



Health Professional Licensure Portability

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New Mexico Legislative Health &
Human Services Committee



Agenda

About NCSL

Health Trends

Licensure Portability

- Licensure Reciprocity and Endorsement
- Interstate Licensure Compacts
- Universal Licensure
- Telehealth-Specific Flexibilities

Closing



How NCSL Serves State Legislatures

The National Conference of State Legislatures (NCSL) is the **bipartisan** organization serving **legislators and legislative staff** in America's 50 states, D.C. and territories.

With a strong belief in the importance of the legislative institution, NCSL knows **when states are strong, our nation is strong.**



Source: NCSL

POLICY RESEARCH

NCSL provides trusted, nonpartisan policy research and analysis

CONNECTIONS

NCSL links legislators and staff with each other and with experts

TRAINING

NCSL delivers training tailored specifically for legislators and staff

STATE VOICE IN D.C.

NCSL represents and advocates on behalf of states on Capitol Hill

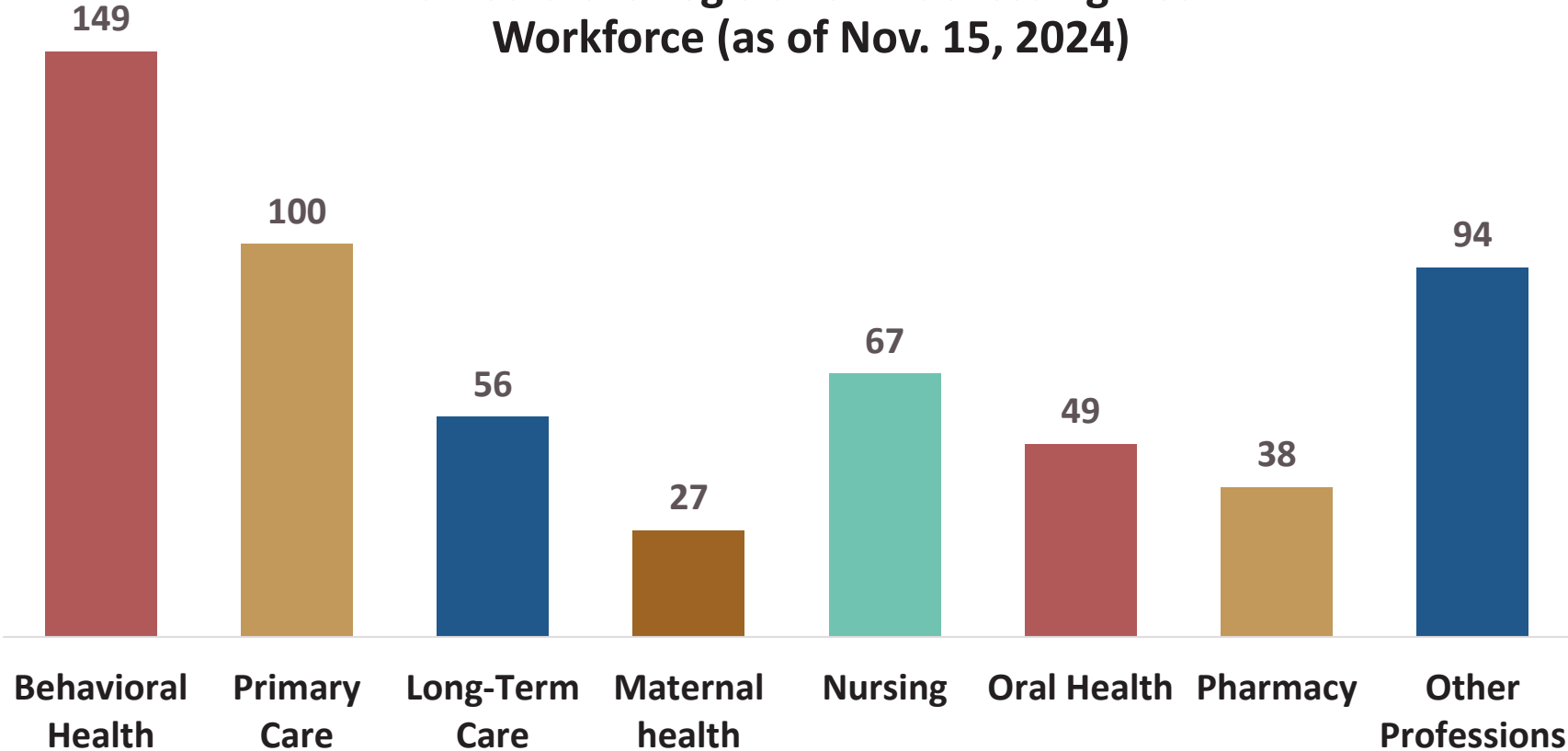
MEETINGS

NCSL meetings facilitate information exchange and policy discussions

Health Workforce Trends

NCSL Resource:
[Health Workforce Legislation Database](#) (Ongoing)

Enacted State Legislation Addressing Health Workforce (as of Nov. 15, 2024)



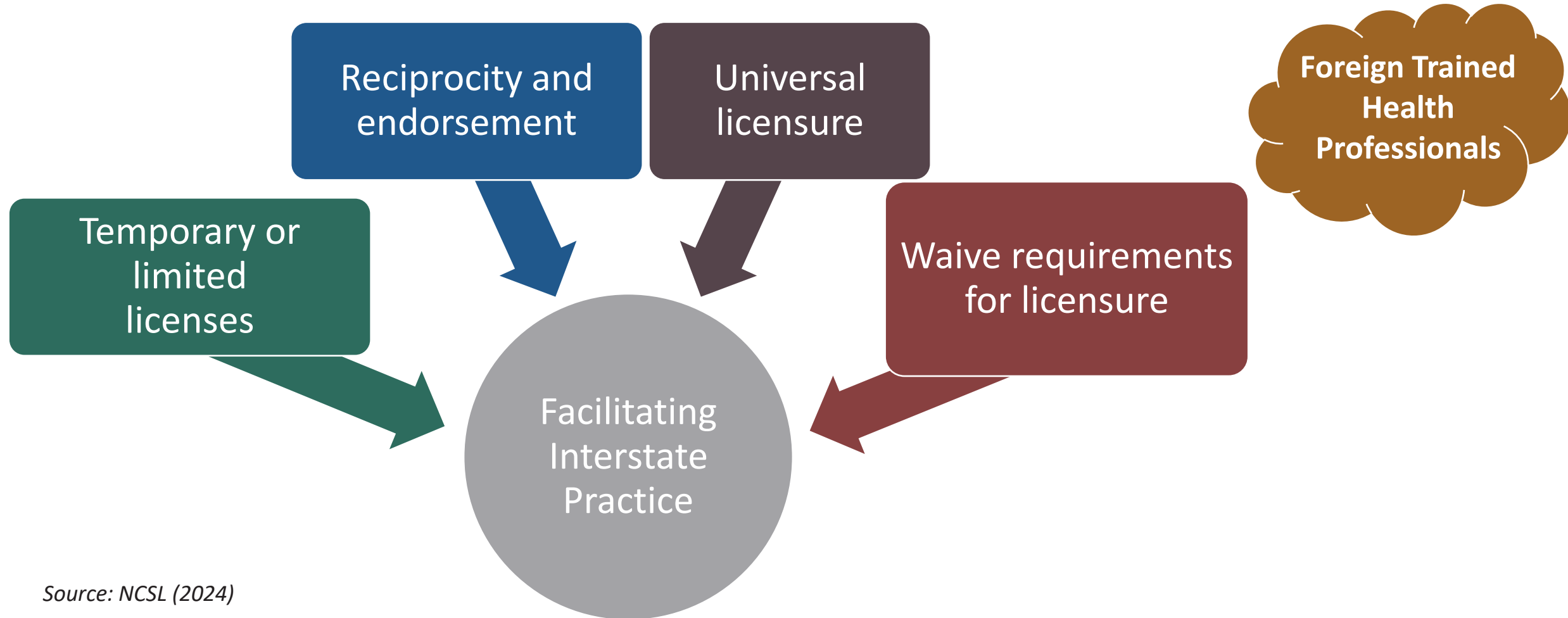
INTERVENTIONS:

- Licensure and certification (270 bills)
- Scope of practice (126 bills)
- Recruitment and retention (104 bills)
- Education and training (81 bills)

Source: NCSL (2024)

Licensure Portability: State Policy Options

See NCSL's database:
[Occupational Licensing Legislation Database](#)



Source: NCSL (2024)

Licensure by Reciprocity or Endorsement

RECIPROCITY

- Multiple states recognize a license in another state, can be accomplished via compact or other means.

ENDORSEMENT

- States verify the qualifications of a license holder from another state before issuing their own license.



Reciprocity and Endorsement: State Examples



IDAHO

[SB 1083](#) (2021): Amends existing law to provide for a **more streamlined licensure by endorsement process** for military members, veterans, and spouses.



ARKANSAS

[HB 1255](#) (2019): Amends the law concerning licensing, registration, and certification to **establish a system of endorsement, recognition, and reciprocity for licensing.**



UTAH

[SB 35](#) (2023): Enacts the Interstate Teacher Mobility Compact and the PA's Interstate Compact. **Streamlines the process for state licensing boards to issue certain professional licenses and certificates by endorsement.**

Interstate Licensure Compacts

See CSG's report: [Occupational Interstate Compacts in Action](#)
(July 2019)

MUTUAL RECOGNITION MODEL

- “Check the box”
 - Applicants are licensed in one state.
 - Applicants request a license from each state in which they intend to practice.
- Considerations:
 - Streamlined application process with consistent requirements.
 - A central entity maintains applicant credentials.
 - Licensees typically bear the costs of licensure in multiple states.
 - Licensees must maintain each state’s renewal process and continuing education requirements.

EXPEDITED LICENSURE MODEL

- Authority to practice
 - Licensees are authorized to practice in any participating compact states.
- Considerations:
 - Licensee applies for licensure in principal state only.
 - Licensees are bound to the renewal and continuing education requirements of the state in which they reside.
 - Licensees must apply for a new license if they relocate to another state within the compact.

Interstate Licensure Compacts

See NCSL's article: [Are Interstate Compacts an Answer to Health Workforce Shortages?](#) (Nov. 2023)

COMPACT	PROFESSION	PARTICIPATION
Interstate Medical Licensure Compact	Physicians	40 states, D.C. and Guam
Nurse Licensure Compact	Registered nurses and licensed practical nurses	40 states, Virgin Islands and Guam
Physical Therapy Compact	Physical therapists	36 states and D.C.
Psychology Interjurisdictional Compact (PSYPACT)	Psychologists	40 states, D.C. and Northern Mariana Islands
EMS Personnel Licensure Interstate Compact	Emergency medical technicians and paramedics	24 states
Audiologists and Speech-Language Pathologists Compact	Audiologists and speech-language pathologists	34 states
Counseling Compact	Professional counselors	37 states

Research on Compacts

See HRSA Resource: [\\$2.5 Million Initiative to Build Multi-state Social Worker Licensure Compact to Address Workforce Shortages](#)

LEGISLATORS AND LICENSING BOARDS:

- Difficulties **vetting and holding providers accountable** across state lines.
- **Varying provider authorities** across states/territories and subdisciplines.
- **Varying credentialing standards** across states/territories and subdisciplines.
- **Uncertainty in funding** for licensing boards.

PRACTITIONERS AND ORGANIZATIONS:

- **Administrative burdens** due to variations in credentialing.
- **Lack of efficiencies** in obtaining licensure or certification in multiple jurisdictions.
- Union buy-in for several specialty areas.

OPPORTUNITIES TO ADOPT PORTABILITY MEASURES:

- Efforts should **focus on individual disciplines** as opposed to being multidisciplinary.
- Efforts should **not be exclusive to telehealth or in-person care**.
- To the extent possible, **efforts should be national—as opposed to regional—in scope**.

Source: [Barriers and Opportunities for Improving Instate Licensure Reciprocity and Portability for Behavioral Health Practitioners](#), ASPE Office of Behavioral Health, Disability and Aging Policy (Aug. 2024)

Research on Compacts: Nurse Licensure Compact

SUGGEST NO IMPACT

DePasquale & Strange (2016)

No effect on labor market outcomes.

Ghani (2019)

No impact on migration flows within the State but may divert some flows to non-Compact states.

Norris & Nandy (2022)

No evidence of significantly increasing telemedicine usage from out-of-state providers.

SUGGEST SOME IMPACT

Johnson & Kleiner (2019)

No impact on intrastate movement.

Nurses more likely to move to participating Compact states than non-Compact states.

Shakya, Ghosh & Norris (2022)

11% increase in mobility of RNs and LPNs within Compact states.

- Nurse Licensure Compacts Before, During and After COVID, Brookings Institute (Feb. 2023)
- Exploring Interstate Licensure Compacts: Implications for NJ's Healthcare Workforce, Rutgers University Center for State Health Policy (Jan. 2023)

Research on Compacts: State-Specific

INDIANA

Costs and benefits of participating in PSYPACT.

MICHIGAN

Survey of RNs to measure their opinions on compact licensure legislation.

MARYLAND

Recommendations to expand telehealth from out-of-state providers.

NEW JERSEY

Survey to measure impact of temporary reciprocity during the pandemic.

MASSACHUSETTS

Anticipated impact on health care cost, quality and access.

NEW YORK

How compact requirements compare to New York licensing requirements.



Universal Licensure

States issue licenses by endorsement of the out-of-state license.

UNIVERSAL LICENSURE

- Any state or territory.
- Applies to all or most licenses.
- Requires less coordination between states.

INTERSTATE COMPACTS

- Participating states or territories.
- Occupation-specific.

Source: [*Interstate Licensure Compacts and Universal Licensure Recognition Laws: Fact Sheet*](#),
The Council of State Governments, National Center for Interstate Compacts (2022)

Universal Licensure Requirements by State

STATE	BILL (YEAR)	CURRENT REQUIREMENTS				
		Substantially Equivalent Requirements	Similar Scope of Practice	Residency Requirements	Experience Recognition	Occupations Covered
New Mexico	SB 105 (2016) HB 191 (2022)	N	N	N	N	24
Arizona	HB 2569 (2019)	N	Y	Y	N	23
Colorado	HB 1326 (2020) HB 116 (2022)	Y	Y	N	N	18
Oklahoma	HB 2873 (2021)	Y	N	Y	N	24
Texas	-	-	-	-	-	-
Utah	SB 23 (2021) SB 43 (2022) SB 35 (2023)	N	Y	N	Y	24

Source: [2024 Update to the Survey of Universal Licensing Reforms in the United States](#), West Virginia University (July 2024)

Research on Universal Licensure

Universal Licensure Impact on Pharmacy Professionals

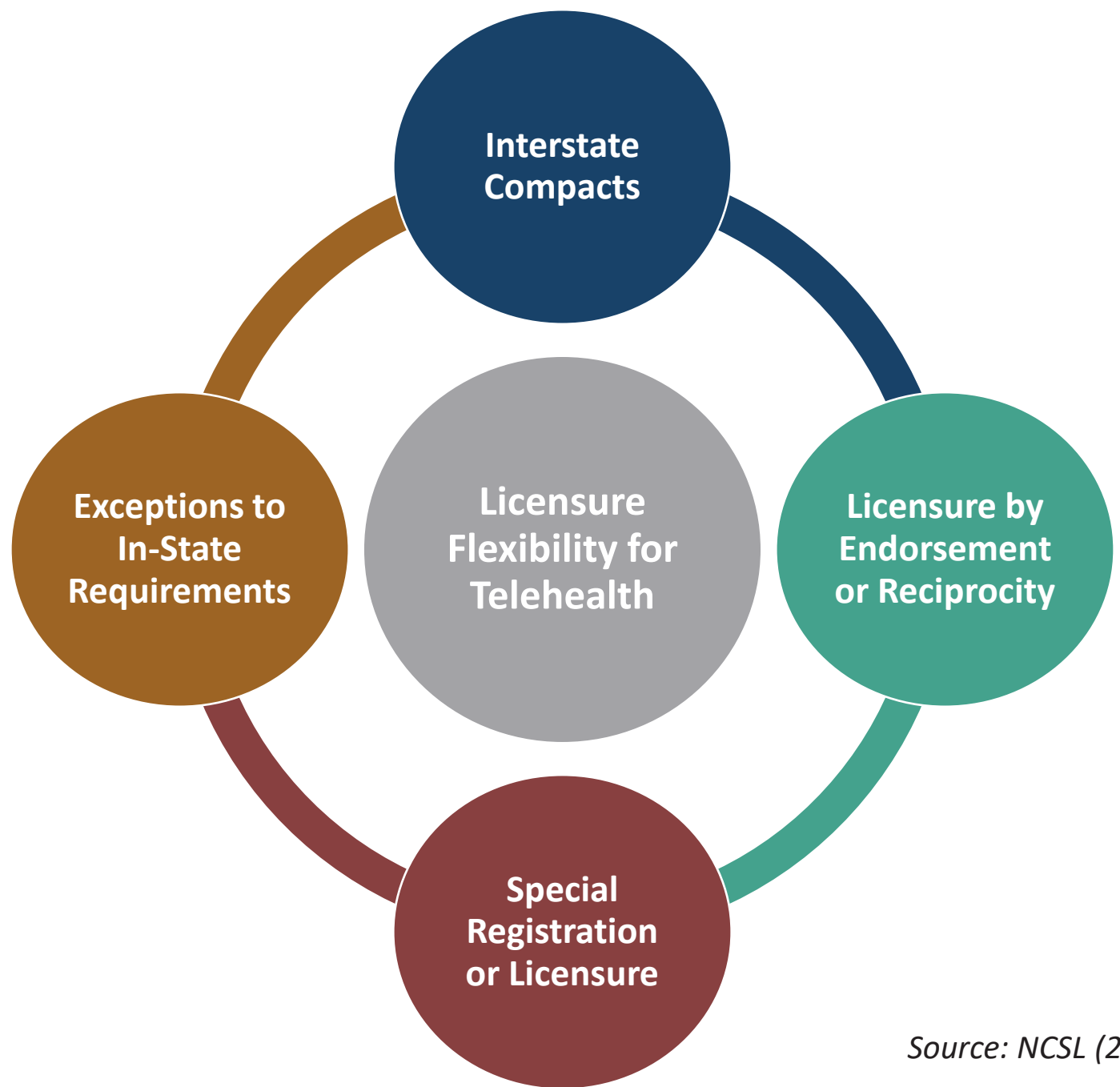
NEW JERSEY <u>AB 1545 (2013)</u>	ARIZONA <u>HB 2569 (2019)</u>	IDAHO <u>HB 74 (2023)</u>
<ul style="list-style-type: none">• Requires all applicants to meet “substantially similar” or “substantially equivalent” licensing standards.• Little research on impact to the labor market.	<ul style="list-style-type: none">• Requires licensed workers to meet good standing criteria.• Estimated increase in adjusted gross income of \$1.7 million.	<ul style="list-style-type: none">• Eliminated use of state-specific jurisprudence examinations (except attorneys).• Established limits on fees charges to universal licensure applicants.

RESEARCH FINDINGS:

- Idaho has seen more growth in pharmacist licenses between 2017-2023 than Arizona or New Jersey.
 - Growth in out-of-state licenses: More border communities, Low cost of licensure in Idaho.
 - Malpractice cases 2017-2023: Arizona (339), New Jersey (184), Idaho (82).
- Many licensure boards charge larger fees to out-of-state transfer candidates for initial licensure.
 - Transfer applicants typically require more validation by the licensing authority to ensure credentials are met.
 - Higher fees may create a barrier to entry.

Source: [Strengthening Universal Recognition of Occupational Licenses: A Case Study Approach](#), SSRN (May 2024)

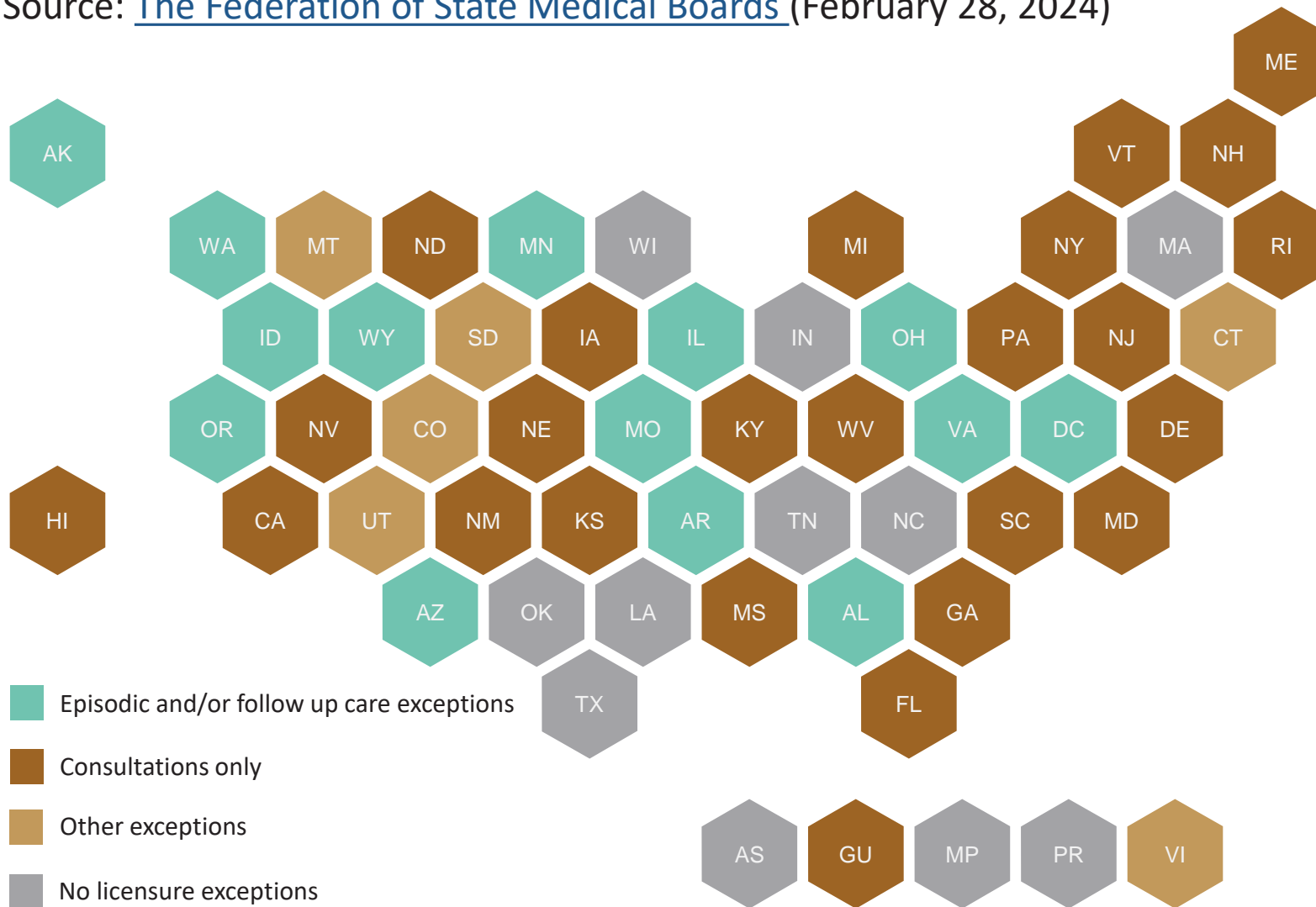
Telehealth-Specific Flexibilities



Source: NCSL (2024)

Licensure Exceptions: Episodic and/or Follow Up Care

Source: [The Federation of State Medical Boards](#) (February 28, 2024)



Source: NCSL (2024)

STATE EXAMPLES

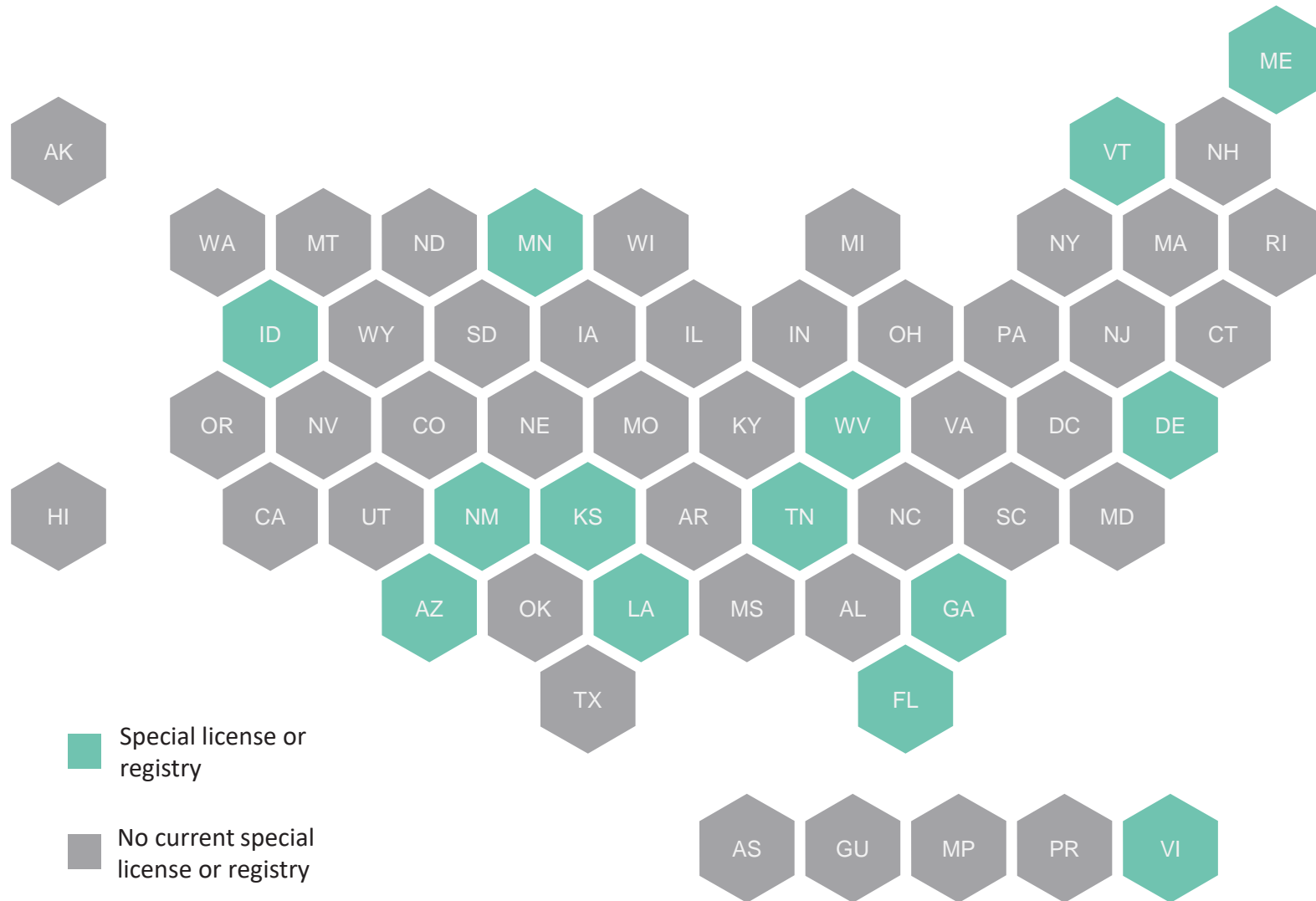
Idaho ([Idaho Code §54-5713](#))

- A license is not required for virtual care if a patient is in Idaho temporarily, if the provider is rendering short-term follow-up services or preparation for a scheduled in-person visit, or if the provider consults with or refers the patient to an Idaho licensed provider.

Oregon ([see Oregon Medical Board](#))

- Exceptions for out-of-state physicians and PAs include consultation between two providers, emergency care, patients who are temporarily in Oregon, service through the military or temporary follow-up care.

Special Licenses/Certificates or Registries



STATE EXAMPLES

Idaho (Idaho Stat. §54-5714)

- Biennial registration for behavioral health providers.

South Carolina (SB 1179, 2022)

- Registration for behavioral health providers.

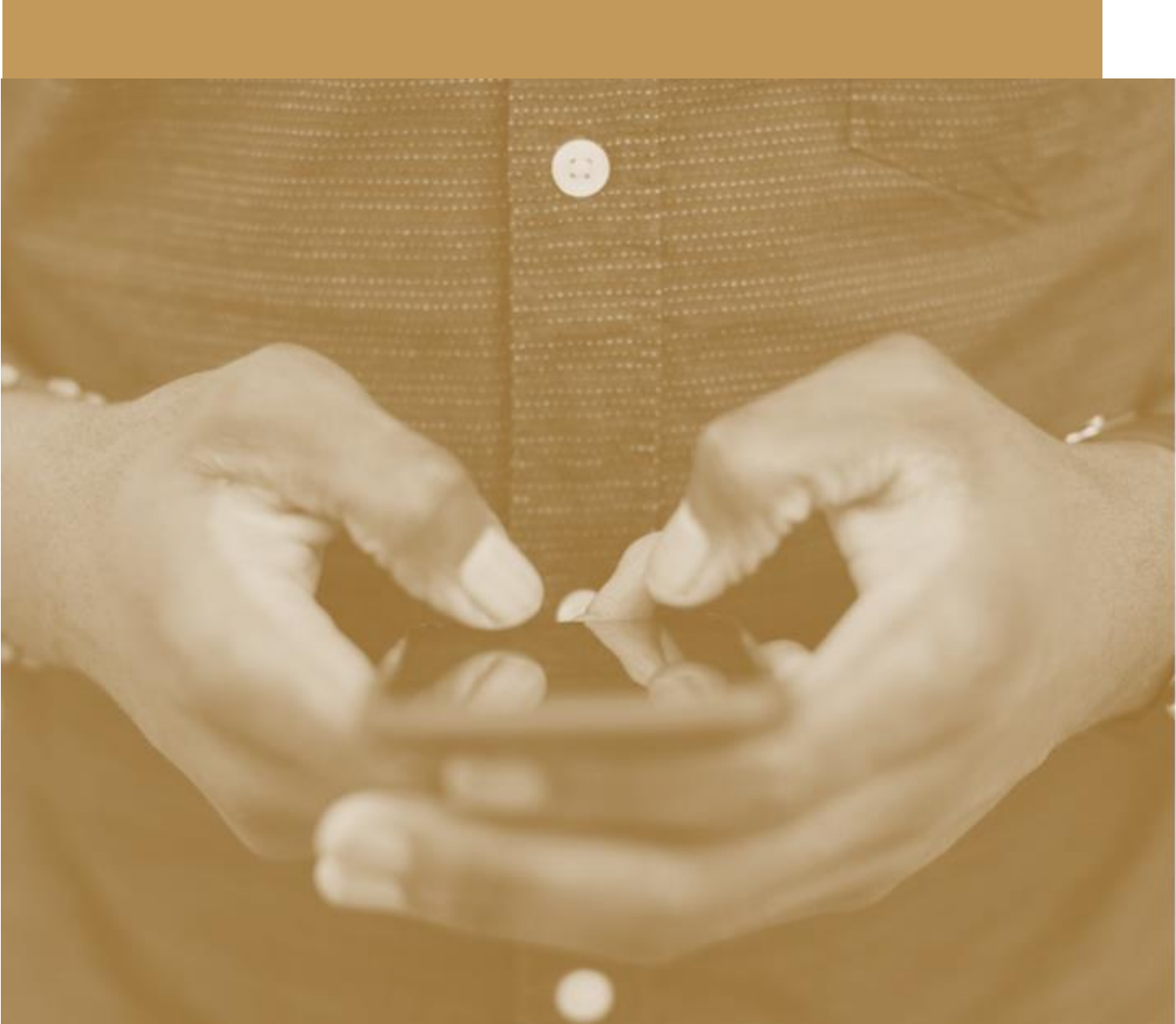
Vermont (HB 655, 2022)

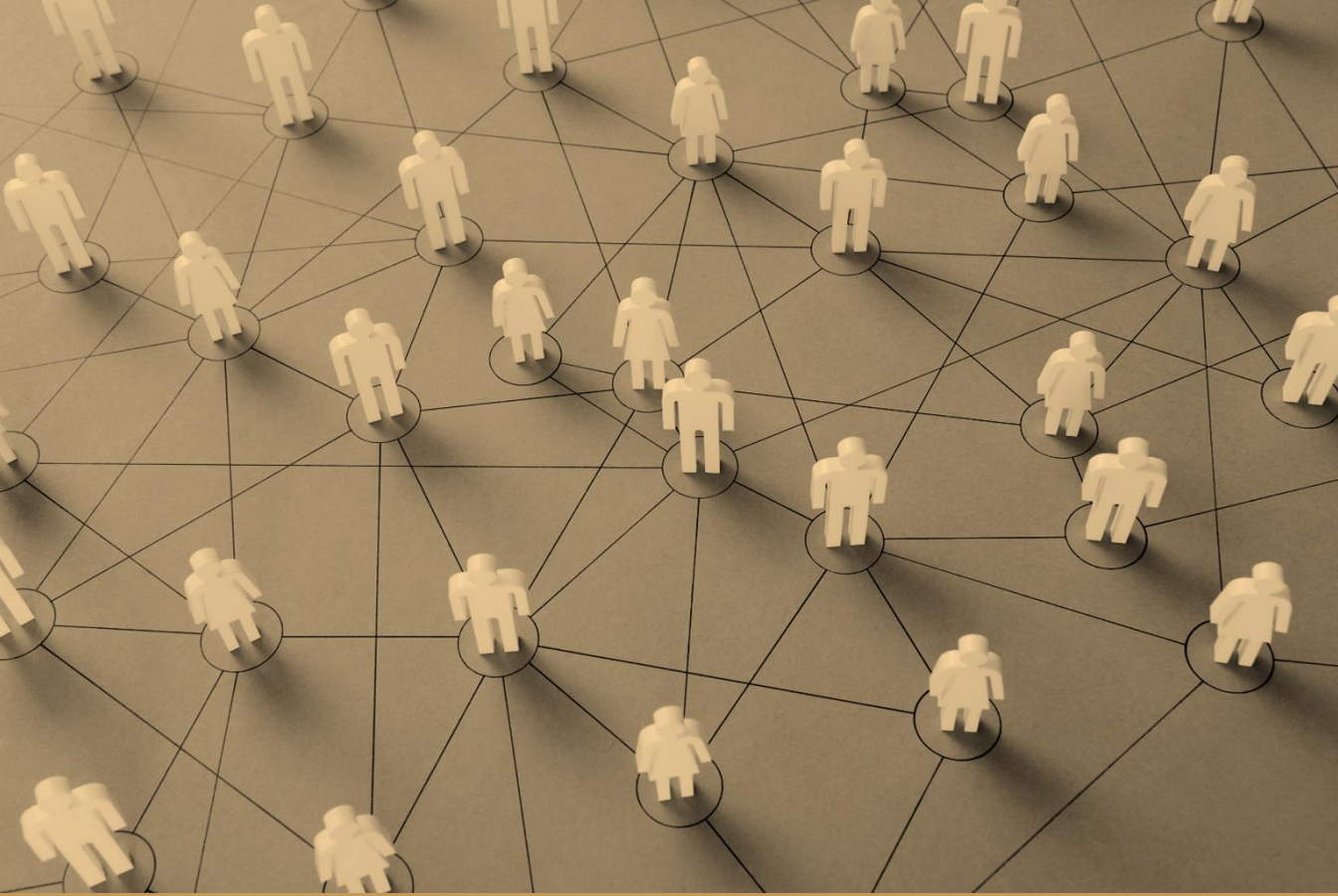
- Two-year telehealth license for providers licensed in another state.
- Limit to no more than 20 unique patients.

Source: NCSL (2024) and Center for Connected Health Policy (2023)

NCSL Resources

- [Health Workforce Legislation Database](#)
- [Health Care Workforce Resources](#)
- [Scope of Practice Policy Website](#)
- [The National Occupational Licensing Database](#)
- [The Telehealth Explainer Series: Licensure and Interstate Compacts \(2024\)](#)
- [2023 Occupational Licensing Trends \(2024\)](#)
- [2022 Occupational Licensing Trends \(2023\)](#)
- [Barriers to Work: Improving Access to Licensed Occupations for Immigrants With Work Authorization \(2023\)](#)
- [Occupational Licensing Final Report: Assessing State Policies and Practices \(2020\)](#)





Reach out anytime!



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