

March 27, 2020

LaQuandra Nesbitt, MD  
Director, DC Health  
Government of the District of Columbia

By Electronic Mail

**Extending the Healthcare Workforce in Response to Covid-19**

Dear Dr. Nesbitt,

We the undersigned District healthcare associations wish to express our gratitude for your leadership in these early days of our collective response to covid-19 and to request your urgent consideration of the workforce crisis now imminently upon all of our members. As you know, we are already seeing disruptions in daily life, reasonable and unreasonable fears about safety among healthcare staff members and those they serve, limited supplies of PPE, and conflicting payment and professional licensing requirements for expanded use of telehealth. These new challenges contribute to physical, emotional, and economic stress for the entire healthcare system, and in a special way for those who are on the front lines<sup>1</sup> in hospitals, long-term care settings, residential facilities or supported living programs, community-based care delivery sites, and in the homes of District residents who receive home-delivered care.

*Out of State License Reciprocity and Waivers*

**We call on you to reach out to your colleagues in other States, especially Maryland and Virginia, to request swift issue of professional licensing waivers for those delivering telemedicine services from their homes in those jurisdictions, so long as they are appropriately licensed in the District.** We ask that you communicate to those colleagues the importance of those services for continuity of care for District residents during this emergency. We also encourage you to note the possibility this may lead to circumstances that both the licensed professional and the person receiving care are physically located in either Maryland or Virginia, such as a case when someone with a District license resides in Maryland and delivers care for a District youth in foster care currently living in Maryland. To support Virginia and Maryland residents and the financial viability of healthcare organizations based in the District, we ask you to consider offering similar additional flexibility for delivery of services to Maryland or Virginia residents by those licensed in Maryland or Virginia who are District residents without licenses in the District.

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<sup>1</sup> By the front lines, we mean any individuals who are engaged in direct contact or face-to-face interactions with healthcare recipients. This includes treatment providers and paraprofessionals, front desk staff members, or any others who continue to report to healthcare delivery sites or healthcare recipients' homes. We acknowledge this includes those who are members of regulated health occupations, unlicensed staff in healthcare settings, and those who deliver any forms of care paid by commercial or government insurance or similar programs, as well as those who care for specific populations, such as people with intellectual or developmental disabilities.

### *Supervised Practice for District License Applicants Awaiting Issue of Licenses*

**We call on you to issue guidance that suspends any restrictions on practice of a health occupation by an individual who has filed an initial application for licensure and is receiving appropriate supervision in an appropriate facility while awaiting action on that initial application.** During this emergency, we cannot afford to wait for responses from licensing boards to make use of appropriately supervised services delivered by qualified individuals awaiting action on initial applications. The guidance should also clarify that this applies to individuals affiliated with any provider organization appropriately licensed or certified by the competent District agency, not only to sites operated by the District or the federal government.

### *Remote Supervision*

**We call on you to issue guidance to confirm that supervision may be provided through the same technologies approved for use in telemedicine.** DC Health and other federal and District agencies have taken rapid and meaningful steps to encourage increased use of telehealth. The focus of actions so far has been treatment. The same guidance is needed to ensure that professional licensing expectations regarding supervision can be met through use of remote technologies and will count for those seeking hours to count toward independent licensure.

### *Regular Screening for Covid-19*

**We call on you to issue updated guidance for regular screening of healthcare staff, not just those with confirmed exposure.** As community spread becomes more prevalent, it is increasingly difficult to justify restricted screening of healthcare staff only to those with confirmed exposure. Lack of updated guidance leaves each organization to determine its own practices for screening staff members who may not have known exposure but who may be contagious and asymptomatic, or who are unaware that they are symptomatic. This poses a risk to other healthcare staff members and to people in care.

### *Addressing Short-Staffing from Mandatory Staffing Ratios*

**We call on you to act as soon as possible to issue guidance or anticipatory waivers for continuity of operations in the event that mandatory staffing ratios cannot be met.** We anticipate severe and imminent disruptions to the healthcare workforce. District residents overall continue to experience increasing rates of covid-19-related illness. Those delivering front-line care will experience disproportionate exposure, leading them to take leave to care for their own health and follow self-isolation and quarantine protocols. They will also, with the general population, make choices to stay home to care for loved ones sickened by the virus. Those making minimum wage or just above often deliver front-line care. We expect these to be among the first to exit the active workforce and among the most difficult to convince to return, even after a period of recovery and self-quarantine.

These are difficult times, and these steps will help to alleviate challenges to delivering the best available and most appropriate care in light of the emergency circumstances that we face. We urge you to take

these actions swiftly and look forward to applauding these steps to extend the healthcare workforce in response to covid-19.

Sincerely,

Mark LeVota, Executive Director  
District of Columbia Behavioral Health Association

Ian Paregol, Executive Director  
District of Columbia Coalition of Disability Service Providers

Veronica Sharpe, MHSA, President  
District of Columbia Health Care Association

Tamara Smith, President and Chief Executive Officer  
District of Columbia Primary Care Association

Robert Hay, Jr., Executive Vice President  
Medical Society of the District of Columbia