



**Governor's Health
Workforce Council
Meeting**

November 17th, 2017

Agenda

- **Welcome**
- **Approval of Minutes from Meeting on August 31st, 2017***
- **Report Update on Workgroups**
- **Update on Occupational Licensing Policy Learning Consortium**
- **Other Business**
- **Closing**



Approval of Minutes from August 31st Meeting*



Report Update from Workgroups



Joint Recommendation: Health Workforce Modernization and Innovation Project





State Loan Repayment Program Workgroup

CHAIR: ALLISON TAYLOR, FAMILY AND SOCIAL SERVICES ADMINISTRATION



SLRP Workgroup Membership

Allison Taylor, Chair

Director, Indiana Office of Medicaid Policy & Planning

Indiana Family and Social Services Administration

Ann Alley, Member

Director of Chronic Disease, Primary Care & Rural Health Division

Indiana State Department of Health

Leila Alter, Member

DDS, Chair of the Indiana Oral Health Coalition (IOHC)

Indiana Dental Association

Mike Brady, Member

Director of Advocacy

Indiana State Medical Association

Matt Brooks, Member

President & CEO

Indiana Council of Community Mental Health Centers, Inc.

Jeffery Chapman, Member

*Director of Provider Services Section
Office of Medicaid Policy & Planning*

Jessica Ellis, Member

Director of Provider Retention

Indiana Primary Health Care Association

Joseph Habig, Member

Assistant Director

Indiana State Budget Agency

Senator Head, Member

State Senate, District 18

Indiana Senate

Jason Kolkmeier, Member

Physician Assistant

Indiana Academy of Physician Assistants (IAPA)

Blayne Miley, Member

*Director of Policy & Advocacy
Indiana State Nurses Association*

Kevin Moore, Member

Director

Division of Mental Health & Addiction

Colby Shank, Member

Assistant Commissioner for Financial Aid & Student Support Services

Indiana Commission for Higher Education

Brian Tabor, Member

President

Indiana Hospital Association

Angela Thompson, Member

Advanced Practice Nurse

Coalition of Advanced Practice Nurses of Indiana (CAPNI)

Current/In Development/Upcoming Loan Repayment Programs in Indiana

“What past, current, or future loan repayment programs exist in Indiana for health professions?”

- **Past**

- Commission for Higher Education – Primary Care Physicians Loan Forgiveness (Not Currently Funded)
- FSSA Division of Mental Health and Addiction – Mental Health Loan Repayment (funded through 2017, served 60-70 people per year of funding; no future funding)

- **Current**

- Indiana State Department of Health – National Health Service Corps (must work in HPSA Score > 14)
- Indiana Primary Health Care Association – some health centers reported having funding incentives for providers

- **Future**

- Potential 2018 Legislative Session Bill: Nurse faculty loan repayment

Summary Of Last Meeting: Federal SLRP & State Examples

- Reviewed logistics/requirements for federal match SLRP program through HRSA
 - **What is it?**
 - Educational loan repayment program for health care providers working in designated shortage areas
 - **Eligible professions**
 - Physicians, NPs, PAs, Dentists, Dental Hygienists, Mental Health Professionals, RNs, Pharmacists
 - **Program administration**
 - The state must designate an agency/entity to oversee administration of SLRP program
 - **Funding details**
 - Up to \$50,000 repayment per individual
 - State must match federal funds \$1 for each \$1; match sources vary

A Deeper Dive

Potential Impact of SLRP

SLRP Overview

POTENTIAL IMPACT OF STATE LOAN REPAYMENT PROGRAMS

37 states were enrolled in State Loan Repayment Program in FY2016.
1,378 clinicians were awarded SLRP funding in FY2016.
 This translates to ~**37.24** clinicians awarded per state.



■ = States with SLRP programs
 □ = States without SLRP programs

WHAT COULD PARTICIPATING IN SLRP MEAN FOR INDIANA?*

- An additional 37 Primary Care Physicians could provide preventive and primary care services to more than 130,000 Hoosiers.
- An additional 37 dentists could provide dental care services to nearly 200,000 Hoosiers.
- An additional 37 psychiatrists could care for an additional 1.1 million Hoosiers.

The proposed FY 2018 HRSA budget would allocate 625 new state loan repayment awards, and 2,111 continuation loan repayment awards.

*Estimate of Hoosiers served calculated using HRSA's criteria for sufficient capacity using population-to-provider ratios (3,500 individuals for each primary care physician, 5,000 individuals for each dentist, and 30,000 individuals for each psychiatrist)

PREPARED BY THE BOWEN CENTER FOR HEALTH WORKFORCE RESEARCH & POLICY, NOVEMBER 2017

STATE LOAN REPAYMENT PROGRAMS (SLRP) RESEARCH SUMMARY

1. ELIGIBLE PROFESSIONS

VARY BY STATE BUT MAY INCLUDE:

- Physicians (MDs or DOs specializing in pediatrics, geriatrics, psychiatry, family or internal medicine, and obstetrics and gynecology)
- Nurse practitioners (specializing in adult, family, geriatric, pediatric, psychiatry/mental health, women's health, and certified nurse midwives)
- Physician assistants (primary care, specializing in adult, family, geriatric, pediatric, psychiatry/mental health, women's health)
- Dental professionals (general, pediatric and geriatric dentists, and registered dental hygienists)
- Mental health professionals (health service psychologists, licensed clinical social workers, marriage and family therapists, and licensed professional counselors)
- Registered nurses
- Pharmacists

2. HOUSED?

SLRP Program Housing was researched for each state. Roles and functions of housing agencies in other states were compared to structure of Indiana agencies. Results were categorized below.

● Health agency	11
● Health and Social Services Agency	9
● Health and Licensing Agency	6
● University	4
● Health, Licensing, And Social Services Agency	2
● Licensing Agency	1
OTHER	
● Education Agency	2
● "Health Care Commission"	1

3. STATE MATCH SOURCE:

- State Line Item:
 - 16 States match federal monies \$1 for \$1 OR create a line item in the budget
- Employer:
 - 9 States require the grantees employer to match the federal funds
- Foundation:
 - 3 States match the federal funds using community or private sources

Some match sources were unable to be identified

PREPARED BY THE BOWEN CENTER FOR HEALTH WORKFORCE RESEARCH & POLICY, NOVEMBER 2017

11/13 Small Group Discussions: Eligible Professions

“How should eligible professions be determined or funding prioritized?”

■ Responses:

- Based on number of Medicaid providers compared to enrolled Medicaid populations
- Higher level professions (non-mid level providers)
 - “In order for mid-level providers to practice, they usually require a higher level supervisor. So investing in only higher-level providers would trickle down to employ other providers in areas of need.”
- Based on which professions are in shortage
- Future-oriented focus for workforce needs
- Make list of eligible professions broad to allow the state flexibility in prioritization from year to year

Key Domains for Future Work

First Step for Meetings in First Quarter 2018:

Which professions will be eligible and how will funding be prioritized?

Future Meetings:

- Where is administration of SLRP programs housed?
- How are states funding the match source?

Action Items– Information to be Reviewed by Workgroup in January

Additional SLRP Details:

- Is there a funding cap to total amount of funds awarded per state?
- What is the ROI? Are providers staying in state, in service area, or in safety net?
- How did states choose their list of eligible professions?

Non-SLRP State-based Repayment Programs:

- What are some examples of loan repayment in other states using state/employer funds only (no federal dollars)?

The State of Indiana's Current Health Workforce:

- How is our current health workforce distributed? Where do we have shortages?

Upcoming SLRP Workgroup Meetings

Next Meeting Agenda

- Report out on other states' rationale for eligible professions
- Provide geographic overview of current supply of health professionals in Indiana
- Discuss other states' "state-only based" loan repayment/forgiveness programs

Meeting Logistics

- Date: mid-January, TBD
 - (Doodle polls will be sent to Workgroup members)



Community Health Worker (CHW) Workgroup

Chair: Judy Hasselkus, Indiana Department of Workforce Development

Co-chair: Laura Heinrich, Indiana State Department of Health



CHW Workgroup Membership

Judy Hasselkus, Chair

Program Director, Employer Engagement & Sector Specialist for Health Care, Ag., & Life Sciences
Department of Workforce Development

Laura Heinrich, Co-Chair

Director of Cardiovascular Health and Diabetes
Indiana State Department of Health

Rebecca Adkins

Systems Director-Population Health
Ascension

Kathy Cook

Executive Director
Affiliated Services Provider of Indiana

Rick Diaz

Chief Executive Officer
HealthNet

Margarita Hart

Executive Director
Indiana Community Health Workers Association (INCHWA)

Debbie Hermann

Deputy Director, Medicaid Initiatives
Division of Mental Health and Addiction

Jennifer Long

Marion County Public Health Department

Don Kelso

Executive Director
Indiana Rural Health Association

Cody Metzger

Program Director
Medicaid Policy

Mandy Rush

Director of Community Services
Mental Health America of Northeast Indiana

Mary Anne Sloan

Vice President Health Care
Ivy Tech

Lisa Staten

Department Chair of Social and Behavioral Sciences
Richard M. Fairbanks School of Public Health

Andrew VanZee

Chair of Council on Workforce Development
Indiana Hospital Association

Carol Weiss-Kennedy

Director of Community Health
IU Health Bloomington

Meeting #1 – 10/17/2017

Agenda/topics discussed:

- Workforce and public health perspectives (from the co-chairs)
- Occupational classification (SOC Code 21-1094), definition, workforce data and projections
- Common titles for CHWs
- General CHW tasks in relation to the chronic care model
- Summarized results from HRSA's CHW National Workforce Study (2007)
- Small and full-group discussion: What is a CHW? What do they do?
- Small and full-group discussion: Competencies? Training? Reimbursement? Roles?

CHW Definition

“What is a CHW?”

- Wide variety of responses – consensus on CHWs as bi-directional link to health care (to client from health system/to health system from client)

Action items:

- Review other states’ statutory definition of CHWs
- Review employer survey conducted by INCHWA on CHW titles/roles

CHW Competencies/Skills

“What types of skills/training/competencies do CHW have?”

- Responses:
 - Cultural competency
 - HIPAA
 - Motivational Interviewing
 - Relationship-building

Action items:

- National competencies
- Indiana Association of Community Health Workers (INCHWA) current competencies

CHW Training

“What does/should training for a CHW look like?”

- Responses:
 - “Core” training/competencies with optional added specialties/certificates/internships
 - “Training should be thorough yet minimal”
 - Established number of hours and face to face vs. online training (how many?)
 - NON-clinical skills

Action items:

- Information on Indiana’s current CHW training programs
- Leading states—what are they doing? How are they training? Are they requiring certification?
- Technical certificate requirements – this would allow training to qualify for federal financial aid

CHW Reimbursement

“Should CHWs be reimbursed for services? If so, what does/should reimbursement look like?”

- Responses:
 - Depends on employer - **sustainability** is critical
 - Some reimbursement currently exists in Indiana for Certified Recovery Specialists (CRS)
 - Reimbursement tied to training vs. service provided

Action items:

- Current certification and reimbursement process for CRS in Indiana
- Leading states' models for reimbursement (Minnesota)
- Information on Return on Investment for CHWs

Meeting #2 – December 1, 2017

Meeting Agenda

- Review additional information identified as action items during meeting #1
- Where does Indiana currently stand in regards to CHW workforce (definition, certificate, training, reimbursement, etc.)?
- Information on leading states (identified by CDC): Oregon, Massachusetts, Minnesota, Wisconsin

Meeting Logistics

- **Date:**
Friday, December 1, 2017
- **Time:**
9:30am-11:00am
- **Location:**
 - Indiana State Department of Health (ISDH) Building
 - 5TH Floor Conference Room
 - 2 North Meridian Street

Occupational Licensing Policy Learning Consortium



OCCUPATIONAL LICENSING: ASSESSING STATE POLICY AND PRACTICE

Michael Barnes

Chair of the Council



Occupational Licensing Project Background

Growth in Licensing: Over the last 60 years, the number of jobs requiring an occupational license, or government approval to practice a profession, has grown from about one in 20 to more than one in four.

Balancing Consumer Protection with Unnecessary Barriers to Entry

Primary Role of States in Licensing: Most occupations are licensed at the state level and licensed practitioners typically must acquire a new license when they move across state lines.



INDIANA WAS AMONG 11 STATES AWARDED

State activity requirements

- Annual Multi-state Meeting for Core Team
- Annual In-state Learning Consortium Meetings (Core Team, Home Team, Other Key Stakeholders)
- State-specific Technical Assistance Provided by Project Partners (NCSL, NGA, CSG)
- Opportunities to participate in:
 - Webinars
 - Conference Calls
- Quarterly progress reports



Target Populations

Occupational licensing can create barriers to entry in the labor market for all workers, but some populations are disproportionately affected.

A lack of resources to meet licensure requirements, whether funds for tuition or transportation to apprenticeship programs, contribute to amplify the economic barriers created by licensure.

Target Populations:

- Military Veterans and Spouses
- People with Criminal Backgrounds
- Dislocated and Unemployed workers



Deeper Dive into Special Populations

The following slides were sourced from content provided by the Consortia in a webinar entitled “Occupational Licensing: Examining Challenges for Four Subpopulations” on November 6th, 2017

<http://www.ncsl.org/research/labor-and-employment/occupational-licensing-challenges-for-certain-populations.aspx>



Special Populations: VETERANS & MILITARY SPOUSES



Veterans & Military Spouses



U.S. Veteran Population = 18.8 million

A veteran is...

“a person who served in the active military, naval or air service and who was discharged or released under conditions other than dishonorable”



Military Spouse Population in U.S.~ 1 million

Spouses of active duty members of the Armed Forces, including Reserve and National Guard



Veterans by the Numbers

Who Are Our Veterans?

The nation's 18,830,450 veterans make up 7.6 percent of the total population.

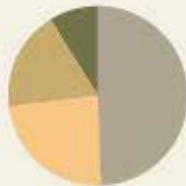
Their Gender

Male veterans	17,254,563	91.6%
Female veterans	1,575,887	8.3%



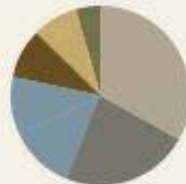
How Old They Are

65 years and over	9,315,829	49.5%
35 to 54 years	4,470,020	23.7%
55 to 64 years	3,405,348	18.0%
18 to 34 years	1,639,253	8.7%



When They Served

Vietnam Era	6,251,257	33.2%
Peacetime	4,338,296	23.0%
Gulf War	4,191,649	22.2%
More than one War	1,682,931	9.0%
Korean War	1,530,875	8.1%
World War II	835,442	4.4%



Where Do They Live?

Total Number of Veterans by State



Military SPOUSES by the numbers

1 Million

Approx. number of military spouses (Active, Guard, Reserve)

93% female

Military spouses are predominantly female

33 years old

Military spouses are younger on average

74% have a child ≤ 18

Military spouses are more likely to have children at home

84% have some higher education

Military spouses are well-educated

10x more moves than civilian counterparts

Military spouses move across states far more frequently



Current State of Unemployment

Veterans

Unemployment Rate (2016)

- All veterans: 4.3%
- Male veterans: 4.2%
- Female veterans: 5.0%
- Gulf War-era II veterans: 5.1%
- Gulf War-era I veterans: 3.8%
- Veterans with disabilities: 4.8%

Military Spouses

Unemployment Rate

- Up to 3x higher than civilian spouses (estimated 12-32%)

Underemployment Rate

- One-third of military spouses are underemployed

Earnings

- Military spouses earn 38% less than civilian counterparts



Barriers to Employment: Veterans

Occupational licensing

- Difficulty obtaining necessary credentials despite transferable military skills, experience and education (delays, cost, confusion)
- Requirements vary by state
- Skills translation (MCMC)
- Self-marketing
- Disability status
 - 4 million veterans (22%) have service-connected disability (1.3 million at 70% or higher)
- Discharge classifications
 - Veterans with “other than honorable” discharge face highest hurdle



Barriers to Employment: Spouses

Licensure Transferability

35% of spouses work in a field that requires licensure.

Factors affecting military spouse employment in positions requiring occupational license:

- Frequent Moves
- Geographic Location
- Difficulty Starting or Completing Education
- Parenting Responsibilities (Need for flexibility)
- Childcare access and cost



Potential Strategies for State Action

Occupational licensing

- All 50 states and Puerto Rico have laws to help veterans and military spouses transfer and obtain licenses, BUT there is opportunity to expand and streamline
- 2017 Legislation: 92+ bills introduced in 35 states
- Employer tax credits: 19 states
- Female veteran programs/offices: 12 states
- College credit for military service: 31 states



Special Population: INDIVIDUALS WITH CRIMINAL HISTORIES



Individuals with Criminal Histories



- **Arrest record**
 - Whether or not leads to conviction
- **Criminal charges**
 - Whether or not leads to conviction
- **Conviction**
 - Is it related? How old is it?



Who has a Criminal Record?

- *Nearly 1 in 3 U.S. adults have a criminal record*
- Affecting 70 to 100 million people in the U.S.

Arrest rates by population:

- White: 3,392 per 100,000
- Blacks: 7,920 per 100,000

Incarceration rates – compared to non-Hispanic white men

- Black men 6x as likely
- Hispanic men 2x as likely



Employment Barriers: Criminal Records

A comprehensive review performed by NCSL found more than 27,000+ state occupational licensing restrictions based on criminal records.

Restrictions come in the form of:

- Blanket bans—automatic bans
- Permanent disqualifications
- Mandatory disqualifications



Potential Strategies for State Action

- Eliminating or limiting automatic disqualification for convictions
- Requiring disqualifying crimes to be directly related to the occupation
- Certificates of Rehabilitation
- Protecting employers from negligent hiring
- Eliminating or limiting use of arrest records, pardoned offenses, or offenses older than 5, 10,...years
- Requiring case-by-case determination in licensing decisions
- Denial reason given



Examples of Recent Legislative Action in States

Kentucky (S 120, 2017)

- Adds “passage of time” since offense occurred to “directly related” criteria
- Requires written notice and opportunity for hearing for license denials
- Repeals authority to deny license for lack of “good moral character”

Louisiana (H 519, 2017)

- Justice Reinvestment Reforms
- Streamlines the occupational licensing process for ex-offenders
- Eliminates waiting periods & the use of “provisional” licenses



**Special Population:
DISLOCATED AND UNEMPLOYED
WORKERS**



What do we mean when we are talking about unemployed and dislocated workers?

Unemployed

- people who are jobless, actively seeking work, and available to take a job

Dislocated workers

- people who have been laid off or received a lay-off notice from a job
- people receiving unemployment benefits after being laid off or losing a job and are unlikely to return to a previous occupation
- people who were self-employed but are now unemployed due to economic conditions or natural disaster
- people who previously provided unpaid services to the family (i.e. stay-at-home mom or dad), and are no longer supported by a spouse, are unemployed or underemployed, and are having trouble finding or upgrading employment.



What difference does licensure make?

Younger workers

In 2015,

- 9.9% Unemployment rate among ages 18 to 35 (no license or a college degree)
- 5.2% Unemployment rate among ages 18 to 35 (with a license, but no degree)

Older workers

- When they lose a job, workers older than 45 are unemployed for longer periods of time than younger workers
- Older workers without a license have periods of unemployment lasting 40 percent longer than older workers with licenses.



What are the barriers to licensure for unemployed and dislocated workers?

1. Days of education and training required
2. Licensing fees
3. Exams



What are the barriers to licensure for unemployed and dislocated workers?

	Average Requirements	Ex: Barber	Ex: Preschool Teacher
Median Salary		\$23,710	\$28,570
Days of education and training required	273 (9 months)	Range: 175-890	Range: 365-1,825
Licensing fees	\$209	Range: \$0-330 (avg. \$130)	Range: \$0-250 (avg. \$103)
Exams	One	Range: 1-4	Range: 0-3
Source: Institute for Justice study of license requirements for 102 occupations			



Potential Strategies for State Action: Three Examples of Action in the States

Arizona House Bill 2372 (2017)

- **Waives initial licensing fees** for first-time applicants whose family income does not exceed 200% of the federal poverty guideline.
- *Effort targets low-income, unemployed and dislocated workers

Delaware Executive Order 60 (2016)

- Established a state **Professional Licensing Review Committee**, charged with studying and creating recommendations for state action to remove unnecessary or overly burdensome licensing or certification requirements.

Utah House Bill 94 (2017)

- Expanded the **oversight powers of its legislative committee dedicated to occupational licensing**, creating the opportunity for a broader discussion of how the public interest can best be served.



Concluding Points

- Being licensed makes a difference. People with licenses have lower rates of unemployment and are unemployed for shorter stretches of time.
- Occupational license require time and money. This is a barrier for unemployed and dislocated workers.
- State action to remove such barriers to employment can be targeted or broad, and driven by legislative or regulatory reform.



Occupations of Interest for Indiana



Target Occupations: How They Were Chosen

Primary criteria:

1. Require less than a bachelor's degree
2. Projected employment growth rate for 2014-2024 at national average or higher
3. Total current employment levels of 10,000 or greater (nationally)



Emergency Medical Technician or Paramedic

- **Education Requirement:** a minimum number of post-secondary training hours.
- **Job Responsibilities:** caring for the sick or injured in emergency medical settings by responding to emergency calls, performing medical services and transporting patients to medical facilities
- **Indiana employment projections:** 2,845 total openings by 2022
- **Regulation:** licensing (certificate) administered through the Indiana Department of Homeland Security
- **Population health rationale:** In recent years Emergency Medical Technicians/Paramedics have played a vital role in addressing the addiction crisis in Indiana. As first responders, these occupations are frequently the first line of care for individuals experiencing an acute overdose and are frequently responsible for administering rescue medications.



Dental Hygienists

- **Education requirement:** Associate degree
- **Job Responsibilities:** cleaning teeth, examining patients for signs of oral diseases, and providing other preventive dental care.
- **Indiana employment projections:** 2,883 total openings expected by 2022
- Dental hygienists are one of the highest paid occupations with associate-level entry; the median salary for dental hygienists in Indiana was \$69,330 in 2015.
- **Regulation:** Licensing administered by the PLA
 - The Indiana State Board of Dentistry is responsible for reviewing licensing qualifications and issuance of licenses for dental hygienists.
- **Population health rationale:** Enhancing access to oral health services and addressing a pervasive shortage of dental professionals in rural communities is a priority in the state. As Indiana seeks innovative ways to enhance oral healthcare access, examination and exploration of best practices in occupational licensing policies for dental hygienists has become a top priority for the state.



Nursing Assistants (Certified Nurse Aides)

- **Education requirement:** 105 hours of postsecondary education
- **Job Responsibilities:** basic patient care under direction of nursing staff, performing duties such as feed, bathe, dress, groom, or move patients, or change linens.
- **Indiana employment projections:** 11,931 total openings by 2022
- **Regulation:** overseen by Indiana State Department of Health, certificate administered by Professional Licensing Agency
- **Population health rationale:** Nursing assistants provide the majority of direct care to elderly and frail Hoosiers. They are largely employed by Skilled Nursing Facilities and Home Health Agencies. As the Hoosier population ages, ensuring an adequate supply of competent nursing assistants will be critical to supporting healthcare needs.



Licensed Practical Nurses

- **Education requirement:** vocational certificate
- **Job Responsibilities:** caring for ill, injured, or convalescing patients or persons with disabilities in hospitals, nursing homes, clinics, private homes, group homes, and similar institutions. They generally work under the supervision of a registered nurse.
- **Indiana employment projections:** 8,865 total openings by 2022
- **Regulation:** Licensing administered by the PLA
 - The Indiana State Board of Nursing is responsible for reviewing licensing qualifications and issuance of licenses for LPNs.



Matrix of Target Occupations

See handout in folder

	Certified Nurse Aide	Licensed Practical Nurse	Dental Hygienist	Emergency Medical Technician/Paramedic
Median National Salary	\$27,650	\$44,840	\$73,440	\$36,110
Median Indiana Salary	\$23,530	\$40,660	\$69,330	\$30,580
Minimum Education	Certificate	Certificate	Associate Degree	Certification
Education/Training Required	105 hours, must complete a state approved program	"state accredited program of practical nursing" (typically a vocational certificate)	requires a formal course of training of not less than two (2) years of eight (8) months each	EMT: 151-159 hrs of training, 16 hrs. of mandatory ride time Paramedic: 452 hrs. including internship course (1000-1300)
Regulatory Body	Indiana State Department of Health	Indiana Professional Licensing Agency (Indiana State Board of Nursing)	Indiana Professional Licensing Agency (Indiana State Board of Dentistry)	Indiana Department of Homeland Security
Licensing Fees every Two Years	Unknown	\$50	\$100	\$50
Exam Source	Ivy Tech Community College	National Council of State Boards of Nursing	Three exams: 1. national dental hygiene board examination, 2. clinical exam (either an approved exam or one administered by the Board) and 3. a jurisprudence examination	EMT: Two exams-written and practical skills examinations as set forth and approved by the commission (836 IAC 4-4-1) Paramedics: Two exams-written and practical skills examinations as approved by the commission (836 IAC 4-9-3)
Exam Cost	\$75 for both written and skills	\$200 for examination	\$415 (board exam) + \$1000 (Clinical exam)	EMT: Written-\$80 Paramedic: Written-\$125



Potential Strategies (Prepared by NCSL)

Military Spouses & Veterans

- Employer tax credits for hiring veterans
- Female veteran programs/offices
- College credit for military service
- Recognizing military training (DOL)
 - Licensure by endorsement
 - Licensure by exam

Individuals with a Criminal Background

- Eliminating or limiting automatic disqualification for convictions
- Requiring disqualifying crimes to be directly related to the occupation
- Certificates of Rehabilitation
- Protecting employers from negligent hiring
- Eliminating or limiting use of arrest records, pardoned offenses, or offenses older than 5, 10,...years
- Requiring case-by-case determination in licensing decisions
- Denial reason given

Unemployed and Dislocated Workers

- Waiving initial licensing fees for first-time applicants whose family income does not exceed 200% of the federal poverty limit
- Establishment of a Professional Licensing Review Committee that can study and create recommendations for action to remove unnecessary barriers to licensure/certification
- Expand oversight powers of legislative committee dedicated to occupational licensing



		MILITARY VETERANS & SPOUSES	PEOPLE W/ CRIMINAL BACKGROUNDS	DISLOCATED/UNEMPLOYED
EMTs/Paramedics	Opportunities			

		MILITARY VETERANS & SPOUSES	PEOPLE W/ CRIMINAL BACKGROUNDS	DISLOCATED/UNEMPLOYED
Dental Hygienists	Opportunities			

		MILITARY VETERANS & SPOUSES	PEOPLE W/ CRIMINAL BACKGROUNDS	DISLOCATED/UNEMPLOYED
Certified Nurse Aides (CNAs)	Opportunities			

		MILITARY VETERANS & SPOUSES	PEOPLE W/ CRIMINAL BACKGROUNDS	DISLOCATED/UNEMPLOYED
Licensed Practical Nurses (LPNs)	Opportunities			



Next Steps with Occupational Licensing Policy Learning Consortium

- Core Team will travel to Tucson, AZ for multi-state consortium meeting on December 4th-6th, 2017.
- Next in-state Core Team meeting will occur in conjunction with next Governor's Health Workforce Council meeting (February 22nd).
- Large stakeholder gathering will occur in June 2018.



NEXT COUNCIL MEETING

Thursday, February 22nd

1:00pm-3:00pm

IGCS Conference Rooms 4+5



Contact Information

Any questions and/or comments can be directed to Bowen Center
staff at

bowenctr@iu.edu

