By Ann M. Nguyen, Magda Schaler-Haynes, Jolene Chou, Matthew Wetzel, Margaret Koller, Michael J. Yedidia, and Joel C. Cantor

Impact Of The New Jersey COVID-19 Temporary Emergency Reciprocity Licensure Program On Health Care Workforce Supply

ABSTRACT New Jersey's COVID-19 Temporary Emergency Reciprocity Licensure program provided temporary licenses to more than 31,000 out-of-state health care practitioners. As one of the first COVID-19 hot spots in the US, New Jersey is uniquely positioned to provide insights on enabling an out-of-state health care workforce through temporary licensure to address critical, ongoing concerns about health care workforce supply. In January 2021 we surveyed New Jersey temporary licensees. We analyzed more than 10,000 survey responses and found that practitioners who used the temporary license originated from every state in the US, provided both COVID-19- and non-COVID-19-related care, served a combination of new and existing patients, conversed with patients in at least thirty-six languages, and primarily used telehealth. Findings suggest that temporary licensure of out-of-state practitioners, along with telehealth waivers, may be a valuable, short-term solution to mitigating health care workforce shortages during public health emergencies.

Ann M. Nguyen (anguyen@ifh.rutgers.edu), Rutgers University, New Brunswick, New Jersey.

Magda Schaler-Haynes, Office

ealth care provider licensing is primarily governed by states, often through boards or committees. Because emergencies sometimes create surges in demand for health care services that existing state workforces may be unable to meet, states may welcome out-of-state practitioners seeking to offer services outside their home state or states of licensure. States eager to boost existing health care provider supply may do so through multistate licensing compacts or temporary licensing programs. Indeed, emergency health care practitioner licensure has long been a strategy for responding to public health emergencies. [1] Since the beginning of the COVID-19 pandemic, at least forty-five US states have enacted some form of health care practitioner licensure waiver. [2,3] On March 20, 2020, New Jersey enacted the Temporary Emergency Reciprocity Licensure Program, allowing out-of-state, currently licensed health care practitioners in good standing to obtain temporary licensure to provide services to New Jersey patients via telehealth [4] or in person.[5–7] The aim of New Jersey's program was to respond to pandemic-related health care workforce demands, especially for hospital staffing and care for underserved populations.

Executive Order 103, signed by Gov. Philip D. Murphy March 9, 2020, authorized the Department of Law and Public Safety's Division of Consumer Affairs, which oversees professional licensure, to "waive, suspend, or modify any existing rule, where the enforcement of which would be detrimental to the public welfare during this emergency."[6] Subsequently, Executive Order 112,[8] signed by Governor Murphy April 1, 2020, as well as the enactment of multiple waivers by the Division of Consumer Affairs, [9] created licensure-based pathways to expanding the health care workforce. Under New Jersey's program, licensing fees and criminal background

checks were waived for eligible applicants. Twenty-three licensing entities participated ini-

languages, including each of the state's twelve most common languages: Arabic, Chinese (Mandarin and Cantonese), Haitian Creole, Hindi, Italian, Korean, Gujarati, Polish, Portuguese, Russian, Spanish, and Tagalog (including Filipino) (data not shown). Mental health providers were least likely to converse with their New Jersey patients in a language other than English, with 93 percent reporting using only English (exhibit 2). For all other practitioner categories, one-quarter or more of respondents conversed with patients in a language other than English. Spanish was the next most commonly spoken language, used by about one-third of nurses (38 percent) and NPs and PAs (30 percent). Among nurses, the next most commonly spoken languages were Haitian Creole (7 per-

cent) and Tagalog (6 percent). Among NPs and PAs, 3 percent spoke with patients in Haitian Creole. Among respiratory care therapists, 7 percent spoke with patients in Chinese. In the "all other" provider category, 7 percent spoke with patients in Hindi (data not shown for languages other than Spanish).

The majority of respondents (65 percent) provided both COVID-19-related and non-COVID-19-related care to New Jerseyans. About 4 percent provided COVID-19-related care only, and 29 percent provided non-COVID-19 care only (data not shown). Most of the license-using respondents reported getting paid via private insurance (35 percent) or salary (34 percent). About 10 percent reported having self-paying patients, 3 percent reported volunteering their time, and

21 percent did not know how they were being compensated (calculations based on exhibit 2). It should be noted that respondents could report more than one type of payment source.

For many respondents, telehealth was the

creased the state's health care workforce supply

of state emergency licensure programs, using findings from this study as a framework and conducting repeated surveys and interviews, where possible.