

Alaska Health Workforce Coalition

Issue Paper # 4, Professional Licensing

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The Alaska Health Workforce Coalition received funding to conduct health workforce planning from the Department of Labor and Workforce Development (DOLWD) through a grant from the Health Resources Services Administration. A requirement for the funding was to document the federal and state barriers to developing a coherent and comprehensive health workforce development strategy. Two issues emerged as a focus for the Coalition's analysis around barriers: the Background Check Program (as detailed in the Coalition's Issue Paper #1) and Professional Licensing. The following issue paper provides an overview of the Licensing Division structure and highlights several issues for consideration that need further problem solving to remedy the delays experienced by Industry.

Overview of Licensing Activities

The State of Alaska requires licenses for a number of health professions in Alaska. Licensing is a fundamental first step that health practitioners undertake in their employment process. For in-state practitioners, the process starts shortly after receiving their education. For health care providers living out of state and with a pending job offer, the license is required before hire. The licensing function is conducted by the Department of Commerce and Economic Development, Division of Corporations, Business and Professional Licensing (CBPL).

According to the FY10 Year-end report, 12 distinct licensing boards issued or renewed 24,792 license holders for 25 different health occupations. The health-specific occupations comprise nearly 50% of the Division's entire professional licensing activity. Nursing and Nurse Aide occupations comprised 30% of all Division licensing activity and 50% of activity specific to health professions. Business licensing is another function of the Division; as of mid-June 2011 there are 3,720 health care delivery businesses operating in a myriad of functions across the state.

This issue paper is focused directly on occupational groups identified as a high priority in the Alaska Health Workforce Plan, which was adopted by the Alaska Workforce Investment Board in May of 2010. The Boards of Nursing, Medical Examiners, Physical and Professional Therapy, Dental Examiners, Pharmacy, Professional Counselors, Social Work Examiners, Marital and Family Therapists were reviewed in depth, with a specific focus on the policies and practices that are involved in an initial licensure. A summary of these licensing boards is included in Table 1.

Professional Licensing Boards

Professional licensing boards have centralized statutes and regulations under Alaska Administrative Code Title 12 Chapter 01-03. In general, the Boards have several different administrative structures. The Boards of Nursing and the Medical Board have a dedicated Executive Administrator and the other boards do not. The distinct Boards have individual missions that are generally focused on protecting the public and promoting continuing competency. Boards are staffed by employees of the state, who are responsible for a series of duties outlined in the centralized licensing statutes Sec. 08.01.050. Table 2 shows a summary of the examiners, the numbers of boards that they serve and the number of licensees and if the licensing statutes provide for a dedicated Executive Administrator. License renewals are conducted on a two year cycle, nearly all of which occur in an even numbered year. One of the key public relations issues facing the Professional Licensing Boards is the perceived delay in processing licenses. However, it is important to note that many of the delays may result from incomplete applications and the time taken by the applicant to respond to requests for information. This is a key consideration in reviewing the licensing process and is explored further in the *Issues for Consideration* section.

Members

Each Licensing Board's members are appointed by the Governor for terms of 4 years each; the chairs may be designated by the Governor or elected by the Boards themselves. Board members serve for four year terms with a limit of two terms. As set forth in Sec. 08.01.025, designated public members may not be engaged in the occupation that the board regulates. However, the Medical Board and the Board of Nursing's statutes specify that "their two public members shall be persons who have no direct financial interest in the health care industry", which is more inclusive than the centralized statutes. The requirements for application, terms of approval, denial or termination of licensure, codes of ethics and standards of practice are adopted by CBPL as department regulation, but determined by the Boards themselves.

Licensing Board Requirements

While there are many similarities across the different professional boards, there is significant variation in each profession. Background checks, license approval and fees are several areas that demonstrate variations.

Personal History

Each potential licensee is required to submit documentation about their competency including information about their personal history. In many cases, the licensing process is the first step in multiple processes that a health worker must undertake. Facilities that serve Alaska Natives and American Indians must comply with the background check requirements of the Indian Child Welfare Act (ICWA). Facilities or organizations that are licensed, certified or receive funding from the State of Alaska must have all employees screened through the State of Alaska's Background Check Program (BCP). More information about the BCP is provided in the Alaska Health Workforce Coalition's Issue Paper #1.

Applicants for all Nursing licenses—CNA, LPN and RN—are required to submit fingerprints. While this process is often duplicated in the BCP process mentioned above, the Board of Nursing has received advice from the FBI as recently as August 2011 that the results of a Criminal Background Check requested for licensing cannot be shared with other entities such as employers or other state agencies. An Advanced Nurse Practitioner is required to gain authorization from the Drug Enforcement Agency as part of their application to gain controlled substance prescriptive authority, but the Pharmacist license applicant is only required to submit character references and answer personal history questions. It is unclear if there are federal requirements for this distinction. A summary of the background check or personal history requirements of selected boards is located in Table 3.

Approval Process and Temporary Licenses

The requirements for issuance of licenses, both temporary and permanent, are different among the boards as well. The Board of Dental Examiners requires an in-person visit as part of the application for licensure. Physicians, which have an equivalent level of education and preparation, are generally not required to appear in person to the Alaska State Medical Board unless their application reveals information that needs further discussion or explanation. Although the Medical Board only approves applications at its quarterly meetings, the Executive Administrator may approve issuance of a temporary permit for completed applications, allowing the applicant to begin practicing at once. Physical Therapists with a doctoral level of education may be approved for licensure by a mail vote of board members.

For the Board of Nursing, the time required for verification of nursing licenses issued by other states has been significantly reduced by using the online Nursys verification process sponsored by the National Council of State Boards of Nursing. Because of the use of this online system, temporary permits are rarely needed for endorsement applicants and permanent licenses are issued more rapidly. However, if an RN/LPN applicant is licensed in a state that does not use the Nursys system, temporary permits are valid

for 6 months allowing the applicant to begin to work. Other Boards vary in their issuances of temporary licenses; the summary is located in Table 1.

License Fees

Lastly, under Alaska Statute 08.01.065, fees collected from the occupation must equal the actual regulatory costs for the occupation. Marital and Family Therapists, as an example, must pay a license fee of \$865 and an application fee of \$175 for a total of \$1040. Licensed Professional Counselors have a license fee of \$200, but Licensed Clinical Social Workers, with a generally equivalent level of education, pay a license fee of \$250. For some professions, the added cost of required national verifications or credential review can result in significantly higher fees.

Industry's perspective on licensing high need health occupations

There have been public comments made about the licensing boards to the Alaska Health Care Commission, some of which have cited delays and other problems with getting these professionals available to serve Alaskans. The Alaska Primary Care Association has developed resolutions in support of efficient state licensing for health care professionals.

In July of 2011, The Alaska Health Workforce Coalition conducted a survey of Alaska State Hospital and Nursing Home Association and Alaska Primary Care Association members to gather additional information about issues that the facilities experienced with licensing new hires for specific occupations. Collectively, these two organizations represent hospitals, nursing homes and federally qualified community health centers that serve both urban and rural Alaska. Their respective memberships include 28 Community Health Centers, 23 hospitals, six assisted living facilities, five nursing homes and two behavioral health facilities. The 64 leaders of these organizations received the invitation to participate, 34 responded to questions about their perceptions of licensing activities resulting in a response rate of 53%. The total results are summarized in Table 4. For these industry leaders, the highest responses were in delays in processing for the Nursing and Medical Boards and the issue of duplicative background checks. It is important to note that these two boards license the two largest groups of occupations, and further research should be conducted to determine if the number of responses is purely based on the significant activity of these two boards.

Issues for Consideration

Duplicative Background Checks

Health professionals may be required to submit two or more sets of fingerprints to multiple entities through the process of becoming trained in the state or coming to work in Alaska. One area to explore a consistent and efficient process would be to align the requirements for background checks within the state system itself. The Background Check Program at the Department of Health and Social Services is exploring the opportunity to provide clearances to individuals in addition to the current practice of issuing only to the employer. This revision could align these two regulatory processes and reduce costs.

Delays and Incomplete Applications

There are impacts to health facilities that occur each day that qualified professionals are waiting for an Alaskan professional license. Patients have to wait to be treated. Facilities generate overtime costs for existing staff and lose the potential to generate additional revenue. The high instance of incomplete applications is the primary reason that Division application processing times are delayed. The reasons for incomplete applications lie within several realms.

Incorrect or incomplete applications

Occasionally, applicants will neglect to read the information provided on the web site or forgo a phone

call to the licensing examiner with questions or for clarification. This has led to misinterpretation of processes, serious delays, and missed opportunities to apply for a temporary license, which could enable the licensee to go to work while awaiting permanent licensure. Fundamentally, the applicant must take responsibility for being aware of the licensing process and asking questions about the areas on the application that are unclear to the applicant.

Verification and Documentation

Often, applications will require that items such as license verification, transcripts, or certificates be sent from the issuing agency, university, or other institution. In other cases, documentation such as an affidavit of character or experience must be received from another individual. Because these entities may have their own timeframe for responding to requests (an issue compounded by the fiscal issues present in many other states), this aspect of application requires additional planning on the part of the licensee and may result in significant delays. Applicants whose application reveals a criminal conviction that bears further documentation or investigation merit a well-deserved additional review. These circumstances will generate longer processing times.

Communications and Status Updates

The CBPL has an internal policy stating that applications must be screened and a status letter sent within ten days of receipt of an application. The status letter will indicate whether the application is complete and the next steps the applicant may expect. Until further correspondence is received from the applicant or additional materials are received from the other parties, those applications will exist in "pending" status until all required documentation is received by the Division.

Staffing

Some licensing boards are staffed by single individuals who are serving multiple boards. Other boards experience a high level of call volume or a large number of incomplete or incorrect applications. The delays may be exacerbated if the application is received during the bi-annual renewal process. There are a number of factors that contribute to the issues perceived and experienced by industry. More attention should be directed to the root causes that result in the Division's struggle to service requests for information within customer expectations.

Opportunities for Improvement

In spring 2011, CBPL management surveyed several systems within professional licensing and identified areas where customer impact could be improved:

- Workload distribution (Implementation: Sept 2011)
- Review and update of applications and forms for greater clarity and ease of use (Ongoing)
- Improving the instructions provided with forms (Ongoing)
- Collecting more data on licensing activity to better quantify anecdotal trends or concerns (Implementation: July 2011)
- Review of Division policies and procedures to articulate the expectation of high standards of quality (Task Force meets monthly)
- Train Division staff on policy, procedure, and customer service skills to ensure adherence to high standards of quality (Monthly)

The issues for licensing the health workforce are complex and require additional information gathering and problem solving to remedy. Foremost, dedicated resources and sustained attention to creating a process improvement and communications strategy with applicants, licensees and the industry is needed to reduce the current obstacles experienced by affected parties.

Recommendations

- 1) Compare Alaskan health occupation licensing requirements and processes with other selected states. South Dakota, Maine and Oregon as examples, have mobilized public resources to create a more conducive environment for recruiting and engaging the health workforce.
- 2) Encourage CBPL to collect metrics on licensing activity and generate reports that will provide insights to the issues with applicant confusion or duplicative processes.
- 3) Conduct dialogue with members of selected licensing boards to determine the opportunities for addressing Alaska's health needs and ensuring adequate regulatory oversight of these occupations.

APPENDIX

Table 1	Summary of Priority Health Occupation Licensing Information.
Table 2	Workload summary of licensing examiners
Table 3	Summary of Priority Health Occupation Background Check Information
Table 4	Results of health industry survey asking about issues with selected professional licensing boards, July, 2011.

Table 1. Summary of Priority Health Occupation Licensing Information

Name of Board	Name of Occupation	FY 2010 License Holders-total	Total Cost of New License	Provision for Temporary Licenses	Average time to process application (as noted on application form)	Notes on Application Review Schedule
Board of Nursing	Advanced Nurse Practitioners	705	\$160.	Yes	Reviewed ten days from receipt of completed application	Same as RN
	Registered Nurses	14,334	\$284.	Yes, but called a temporary permit	Reviewed ten days from receipt of completed application	Board staff can issue license based on complete paperwork. Board meets quarterly.
	Licensed Practical Nurse	885	\$284	Same as RN	Same as RN	Same as RN
	Certified Nurse Aides	3,201	\$249.	No	Not mentioned on application	Not specified on application
Alaska State Medical Board	Physicians and Psychiatrists	3,103	\$500.	Yes	8-12 weeks, in order received	Reviewed at quarterly board meetings
	Physician Assistants	474	\$500.	Yes	8-12 weeks	Reviewed quarterly at Board meetings
State Physical and Occupational Licensing Board	Physical and Occupational Therapists	898	\$230.	Yes	4-6 weeks	Board meets twice a year to review applications. Mail vote possible.
Board of Dental Examiners	Dentists	846	\$690.	Limited purpose courtesy license (\$100) not available for locum tenens	Not mentioned in application	In person interview at quarterly board meetings.
Board of Pharmacy	Pharmacists	829	\$270.	Yes (\$50)	Not mentioned in application	Not specified in application
Board of Professional Counselors	Professional Counselors	519	\$250	No	Not mentioned in application	Reviewed at meetings twice a year, with mail voting allowed
Board of Social Work Examiners	Social Workers (LCSW, MSW, BSW)	511	\$300.	No –LCSW Yes- MSW BSW (\$50)	Not mentioned in application	Reviewed at meetings twice a year
Board of Marital and Family Therapy	Marital and Family Therapists	104	\$1,040	Yes	Not mentioned in application	Reviewed at meetings twice a year

Table 2. Workload summary of licensing examiners

Examiner	Board	# of Licensees	Total # of programs this examiner serves	Statute provides a dedicated Executive Administrator
1	Nursing	6,087	1	Yes
2	Nursing	6,047	1	Yes
3	Nurse Aide Registry	3,205	1	Yes
4	Pharmacy	3,051	1	No
5	Medical	1,896	1	Yes
6	Medical	2,030	1	Yes
7	Physical /Occupational Therapy	1,074	5	No
8	Dental	1,889	3	No
9	Social Work	689	3	No

Table 3. Summary of Priority Health Occupation Licensing Information

Name of Board	Name of Occupation	Personal History and Background Check Requirements	DHSS Background Check Required ?
Board of Nursing	Advanced Nurse Practitioners	Fingerprints submitted Professional fitness questions	Yes, if employed by facility
	Registered Nurses		
	Licensed Practical Nurse	Fingerprints submitted Professional fitness questions	Yes
	Certified Nurse Aides	Fingerprints submitted Professional fitness questions	Yes
Alaska State Medical Board	Physicians and Psychiatrists	Passport Photo Clearance report from DEA, Clearance report from the Federation of State Medical Boards Disciplinary Data Bank	Yes, if employed by facility
	Physician Assistants	Passport Photo Medical Malpractice History Disciplinary History Personal History with any yes responses disclosed DEA clearance/registration Review of any citations from the National Federation of Medical Boards	Yes, if employed by facility
State Physical and Occupational Licensing Board	Physical and Occupational Therapists	Passport Photograph Professional Fitness Questions One professional reference Jurisprudence Test	Yes, if employed by facility
Board of Dental Examiners	Dentists	Results from Level II credential report to be sent directly to the department by PBIS (results take one-three months)	Yes, if employed by facility
Board of Pharmacy	Pharmacists	Personal Data Questions Two affidavits from reputable citizens	Yes, if employed by facility
Board of Professional Counselors	Professional Counselors	Submit a report from Department of Public Safety or an equivalent report from your state of residency through law enforcement entity.	Yes, if employed by facility or agency
Board of Social Work Examiners	Social Workers (LCSW, MSW, BSW)	Three Professional References Professional Fitness Questions	Yes, if employed by facility or agency
Board of Marital and Family Therapy	Marital and Family Therapists	Professional Fitness Questions	Yes, if employed by facility or agency

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Table 4. Health Industry Survey Respondent’s selections to issues with selected professional licensing boards, July, 2011.

Name of Board	Delays in Processing Licenses	Complicated, onerous or confusing requirements for potential licensees	Cost of licensing itself	Duplicative Background Check requirements	Communications with Licensing Staff
Dental	7	5	1	8	7
Nursing	19	4	10	19	4
Pharmacy	8	2	2	5	4
Physical/Occupational Therapy	5	1	0	1	1
Physicians	21	16	5	21	11
Social Workers	6	6	2	8	2
TOTAL	66	34	20	62	29