

REGULATED OCCUPATIONS RECOMMENDATIONS REPORT

Regulated Occupations Evaluation Committee
(ROEC)

12/16/2011

Report contains recommendations from the first year of review by ROEC of seven boards: Indiana State Board of Health Facility Administrators, Indiana Optometry Board, Indiana Dietitians Certification Board, Committee of Hearing Aid Dealer Examiners, State Board of Registration for Professional Engineers, Private Investigators and Security Guard Licensing Board and the State Board of Cosmetology and Barber Examiners.

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EXECUTIVE SUMMARY

The Indiana Professional Licensing Agency (IPLA) is an umbrella agency for thirty-five (35) boards, commissions and committees that regulate over seventy (70) occupations ranging from physicians, real estate brokers and engineers to dentists, barbers and accountants. Some of the IPLA boards also have regulatory authority over businesses such as pharmacies, tanning salons, and home medical equipment providers.

The Regulated Occupations Evaluation Committee (ROEC) was created by the Indiana General Assembly pursuant to IC 25-1-16. The Committee was charged with the responsibility to review and evaluate professions regulated by the Indiana Professional Licensing Agency at least once every seven years. Additionally, the Committee is to make recommendations after their review and evaluation. Reports are due to the Governor, Health Finance Commission and Legislative Services Agency by July 1 each year.

ROEC's first report in July of this year (2011) presented an analytic framework that can be employed to evaluate regulatory activities related to professional licensing. Part A of the framework addresses whether government regulation is necessary. A five-part system is employed by ROEC to determine if regulation of an occupation is a necessary function of government. Part B of the framework addresses how necessary regulations can be modernized to achieve their objective in a cost effective manner, including proposals to reorganize the responsibility for licensing. The ROEC's analytic framework has been reviewed and refined based on comments from government officials and the public. ROEC's July 2011 report explains the analytic framework. More information regarding ROEC's activities, including the analytic framework, can be reviewed at <http://www.in.gov/pla/3144.htm>. Questions or comments related to ROEC's reports can be emailed to roec@pla.in.gov.

In this supplemental 2011 report, ROEC has applied the analytic framework to seven boards that were selected for evaluation. (Another set of boards is planned for evaluation in 2012). In the course of doing its work, ROEC invited representatives from the selected boards to provide evidence and perspectives relevant to ROEC's analytical framework. ROEC also received inputs from IPLA staff, other state agencies, and the public. Those presentations, which were open to the public, typically consumed at least 3 hours per board, usually during two separate days.

The conclusions of this report are a series of main recommendations about the future activities of these seven boards. For each board, ROEC came to one of three possible recommendations: eliminate the board, modify the board, or retain the board in its current form. ROEC's main recommendations in this report are summarized below. If the General Assembly should decide against the main recommendations, the text of the report also contains some secondary, alternative recommendations.

Recommendations by Board

1. **Indiana State Board of Health Facility Administrators** – Retain as mandated by Federal statute or regulation, but relocate the function to the Indiana State Department of Health, which currently regulates long term health care facilities.
2. **Indiana Optometry Board** – Retain.
3. **Indiana Dietitians Certification Board** – Eliminate.
4. **Committee of Indiana Hearing Aid Dealers** – Eliminate.
5. **State Board of Registration for Professional Engineers** – Retain in its current form but reduce licensing fees significantly and eliminate the unnecessary license for engineering corporations.
6. **Security Guard and Private Investigators Board** – Eliminate.
7. **State Board of Cosmetology and Barber Examiners** – Eliminate.

Recommendations to eliminate license types are a reflection of ROEC's evaluation of whether or not the profession should have governmental regulatory protection and should not be interpreted as a reflection of ROEC's overall perception of the profession. The idea is to optimize government resources. Deregulation of professions where the risk of harm to the consumer is low and the majority of the current regulatory oversight consists of administrative tasks would result in the ability of regulators to redirect resources to provide adequate protection and oversight of professions where the risk of harm does merit governmental regulatory oversight.

In the course of reviewing these seven boards, it became clear to ROEC there are several reform issues that cut across many professions. These "bigger-picture" issues, which apply only to boards that are to be retained or modernized, will require further analysis as more professions are reviewed. ROEC members are in the process of developing a list of policy issues that affect the regulation of all professions that will be reviewed. Some of these issues include the consumer complaint process, funding for boards, and the design, implementation, and oversight of continuing education requirements.

INTRODUCTION

In this supplemental 2011 report, ROEC has applied its analytic framework to seven boards that were selected for evaluation: Indiana State Board of Health Facility Administrators, Indiana Optometry Board, Indiana Dietitians Certification Board, Committee of Hearing Aid Dealer Examiners, State Board of Registration for Professional Engineers, Private Investigators and Security Guard Licensing Board and the State Board of Cosmetology and Barber Examiners. Additional boards are slated for assessment by ROEC in 2012. Before presenting ROEC's assessment of each of these Boards, the report describes the quantitative method that ROEC employed to help inform its determinations.

There are five components to Part A of the ROEC framework, which concerns whether a specific license should be continued or not. Each of those five components is implemented on a scale from 1 to 5, with low scores arguing in favor of rescission of the license and high scores arguing for retention of the license. The five component factors are described in detail in ROEC's July 2011 report. Each member of ROEC assigned a score to each of the five components for each license that was evaluated. A weighted average of the five component scores was computed to provide an indication of the strength of the case for continuation of the license.

In addition to this components analysis, each member of ROEC provided an overall rating (1 to 5 point scale) for the overall case of each license, where a 5 indicates that the case for retention of the license is extremely strong and a 1 indicates that the case for retention of the license is extremely weak. The precise question posed to each ROEC member was worded as follows: "Overall, how do you score the case for the profession to be licensed?"

The ratings provided by each ROEC member are based on the following inputs: a 90-120 minute oral presentation, with questions and answers by a leader from the relevant Board; written materials submitted to ROEC by the Board and IPLA staff and a graduate student affiliated with the IUPUI School of Public and Environmental Affairs; and the experience of ROEC members. ROEC members also took into account what they learned at a second 90-120 minute oral presentation by a leader of the Board, where the topic was Part B of ROEC's analytic framework (modernization of the licensing procedure). Any written materials submitted to ROEC for the Part B analysis were also considered, since they may also shed light on Part A issues.

The key statistic in ROEC's Part A analysis is the score of the ROEC for the overall case for licensure for a specific license, where the score is computed by a procedure that gives equal weight to the scores of each of ROEC's six members in order to determine the average (see Question # 6 in Attachment A). As a rule of thumb, ROEC believes that a license with an average score in this category of 3 or greater should be retained whereas an average of less than 3 on the 5-point scale indicates that the license should be a candidate for deregulation.

As a robustness check on the score for the overall case for licensure, an alternative score for each license type was generated using the five component scores in the Part A framework. Under this alternative procedure, each of the five components in Part A is weighted equally as are the scores from each of the ROEC members. Once again,

averages for the overall average score that are above 3 suggest retention of the license whereas averages below 3 suggest deregulation. In the assessments of the seven boards contained in this report, we report both averages: the average score for the overall case for licensure and the alternative average score that draws from the five components of the Part A framework. If both averages are above or below the 3.0 cut point, the ROEC considered the policy conclusion (retention or deregulation) to be fairly robust.

INDIANA STATE BOARD OF HEALTH FACILITY ADMINISTRATORS

Background

Role of the Health Facility Administrators (HFA) Board: Regulate the administrators and review their overall competency. The license and Board were created in 1969.

Responsibilities of the board include:

- 1.) Issue licenses permitting the practices of health facility and residential care administrators.
- 2.) Promulgate administrative rules setting standards for professional practice.
- 3.) Discipline licensees who are found to have violated statutes and administrative rules.
- 4.) File complaints with the Office of Attorney General (OAG) following the receipt of a finding of substandard quality of care determined by the ISDH inspection.
- 5.) Educate licensure candidates and preceptors.

Indiana State Department of Health: Regulates licensed long-term care facilities and performs annual surveys of facilities as well as analysis of complaints.

The Indiana State Board of Health Facility Administrators oversees six licenses.

It is ROEC's understanding that the Federal government mandates that Health Facility Administrators be licensed and requires that the state have a program in place for licensing, presumably as a condition of receipt of federal funding. In particular, it was 1967 when the Social Security Act required states to establish licensing programs for Nursing Home Administrators.

Recommendations

- **Health Facility Administrators should be licensed by the Indiana State Department of Health (ISDH).**
- **The number of licenses required should be reduced to the minimum number required by federal law.**
- **The current requirements to become a Health Facility Administrator should be reviewed and streamlined in order to remove unnecessary barriers.**

It is the recommendation of the ROEC that Health Facility Administrators be licensed by the ISDH. Currently, the ISDH does not have individual professional boards that it oversees, but ROEC believes that the professional staff of the ISDH is capable of executing the licensing function without the complexity of a Board. If the ISDH prefers to retain a Board, the PLA could assist with the transition. In order for this shift of responsibility to work, ROEC

stresses that the ISDH must be provided the necessary resources to oversee the Health Facility Administrators license.

The ROEC also recommends that the current requirements to become a Health Facility Administrator be reviewed and unnecessary barriers to licensing be removed. For example, the current licensing procedure requires 1,040 hours with a preceptor, even if the professional has graduated from a respected MBA, MPA, MHA or MPH program, with an internship and field experience and has years of management experience in a complex health-care delivery institution. ROEC is concerned that the 1,040-hour preceptor requirement may actually discourage qualified health managers from pursuing this important profession, since other management roles in health care institutions have no preceptor requirement. The licensing requirements should be reconsidered and streamlined in collaboration with leading health-care management scholars and professionals in the State.

It is the recommendation of the ROEC that the number of licenses be reduced to cover only those licenses that are required by federal law. Only a subset of the current requirements may be necessary to comply with federal law.

Finally, it is important to note that the Health Facility Administrators Board license types scored on the borderline in ROEC's analysis. If not for the federal requirement to license Health Facility Administrators, the Board may have considered elimination.

Rationale

1. Risk Analysis

The types of harm and severity of harm, as listed by the Board, are all areas reviewed by the ISDH during existing annual reviews of health facilities. The ISDH currently reviews the facility, but not the facility administrator directly. Yet the performance of the facility is directly linked, at least in part, to the performance of the health facility administrator in charge. ROEC questions whether the risk analysis of an administrator can be separated from the risk analysis of the facility.

2. Informed Consumer Choice/Trial and Error

While the consumer does not have the ability to research the prior performance of an administrator, they do have the ability to research the performance of the facility by viewing the Annual Survey Results for the facility. If a resident is not well served in one facility, they can be moved to another facility. This process of trial and error is common in the long-term care industry, and there is no evidence that the presence of licensed versus unlicensed administrators makes this process more effective or reliable.

3. Self-Regulation by the Profession

Self regulation, even though it is quite common in managerial professions throughout the economy, is not an option in this case due to the federal mandate for licensure.

4. Legal Alternatives to Regulation

Alternatives are not available due to the federal government mandate.

5. **Benefit-Cost Determination**

The benefit versus cost determination is not determinative due to the requirement for licensure.

The overall goal is to create the most effective monitoring procedure to provide for the safety and well being of all residents in health care facilities.

INDIANA OPTOMETRY BOARD

Background

Optometrists have been regulated in Indiana since the establishment of the State Board of Registration and Examination in 1907. Formal licensure replaced the previous certification in May 1977. Currently, the Optometry Board is under the administrative arm of the Indiana Professional Licensing Agency (IPLA) after the merger between the IPLA and the Health Professions Bureau in 2005.

Applicants for licensure must be a graduate of an optometry school accredited by the Accreditation Council on Optometric Education (ACOE). Indiana statute requires each applicant to pass the National Board of Examiners in Optometry examination Parts I, II, III and the Treatment and Management of Ocular Disease (TMOD). All 50 states, the District of Columbia and Puerto Rico require successful completion of an examination. Part I consists of Applied Basic Science, Part II consists of Patient Assessment and Management and Part III consists of Clinical Skills.

As of 10/1/2011, a total of 1414 Optometrist licenses were active in Indiana. Indiana optometrists were granted legend (non-controlled substance) drug prescriptive authority in June 1991. All 50 states allow the same legend drug prescriptive authority. Forty-three (43) states allow controlled substance prescriptive authority to optometrists. Optometrists practice in all 92 counties in Indiana. In 40 of Indiana's 92 counties, optometrists are the only full-time eye care providers. Three licenses were reviewed by ROEC: Optometrists, Optometry Corporation and Optometric Legend Drug Certificate.

Recommendations

- **Optometrist license should be retained.**
ROEC believes that the risk of harm to consumers is sufficient to justify licensing.
- **The license for the optometry corporation should be eliminated.**
ROEC was presented no evidence that the corporate license, above and beyond the optometrist license, supplies additional protection.
- **The legend certificate should be retained.**
The ROEC was given no rationale to eliminate the certificate.
- **Licensed optometrists should be given the authority to prescribe, dispense and administer controlled substances.**
In many of the counties in Indiana, optometrists are the only full-time eye care providers and may be the only emergency eye care providers available to serve a patient. Often in these emergency situations, pain medications are considered a critical component of proper therapy. Currently in those cases, a visit to an emergency room is required to obtain those medications.

Rationale

1. Risk Analysis

Information provided to ROEC described an assortment of physical harms that patients (consumers) could be exposed to without proper regulation in place. Since 2008, a total of twenty-five (25) consumer complaints, consisting predominantly of allegations of professional incompetence and the unlicensed practice of optometry, were logged with the Office of the Attorney General (OAG). Consumer complaints indicating public risk or harm logged with the Office of the Attorney General resulted in the suspension of two licenses during the same time period.

2. Informed Consumer Choice/Trial and Error

Presentations by the Optometry Board described situations in which optometrists assisted patients in both emergency and routine care. For routine care, word of mouth and online assistance from local and national organizations in identifying optometric professionals appear to be two primary sources of information on practitioners. However, emergency needs often do not offer the necessary time for preliminary research in locating an optometrist. For this reason, ROEC believes an assured trial and error method is not always available.

3. Self-Regulation by the profession

Information provided during the Part B presentation indicated that current continuing education requirements serve as proactive surveillance tools for the profession. Additionally, the Indiana Optometric Association (IOA) serves as an advocate for promoting professional education, practice assistance and other resources for members. This conduit provides an added venue for self monitoring.

4. Legal Alternatives to Regulation

ROEC agrees with information presented that a fair process is available to consumers and licensees to report unprofessional conduct through the OAG. An additional recommendation by the Optometry Board suggested that a dedicated staff member from the Indiana Professional Licensing Agency would provide added efficiencies in investigating consumer complaints. ROEC does not support this avenue and believes the OAG provides an effective path for complaint investigations and resolutions.

5. Benefit-Cost Determination

Due to the possibility of serious physical harm to the consumer by unlicensed and/or improperly trained practitioners, ROEC recommends retaining the present recognition of licensure. Healthcare, including optometry, is rapidly being redefined. More demands are being placed upon healthcare providers. These demands can only be met through effective education, training, and continuing education. Regulatory oversight of this profession is imperative. Lastly, being the sole full-time providers of emergency eye care in 40 counties across Indiana, regulation of these licenses should remain a priority of the state.

INDIANA DIETITIANS CERTIFICATION BOARD

Background

The Indiana Dietitians Certification Board was created in 1994. All dietitians in Indiana who seek to use the title “Certified Dietitian” are required to be nationally certified first. There are 1,250 active certified dietitians in Indiana. There are currently only two registered dietitian corporations in Indiana. Certification for a dietitian in Indiana is not mandatory. The State does nothing more than validate national credentials. The certification in Indiana is merely title protection as there is nothing in Indiana statute or rule that prevents a person from practicing dietetics or from providing nutrition therapy without the national registration or state certification.

Consumer complaints are rarely filed against dietitians or dietitian corporations with the Office of Attorney General (OAG) or the Indiana Dietitian Certification Board. In fact, since 2005, the OAG has pursued only one disciplinary action.

Recommendation

- **Eliminate the Dietitian Board and associated state certification for dietitians and the state registration for the dietitian corporation.**

A “qualified dietitian” can be defined as one who meets the requirements for the national “Registered Dietitian” certification.

Dietitians are important to public health, and ROEC does not want to diminish their standing as health professionals. Good nutrition and medical nutrition therapy will play an increasingly important role in reducing the costs of health care. However, federal regulations and the national American Dietetic Association seem to be more than adequate to protect consumers. Given the lack of consumer complaints and the availability of adequate alternatives to regulation, the ROEC recommends that the dietitian certification be eliminated. The registration of Dietitian Corporations appears to provide no extra benefit.

Rationale

1. Risk Analysis

While there is a potential for harm to an individual as a result of inappropriate therapy, it is rare and generally reversible.

2. Informed Consumer Choice

Most certified dietitians work for an entity such as a hospital, school, or long-term care facility. Only a few are available for a consumer to choose directly. It is easily determined whether the individual has qualified as a Registered Dietitian or Certified Dietitian.

3. Self-Regulation by the Profession

The Commission on Dietetic Registration (CDR) is the credentialing agency for the American Dietetic Association, a national organization which sets professional standards and administers a national exam. Although the CDR requirements for continuing education are not as frequent as Indiana’s (30 CE hours every two years versus 75 CE

hours every 5 years) they are adequate and no evidence was presented that the difference in education requirements is related to risk protection.

4. Legal Alternatives to Regulation

The Consumer Protection Division and the Medicaid Fraud Division of the Indiana Attorney General's Office are able to address any complaints.

5. Benefit-Cost Determination

There is very little difference between the national certification of "Registered Dietitian" and Indiana's "Certified Dietitian." The slight difference of Indiana's continuing education requirement does not merit the cost of a parallel credentialing process.

COMMITTEE OF HEARING AID DEALERS

Background

Hearing Aid Dealers (HAD) and Student Hearing Aid Dealers (SHAD) have been regulated in Indiana since 1967. Initially licensed under the Indiana State Department of Health, the licensure moved to the Indiana Medical License Board in 1981 and currently resides under the Indiana Professional Licensing Agency. In 1991, the General Assembly enacted legislation requiring continuing education. IC-25-20-1-1.5 established the Committee of Hearing Aid Dealers. The "Committee" is governed by IC 25-20-1 thru 25. A review of the Code of Federal Regulations chapters 21 CFR 801.420 & 421 did not indicate a requirement of licensure for HAD and SHAD. Currently, all 50 states license/regulate HAD. In 2010, a total of 240 HAD licenses and 32 SHAD licenses were active in Indiana.

Recommendation

- **Eliminate the Committee of Hearing Aid Dealers Board and the associated licenses for Hearing Aid Dealers and Student Hearing Aid Dealers.**

Rationale

1. Risk Analysis

Information provided to ROEC did not indicate definitive proof that consumers face significant risk of harm from purchasing services from Hearing Aid Dealers or Student Hearing Aid Dealers. Professional and consumer complaints indicating public risk or harm logged with the Office of the Attorney General are rare. A total of seven (7) complaints have been filed through the first 10 months of 2011. Four instances involved alleged professional malpractice and one each alleging false advertising, billing events and driving under the influence. Even though the stated reasoning from the Committee's presentation suggested that the minimum number of consumer complaints was related to the advanced age of the consumer and the consumer's unwillingness to pursue possible action, no evidence based data was offered to support that viewpoint.

2. Informed Consumer Choice/Trial and Error

Presentations indicated that relationships between HAD and audiologists are frequent and beneficial to both the consumer and the profession. These relationships are

validated by referrals to HAD for fittings and service. As such, this valuable resource is available to the consumer as he/she makes an educated, informed decision.

3. **Self-Regulation by the profession**

Information provided during Part A presentation indicated a close-knit group that communicates regularly within its profession. Coupled with the highlighted longevity in the profession of registrants, this suggested that an informal network existed that would be positioned to assist/support self-regulation.

4. **Legal Alternatives to Regulation**

Referencing the minimal number of complaints lodged, tools and outlets to assist consumers appear to be available. To date in 2011, two of the seven alleged complaints were for business-type situations that could be easily handled in civil court. Additionally, the Indiana Hearing Aid Alliance, which is currently a support organization for HAD's could be promoted to consumers as a conduit for assistance. Consumer complaints can always be filed with the Office of Attorney General and reviewed under consumer protection statutes.

5. **Benefit-Cost Determination**

Risk does not appear to justify licensing. Even though this Committee is structured within a group of other Boards within IPLA, given the minimal consumer risk, the benefit-cost ratio does not favor individual oversight, suggesting that a consolidation with other similarly positioned Boards may be an alternative to elimination of the license. The consumer benefits (e.g. reduction in harm) do not appear to overwhelmingly justify the cost of the current system.

Alternative Suggestion

- **Merge the Committee of Hearing Aid Dealer Examiners with the Speech Language Pathologists and Audiology Board.**

STATE BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS

Background

The federal government identifies seventeen (17) engineering specialties in its Standard Occupational Classification (SOC) system. Traditionally, the most common include mechanical, chemical, electrical, civil/structural. Modern engineering specialties such as environmental, industrial, mining geology, safety, and petroleum are expected to grow more than average in the next decade.

There are currently 13,600 licensed Professional Engineers in the State of Indiana. An additional 22,600 are in Engineers in Training.

In order to qualify for a license as a Professional Engineer, an applicant must demonstrate sufficient education and experience related to a specific field of engineering and must pass exams on the fundamentals of engineering, engineering principles and practices, and professional conduct and Indiana registration law. To qualify for a license as an Engineer in Training or Engineer Intern, an applicant must demonstrate sufficient education and pass the fundamentals of engineering examination.

To renew a license as a Professional Engineer, an applicant must have completed 30 continuing education hours in the preceding two year period, including one hour on ethics and one hour on Indiana statutes.

Recommendations

- **The State Board of Registration for Professional Engineers should be retained and the engineering profession should continue to be licensed.**

Indiana issues one license for Professional Engineers, although the engineer is qualified to perform only in his or her specialty. Per **864 IAC 1.1-11-5**, “The engineer shall undertake to perform engineering assignments only when qualified by education and experience in the specific technical field of professional engineering involved.” Per **864 IAC 1.1-4.1-3**, “Part II of the professional engineer examination shall be by engineering discipline, for example, electrical, mechanical, or civil. The applicant shall be required to choose the discipline in which the applicant desires to be examined.” Continuing Education hours are also supposed to relate to the engineer’s chosen discipline.” ROEC does not recommend any change at this time.

- **The State Board of Registration for Professional Engineers should consider reducing the fee for a professional engineer license, bringing the fee more into line with the national average.**

Indiana currently charges \$300 for the review of an application for examination for registration as a professional engineer. The national average for engineers is approximately \$86.00. There was no reason given by the Board for the higher cost imposed in the State of Indiana. ROEC also recommends the elimination of a fee for the reinstatement of an expired license. The application should be handled the same as an initial application. Likewise, ROEC recommends the elimination of a separate fee category for comity.

- **The Engineering Professional Corporation license should be eliminated.**

ROEC sees no additional benefit to the general public in a separate license for the corporation and recommends the elimination of this registration category.

Rationale

1. Risk Analysis

Consumers could face life-threatening harm from faulty engineering and the costs of incompetent work can be extremely high. Under ROEC’s scoring system, engineers and engineering corporations scored the highest of any non-health related profession in this category. Engineers in training scored somewhat less because they generally do not have the authority to make significant design decisions without review by a licensed engineer.

2. Informed Consumer Choice

Consumers have limited information available to rate the knowledge of engineers. The nature of the work does not lend itself to a trial-and-error approach.

3. Self-Regulation by the Profession

Standardized “Fundamentals of Engineering” and “Principles and Practice of Engineering” exams provide some measure of the basic qualifications of an engineer to engage the public. While professional societies have a strong interest in making sure their members uphold the highest standards of practice, they have no enforcement authority to protect the public from non-members.

4. Legal Alternatives to Regulation

Tort claims can be filed in the event of serious harm or injury to a consumer, but only after the fact and there are inefficiencies in the tort system.

5. Benefit-Cost Determination

The average ROEC score in this category for professional engineers was high because of the potential devastating harm and cost that can come to the public when faulty engineering occurs. Mistakes can be catastrophic and costly. Although licensing per se will not prevent all of these unfortunate incidents, ROEC believes that even a small reduction in the risk of harm through licensing is sufficient to justify modest costs of licensing, particularly if the fees are reduced, as recommended.

PRIVATE INVESTIGATORS AND SECURITY GUARD LICENSING BOARD

Background

Private Investigator (PI) Firms and Security Guard (SG) Agencies have been regulated in some capacity since 1961. Initially, PI licensure was established and administered by the Indiana State Police. The Private Detectives Licensing Board was established in 1989. During the 2007 legislative session, the licensure process was streamlined to its current structure which is governed by IC 25-30-1-5.2.

Currently, 41 of the 50 states license private investigators and 43 of the 50 states license security guards. In 2010, a total of 531 private investigator firms and 341 security guard agencies licenses were active in Indiana.

Recommendation

- **Eliminate Private Investigators and Security Guard Licensing Board and all associated licensure for Private Investigator Firms and Security Guard Agencies.**

Rationale

1. Risk Analysis

Evidence does not exist to prove that consumers face a significant risk of harm from purchasing services from a private investigator or security guard. Examples of harm are possible whether a state regulatory entity has a role in the process or not. Incidents of consumer harm are rare and may happen by either a licensed or unlicensed individual. Consumer complaints with the Office of the Attorney General (OAG) are low and usually related to unlicensed practice and not actual consumer harm.

2. **Informed Consumer Choice/Trial and Error**

Individual consumers rarely, if ever, have a need to hire a private investigator or security guard. Private investigators or security guards are typically hired by businesses. Given the low risk of harm and the ability to check for nationally available credentials, errors can be mitigated. National credentials provide a sufficient regulatory program.

3. **Self-regulation by the profession**

Compared to other professions, the volume of license holders is fairly low. That, coupled with the fact the majority of private investigators work in a solo practice, suggests that the ability to self regulate is limited. However, there are several national associations and various types of individual and board certifications available.

4. **Legal Alternatives to Regulation**

ROEC does not dispute that there is limited information available to a consumer in order to make an informed decision before engaging services. However, given the low number of consumer complaints for this profession, the harm element is lacking. Most complaints were directly related to unlicensed practice, which one could argue is not a consumer issue, rather a professional versus professional issue. Consumers could address any actual harm through civil courts. Consumer complaints can always be filed with the Office of Attorney General and reviewed under consumer protection statutes.

5. **Benefit-Cost Determination**

The consumer benefits (e.g. reduction in harm and legitimacy of the profession) do not justify the cost of the current system. License holders currently pay approximately \$110,100 to the State of Indiana in licensing fees. Recognizing the low risk of harm and lack of consumer complaints, professional could better utilize these fees toward continuing education and national board certifications.

STATE BOARD OF COSMETOLOGY AND BARBER EXAMINERS

Background

The State Board of Barber Examiners was established in 1937. By 1941, the State Board of Beauty Culturist Examiners had also been established. The two Boards were merged in 2010 by the General Assembly into the State Board of Cosmetology and Barber Examiners (SBCBE). Currently, the SBCBE regulates twenty five (25) license types and over 63,000 licensees.

Recommendation

- **Eliminate the Cosmetology and Barber Board in its entirety including each of the 25 license types (including 5 temporary license types) associated with the Cosmetology and Barber Board.**

Rationale

1. Risk Analysis

Information presented to the ROEC Board did not warrant high scores among the ROEC Board members for risk related to the Cosmetology and Barber Board license types. The presentations described risks including burns, abrasions, allergic reactions, hair loss and infections. While the risks are real, the ROEC Board scored the degree of risk relatively low in comparison to risks that might be seen in other professions such as nurses or doctors. In addition, the complaints received by the Office of Attorney General are rarely related to physical harm but rather “Unlicensed Practice” and/or “Employing Unlicensed Practice.” Risks also varied by services provided and the ROEC Board risk scores reflect those differences.

2. Informed Consumer Choice/Trial and Error

A haircut or beauty treatment is a service many of us purchase on a fairly regular basis. We also know of many others (friends and relatives) who purchase these services with regularity. Therefore, it is easy to ask several people for cosmetology or barber recommendations based on personal experience. In addition, from experience, we each have a basic understanding of what to expect from our cosmetologist or barber. If a consumer receives bad service, the consumer can choose a different cosmetologist or barber next time, without any significant risk of irreversible harm. Thus, rather than use a complaint-oriented regulatory process to protect consumers, ROEC believes that consumers can protect themselves through a standard process of trial and error.

3. Self-Regulation by the profession

If barbers and cosmetologists believe that some form of regulation is necessary to protect consumers, ROEC believes they can pursue a path of self-regulation without the burdens and complexities of a government-sanctioned process. For example, the large number of these professionals in the State of Indiana makes it feasible for a voluntary organization to be formed, based on a small fee from each professional. Membership in the voluntary organization could be based on prescribed qualifications that would provide a basis for designation as a preferred provider. Professionals who choose to practice without the preferred provider designation would do so at their own risk in the marketplace.

4. Legal Alternatives to Regulation

The absence of a licensing program for the Cosmetology and Barber Board would not leave consumers without any recourse if harm were to occur. Complaints could still be filed in civil court. Additionally, consumer complaints can always be filed with the Office of Attorney General and reviewed under consumer protection statutes.

5. Benefit-Cost Determination

As explained in our July 2011 report, licensing adds barriers to entry into a profession. These barriers lead to higher prices for services to the consumer, since the consumer no longer has a choice as to the level of expertise they require in a service provider. Instead, a minimum level of expertise is set for all by the licensing process. This requires us to look at whether the benefits of establishing a barrier for service in a profession outweigh the costs.

In this case, the most obvious benefit is to the barber or cosmetology professional that already meets the standards set by statute. Renewals require no continuing education or basic competency testing. Those seeking to enter the profession must complete the educational requirements and pass a test. Without that step they may not practice in the State of Indiana. It is telling that the most common complaints related to the profession are “Unlicensed Practice” and/or “Employing Unlicensed Practice.” Although there is value to professionals in keeping others out of the market, there is no clear benefit to the consumer. Errors in service provision may be more related to motivation and care than to technical incompetence. Included in the benefits side of the equation, should be the discussion of reducing the risk of harm which, as stated above, includes burns, abrasions, allergic reactions, hair loss and infections. While these risks are real, they are not completely eradicated by the presence of a licensing process. In fact, all of the examples of harm provided to ROEC were from other states that also license these professions. Consumers have methods of protecting themselves by asking for referrals for service providers or by trial and error. The benefits of licensing do not seem to outweigh the costs of having a state-administered process for licensing over 66,000 professionals.

Alternative Suggestions

Although the ROEC has recommended elimination of all license types related to the State Board of Cosmetology and Barber Examiners, there are many needed changes to the existing licenses, if the General Assembly should decide to maintain a licensing system for these professions. The following sections explain these proposed changes.

Eliminate

While the following sections will propose alternative solutions to revise the current licensing structure of professions under the Cosmetology and Barber Board, there are a few license types in which the Board recommends no alternative to elimination.

Electrologist/Electrology Salon

Electrology is a hair removal option (unwanted hair removal by electrified needle). This profession has seen a dramatic decline in demand. The license type currently has 118 active licensees and only nine licensed (electrology) salons across the State. Due to the low number of new applicants and licensees in the profession, the ROEC does not see value in maintaining these licenses types. 34 other states do not require an electrology license.

Tanning Salon

While the ROEC does not dispute the health concerns related to artificial tanning, licensing per se does little to protect a consumer from the harm of overexposure. For example, there is nothing to stop a member of the public from attending multiple tanning salons in one day (to get around the daily tanning limit for each tanning facility). Some consumers may have tanning beds in their own homes. More importantly, the cases of harm from artificial tanning may have more to do with carelessness by the professionals in salons rather than a lack of technical competence. Licensing does nothing to ensure

that professionals in tanning salons are highly motivated to do high-quality work.

Of even greater concern to the ROEC is the possibility that licensing these facilities with the State sends an unintentional message that this activity is safe. Consumers need to understand that they are responsible for their own safety during these activities. Therefore, the ROEC recommends that this license type be eliminated. A case can be made for a public health message to discourage excessive tanning but this activity belongs in a health department or physician's office and is certainly not accomplished by governmental licensing of professionals.

All "Instructor" License Types

The Cosmetology and Barber Board currently consists of two instructor license types, "Beauty Culture Instructor" and "Barber Instructor." While it is important that the instructors be knowledgeable in the professions in which they instruct, ROEC believes that the requirement for instructors to hold a current license in the area of instruction (for a defined period of practice prior to becoming an instructor), along with the licensure requirement for the educational institution in which the instructor works, are adequate in insuring this objective. Therefore, ROEC recommends both the "Beauty Culture Instructor" and "Barber Instructor" license types be eliminated.

All "Temporary" License Types for non-facility license types (Barbers, Cosmetologists, Manicurists, Estheticians)

Temporary licenses are available for individuals that have completed their coursework for the profession but have not yet passed the written exam. This license type was necessary when it was created, as written tests were not offered frequently. However, technology now allows the test to be offered every day (except Sunday). There is no reason for a delay in taking the exam, and therefore there is no reason to offer a temporary license.

Streamline/Combine

Currently, the Cosmetology and Barber Board consists of 20 different license types: Barber, Barber Instructor, Barber Provisional, Barber School, Barber Shop, Beauty Culture (Cosmetology) Instructor, Cosmetologist, Cosmetology Salon, Electrologist, Electrology Salon, Esthetic Salon, Esthetician, Manicuring Salon, Manicurist, Mobile Salon, Provisional Cosmetologist, Provisional Esthetician, Provisional Manicurist, School of Cosmetology and Tanning Facility. The list is quite complicated. By way of contrast, the Engineering Board, which regulates the entire profession of engineering (electrical, civil, environmental, metallurgical, mechanical, nuclear and so forth) only has three license types (Engineer Intern, Engineering Professional Corporation, Professional Engineer) to cover the broad scope of the profession. ROEC questions whether such regulatory complexity is necessary and cost-effective.

The similarities in the barber/cosmetology licenses result in requirements for many professionals and facilities to hold multiple license types for very similar services

(hair care). For example, a cosmetologist who would like to offer facial shaving services to his/her clients must obtain a barber license in addition to his/her cosmetology license. For the reasons described, the ROEC recommends that many of the license types be streamlined, coupled with minor changes to the requirements.

1. **Cosmetology/Barber Professional** (combines two license types: Cosmetology and Barber)
2. **Facility** (combines five license types: Cosmetology Salon, Barber Shop, Mobile Salon, Manicure Salon and Esthetic Salon)
3. **Cosmetology/Barber School** (combines two license types: Barber School and School of Cosmetology)
4. **Cosmetology/Barber Provisional** (combines two license types: Cosmetology Provisional and Barber Provisional)

It should be noted, that several states combine these license types. Many states combine the licenses of cosmetology and barber facilities, instructors and schools (see chart below). Going even further, New Jersey has combined the Cosmetology and Barber board and its license types, including cosmetologist and barber licenses, since 1984¹.

	Instructor Combined	Salon Combined	School Combined
ALASKA	Y	Y	Y
CALIFORNIA	?	Y	N
COLORADO	?	Y	N
DELAWARE	N	Y	N
HAWAII	Y	N	Y
MAINE	N	Y	Y
MONTANA	N	N	Y
NEW JERSEY	Y	Y	Y
WASHINGTON	Y	N	Y
WEST VIRGINIA	Y	N	N
WISCONSIN	N	N	Y

Reciprocity

Under the current Indiana regulations, it is sometimes easier to obtain a license to practice a Cosmetology and Barber Board profession in Indiana if you are a migrating to Indiana from another country with professional training and experience than if you are a professional coming to Indiana from another state of the United States!

This paradox is due to the offering of provisional licenses. A provisional license is available for a professional who practiced the profession in a jurisdiction that does not offer a license (such as a foreign country). The license allows the individual to practice their profession in the State of Indiana as long as they work under the

¹ New Jersey State Board of Cosmetology and Hairstyling. <http://www.nj.gov/lps/ca/cosmetology/index.htm>. Website accessed 9/30/2011.

supervision of another Indiana-licensed professional (note: this supervisor must have a traditional license in the same profession as the provisional; they can not be a provisional license holder).

However, if you are a professional licensed in another state, you are not eligible for a provisional license. You may only apply for a traditional license. Therefore, you must meet the exact requirements for licensure in the State of Indiana.

The requirements for education hours and apprenticeship duration tend to vary among states, leading to reciprocity issues. If you are a cosmetologist, coming to Indiana from Massachusetts or New York, you would only be able to obtain an Indiana license if you have five years of experience. Otherwise, you would need to go to cosmetology school in the State of Indiana, just as if you were new to the profession. Your luck is even worse if you are a manicurist coming from Maine, Maryland, Ohio, Pennsylvania or Virginia; you must have 20 years of experience in order to qualify for the State of Indiana manicurist license. The chart in Attachment D shows more detail about this paradox.

To address this problem, the ROEC proposes to change the provisional license to include professionals coming to Indiana from other states (that issue a license) but do not qualify for reciprocity.

Maintain Current Status

There are two license types that the Board would leave unchanged, assuming that the General Assembly is determined to maintain licensure. Those two licenses are manicurist and esthetician.

ATTACHMENT A

ROEC Board Scores

Board	License	Questions						Overall Average (1-5)
		1. Risk Analysis (1= Minimal risk; 5= High risk)	2. Informed Consumer Choice/Trial and Error. (1= High capability/access to information; 5= Minimal capability/access to information)	3. Self-regulation by the Profession. (1= High capability; 5= Minimal or no capability)	4. Legal Alternatives to Regulation. (1= Adequate alternatives protections available; 5= No adequate alternatives available)	5. Benefit-Cost Determination. (1= Costs exceed benefits; 5= Benefits exceed costs)	6. Case for the professional license. (1= Extremely weak; 5= Extremely strong)	
Indiana State Board of Health Facility Administrators	Health Facility Administrator	3.08	3.50	3.58	3.00	2.67	2.92	3.17
Indiana State Board of Health Facility Administrators	Residential Care Administrator	3.08	3.17	3.58	2.50	2.67	2.83	3.00
Indiana State Board of Health Facility Administrators	HFA/RCA Preceptor	2.67	3.08	3.58	2.67	2.33	2.33	2.87
Indiana State Board of Health Facility Administrators	HFA Provisional	3.08	3.08	3.75	2.67	2.33	2.50	2.98
Indiana State Board of Health Facility Administrators	Preceptor Eligible License	2.67	3.08	3.75	2.67	2.17	2.33	2.87
Indiana State Board of Health Facility Administrators	Continuing Education Sponsor	2.00	2.58	3.08	2.67	2.50	2.50	2.57
Indiana State Board of Health Facility Administrators	Temporary Permit	3.00	2.75	4.08	3.00	2.17	2.50	3.00
Indiana Optometry Board	Optometrist	3.67	3.33	2.83	3.00	3.92	3.67	3.35
Indiana Optometry Board	Optometry Corporation	2.00	3.00	2.33	2.00	2.08	2.08	2.28
Indiana Optometry Board	Optometric Legend Drug Certificate	3.83	3.17	3.17	2.83	3.33	3.67	3.27

		Questions						
Board	License	1. Risk Analysis (1= Minimal risk; 5= High risk)	2. Informed Consumer Choice/Trial and Error. (1= High capability/access to information; 5= Minimal capability/access to information)	3. Self-regulation by the Profession. (1= High capability; 5= Minimal or no capability)	4. Legal Alternatives to Regulation. (1= Adequate alternatives protections available; 5= No adequate alternatives available)	5. Benefit-Cost Determination. (1= Costs exceed benefits; 5= Benefits exceed costs)	6. Case for the professional license. (1= Extremely weak; 5= Extremely strong)	Overall Average (1-5)
Indiana Dietitians Certification Board	Dietician Certificate	1.50	1.50	2.50	2.33	1.50	1.50	1.87
Indiana Dietitians Certification Board	Dietician Corporation	1.00	1.67	2.00	1.50	1.00	1.00	1.43
Committee of Hearing Aid Dealers	Hearing Aid Dealer	2.00	2.33	3.08	2.42	2.00	2.42	2.37
Committee of Hearing Aid Dealers	Student Hearing Aid Dealer	1.50	2.33	3.25	2.42	1.83	2.08	2.27
State Board of Registration for Professional Engineers	Engineer Intern	2.17	2.75	3.17	3.08	2.83	3.17	2.80
State Board of Registration for Professional Engineers	Engineering Professional Corporation	3.25	2.92	2.58	2.58	2.67	2.75	2.80
State Board of Registration for Professional Engineers	Professional Engineer	4.08	3.25	2.92	3.08	3.67	3.92	3.40
Private Investigators & Security Guard Licensing Board	Private Investigator Firm	2.00	2.75	3.25	2.50	2.17	2.00	2.53
Private Investigators & Security Guard Licensing Board	Security Guard Agency	1.75	2.42	2.92	2.33	2.00	1.92	2.28

		Questions						
Board	License	1. Risk Analysis (1= Minimal risk; 5= High risk)	2. Informed Consumer Choice/Trial and Error. (1= High capability/access to information; 5= Minimal capability/access to information)	3. Self-regulation by the Profession. (1= High capability; 5= Minimal or no capability)	4. Legal Alternatives to Regulation. (1= Adequate alternatives protections available; 5= No adequate alternatives available)	5. Benefit-Cost Determination. (1= Costs exceed benefits; 5= Benefits exceed costs)	6. Case for the professional license. (1= Extremely weak; 5= Extremely strong)	Overall Average (1-5)
State Board of Cosmetology & Barber Examiners	Barber	1.58	1.00	3.75	2.33	2.25	1.75	2.18
State Board of Cosmetology & Barber Examiners	Barber Instructor	1.50	2.50	3.08	3.33	1.92	1.58	2.47
State Board of Cosmetology & Barber Examiners	Barber Provisional	1.42	1.00	3.83	2.33	2.08	1.58	2.13
State Board of Cosmetology & Barber Examiners	Barber School	1.50	2.50	2.83	3.33	1.75	1.75	2.38
State Board of Cosmetology & Barber Examiners	Barber Shop	1.58	1.17	3.58	2.33	2.08	1.92	2.15
State Board of Cosmetology & Barber Examiners	Beauty Culture Instructor	1.50	2.00	3.33	3.33	1.58	1.75	2.35
State Board of Cosmetology & Barber Examiners	Cosmetologist	1.67	1.50	3.50	2.50	2.42	2.25	2.32
State Board of Cosmetology & Barber Examiners	Cosmetology Salon	1.67	1.50	3.50	2.67	2.25	2.42	2.32
State Board of Cosmetology & Barber Examiners	Electrologist	1.58	1.83	3.42	2.50	2.25	2.25	2.32
State Board of Cosmetology & Barber Examiners	Electrology Salon	1.58	1.83	3.42	2.50	2.25	2.25	2.32
State Board of Cosmetology & Barber Examiners	Esthetic Salon	1.50	1.67	3.17	2.50	2.25	2.08	2.22

Board	License	Questions						Overall Average (1-5)
		1. Risk Analysis (1= Minimal risk; 5= High risk)	2. Informed Consumer Choice/Trial and Error. (1= High capability/access to information; 5= Minimal capability/access to information)	3. Self-regulation by the Profession. (1= High capability; 5= Minimal or no capability)	4. Legal Alternatives to Regulation. (1= Adequate alternatives protections available; 5= No adequate alternatives available)	5. Benefit-Cost Determination. (1= Costs exceed benefits; 5= Benefits exceed costs)	6. Case for the professional license. (1= Extremely weak; 5= Extremely strong)	
State Board of Cosmetology & Barber Examiners	Esthetician	1.50	1.67	3.33	2.50	2.25	2.08	2.25
State Board of Cosmetology & Barber Examiners	Manicuring Salon	1.75	1.33	3.42	2.50	2.58	2.58	2.32
State Board of Cosmetology & Barber Examiners	Manicurist	1.75	1.33	3.42	2.50	2.42	2.42	2.28
State Board of Cosmetology & Barber Examiners	Mobile Salon	1.50	1.33	3.50	2.50	1.92	1.92	2.15
State Board of Cosmetology & Barber Examiners	Provisional Cosmetologist	1.67	1.50	3.67	2.83	2.08	1.75	2.35
State Board of Cosmetology & Barber Examiners	Provisional Esthetician	1.50	1.67	3.50	2.83	2.08	1.75	2.32
State Board of Cosmetology & Barber Examiners	Provisional Manicurist	1.75	1.33	3.50	2.83	2.25	2.08	2.33
State Board of Cosmetology & Barber Examiners	School of Cosmetology	1.67	2.50	3.08	3.00	2.08	2.08	2.47
State Board of Cosmetology & Barber Examiners	Tanning Facility	1.83	1.67	3.17	3.00	1.92	1.75	2.32

ATTACHMENT B

Professional Licensing Agency (PLA) Board Statistics

Board/License	# of licenses (as of 12/12/2011)	Average annual licensing fee (entire board)
Indiana State Board of Health Facility Administrators		\$77,025
Health Facility Administrator (HFA)	1,150	
Residential Care Administrator (RCA)	5	
HFA Provisional	6	
HFA Temporary Permit	4	
HFA Preceptor	59	
Preceptor Eligible	151	
Indiana Optometry Board		\$114,777
Optometrist	1,370	
Optometric Legend Drug Certificate	1,301	
Optometry Corporation	188	
Indiana Dietitians Certification Board		\$12,355
Dietitian	1,249	
Dietitian Corporation	2	
Committee of Hearing Aid Dealers		\$8,080
Hearing Aid Dealer	229	
Student Hearing Aid Dealer	36	
State Board of Registration for Professional Engineers		\$874,760
Professional Engineer	12,759	
Engineer Intern	22,253	
Engineering Professional Corporation	82	
Private Investigators & Security Guard Licensing Board		\$110,100
Private Investigator Firm	531	
Security Guard Agency	341	
State Board of Cosmetology & Barber Examiners		\$791,925
Cosmetologist	42,116	
Beauty Culture Instructor	1,031	
Cosmetology Salon	7,278	
Electrologist	135	

Board/License	# of licenses (as of 12/12/2011)	Average annual licensing fee (entire board)
Electrology Salon	9	
Esthetic Salon	194	
Esthetician	2,050	
Manicuring Salon	812	
Manicurist	5,012	
Provisional Cosmetologist	18	
Provisional Esthetician	2	
Provisional Manicurist	4	
School of Cosmetology	91	
Tanning Facility	929	
Temp Cosmetology Salon	52	
Temp Esthetics Salon	7	
Temp Cosmetologist	109	
Temp Esthetician	3	
Temp Manicurist	9	
Barber	3,702	
Barber Instructor	83	
Barber Provisional	1	
Barber School	14	
Temp Barber Shop	13	
Temp Barber	11	

ATTACHMENT C

Attorney General Office Complaints Received by Board

Board Name	Complaints Filed	
	2009	2010
Indiana State Board of Health Facility Administrators	60	50
Indiana Optometry Board	7	3
Indiana Dietitian's Certification Board	0	0
Indiana Hearing Aid Dealer Examiners	1	1
State Board of Registration for Professional Engineers	8	11
Private Investigator and Security Guard Licensing Board	7	5
State Board of Cosmetology and Barber Examiners	141	137

ATTACHMENT D

Selected State Comparisons of Barber/Cosmetology Programs

STATE	COSMETOLOGIST	MANICURIST	INSTRUCTOR	BARBER
Alabama	Maybe (apprentice)	Maybe (apprentice)	Maybe (apprentice)	
Alaska	Maybe (apprentice)	No	No	
Arizona	Yes	Yes	No	
Arkansas	Yes	Yes	No	
California	Yes	Yes w/1 yr exp.	No	Yes
Colorado	Maybe (apprentice)	Maybe (apprentice)	No	Maybe (apprentice)
Connecticut	Yes	No	No	Yes
Delaware	Yes	Yes w/2 yrs exp.	No	
DC	Yes	Yes w/1 yr exp.	Yes	
Florida	Yes w/3 yr exp.	Yes w/20 yrs exp.	No	Yes w/3 yr exp.
Georgia	Yes	Yes	Yes w/4 yrs exp.	Yes
Hawaii	Yes	Yes w/1 yr exp.	No	Yes
Idaho	Yes	Yes w/1 yr exp.	?	
Illinois	Maybe (apprentice)	1 yr exp.	?	
Iowa	Yes	Yes w/2 yr exp.	Maybe (apprentice)	Yes
Kansas	Yes	Yes w/1 yr exp.	No	
Kentucky	Maybe (apprentice)	Maybe (apprentice)	Maybe (apprentice)	
Louisiana	Yes	Yes	No	
Maine	Maybe (apprentice)	20 yrs exp.	Maybe (apprentice)	Maybe (apprentice)
Maryland	Maybe (apprentice)	20 yrs exp.	No	
Massachusetts	Yes w/5 yr exp.	Yes w/20 yrs exp.	No	
Michigan	Maybe (apprentice)	1 yr exp.	No	
Minnesota	Yes	Yes w/1 yr exp.	No	
Mississippi	Yes	Yes w/1 yr exp.	Maybe (apprentice)	
Missouri	Yes	Yes w/1 yr exp.	No	Yes w/5 yr exp.
Montana	Maybe (apprentice)	1 yr exp.	No	4 yr exp.
Nebraska	Yes	Yes w/2 yr exp.	?	
Nevada	Maybe (apprentice)	Yes	No	
New Hampshire	Maybe (apprentice)	2 yr exp.	No	
New Jersey	Yes w/3 yr exp.	Yes w/2 yr exp.	No	
New Mexico	Yes	Yes w/1 yr exp.	Yes	
New York	Yes w/5 yr exp.	Yes w/20 yrs exp.	No	
North Carolina	Yes	Yes w/2 yr exp.	Yes w/2 yr exp.	
North Dakota	Yes	Yes w/1 yr exp.	?	
Ohio	Maybe (apprentice)	20 yrs exp.	Maybe	

STATE	COSMETOLOGIST	MANICURIST	INSTRUCTOR	BARBER
			(apprentice)	
Oklahoma	Maybe (apprentice)	Maybe (apprentice)	Maybe (apprentice)	
Oregon	Maybe (apprentice)	Maybe (apprentice)	No	2 yr exp.
Pennsylvania	Yes w/3 yr exp.	20 yrs exp.	No	
Rhode Island	Maybe (apprentice)	2 yr exp.	No	
South Carolina	Yes	Yes w/2 yr exp.	?	
South Dakota	Maybe (apprentice)	1 yr exp.	Maybe (apprentice)	
Tennessee	Yes	Yes	No	
Texas	Yes	Yes	Yes w/3 yr exp.	
Utah	Maybe (apprentice)	2 yr exp.	Maybe (apprentice) Cosmo Instr. Only	
Vermont	Yes	Yes w/1 yr exp.	No	Yes w/5 yr exp.
Virginia	Maybe (apprentice)	20 yrs exp.	No	4 yr exp.
Washington	Maybe (apprentice)	Maybe (apprentice)	No	5 yr exp.
West Virginia	Maybe (apprentice)	1 yr exp.	No	Maybe (apprentice)
Wisconsin	Maybe (apprentice)	2 yr exp.	No	
Wyoming	Maybe (apprentice)	1 yr exp.	Maybe (apprentice)	5 yr exp.
Totals:				
Yes	23	7	2	5
Maybe (apprentice)	22	6	9	3
No	0	2	30	0
Other	5	35	10	8

(Source: PLA)

Key:

Maybe (apprentice) - Will qualify by reciprocity if they obtained education hours rather than using apprentice experience. No further experience required.

The other state's education requirement is less than our requirement but enough to still qualify for reciprocity IF they obtained the education and have enough experience rather than apprentice hours.

? - Other states requirements are so complicated that you will have to determine on an individual basis if they qualify.