (hereinafter “member”) will read this policy and execute and submit the acknowledgment form before serving in his/her appointed capacity.

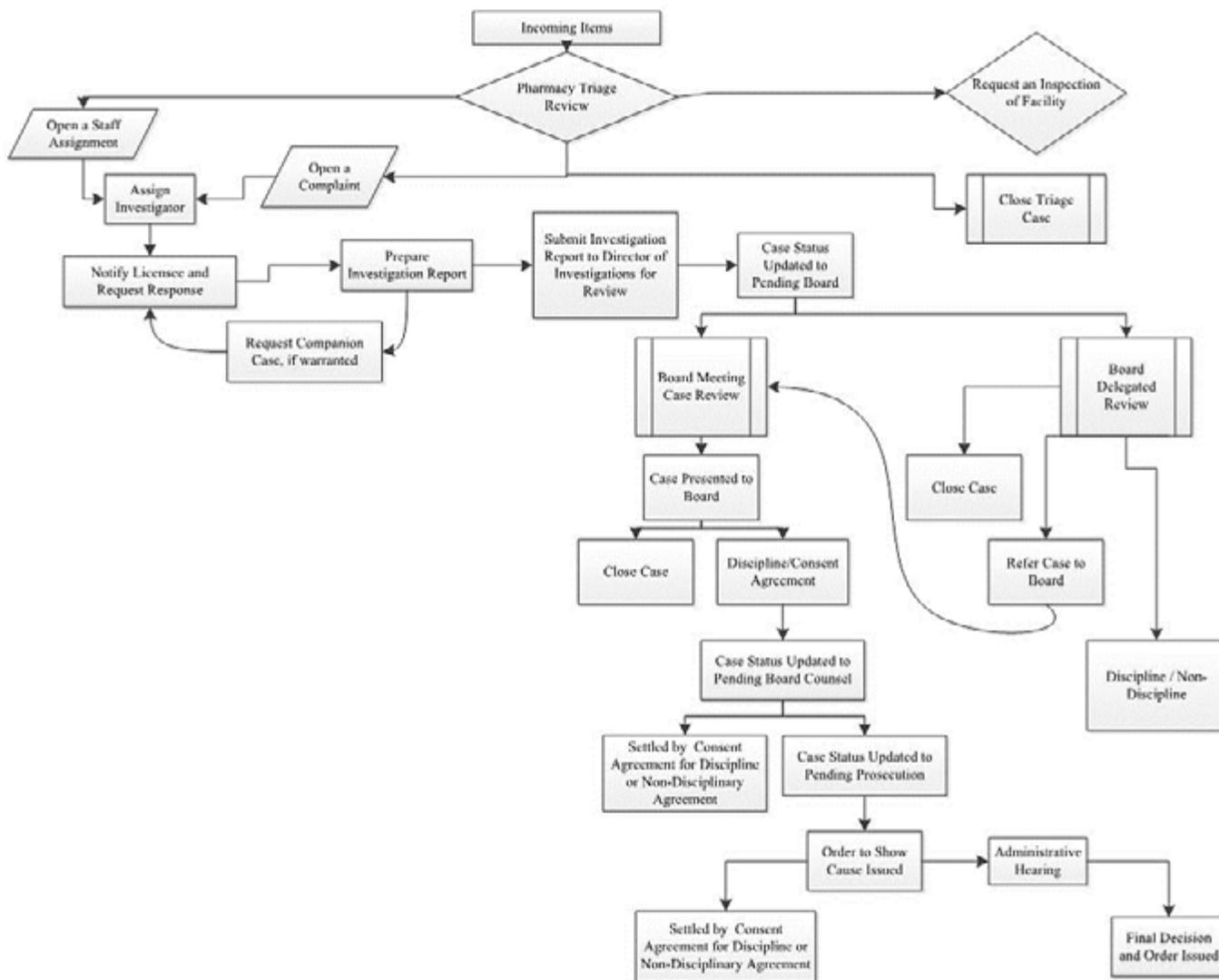
A. Definitions:

*Department of Regulatory Agencies
Division of Professions and Occupations*



Attachment G: BHPL Pharmacy Board Investigatory Case Flow Diagram

Discipline/Consent Agreement



Attachment H: FY 2018 BHPL Annual Report



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

August 8, 2019

Steven T. James
House Clerk
State House Room 145
Boston, MA 02133

Michael D. Hurley
Senate Clerk
State House Room 335
Boston, MA 02133

Dear Mr. Clerk,

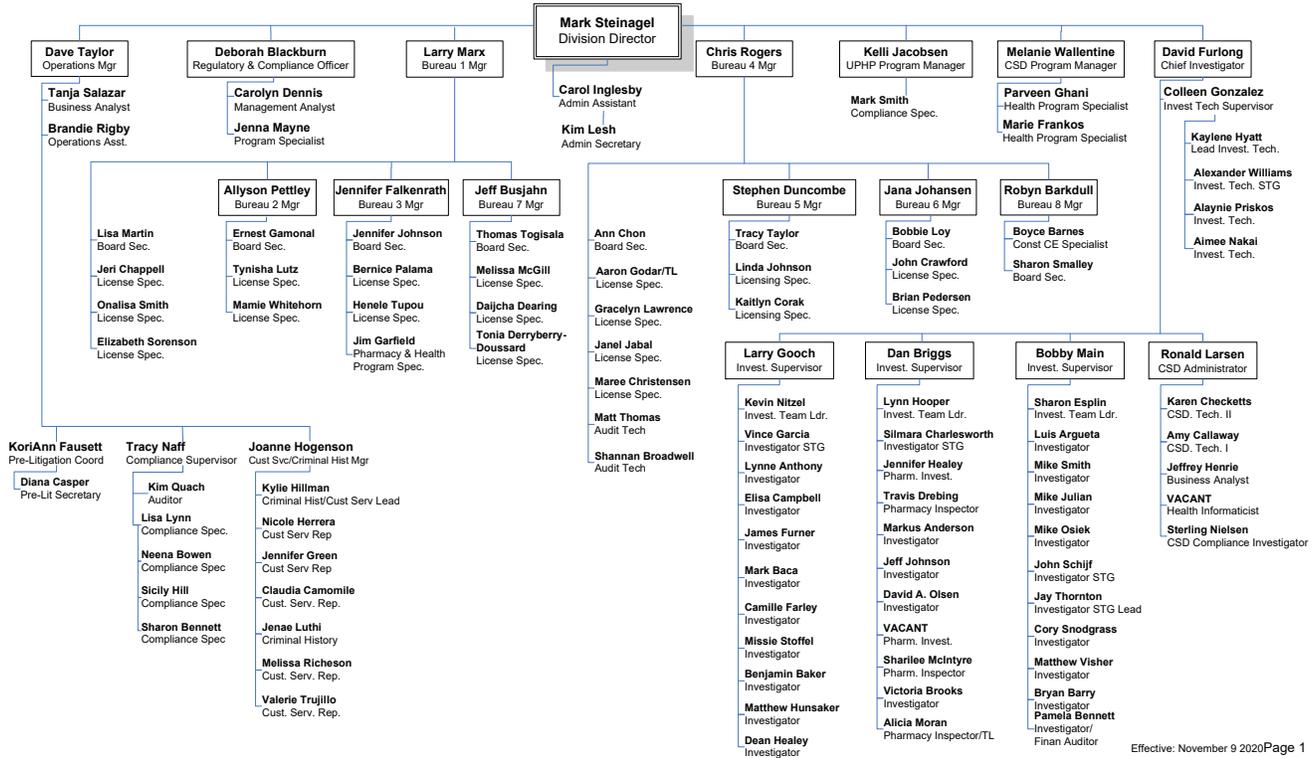
Pursuant to Section 35X of Chapter 10, Section 24A of Chapter 94C, and Sections 9G, 25, 43, and 78 of Chapter 112 of the Massachusetts General Laws, please find enclosed a report from the Department of Public Health entitled "*Bureau of Health Professions Licensure Annual Report.*"

Sincerely,

Monica Bharel, MD, MPH
Commissioner
Department of Public Health

Attachment I: FY 2018 BHPL Annual Report

Division of Occupational and Professional Licensing



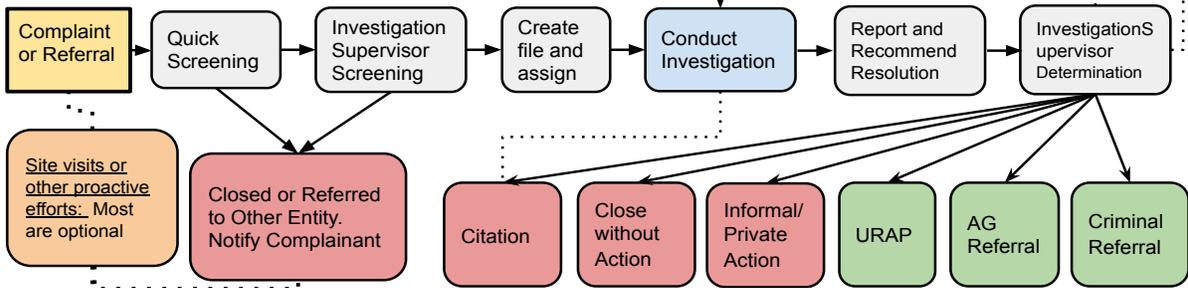
Effective: November 9 2020Page 1

Attachment J: DOPL Org Chart

Department of Commerce
DOPL Enforcement
Strategy Map

Goal: Protect the public and enhance commerce through responsive and accurate investigations
Throughput measure: Completed Investigations
Quality measure: 13 week reliability standard

Review By
Chief Investigator



Feeding the control point:

- Case file is created and completely ready for investigator
- Complainant is allowed to provide maximum information with complaint
- Other known evidence and sources of information known are included with the case file
- Inappropriate complaints are tracked but do not load control point
- Priorities are assigned to each case

At the Control Point:

- Investigator prepares investigative plan
- Investigator gathers evidence in various methods under policy:
 - interviews witnesses
 - issues subpoenas
 - BCI/court search
 - Accurant and medical records
- Monthly case reviews with supervisor or team leader
- 90/150 extension procedures

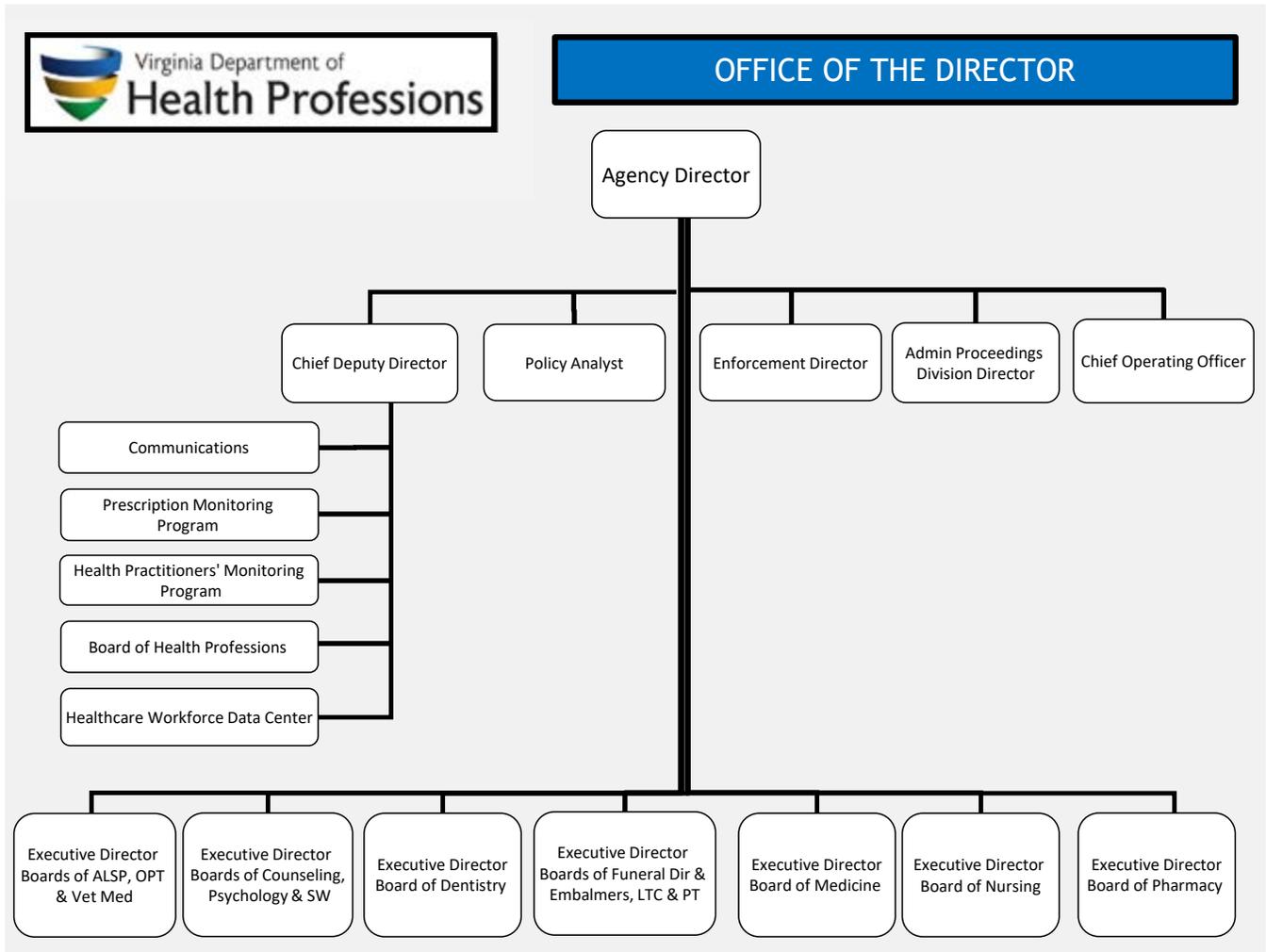
Following the control point:

- Investigator reports findings and recommends resolution quickly
- Investigative supervisor timely makes determination
- Chief reviews determinations to evaluate processes, decisions, and compliance with policy
- Monthly AG referral meetings maintain accountability and resolve issues
- Division management assists in progressing case resolutions

Attachment K: DOPL Monthly Report

DOPL MONTHLY REPORT																
THE MISSION OF DOPL IS TO PROTECT THE PUBLIC AND ENHANCE																
Starting Percent 49.32 Target Percent 70																
		November	December	January	February	March	April	May	June	July	August	September	October	November		
Division License Application Goal On 12 Month Rolling Average Is 70% With In 7 Days		73.19	73.06	72.75	72.29	72.28	72.27	72.54	71.73	70.56	71.06	70.62	69.91	69.82		
Division Monthly Numbers																
	Outstanding Licenses	248,811	247,235	250,162	251,241	253,861	255,908	256,837	259,634	262,470	265,370	267,935	268,929	270,844		
	Applications Received	2,962	3,375	4,149	na	3,393	3,228	4,504	4,347	3,984	4,516	4,002	3,788	3,509		
	Applications Processed	3,235	3,611	4,247	na	3,692	3,340	4,261	4,076	4,337	4,751	4,591	4,454	4,038		
	eGov Applications	836	1,042	1,268	1,010	993	1,216	2,329	2,343	2,010	2,491	2,095	1,613	1,467		
	eGov Percent	28%	31%	31%	na	29%	38%	52%	54%	50%	55%	52%	43%	42%		
Bureau Application Monthly Numbers		November	December	January	February	March	April	May	June	July	August	September	October	November		
Bureau 1- Larry Marx		70% in 7 Days	76.40	71.96	75.90	na	82.75	90.21	81.77	67.26	53.12	86.20	78.55	71.29	74.24	
	Applications Received	194	212	295	na	293	609	583	352	242	554	336	284	285		
	Applications Processed	178	214	278	na	284	582	554	394	350	529	359	303	289		
Bureau 2- Alyson Pettley		70% in 7 Days	18.81	27.36	61.93	na	75.22	64.32	73.99	61.60	61.63	59.40	50.70	40.33	68.95	
	Applications Received	377	348	406	na	298	149	221	434	480	460	417	489	412		
	Applications Processed	303	530	415	na	347	185	173	375	503	431	428	553	496		
Bureau 3- Jennifer Zaelit		70% in 7 Days	61.58	70.49	67.63	na	57.68	72.05	75.04	75.19	67.66	58.70	61.20	54.84	56.18	
	Applications Received	322	339	384	na	365	359	610	605	638	685	611	522	415		
	Applications Processed	380	349	346	na	423	365	573	540	538	661	719	589	477		
Bureau 4- Chris Rogers		70% in 7 Days	69.24	68.19	74.18	na	83.25	82.82	80.24	75.59	76.58	74.97	75.89	75.56	74.93	
	Applications Received	687	717	925	na	948	755	712	814	712	787	833	911	631		
	Applications Processed	751	786	1069	na	1021	809	759	848	743	907	979	1027	734		
Bureau 5- Steve Duncombe		70% in 7 Days	79.59	78.48	79.64	na	77.68	80.33	77.64	76.97	78.10	83.58	81.51	80.56	84.81	
	Applications Received	385	405	504	na	452	363	403	441	428	483	439	388	414		
	Applications Processed	392	409	506	na	466	366	407	456	443	481	438	403	395		
Bureau 6- Jana Johansen		70% in 7 Days	76.47	78.10	73.88	na	72.80	73.83	86.90	88.54	82.73	88.75	78.72	68.30	66.26	
	Applications Received	586	440	595	na	620	408	535	642	697	791	766	667	676		
	Applications Processed	833	443	582	na	636	470	504	515	741	773	827	735	824		
Bureau 7- Jeff Busjahn		70% in 7 Days	55.87	79.39	71.18	na	43.50	84.97	76.45	42.61	21.05	38.12	23.26	19.97	49.16	
	Applications Received	292	780	890	na	319	524	1384	973	719	638	476	428	568		
	Applications Processed	281	752	902	na	400	439	1240	852	950	850	721	746	716		
Bureau 8- Robyn Barkdull		70% in 7 Days	91.67	91.25	74.24	na	83.33	80.65	79.17	90.00	92.50	88.52	91.84	88.10	86.54	
	Applications Received	65	81	66	na	32	29	23	40	42	59	51	41	54		
	Applications Processed	60	80	66	na	30	31	24	40	40	61	49	42	52		
CSD Ron Larsen		70% in 7 Days	92.88	100.00	74.24	na	70.59	27.96	81.48	76.79	86.21	98.28	97.32	60.71	70.91	
	Applications Received	54	53	84	na	66	32	33	46	26	59	73	58	54		
	Applications Processed	57	48	83	na	85	93	27	56	29	58	71	56	55		
85% Of Calls Answered Under 1 Minute Answered Calls Are Genesys Only Calls		Division	Percent Answered	November 93.58%	December 96.16%	January 96.52%	February 97.17%	March na	April na	May na	June 98.17%	July 97.68%	August 97.40%	September 97.53%	October 97.94%	November 96.62%
				18,919	16,365	21,244	15,910	na	na	na	9,304	16,395	17,323	18,324	16,668	16,027
Bureau 1		Percent Answered	92.65%	95.92%	95.30%	97.55%	na	na	na	98.02%	98.62%	99.11%	97.06%	98.18%	97.61%	
			599	711	1,404	897	na	na	na	353	580	559	544	495	377	
Bureau 2		Percent Answered	84.09%	94.35%	91.49%	93.86%	na	na	na	97.07%	95.60%	96.33%	92.69%	95.14%	96.42%	
			1,389	1,080	1,292	1,059	na	na	na	581	955	1,036	1,314	1,112	782	
Bureau 3		Percent Answered	98.52%	96.04%	97.14%	96.89%	na	na	na	97.76%	94.20%	94.15%	94.65%	97.76%	96.47%	
			743	707	943	803	na	na	na	535	1,224	1,299	1,532	1,073	821	
Bureau 4		Percent Answered	77.76%	86.85%	92.55%	93.99%	na	na	na	94.49%	93.04%	92.69%	96.37%	97.30%	96.26%	
			3,269	2,471	2,605	2,045	na	na	na	1,035	1,752	1,832	1,789	1,557	1,257	
Bureau 5		Percent Answered	98.49%	97.10%	97.95%	97.75%	na	na	na	96.20%	96.81%	96.34%	95.16%	93.12%	88.84%	
			663	586	878	756	na	na	na	395	659	738	805	945	1721	
Bureau 6		Percent Answered	97.58%	98.85%	98.85%	98.54%	na	na	na	96.30%	98.15%	97.72%	96.76%	96.98%	96.06%	
			248	262	347	274	na	na	na	189	324	483	494	530	558	
Bureau 7		Percent Answered	96.90%	96.63%	94.92%	93.79%	na	na	na	95.52%	95.02%	92.76%	93.51%	94.87%	94.45%	
			775	921	1,576	1,015	na	na	na	803	1,365	1,339	1,340	1,267	1169	
Bureau 8		Percent Answered	86.12%	86.85%	87.80%	94.07%	na	na	na	94.38%	92.18%	85.43%	87.02%	82.72%	67.33%	
			389	213	205	135	na	na	na	89	179	199	208	324	450	
CS		Percent Answered	99.25%	99.21%	98.70%	98.72%	na	na	na	99.84%	99.84%	99.77%	99.93%	99.99%	99.98%	
			9,843	8,382	10,678	7,947	na	na	na	4,923	8,605	9,068	9,545	8,626	8258	
CSD		Percent Answered	93.27%	94.14%	91.19%	96.05%	na	na	na	98.97%	97.00%	97.61%	98.33%	98.56%	98.64%	
			490	529	738	380	na	na	na	97	249	251	240	278	221	
Invest		Percent Answered	98.04%	98.21%	97.92%	99.00%	na	na	na	98.36%	98.41%	98.84%	99.42%	98.48%	99.27%	
			511	503	578	599	na	na	na	304	503	519	513	461	413	
On Line Renewals		Division	November 98.80%	December 98.13%	January 96.76%	February 96.66%	March 98.52%	April 99.36%	May 99.11%	June 94.24%	July 99.54%	August 98.95%	September 99.53%	October 99.39%	November 99.58%	
Cases Closed with in 90 days Goal 80 percent Starting Percent 73.95 Cases closed		Division	November 83.23%	December 86.68%	January 83.63%	February 85.65%	March 86.97%	April 87.44%	May 90.97%	June 90.58%	July 87.03%	August 86.90%	September 86.86%	October 89.92%	November 88.67%	
			489.00	488.00	605.00	620.00	399.00	454.00	487.00	478.00	370.00	634.00	487.00	536.00	406.00	
50 Daily MMEs Avg MME: Fentanyl 2.4 (Excludes Buprenorphine MMEs) Starting MME 58.04 (Jan 2017)		Division	November 49.77	December 49.62	January 48.82	February NA	March NA	April NA	May NA	June NA	July NA	August NA	September NA	October NA	November NA	

Attachment L: DHP Org Chart





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