



SPECIAL COVID-19 UPDATE

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INCREASING STAFFING TO HANDLE A SURGE IN COVID-19 CASES

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With various cities and states across the country seeing an increase of COVID-19 cases, a major concern among healthcare systems is having enough staff to meet the demand. During these surge events, there are rapid changes to the normal procedure for staff provider licensing and credentialing. In order to treat patients safely and prevent organizational loss, it is important to understand the different types of emergency staffing strategies and how the liability and administrative requirements for each may vary.

EMERGENCY VOLUNTEER HEALTH PROVIDERS

To meet emerging demands for health practitioners in an area impacted by COVID-19, many states have initiated an expedited licensing process for out-of-state practitioners. For example, the Uniform Emergency Volunteer Health Practitioner Act in Washington allows a volunteer health practitioner who is licensed in another state to practice in Washington without obtaining a Washington license, if the individual is registered with the Department of Health as an emergency volunteer and their license is in good standing.

Keep in mind, these requirements may differ depending on the state and are typically limited to a declared state of emergency. Washington's requirements may be viewed [here](#).

As an approved emergency volunteer, there may be some liability immunity provided by the state's medical board. This could include workers' compensation costs, for which the volunteers will need to complete and sign a monthly form to verify hours. Additionally, volunteers who register and are activated as emergency volunteer healthcare providers, excluding willful and criminal misconduct and gross negligence, may receive immunity from professional liability costs.

Depending on the state statute, a practitioner may not qualify for immunity depending on factors such as a preexisting employment relationship with a host or affiliate entity, whether their time is paid, and the state in which the practitioner is licensed. If the practitioner does not qualify as an emergency volunteer in the state's program, it will be imperative to check with their medical malpractice carrier to confirm liability coverage before allowing them to provide care.

RETIRED PHYSICIANS

Many states have taken action to allow retired physicians to temporarily return to practice through an executive order, department of health order, or board of medicine directive. Depending on the state, these actions may require that the license be in good standing at the time of

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retirement and the physician has been in practice within the last two-to-five years. For those retired physicians who have maintained an inactive license, states may have temporarily waived the barriers to re-entry. Check with your state medical boards for up-to-date information.

As a volunteer healthcare professional, you may have liability immunity protections under the Public Readiness and Emergency Preparedness Act (PREP Act) and state law.

TEMPORARY PRACTICE PERMITS

Temporary practice permits allow the practitioner to practice the full scope of their profession up to a certain timeframe. In Washington, this timeframe is 180 days; however, depending on the state and waivers in effect, this timeframe may be longer.

HEALTHCARE PRACTITIONER COMPACTS

A compact allows healthcare practitioners licensed in other compact jurisdictions to obtain a license quickly.

Currently in Washington, only physicians (MD/DO) and physical therapists are part of interstate compacts.

These regulations are changing quickly, so check your state's requirements for the most current information. To learn more about ways to increase staffing more rapidly to help respond to COVID-19 and the liability associated, please contact an experienced insurance broker.

DISCLAIMER

The information provided here is based on the Washington PFML statute, website information, benefit guides, and questions Parker, Smith & Feek has posed to the State. It is not intended to provide legal or actuarial advice. The issues and analyses presented here should be reviewed with outside counsel before serving as the basis of any legal or other decision.

References and Resources

1. <https://www.congress.gov/bill/116th-congress/senate-bill/3548/text#toc-id5B4AC6639BF64A26916E41980A9BC7EB>
2. <https://www.fiercehealthcare.com/hospitals-health-systems/cms-provides-regulatory-relief-staffing-paperwork-other-items-as-covid-19>
3. <https://www.ama-assn.org/delivering-care/public-health/senior-physician-covid-19-resource-guide>
4. <https://www.mlmc.com/blog/physicians/new-york-physician-immunity-during-pandemic>
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