

DISCUSSION AND POSSIBLE ACTION ON DEVELOPMENT OF PROPOSED NATIONAL POLICY REGARDING LICENSE PORTABILITY (EASE FOR INTER-STATE MOVEMENT BY PRACTITIONERS).

The January 14, 2016, Report from Ad Hoc Committee on Licensure Portability to AOTA Representative Assembly is attached for review.

January 14, 2016

**Report of the Ad Hoc Committee on Licensure Portability
To the Representative Assembly
Carol Siebert, MS, OTR/L, FAOTA**

I. Executive Summary:

- The committee has gathered extensive background information including:
 - materials from other professions that have established or are investigating licensure portability including rationale, mechanisms and timelines. These professions have included nursing, medicine, physical therapy, psychology, emergency medical technicians, massage therapists, and professional counselors.
 - materials regarding models for licensure portability,
 - resources from other entities relevant to licensure portability.
- The committee as a whole met with representatives from entities knowledgeable of portability or involved in the development of a licensure compact.
- The committee members, individually and as group, have analyzed factors driving portability, as well as barriers and facilitators to portability. The committee has also compared the various models available to implement portability and to what degree each model supports portability.
- The staff liaison communicated with staff at entities which administer portability for other disciplines.
- The committee developed various spreadsheets and summaries to facilitate their discussions, analyze models and come to a consensus on proposed action items identified below.

II. Report on Activities:

- The committee has gathered information from numerous other professions which have established licensure portability or are moving toward licensure portability.
- The committee investigated the various rationales for licensure portability, the models and structures for portability, the entities which must be established to administer portability, and timeframes and costs associated with start-up as well as ongoing costs.
- The committee met with Shaun Conway, senior director of credentialing services at NBCOT, to discuss research and information gathered by NBCOT in regard to portability.
- The committee met with Mark Lane, vice president of the Federation of State Boards of Physical Therapy, to discuss drivers for portability, the process and model being implemented by FSBPT and the startup and ongoing resources required for a licensure portability compact.

- The staff liaison met with staff at the Affiliation of State and Provision Psychology Boards to investigate the portability model being used in psychology.
- The staff liaison and chair analyzed a recently released federal report promoting licensure portability.
- The committee met 11 times to discuss and analyze findings, interview outside experts and develop recommendations.

III. Items for Action:

Motion 1: I move that the Representative Assembly adopt the following resolution related to licensure portability:

Licensure Portability

Whereas, all 50 states, the District of Columbia and Puerto Rico have enacted licensure laws for occupational therapists and occupational therapy assistants;

Whereas, the Association currently encourages the use of The Association Definition of Occupational Therapy Practice for State Regulation and The AOTA Model Occupational Therapy Practice Act to ensure state-by-state uniformity of standards of practice, scope of occupational therapy practice, supervision standards, entry-level licensing requirements, and consumer protection, as well as to facilitate geographical mobility of occupational therapists and occupational therapy assistants.

Whereas, the expanded mobility of occupational therapy practitioners and clients, the expanded geographic footprint of healthcare systems, and the use of advanced communication technologies such as telehealth as part of our nation's health care delivery system require greater coordination and cooperation among states in the areas of licensure and regulation;

Whereas, the uniformity of licensure requirements for occupational therapists and occupational therapy assistants throughout the states promotes public safety and public health benefits;

Whereas, many members consider the current system of obtaining licensure for occupational therapy practitioners in multiple states to be time consuming, expensive and burdensome;

Whereas, licensure portability models are being implemented by other health professions and federations of state licensure boards that include adequate safeguards to protect the public;

Resolved, the American Occupational Therapy Association supports state licensure models that allow for licensure portability, including but not limited to an Interstate Licensure Compact for Occupational Therapy.

Rationale:

- AOTA has promoted and facilitated licensure of occupational therapy practitioners for 40 years, recently culminating in licensure of occupational therapist and occupational therapy assistants in all 50 states, DC and Puerto Rico. Recognizing and adopting a stance on licensure portability is a continuing of AOTA's leadership on issues related to licensure while at the same time recognizes that state regulation of the occupational therapy profession is needed to protect the public.
- As practitioners and consumers are increasingly mobile, healthcare systems expand their geographic service areas, and technologies are facilitating provision of occupational therapy services across geographic distances and boundaries, there is a growing need for licensure models that respond to these issues while respecting state regulation of practice, insuring protection of consumers, and assuring consumer access to quality occupational therapy services.

Fiscal Implications: none

Motion 2: I move that the Representative Assembly adopt the following resolution related to expedited licensure:

Expedited Licensure

Whereas, all 50 states, the District of Columbia and Puerto Rico have enacted licensure laws for occupational therapists and occupational therapy assistants;

Whereas, the expanded mobility of occupational therapy practitioners and clients, the expanded geographic footprint of healthcare systems, and the use of advanced communication technologies such as telehealth as part of our nation's health care delivery system have increased the opportunity and the demand for practitioners to hold licenses in more than one state, either concurrently or sequentially;

Whereas occupational therapy practitioners who currently hold unrestricted licenses in one state are faced with barriers when applying for licensure in a new state;

Whereas, many members consider the current system of obtaining licensure for occupational therapy practitioners in multiple states to be time consuming, expensive and burdensome;

Whereas, revising state licensure laws to provide for expedited licensure could be an interim measure to implementing licensure portability;

Resolved, the American Occupational Therapy Association supports an expedited licensure process for occupational therapists and occupational therapy assistants who hold an unrestricted license in one state or jurisdiction that seek to become licensed in another state or jurisdiction.

Rationale:

- AOTA has promoted and facilitated licensure of occupational therapy practitioners for 40 years, recently culminating in licensure of occupational therapist and occupational therapy assistants in all 50 states, DC and Puerto Rico. Recognizing and adopting a stance on licensure portability is a continuing of AOTA's leadership on issues related to licensure while at the same time recognizes that state regulation of the occupational therapy profession is needed to protect the public.
- As practitioners and consumers are increasingly mobile, healthcare systems expand their geographic service areas, and technologies are facilitating provision of occupational therapy services across geographic distances and boundaries, there is a growing need for licensure models that respond to these issues while respecting state regulation of practice, insuring protection of consumers, and assuring consumer access to quality occupational therapy services.
- Some state practice acts may permit expedited licensure for applicants currently licensed in another US jurisdiction, but in general, expedited licensure has not been implemented.
- In the absence of expedited licensure for a currently licensed practitioner, licensure requirements do not distinguish between applicants who have never held a license and applicants who currently hold an unrestricted license in another US jurisdiction. This contributes to a costly, cumbersome, time-consuming process for currently licensed applicants and duplicative burdens for state regulatory boards.
- A clear Association stance on expedited licensure supports strategic priorities of the Association, including "building the capacity to fulfill the profession's potential and mission" and "working to meet the needs of members across the diverse professional roles in practice, education, and research."

Fiscal Implications: none

Motion 3: I move to charge the Speaker to deliver the final report of the Ad Hoc Committee on Licensure Portability to the AOTA Board of Directors so that they may review the Ad Hoc Committee's recommendations and consider implementation of activities to facilitate licensure portability, including additional research activities and convening a meeting of stakeholders with an interest in licensure portability for the occupational therapy profession.

Rationale:

- Lack of portability affects access to occupational therapy services, especially in underserved areas.
- Additional drivers for portability include, but not limited to: increasingly mobile practitioners and clients, expansion and consolidation of practice settings resulting in service areas that cross state boundaries, and accelerating use of telehealth and other technologies to deliver services remotely.

- Other professions that have pursued portability have a national entity comprised of state regulatory boards. These entities, such as the Federation of State Boards of Physical Therapy, the National Council of State Boards of Nursing, and the Federation of State Medical Boards, have taken the lead to promote and implement licensure portability through interstate licensure compacts with the assistance of the Council of State Governments (CSG). The occupational therapy profession does not have an association or federation of state regulatory boards to take the lead in pursuing licensure portability.
- As the national professional society representing the profession, AOTA can play a key role in promoting portability. Such efforts include engaging portability stakeholders in dialogue, gathering relevant data, and promoting collaborative efforts to design portability mechanisms.
- Promoting portability is aligned with AOTA Strategic Priorities, including: (2b) Support *traditional occupational therapy roles* and foster the development of *emerging practice areas* to help meet society's health, wellness, and quality of life needs, (2c) *Engage proactively with key external organizations and decision makers* to assert occupational therapy leadership in essential areas of societal need, (4a) Work to *meet the needs of members* across the diverse professional roles in practice, education, and research and increase member satisfaction, and (1c) Enhance collaboration with international partners and *state affiliates*.

Fiscal Implications: none

Attachment I.a: Final Report and Recommendations from the Ad Hoc Committee on Licensure Portability

Attachment I.a.

Report of the Ad Hoc Committee on Licensure Portability to the Representative Assembly Carol Siebert, MS, OTR/L, FAOTA

A. Report on Activities

A.1. Ad Hoc Committee on Licensure Portability

The Ad Hoc Committee on Licensure Portability was established by the Representative Assembly Leadership Committee in response to a motion that was adopted by the Representative Assembly at its spring 2015 meeting. The charge to the Representative Assembly Leadership Council was to “establish an ad hoc group to investigate the merits of establishing professional license portability for the occupational therapy profession possibly through the creation of a licensure compact. The ad hoc committee will review the various models, consult with stakeholders and develop recommendations. The membership of the ad hoc will include representatives from OT and OTA and will consult with the Association’s State Affairs Group as the liaison to state regulatory boards on professional trends and issues.”

The committee was to complete its investigation and make recommendations for consideration at the fall 2015 RA meeting. The Speaker appointed the members of the committee in accordance with the specifications included by the RA in the charge, from applications submitted to the Volunteer Leadership Development Committee in response to a call for participation. The Speaker appointed Carol Siebert to chair the committee. With agreement of the Speaker, the timeline for reporting to the RA was extended to January 2016. The Committee held eleven meetings between July 2015 and January 2016. This report addresses the charge.

A.2. Ad Hoc Committee Members

Alfred Bracciano, EdD, MSA, OTR/L, FAOTA

Edwin Myers, OTD, OTR/L

Izel Obermeyer, MS, OTR/L

Susan Robosan-Burt, OTRL

Evelyn Terrell, OTD, MHSA, OTR/L

Paula Wheeler, COTA/L, Attorney at Law

Carol Siebert, MS, OTR/L, FAOTA, Chairperson

AOTA Staff Liaisons:

Chuck Willmarth, CAE
Director, Health Policy and State Affairs

Chrissy Vogeley
Manager, State Affairs

A.3. Group Discussion

The Ad Hoc Committee met eleven (11) times. The Committee deliberations resulted in the development of several overarching themes, specific recommendations to address key issues raised, and clear consensus on critical issues.

Initial discussion focused on issues related to licensure portability and the practice of occupational therapy. A primary question focused on portability stakeholders. Committee members identified a number of stakeholders, including practitioners, employers, credentialing organizations, state regulators, and those seeking occupational therapy services as key stakeholders in the process of obtaining a license in any state.

The committee agreed that access to occupational therapy services is a priority. The committee explored barriers to licensure present in the current system. These barriers exist both for practitioners moving to a new state and for practitioners seeking simultaneous licensure in two or more states, making the process of obtaining a license time-consuming, costly and burdensome.

Members discussed the current and future of occupational therapy practice and trends as they relate to meeting the demands of society, ensuring access to a limited resource, protecting the public, the advancement of practice, and telehealth. Members identified several reasons for holding multiple state licenses. These include: practicing in a metropolitan area that crosses state borders, providing telehealth services across state lines, providing expert consultation (by telehealth and in person) across state lines, and working as a “traveler” for a company that provides temporary staffing. The committee also recognized the growing number of healthcare systems/employers whose service area may include multiple states. Current licensing processes assume both practitioner and client are located and remain within the geographic boundaries of the jurisdiction. Given changes in healthcare service delivery and increased practitioner and client mobility, licensure must evolve to address these issues while maintaining and strengthening the states’ role in protecting the public.

The committee collected and analyzed information from other health professions that are currently pursuing or have established licensure portability. Analysis included comparison of rationales, barriers, infrastructure prior to portability, the model for portability implemented or currently pursued, and, where available, details of the model.

The committee discussed alternatives to making licensure more portable. *Expedited licensure* is the process where a regulatory agency standardizes and streamlines the licensing process, utilizing an occupational therapist’s existing license and records. The committee recognized that *expedited licensure* is an option in some state practice acts, but found no evidence that expedited licensure has been operationalized in the occupational therapy profession. The committee reached consensus that expedited licensure should be promoted as an interim step. However, the committee also recognized that expedited licensure alone is not portability and does not address most of the drivers for portability previously identified by the committee. The committee agreed that licensure portability, preferably through implementation of a licensure compact, should also be promoted.

Committee members and staff liaisons collected and reviewed key documents relating to licensure portability from professions or stakeholder entities identified in Table 1.

Table 1: Professions/Key Stakeholders

Profession/Stakeholder	Organization	Acronym
Telehealth providers	American Telehealth Association	ATA
Physicians	American Medical Association	AMA
	Federation of State Medical Boards	FSMB
Nurses	National Council of State Nursing Boards	NCSNB
Physical Therapy	Federation of State Boards of Physical Therapy	FSBPT
	American Physical Therapy Association	APTA
Emergency Medical Technicians (EMT)	National Association of State Emergency Management Services Officers	NAEMSO
Psychologists	Association of State and Provincial Psychology Boards	ASPPB
Professional Counseling	Council for Accreditation of Counseling and Related Programs	CACREP
	American Counseling Association	ACA
	American Association of State Counseling Boards	AASCB
Massage Therapy & Bodywork	American Massage Therapy Association	AMTA
	Federation of State Massage Therapy Boards	FSMTB
	National Certification Board for Therapeutic Massage and Bodywork	NCBTMB
Clinical Social Work	Association of Social Work Boards	ASWB
Nurse Practitioners	National Council of State Boards of Nursing	NCSBN
Federal Government/public	Federal Health Services and Resources Administration	HRSA
State Governments	Council of State Governments	CGS
Occupational Therapy	American Occupational Therapy Association	AOTA
	National Board for Certification in Occupational Therapy	NBCOT
	State Occupational Therapy Regulatory Boards	

The Ad Hoc Committee also interviewed Shaun Conway, OTR, the director of credentialing services at NBCOT, and Mark Lane, PT, vice president of the FSBPT.

Key themes:

- Licensure portability is necessary to improve access to OT services, especially in underserved areas, while maintaining state regulation of practice.
- Cooperation and collaboration of state regulatory boards enhances public safety.
- The expanded mobility of occupational therapy practitioners and the use of advanced communication technologies as part of our nation's health care delivery system require greater coordination and cooperation among states in the areas of licensure and regulation.
- Greater consistency of licensure requirements across jurisdictions promotes public safety and public health benefits.
- As a growing number of healthcare professions have or are pursuing portability, remaining competitive and proactive is a concern for occupational therapy.
- Expedited licensure should be pursued. However, expedited licensure alone does not address many of the barriers to portability that affect access to occupational therapy and the competitiveness of occupational therapy in the evolving healthcare environment.
- A state licensure compact for the occupational therapy profession would offer a legal framework to address complex licensure issues across state lines and could be designed to meet the needs of the profession.

A.4 Stakeholders in Occupational Therapy Licensure Portability

The Ad Hoc committee reviewed multiple professions and their approaches to licensure portability. From their literature and in communication with key players in other professions and organizations, the following categories of stakeholders were identified by the group:

- Practitioners
- Clients/consumer advocacy groups
- Employers, especially multi-state employers
- State regulators – both state regulatory boards but also state agencies with oversight over the state regulation of the occupational therapy
- State occupational therapy associations
- NBCOT
- AOTA
- HRSA – potential grant funding available to state professional licensing boards to address licensure portability

A.5 Drivers for Licensure Portability

The dynamic health care system, advances in technology, telemedicine, and changes in reimbursement and service delivery have contributed to the need for licensure portability. Changes in healthcare as a result of the Affordable Care Act, payment and policy reforms and an impetus for increased access to limited health resources have facilitated discussion and exploration of licensure options at a federal level. Additional factors supporting the need for licensure portability include:

- Need for more people to have access to limited resources
- Access to expertise and clinical specialties
- Electronic documentation
- Changes in reimbursement
- Increased accountability and cost containment
- Demand for evidence based practice and outcomes
- Modification in service delivery systems
- Increased mobility for patients and clinicians
- Challenges in service delivery in rural and underserved areas
- Need for occupational therapy to stay competitive and proactive
- Increased use of distance education
- Need for continuing education in rural and underserved areas

A.6 Barriers to Obtaining a License for Practitioners Currently Holding an Unrestricted License (in another jurisdiction)

The current system for occupational therapy licensure was developed prior to the advent of mobile practitioners, mobile clients, technologies that allow non-face-to-face practice, and multi-state employers/health systems. State regulatory requirements are necessary and appropriate. However, wide variation in requirements, processes, and procedures within respective state licensing and practice requirements often hinders efficient transition and movement by health care professionals between states. State licensing procedures are often onerous and costly, creating a barrier to licensure and service delivery. Additional challenges associated with applying for or holding a license in two or more states include:

- Variation in both initial license and renewal requirements among states
- Scope of practice issues and differences in specialty certifications/licenses (for example, state board approval to provide physical agent modalities)
- Differences in continuing education/continuing competency requirements across the states
- Differences in timing: dates of renewal, duration of license
- Requirements for hard copy application materials in some states/limited implementation of technology or electronic submission and verification processes
- Duplicative processes and associated costs incurred by both the applicant and state regulatory boards

A.7. Models of Licensure Portability Identified

The committee identified the following models for licensure portability:

Consulting Exception

A physician who is unlicensed in a particular state can practice medicine in that state at the request of and in consultation with a referring physician. The scope of these exceptions varies from state to state. Most consultation exceptions prohibit the out-of-state physician from opening an office or receiving calls in the state. Some states permit a specific number of consulting exceptions per year.

Endorsement

State boards can grant licenses to health professionals in other states with equivalent standards. Health professionals must apply for a license by endorsement from each state in which they seek to practice. States may require additional qualifications or documentation before endorsing a license issued by another state. Endorsements allow states to retain their traditional power to set and enforce standards that best meet the needs of the local population.

Reciprocity

The authorities of each state negotiate and enter agreements to recognize licenses issued by the other state without a further review of individual credentials. These negotiations can be bilateral or multilateral. A license valid in one state would give privileges to practice in all other states with which the home state has agreements.

Mutual Recognition

A system in which the licensing authorities voluntarily enter into an agreement to legally accept the policies and processes (licensure) of a licensee's home state. Mutual recognition is similar to a driver's license and is based on the provider having one full license in one's home state but can practice in other states that have entered into a legal agreement with that state.

Licensure based on mutual recognition is comprised of three components: a home state, a host state, and a harmonization of standards for licensure and professional conduct. The health professional secures a license in his/her own home state and is not required to obtain additional licenses to practice in other states. The nurse licensure compact is based on this model.

Interstate licensure compact

Participating states would be a part of a coordinated information system to share evidence and information regarding potential provider misconduct/malpractice in their state to the practitioner's home state licensure board and vice versa.

Registration

A health professional licensed in one state informs the authorities of other states that s/he wishes to practice part-time in their states. By registering, the health professional would agree to operate under the legal authority and jurisdiction of the other state. A health professional would not be required to meet entrance requirements imposed upon those licensed in the host state but he or she would be held accountable for breaches in professional conduct in any state in which he or she is registered.

Expedited License

Utilizes core standards, a uniform application and credential verification that can be stored and sent to multiple states where licensure is desired.

Limited License

Health professionals who have a full and unrestricted license in their home state may be granted a license by other states that is limited in scope for the delivery of specific health services. An example would be a limited license for the practice of telehealth across state lines. The Federation of State Medical Boards', "Model Act to Regulate the Practice of Medicine across State Lines", follows the limited licensure model, requiring physicians engaged in cross-state medical practice by electronic or other means to obtain a special (limited) license issued by each of the states in which they practice remotely.

National Licensure

A license would be issued based on a universal standard for the practice of healthcare in the U.S. for each profession. A national licensure system could be adopted and administered on the state or national level.

Federal Licensure, Regulation and Preemption

Health professionals would be issued one license by the Federal government valid throughout the U.S. Licensure would be based on federally established standards related to qualifications and disciplines and would preempt state licensure laws. Federal agencies would administer the system and states may be engaged in implementation. An example of national licensure are aviation licenses.

Federal preemption would grant functional licensure in certain circumstances by superseding state statutes. The federal government preempts state statutes and would grant licensure for interstate practice for programs paid for by federal dollars.

Examples are the Department of Defense and Veterans Administration professionals practicing in federal facilities. Another form could be federal preemption for medical services paid by federal programs, such as Medicare.

A.8. Analysis of Portability Efforts of Other Professions

Physical Therapy – The Federation of State Boards of Physical Therapy (FSBPT) has developed the Physical Therapy Licensure Compact. According to FSBPT, the purpose of the compact “is to increase consumer access to physical therapy services by reducing regulatory barriers to interstate mobility and cross-state practice.” The compact will provide for a “Compact Privilege” to work in a compact member state other than the licensee’s home state. A licensee will need to seek a Compact Privilege in each state in which they would like to work. Legislation to implement the compact has been introduced in four states (Oregon, Arizona, Missouri and Tennessee) in 2016. The compact will become will become active once ten states have passed legislation. The compact will be implemented by the Physical Therapy Compact Commission which will be a “joint public agency” whose members are licensing board members or staff from compact states.

Nursing – The National Council of State Boards of Nursing (NCSBN) developed the Nurse Licensure Compact in the mid-1990s. The group considered several models including: reciprocity, fast endorsement, corporate credentialing/institutional licensure, mutual recognition (similar to driver’s license model) and limited licensed for telehealth. NCSBN approved the NLC using the mutual recognition model in 1997 and the first state passed legislation in 1999. The mutual recognition model allows a nurse in one state to practice in other compact states without obtaining additional licenses. 25 states have joined the compact so far. The compact is administered by the Nurse Licensure Compact Administrators (NLCA). The model legislation was recently revised in 2015. NCSBN has also developed the Advanced Practice Nurse Compact. The model legislation was approved in 2015.

Physicians – The Federation of State Medical Boards (FSMB) developed the Interstate Medical Licensure Compact to expedite licensing of physicians seeking to practice medicine in multiple states, and share investigative and disciplinary information with other state medical boards. As of

January 2016, the compact is being implemented in 12 states by the Interstate Medical Licensure Compact Commission. The medical licensure compact is based on the expedited licensure model. Physicians eligible for the compact do not receive a single license to practice in multiple states; rather each license to practice is issued by individual medical boards. Physicians will need to be licensed in the state where the patient is located. It is important to note that only physicians with specialty certification will be able to secure a license through the compact. FSMB estimates that 80% of licensed physicians in the US are currently eligible to participate in the compact if they choose to do so.

Psychology – The Association of State and Provincial Psychology Boards (ASPPB) has developed the ASPPB Mobility Program to address licensure portability and has recently created the Psychology Interjurisdictional Compact (PSYPACT)

ASPPB Mobility Program

1. Certificate of Professional Qualification in Psychology (CPQ)® - 44 states

Certificate to document that the individual has met specific requirements in licensure, education, examination and training and has never had disciplinary actions taken against his or her license.

2. ASPPB Interjurisdictional Practice Certificate (IPC)® - 6 states

IPC grants temporary authority to practice based on notification to the licensing board of intention to practice temporarily, and verification of one's qualifications for such practice by ASPPB.

3. ASPPB Psychology Licensure Universal System (PLUS)® - 12 states

The Psychology Licensure Universal System® or "PLUS" is an online system designed to allow individuals to apply for licensure, certification, or registration in any state, province, or territory in the United States or Canada currently participating in the PLUS program.

The ASPPB Credentials Bank®: A Credentials Verification and Storage Program

The credential bank allows psychologists to store information about licensure, exam scores, course transcript and other information in a central location.

Psychology Interjurisdictional Compact (PSYPACT)

ASPPB is creating the Psychology Interjurisdictional Compact to allow telepsychology and temporary in-person, face-to-face practice of psychology across state lines. The compact will become operational once seven states have enacted compact legislation.

Emergency Medical Services Personnel – The National Association of State EMS Officials (NASEMSO) has created the Recognition of EMS Personnel Licensure Interstate Compact (REPLICA) to address licensure issues for EMS personnel that work across state boundaries. EMS personnel include emergency medical technicians (EMTs), advanced EMTs and paramedics. The compact creates a compact privilege to practice in another member state. The model legislation was adopted by NASEMSO in 2014. The compact will become operational once 10 states have passed the legislation; numerous states have introduced the EMS compact legislation in 2016.

Massage Therapy – Licensure portability in massage therapy refers to efforts to establish a uniform standard for entry level education and initial licensure examination. Effective November 1, 2014 the FSBMT is responsible for developing and administering the entry-level examination required for initial massage and bodywork licensure. The NCBMTB is responsible for (optional) board certification of currently licensed practitioners.

Professional Counseling - Licensure portability in professional counseling refers to efforts to establish a uniform professional title in all jurisdictions and a uniform standard for both entry level education and initial licensure examination. In 2015, the AASCB initiated a five year plan to achieve uniformity in occupational title and greater consistency in initial licensure requirements.

Clinical Social Work – Licensure portability in clinical social work refers to adoption of the ASWB clinical examination as a requirement for initial clinical social work licensure in all 50 states.

A.9 Lessons from Portability Efforts of Other Professions

The committee identified minimum conditions as well as barriers and facilitators to portability as reported by the various professions. The issues being addressed by clinical social work, professional counseling and massage therapy indicate that uniform educational standards and a uniform examination for initial licensure are minimum conditions that must be met to pursue portability.

The professions that have proceeded with portability models through interstate licensure compacts include nursing, medicine, physical therapy, EMS personnel and psychologists. For these models, the states participating must establish an entity of government to administer portability. This involves significant time and costs associated with start-up and ongoing resources. There are federal grants which can provide some funding for start-up efforts. The Federation of State Medical Boards secured grant funding from HRSA to implement licensure portability and the Federal of State Physical Therapy Boards is pursuing a grant in 2016.

Barriers to adoption by other health care professions have included:

- Differences in State licensure requirements
- Lack of standardization of criminal background checks
- State sovereignty issues or resistance to compacts
- Potential violation of state provisions within states' constitutions
- Fiscal implications and impact on state/regulatory board revenue
- Opposition from unions

Facilitators to adoption by other healthcare professions have included:

- States passing legislation enacting a compact
- Addressing issues related to lack of uniform standards and disparate qualifications for licensure

- Harmonization of standards and State implementation of uniform core licensure requirements including, but not limited to: national criminal background checks (CBCs); approved education programs; and passage of approved licensure examinations.

A.10. Infrastructure for Portability and the Role of AOTA

All of the other professions investigated have a national entity comprised of state regulatory boards or state agency officials. These entities provide an existing mechanism for interjurisdictional collaboration and communication. These entities have taken the lead to promote and implement licensure portability through interstate licensure compacts established with the assistance of the Council of State Governments (CSG). Occupational therapy does not have such an entity.

The AOTA, in its role of representing members and advancing the profession, has a role in supporting portability, facilitating dialogue among stakeholders, and promoting portability. While AOTA can support and advocate for licensure portability, ultimately it will have to be implemented at the state level with support and collaboration from all stakeholders.

A.11. Consensus

The committee came to a consensus that licensure portability should be pursued for occupational therapy. The committee identified three broad areas to promote portability that are within the purview of professional policy and of the American Occupational Therapy Association. These three areas were:

1. Explicitly endorse expedited licensure and licensure portability as professional policy.
2. Pursue additional investigation to obtain specific data related to issues identified in this report.
3. Convene stakeholders to ascertain and discuss interests, concerns, and barriers related to licensure portability, and to develop recommendations to implement licensure portability.

B. Recommendations

B.1 Support of Licensure Portability in Professional Policy

AOTA has promoted and facilitated licensure of occupational therapy practitioners for more than 40 years, culminating in licensure of occupational therapists and occupational therapy assistants in all 50 states, the District of Columbia, and Puerto Rico. Recognizing and adopting a stance on licensure portability is a continuation of AOTA's leadership on issues related to licensure while recognizing that state regulation of the occupational therapy profession is necessary to protect the public.

AOTA recommends that state policy makers use the Association's *Definition of Occupational Therapy Practice for State Regulation* and the *AOTA Model Occupational Therapy Practice Act* to ensure state-by-state uniformity of standards of practice, scope of occupational therapy practice, supervision standards, entry-level licensing requirements, and consumer protection, as well as to facilitate geographical mobility of occupational therapists and occupational therapy assistants.

As practitioners and consumers are increasingly mobile, healthcare systems expand their geographic service areas, and technologies are facilitating provision of occupational therapy

services across geographic distances and boundaries, there is a growing need for adoption of licensure models responsive to these issues; while respecting state regulation of practice, insuring consumer protection, and assuring access to quality occupational therapy services.

The committee recommends that licensure portability be explicitly supported in professional policy through the motion to the Representative Assembly to adopt a resolution stating:

Resolved, the American Occupational Therapy Association supports state licensure models that allow for licensure portability, including, but not limited to, an Interstate Licensure Compact for Occupational Therapy.

B.2 Support of Expedited Licensure in Professional Policy

The work of AOTA to implement licensure and the adoption of the Model Practice Act for Occupational Therapy, in whole or in part, has resulted in some states including language in their practice act that permits exceptions to the proscribed licensure process for applicants who hold a full and unrestricted license in another jurisdiction thus enabling *expedited licensure*. However, the committee was unable to identify instances where such provisions have been operationalized. Expedited licensure does not address all of the issues identified as drivers for portability. However, expedited licensure would alleviate some, but not all, of the burden of applying for licensure for practitioners moving to a new state, or practitioners seeking to hold licensure in two or more states simultaneously. Implementing expedited licensure where enabling statutes exist, and revising state licensure laws to provide for expedited licensure, could be an interim measure to implementing licensure portability.

The committee recommends that expedited licensure be explicitly supported in professional policy through the motion to the Representative Assembly to adopt a resolution stating:

Resolved, the American Occupational Therapy Association supports an expedited licensure process for occupational therapists and occupational therapy assistants who hold an unrestricted license in one state or jurisdiction that seek to become licensed in another state or jurisdiction.

B.3. Additional investigation of Portability Needs, Facilitators and Barriers

Further exploration and investigation on critical issues regarding portability needs, facilitators and barriers is necessary. The committee identified questions that were beyond the resources or the time frame associated with the Ad Hoc Committee charge, but should be addressed as part of any AOTA efforts to address portability.

These questions include, but are not limited to:

- Identify existing state practice acts that permit licensure by endorsement and determine if endorsement has been operationalized
- Identify existing state practice acts that include provisions for a limited or restricted license, provisions that could allow for telehealth practice only (even if not currently operationalized or operationalize for telehealth)
- Identify existing licensure requirements that differ from state to state, such as background checks, fingerprinting, additional exams, continuing competency requirements, etc.
- Identify and compare the cost of initial application and licensure renewal in each state

- Analyze the needs/numbers of practitioners currently holding a license in more than one state
- Survey the membership regarding portability awareness, need and understanding

In addition to promoting *expedited licensure*, continued investigation of models to support portability is required to address other drivers for portability identified by the committee. This includes infrastructure requirements prior to portability. As an example, implementation of a licensure compact may require the establishment of a national or at least multi-state entity comprised of state regulatory boards to administer portability. The required infrastructure, start-up and ongoing resources of a compact must be defined. Facilitators to portability such as the passage of legislation and state implementation of uniform core licensure requirements must also be investigated to develop a plan of action and timeline for successful execution of a model to implement licensure portability that addresses most drivers for portability of importance to AOTA membership.

B.4. Convene Portability Stakeholders

The committee recommends that AOTA convene a summit of licensure portability stakeholders including, but not limited to, members of state regulatory boards, credentialing organizations, multi-state employers, and state associations to ascertain and discuss interests, concerns, and barriers related to licensure portability and to develop recommendations to implement licensure portability. The committee suggests that this summit could be held in conjunction with the 2017 AOTA Annual Conference.

AOTA can play a critical role in facilitating and promoting licensure portability by convening a summit of these stakeholders. Hosting a summit in Philadelphia will allow a venue for national discussion on licensure portability and will be instrumental in initiating stakeholder discussions and collaboration regarding portability. Stakeholders would include: state regulatory boards, state OT associations, credentialing organizations, companies whose employees cross state lines, telehealth practitioners, educators and others who have a vested interest in the topic of licensure portability. Bringing these entities together in a summit at the AOTA Centennial Conference can give credence to the importance of licensure portability for the profession of occupational therapy. The presence of a summit of interested stakeholders will also demonstrate to the general membership that AOTA is addressing the significance of the issue and the benefits that licensure portability could bring to the profession.

Resources – Licensure Portability Links and Information

The Ad Hoc Committee on Licensure Portability and the staff liaisons reviewed hundreds of pages of documents related to this topic and compiled them online for committee member to review. As part of that process, members the group gathered links to reports, presentations and articles from other organizations.

Federation State Boards of Physical Therapy (FSBPT)

Main page- Physical Therapy Licensure Compact

<https://www.fsbpt.org/FreeResources/PhysicalTherapyLicensureCompact.aspx>

Physical Therapy Licensure Compact Milestones

https://www.fsbpt.org/Portals/0/documents/free-resources/PTLC_Milestones.pdf

E-Newsletter - Licensure Compact update – HRSA grant application

https://www.fsbpt.org/Portals/0/documents/news-events/Vol_18_No_01.pdf

Physical Therapy Licensure Compact – full text

https://www.fsbpt.org/Portals/0/documents/free-resources/LicensureCompactLanguage_20151006.pdf

Physical Therapy Licensure Compact Frequently Asked Questions

<https://www.fsbpt.org/FreeResources/PhysicalTherapyLicensureCompact/LicensureCompactFAQs.aspx>

Article: Extensive Preparation Necessary for Successful Licensure Compact Legislation

https://www.fsbpt.org/Portals/0/documents/free-resources/Forum_Winter2015_PTCompact.pdf

Article: Portability & Physical Therapy Licensure Compact

<https://www.fsbpt.org/Portals/0/documents/free-resources/PortabilityAndAPTLicensureCompact20140903.pdf>

Article: Licensure Portability: Assuring Access to Quality Care in Physical Therapy

International Journal of Telerehabilitation, Vol 6, No. 1, Spring 2014

<http://telerehab.pitt.edu/ojs/index.php/Telerehab/article/view/6147/6485>

Video Part 1 - Introducing the Physical Therapy Licensure Compact

<https://www.youtube.com/embed/4kOKilHmP9c>

Video Part 2 - Exploring the Physical Therapy Licensure Compact Draft Language

<https://www.youtube.com/embed/4mkgbTXylCY>

American Physical Therapy Association (APTA)

APTA

Interstate Licensure Compact for Physical Therapy (overview)

<http://www.apta.org/StateIssues/InterstateLicensureCompact/>

CONSUMER PROTECTION THROUGH LICENSURE OF PHYSICAL THERAPISTS AND PHYSICAL THERAPIST ASSISTANTS HOD P06-14-08-18 [Position]

https://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Licensure/ConsumerProtectionthruLicensure.pdf

Council of State Governments

National Center for Interstate Compacts

<http://www.csg.org/NCIC/default.aspx>

Top Five Issues for 2016 Expanded: The National Center for Interstate Compacts

<http://knowledgecenter.csg.org/kc/content/top-five-issues-2016-expanded-national-center-interstate-compacts>

Compacts Primers

http://www.csg.org/NCIC/CompactsPrimers_000.aspx

Compacts Whitepapers

<http://www.csg.org/NCIC/CompactsWhitepapers.aspx>

CSG's National Center for Interstate Compacts Database

<http://apps.csg.org/ncic/>

Interstate Compacts 101, Council of State Governments Webinar (Dec. 12, 2012)

[Audio Recording](#)

[PPT Presentation](#)

National Council State Boards of Nursing (NCSBN)

Main page – Nurse Licensure Compact

<https://www.ncsbn.org/nurse-licensure-compact.htm>

Nurse Compact FAQs

<https://www.ncsbn.org/94.htm>

Model Legislation (revised version adopted May 2015)

https://www.ncsbn.org/NLC_Final_050415.pdf

Advanced Practice Registered Nurse Compact

https://www.ncsbn.org/APRN_Compact_Final_050415.pdf

Video

The Nurse Licensure Compact Explained

<https://www.ncsbn.org/364.htm>

Articles of Organization of the Nurse Licensure Compact Administrators

https://www.ncsbn.org/AOO_2014.pdf

NURSE LICENSURE COMPACT ADMINISTRATORS (NLCA) RESPONSE TO ANA UPDATED NLC TALKING POINTS (DEC 2011)

https://www.ncsbn.org/4_ANA_TP_Revised_031112.pdf

American Nurses Association

American Nurses Association

Licensure Portability Brief

<http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/Issue-Briefs/Nursing-Licensure-Portability.pdf>

Federation of State Medical Boards (FSMB)

Press release - Federal Grant Awarded to Support State Medical Boards in Developing Infrastructure for Interstate Medical Licensure Compact (2015)

[https://www.fsmb.org/Media/Default/PDF/Publications/Compact Commission Grant July071715A.pdf](https://www.fsmb.org/Media/Default/PDF/Publications/Compact_Commission_Grant_July071715A.pdf)

Interstate Medical Licensure Compact

<http://www.licenseportability.org/>

Fact Sheet: Interstate Medical Licensure Compact

http://www.licenseportability.org/wp-content/uploads/2016/01/InterstateCompactJan19_2016.pdf

Model Legislation – full text

<http://www.licenseportability.org/wp-content/uploads/2016/01/Interstate-Medical-Licensure-Compact-FINAL.pdf>

Frequently Asked Questions about the Interstate Medical Licensure Compact

<http://www.licenseportability.org/faq/>

Myths vs. Facts

http://www.licenseportability.org/wp-content/uploads/2016/01/InterstateMyth_Flyer_Jan19.pdf

Video - Interstate Medical Licensure Compact

https://www.youtube.com/watch?v=O_8Uy7Yg3HM

Video - Interstate Medical Licensure Compact Briefing

<https://www.youtube.com/watch?v=X-YhYAL3dCk>

Association of State and Provincial Psychology Boards (ASPPB)

<http://www.asppb.net/>

Psychology Interjurisdictional Compact (PSYPACT) – telehealth and temporary in-person, face-to-face practice across state lines

<http://www.asppb.net/?page=PSYPACT>

PSYPACT – full text

http://c.ymcdn.com/sites/www.asppb.net/resource/resmgr/PSYPACT_Docs/Psychology_Interjurisdictional.pdf

PSYPACT fact sheet

http://c.ymcdn.com/sites/www.asppb.net/resource/resmgr/PSYPACT_Docs/PSYPACT_FACT_SHEET.pdf

ASPPB Mobility Program Overview

<http://www.asppb.net/?page=Moboverview>

Certificate of Professional Qualification in Psychology (CPQ)[®] - 44 states

Certificate to document that the individual has met specific requirements in licensure, education, examination and training and has never had disciplinary actions taken against his or her license.

<http://www.asppb.net/?page=CPQ>

ASPPB Interjurisdictional Practice Certificate (IPC)® - 6 states

IPC grants temporary authority to practice based on notification to the licensing board of intention to practice temporarily, and verification of one's qualifications for such practice by ASPPB.

<http://www.asppb.net/?page=IPC>

ASPPB Psychology Licensure Universal System (PLUS)® - 12 states

<http://www.asppb.net/?page=PLUS>

The Psychology Licensure Universal System® or "PLUS" is an online system designed to allow individuals to apply for licensure, certification, or registration in any state, province, or territory in the United States or Canada currently participating in the PLUS program.

The ASPPB Credentials Bank®: A Credentials Verification and Storage Program

<http://www.asppb.net/?page=TheBank>

National Association of State EMS Officials

Recognition of EMS Personnel Licensure Interstate Project

<https://www.nasemso.org/Projects/InterstateCompacts/index.asp>

<https://www.nasemso.org/Projects/InterstateCompacts/Project-Archive-Page.asp>

Project Background and Scope of Work

<https://www.nasemso.org/Projects/InterstateCompacts/documents/NASEMSO-Interstate-Compact-Project-Background-Scope-Oct2012.pdf>

Recognition of Emergency Medical Services Personnel Licensure Interstate Compact – full text

<https://www.nasemso.org/Projects/REPLICA/documents/REPLICA-Final-Model-Sept2014.pdf>

Interview – REPLICA is the Way Forward for Interstate Licensing

Dia Gainor, Executive Director, National Association of State EMS Officials

<http://paaw.us/replica> (audio file - 20 minutes)

Association of Social Work Boards

Use of a Uniform ASWB examination for Initial Licensure in All 50 States

<https://www.aswb.org/announcements/california-joins-aswb-and-adopts-aswb-social-work-licensing-exam/>

Professional Counseling

American Counseling Association: "Addressing counseling's portability crisis"

<http://ct.counseling.org/2015/03/addressing-counselings-portability-crisis/>

CACREP-Policy-Position-on-State-Licensure-adopted-7.13.pdf

<http://www.cacrep.org/wp-content/uploads/2014/02/CACREP-Policy-Position-on-State-Licensure-adopted-7.13.pdf>

AASCB Letter to State Regulatory Boards: 5 Year Portability Plan-August 2015

http://www.aascb.org/aws/AASCB/pt/sd/news_article/110786/_self/layout_details/false

Massage Therapy and Bodywork

AMTA Position Statement on Licensure Portability

https://www.amtamassage.org/approved_position_statements/Portability.html

FSMTB/NCMBWB Joint Agreement, October 2014

<http://www.ncbtmb.org/news/fsmtb-and-ncbtmb-reach-agreement>

US Government-The White House

Occupational Licensing: A Framework for Policy Makers (2015) (Department of the Treasury Office of Economic Policy, Council of Economic Advisors, Department of Labor)

https://www.whitehouse.gov/sites/default/files/docs/licensing_report_final_nonembargo.pdf

Health Resources and Services Administration (HRSA)

Licensure Portability – Grant information

<http://bhpr.hrsa.gov/grants/licensure/index.html>

Licensure Portability Grant Program

<http://www.hrsa.gov/ruralhealth/programopportunities/fundingopportunities/default.aspx?id=b86c831d-c761-4ee0-bf17-dbd7aa94320e>

Telehealth Licensure Report (2010)

<http://www.hrsa.gov/healthit/telehealth/licenserpt10.pdf>