

The Health Workforce and COVID-19

POLICY SNAPSHOT

The COVID-19 pandemic has created an unprecedented demand for health care providers across the country. States, many of whom were [already facing workforce deficits](#), are working to increase the number of health care providers to support the COVID-19 response and plan for future health workforce needs. Specific efforts include modifying telehealth policies, examining the scope of practice policies for certain health care providers and exploring regulatory changes.

This policy snapshot includes state policy options for legislators to maximize and expand the current health workforce to support the COVID-19 response, as well as relevant state examples, federal action and additional resources.

State Policy Options

State legislators may consider the following policy options to maximize and expand the health workforce to respond to the COVID-19 pandemic and prepare for future pandemics:

- Use telehealth to enhance access to care for patients and providers.
 - Consider using telehealth, including phone consultations, as an allowable means for delivering health care services.
- Explore allowing additional health care providers to provide telehealth.
- Enable the provider-patient relationship to be established electronically.
- Examine scope of practice requirements.
 - Evaluate current supervision requirements for certain non-physician health care providers.
 - Assess current scope of practice requirements related to the practice and prescriptive authority of various health care providers.
- Consider modifying licensure laws.
 - Allow health care providers who meet certain standards to practice under temporary emergency licenses.
 - Expedite the licensure process to ensure more health care providers can enter the workforce quickly.
 - Assess opportunities for allowing health care providers to practice across state lines, including reciprocity and/or interstate compacts.



| POLICY OPTIONS | STATE EXAMPLES |
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| <p>Use telehealth to enhance access to care for patients and providers: Enhancing and increasing access to health care services through telehealth is one strategy that every state has pursued during the COVID-19 pandemic. Telehealth allows for remote screening, triage and treatment of symptoms, potentially reducing disease transmission between health care providers and patients and between patients in the waiting area of health care facilities.</p> | |
| <p>Consider using telehealth, including phone consultations, as an allowable means for delivering health care services.</p> | <p>Vermont HB 742 authorizes the Department of Financial Regulation to adopt emergency rules increasing access to health care services delivered via telehealth, audio-only telephone and brief telecommunication services.</p> |
| <p>Explore allowing additional health care providers to provide telehealth.</p> | <p>Ohio HB 679 (pending) expands existing telemedicine provisions to apply to additional health care providers, including psychologists, occupational therapists, physical therapists and professional clinical counselors.</p> |
| <p>Enable the provider-patient relationship to be established electronically, which gives patients easier access to providers.</p> | <p>Alaska HB 29 does not require that prior in-person contact occur between a health care provider and patient to establish a bona fide relationship.</p> |
| <p>Examine scope of practice requirements: State policymakers can examine the scope of practice for certain types of providers to determine if state laws allow them to practice to the full extent of their education and training. State scope of practice laws and regulations define the roles and responsibilities for health professionals' licenses in each of these occupations.</p> | |
| <p>Evaluate current supervision requirements for certain health care providers.</p> | <p>Minnesota SF 13 removes certain physician supervision and delegation requirements for physician assistants (PA) and provides for the annual review of a PA and physician practice agreement. For example, the bill removes direct supervision and allows for the development of a practice agreement.</p> |
| <p>Assess current scope of practice requirements related to the practice and prescriptive authority of various health care providers.</p> | <p>New York SB 8182 authorizes a licensed pharmacist to administer an approved vaccine for the coronavirus.</p> |
| <p>Consider modifying licensure laws: Temporarily modifying regulatory requirements and processes for licensure is one potential solution to ensure as many health care providers as possible are available to provide patient care during the COVID-19 pandemic. Many health professions are licensed in a way that can restrict the flow of workers across state lines. In response to COVID-19, states are opening up their licensing reciprocity to allow nurses, doctors, respiratory therapists and others to work across state lines, if they are licensed and in good standing in their home state.</p> | |
| <p>Allow health care providers who meet certain standards to practice under temporary emergency licenses.</p> | <p>New Jersey SB 2333 authorizes the commissioner of health to issue provisional certification to emergency medical services personnel and paramedics, as well temporarily reactivate a paramedic's inactive certification.</p> |
| <p>Expedite the licensure process to ensure more health care providers can enter the workforce quickly.</p> | <p>Alaska SB 241 allows the state's division of professional licensing to expedite the process of issuing licenses to out-of-state applicants.</p> |
| <p>Assess opportunities for allowing health care providers to practice across state lines, including reciprocity and/or joining interstate compacts.</p> | <p>Missouri HB 2046 allows individuals licensed in certain trades who move to Missouri to be eligible for state license reciprocity if they have had their out-of-state license for at least a year and are in good standing.</p> |

Federal Action

In response to the COVID-19 pandemic, the Centers for Medicare and Medicaid Services (CMS) released [guidance](#) temporarily broadening access to telehealth services in Medicare under the [Coronavirus Preparedness and Response Supplemental Appropriations Act](#). The guidance removes rural and site limitations so telehealth services can be provided regardless of where the enrollee is located geographically and regardless of the type of site. CMS has also waived the requirement that a patient has a prior established relationship with a provider.

CMS is also [issuing waivers](#) for hospitals to use physician assistants and nurse practitioners to the fullest extent possible by waiving scope of practice requirements in Medicare following a state's emergency preparedness or pandemic plan. These health care providers can now perform services autonomously, such as ordering tests and medications, that may have previously required a physician's order. Finally, [CMS is waiving Medicare and Medicaid](#) billing requirements for providers to be licensed in every state where they provide services. The rule will allow certain licensed health care providers to practice across state lines, although these decisions are ultimately in the hands of the states.

Additional Resources

- [NCSL's Scope of Practice Policy website](#)
- [Meeting Health Care Needs with an Emerging Workforce](#) (NCSL, April 2020)
- [COVID-19: Occupational Licensing During Public Emergencies](#) (NCSL, May 2020)
- [State Action on Coronavirus \(COVID-19\)](#) (NCSL, June 2020)

Please note that NCSL takes no position on state legislation or laws mentioned in linked material, nor does NCSL endorse any third-party publications; resources are cited for informational purposes only.

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