

A healthcare worker in a hospital room, wearing a light blue scrub top and a blue surgical mask, is looking at a tablet device. The background shows a hospital bed with white linens and a blue blanket, and a ceiling light fixture.

State Executive Actions that Changed Healthcare Workforce Flexibility in Response to Covid-19

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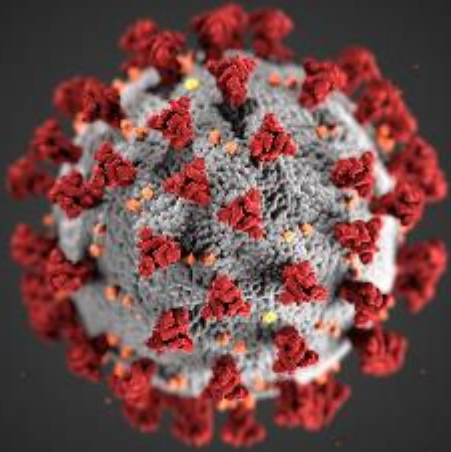
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Acknowledgements

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Background



Covid-19

- Onset of the Covid-19 crisis resulted in immediate shortages of staff, supplies, and space
- Immediate need for increased workforce and for workforce flexibility in March & April 2020
- But: minimal coordination between federal and state policy, plus lack of coordinated national response
- Onus on states (i.e., governors) to navigate and respond quickly

Workforce Flexibility: State Policy

- SOP policies limit advanced practice registered nurses (APRNs) and physician assistants (PAs) from practicing at the top of their education and license
 - Pharmacists can provide some medical services but are also constrained by SOP policies
- Licensing policies regulate education, training, and exams required for practice in a state
- SOP and licensing policies are determined at the state level and differ significantly across the country



Governor-Issued Executive Orders

- Governors can issue executive orders for expedient policy directives
- Especially important in times of emergency
 - Legislation is often slow and not suited for urgent matters
- State emergency declaration triggers emergency powers the governor may use



Research Purpose

This study examines governor-issued EOs containing explicit directives that:

1. expanded SOP for APRNs, PAs, or pharmacists, or
2. permitted healthcare providers with out-of-state licenses to provide care during the Covid-19 pandemic



Methods

- In-depth document review of all state governors' EOs related to SOP and licensing introduced in 2020
- Reviewed both primary sources (executive orders from state websites) and secondary sources (NGA, NCSL, CSG, etc.)
- Included:
 - Governor-issued directives explicitly addressing SOP for APRNs, PAs, or pharmacists, or cross-state licensing
- Excluded:
 - Policies related to workforce surge (e.g., re-entry of retired professionals)
 - Policies not directly issued by governor



Methods

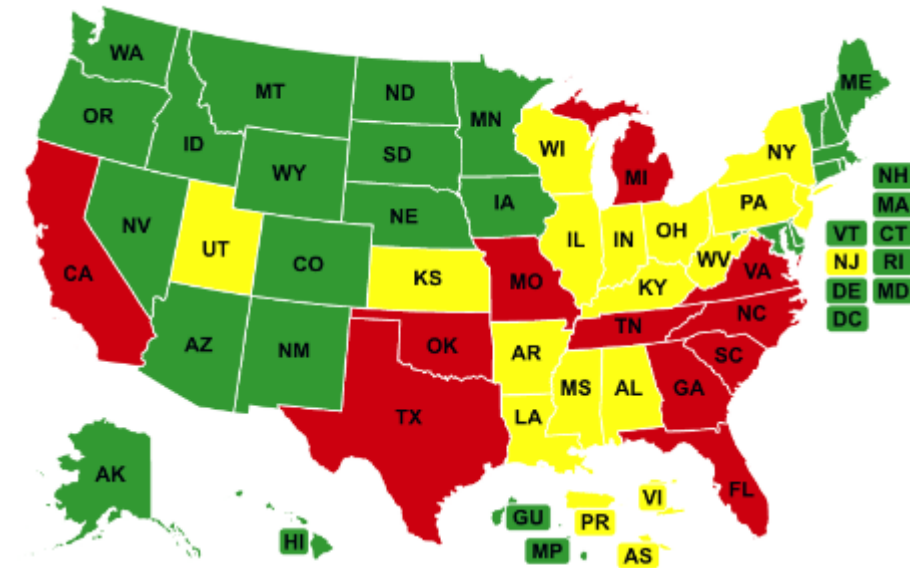
- Conducted thematic content analysis of policy language using an inductive process
 - Did not identify themes *a priori* to allow for flexibility
- Categorized policies within all states under four types
 - SOP for APRNs*
 - SOP for PAs
 - SOP for pharmacists*
 - licensing for all professions
- For SOP, created a ranked category for each profession
 - 1 = maximized flexibility
 - 2 = increased but less than maximum flexibility

* reviewed categorization with AANP and ACCP



Methods

- Based on categories in the previous step, indicated the change from pre-Covid policy
- Relied on existing analyses by expert groups within the relevant profession/policy type
 - APRN full SOP states do not require a collaborative practice agreement (23)
 - PA full practice SOP have 5-6 elements (out of 6) of a modern PA practice act (24)
 - Pharmacists: state allows prescription adaptation (3)
 - Licensing: party to Nurse Licensure Compact (NLC), as of the beginning of the pandemic (21)



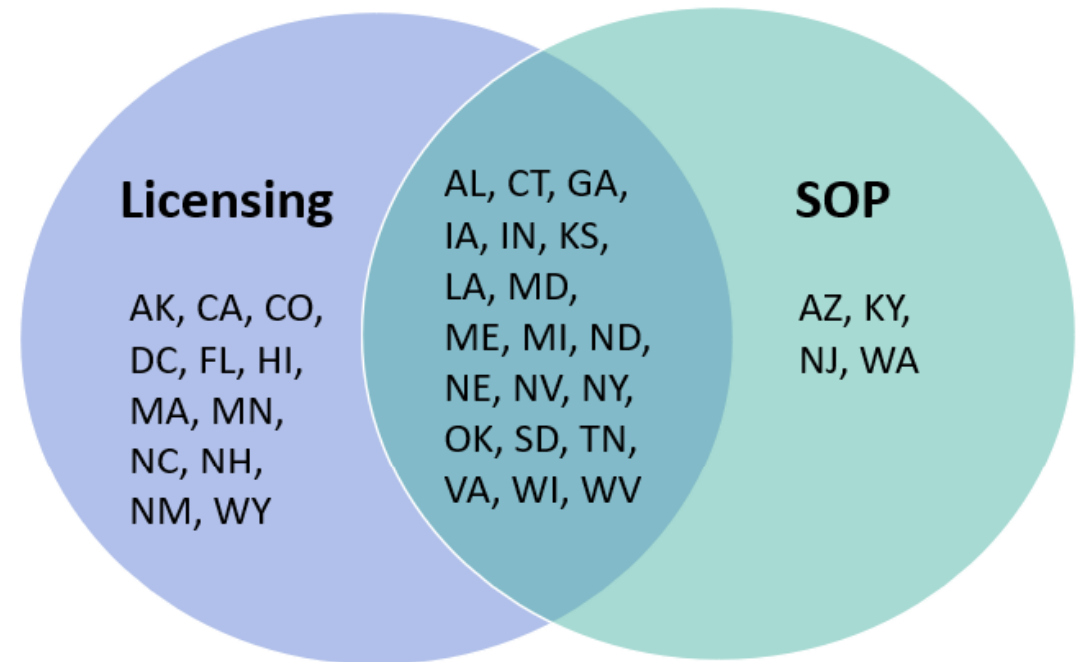
Legend



Results

National Landscape

- Identified EOs in 36 states with explicit directives addressing SOP and/or out of state licensing
 - 20 states issued EOs easing restrictions on both SOP and licensing
 - 12 states issued EOs easing restrictions on licensing but not SOP
 - 4 states issued EOs easing restrictions on SOP but not licensing



Results: APRN SOP

- EOs in 17 states included explicit directives from the governor reducing regulatory barriers related to SOP for APRNs
- Category 1: Maximized APRN flexibility (11 states)
 - EOs that completely waived CPAs between APRNs and a supervising physician or broadly removed limits on the services that could be provided under an APRN's SOP.
- Category 2: Expanded practice flexibilities (6 states)
 - Policies that eased supervisory restrictions or administrative burdens but stopped short of waiving CPAs.

Results: APRN SOP table

State	State Practice Environment as of March, 2020	Executive Order Category: APRNs		Details & Additional Notes
		(1) Waives CPA and/or Broadly Removes Limits on SOP	(2) Expands Flexibility Within CPA	
Alabama	Reduced		x	Allows collaborating physician to supervise an unlimited number of APRNs and CNMs ^e and provide direction to an unlimited number of CRNAs ^f
Connecticut	Full		x	Suspends requirement for a physician to be physically present for CRNAs during surgery
Indiana	Reduced		x	Allows APRNs to provide services at multiple locations under a single CPA
Kansas	Reduced	x		Waives CPA for APRNs
Kentucky	Reduced		x	Allows APRNs to prescribe without supervision by physician, including controlled substances
Louisiana	Reduced	x		Waives CPA for NPs; Suspends supervision requirement for CRNAs to administer anesthesia
Maine	Full	x		Waives CPA for APRNs
Maryland	Full	x		States: "A health care practitioner may engage in activities that are not authorized by his/her license at a health care facility in Maryland."
Michigan	Restricted	x		Allows APRNs and CRNAs to provide medical services without physician supervision
Nevada	Full	x		States: "All providers of medical services in the State of Nevada are authorized to practice outside the scope of their specialization, within the limits of their competency"
New Jersey	Reduced	x		Waives CPA for APRNs
New York	Reduced	x		Waives CPA for NPs; Suspends supervision requirement for CRNAs to administer anesthesia
Oklahoma	Restricted		x	Allows physicians to supervise an unlimited number of NPs or CRNAs and to do so remotely
Tennessee	Restricted	x		Suspends CPA for APRN prescribers
Virginia	Restricted	x		Suspends CPA for NPs with 2 or more years of experience; excludes CRNAs
West Virginia	Reduced		x	Suspends CPA for prescribing only; Suspends supervision requirement for CRNAs to administer anesthesia
Wisconsin	Reduced	x		Suspends CPA for APRN prescribers

Results: PA SOP

- EOs in 17 states included explicit directives from the governor reducing regulatory barriers related to SOP for PAs.
- Category 1: Maximized PA flexibility (12 states)
 - EOs that either completely waived PA supervision or delegation agreements or broadly removed limits on the services that could be provided by PAs.
- Category 2: Expanded practice flexibilities (5 states)
 - EOs that relieved PAs from administrative burdens or eased supervisory restrictions.

Results: PA SOP

State	No. of "Elements of a Modern PA Practice Act" in state law as of Feb., 2020	Executive Order Category: PAs		Details & Additional Notes
		(1) Waives Supervision or Delegation Agreements or Broadly Removes Limits on SOP	(2) Changes Supervisory Ratios or Reduces Administrative Burdens	
Alabama	2		x	Makes supervisory ratios unlimited
Connecticut	6	x		Waives supervision requirement
Kansas	3	x		Waives supervision/delegation requirement
Louisiana	5	x		Waives supervision requirement
Maine	5	x		Waives supervision requirement
Maryland	4	x		States: "A health care practitioner may engage in activities that are not authorized by his/her license at a health care facility in Maryland."
Michigan	6	x		Waives scope of practice, supervision, and delegation requirements
Nebraska	3		x	Increases the number of PAs that a physician can supervise from 4 to 8
Nevada	3	x		States: "All providers of medical services in the State of Nevada are authorized to practice outside the scope of their specialization, within the limits of their competency, to the extent necessary to augment and bolster Nevada's healthcare system during the COVID-19 crisis."
New Jersey	5	x		Waives scope of practice, supervision, and delegation requirements
New York	5	x		Waives supervision requirement
Oklahoma	3		x	Allows physicians to supervise an unlimited number of PAs and to do so remotely
South Dakota	5	x		Waives supervision requirement
Tennessee	4	x		Waives requirement of collaborating with a physician; waives chart review and visiting remote sites by supervising physician
Virginia	4	x		Waives requirement for collaborative practice agreement for PAs with 2 or more years of experience
Washington	4		x	Removes certain administrative requirements related to delegation agreements, such as approval of the delegation agreement by the commission
Wisconsin	4		x	Increases the number of PAs that a physician can supervise from 4 to 8

Results: Pharmacist SOP

- EOs in 9 states included explicit directives from the governor expanding SOP for pharmacists
- Category 1: Expanded practice authority (2 states)
 - Broadens scope of services pharmacists can provide
- Category 2: Extended prescriptive authority (8 states)
 - Emergency refills or therapeutic substitution

Results: Pharmacist SOP

State	State law permitted prescription adaptation prior to pandemic	Executive Order Category: Pharmacists		Details & Additional Notes
		(1) Extends health care provision authority	(2) (a) Allows dispensing of emergency refills on non-controlled maintenance medications (b) Allows therapeutic substitution	
Arizona	No		a, b	Allows dispensing for 90-day supply; allows therapeutic substitution
Georgia	No		a	Allows dispensing for 90-day supply
Indiana	Yes		a	Allows dispensing for 90-day supply
Iowa	No		b	Allows therapeutic substitution
Kansas	No	Yes		Allows pharmacists to provide care for routine health maintenance, chronic disease states, or similar conditions, as appropriate...without physician supervision
Michigan	No	Yes	a, b	Allows dispensing for 60-day supply; allows therapeutic substitution; allows pharmacists to provide care for routine health maintenance, chronic disease states, or similar conditions... without physician supervision
North Dakota	No		a	Allows dispensing for 30-day supply
South Dakota	No		a	Allows dispensing; supply unspecified
Tennessee	No		a	Allows dispensing for 90-day supply

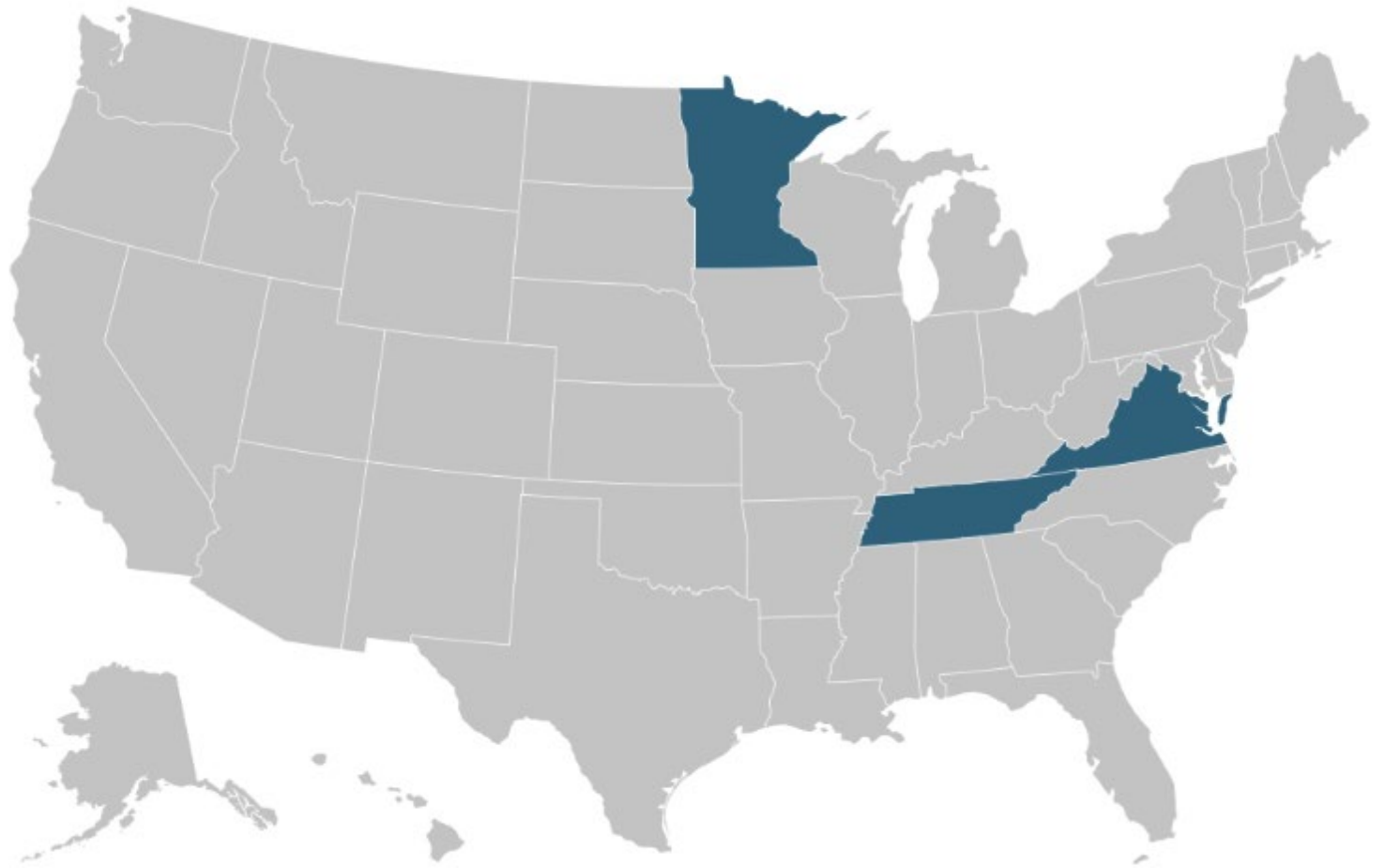
Results: Licensing

Health profession	States with Executive Orders	Number of States
All	AK CA CT DC FL IN KS MD MI NC ND NH NM NV SD TN VA WI	18
Medicine	AL GA HI LA MA ME MN NE NY OK WV WY	12
Nursing	AL CO GA HI LA ME MN NE NY OK WV	11
Pharmacy	AL GA IA MN NE	5
Allied health	HI IA OK	3
Mental health	NE WY	2
Any EO	AK AL CA CO CT DC FL GA HI IA IN KS LA MA MD ME MI MN NC ND NE NH NM NV NY OK SD TN VA WI WV WY	32

^a Bolded states were party to the Nurse Licensure Compact as of March, 2020²⁷

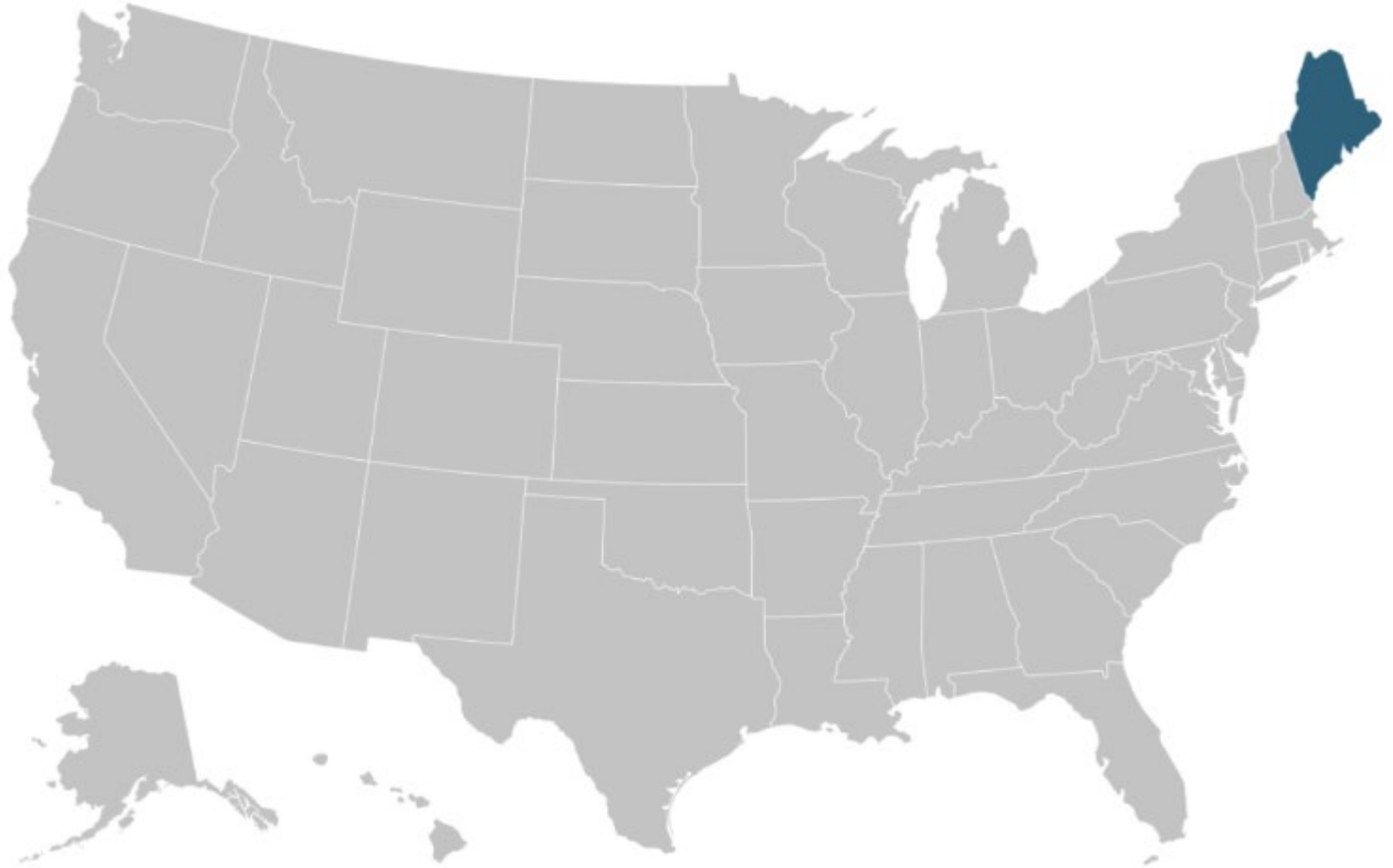
^b Language in Executive order referred broadly to all ‘healthcare providers’ or ‘medical personnel’

State
Snapshots:
MI, TN, VA



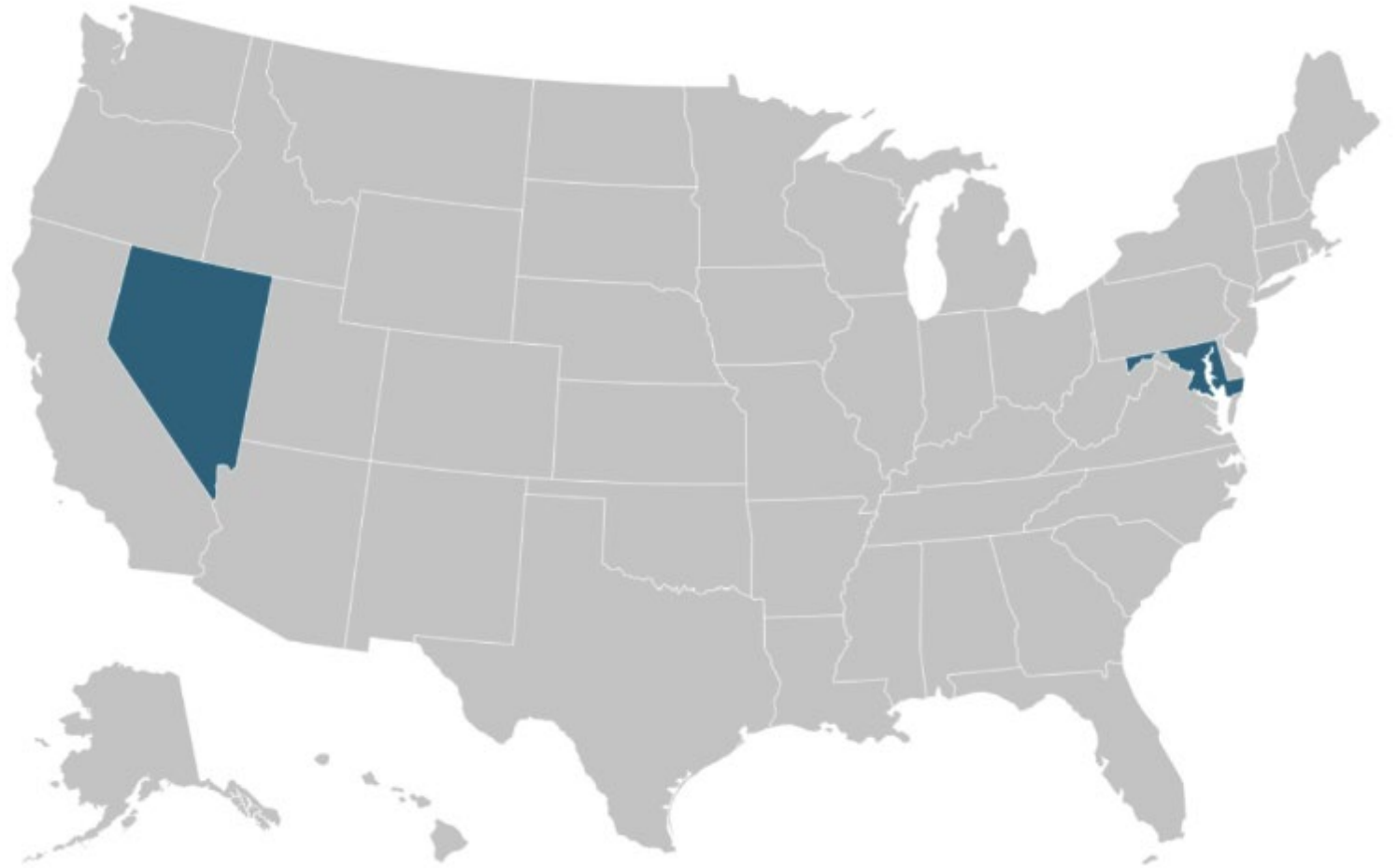
“Restricted practice” states (NPs) that issued EOs waiving CPAs

State Snapshot: ME



Issued EOs waiving CPAs (NPs), supervision (PAs), and permitting out-of-state licenses, yet already “full practice” state (NPs), PA permissive, and party to NLC

State
Snapshots:
MD, NV



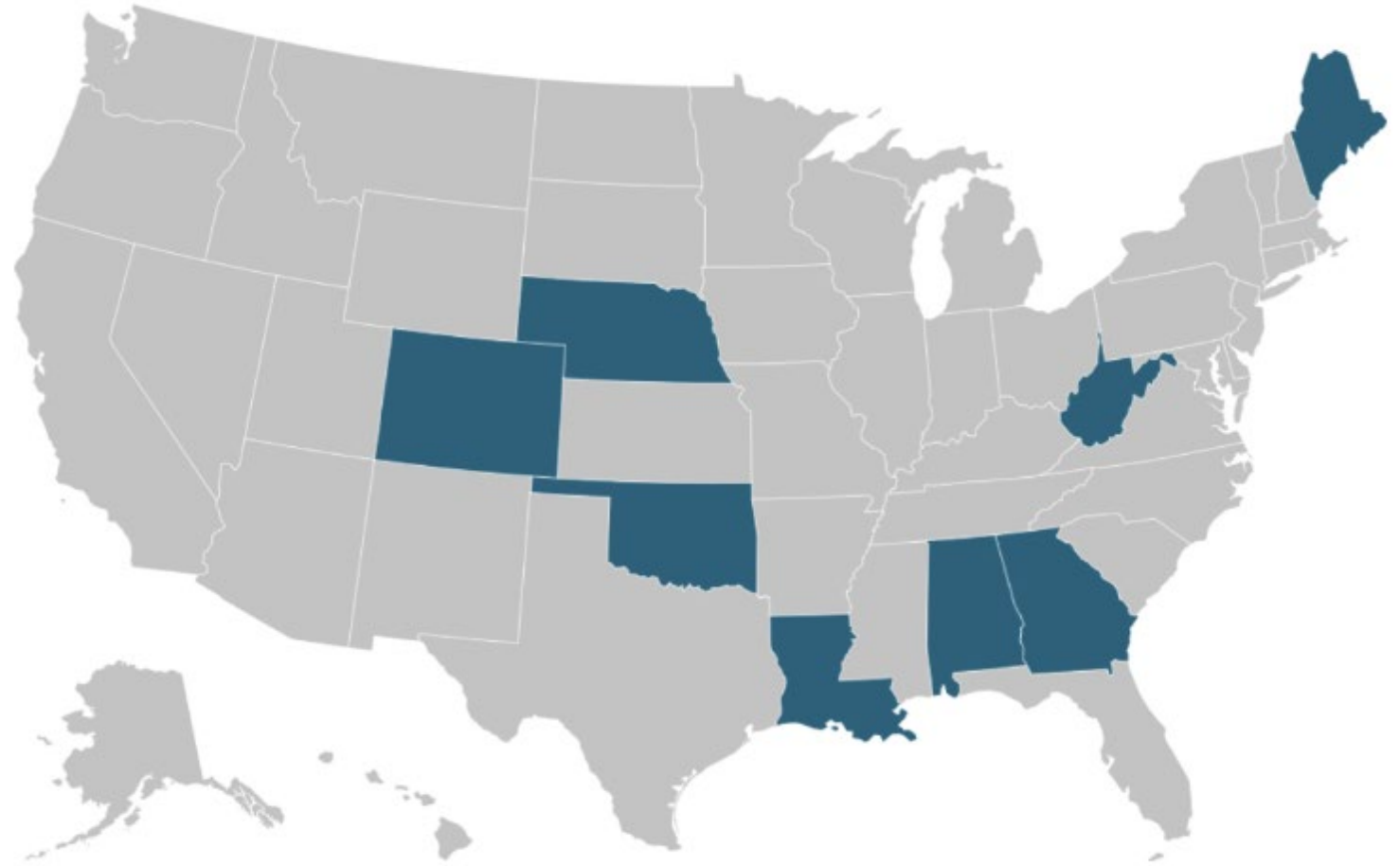
EOs permitted healthcare practitioners to practice outside the scope of their specialization (NV) or license (MD).

State
Snapshot:
MI



The only state in which EOs were issued explicitly containing the most permissive category of provisions for all workforce flexibility areas we assessed

State
Snapshots:
AL, CO, GA,
LA, ME, NE,
OK, WV



Governor-issued EOs explicitly authorized nurses holding out-of-state licenses to practice, despite the state already being party to the NLC

Discussion

- Governors' authority to respond to the PH emergency through executive action introduced an opportunity in expanding health workforce practice flexibilities
- In some states with the most restrictive practice environment prior to COVID, emergency EOs represented transformative policy change
 - Inflection point in workforce policy for these states, but temporary
- Role of pharmacists underemphasized in emergency EOs beyond therapeutic substitution
- More states issued EOs for out-of-state licensing than SOP – not as politically fraught?
 - Federal support
 - Role of occupational licensure compacts

Discussion




PROCLAMATION OF DISASTER EMERGENCY

- The value of explicit governor directives in EOs
 - These matters could be delegated to state agencies, allowing governors to sidestep potentially contentious policy issues
 - Governor-issued directives can lend visibility, intentionality, and public support
- Future emergencies, especially natural disasters, will require a robust workforce, but restrictive practice environments may make some of the most vulnerable states less appealing for APCs

State of Wisconsin

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Secretary-designee Andrea Palm
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Emergency Order #16
Related to Certain Health Care Providers and the Department of Safety and Professional Services Credentialing



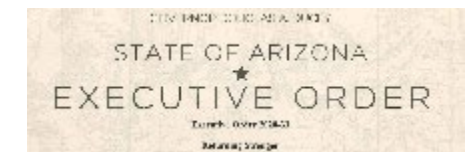
DECLARATION OF EMERGENCY FOR COVID-19

STATE OF MARYLAND



Proclamation

Declaration of State of Emergency and
Existence of Catastrophic Health Emergency — COVID-19



STATE OF ALABAMA
PROCLAMATION
BY THE GOVERNOR

Limitations

- EOs don't necessarily reflect what's happening on the ground
- Other policies shape practice environment (e.g., legislation)
- May have excluded relevant EOs (e.g., by state agencies)
- Subjectivity of policy categories





Future Research



- Monitoring states' practice environments beyond the emergency period (some emergency declarations have already ended)
 - Did temporary practice environment changes have an impact on broader efforts to relax APC practice restrictions?
- Tracking workforce and patient outcomes associated with emergency workforce policies
- Qualitative research to provide context for executive actions and explore on-the-ground impact

Conclusions



- EOs are an important policy mechanism for addressing health workforce needs in times of emergency
- EOs may reinforce, augment, or replace existing health workforce policies, in some cases resulting in significant changes to states' practice environments (albeit temporarily)
- COVID has the potential to be an inflection point in health workforce policy, especially pertaining to APCs but:
 - More research is needed to determine what, if any, lasting impact emergency policies have on the longer-term state practice environment

“Health workforce policy is increasingly a health equity battlefield.” – Fitzhugh Mullan

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