



New York City health care workers return the applause they received from the residents in buildings that surrounded the hospital.

Pandemic Response: Increasing the Health Workforce

BY IRIS HENTZE AND SYDNE ENLUND

As a response to the COVID-19 pandemic, states, many of whom were [already facing workforce deficits](#), are facing an unprecedented demand for health care workers. To respond to current soaring demand, and to get ahead of long-term health workforce needs, states are pursuing a variety of actions. Their efforts include making regulatory changes, filling shortages with nontraditional workers, and modifying telehealth policies to increase access to remote care.

State Action

■ **Temporarily Reducing Licensing Barriers.** Temporarily modifying regulatory requirements and processes for licensure is a quick solution to ensuring as many workers are available to help assist during this pandemic as possible. States like

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NCSL is tracking state actions on licensing barriers and has recorded [more than 40 states](#) pursuing some sort of modifications to their licensure rules, requirements or processes in response to COVID-19.

Kansas and Massachusetts are allowing medical professionals who meet certain standards to practice under temporary emergency licenses to assist with their states' pandemic response. Ohio and Texas are expediting licensure processing times, Montana and Pennsylvania are temporarily suspending licensing fees, and Indiana, Minnesota and Wisconsin are extending license renewal deadlines. Many health professions are licensed in such a way that can restrict the flow of workers across state lines. In response to COVID-19, states

Did You Know?

- The Association of American Medical Colleges forecasted a [national shortage of 122,000 physicians](#) in the U.S. by 2032.
- Between 2017 and 2030, the [total supply of all psychiatrists is projected to decline](#) as retirements exceed new workers in the field.
- Most states have taken emergency measures to increase the number of health care workers ready to address COVID-19.

are opening up their licensing reciprocity to allow nurses, doctors, respiratory therapists and others to volunteer across state lines, often as long as they are licensed and in good standing in their home state.

■ **Temporarily Modifying Scope of Practice.**

Some states are modifying scope of practice requirements for certain providers (e.g., nurse practitioners, physician assistants, etc.), either by executive order or board rules, during the emergency. As of April 2019, 21 states had waived some type of practice agreement requirements for nurse practitioners. [New Jersey's](#) governor issued an executive order removing physician oversight requirements for advanced nurse practitioners and physician assistants. And [Massachusetts](#) is now allowing nurse practitioners, nurse anesthetists, and a couple of other health professionals to independently give physicals and prescribe medications.

■ **Recruiting Nontraditional Workers.** In addition to making changes to the way existing practitioners are regulated, states are looking in new places to help increase the number of workers able to provide care. California, Delaware and Louisiana have urged retired doctors, nurses and other health professionals to return to work, temporarily waiving regulations that would require former practitioners to start from scratch in the licensing process. For example, as long as practitioners held an active license within the last five years in [Delaware](#), they can practice immediately.

States are also making regulatory changes to allow certain students who have either recently graduated and have not yet been licensed, or who are scheduled to graduate soon, to offer their skills to the COVID-19 response. [Michigan](#) is allowing students who are enrolled in programs to become licensed, registered or certified health care professionals. They can volunteer to work under the supervision of physicians, respiratory therapists or advanced practice registered nurses in whatever roles are necessary to support the state's response to COVID-19. Additionally, during the pandemic, a few states are allowing foreign-trained and foreign-educated medical professionals to contribute their skills and expertise. [New Jersey](#), [New York](#) and [Nevada](#) are all allowing medical professionals with training from another country to be eligible for temporary licenses.

■ **Modifying to Telehealth Policies.** State policymakers have also adopted modifications to current telehealth policies to increase access to care remotely. Telehealth [allows](#) health care providers to screen, triage and treat symptoms remotely. It can also potentially help reduce exposure that can occur by visiting health care facilities. All 50 states and the District of Columbia have made some revisions

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to their [telehealth policies](#) in response to the pandemic, either through legislation, executive order, board rules or Medicaid. Arizona now requires insurance companies and health plans to cover out-of-network telehealth providers and decrease copays for telehealth visits. Many states, including Missouri and Texas, allow phone consults, which were previously prohibited. Finally, several private health insurance companies are [changing](#) their telehealth coverage policies. For example, Aetna is offering telehealth visits for any reason without copays, and Humana is waiving telehealth costs for urgent care visits for 90 days.

Federal Action

At the federal level, 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 \(CARES\) Act](#). The guidance removes rural and site limitations so telehealth services can be provided regardless of where the enrollee is located geographically and type of site. CMS has also waived the requirement that a patient has a prior established relationship with a provider.

Regarding the workforce, CMS is [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 clinicians can perform services such as ordering tests and medications that may have previously required a physician's order. Finally, [CMS is waiving Medicare and Medicaid](#) billing requirements that providers be licensed in every state where they are providing services. The rule will allow certain licensed medical personnel to practice across state lines, although these decisions are ultimately in the hands of the states.

Additional Resources

- [Scope of Practice Policy website](#)
- [NCSL's COVID-19: Occupational Licensing During Public Emergencies webpage](#)
- [NCSL's Occupational Licensing Project resources](#)
- [State Action on Coronavirus \(COVID-19\) webpage](#)

NCSL Contact

Iris Hentze
303-856-1363

Sydne Enlund
303-856-1401