



# **Rutgers Center for State Health Policy Health Policy Webinar**

*Discussion-Stimulating Presentation:*

**Impact of the New Jersey COVID-19  
Temporary Emergency Reciprocity Licensure  
Program on Healthcare Workforce Supply**

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# Acknowledgments

## CSHP Project Team

### *CSHP Mission & Role*

Rutgers Center for State Health Policy informs, supports, and stimulates sound and creative state health policy in New Jersey and around the nation. The Center provides impartial policy analysis, research, training, facilitation, and consultation on important state health policy issues.

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## HEALTH PROFESSIONALS

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

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**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.

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**H**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 health care practitioners in good standing to obtain temporary licensure to provide services to New Jersey patients via telehealth<sup>4</sup> or in person.<sup>5-7</sup> The aim of New Jersey's program was to respond to pandemic-related health care workforce demands, especially for hospital staffing

# Healthcare Practitioner Regulations

- Regulatory agencies and private entities need to ensure that a practitioner has the required training, knowledge, and experience to perform as a qualified professional in that field
- Process generally includes licensing, credentialing, privileging, and certification
- Specific requirements vary by state

Licensing is the formal recognition by a regulatory agency or body that a person has passed all the qualifications to practice that profession in that state. Requirements typically includes some combination of education, training, and examination to demonstrate competency.

# COVID-19 Impact on Practitioner Regulation



- COVID-19 presented states with a crisis that required swift action on many issues, including the **process for licensing healthcare workers**
- Temporary suspension of occupational licensing laws has long been a strategy for responding to natural disasters and public health emergencies, including Hurricane Sandy

# COVID-19 Impact on Practitioner Regulation

- Most states responded to the COVID-19 outbreak by activating emergency-response licensure laws
- States leveraged existing statutes, and some took new actions
- Over the course of the pandemic, **at least 45 U.S. states** enacted some form of a temporary practitioner licensure waiver

# New Jersey's Response to the COVID-19 PHE

- In March 2020, the State of New Jersey enacted temporary healthcare workforce provisions, including programs for:
  - Temporary emergency graduate licensure
  - Retiree license reactivation
  - Federally-deployed providers
  - International medical graduate licensure
  - **Temporary Emergency Reciprocity Licensure (TERL)**

# Temporary Emergency Reciprocity Licensure (TERL) Program

- Allows out-of-state, currently licensed healthcare practitioners in good standing to obtain temporary licensure and provide services to NJ patients via telehealth or in-person
- Aim was to respond to pandemic-related healthcare workforce demands, especially for hospital staffing and care for underserved populations

## TERL Program

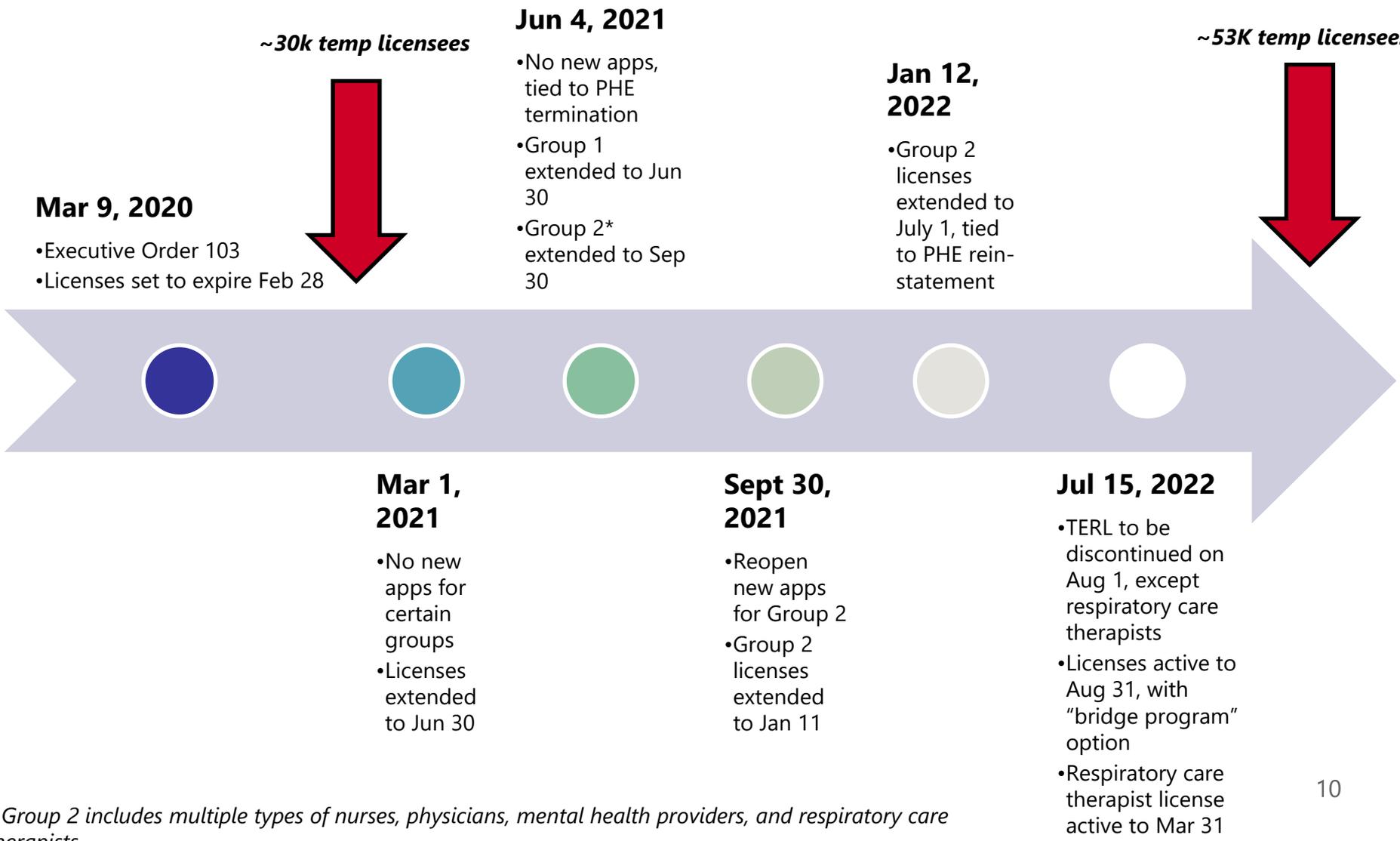
- Executive Order 103, signed by Governor Philip D. Murphy on March 9, 2020 authorized the state Division of Consumer Affairs (DCA), which houses licensure functions, to



***“waive, suspend or modify any existing rule, where the enforcement of the rule would be detrimental to the public welfare during the emergency [...].”***

- Licensing fees and criminal background checks were waived for eligible applicants
- 23 licensing entities participated initially, including boards for physicians, nurses, and psychologists

# TERL Program Key Dates



\* Group 2 includes multiple types of nurses, physicians, mental health providers, and respiratory care therapists

# Impetus for Licensure Policy Research

- Healthcare workforce supply remains a challenge in NJ and elsewhere
- Pre-pandemic healthcare workforce shortages exacerbated by burnout, attrition, and early retirement
- Current workforce pipelines will not meet needs
- Growing interest from health systems, practitioners, and researchers on the impact of introducing flexibility into state professional licensure process

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Viewpoint  
May 28, 2021

**Modernizing Medical Licensure to Facilitate Telemedicine Delivery After the COVID-19 Pandemic**

Carmel Shachar, JD, MPH<sup>1</sup>; Amar Gupta, PhD, MBA<sup>2</sup>; Gali Katznelson, MBE<sup>3</sup>

> Author Affiliations | Article Information

JAMA Health Forum. 2021;2(5):e210405. doi:10.1001/jamahealthforum.2021.0405

COVID-19 Resource Center

During the COVID-19 pandemic, telemedicine has been a substantial tool in promoting resilience in the health care system. Beyond the pandemic, telemedicine has potential to expand access to care and save costs for patients and systems.<sup>1,2</sup> However, many of the pandemic-inspired changes to licensing regulations are set to expire when the public health emergency ends. Physicians who are seeking a national or multistate telemedicine practice may again face a problematic patchwork of state regulations, licensure applications, and onerous fees. The US federal government should take advantage of pandemic-inspired mo-

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Viewpoint  
January 13, 2021

**The COVID-19 Pandemic—An Opportune Time to Update Medical Licensing**

Samyukta Mullangi, MD, MBA<sup>1</sup>; Mohit Agrawal, MS, MBA<sup>2</sup>; Kevin Schulman, MD<sup>3,4</sup>

## Study Objective

To explore who obtained a New Jersey temporary license, who used that license, and what those who used the license did.

Our findings may help inform future professional licensure processes and strategies to address health care workforce shortages.

# Study Design

- **Design:** Cross-sectional survey
- **Survey population:** Practitioners who obtained a NJ temporary license between March 20, 2020 and January 6, 2021 (N=31,805)
- **Time period:** January 7-21, 2021
- **Survey sample:** 10,449 respondents (33% rate)

# Data Management & Analysis

- Descriptive analyses by practitioner type
- Created practitioner groupings:
  - **Mental health providers** (alcohol and drug counselors, marriage and family therapists, professional counselors, psychoanalysts, psychologists, and social workers)
  - **Physicians**
  - **Nurses** (incl. licensed practical nurses and RNs)
  - **NPs and PAs**
  - **Respiratory care therapists**
  - **All Else** (acupuncturists, athletic trainers, audiologists, dentists, genetic counselors, hearing aid dispensers, occupational therapists, opticians, optometrists, perfusionists, pharmacists, and physical therapists)

# Results

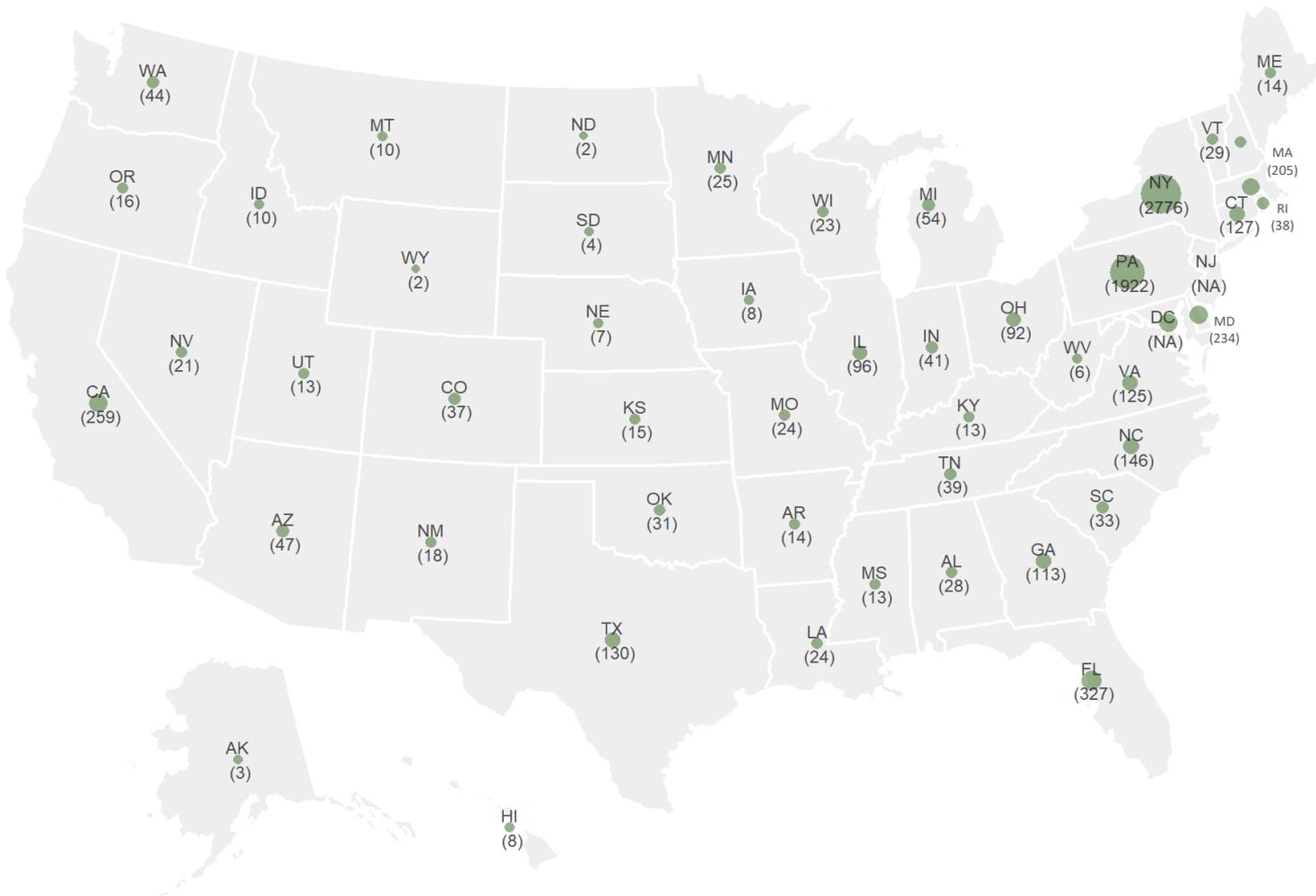
# Who obtained a NJ temporary license?

Practitioner Type	Temporary Licensees		Survey Respondents		Survey Respondents Who Used Temporary License	
	n	% of All Temporary Licensees	n	% of All Survey Respondents	n	% of All Survey Respondents Who Used Temporary License
Mental health providers	8,172	26%	4,436	42%	3,592	48%
Physicians	8,510	27%	1,973	19%	1,587	21%
Nurses	See notes	-	2,212	21%	1,232	16%
NPs and PAs	See notes	-	796	8%	529	7%
Respiratory care therapists	752	2%	199	2%	138	2%
All else	2,245	7%	833	8%	474	6%
<b>Total</b>	<b>31,805</b>		<b>10,449</b>		<b>7,552</b>	

**Note.** We could not report the number of temporary licenses for Nurses, NPs, and PAs due to the way temporary licensing data was initially aggregated by DCA. For Nurses and NPs combined, there were 11,265 temporary licensees (35% of all temporary licensees). For PAs, there were 861 (3%).

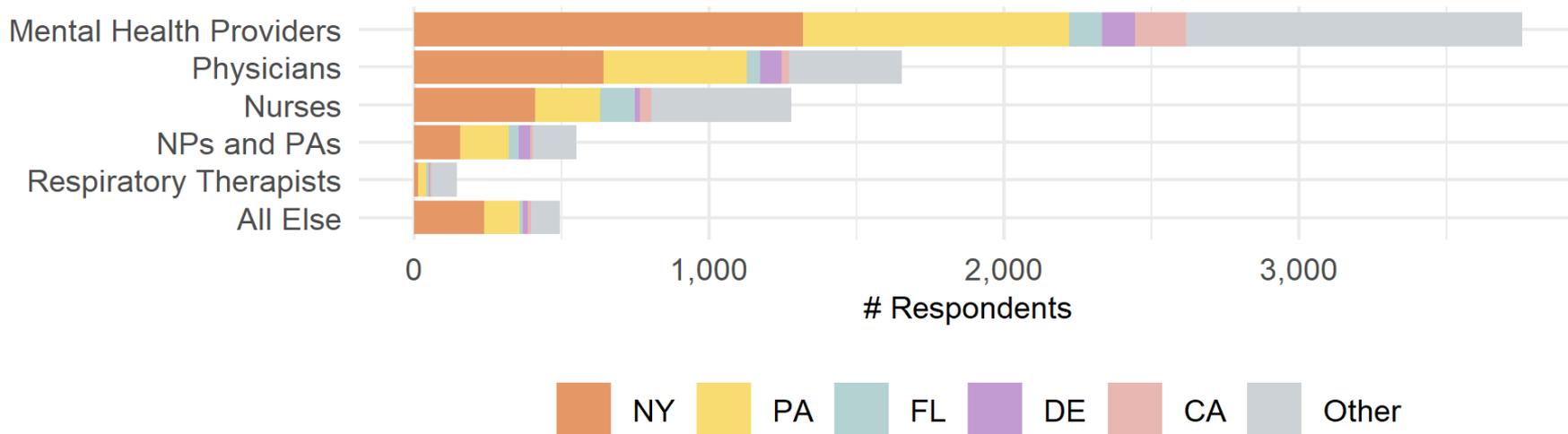
# What states are respondents from?

*Originating state of New Jersey temporary licensees, as of January 2021*



# What states are respondents from?

***Share of temporary licensees from the top 5 states, as of January 2021***



# Who used the NJ temporary license?

Characteristic	Mental Health Providers		Physicians		Nurses		NPs and PAs		Respiratory Care Therapists		All Else	
	N= 3,592		N= 1,587		N= 1,232		N= 529		N= 138		N= 474	
	n	%	n	%	n	%	n	%	n	%	n	%
<b>Demographic</b>												
Ethnicity												
Non-Hispanic	3,241	90.2%	1,433	90.3%	1,036	84.1%	484	91.5%	109	79.0%	438	92.4%
Hispanic	262	7.3%	82	5.2%	117	9.5%	28	5.3%	14	10.1%	15	3.2%
Prefer Not to Answer	89	2.5%	72	4.5%	79	6.4%	17	3.2%	15	10.9%	21	4.4%
Race												
White	2,742	76.3%	1,115	70.3%	620	50.3%	388	73.3%	73	52.9%	326	68.8%
Black or African American	430	12.0%	74	4.7%	358	29.1%	74	14.0%	32	23.2%	27	5.7%
Asian	199	5.5%	229	14.4%	120	9.7%	36	6.8%	5	3.6%	82	17.3%
American Indian or Alaska native	26	0.7%	3	0.2%	13	1.1%	4	0.8%	8	5.8%	2	0.4%
Native Hawaiian or other Pacific islander	6	0.2%	4	0.3%	12	1.0%	1	0.2%	1	0.7%	1	0.2%
Other	77	2.1%	40	2.5%	37	3.0%	3	0.6%	6	4.3%	12	2.5%
Prefer Not to Answer	192	5.3%	141	8.9%	104	8.4%	33	6.2%	20	14.5%	30	6.3%
Gender												
Female	2,876	80.1%	699	44.0%	1,010	82.0%	438	82.8%	81	58.7%	358	75.5%
Male	611	17.0%	830	52.3%	186	15.1%	74	14.0%	53	38.4%	105	22.2%
Undesignated/Non-binary	42	1.2%	4	0.3%	5	0.4%	1	0.2%	0	0.0%	1	0.2%
Prefer Not to Answer	63	1.8%	54	3.4%	31	2.5%	16	3.0%	4	2.9%	10	2.1%
Age												
18-39 years old	1,408	39.2%	339	21.4%	525	42.6%	220	41.6%	62	44.9%	265	55.9%
40-59 years old	1,538	42.8%	821	51.7%	597	48.5%	243	45.9%	63	45.7%	161	34.0%
60 years or older	580	16.1%	367	23.1%	71	5.8%	55	10.4%	6	4.3%	41	8.6%
Prefer Not to Answer	66	1.8%	60	3.8%	39	3.2%	11	2.1%	7	5.1%	7	1.5%

# Where did the respondents work?

Characteristic	Mental Health Providers		Physicians		Nurses		NPs and PAs		Respiratory Care Therapists		All Else	
	N= 3,592		N= 1,587		N= 1,232		N= 529		N= 138		N= 474	
	n	%	n	%	n	%	n	%	n	%	n	%
<b>Physical location while using NJ temporary license</b>												
Both within and outside NJ	425	11.8%	148	9.3%	203	16.5%	94	17.8%	23	16.7%	86	18.1%
Outside NJ exclusively	2,954	82.2%	1,333	84.0%	104	8.4%	326	61.6%	13	9.4%	246	51.9%
Within NJ exclusively	213	5.9%	106	6.7%	925	75.1%	109	20.6%	102	73.9%	142	30.0%

# How many NJ patients did they serve?

Practitioner type	Number per Month of NJ Patients Served			Total Lives Touched
	N	Mean	S.D.	
<b>Mental Health Providers</b>	3,592	1.4	3.7	25,271
<b>Physicians</b>	1,586	30.8	514.5	157,122
<b>Nurses</b>	1,232	147.4	2164.7	539,111
<b>NPs and PAs</b>	529	61.6	240.2	110,229
<b>Respiratory Therapists</b>	138	409.7	2860.3	167,885
<b>All Else</b>	474	225.1	3563.2	444,901
				<b>1,444,519</b>

License-using respondents touched over 1.4 million lives between March 2020 to January 2021.

## What share of their NJ patients was new to them?

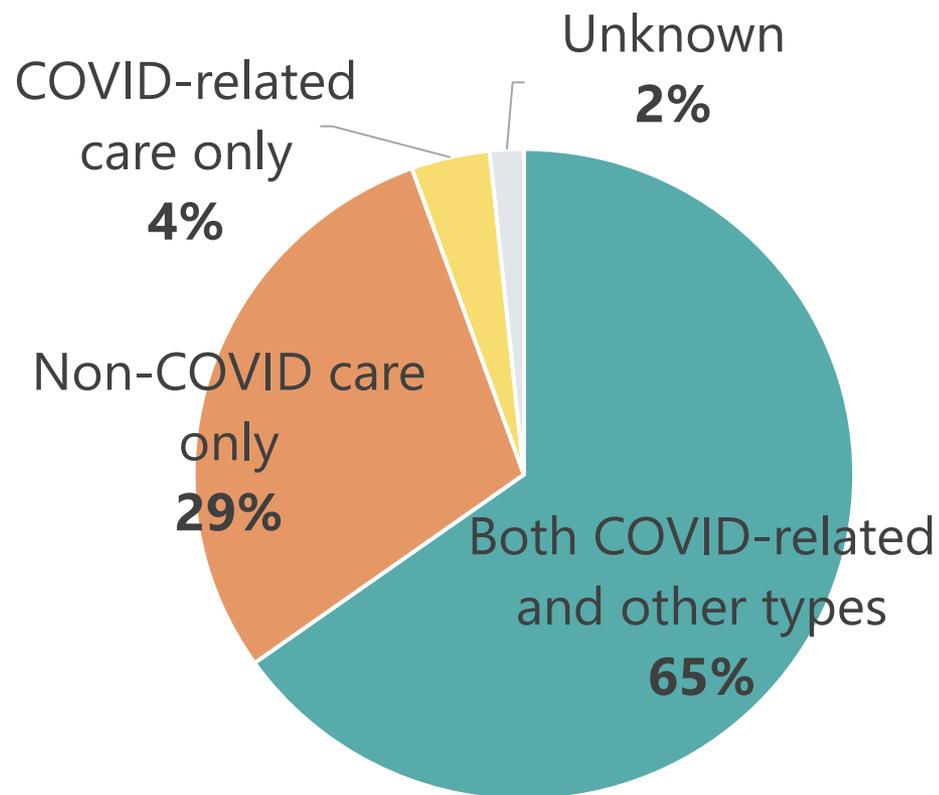
- 16% of respondents reported that all their NJ patients were new to them (i.e., not existing patients)
  - Highest among respiratory care therapists (58%), nurses (48%), and NPs and PAs (33%)
  - Only 19% of physicians and 10% of mental health providers served exclusively new patients
- 31% of respondents reported that none of their NJ patients were new to them
  - Highest among mental health providers (42%), physicians (27%), and NPs and PAs (17%)
  - Only 8% of nurses and 8% of respiratory care therapists reported serving exclusively existing patients

# What languages did they use to converse with NJ patients?

Characteristic	Mental Health Providers		Physicians		Nurses		NPs and PAs		Respiratory Care Therapists		All Else	
	N= 3,592		N= 1,587		N= 1,232		N= 529		N= 138		N= 474	
	n	%	n	%	n	%	n	%	n	%	n	%
<b>Language spoken with NJ patient</b>												
English only	3,346	93.2%	1,193	75.2%	633	51.4%	355	67.1%	92	66.7%	336	70.9%
Spanish	154	4.3%	306	19.3%	465	37.7%	159	30.1%	31	22.5%	96	20.3%
Other	92	2.6%	88	5.5%	134	10.9%	15	2.8%	15	10.9%	42	8.9%

Respondents communicated with NJ patients in at least 36 languages, including all of the State's twelve most common languages: Arabic, Chinese (Mandarin, Cantonese), Haitian Creole, Hindi, Italian, Korean, Gujarati, Polish, Portuguese, Russian, Spanish, and Tagalog (including Filipino).

# What did respondents do with their temporary licenses?

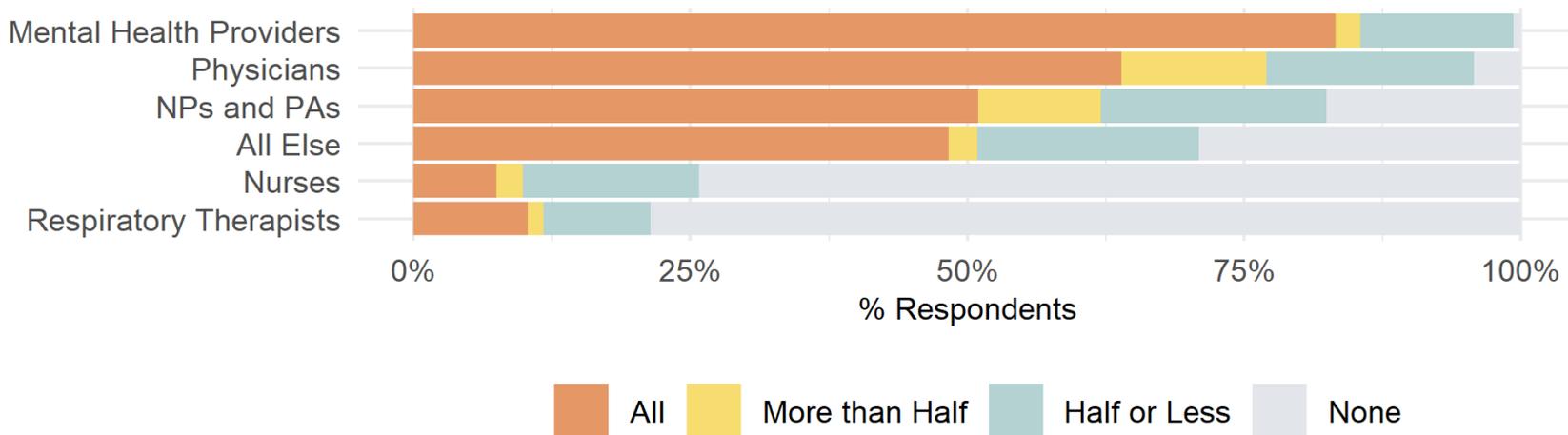


# How did respondents get paid?

Characteristic	Mental Health Providers		Physicians		Nurses		NPs and PAs		Respiratory Care Therapists		All Else	
	N= 3,592		N= 1,587		N= 1,232		N= 529		N= 138		N= 474	
	n	%	n	%	n	%	n	%	n	%	n	%
<b>Payment sources</b>												
Private insurance	1,753	48.8%	583	36.7%	73	5.9%	125	23.6%	5	3.6%	120	25.3%
Salary	739	20.6%	443	27.9%	803	65.2%	261	49.3%	92	66.7%	207	43.7%
Patient self-pay	632	17.6%	101	6.4%	2	0.2%	4	0.8%	0	0.0%	25	5.3%
Government programs (Medicare, Medicaid)	177	4.9%	326	20.5%	53	4.3%	53	10.0%	2	1.4%	59	12.4%
Volunteer	102	2.8%	54	3.4%	35	2.8%	13	2.5%	0	0.0%	31	6.5%
Don't know / NA	521	14.5%	452	28.5%	314	25.5%	135	25.5%	41	29.7%	103	21.7%

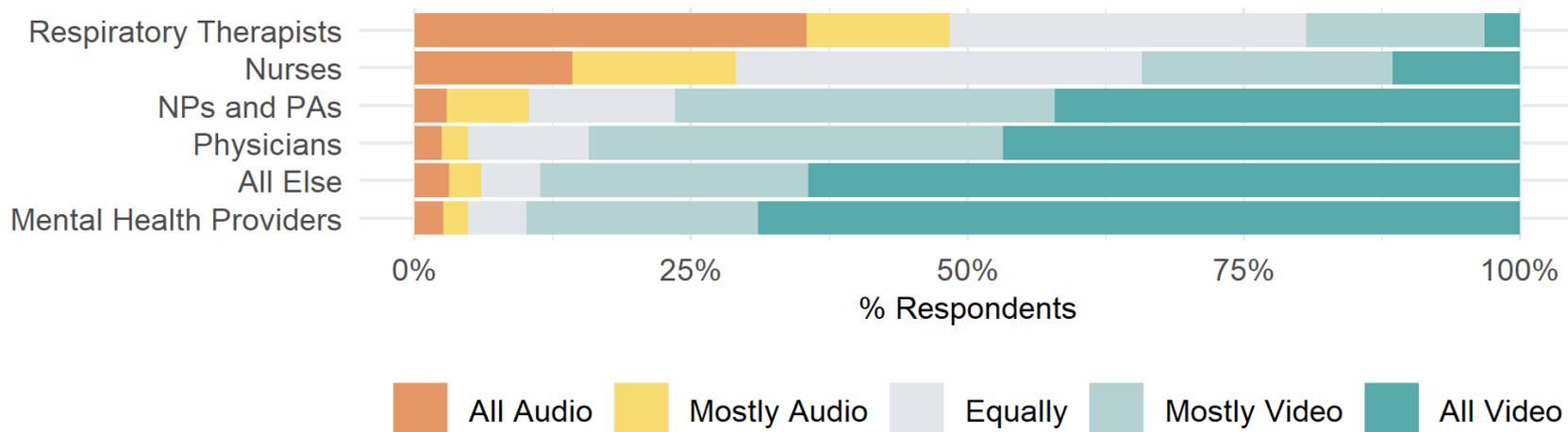
# How often were respondents using telehealth?

***Share of total care delivery time using telehealth, as of January 2021***



# What telehealth modalities did they use?

***Share of telehealth-based care delivery time by modality, as of January***



## Why did some respondents did not use their license?

- 2,897 respondents (28%) who reported receiving but not using their temporary license.
- Most frequently-cited reasons:
  - could not find new patients
  - could not find job
  - prepared to “follow” existing patients to NJ but the need did not arise.
- Additional reasons:
  - personal circumstances (took another job, family emergencies, and COVID-19-related travel restrictions)
  - matters related to the temporary license (timing, no longer needed it, and experienced start-up issues)

## Limitations

- Survey had a 33% response rate and overrepresentation of certain practitioner types
- Self-reported licensure usage
- Cross-sectional survey conducted in January 2021
- Program was implemented early in the pandemic when it was concentrated in a few regions, including NJ

## Discussion

- The NJ Temporary Emergency Licensure Reciprocity Program increased the state's workforce supply during the pandemic
- Enabled care continuity across state lines and increased supply of services for NJ patients – especially for mental and behavioral health
- Temporary licensure of out-of-state practitioners, along with telehealth waivers, may be a valuable, short-term solution to mitigate healthcare workforce shortages during regional public health emergencies
- Long-term healthcare workforce solutions are still needed

## Discussion

- Multistate licensure reciprocity (e.g., interstate licensure compacts) may be worth exploring to mitigate upfront challenges
- Interstate Licensing Compacts allow practitioners to have one multistate license that allows them to practice in both their home state and other compact states
  - Practitioners subject to the laws and regulations of the state where patient is located
  - Can work without a declaration of emergency and waiver
  - New Jersey has:
    - Implemented Nurse Licensure Compact (11/15/21)
    - Implemented PSYPACT (11/23/21)
    - Passed legislation for Interstate Medical Licensure Compact (01/10/22)

Thank you