

## **Report of the Secretary of Health and Human Resources**

### **Pursuant to Chapter 524 of the 2012 Acts of the Assembly**

**October, 2014**

Chapter 524 of the 2012 Acts of the Assembly specified that *“the regulatory boards within the Department of Professional and Occupational Regulation, the Department of Health Professions, or any board named in this title shall accept the military training, education, or experience of a service member honorably discharged from active military service in the armed forces of the United States, to the extent that such training, education, or experience is substantially equivalent to the requirements established by law and regulations of the respective board for the issuance of any license, permit, certificate, or other document, however styled or denominated, required for the practice of any business, profession, or occupation in the Commonwealth.”*

The second enactment of Chapter 524 directed: *“That the Secretary of Health and Human Resources shall report annually to the Chairmen of the House Committee on General Laws and the Senate Committee on General Laws and Technology on the number of licenses or permits issued pursuant to the provisions of this act.”*

For the period of October 2013 to October 2014, the Department of Health Professions has only issued licenses for individuals based upon their meeting the requirements expressly provided in statute and board regulations. The majority of health professions licenses require graduation from an accredited or approved education program at the associate’s degree level of education and above and additional standardized clinical training. Professionals at this level hold officer rank and are required by the military to be licensed in at least one state in the United States. Therefore, health regulatory boards are able to license those professionals by endorsement, so there is no comparison of military credentials needed.

Chapter 524 (2012), then, primarily applies to enlisted-level service members and veterans. The enlisted comprise 82% of the current military population. Of these, the majority have attained an education at the high school level or below. Thus, their training, education or experience is not substantially equivalent to the requirements established by law and regulation.

In addition to the lower education levels, another chief barrier to licensure is that military education and training is highly individualized, with no requirement to hold a license in order to practice in service. Military credentialing is largely based on mission-specific needs, varies considerably by branch of service, and evolves over time differently for each individual. In contrast, all applicants for professional licensure must demonstrate that they have met highly standardized requirements based in demonstrating competency across the full scope of practice to safely serve the population, in general.

This mismatch is a national problem that requires joint federal and state strategies to clearly identify for the licensing boards and civilian educational institutions the knowledge, skills, and

abilities typically attained in the military for respective occupation codes. As yet, there is no approved mechanism available to help licensing boards establish substantial equivalency between military education, training, and experience and licensure requirements.

Two projects have been undertaken by Virginia to help address the issue:

- During 2012-2013, the Virginia Department of Health Professions assisted a U.S. Department of Defense-led multi-agency task force and five other partnering states' licensing agencies to cross-walk a small number of DoD-selected health-related military occupations and provided relevant programs of instruction from each branch of service for review. The states also reviewed a new Joint Services Transcript format. In response to the federal task force identified issues, the National Council of State Boards of Nursing developed a standardized set of licensure requirements for licensed practical nurses and licensed vocational nurses. They then compared the programs of instruction for similar military occupations from each service branch and prepared the first psychometrically sound analysis of the specific knowledge, skills, and abilities in specific content areas missing from military education and training. They published the results in April 2013.
- In August 2013, Virginia was selected to participate in the National Governors' Association Veterans' Licensure and Certification Demonstration Policy Academy which is currently under way. The aim of the Policy Academy is to develop a blueprint of strategies for streamlining pathways to licensure in selected professions. Graduation from an accredited or approved program remains a standard requirement for all applicants regardless of service or veterans status. For service members and veterans, credit toward graduation can be awarded by the educational institution reducing time and cost. Challenges in identifying veterans and ascertaining military occupations for veterans and service members likely to transition to Virginia are being addressed. The Department of Health Professions will incorporate veterans, rank, and military occupation questions into its Healthcare Workforce Development Center licensure renewal surveys to help track veteran licensure in the future.

Attached is a link to a power point presentation made to the Healthy Living/Health Services Subcommittee of the Joint Commission on Health Care on September 16, 2014 with additional information about military credentialing and the National Governors' Association Policy Academy on Veterans' Licensure and Certification.

<http://jchc.virginia.gov/1.%20Veterans%20Credentialing%20Studies.pdf>