



PROFESSIONAL
CERTIFICATION
COALITION

April 1, 2021

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Re: S.B. 45

Dear Senators Thompson, Albers, Gooch, Mullis, Beach, Cowsert, Payne, Anavitarte, Dugan, Harbin, Hickman, and McNeill:

The Professional Certification Coalition (PCC) writes regarding GA S.B. 45, which provides for licensing reciprocity.

The PCC is a nonprofit association founded in 2018 to address legislation and regulation that affects professional certification programs, those who hold private certification credentials, and the many constituencies that rely on professional certification as a signal of professional competence. The PCC's organizational members include non-governmental professional certification organizations, professional societies, and service providers, and reflect a wide spectrum of professions, including health care, professional and civil engineering, financial

services, and information technology, among many others. Our founding organizations – the American Society of Association Executives (the leading organization for association management) and the Institute for Credentialing Excellence (the leading developer of accreditation standards for professional certification programs) – serve as the Steering Committee for the PCC.

The PCC supports reducing unnecessary barriers for licensed professionals who move to a new state, provided that any alternative pathways protect the public from unqualified or unethical practitioners and uphold the integrity of licensed professions as a whole. The PCC has developed the attached [Statement of Principles](#) and respectfully requests that the legislature ensure that the provisions of H.B. 15 are consistent with the following six principles:

- 1. Require further profession-specific action by licensing agencies, rather than automatically providing sweeping recognition of all out-of-state licenses.**
- 2. Require the licensing agency/board to make an initial assessment of whether licenses in other jurisdictions are, in fact, equivalent in standards and scope of practice.**
- 3. Permit reciprocal licensure as a general matter only if there is substantial similarity between the requirements, knowledge, and scope of practice for two jurisdictions.**
- 4. Condition reciprocity on joint oversight of the licensee, as well as communication and mandatory reporting between the in-state and out-of-state licensing agencies.**
- 5. Grant alternative pathways to licensure for unlicensed out-of-state applicants only if the applicant demonstrates at least substantially equivalent educational, training, examination, credentials, and experience as are required of in-state applicants.**
- 6. Consider whether residency requirements are warranted to qualify for reciprocal licensure.**

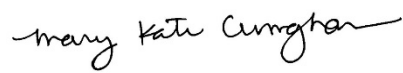
The PCC members view these principles as important both to protect the public and because reciprocity bills directly affect PCC members that credential professionals in regulated occupations, such as health care. In many of these occupations, licensure statutes and regulations make certification by recognized private certification organizations a condition of licensure. If, due to variations in licensing laws, reciprocal licensure allows unqualified or unfit individuals to practice, the public's trust in such certified professionals and their respective regulated professions will be irreparably damaged, especially for occupations in which the public conflates certification status with licensure.

Further, even PCC members that issue certifications to individuals in fields that do not require licensure have an interest in this issue. Certification organizations – and professional societies that represent individuals who hold certification credentials – rely on the role of licensing agencies to protect the public. By their nature, they are also interested in upholding professional standards for knowledge, skills, conduct, and qualifications. If reciprocal licensure laws create loopholes that weaken how state licensing agencies enforce such standards, this is a matter of great concern to the certification community.

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Thank you for your attention to these issues and consideration of the PCC's views.

Sincerely,



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Professional Certification Coalition Members

ABRET Neurodiagnostic Credentialing & Accreditation (ABRET)	American Nurses Credentialing Center (ANCC)	CCIM Institute (issues the Certified Commercial Investment Member designation)
ABSIA International: the Association for Biosafety and Biosecurity (ABSIA)	American Payroll Association (APA)	CFA Institute
Academy of Nutrition and Dietetics (AND)	American Road & Transportation Builders Association Foundation (ARTBA)	Certification Board for Music Therapists (CBMT)
Academy for Certification of Vision Rehabilitation & Education Professionals (ACVREP)	American Society of Association Executives (ASAE)	Certification Board of Infection Control and Epidemiology (CBIC)
Alliance of Hazardous Materials Professionals	American Society of Civil Engineers (ASCE)	Certification Council for Professional Dog Trainers
American Association of Post-Acute Care Nurses (AAPACN)	American Speech-Language-Hearing Association (ASHA)	Certified Financial Planner Board of Standards (CFP)
American Association of Critical-Care Nurses (AACN)	American Traffic Safety Services Association (ATSSA)	Certified Fund Raising Executive International (CFRE)
American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM)	American Translators Association (ATA)	Commercial Real Estate Certification Institute
American Association of Professional Landmen	American Veterinary Medical Association (AVMA)	Commission for Case Manager Certification (CCMC)
American Board for Certification in Orthotics, Prosthetics and Pedorthics (ABCOP)	APICS (formerly the American Production and Inventory Control Society)	Commission on Nurse Certification (CNC)
American Board of Certification for Gastroenterology Nurses (ABCGN)	Association for Financial Counseling & Planning Education (AFCPE)	CompTIA
American Board of Neuroscience Nursing (ABNN)	Association for Financial Professionals (AFP)	Community Association Institute (CAI)
American Board of Post-Acute and Long-Term Care Medicine (ABPLM)	Association of Surgical Technologists (AST)	Construction Management Association of America (CMAA)
American Board of Foot and Ankle Surgery (ABFAS)	Behavior Analyst Certification Board (BACB)	Council of Engineering and Scientific Specialty Boards (CESB)
American Board of Wound Management (ABWM)	Building Industry Consulting Service International (BICSI)	Dental Assisting National Board (DANB)
American Industrial Hygiene Association (AIHA)	Board of Certification/Accreditation (BOC)	Design-Build Institute of America (DBIA)
American Medical Certification Association (AMCA)	Board of Certified Safety Professionals (BCSP)	Diving Equipment and Marketing Association (DEMA)
	Board of Pharmacy Specialties (BPS)	Entertainment Services and Technology Association (ESTA)
	Building Commissioning Certification Board (BCCB)	ETA International (ETA)
		Events Industry Council (EIC)
		Financial Planning Association (FPA)

Hearth, Patio, & Barbecue
Education Foundation

Heuristic Solutions

Hospice and Palliative
Credentialing Center (HPCC)

Institute for Credentialing
Excellence (ICE)

Institute of Certified
Management Accountants
(ICMA)

Institute of Hazardous Materials
Management (IHMM)

Institute of Internal Auditors
(IIA)

Inteleos (includes the American
Registry for Diagnostic Medical
Sonography (ARDMS) and the
Alliance for Physician
Certification & Advancement
(APCA))

Irrigation Association

International Association of
Healthcare Central Service
Materiel Management
(IAHCSMM)

International Association of
Lighting Designers (IALD)

International Certification &
Reciprocity Consortium
(IC&RC)

International Coach Federation
(ICF)

International Foundation for
Retirement Education (InFRE)

International Society of
Automation (ISA)

Institute of Real Estate
Management (IREM)

International Information
System Security Certification
Consortium (ISC²)

IT Certification Council (ITCC)

Laborers' International Union of
North America Training &
Education Fund (LIUNA)

Medical-Surgical Nursing
Certification Board (MSNCB)

National Association of Legal
Assistants, Inc. (NALA)

National Association of
Insurance and Financial
Advisors (NAIFA)

National Association of Personal
Financial Advisors (NAPFA)

National Athletic Trainers'
Association Board of
Certification, Inc. (NATA)

National Board of Certification
and Recertification for Nurse
Anesthetists (NBCRNA)

National Board for Certification
in Hearing Instrument Sciences
(NBC-HIS)

National Kitchen and Bath
Association (NKBA)

National Board of Certification
in Occupational Therapy
(NBCOT)

National Certification
Commission for Acupuncture
and Oriental Medicine
(NCCAOM)

Certification Board for Diabetes
Care and Education (CBDCE)

National Certification
Corporation (NCC)

National Commission on
Certification of Physician
Assistants (NCCPA)

National Commission for Health
Education Credentialing

National Council on Family
Relations (NCFR)

National Recreation and Park
Association (NRPA)

National Restaurant Association
(NRA)

National Roofing Contractors
Association (NRCA)

National Society of Professional
Engineers (NSPE)

Nephrology Nursing
Certification Commission

Oncology Nursing Certification
Corporation

Professional Association of
Therapeutic Horsemanship
International (PATH)

Pediatric Nursing Certification
Board (PNCB)

Pharmacy Technician
Certification Board (PTCB)

PSI Services

Pearson Vue

QualityPro

School Nutrition Association
(SNA)

SeaCrest Consulting

Security Industry Association

Society of Broadcast Engineers
(SBE)

Specialty Pharmacy
Certification Board (SPCB)

Spray Polyurethane Foam
Alliance (SPFA)

Towing and Recovery
Association of America, Inc.
(TRA)



Statement of Principles for Universal Licensure Recognition and Reciprocity

The PCC supports the objective of reducing unnecessary barriers to entry to practice for licensed professionals who move to a new state. Not all state-specific licensure requirements are unwarranted, however. In their current form, many universal licensing bills may undermine protections for the public by adopting a one-size-fits-all approach to universal licensure and by exempting out-of-state applicants from establishing that they possess the same qualifications as in-state applicants.

Background:

Occupational licensing laws operate as the gatekeepers to licensed professions: they establish the standards of education, training, and testing required to practice in a specific field. The purpose of licensing laws is to protect the public from unqualified or unethical practitioners, but opponents of licensing contend that the administrative and financial burdens of complying with licensing laws also limit opportunities to earn a living. Moreover, as each state independently establishes its own licensing laws, requirements vary by location; as a result, professionals must apply for a license each time they relocate across state borders. This can impose significant costs in time and money. Critics of state-specific licensure laws argue that, rather than protecting the public from unqualified practitioners, they primarily serve to insulate in-state professionals from out-of-state competition and are unnecessary barriers to practice for professionals who already hold a license in their field from another state.

In response, some states have adopted universal licensure recognition—or licensing reciprocity—and recognize a valid out-of-state license as sufficient for a professional to practice in their state, subject to additional conditions such as residency and background checks. Initially, this practice was largely restricted to specific interstate agreements or to populations with special circumstances. Many states now grant reciprocal licensure or temporary permits to military spouses who move into the state due to their spouse's change of duty assignment.¹ The COVID-19 pandemic national emergency has also led some states to enact reciprocal or accelerated licensing provisions for some professions.²

Recently, some states have enacted more expansive universal licensure bills, and many more such bills have been introduced. Unlike profession-specific reciprocal licensing state compacts, these bills generally apply to any licensing authority in the state, with limited exceptions. Some bills provide only for reciprocal licensure to applicants holding an occupational license granted by

¹ See <https://www.veterans.gov/milspouses/>.

² See, e.g., <https://www.fsmb.org/siteassets/advocacy/pdf/state-emergency-declarations-licensure-requirements-covid-19.pdf> and <https://www.aanp.org/advocacy/state/emergency-state-licensure-covid-19-response>.

another state.³ Other bills go further and authorize granting licenses to applicants based on work experience and/or private certification credentials, if the applicant's home state does not require a license to practice the occupation.

Criteria for Responsible Legislation:

The PCC urges state legislatures considering universal licensure bills to take into account the following key principles in order to ensure sufficient safeguards remain in place to protect the public and uphold the integrity of substantive licensure requirements.

The PCC supports universal or reciprocal licensure laws that:

- 1. Require further profession-specific action by licensing agencies, rather than automatically providing sweeping recognition of all out-of-state licenses.**
 - a. The level of oversight required to protect the public varies between licensed professions, and not all licensed professions merit the same level of reciprocity. For example, state licensing laws for some professions require licensees to demonstrate state-specific substantive knowledge (e.g., state Bar exams for lawyers⁴ and California's requirement that all California-licensed engineers demonstrate knowledge about seismic strengthening for projects including retrofitting⁵). For other professions, licensing laws may have uniform requirements adopted by every state, such as in professions that require all licensees to have passed a national certification exam or to have completed specialized training.
 - b. State agencies should seek input from relevant, industry-specific stakeholders on the potential positive and negative consequences of universal licensure.
- 2. Require the licensing agency make an initial assessment of whether licenses in other jurisdictions are, in fact, equivalent in standards and scope of practice.**
 - a. The requirements to get licensed in a profession can vary widely between states. Depending on the profession, state licensure requirements may include different elements or differing levels of requirements for formal education, training, practical experience, national certification, verification of prior disciplinary or criminal conviction history, and character examinations.
 - b. Differences in licensing requirements across states cannot be broadly written off as bureaucratic red tape. Often, variance in licensing requirements corresponds

³ Arizona became the first state to adopt universal licensure when H.B. 2569 was signed into law on April 10, 2019. Under A.R.S. § 32-4302, Arizona will issue a license to new residents with a current, out-of-state license in the licensed profession, if the out-of-state licensee is in good standing, has been licensed for at least a year, and has passed a criminal background check. Montana, New Jersey, and Pennsylvania have passed similar statutes.

⁴ See, e.g., https://www.ncbex.org/pdfviewer/?file=%2Fassets%2FBarAdmissionGuide%2FCompGuide2020_021820_Online_Final.pdf#page=40.

⁵ See https://www.bpelsg.ca.gov/pubs/consumer_guide.pdf.

with differences in the scope of practice a license permits. For example, in several states, licensed pharmacy technicians may administer immunizations, but also are subject to related training requirements associated with vaccinations.⁶ In many other states, however, pharmacy technicians are not authorized to administer immunizations and therefore may not have received the relevant training.⁷

- c. Different states also have varying substantive prerequisites for licensure or renewal of licensure for some professions. For example, states vary as to whether passage of a national certification exam is required for licensure as a dental assistant,⁸ and not all states require current certification for renewal of licensure as a physician assistant.⁹

3. Permit reciprocal licensure as a general matter only if there is substantial similarity between the requirements, knowledge, and scope of practice for two jurisdictions.

- a. Subject to limited and temporary exceptions, as for national emergencies and military spouses, state agencies should be authorized to grant reciprocal licensure only if the out-of-state license reflects an assurance of comparable qualifications and authorizes the full scope of practice granted by the in-state licensing law. Otherwise, in a race to the bottom, less qualified individuals could apply for initial licensure in states with less stringent requirements and rely on a universal licensure law to bypass the licensure conditions that other states have determined should be required for protection of the public.
- b. States with stricter licensing requirements should consider adopting bridging requirements that would enable licensed practitioners from other states to have an abbreviated path to licensure, by establishing that they have met the additional qualifications of that state.

4. Condition reciprocity on joint oversight of the licensee, as well as communication and mandatory reporting between the in-state and out-of-state licensing agencies.

- a. Licensees subject to pending disciplinary proceedings should not be granted reciprocal licensure until the proceedings are resolved. Mobility between states should not be a means to evade disciplinary oversight by a licensing board, even if a license in one state expires.
- b. Individuals granted reciprocity should be jointly subject to the new and old state licensing agencies' enforcement authority and rules.

⁶ See, e.g., https://dopl.utah.gov/pharm/vaccine_administration_protocol.pdf.

⁷ See <https://www.pharmacist.com/article/pharmacy-technicians-gear-immunize>.

⁸ See <https://www.ada.org/en/education-careers/careers-in-dentistry/dental-team-careers/dental-assistant/education-training-requirements-dental-assistant>.

⁹ See <https://www.aapa.org/download/19739/>.

5. Grant alternative pathways to licensure for unlicensed out-of-state applicants only if the applicant demonstrates at least substantially equivalent educational, training, examination, credentials, and experience as are required of in-state applicants.

- a. Prior work experience is not a substitute for examination-based or certification credentials, as it does not establish competency or skill. Similarly, not all private certifications are equivalent. There is no basis to presume that an unlicensed individual holding an unspecified private certification credential possesses equivalent qualifications as in-state licensed professionals hold, unless that private certification is a condition of licensure in the state.
- b. Requiring unlicensed out-of-state applicants to demonstrate substantive qualifications that are at least comparable to those required of in-state applicants would protect against bogus or flimsy certification programs being used as a substitute for licensure. At the same time, for licensed professions that condition licensure on private certification, accepting that certification from out-of-state applicants can provide an alternative pathway to universal licensure that still safeguards the public.

6. Consider residency requirements.

- a. State legislatures should consult with licensing agencies and industry stakeholders to determine whether intent to relocate should be a requirement for granting reciprocal licensure.