



April 8, 2021

Rep. Anthony Furman
500 Woodlane Street
State Capitol Building, Room 350
Little Rock, AR 72201
tony.furman@arkansashouse.org

Re: H.B. 1667

Dear Representative Furman:

The Professional Certification Coalition (PCC) writes regarding H.B. 1667, which provides for licensing reciprocity and alternative pathways to licensure for certain unlicensed individuals. The PCC urges amendments to H.B. 1667 to ensure that Arkansas residents can rely on occupational licensing agencies to protect against granting licenses to potentially unqualified individuals.

The PCC is a nonprofit association formed to address legislation that affects professional certification programs, those who hold private certification credentials, and the many constituencies that rely on professional certification. The PCC's organizational members include non-governmental professional certification organizations, professional societies, and service providers. The PCC's members reflect a wide spectrum of professions, including health care, 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) – govern the PCC.

The PCC supports reducing unnecessary barriers for licensed professionals who move to a new state, especially for spouses of active duty servicemembers. However, as noted in the attached [Statement of Principles](#), not all state-specific requirements are unwarranted: substantive state-specific licensing requirements protect the public from unqualified or unethical practitioners and uphold the integrity of licensed professions as a whole. In its current form, H.B. 1667 authorized reciprocal licensure for license holders from other states, but it does not require that qualification standards or scopes of practice be equivalent to licensure requirements in Arkansas. In addition, the bill permits work experience to substitute for other substantive evidence of skills or competency if the applicant's home state does not require licensure. There is no requirement that the individual's qualifications meet or exceed the required qualifications for licensure in Arkansas. Work experience alone is not an adequate proxy for demonstrated qualifications, as mere length of employment does not establish that a worker met competency and skill levels expected of licensed professionals.

Accordingly, the PCC urges the legislature to amend H.B. 1667 to ensure that the standards for Arkansas licensure are maintained. Specifically, the PCC proposes the following amendments:

- Amend Section 17-4-104(a)(2)(B) to state: “If the applicant has an occupational license in another state, that minimum education requirements, work experience, apprenticeship requirements, clinical supervision, **examination, and credential requirements for that license substantially equivalent to or more stringent than that required of Arkansas licensees in the occupation** ~~were in effect~~, and the other state verifies that the applicant met those requirements in order to have an occupational license in that state.”

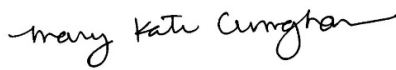
- Amend Section 17-4-105 of the bill to add a new requirement for reciprocal licensure as a new Section 17-4-105(4): **“The applicant demonstrates educational, training, examination, credentials, and experience substantially equivalent to or more stringent than required of Arkansas licensees in the occupation, as determined by the occupational board.”**

H.B. 1667 directly affects both protections for the public and PCC members that credential professionals in regulated occupations, such as health care, in which certification by recognized private certification organizations is 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.

Thank you for your attention to these issues and consideration of the PCC’s views. If you have any questions regarding this letter, please feel free to reach out to us using the contact information identified below.

Sincerely,



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Current List of PCC Members

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