
MEMORANDUM

March 24, 2020

To: Governors' Offices
From: Bill McBride, Executive Director
Re: Gubernatorial Strategies for Health Care Workforce and Facility Capacity

COVID-19 is posing a serious threat to the nation's health care workforce. As cases continue to rise, there will be increasing demand and strain on the health care workforce in each state. Some states are already thinking creatively about expanding the available workforce as hospital beds are filled and health care workers are at capacity; other states are now preparing for the surge that will come in the next weeks or months. Furthermore, health care workers are at a higher risk of contracting the virus and requiring quarantine, meaning additional surge capacity may be needed to make up for lost capacity.

In responding to COVID-19, there are several strategies that governors can deploy to maximize the capacity of the health care workforce in hospitals, nursing facilities, and at home to meet increasing demand. It is critical that state policies, health systems, and providers themselves are equipped to take precautionary measures to reduce risk of infection and ensure adequate supports for this finite and overstretched workforce.

Governors interested in increasing the capacity of their health care workforce may consider:

Expanding access to out-of-state licensed health care providers and telehealth. Each state has unique licensing requirements for health care providers, including state-specific processes, fees, and qualifications to practice. By waiving such requirements and allowing providers to practice across state lines, practitioners can more easily support areas with increased demand for medical care. In addition, through telehealth, providers within states as well as out-of-state providers can render services while maintaining social distancing, support patients in under resourced areas, and maintain continuity of care for existing patients who may temporarily be out of state. (See NGA [telehealth memo](#) for additional information). While Section 1135 waivers allow the Centers for Medicare & Medicaid Services (CMS) to temporarily waive the requirement that out-of-state providers be licensed in the state where they provide services when they are licensed in another state, this waiver applies to Medicare and Medicaid reimbursement but not to state licensing requirements. Therefore, states must take additional actions to address licensing.

In response to COVID-19, at least 33 states have taken steps related to licensure, reciprocity, and credentialing of health care providers to leverage more health care workers in responding to increased health care demand within and across states. Examples include:

- Florida Surgeon General issued an [emergency order](#) allowing more than 30 types of licensed health professionals with valid unrestricted licenses to provide care to patients in Florida without Florida licenses for 30 days (unless extended).
- Iowa Governor Reynolds issued a state of [public health disaster emergency](#) suspending regulatory provisions to allow inactive or lapsed providers to practice medicine, nursing, respiratory care, and physician assistant services.

- Michigan Governor Whitmer issued an [executive order](#) temporarily allowing individuals to renew licenses regardless of whether they have satisfied continuing education requirements. In addition, the state is issuing a temporary 28-day registration as a certified nurse aide to an applicant, regardless of whether the applicant demonstrates to the licensing board that they have successfully completed certain examination requirements.
- North Dakota Governor Burgum signed an [executive order](#) temporarily suspending certain licensure requirements for health care and behavioral health care workers to allow them to work in the state if they are appropriately licensed in another state.

For more state examples, the Federation of State Medical Licensure Boards is maintaining a [table](#) of states that have waived licensing requirements in response to COVID-19.

Another option is for states to activate EMAC, which is a multi-disciplinary mutual aid compact whereby, upon gubernatorial activation, states may receive assistance from other states. See the [telehealth memo](#) for more information.

Maintaining and increasing the number of providers by easing in-state licensure requirements.

Health care providers generally must meet a number of requirements to maintain their licenses and credentials to serve patients in the state in which they operate. In response to COVID-19, states may consider re-activating providers whose licenses may have lapsed (such as retired physicians or nurses), extending deadlines for those who may not have completed continuing education hours, and expanding credentialing to allow providers to practice in multiple facilities.

A significant number of states have taken actions to reduce administrative barriers to maintain and increase the number of a broad range of health care providers. Examples include:

- Florida’s Surgeon General Rivkees issued an [emergency order](#) allowing emergency medical personnel to obtain training via live videoconferencing or simulation with approval of the medical director of the program.
- Illinois’s Department of Financial and Professional Regulation issued a [Grant of Variance](#) to relax requirements for continuing education across licensed professions and allow for distance education to fulfill continuing education licensing requirements.
- Massachusetts Governor Baker signed an [executive order](#) requiring emergency credentialing for facilities operated by the Massachusetts Department of Health and the state’s medical board passed a [provision](#) to accelerate licensing of medical school graduates should facilities require additional doctors quickly. Also, Massachusetts’ Board of Medicine approved a [measure](#) that allows physicians credentialed at one hospital to practice at any hospital in the state without additional credentialing.
- Michigan Governor Whitmer issued an [executive order](#) temporarily allowing individuals to renew licenses regardless of whether they have satisfied continuing education requirements.
- New York’s Department of Health created an [online Health Professional Survey](#) to recruit qualified health professionals, including retirees, to supplement hospital capacity on a temporary basis. In addition, the New York Education Department Office of the Professions [posted on their website](#) that they will grant an adjustment to all licensees to complete up to 100% of the continuing education as self-study, as long as it is taken from a Department-approved provider and is in an acceptable subject area for the specific profession.



Requiring the cancellation of all elective and non-essential medical, surgical and dental procedures.

In responding to COVID-19, several governors issued orders halting elective and non-essential procedures to maintain the availability of hospital beds, personnel and personal protective equipment (PPE) for those who need it the most. With the shortage and current rationing of PPE including reuse and prioritized distribution, limiting elective procedures can minimize the risk of transmission of the virus from asymptomatic patients to others in the waiting room and surgery teams. CMS released [recommendations](#) dated March 18 to delay non-essential procedures in an effort to preserve PPE, beds, and ventilators for facilities as well as to free up health care workers to treat patients with COVID-19.

- States including [Arizona](#), [Colorado](#), [Iowa](#), [Massachusetts](#), [Michigan](#), [Minnesota](#), [Ohio](#), [Oregon](#), and [Washington](#) have taken actions to restrict elective and non-essential medical, surgical and dental procedures (these are examples and not intended to represent a comprehensive list).

Expanding medical facility and testing capacity by temporarily loosening licensure and reimbursement requirements for facilities (including restrictions on the types of services, limits on numbers of beds per facility, and limits on length of stay) and temporarily eliminating requirements that would otherwise prohibit the establishment of alternative locations for testing and treatment (such as Certificate of Need laws). As emergency rooms and hospitals reach capacity to serve patients, states have opportunities to expand the types of facilities that can serve patients. For instance, states are establishing field hospitals and other sites of care for a broader range of urgent elective procedures or as testing, triage and treatment for COVID-19. States also may consider expediting credentialing requirements for health care facilities and leniency with reporting and other requirements.

Examples of state action include:

- Florida Emergency Management Director Moskowitz [announced](#) that Florida is setting up three field hospitals in the state. In addition, Director Moskowitz is also [working](#) with the federal government to determine if there is capacity to add U.S. Navy Mercy-Class ships at Florida ports.
- Louisiana Governor Edwards [requested](#) support from the Veterans Administration for permission to send patients to a VA hospital due to potential capacity concerns at the state's medical facilities.
- New York's Governor Cuomo [announced](#) that New York will be using a 1,000-bed hospital ship with 12 fully equipped operating rooms. The ship is anticipated to significantly increase New York's hospital surge capacity.
- An Ohio hospital is setting up a [mobile testing](#) and monitoring unit outside of the hospital to reduce spread and preserve room inside of the hospital for those who need long term treatment.
- South Carolina Governor McMaster issued an [executive order](#) suspending enforcement of certificate of need regulations to expedite treatment.
- Officials in King County, Washington indicated on their [website](#) that they are working on approvals to build infrastructure on a soccer field as the location of an assessment and recovery center for people exposed to or recovering from COVID-10, which is anticipated to have 200 beds. The county is already using at least one motel as a quarantine center.

In implementing Section 1135 waiver authorities, CMS issued [guidance](#) dated March 13 that addresses the waiver of the limit of 25 acute-care inpatient beds and length of stay limitations for Medicare reimbursement. On March 22, CMS [announced](#) it is granting exceptions from reporting requirements and extensions for clinicians and providers participating in Medicare quality reporting programs with respect to upcoming measure reporting and data submission for those programs. States may request similar and



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additional flexibilities regarding facility and reporting requirements under Section 1135 waivers from CMS.

Expanding the pool of clinical and non-clinical health care workers by authorizing extensions to scope of practice, providing reimbursement to providers serving in new capacities, letting providers practice at the top of their license, and recruiting volunteers. Because individuals are foregoing elective procedures and non-urgent/routine appointments, many providers not otherwise considered for deployment may have unmet capacity. In addition, by training and leveraging non-licensed professionals such as community health workers, administrative staff, and volunteers to help enforce guidelines in the emergency room, ensuring caregivers focus on their safety, data entry, managing checklists for protective equipment, and even doing screenings, clinicians with more highly specialized skills such as physicians and nurses can focus on other more complex tasks.

Examples of recent state action include:

- California Governor Newsom issued an [executive order](#) to permit the director of Emergency Medical Services to issue expansion of scope of practice for emergency medical services workforce without consulting local committees.
- Florida Governor DeSantis issued an [executive order](#) allowing pharmacists to dispense up to 30-day emergency prescription refill of maintenance medications.
- Several states, including [Illinois](#), [Indiana](#), [Maryland](#), [Massachusetts](#), [Mississippi](#), [New York](#), and [New Jersey](#) have activated the state national guard or medical reserve corps.
- Kentucky Governor Beshear issued an [executive order](#) which allows pharmacists to dispense up to 30-days of emergency non-controlled substance prescription refills for state residents and dispense drugs necessary to respond to COVID-19.
- Massachusetts Governor Baker issued an [executive order](#) expanding scope of practice for medical residents to allow provision of critical services under supervision. In addition, the Commissioner of Public Health issued an [order](#) allowing certain licensed pharmacists to make hand sanitizer to address state shortages.
- Local health officials in [New York](#) are activating and dispatching strike teams to homes testing individuals deemed high risk because they have been in close contact with someone who tested positive for COVID-19.
- Virginia’s Medical Reserve Corps is [recruiting](#) medical and non-medical volunteers to help with outreach, screening, transportation, and administrative duties
- In Washington, The University of Washington School of Medicine [recruited](#) volunteers for opportunities requiring no prior experience from throughout the university to serve as screeners, “doctors” or PPE partners who support clinical staff exiting a room by reading off checklists while clinicians remove PPE, housekeeping assistants, patient transporters, and data entry support.

States also may consider using new Department of Labor [National Health Emergency Dislocated Worker Grants](#) to quickly train non-health care workers who are unable to work in their previous capacity to fill new roles. In addition, for states receiving grants, consider asking funders for permission to have grant-funded individuals perform non-grant related work (both clinical and well as non-clinical employees).

Ensuring that individuals who provide health and personal aide services in the home are deemed essential and supported alongside the rest of the health care workforce. In addition to health care



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providers located in hospitals and other professional care settings, individuals who provide care in a person's home (personal aides, home health workers, hospice providers, and visiting nurses) represent a critical component of the health care workforce, often providing life sustaining services to individuals with disabilities and older adults. Inclusion of this group as essential would extend to providing access to testing services for COVID-19 as well as ensuring these individuals have access to PPE when needed. The Department of Homeland Security's Cybersecurity and Infrastructure Agency (CISA) issued [guidance](#) regarding the essential critical infrastructure workforce and many essential orders incorporate the guidance by reference or cite to it. The guidance, however, references home health workers in facilities and does not specifically address personal care workers or others working in a home setting. Some states have taken specific action to define these workers as essential. For example:

- California Governor Newsom issued an [executive order](#) directing residents to stay in their homes with exemptions for individuals needed to maintain continuity of operations of the federal critical infrastructure sectors, with a [list](#) of essential personnel that includes “workers who provide support to vulnerable populations to ensure their health and well-being including family care providers.”
- New York Governor Cuomo issued an [executive order](#) with [guidance](#) on essential workers, which includes “the care, protection, custody and oversight of individuals both in the community and in state-licensed residential facilities; those operating community shelters and other critical human services agencies providing direct care or support.”

Providing child care options for the health care workforce. Many health care workers have children at home who require ongoing care, especially given the current school and child care facility closures. Strategies may entail establishing child care options for essential workers and/or relaxing certification or other requirements on childcare providers to allow for the development of these options. Examples of state action include:

- Colorado Governor Polis [established](#) the Colorado Emergency Childcare Collaborative, which will create a system of emergency childcare for essential workers, including health care and public safety workers.
- Delaware Governor Carney issued an [executive order](#) to allow flexibility to provide child care options for Delaware families and health care workers.
- Maryland Governor Hogan signed an [emergency order](#) to relax child care regulations to expand access for critical personnel during the state of emergency. The order ensures that child care services are available for providers of health care, emergency medical services and law enforcement personnel.

Ensuring that students training in health care practitioner fields are able to stay on track to complete training. As universities and other training institution campuses are closing and energy is shifting mostly to COVID-19 response, medical students, nurses, and others are at risk of not meeting clinical hour requirements as their rotations are cancelled. While these cancellations may be necessary to preserve PPE and prevent students from getting sick, it will ultimately affect [the pipeline](#) of health care practitioners if students cannot graduate on time. Health professional boards have opportunities to work with higher education institutions to modify requirements such as the number of in-person versus simulation (e.g. computerized mannequins) hours to help students complete their training. These future health care professionals are critical to the workforce, especially as strain on the existing workforce builds due to long hours and the high risk of providers getting sick.



- Oregon’s Board of Nursing has temporarily authorized [nursing students](#) and [nursing assistant students](#) to complete certain required student training hours through different vehicles such as online courses, simulations, remote access, webinars, and self-study.

Protecting the safety of health care workers and patients with extra precautions and prohibiting visitors and nonessential personnel from going to health care facilities, except for maternity and end-of-life care. Many individuals typically visit family members and loved ones in health care settings. While important for morale and emotional support, such visits can increase the risk of disease transmission between patients and visitors. In addition, health care providers are at increased risk of infections based on their high rate of interaction and physical proximity with patients, especially in light of the shortage of PPE.

- Alabama Governor Ivey issued a [statewide health order](#) requiring that all Hospitals and Nursing Home/Long Term Care Facilities (including Assisted Living and Specialty Care Assisted Living Facilities) prohibit visitation by all visitors and nonessential health care personnel, except for certain situations such as maternity and end-of-life.
- California Governor Newsom of California issued an [executive order](#) directing state health and social service agencies to redirect funding and staff to residential and non-residential facilities licensed by the state, focusing on providing technical assistance and supporting compliance with core health and safety requirements for caregivers and recipients of care.
- Indiana Governor Holcomb [ordered](#) hospitals, clinics, and mental health facilities to screen staff and visitors for temperature and potential symptoms of the virus.
- Texas Governor Abbott issued an [executive order](#) banning visitation of nursing homes or retirement or long-term care facilities unless to provide critical assistance.

Using state emergency funding to support enhanced training and recruitment efforts. Multiple states have pursued state funding to support enhancements to the health workforce.

- Colorado Governor Polis’ office issued a [press release](#) that the state is using Disaster Emergency Funding to fund 50 new nurses hired from the Freedom Health Care Staffing Company that are trained in crisis care. They will be working in staff testing sites and health care facilities.
- Governor Waltz of Minnesota signed an [emergency bill](#) providing state funds for training, hiring, and providing overtime to new staff responding to COVID-19. The grants are available to the following types of facilities: health care or long-term care facilities, clinics, providers, pharmacies, ambulance services and health systems. States looking for funds to support workforce may seek similar grants if their state has passed emergency legislation.

For questions or concerns related to the contents of this memo, please contact NGA staff:

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