
HEALTH CARE PROFESSIONAL LICENSING: A VIEW FROM OTHER STATES

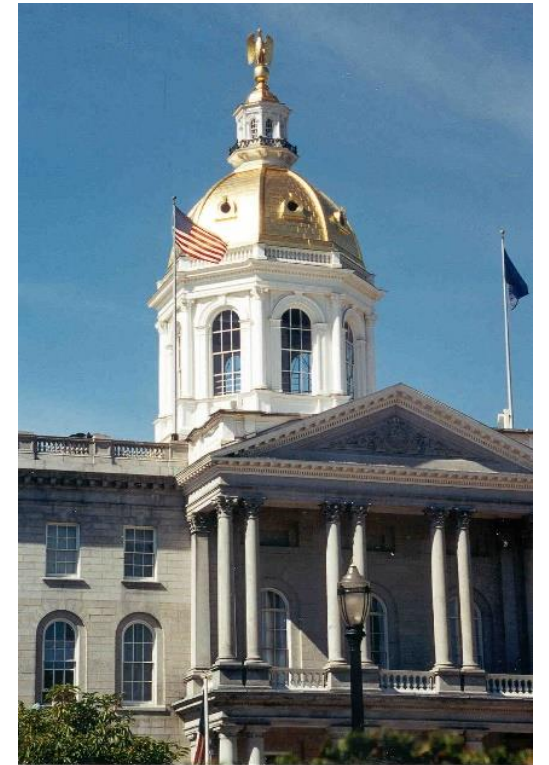
SYDNE ENLUND, HEALTH POLICY SPECIALIST, NATIONAL CONFERENCE OF STATE LEGISLATURES

SEPTEMBER 16, 2020



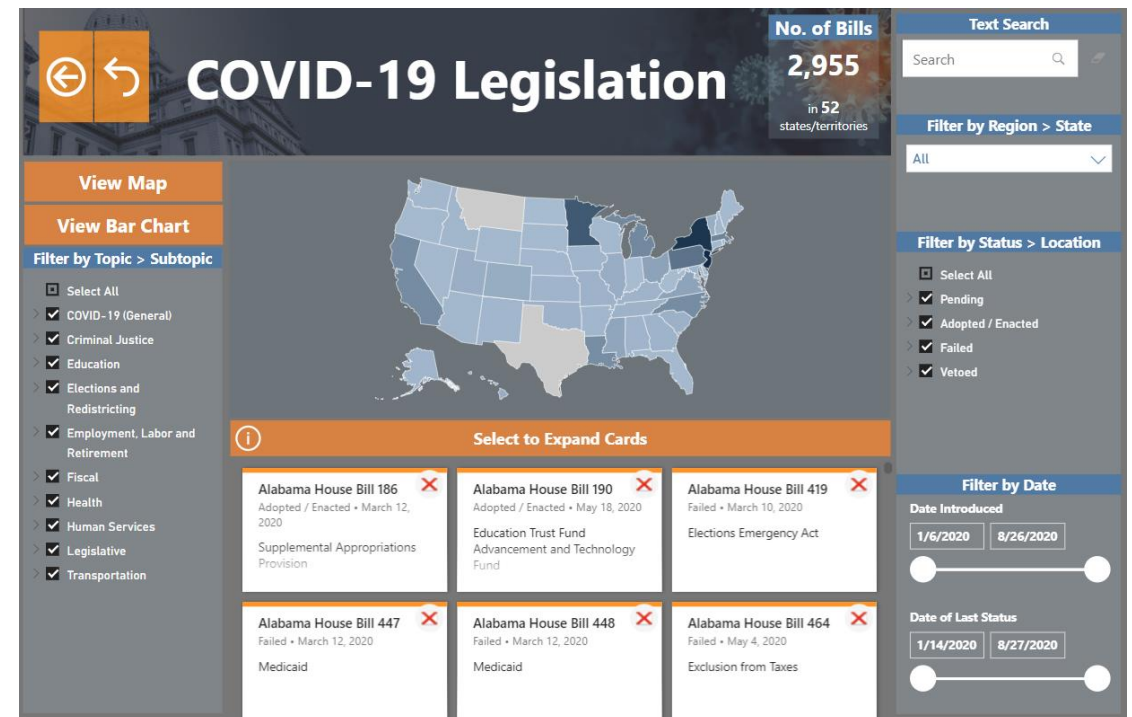
NATIONAL CONFERENCE OF STATE LEGISLATURES

- Bipartisan membership organization
 - All 50 states and the territories
 - 7,383 state legislators
 - All state legislative staff (30,000+)
- Mission:
 - To improve the quality and effectiveness of state legislatures
 - To promote policy innovation and communication among state legislatures
 - To ensure states a strong, cohesive voice in the federal system



PRESENTATION OVERVIEW

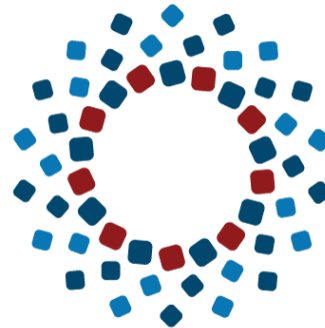
- Scope of practice
- Mental health provider reciprocity
- Certified Registered Nurse Anesthetists



<https://www.ncsl.org/research/health/state-action-on-coronavirus-covid-19.aspx>

SCOPE OF PRACTICE

- Modifying supervision requirements
 - Collaborative agreements
 - Location of the physician and NP/PA
 - Number of practitioners supervised by a physician
- Kentucky [SB 150](#)
 - Waive or modify statutes and/or regulations relating to scope of practice requirements to allow providers to practice in all settings of care
 - Board of Medical Licensure, Board of Emergency Medical Services and Board of Nursing



SCOPE OF
PRACTICE POLICY

www.scopeofpracticepolicy.org

CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA)

Pre-COVID-19

- Ohio [HB 224](#) (pending)
 - Clarifies a CRNA's scope of practice and removes some restrictions on providing anesthesia care.
- South Dakota [SB 50](#) (enacted)
 - Extends prescriptive authority, pain management and collaboration with certain providers.
- Virginia [HB 1059](#) (enacted)
 - Allows for prescriptive authority and increase access to care.

COVID-19 Response

- Alabama [Executive Order](#)
 - Authorized to practice to the top of their license by the national board for CRNAs.
- Maryland [Executive Order](#)
 - Allows health care practitioners to engage in certain activities not allowed by their license at health care facilities if certain conditions are met.

RECIPROCITY – MENTAL HEALTH PROVIDERS

- Delaware [Joint Order](#)
 - Authorizes all out-of-state mental health providers with an active license to provide in-person and telemental health services.
- Missouri [HB 2046](#)
 - Removes reciprocity exclusions for various professionals, including those licensed under the State Committee of Psychologists.
- North Carolina [E.O. No. 116](#)
 - Temporarily waives licensure requirements for behavioral health care personnel licensed in other states.
- Vermont [HB 742](#)
 - Allows a health care professional, including a mental health professional, who holds a valid license, certificate or registration in any other U.S. jurisdiction to provide services via telehealth or in-person.

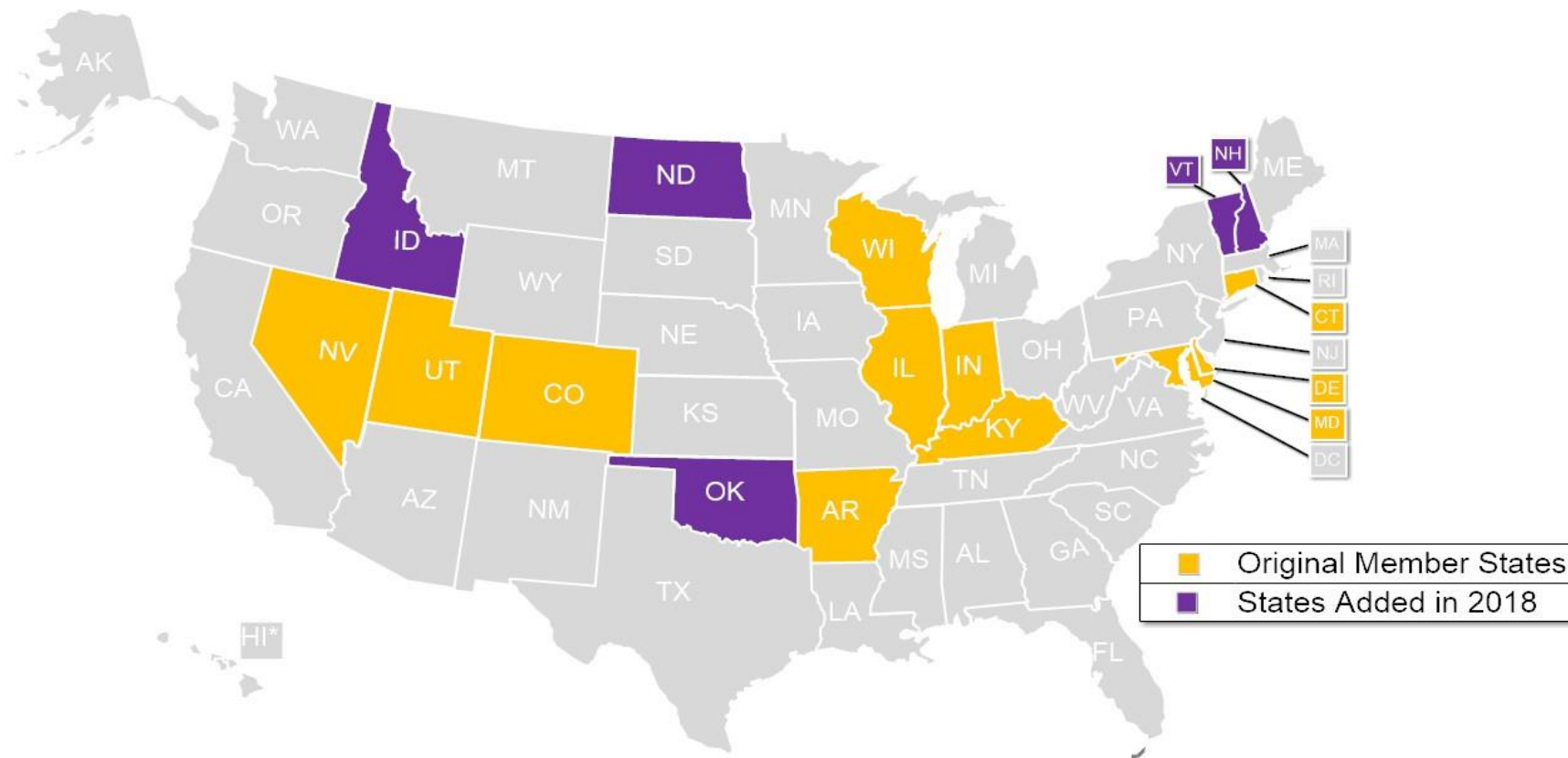
OCCUPATIONAL LICENSING IN 2020

RECIPROCITY, COVID-19, STATE REGULATORY STRUCTURES AND REGULATORY EFFICIENCY

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LEARNING CONSORTIUM – WWW.NCSL.ORG/STATESLICENSE



RECIPROCITY & STREAMLINING OF CREDENTIALING

BEFORE AND DURING COVID-19



PRE-COVID TRENDS



Licensure Portability (includes reciprocity, compacts and other forms of mobility)



Universal licensure laws



Changes to the way state's approach licensing of individuals with criminal records



Changes to the way state's approach licensing for military spouses

THE IMPACT OF COVID-19 ON LICENSING

Spring
2020

Fast-moving executive orders and regulatory action.

Fall
2020

Some states have rescinded their emergency licensing measures while others have extended them.

- Approaches that we've seen before adapted to the COVID-19 context, including temporary and emergency licensure.
- Innovative approaches we haven't seen states implement on a large scale before.

COVID-19 MOBILITY TRENDS



Increased Reciprocity Among States

- Temporary changes to allow for greater reciprocity including:
 - Relaxed regulations
 - Temporary licensure
 - Emergency licensure



Foreign-Trained Health Reciprocity

- Some states took the novel approach of allowing foreign-trained health workers to assist in state pandemic-response efforts.
 - Nevada, New York and New Jersey



Federal Actions

- The Centers for Medicare and Medicaid Services are temporarily waiving requirements that out-of-state practitioners be licensed in the state where they are providing services

LOOKING AHEAD TO 2021

- Will these relaxed regulations stick around?
- Legislative actions?
- Opportunities for states to work together.

STATE REGULATORY STRUCTURES

THE FIVE STATE REGULATORY STRUCTURES

Model A: Fully Autonomous/Independent Boards

Model C: Autonomous boards, but with a central agency responsible for budgets, personnel and records

Model E: Central agency has final decision-making authority, boards only advisory

Model B: Autonomous boards, but with a central agency responsible for some housekeeping/admin

Model D: Central agency has decision-making authority, boards delegated some functions

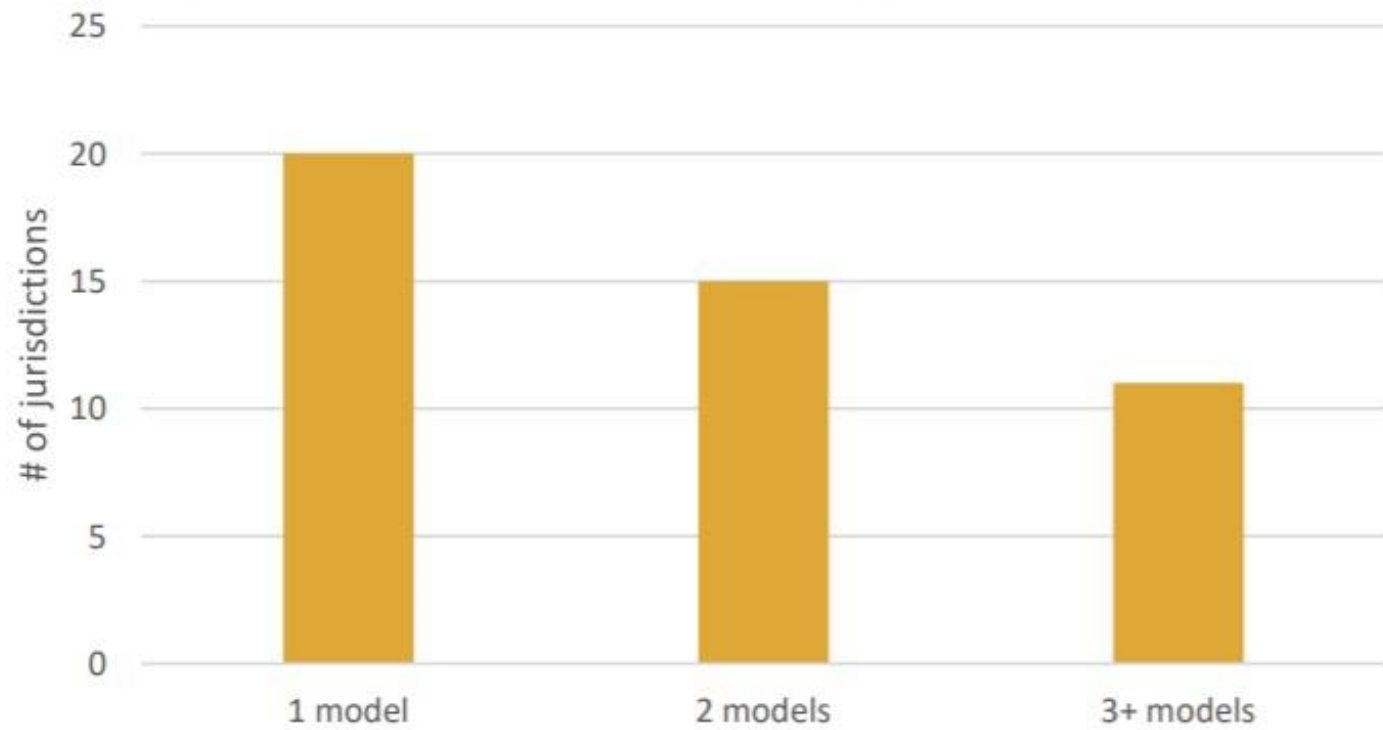
Board Dominant

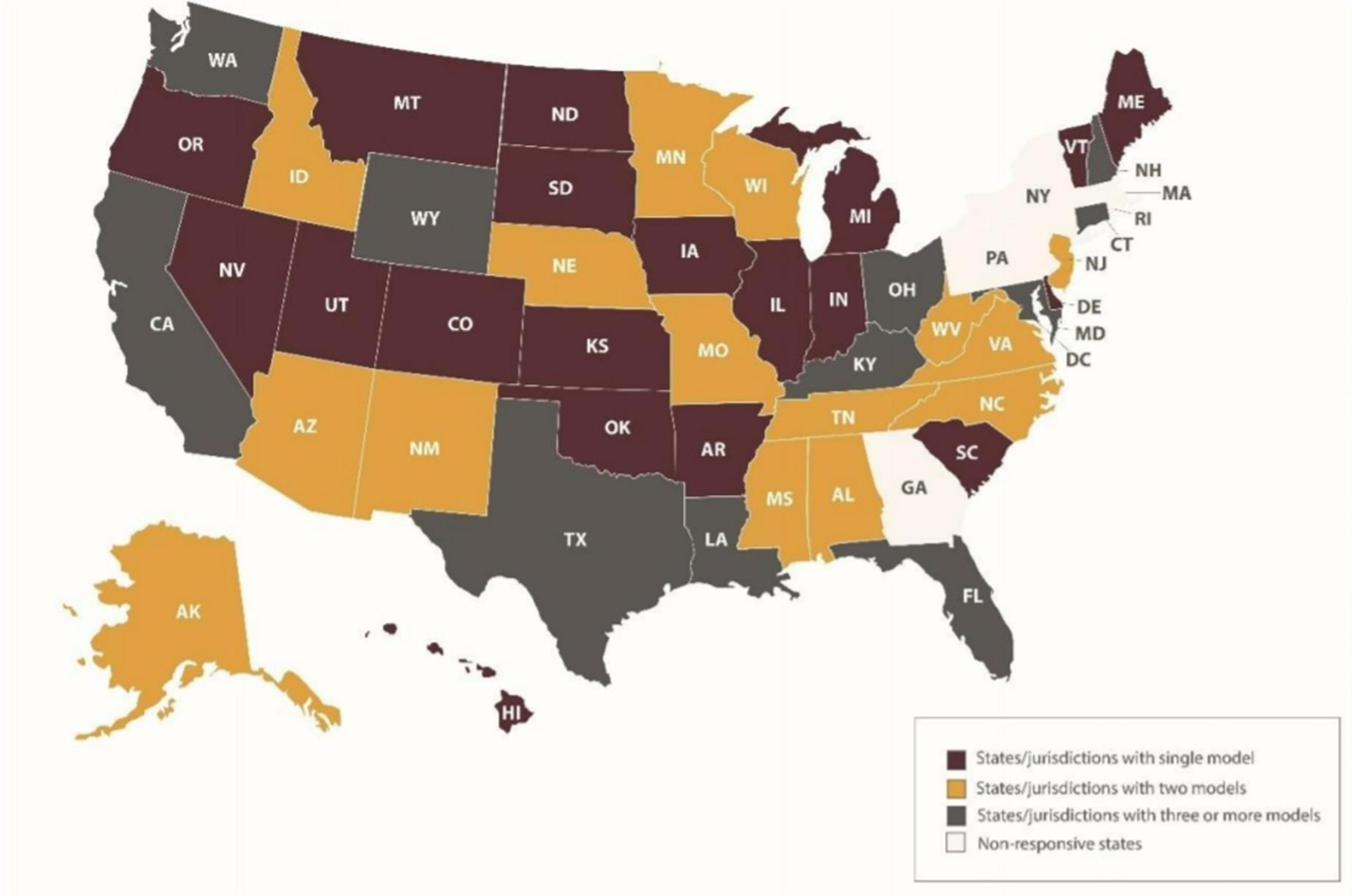
Agency Dominant



* Note that some states centralize certain boards while others may remain autonomous

Figure 1: Number of regulatory models in use





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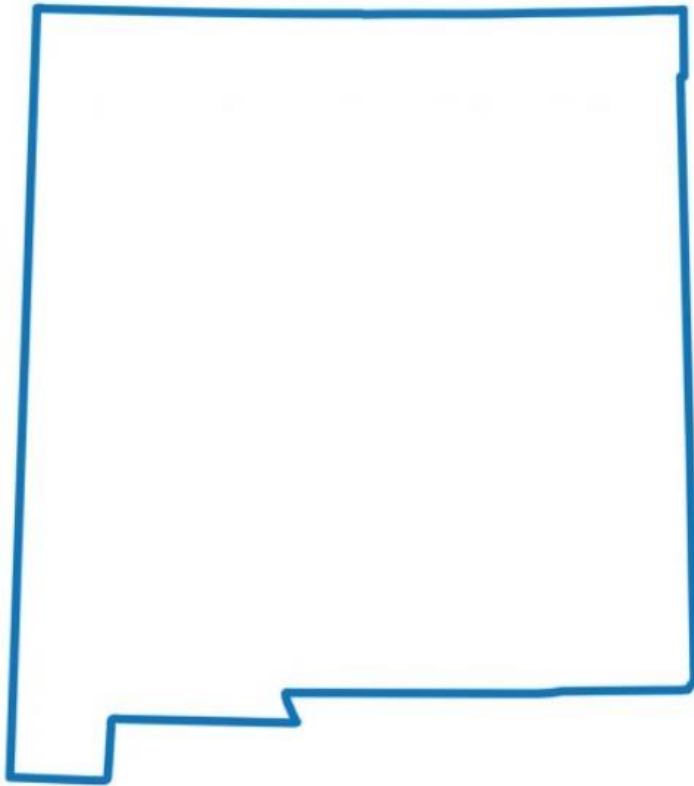
Board Dominant

Agency Dominant



* Note that some states centralize certain boards while others may remain autonomous

NEW MEXICO REGULATORY STRUCTURE



Model C: Autonomous boards, but with a central agency responsible for budgets, personnel and records

Model D: Central agency has decision-making authority, boards delegated some functions

CHALLENGES & BENEFITS

Challenges

- Efficiency
 - Possible lack of expediency
 - Turnover in centralized staff
 - Lack of staff dedicated to specific boards
- Communication & Collaboration
 - Balancing the authority and roles of both boards and an agency

Benefits

- Budget
 - Possibility to combine and share resources (both personnel and funding) with other boards
- Streamlining & Standardization
 - Consistency of service to consumers and licensees across boards

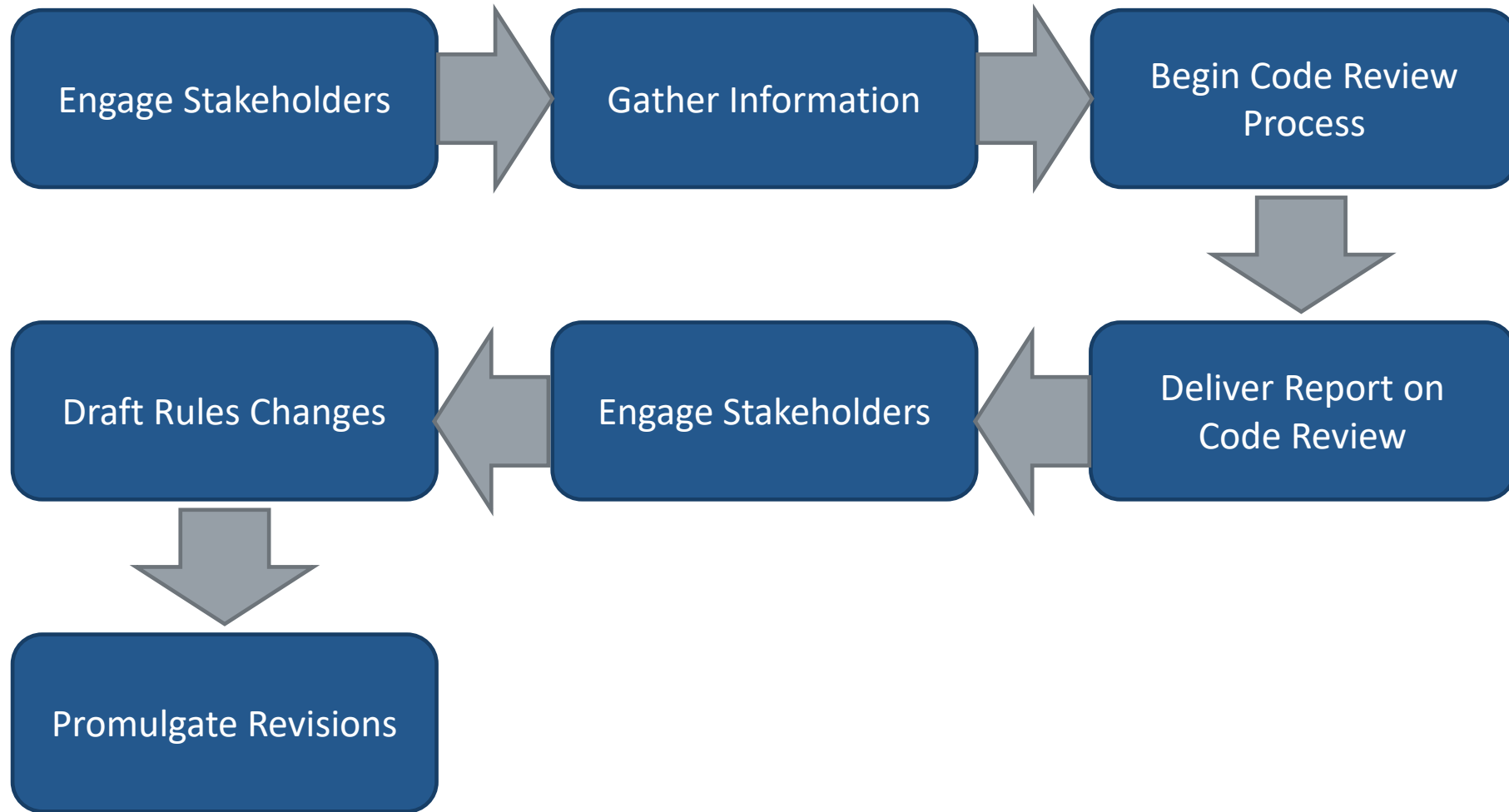
REGULATORY RESTRUCTURING AND EFFICIENCY

RESTRUCTURING EXAMPLE: VERMONT

- Has a Centralized Regulatory agency the Office of Professional Regulation(OPR) under the Sectary of State's Office.
- Recently transitioned the real estate board from an independent board to an advisory board under OPR.



RESTRUCTURING PROCESS



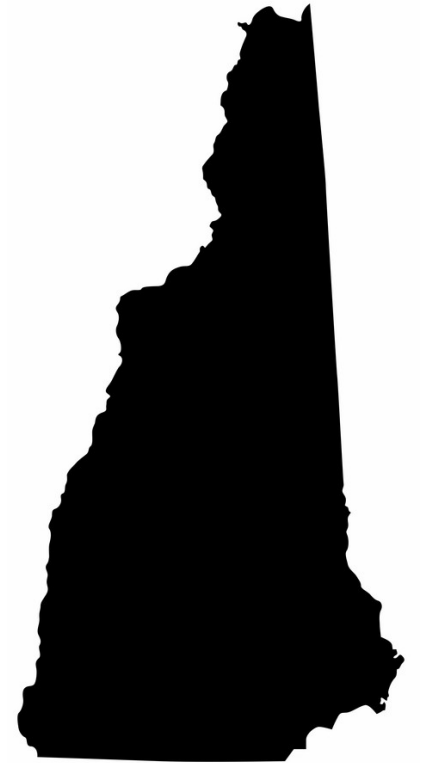
LESSONS LEARNED

- The process is iterative.
- Key stakeholders should be engaged early and often.
- Extensive review and revision of existing code.

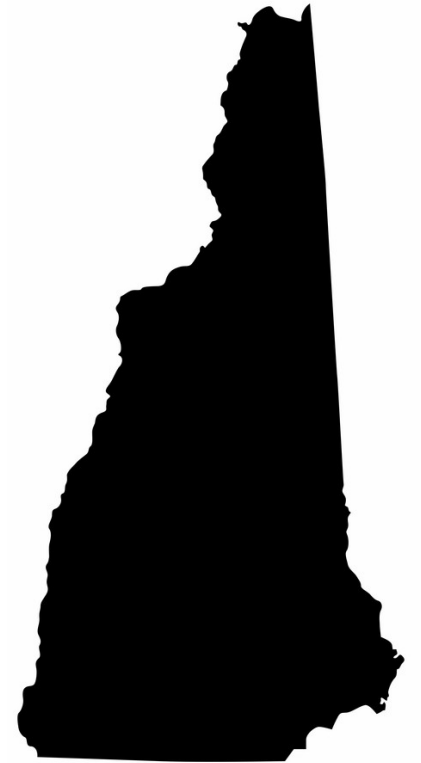
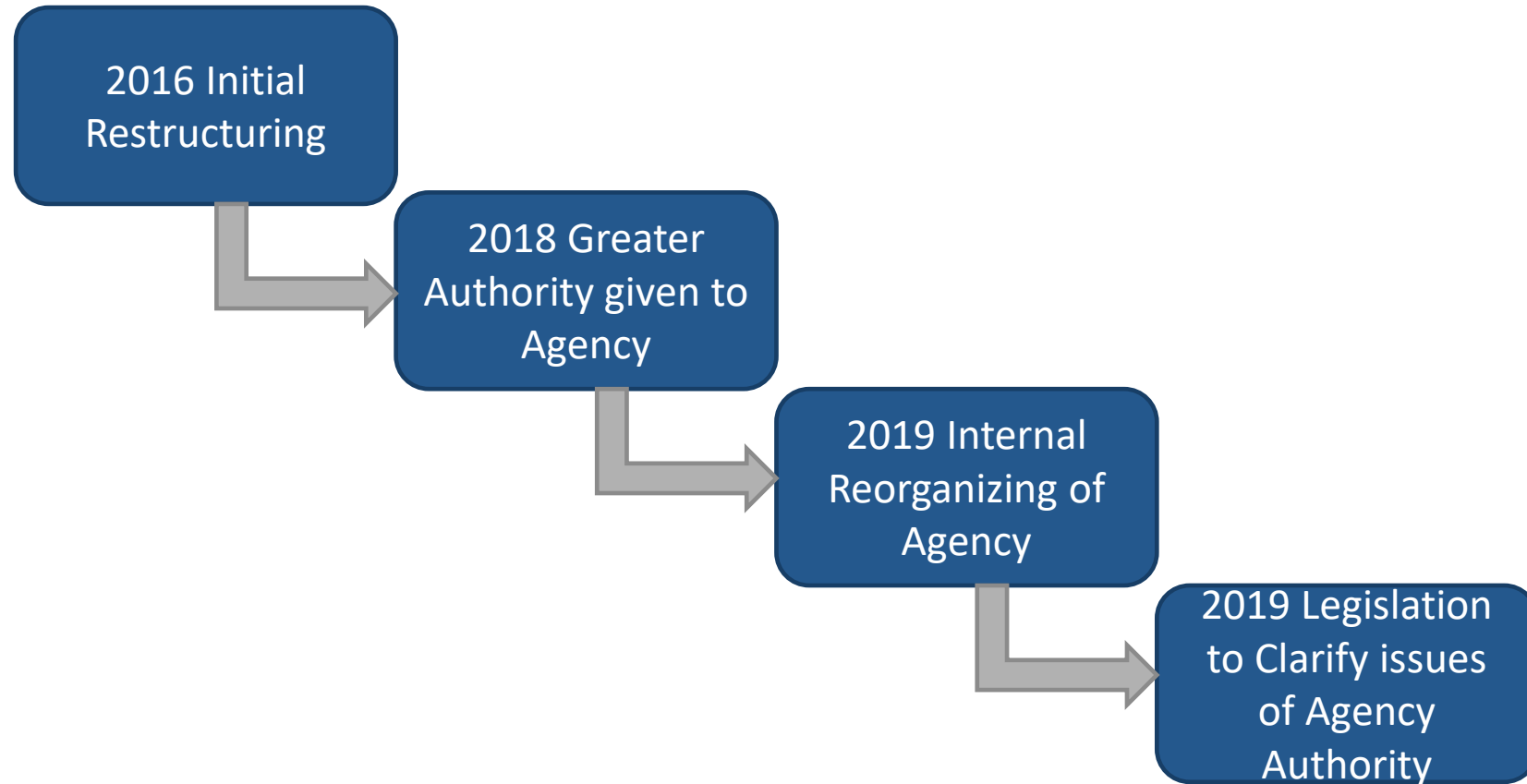


RESTRUCTURING EXAMPLE: NEW HAMPSHIRE

- Transitioned from independent boards to an umbrella structure in 2016.
- Initial goal was to increase share administrative costs and increase both standardization and efficiency of licensure processes in New Hampshire.

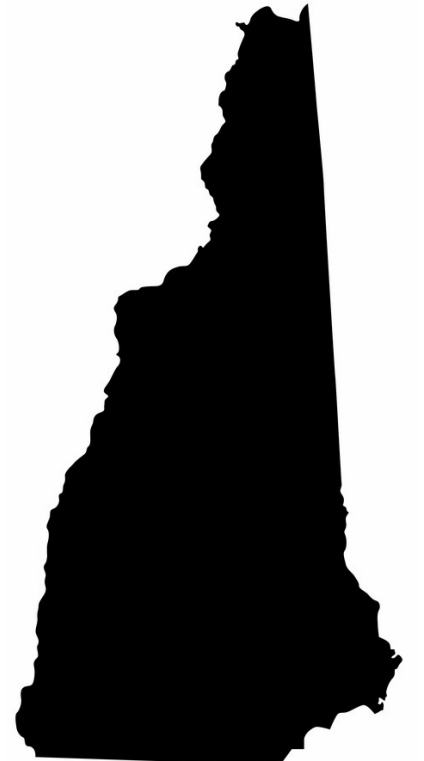


RESTRUCTURING PROCESS



LESSONS LEARNED

- Board training is critical for success.
- Authority should be clearly delineated.
- The process is iterative.
- Board buy-in.
- Agency organization by job function instead of subject matter expertise.



OTHER EFFICIENCY MEASURES

- Sunrise review
 - Fourteen states have a sunrise review process.
 - Evaluation of new licensing regulations examining potential impacts, costs and benefits of that regulation.

OTHER EFFICIENCY MEASURES

- Sunset Review
 - Thirty-six states have some form of sunset review.
 - Takes place after legislation is enacted to create a state board, commission or agency, requiring periodic reviews or audits of these entities.

Questions?

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