

Pathways for Military Veterans to Enter Healthcare Careers

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KEY FINDINGS

Over the next five years, approximately 1.5 million military service members will separate from the military. Healthcare holds promise as a target industry with jobs for transitioning military veterans given healthcare's high number of job openings, especially for entry-level jobs requiring less than a Bachelor's degree, and the projected future growth of the healthcare industry. Anecdotal evidence suggests that many veterans, including those with healthcare experience, have difficulties entering civilian healthcare occupations. This study investigates veterans' barriers to smooth career transitions into healthcare careers, with a focus on allied health occupations. In addition, this study examines the types of programs and policies designed to assist veterans to overcome barriers in their pursuit of healthcare careers.

Four thematic areas emerged from the literature on the barriers that veterans frequently face when pursuing healthcare careers: 1) **navigating complex benefits**, 2) **translating military education and training to meet civilian academic requirements**, 3) **meeting credentialing requirements**, and 4) **overcoming limited communication and knowledge about healthcare career opportunities**. Credentialing requirements to obtain a license, certification, or registration required for practice may be the most significant hurdle veterans must overcome because meeting the measures required to demonstrate competency can be time consuming and costly.

Though none of the identified federal programs specifically targeted healthcare occupations, several were found to aid veterans' transitions into civilian healthcare careers by providing financial support to pursue additional education and training, encouraging government entities to accept military education and training to meet credential requirements, and/or providing civilian job search assistance. About half of states' legislative efforts to assist veterans with employment transitions directly identified healthcare careers, primarily emergency medical service and nursing occupations. Of the four barrier types, state laws addressing only three were found. Most were aimed at helping veterans meet credentialing requirements, including applying military education and experience to meet licensing requirements, as well as helping veterans translate military education and training into civilian occupations, including providing in-state tuition and college credit for military education and training. In addition, this study found multiple examples of how individual institutions, organizations, and government entities have introduced or changed existing policies and/or provided funding to support veterans' education and employment programs to assist veterans' transitions to civilian employment. Most of these programs address the barrier of translating military education and training to meet civilian academic requirements.

Few efforts were found that were aimed at increasing veterans' awareness about healthcare career opportunities, and among those that did exist, most were in the developmental or early stages. As programs and efforts mature, high-quality, sustained evaluation and assessment are needed to understand how well the efforts are meeting their goals and the needs of veterans, as well as to identify areas for improvement, additional support, and replication in other settings.

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BACKGROUND

Over the next five years, approximately 1.5 million military service members will separate from the military.¹ The unemployment rate for veterans, especially young veterans entering the civilian workforce, is high.² Healthcare industry holds promise as a target industry with jobs for transitioning military veterans given healthcare's high number of job openings, especially for entry-level jobs requiring less than a Bachelor's degree, and the projected future growth of the healthcare industry.^{3,4} Realizing these opportunities will require addressing a number of barriers that make it difficult for veterans to translate their military experience into civilian healthcare careers. This study describes these barriers and presents programs and legislative efforts taking place at the national, regional, state and local level to help veterans transition into healthcare careers.

According to the 2015 Veteran Economic Opportunity Report, "Health professions and related clinical sciences" ranked third in degree fields pursued by veterans.² Many veterans have health professional experience from their time in the military. One study estimates that over 50,000 service personnel with military healthcare training were discharged between 2006 and 2010.⁵ Looking at the pipeline of workers, 7.4% (or 99,382) of the active duty enlisted and officer personnel were working in a healthcare occupation in 2015⁶ compared to the civilian healthcare employment rate of 10.7% in 2015.⁷ The figures vary by military rank: 11.6% of the 240,000 active duty officer personnel but only 6.5% of the 1.1 million enlisted active duty military were in healthcare occupations.⁶ These numbers suggest that those separating from active duty with health professional experience may be highly skilled workers.

Veterans without prior healthcare professional experience are also good candidates for careers in healthcare, particularly as allied health professionals. Fifty-three percent of veterans separating from the military post-9/11 are leaving unemployed and 78% have less than a Bachelor's degree.² Many are eligible for educational benefits that may allow them to transition into a new career. The healthcare industry may be ideal for veterans to find employment given that many of the fastest-growing job opportunities are entry-level allied health occupations requiring less than a Bachelor's degree.^{3,4}

However, the transition is not always smooth. While nurses, physicians, and others with more extensive education and training will benefit from coordination between the military and civilian sectors, many other veterans encounter difficulties. Veterans employed in the military as an Emergency Medical Technician (EMT), medical assistant, or nursing assistant, for example, may face a significant reduction in scope of practice in civilian employment in these occupations compared to their military responsibilities: a potentially difficult and demeaning adjustment.⁸⁻¹² Not being able to directly translate scope of practice may mean a demotion and a pay cut to a veteran seeking a civilian healthcare career. This combination of restricted scope of practice and reduced salary can be frustrating and lead to job dissatisfaction, reduced financial resources, and/or wasted military medical experience and training when veterans move on to better-paying non-healthcare careers.^{11,12}

This study investigates the barriers faced by veterans transitioning from the military into civilian healthcare careers, with a focus on allied health careers. The types of programs and policies that assist veterans to pursue healthcare careers are described, along with a discussion of how these efforts address barriers faced by veterans. Specifically, this study addresses the following questions:

1. What are the regulatory/licensure, education system and financial barriers military veterans commonly face when seeking healthcare careers?
2. What types of legislation have states enacted to help veterans enter healthcare careers?

3. What different program models are states, organizations and institutions using to promote veterans' transitions into healthcare careers after military service?

The findings from this study will help to improve understanding of the complex pathways and obstacles that veterans must navigate from military service to civilian healthcare careers. This information will help federal agencies, states, veterans' advocacy organizations, and others involved in supporting veterans to design effective interventions that equip veterans to fill the growing employment demand in healthcare. A smooth transition into a comparable civilian healthcare occupation will allow veterans to effectively pursue their careers and to prevent the loss of these talents.

METHODS

This study focuses on career paths of enlisted personnel rather than commissioned officers because enlisted personnel face greater challenges in translating military experience into a civilian career.^{8,12} Commissioned officers, who have advanced postsecondary training in healthcare, often served as physicians, nurses, physician assistants, dentists, optometrists, physical therapists and occupational therapists. Their credentials more easily translate into civilian healthcare positions.⁶ On the other hand, enlisted personnel's military education and training paths tend not to be healthcare specific, and if they attained a health-related position, their training or on-the-job experience frequently does not directly translate into a civilian healthcare credential. While they may be an excellent fit for available healthcare jobs, they can face significant barriers in transitioning into civilian careers, especially allied health occupations with less clear career pathways.

For this descriptive study, we began by identifying barriers that veterans face as they pursue civilian careers, highlighting barriers specific to healthcare. We reviewed peer-review articles and conducted Web searches of the gray literature using key words such as military, veterans, health, healthcare, jobs, occupations and career. We then identified efforts to address these barriers by reviewing state legislation, documentation of federal and foundation grants, and web-based programs. Reaching out to program contacts let us discern the current status of each program and include ongoing and recently ended programs in our study. Also, we explored the extent to which information from evaluation, assessment, and other data were available regarding the outcomes of such efforts.

We worked with the National Conference of State Legislators (NCSL) to identify state legislation aimed at veterans that may have an impact on healthcare careers. NCSL used its legislation tracking system to scan all 50 states for enacted laws relating to the intersection of licensed health professions and veterans, as well as the intersection between education and veterans, between 2007 and 2015. Full details on NCSL methodology are included in Appendix A.

Who is a Veteran?

For the purposes of this study, we focused on efforts targeting veterans as defined by the U.S. Census Bureau:

"18 years old or over who has served (even for a short time), but is not now serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II."

We did not focus on barriers and related efforts specifically targeting reservists, members of the National Guard, military members dishonorably discharged, or other non-military veterans. Important to note is that reservists and National Guard members are considered veterans only in the event they were called to active duty. As a result, some efforts outlined in this study cover reservists and National Guard members in their service populations.¹³

RESULTS

BARRIERS FACING VETERANS TRANSITIONING INTO HEALTHCARE CAREERS

Four thematic areas emerged from the literature on the barriers that veterans face when attaining a healthcare career: 1) *navigating complex benefits*, 2) *translating military education and training to civilian occupations*, 3) *meeting credentialing requirements*, and 4) *overcoming limited communication and knowledge about healthcare career opportunities*. In this section, we review each barrier in detail.

Navigating Complex Benefits

Many veterans are eligible to receive educational benefits from the Department of Veterans Affairs (VA). However, understanding which resources are available—and which their particular era and length of service, deployments, and disability qualify them for—can be challenging, even though the VA website along with certified military benefits counselors at educational institutions are available to help veterans navigate this complex structure.

The three scenarios in Table 1 illustrate the complexities of determining benefits. They represent three common military occupations, at different levels, in different branches.

Table 1. Scenarios of Veterans Seeking Education for Healthcare Careers

	Marnie	Marcus	Casey
Branch and role	Navy Corpsman	Air Force Pararescue Jumper	Army Information Technology IT Specialist
Length of service	8 years	12 years	4 years
Deployments	Yes, 2 deployments	Yes, 4 deployments	No
Education goal	Wants to use post-9-11 GI Bill for bachelor’s level dental hygiene program at a state college	To attend physician assistant school, requiring a bachelor’s degree prior to application	To complete a community college radiology technician program
In-military training	Hospital Corpsman course, 19 weeks (listed on Joint Services Transcript)	After basic training, 6 months pararescue training, including 50 credits from Community College of the Air Force	Basic training, 20 weeks IT training (listed on Joint Services Transcript) no healthcare training from Army
Other education during service	Earned most pre-requisites while on active duty using Tuition Assistance funding	No other education during active duty	One Anatomy & Physiology course using Tuition Assistance
Special conditions	The dental hygienist program accepts 6 credits from the Joint Services Transcript to meet the remaining pre-requisites.	Partial hearing loss disability that qualified him for Vocational Rehabilitation benefit; bachelor’s program accepted only 10 transfer credits	The college he wishes to attend does not accept military training for transfer credit
Result	Because Marnie had earned prerequisite credits during her service period (saving the GI Bill for the dental hygiene program), she was able to achieve her goals and complete the dental hygiene program using GI Bill benefits.	Marcus used GI Bill benefits for his bachelor’s degree program, which would have used up all service-related benefits before entering physician assistant school. However, because he had the added disability benefits, VA-related education resources covered physician assistant school tuition and fees as well as supplies and a living allowance.	Casey will need to take the full 2-year degree curriculum because the school will not accept transfer credits. His education benefits will cover some of the tuition costs, but he will need to consult with the benefits coordinator in order to determine how much he will need to supplement, such as with federally-subsidized loans

Note: Period of service, length of service, and deployments all impact the generosity of GI Bill benefits available to veterans. These benefits can be difficult to decipher without the help of a certified benefits counselor.

As the table shows, the resources available depend on a veteran's active duty experience, disability status, and the extent to which the college accepts transfer credits. For example, Marnie's previous college credits helped her meet some of the requirements for the dental hygiene program so she was able to use the GI bill to cover the remaining program requirements. Because Casey's school did not accept military credits, however, he will have to complete the full curriculum and potentially take out loans to help cover the cost. For all veterans, deciphering eligibility for benefits is a significant barrier.

Translating Military Education and Training to Meet Civilian Academic Requirements

Veterans frequently receive education while in the military. When it is possible, transferring educational credit can help to shorten the transition into a civilian career, reduce redundancy in training, and make veteran education benefits go farther. Not all civilian educational institutions, however, recognize military education. Often, the barrier is the translation, and thus transference, of credit for education from a military transcript to educational programs at traditional two- and four-year civilian colleges and universities.^{8,9,11,14}

Different types and levels of accreditation affect the transferability of academic credits. Accreditation is the process and the standards by which higher education institutions and programs are evaluated by an accrediting organization. Accreditation involves both regional and national bodies: regional accreditation is most often sought by public or state institutions of higher education, while national accreditation is most often sought by for-profit or technical schools. Most nationally accredited institutions accept credits from regionally accredited programs, but regionally accredited programs often do not accept credits from nationally accredited programs. Another important distinction is the difference between programmatic versus institutional accreditation. Within an accredited institution, certain programs must also have a "specialized" accreditation. For example, to become a licensed nurse, a veteran must attend a school that is not only accredited at the institution level, but must complete an accredited nursing program.¹⁵

Where mutual recognition of the accreditation status of military and civilian educational sectors exists, credits are more easily transferred. Where mutual recognition does not exist, transferring credit can be a barrier. For example, because the Air Force has maintained regional accreditation for its training college (Community College of the Air Force or CCAF), civilian institutions are more likely to accept its transfer and prerequisite credits.

Transferring credits from other military training programs is more complicated. Military branches other than the Air Force rely on the American Council on Education (ACE) to assess and recommend credit for training and education provided to service members.¹⁶ Although ACE recommendations are based on rigorous review by educational experts, many colleges are unaware of this review process and the value inherent in the coursework listed on the ACE-generated Joint Services Transcript (JST).¹⁷ Every veteran from the Army, Navy, Marines, and Coast Guard receives an individual JST upon request. The JST does not include a letter grade or grade point average (GPA), but lists training modules where a minimum performance level has been met (usually equivalent to B- or above). A college admissions official who does not know this may find it challenging to establish the GPA for a veteran and decide whether the module meets the transfer and prerequisite requirements.^{8,14} Even colleges that are aware of the ACE process may not accept credits because the military training programs do not reside in regionally accredited educational institutions.

Another example of the disconnect in accreditation and transferability of credits is the interservice Medical Education and Training Campus (METC), in San Antonio, Texas. While METC has obtained accreditation at the specialized program level for several allied health occupations, it does not have regional accreditation, and civilian academic institutions are not obligated to accept credits from non-regionally accredited institutions. As a result, civilian institutions that do not recognize ACE and other non-regionally accredited entities attempt to review the curricula from each training program, a time-intensive process that taxes limited resources. In the past, the curricula for military training modules have not always been readily available to the general public or professionals evaluating educational credentials. To promote transparency and facilitate the accurate review of military education and training programs by civilian institutions, METC has been making curriculum modules available to educators with the goal of maximizing credit transfer and accelerating access to civilian training programs based on military medical training.

Meeting Credentialing Requirements

Credentials, such as professional licenses, certifications or registrations required for clinical practice in a healthcare role, are easily recognized when a reciprocal agreement to recognize the credential exists between military and civilian sectors. While most active duty officers in healthcare professions have recognizable civilian counterparts, many, such as medics and corpsmen, do not.^{8,9,12} This creates another barrier for veterans seeking to translate their military healthcare experience into the credentialing requirements of a civilian professional body.

Medics and corpsmen receive training in the military that may qualify them as basic EMTs or licensed practical nurses/licensed vocational nurses (LPNs/LVNs). These credentials may not reflect the additional high-level training (e.g., Special Forces Medic or Independent Duty Corpsman) and functioning or scope of practice that these veterans experienced during a deployment.⁸⁻¹² Without a clear mechanism to translate this high-level field training and experience, veterans who seek to qualify for a higher-level credential, such as a paramedic or registered nurse, may need to undertake education and training that is redundant to their military experience.

Further complicating the process is that for occupations such as EMT and LPN, credential requirements as well as scope of practice vary by state, which may limit a veteran's ability to pursue career opportunities in places with optimum support structures for veterans. A national certification for EMT-Basic, for example, may not be sufficient for licensure within a certain state^{9,10,12}—requiring veterans to work at a lower skill level than their training, or to re-take time-consuming and expensive exams. A small but growing number of institutions are working with METC to maximize the number of transfer credits for specific allied health education programs.

Overcoming Limited Communication and Knowledge about Healthcare Career Opportunities

The last key barrier we identified is the lack of awareness among many veterans about healthcare career opportunities. Although there has been a renewed focus nationally on helping veterans find a lifetime career,⁹ many civilian and military career services and national jobs programs focus on short-term education and training that lead to rapid job placement (i.e., Workforce Investment Act and “Camo to Commerce”). While many of these occupations can be obtained quickly, they do not have clear career paths for entry and progression.

Online services (e.g., My Next Move, VA Skills Translator) have been designed to provide a crosswalk from military occupational designations to civilian careers.^{20,21} These services often focus on direct transfer of skills rather than helping a veteran who wanted to build a healthcare career identify the additional education or training needed to move up a career ladder. Part of the challenge is that, especially in allied health professions, many occupations lack a clear career ladder.

Examples of High-Level (Enlisted) Military Healthcare Occupations

Army Special Forces Medical Sergeant (18D)

Special forces medical sergeants provide medical screening and evaluation, offer emergency and trauma treatment, maintain field laboratories as needed, and work with both uniformed and indigenous populations.¹⁸

Navy Independent Duty Corpsman (HM-8425/8494)

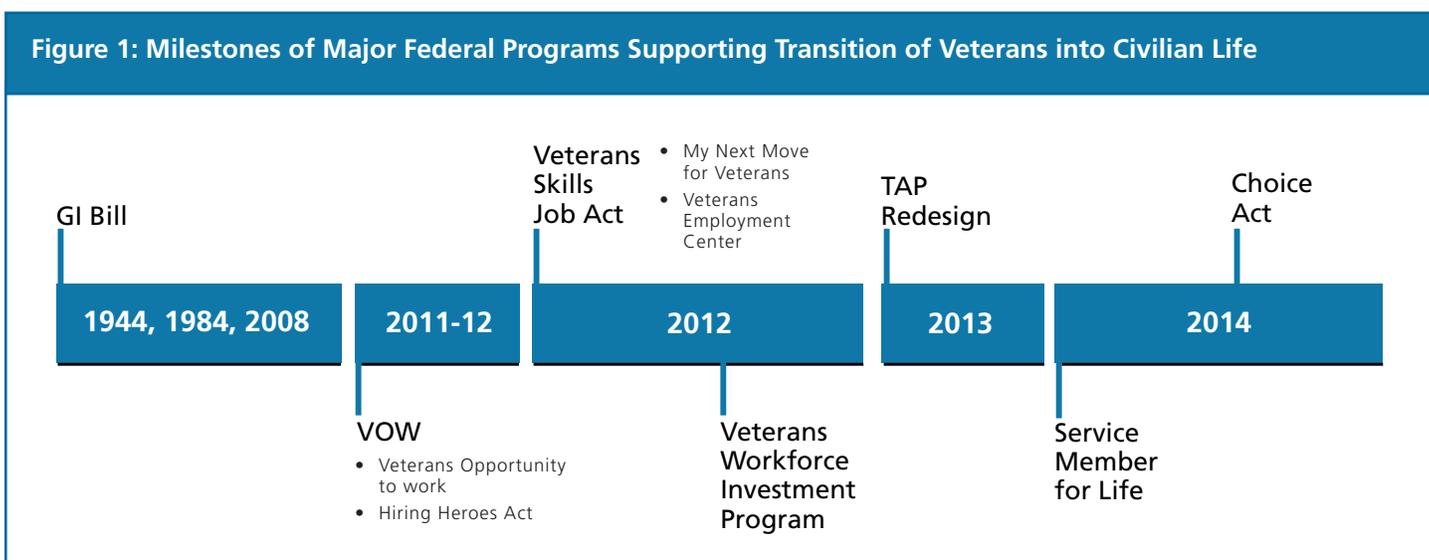
Independent duty corpsmen provide screening and evaluation, emergency care, health maintenance, minor surgery, and other procedures as needed.¹⁹

EFFORTS TO REMOVE BARRIERS FACED BY VETERANS SEEKING HEALTHCARE CAREERS

Numerous efforts have sought to address these barriers and ease the transition of veterans into civilian careers. In this section we provide a brief overview of general efforts by states, government agencies, and private foundations to help veterans transition into the civilian sector. We then discuss legislative efforts and other programs and policies that specifically assist veterans to enter healthcare careers, especially in allied health.

Federal Policies and Programs to Support Veterans Transitioning from Military into Civilian Careers – Any Industry

Several federal policies and programs have been developed to aid veterans in their transition to civilian careers. Figure 1 illustrates the milestones of these key federal programs and their relationships to each other. These programs do not necessarily target healthcare occupations, but rather provide a critical foundation for veterans to pursue healthcare careers, particularly allied health professions.



- GI Bill (1944, 1984, 2008)** The most widely recognized federal policy to help veterans transition into civilian careers is the “GI Bill.” Depending on period of service, a number of different GI Bills provide financial support to veterans, and in certain circumstances their families, to pursue additional training, education, licensure, and certification to help with the transition to civilian careers. Educational programs that wish to recruit applicants during the discharge process and facilitate access to GI Bill benefits must follow strict guidelines—including costs, enrollment, and graduation information—and sign a Memorandum of Understanding with the Department of Veterans Affairs.²²⁻²⁴
- VOW to Hire Our Heroes Act (Public Law 112-56, 2011/12)** The VOW to Hire Our Heroes Act of 2011 was a compilation of two different acts, the Veterans Opportunity to Work (VOW) Act (H.R. 2433) and the Hiring Heroes Act (S. 951). These acts required the Department of Labor (DOL) to work with states to allow military training to be considered for a select set of licenses and certifications.²⁵
- Veterans Skills to Jobs Act (2012)** In 2012, the Obama Administration backed multiple initiatives to prepare veterans to transition to civilian jobs. First was the Veterans Skills to Jobs Act of 2012 which directed federal department and agency heads to “treat relevant military training as sufficient to satisfy training or certification requirements for Federal licenses.” This act (H.R. 4155) allowed federal licensing authorities to consider military experience and qualifications to meet requirements for licenses issued by the federal government. Additionally, to support veterans’ transition into civilian careers, two websites

were developed under these initiatives. My Next Move for Veterans helps identify civilian careers that are similar to specific occupations in the military.²⁰ The Veterans Employment Center (VEC)²⁶ provides information on career fields, resume development, and how to search for jobs.

- **Veterans Workforce Investment Program (2012)** The DOL instituted a grant program in 2012 that awarded nearly \$12 million in grants for job training programs through the Veterans Workforce Investment Program (VWIP) that was expected to serve 5,500 veterans across the country. These DOL VWIP grants were intended to facilitate veterans' training and credentialing for many different occupations, including nursing and allied health occupations.²⁷
- **Transition Assistance Program Redesign (TAP, 2013)** Another program offered by the military was the Transition Assistance Program (TAP) which provided training and job search skills for separating service members and their spouses seeking jobs and pursuing further education. As of 2013, TAP became part of the VOW to Hire Heroes Act.
- **Service Member for Life (2014)** The Service Member for Life Program was initially a pilot program that aimed to enhance the TAP by providing additional support to help with skills translation and training for veterans and their spouses in 2014.²⁸ The program was renewed in September 2015.
- **Veterans Access, Choice and Accountability Act (2014)** Section 702 of the Veterans Access, Choice and Accountability Act (often referred to as the Choice Act) requires states to offer veterans the in-state tuition price for education in order for state institutions to receive GI Bill funds.

State Legislation to Assist Veterans Transitioning into Civilian Careers – Healthcare and Other Industries

NCSL previously summarized legislation enacted between 2007 and 2015 to address the needs of returning veterans and their families, including efforts aimed toward employment, education, access to benefits, housing and mental health.²⁹ Building on that previous NCSL report, we worked with NCSL to identify state legislative efforts between 2007 and 2015 that aimed to help veterans pursue civilian healthcare careers.

In our review of the enacted state laws addressing veterans' education and career pathways between 2007 and 2015, about half (n=24) of states directly identified healthcare careers in their legislative efforts (Table 2). Where healthcare careers were specifically mentioned, laws focused on emergency medical service and nursing occupations (Table 2). Most legislative efforts broadly focused on helping veterans obtain employment or access to education. Specific approaches centered on providing access to education through college credit, in-state tuition, and priority registration. Table 3 highlights examples of legislation in different states. Identifiable enacted state laws were found for three of the four barrier types, which are described in detail below.

Navigating Complex Military Benefits

To address the barrier of navigating complex military benefits, four states enacted laws that provided infrastructure to conduct outreach to veterans to explain benefits. For example, a 2013 law in Indiana (SB 354) established an outreach program aimed at improving women veterans' awareness of eligibility for services and benefits.²⁹ Rhode Island (HB 6250) in 2013 required the state Division of Veterans Affairs to produce a compendium of benefits and services available to veterans.²⁹

Translating Military Education and Training to Meet Civilian Academic Requirements

To address the barrier of translating military education and training to meet civilian academic requirements, we identified three main approaches. The first approach was providing college credit for military service or military education. For example, Idaho (SB 1299) passed legislation in 2012 directing the State Board of Education, the Board of Regents of the University of Idaho, the Boards of Trustees of some community colleges and the State Board for Professional-Technical Education to develop policies for awarding academic credit for certain military education, training or service.

Table 2. Examples of Health Occupations Specifically Targeted Through State Legislation to Support Veterans Entering Healthcare Occupations (2007-2015)

Occupations	States
Emergency Medical Technicians	AK, CO, CT, IL, IN, KY, LA, MI, NJ, TN, TX, UT, VT, WA
Nurses and Nursing Assistants	AZ, GA, KS, MI, OR, VT, VA, WA
Non-specified health or medicine*	FL, HI, MD, MA, VT, VA
Dental Professionals (Dentists, Dental Assistants, Hygienist)	MI, OR, WA
Pharmacists and Pharmacy Assistants	OR, WA
Physician Assistants	VT, WA
Respiratory Therapists and Care Practitioners	VA, WA
Medical Assistants and Healthcare Assistants	WA
Occupational Therapists	VA
Opticians and Ocularists	WA
Psychologists	OR
Radiologic Assistants and Technicians	WA

*Language of legislation not specific to a single health occupation. Example language includes reference to “critical need areas,” or “healthcare practitioners.”

Note: Legislation is included in this table if the intent of the law would impact health professions, even if the laws do not specifically identify healthcare careers or pathways. Sources include: NCSL 2015 report entitled “State Help for Returning Veterans” and a 50-state scan provided by NCSL to CHWS for this report.

Table 3. Types of Enacted State Legislation to Support Veterans Entering Civilian Healthcare Occupations (2007-2015)

Barrier	Approach	States*
Navigating Complex Benefits	Provide outreach regarding benefits and eligibility to military personnel	(IN, NV, RI, UT)
Translating Military Education and Training to Meet Civilian Academic Requirements	Translate college credit for military service or education	(AL, AK, CA, CO, CT, FL, HI, ID, IN, LA, MD, MA, MN, MO, NH, OK, OR, RI, SC, TN, TX, UT, VA, WA, WV, WI, WY)
	Provide in-state tuition for military veterans	(AK, AL, AZ, CO, DE, FL, GA, ID, IL, IN, IA, LA, ME, MD, MI, MN, MS, MO, NE, NV, NM, ND, OH, OR, RI, SD, TN, TX, UT, VA, WA, WY)
	Provide campus supports for military veterans	(AZ, NJ, OR, TX)
Meeting Credentialing Requirements	Apply military education and experience to meet licensing requirements	CT, FL, GA, IL, KS, KY, LA, MD, MA, OR, TN, UT, VT, VA, WA (AK, DE, HI, ME, MT, MH, NJ, RI, SD, TX, WV, WY)
	Issue of license or certificate to military personnel	AZ, AK, CT, FL, IN, MI, MS, NJ, NC
	Implement state reciprocity of license for military personnel and family	CO, KY, LA, TX
	Waive licensing fees for military personnel and family	IL, MI
Limited Communication & Knowledge about Healthcare Opportunities	--	None identified

*States in parenthesis () indicate non-healthcare specific efforts

Note: Legislation is included in this table if the intent of the law would impact health professions, even if the laws do not specifically identify healthcare careers or pathways. States that have non-specific health profession related legislation are indicated in parentheses. Sources include: NCSL 2015 report entitled “State Help for Returning Veterans” and a 50-state scan provided by NCSL to CHWS for this report.

Similarly, Connecticut (HB 5299) passed a law in 2014 requiring educational institutions to award college credit for military training. Although 27 states have legislation addressing this approach, none specifically addressed healthcare occupations or healthcare education.

The second approach was to provide in-state tuition for military veterans in order to help them gain access to further education. This action was in response to Section 702 of the Choice Act. No state specifically addressed healthcare, but 32 states passed legislation addressing in-state tuition. For example, a 2014 Washington (SB 5318) State law removed the one-year waiting period for veterans and military personnel to be eligible for in-state tuition. Similarly, veterans in Texas receive tuition exemption for themselves and their families for up to 150 credits at state higher education institutions.³⁰

The third approach was for educational institutions to provide academic and social support for veterans. Again, no state specifically called out support for healthcare careers, but four states provide support more broadly. For example, in an effort to support veterans navigate a complex benefits system, a 2009 law in Oregon (HB 2178) required that all institutions in the Oregon community college and public university system appoint service officers to help facilitate veterans' transition.²⁹

Meeting Credentialing Requirements

Four approaches were identified that addressed the barrier of meeting credentialing requirements. The first approach was to enact laws to credit military experience and education toward licensing. Fifteen states specifically addressed healthcare occupations, while 12 addressed this issue more broadly. For example, Washington State legislation (SB 5318; 2014) addressed the credentialing barrier by focusing the evaluation of military training and experience on meeting certain professional licensing requirements.

A second approach was to enact laws to issue license or certificates to military personnel. Nine states specifically enacted such laws for healthcare occupations. For example, a 2014 law in Florida (HB 7015) required the state licensing board to issue licenses to applicants who met specified requirements (e.g., being honorably discharged and applied within a certain number of months of discharge), as well as provided temporary certificates for active duty service members and veterans practicing medicine in areas of "critical need." Similarly, a 2013 law in Kansas (HB 2078) required the state licensing board to waive the educational requirements for licensure as a practical nurse for applicants who attained a passing score on the national council licensure examination for practical nurses, and provided evidence of nursing experience with the military.

A third approach was to have state reciprocity of license for military personnel and family, which was passed in four states with a healthcare specific focus. For example, Louisiana (HB 732; 2012) required occupational licensing boards to issue a license to military veterans if they currently held a license from another jurisdiction with substantially equivalent requirements.

A fourth approach was to waive licensing fees for military personnel and family, which was done in two states specifically for healthcare occupations. For example, a 2014 (HB 5248) law in Michigan authorized use of certain military experience as the basis for waiver of certain fees for licensure as a dental assistant.

Other Programs and Policies that Support Veteran Transitioning into Civilian Healthcare Careers

While many states have undertaken efforts to help smooth the transition of veterans into civilian careers, a variety of other types of efforts have been designed by individual institutions, organizations, or government entities to support veterans' transition into civilian healthcare careers. Among these, we found programs that addressed three areas: translating military education and training to meet civilian academic requirements, meeting credentialing requirements, and navigating complex benefits/limited communication and knowledge about healthcare opportunities.

Tables 4 through 6 provide an overview of programs organized by type of barrier addressed. Not an exhaustive list, these are examples of programs that further illustrate approaches to address barriers faced by veterans in pursuing healthcare careers.

Translating Military Education and Training to Meet Civilian Academic Requirements

Table 4 provides an overview of programs aimed at helping veterans translate military education and training to meet civilian academic requirements, which was the most common barrier that these programs addressed. Programs targeting health careers have sought to develop expedited or bridge programs for nursing, award credit for medical-related experiences in the military, and partner with local VA hospitals to provide job and internship opportunities. For example, from 2011 to 2013, the Health Resources and Services Administration (HRSA) had a "[Helping Veterans become Physician Assistants](#)" program that sought to help veterans with medical training transition to Physician Assistant (PA) education programs in grantee schools through specific recruitment, retention, and mentoring activities. HRSA also funds the "[Veterans to Bachelor of Science Nursing](#)" (VBSN) program, which provides grants to schools to expedite the path for military personnel to a nursing degree. Institutions participating in the VBSN program provide credit for military work and varied grade point average requirements. To date, 31 programs are receiving funding to implement efforts.

Another example program designed to provide a healthcare career pathway is the VA's effort to train "[Intermediate Care Technicians](#)" (ICTs) in some VA hospitals and clinics, providing them jobs and a pathway to earn advanced training and degrees. Another ongoing effort is the "[Multistate Collaborative on Military Credit](#)," a partnership of 13 states (Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin) that focuses on translating competencies acquired by veterans through military training and experience toward college credentials. The "[College Credit for Heroes](#)" program, administered by the Texas Workforce Commission, was developed to help maximize the number of credits veterans receive for their military experience and training. This program initially targeted allied health programs at community colleges, and has expanded to other professions and universities. Currently, 42 colleges and universities participate in the program. Lastly, the "[HIMSS Veterans Career Services Initiative](#)," a joint effort between Bellevue College and the United States Department of Labor, Education and Training Administration, focuses on helping veterans obtain education to pursue opportunities in the health IT sector.

Table 4. Programs Designed to Address the Barrier of: Translating Military Education and Training to Meet Civilian Academic Requirements

Program Name	Program Overview	States Involved	Website
College Credit for Heroes	Program administered by the Texas Workforce Commission to help colleges and universities maximize the number of credits veterans receive for military experience and training. Began with a focus on Allied Health Professions and has expanded to other professions. Funder: Texas Workforce Commission	TX	https://www.collegecreditforheroes.org/
Experience Counts	Initiative by NY Veterans Affairs to ensure military experience is adequately recognized toward licensing and academic credit. Allows military training and experience as a medic to count toward certification for paramedics, home health aides, and nursing home aides.	NY	http://www.veterans.ny.gov/content/experience-counts
GateWay Community College Veterans/LPN Bridge program	Bridge program that helps veterans apply previous military healthcare experiences and training to meet certification requirements to be an LPN. This program is also intended to help facilitate veterans' entry into an Associate's Degree in Nursing program.	VA	http://www.gatewaycc.edu/veterans-lpn-bridge
HIMSS Veterans Career Services Initiative	A joint effort between Bellevue College and the United States Department of Labor, Education and Training Administration focuses on helping veterans obtain education to pursue opportunities in the Health IT sector.	National	http://www.himss.org/veterans-career-services-initiative
Medical Corpsman to Practical Nurse Program	Bridge program offered by DuPage, Joliet Junior College, and Illinois Central College to help veterans meet educational requirements and prepare for LPN exam.	IL	https://www.illinois.gov/veterans/Pages/bridgeprograms.aspx
Multistate Collaborative on Military Credit	A partnership of 13 states (Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin) focused on translating competencies acquired by veterans through military training and experience toward college credentials. States will exchange information and share best practices in the areas of articulation of credit, certification/licensure, communications, and technology.	IL, IN, IA, KS, KY, MI, MN, MO, NE, ND, OH, SD, WI	http://www.mhec.org/multistate-collaborative-on-military-credit
Physician Assistant Training Grant (HRSA)	A federal program for PA training that includes an optional component to enhance recruitment, retention, and mentoring services for veterans to become physician assistants.	National; Grant opportunity to applicants from all states	http://bhpr.hrsa.gov/veterans/paprograms.html
Veterans to Bachelor of Science in Nursing (HRSA)	A federal program that provides grants to schools to expedite the path for military personnel to a nursing degree. VBSN institutions provide credit for military work and varied grade point average requirements	National	http://bhpr.hrsa.gov/nursing/grants/neqprvbsn.html
Veterans Health Administration Intermediate Care Technicians Training Program	An effort by VHA to train "intermediate care technicians" (ICTs) in some VA hospitals and clinics, providing them jobs and a pathway to earn advanced training and degrees.	National	Not Available
Veterans Healthcare Career Pathways	Initiative by the Illinois Council for Adult and Experiential Learning (CAEL), Veterans Affairs, and Employment Security to help returning veterans with healthcare-related military experience transition into civilian careers in healthcare. Provides a suite of tools to help returning veterans identify, develop and implement career pathways. Funder: Michael Reese Health Trust	IL	http://www.vethealthcarejobs.org/

Meeting Credentialing Requirements

Programs shown in Table 5 seek to reduce barriers related to meeting credentialing requirements by streamlining the path to obtaining a license or certificate required to practice, and/or ensuring that military training and experience counts toward licensing and certifications. The National Governors Association (NGA) convened a program among six states (Illinois, Iowa, Minnesota, Nevada, Virginia and Wisconsin), through the NGA Veterans' Licensing and Certification Policy Academy, that helps military service members earn credentials as licensed practical nurses, EMTs, and other health occupations such as physical and occupational therapists. One such effort coming out of this academy was the "VET2RN" program in Wisconsin that allows accredited colleges to apply military training and experience toward LPN coursework and expedites the path to the RN program. In New York, the "Experience Counts" initiative aims to ensure military experience is adequately recognized toward meeting licensing and certifications requirements for paramedics, home health aides, and nursing home aides.

Table 5. Programs Designed to Address the Barrier of: Meeting Credentialing Requirements

Program Name	Program Overview	States Involved	Website
Accelerated Nursing Pathway To Licensure (VET2RN)	Effort adopted by accredited nursing schools that applies military training and experience toward coursework. After successfully completing an accelerated program, students may apply for a license as an RN or as an LPN.	WI	https://www.herzing.edu/blog/madison/transitioning-military-medics-rewarding-careers-nursing
Experience Counts	Initiative by NY Veterans Affairs to ensure military experience is adequately recognized toward licensing and academic credit. Allows military training and experience as a medic to count toward certification for paramedics, home health aides, and nursing home aides.	NY	http://www.veterans.ny.gov/content/experience-counts
Lansing Community College Military Medic to Paramedic	Community College program that provides accelerated program for military medics to obtain a paramedic license.	MI	http://www.lcc.edu/hhs/programs/military/

Navigating Complex Benefits / Overcoming Limited Communication and Knowledge about Healthcare Career Opportunities

Fewer programs were aimed at helping veterans navigate complex benefits and overcome limited knowledge about healthcare careers (Table 6). One program that addressed both barriers was the "Veterans Healthcare Career Pathways" program, a collaborative initiative by the Illinois Council for Adult and Experiential Learning (CAEL), Veterans Affairs, and Employment Security. This program provides a suite of resources, including direct outreach to veterans, in an effort to help returning veterans identify, develop and implement career pathways in the healthcare field.

Table 6. Program Designed to Address the Barrier of: Navigating Complex Benefits & Overcoming Limited Communication and Knowledge about Healthcare Career Opportunities

Program Name	Program Overview	States Involved	Website
Veterans Healthcare Career Pathways	Initiative by the Illinois Council for Adult and Experiential Learning (CAEL), Veterans Affairs, and Employment Security to help returning veterans with healthcare-related military experience transition into civilian careers in healthcare. Provides a suite of tools to help returning veterans identify, develop and implement career pathways. Funder: Michael Reese Health Trust	IL	http://www.vethealthcarejobs.org/

DISCUSSION

While veterans face several common barriers when transitioning into any civilian career, this study highlighted four major types of barriers related to education and employment that are particularly challenging for veterans entering an allied health career: 1) navigating complex benefits, 2) translating military education and training to meet civilian academic requirements, 3) meeting credentialing requirements, and 4) overcoming limited communication and knowledge about healthcare opportunities. Given that many healthcare occupations have specific credentialing requirements to ensure quality of care and patient safety, credentialing requirements may be the most significant hurdle veterans must overcome because of the potentially time-consuming, costly actions required to demonstrate competency.

This study identified a variety of approaches to mitigate barriers faced by veterans at the state legislative level as well as programs and initiatives put into place at the local, state, regional, and national levels. The intent of these approaches is to expedite education paths and help reduce barriers faced by military veterans. Many states and national organizations have initiated efforts to support veterans as they seek to access education and promising careers. Healthcare careers, particularly those in emergency medical services and nursing, are an emerging focus. Many states have enacted legislation to help streamline licensing requirements and facilitate enrollment in educational programs. Non-legislative efforts sought to streamline academic programs, help veterans understand their benefits and how to use them, and raise veterans' awareness of employment opportunities in healthcare. Such efforts aimed at improving access to education and training and streamlining licensing requirements may also help alleviate scope of practice and pay discrepancies by equipping veterans to advance to higher-paying positions with more responsibilities.

Little information is available on the outcomes and effectiveness of these efforts, both because many of these programs are in the developmental or early stages, and because such evaluations have not been required. As programs and efforts mature, high-quality, sustained evaluation and assessment is needed to understand how well the efforts are meeting their goals and the needs of veterans, as well as to identify areas of improvement and additional support.

CONCLUSION AND POLICY CONSIDERATIONS

The healthcare industry has some of the fastest-growing occupations in the U.S.^{31,32} Allied health occupations requiring less than a Bachelors' degree may be suitable entry-level opportunities for veterans returning from service who seek employment and need to translate their skills into civilian jobs. However, many barriers discourage or disillusion veterans with military healthcare experience as they seek to transition into the civilian healthcare workforce. While federal and state efforts as well as programs from individual institutions, organizations, or government entities are helping to streamline education and training to help transition these skilled individuals into civilian healthcare careers, more efforts are needed. To repeat education or training unnecessarily is a waste of resources for both veterans and educational institutions.

The following considerations may help reduce the barriers for veterans interested in pursuing a healthcare career:

1. Build on recent efforts to increase transparency of military training curricula to improve translation of military education and experience into civilian healthcare education and experience.
2. Encourage states to adopt reciprocity of state credentials for healthcare occupations to increase job placement of veterans.
3. Streamline educational benefits for veterans to reduce confusion about access to healthcare careers.
4. Expand awareness of healthcare career opportunities across all educational institutions.
5. Clarify career ladder opportunities in healthcare for veterans.
6. Assess the scope of practice and experience attained by veterans in key military healthcare occupations to improve the translation of military job experiences into comparable civilian roles.
7. Help employers understand best practices and identify innovations in recruiting, hiring, and retaining veterans.

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List of Enacted State Legislation

STATE	YEAR	BILL NUMBER	SESSION LAW CITATION
Alabama	2013	HB 338	2013 Ala. Acts, Act 350
Alaska	2013	HB 84	2013 Alaska Sess. Laws, Chap. 28
Arizona	2013	HB 2076	2013 Ariz. Sess. Laws, Chap. 85
Arkansas	2005	HB 2571	2005 Ark. Acts, Act 1674
Colorado	2012	HB 1059	2012 Colo. Sess. Laws, Chap. 271
Connecticut	2014	HB 5294	2014 Conn. Acts, Act 141
	2014	HB 5299	2014 Conn. Acts, Act 131
Delaware	2014	HB 296	2014 Del. Laws, Chap. 329
Florida	2014	HB 7015	2014 Fla. Laws, Chap. 1
Georgia	2010	HB 475	2010 Ga. Laws, p. 60
Hawaii	2013	SB 548	2013 Hawaii Sess. Laws, Act 189
	2012	HB 2258	2012 Hawaii Sess. Laws, Act 248
Idaho	2012	SB 1299	2012, Idaho. Laws, Chap. 37
Illinois	2013	HB 3186	2013 Ill. Laws, P.A. 53
	2011	HB 3255	2011 Ill. Laws, P.A. 509
Indiana	2013	HB 1486/ SB 290	2013 Ind. Acts, P.L. 115
	2014	SB 354	2014 Ind. Acts, P.L. 105
Kansas	2013	HB 2078	2013 Kan. Sess. Laws, Chap. 95
Kentucky	2013	HB 167	2013 Ky. Acts, Chap. 32
Louisiana	2012	HB 732	2012 La. Acts, #276
	1997	SB 1009	1995 La. Acts, #913
Maine	2013	HB 802	2013 Me. Laws, Chap. 311
Maryland	2013	SB 273	2013 Md. Laws, Chap. 154
Massachusetts	2012	SB 2254	2012 Mass. Acts, Chap. 108
Michigan	2014	HB 5248	2014 Mich. Pub. Acts, Act 305
	2013	HB 4605	2013 Mich. Pub. Acts, Act 165
Mississippi	2013	SB 2419	2013 Miss. Laws, Chap. 350
Montana	2013	HB 259	2013 Mont. Laws, Chap. 310
New Hampshire	2014	HB 234	2014 N.H. Laws, Chap. 117
New Jersey	2013	AB 2891	2013 N.J. Laws, Chap. 101
	2013	AB 2882	2013 N.J. Laws, Chap. 53
North Carolina	2012	HB 799	2012 N.C. Sess. Laws, Chap. 196
Oregon	2014	HB 4057	2014 Or. Laws, Chap. 35
	2009	HB 2178	2009 Or. Laws, Chap. unassigned
Rhode Island	2013	HB 5712	2013 R.I. Pub. Laws, Chap. 287
	2013	HB 6250	2013 R.I. Pub. Laws, Chap. 30
South Dakota	2013	SB 1180	2013 S.D. Sess. Laws, Chap. 152
Tennessee	2013	SB 493	2013 Tenn. Pub. Acts, Chap. 122
Texas	2013	SB 162	2013 Tex. Gen. Laws, Chap. 66
	2013	HB 1960	2013 Tex. Gen. Laws, Chap. 970
Utah	2011	HB 384	2011 Utah Laws, Chap. 181
Vermont	2014	HB 681	2014 Vt. Acts, Act 177
	2009	SB 288	2009 Vt. Acts, Act 78
Virginia	2012	HB 938	2012 Va. Acts, Chap. 524
	2011	HB 1535	2011 Va. Acts, Chap. 390
Washington	2012	SB 6237	2012 Wash. Laws, Chap. 153
	2011	SB 5307	2011 Wash. Laws, Chap. 32
	2014	SB 5318	2014 Wash. Laws, Chap. 183
West Virginia	2014	HB 4151	2014 W.Va. Acts, Chap. 140
Wyoming	2013	SF 130	2013 Wyo. Sess. Laws, Chap. 198

APPENDIX A

NCSL 50 STATE SCAN METHODOLOGY

The following methodology was provided by the National Conference of State Legislators:

The list of laws that facilitate veterans' entry into health professions was culled from a variety of sources, building upon years of research related to occupational licensing legislation for veterans. The National Conference of State Legislators (NCSL) issue experts have tracked and reported occupational licensing for military personnel—regardless of the type of occupation—since 2007. An NCSL researcher conducted a comprehensive review of all licensing legislation in April 2015 and created the list of enacted laws related to health professions. In addition to a database of legislation related to veterans' affairs created and maintained by NCSL, the researcher utilized other legislative tracking services and state websites to build the comprehensive list of health occupational licensing legislation.

NCSL's Military and Veterans Affairs Legislation Tracking Database houses introduced, pending, failed and enacted legislation related to military and veterans for all 50 states and the District of Columbia since 2010. Legislation is followed and added to the database through State Net, a subscription-based state and federal legislative tracking service that is part of LexisNexis. State Net staff maintain a "veteran" topical category, in which State Net experts individually review all bills and assign topics to each bill using a proprietary method of indexing. Therefore, this topic code collects all legislation related to veterans' affairs. NCSL experts search by the "veteran" topic to gather all pertinent legislation, and then sort through it by reviewing and evaluating bill language and other components. NCSL experts add applicable legislation to the database, and tag it with the appropriate code. In this case, employment and occupational licensing was the code of interest.

Since 2013, an NCSL issue expert has been using the *Military and Veterans Affairs Legislation Tracking Database* to review and update a chart of enacted state legislation related to licensing for military service members and spouses in all occupations. For the health occupation search, the researcher first read and evaluated all bills from this chart to determine applicability to health professions. The analyst then ran another search in the database to confirm inclusion of any new legislation in 2015. The number of bills in the database changes weekly based on state actions, and the database currently houses more than 400 total enacted employment and occupational licensing bills since 2010. Health professions were widely defined to encompass any medical or health role, and included such terms as physicians, nurses, physical therapists, emergency medical professionals and dentists. This wide interpretation allowed for the inclusion of any health-related occupation. In addition, some state laws on veterans' occupational licensing apply only to specific professions while others are broader (e.g., directing all state licensing boards to accept military education, training and experience toward the requirements for licensure). For the purposes of this search, both types of laws were included.

In addition to the database, the NCSL issue expert reviewed other sources to check for omissions and ensure a complete list of all relevant legislation. The analyst utilized State Net and Westlaw, another legislative tracking service, for additional searches. An initial term search in State Net helped verify that all relevant information was previously captured. The researcher then utilized Westlaw for several searches to check for gaps from any of the previous information sources. Search language for these sites included variations of terms such as license, certificate, veteran, military, healthcare and medical. Similarly to the database, the analyst reviewed any additional laws for terms related to health professions, and then compared any applicable legislation with the working list created using the database to avoid duplication and to confirm inclusion of the most recent bill or law. Lastly, state websites were used to find selected executive orders to determine their applicability for inclusion. Laws in seven states were found using these final reviews, indicating a fairly robust initial search and a comprehensive final list.

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