Maryland
Hospital Association

STATE ACTION ON COVID-19: SELECT ORDERS AND DIRECTIVES ON WORKFORCE, TELEHEALTH, PAYER PRACTICES, CLINICAL OPERATIONS

WORKFORCE

- *Expand scope of practice* – **EXECUTIVE ORDER –** Health care providers (HCPs) permitted to engage in activities not authorized by their license in health care facility in Maryland so long as necessary to meet required staffing ratios or otherwise ensure continued/safe delivery of services and the HCP can competently engage in such activities with reasonable supervision as needed.
- *Establish interstate reciprocity* – **VARIOUS AGENCIES –** A Governor's Executive Order (EO), the Board of Physicians (BOP), and the Board of Nursing (BON) permitted HCPs with valid, unexpired licenses in another state permitted to engage in activities authorized under that license in Maryland at health care facilities without first having to obtain licensure in Maryland.[1] BOP also permitted HCPs with active out-of-state licenses in good standing to practice telehealth in Maryland without a license.
- *Authorize providers with inactive licenses to practice* **– EXECUTIVE ORDER** – Delayed and automatically extended by 30 days after the state of emergency the expiration date of all licenses, certificates, permits, registrations, or other authorizations issued by the State of Maryland that would otherwise expire during the state of emergency and be renewable during the state of emergency.
- *Loosen supervision requirements for physician assistants (PAs)* – **BOARD OF PHYSICIANS –** Removed requirement that PAs wait for Board to receive Delegation Agreement before working at health care facility; also suspended limitations on how many PAs physician may supervise at once.

TELEHEALTH

- *Authorize audio-only telehealth* services – **EXECUTIVE ORDER -** Permitted use of audio-only calls for Medicaid service to qualify as telehealth, although audio-only calls must occur in real time.
- *Allow originating site to include participant's home* – **DEPARTMENT OF HEALTH –** Expanded definition of "originating site" to include participant's home or any other secure location as approved by the patient and provider for Medicaid fee-for-service (FFS) and managed care organizations (MCOs). Services would be subject to same program restrictions, pre-authorizations, limitations, and coverage that exist for the service when provided in person. EO allowed establishing practitioner-patient relationship (i.e., for initial visit) via audio-only calls, provided certain conditions are

[1] There are caveats based on HCP type. For example, out-of-state certificate nursing certificate holders (e.g., CNAs, GNAs, CMTs, and CMAs) were required to apply for a temporary practice certificate within 10 days after first working at a health care facility in Maryland.

met: verification of patient's identity; disclosure of practitioner's name; and obtaining oral consent.

- *Expansion of remote patient monitoring (RPM)* – **DEPARTMENT OF HEALTH –** Expanded conditions that would qualify Medicaid FFS or MCO participant for RPM services and waived current requirements of limiting RPM services to participants with history of hospital utilizations. Only applies to somatic services.

PAYER PRACTICES

- *Adjust provider panels to account for access to COVID-19 treatment* – **MIA –** Advised carriers to review provider panels to ensure members have reasonable access to providers with expertise to treat COVID-19 and to plan for granting out-of-network referrals if no such providers are in-network, without balance billing members.
- *Waive cost-sharing requirements* – **MIA** – Carriers required to waive cost-sharing for visits and lab fees for diagnosing/testing COVID-19.

CLINICAL OPERATIONS

- *Add hospital capacity and establish alternative care sites* – **VARIOUS AGENCIES –** EO permitted use of decommissioned care sites, as well as creation and use of alternate care sites for COVID-19 isolation, quarantine, and treatment. Secretary's Order permitted use of off-campus hospital facilities for inpatient hospital care. Maryland Health Care Commission (MHCC) allowed acute hospitals to apply for an emergency Certificate of Need (CON) to address COVID-19 by sending request to MHCC; MHCC's response expected within 24 hours of request receipt. MHCC also permitted acute general hospitals to bring online existing physical bed space or space with piped gases to request approval for temporary increase in hospital's licensed bed capacity.
- *Cease all elective and non-urgent medical procedures* – **DEPARTMENT OF HEALTH** – Required all HCPs to cease elective and non-urgent medical procedures as of 5 p.m. on March 24, 2020.
- *Conserve personal protective equipment (PPE)* – **DEPARTMENT OF HEALTH –** Allows providers to: use facemasks beyond manufacturer-designated shelf-life; implement limited re-use of facemasks; prioritize use of facemasks for specific activities; exclude HCPs at higher risk for severe illness from COVID-19 from contact with known or suspected COVID-19 patients.
- *Require Office of Health Care Quality (OHCQ) to support return of resident to nursing home of origin* – **DEPARTMENT OF HEALTH -** Prioritizes the right of nursing home residents admitted or seen at a hospital for COVID-19 t to return to their nursing home of origin as long as the facility can follow the approved CDC recommendations for protection against transmission. Directs OHCQ to assist hospitals with review of requests 7 days per week. As a result, OHCQ established the Hospital Discharge Assist program for hospitals that have challenges transferring a patient back to their nursing home of origin during the COVID-19 crisis.
- *Establish medical assist teams to deploy to congregate living facilities (primarily, nursing homes)* – **DEPARTMENT OF HEALTH -** Establishes teams to respond to requests for assistance for vulnerable populations residing in a variety of congregate living healthcare facilities. Assistance can include performing medical examinations or

testing and assisting the health care facilities with the implementation of quarantine, isolation, or disinfection procedures.