

Five things state policymakers can do right now to address the coronavirus public health crisis

As the coronavirus pandemic reaches communities across the country, healthcare providers, federal and state policymakers, and [economists are predicting extreme stress on the healthcare system](#). Experts are concerned that there is a lack of healthcare providers, beds, and ventilators, and that as the virus spreads, people with the disease or everyday health conditions may not get access to the care they need.

In the midst of this concern, there is good news: States can take steps today to expand life-saving access to healthcare providers and supplies, and because they are close to their communities and people, states are well positioned to lead that effort.

[SPN's Healthcare Working Group](#) offers five solutions that states can pursue immediately to improve healthcare access for all Americans as we work to stem the spread of COVID-19.

Solution 1: Free up beds, ventilators, and healthcare supplies for the sick by removing barriers that restrict the use of medical equipment.

States should increase the supply of hospital beds and ventilators by removing all Certificate of Need (CON) barriers to hospital and healthcare facilities. The [Mackinac Center](#)'s Lindsay Killen and [Goldwater Institute](#)'s Naomi Lopez [describe CON laws](#) in the following way: "The availability of hospital beds in 38 states is limited by arcane laws called 'certificate of need.' Many states require that before a hospital can be built, beds added, or equipment like respirators added, these additions be must be approved by a board that is often the new healthcare provider's competitors."

Removing CON restrictions will allow healthcare providers to supply more beds, set up facilities specifically for coronavirus patients, and secure necessary medical equipment for the sick. According to Matt Mitchell at the Mercatus Center at George Mason University, there are [four CON laws that states should roll back](#) in this crisis:

1. Some states not only require a CON for a new hospital bed, but they also require a CON to transfer a bed between facilities. These rules should be repealed, effective immediately, to allow healthcare providers the flexibility to respond to patient needs quickly.
2. CON laws in 34 states prevent unused nursing home and long-term care beds from being used or moved to meet immediate needs. States should eliminate these restrictions and, instead, look at innovative ways to get beds where they are needed.

3. CON laws for hospital facility and medical office buildings should be removed. This action would allow other facilities to be used for patient care and to separate COVID patients from other critically ill and vulnerable patients.
4. Remove CON barriers on medical technology. States should allow hospitals to buy the ventilators, respirators, and other necessary equipment they need.

State examples:

- **Michigan:** Based on [recommendations from the Mackinac Center](#), Michigan's Governor created and signed an [executive order](#) granting certificates-of-need to meet immediate healthcare needs.

Related resources for states:

- Mercatus Center: [Now is the Time to Eliminate Certificate-of-Need Laws that Limit Hospital Resources and Space for Patients](#)
- Mackinac Center (Michigan) and Goldwater Institute (Arizona): [How Lawmakers Can Proactively Help Communities from Pandemic Threats](#)

Solution 2: Fortify and expand the number of medical responders.

Our current healthcare providers need back-up. Yet state-level scope-of-practice laws govern—and often limit—the activities healthcare providers may engage in when caring for patients. States can bolster the number of available healthcare providers and facilities through scope-of-practice reform. By removing restrictions on what healthcare practitioners can do, we can empower healthcare practitioners to practice within their education and training—and expand the number of healthcare workers who are able to respond to this crisis. Rolling back scope-of-practice laws is especially helpful for alleviating any shortages of healthcare providers, especially in rural areas.

For example, the [Goldwater Institute highlights](#) pharmacists are not allowed to administer vaccinations in some states despite the fact that “pharmacists are well qualified to undertake this task with minimal risks to the patient”. In the current environment, pharmacists should be allowed to administer vaccinations and COVID-19 testing.

Specific reforms states can pursue:

- Remove any regulatory barriers to allowing medical professionals to practice to their licenses.
- Consider starting a program to urgently train specialists in other disciplines (urologists, ENT doctors, family medicine practitioners, primary care providers, etc.) to treat COVID-19 patients. This training can be done via e-learning platforms.

- Consider training non-specialists to provide basic nursing care and free up capacity for more severe cases.

Related resources for states:

- James Madison Institute (Florida): [Curing the Physician Shortage: State-Level Prescriptions for a National Problem](#)
- Goldwater Institute (Arizona): [How to Make Things Worse \(or Not\)](#)

Solution 3: Allow patients to seek healthcare expertise remotely to avoid spread of disease.

As we navigate the coronavirus pandemic, other health needs will not disappear. We need to make it possible for relatively healthy patients to access medical care at home—away from carriers of the coronavirus. [Tele-health and telemedicine solutions](#) enable the healthcare system to continue serving these patients and keep them protected in this rapidly changing environment.

Last week, the federal government removed barriers to the implementation of tele-health and telemedicine with Medicare reimbursements. If states want to allow tele-health for Medicaid populations, they must [file a 1135 waiver with the Centers for Medicare and Medicaid Services](#).

To expand tele-health in the private sector, states must re-examine their own laws because they often hinder tele-health. For example, some have laws that require a patient to get an in-person exam or physically see a doctor before that doctor is allowed to provide a prescription. In some states, a healthcare professional is required to sit with the patient, in a healthcare facility, for the virtual appointment. Other states require the physician be licensed in each state where the patient is located, even for primary care services. These requirements eliminate many of the benefits of telemedicine. Lawmakers can augment those benefits by writing tele-health laws to provide maximum flexibility for the patient and healthcare professional.

Specific reforms states can pursue:

- As our nation faces this pandemic, patients should have the option to seek safe, affordable, and timely care when they so choose. States should [look at their current regulations and increase access](#) to quality care for their citizens by removing barriers to tele-health.
- Under the federal government's recent guidance, states can allow tele-health for Medicaid populations by filing [a 1135 waiver with the Centers for Medicare and Medicaid Services](#).

Related resources for states:

- Foundation for Government Accountability (Florida): [Telemedicine Across State Lines](#)
- Mercatus Center: [Enabling Telemedicine—Legal and Regulatory Challenges](#)

Solution 4: Allow healthcare professionals to serve where needs are greatest.

Many states currently require in-state licensing before a medical professional, who holds a current license in another state, is allowed to practice. According to The Buckeye Institute, states should follow Arizona’s lead and allow licensing reciprocity [among all fifty states](#). This solution is especially powerful for states hit hardest by COVID-19 because it would allow them to tap into the expertise and support of healthcare professionals in multiple states who can help meet the growing needs.

Another resource for additional manpower is volunteer care. Nonprofits and other organizations exist to connect volunteer doctors and healthcare specialists with those in need—especially low income-Americans who continue to have difficulty accessing healthcare. However, there are many state-level regulations that limit volunteer and charity care. By removing these barriers, states can make help available to the most vulnerable and even encourage physicians and other providers to participate in volunteer health programs.

Specific reforms states can pursue:

1. Allow universal interstate license reciprocity or emergency license reciprocity between states so that healthcare professionals licensed in one state can travel to and practice in a state where the outbreak is more severe.
2. Allow hospitals to coordinate with medical and nursing colleges to [recruit more help at hospitals](#). For example, student nurses could do swabs for testing so fully licensed nurses can stay focused on treating patients. States should find ways that healthcare providers could engage medical students who can perform basic tasks, allowing the fully licensed professionals to focus on treating the most ill—both patients with the coronavirus or another critical condition.
3. Remove regulations so that retired or inactive medical personnel can provide volunteer care in hot zones.
4. Provide liability immunity for volunteer care.

Related resources for states:

- James Madison Institute (Florida): [Curing the Physician Shortage: State-Level Prescriptions for a National Problem](#)
- Show-Me Institute (Missouri): [Demand Supply: Why Licensing Reform Matters to Improving American Health Care](#).
- Show-Me Institute (Missouri): [Arizona is Pushing Universal Licensing? Yes Please!](#)

Solution 5: Give patients financial peace of mind by eliminating surprise billing.

COVID-19 will most certainly have an impact on our economy. It is already leading to thousands of job and income losses for Americans. We need to ensure people don't get treated and end up with enormous medical costs.

States can ease uncertainty by encouraging more transparent pricing for medical services. No patient should be hit later with a "surprise bill" after receiving emergency life-saving access to healthcare. Governors and legislators should consider legislation modeled after Oklahoma's recent reform, which requires healthcare providers to present the price of all services to patients before services are administered. This reform will create pricing transparency and give patients financial options and peace of mind.

Related resources for states:

- Oklahoma Model Reform: Oklahoma [SB 1646](#) (pending)
- Oklahoma Council of Public Affairs: [Restrictions on 'surprise' medical bills advance despite apparent hospital lobbying](#)

Support for your state

State think tanks are welcome to reach out to SPN's Healthcare Working group for support or questions. Please contact Russ Walker (walker@spn.org) and Emily Wismer (wismer@spn.org) to get connected.