

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

Margaret Ziemann, Julia Strasser, Maddie Krips, Patricia Pittman

OBJECTIVE: The COVID-19 pandemic has exposed healthcare systems' needs to address long-standing restrictive health workforce regulations, including those pertaining to scope-of-practice (SOP) and licensing, at the state level. The purpose of this research is to inventory and categorize governors' executive orders (EOs) that address four categories of workforce flexibility during the pandemic: SOP laws for APRNs, PAs, and pharmacists; and out-of-state licensing for all health care practitioners.

DATA/SETTING: Our data for this study was governor-issued or governor-authorized executive orders for all 50 states and Washington, DC. We gathered EOs from state government websites, and used secondary data sources (e.g., websites published by policy or health professions organizations that aggregated and tracked COVID-related executive orders) to identify any EOs missed during the initial search.

DESIGN/METHODS: We performed a point-in-time environmental scan and qualitative analysis of state governors' EOs related to SOP and out-of-state licensing in all 50 states plus Washington, DC. We conducted an intensive document review to inventory policy details, followed by a thematic content analysis to identify key themes. Using an inductive process, we continually refined our key themes through group discussion and consensus, and characterized all policies according to these themes. We also assessed the policy responses of a subset of states that had more restrictive pre-COVID SOP and licensing policy environments.

RESULTS: In total, 40 states issued at least one EO expanding health workforce flexibilities through SOP or out-of-state licensing provisions. Among these, 17 states issued EOs reducing regulatory barriers related to SOP for APRNs; 18 states for PAs; and 11 states for pharmacists. Washington, DC and 36 states issued executive orders easing licensing regulatory barriers for out-of-state health care practitioners. Of states that had less than full SOP pre-pandemic for APRNs (28) or PAs (27) or did not allow prescription adaptations for pharmacists (48), the majority did not enact EOs expanding workforce flexibility in these areas. For states that were not party to the Nurse Licensure Compact pre-pandemic, however, more than two-thirds issued EOs reducing regulatory barriers for health care providers with out-of-state licenses to practice.

CONCLUSIONS: Our study found that 80 percent of state governors issued EOs expanding workforce flexibility related to SOP or out-of-state licensing. However, few states with the most restrictive APRN and PA practice environments prior to the COVID-19 pandemic issued EOs expanding SOP, suggesting that in the more restrictive states, practice ideologies may be deeply embedded and resistant to change, even in times of emergency.

Key Words: COVID-19; Executive orders; Health workforce regulation; Scope of practice