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HEALTH CARE CAPACITY SURGE STRATEGIES: FLORIDA'S HEALTH CARE REGULATION DURING THE NOVEL CORONAVIRUS PANDEMIC

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While streamlining emergency powers might offer some advantages⁴, recent events demonstrate how the Florida Department of Health (FDOH) worked collaboratively to address the Novel Coronavirus Disease 2019 (COVID-19) pandemic. As Florida began experiencing a need for increased health care capacity, Division of Medical Quality Assurance (MQA) officials reviewed health care practitioners' licensing and regulatory framework to boost staffing of front-line responders. Florida officials responded quickly to the spread of COVID-19 and adopted health care workforce strategies involving licensed practitioners, soon-to-be licensed practitioners, and an expansion of practitioner authority. While Florida's "two declaration" emergency declaration process appears complex, FDOH, including the regulatory boards, responded promptly and employed a number of health care workforce strategies to address health care capacity needs.

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Background | In 2017, Sunshine⁴ argued for streamlining emergency declaration powers and singled out Florida for the "complexity created by disparate types of emergency declarations." Sunshine et al⁵ commented on Florida's "two declaration" approach that requires action by the Governor and the State Health Officer, who serves as the State Surgeon General. In response to the COVID-19 pandemic, the Governor issued Executive Order 20-51³ that designated FDOH as the lead state agency to coordinate emergency response activities by state agencies and local governments. On March 1, 2020, the State Surgeon General declared a Public Health Emergency² in Florida.

While streamlining emergency powers may offer some advantages, the events demonstrated how FDOH worked collaboratively to address the pandemic. The Governor, the State Surgeon General, and the FDOH's Division of Medical Quality Assurance (MQA), including the health care regulatory boards, worked together to ensure adequate health care workforce capacity.

Health Care Workforce and COVID-19 Response
Florida's emergency response actions include hurricanes, infectious disease outbreaks, and other emergencies, e.g., the mosquito borne Zika outbreak.

Compared to prior emergencies, the COVID-19 pandemic created unparalleled pressure on the state's health care workforce. To address the surge, Florida implemented a three-pronged approach that included strategies for licensed and unlicensed health care practitioners and expanded authority for certain practitioners.

MQA oversees 22 health care boards and four advisory councils and regulates over 1.4 million health care practitioners¹. As Florida began experiencing its health care capacity surge, MQA officials reviewed licensing and regulation and identified mitigation strategies to boost staffing of front-line responders.

Current Capacity | MQA first assessed how many health care practitioners licensed in Florida could potentially assist during a surge. MQA partnered with the Agency for Health Care Administration (AHCA) and used its data dashboard to assess daily hospital utilization rates and capacity needs. MQA and AHCA conducted bi-weekly telephone conference calls with hospitals, associations, and others to discuss ongoing needs. MQA reviewed Fiscal Year 2018-2019 licensing data¹ to determine total in-state licensed health care practitioners in professions known to be responding to the COVID-19 pandemic (See Exhibit 1).

Exhibit 1. The COVID-19 staff assessment identified over 53,000 Florida-licensed medical doctors and almost 276,000 registered nurses.

Medical Doctors (M.D.s): 53,211	Osteopathic Physicians: 6,606
Physician Assistants (PAs): 8,658	Advanced Practice Registered Nurses (APRNs): 28,734
Registered Nurses: 275,596	Paramedics: 30,591
Respiratory Therapists: 10,989	Emergency Medical Technicians (EMTs): 34,464
Psychologists: 4,923	Clinical Social Workers, Marriage and Family Therapists, and Mental Health Counselors: 23,416
Clinical Laboratory Personnel: 14,166	Pharmacists: 24,460

Source: FLDOH, Division of Medical Quality Assurance Annual Report, Fiscal Year 2018-19

Surge Capacity Strategies | Florida’s COVID-19 response involved emergency powers of the Governor and State Surgeon General as well as multiple regulatory boards. Officials responded quickly and adopted surge mitigation strategies that are grouped by type: (1) those involving licensed health care practitioners, (2) those involving soon-to-be licensed health care practitioners, and (3) those involving an expansion of health care practitioner authority. Florida’s various licensing boards also assisted in the pandemic response by waiving restrictions for in-person continuing education requirements.

Licensed Practitioners. Florida executed two strategies for health care practitioners licensed in Florida or another state. While Florida has a history of employing out-of-state licensees during hurricane responses, it has not tracked the number of out-of-state licensees (including volunteers).

Out-of-State Licensed Practitioners. The Governor’s Executive Order 20-52³ authorized out-of-state health care practitioners holding valid licenses to provide services on a volunteer basis. Following the Governor’s order, the State Surgeon General’s Emergency Orders DOH 20-002² and DOH 20-003² authorized out-of-state health care practitioners to provide services.

In addition, Florida’s Department of Emergency Management contracted with staffing organizations to credential and hire additional in-state and out-of-state health care practitioners. To assist the hiring process, MQA leveraged its interface with NURSYS to verify information for out-of-state nurses to work in Florida hospitals. MQA assisted with the credentials for 855 additional health care workers.

Soon-To-Be Licensed Practitioners. *Licensure Exams and Training Programs.* One issue during COVID-19 concerned training students needing a requisite skills clinical examination to begin work, e.g., the Certified Nursing Assistant (CNA) clinical

skills examination. Emergency Order DOH No. 20-008² waived the in-person skills demonstration examination for CNA candidates who had successfully completed a board-approved CNA training program within the previous six months. CNAs were in high demand and this provision allowed them to complete the examination requirements and begin work. Emergency Order DOH No. 20-010² allowed videoconferencing for EMS training programs and allowed EMS training programs to substitute supervised remote live videoconferencing or simulation for clinical and field internship requirements.

New Graduates. One very effective workforce mitigation strategy implemented during COVID-19 was expedited licensing. MQA redistributed staff resources to allow faster licensure application processing for health care practitioners in demand for COVID-19 response, e.g., M.D.s, D.O.s, nurses, respiratory therapists, pharmacists, clinical laboratory personnel, etc.

From April through September 2020, applications for the professions critical to COVID-19 response increased by over 10% or almost 4,000 applications¹, compared to April through September 2019. By redistributing staff, MQA reduced the days to issue licenses, e.g., licensure approvals for qualified registered nurses showed a 64 percent decrease in approval time (1.38 days) within a year¹.

MQA partnered with Florida’s Medical School and Residency Programs Deans to identify ways that their students could provide health care services. While medical students who were not yet trained to provide direct patient care would add limited capacity for surge needs those in their final year could help by performing tasks such as manning hotlines or conducting contact tracing. Many residents in their final year of training meet all licensure requirements. The Florida Boards of Medicine and Osteopathic Medicine typically grant full licensure to individuals

with Florida residency certifications. MQA identified 6,282 medical residents and 1,413 osteopathic residents who could be fully licensed, and the others remained in their residency program and could work without supervision outside of the program if the program allows.

Expansion of Authority

Telehealth Expansion. Several Florida Emergency Orders expanded health care services via telehealth. State law requires registration with the FDOH for out-of-state licensed health care practitioners in order to perform telehealth in Florida. The State Surgeon General's Emergency Order DOH 20-002² and Emergency Order DOH 20-003² authorized telehealth services by certain professions to patients in Florida without registering, if providers met applicable requirements.

Although some out-of-state telehealth providers were not required to register with the FDOH, Florida still experienced a 644.63% increase in telehealth registrants over the prior year as of October 3, 2020¹.

Emergency Order DOH No. 20-002² authorized Florida-licensed and designated controlled substance prescribing practitioners to use telehealth to issue a renewal prescription without a physical patient examination. Under this order, M.D.s, D.O.s, PAs, and APRNs could prescribe certain controlled substances for an existing patient only for the purposes of treating chronic nonmalignant pain.

Pharmacy Expansion. Florida officials also made changes affecting pharmacy practice related to drug delivery and distribution. One of the Governor's earliest orders, Executive Order 20-52³ issued on March 9, 2020, relied on a standard provision for hurricane emergencies and allowed Floridians to receive 30-day early refills. Another provision, one that was instrumental for the state's field hospitals and mobile pharmacy units, was Emergency Order 20-

Conclusion |

In 2019, Sunshine et al⁵ noted that public health can face "alarmingly sharp increases in morbidity and mortality" that reveal gaps in legal authorities and barriers to response. The Governor's Executive Order allowing out-of-state practitioners with a valid, clear, and unrestricted license to practice in Florida immediately expanded the health care workforce. The State Surgeon General coordinated FDOH's

002² that suspended laws and rules that limit the distribution, dispensing, or administration of otherwise legitimate prescription drugs that could hinder, prevent, or delay mitigation of any health-related condition.

The State Surgeon General's Emergency Order DOH No 20-006² issued in April 2020, authorized pharmacists to conduct COVID-19 testing early in the pandemic. Authorizing pharmacists to conduct COVID-19 testing greatly expanded the pool of available health care practitioners who could perform testing.

Emergency Order DOH No. 20-014² authorized pharmacists and registered pharmacy interns to administer FDA approved or licensed vaccines to individuals under 18 years old upon consent. Under the order, a pharmacist or registered pharmacy intern can administer vaccines ordered and administered according to the Centers for Disease Control and Prevention's Advisory Committee on Immunizations Practices immunization schedules and any FDA approved vaccine to immunize individuals against COVID-19. Under the Public Readiness and Emergency Preparedness Act, the U.S. Department of Health and Human Services issued guidance regarding expanding access to COVID-19 vaccines when they become available. On October 20, 2020, federal guidance authorized qualified pharmacy technicians to administer FDA-authorized or FDA-licensed COVID-19 vaccines to persons ages three or older.

Emergency Medical Technicians and Paramedics. Florida also expanded the use of EMTs and paramedics in acute care settings. Emergency Order DOH No. 20-003² allowed Florida's hospital systems access to access additional skilled health care practitioners to help address their health care capacity surge. The order authorizes any EMT or paramedic possessing a clear and active Florida license or certification to provide basic or advanced life support in an acute care setting at a hospital.

workforce strategies with other state agencies, associations, and numerous regulatory boards. While Florida's "two declaration" process for emergencies may appear complex, in reality the FDOH worked collaboratively in its COVID-19 response efforts and MQA responded promptly and employed a number of workforce strategies to mitigate the pandemic's impact.

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