

# Trump Administration Acts to Ensure U.S. Healthcare Facilities Can Maximize Frontline Workforces to Confront COVID-19 Crisis

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At President Trump's direction, the Centers for Medicare & Medicaid Services (CMS) today temporarily suspended a number of rules so that hospitals, clinics, and other healthcare facilities can boost their frontline medical staffs as they fight to save lives during the 2019 Novel Coronavirus (COVID-19) pandemic.

These changes affect doctors, nurses, and other clinicians nationwide, and focus on reducing supervision and certification requirements so that practitioners can be hired quickly and perform work to the fullest extent of their licenses. The new waivers sharply expand the workforce flexibilities CMS announced on March 30.

CMS sets and enforces essential quality and safety standards for the nation's healthcare system that supplement State scope-of-practice and licensure laws for healthcare workers. CMS has continuously examined its regulations to identify areas where Federal requirements may be more stringent than State laws and requirements. The changes CMS is announcing today will ensure that healthcare facilities across the nation can expand their staffs and organize them in the most efficient way possible to handle the incoming surge of COVID-19 patients.

Hospitals and health systems throughout the U.S. are seeing increases in patient volumes, leading to significant challenges in delivering vital services. Allowing clinicians to practice to the full scope of their licenses is critical to address staffing needs during the public health emergency.

As a result of CMS's action:

- Doctors can now directly care for patients at rural hospitals, across state lines if necessary, via phone, radio, or online communication, without having to be physically present. Remotely located physicians, coordinating with nurse practitioners at rural facilities, will provide staffs at such facilities additional flexibility to meet the needs of their patients.

- Nurse practitioners, in addition to physicians, may now perform some medical exams on Medicare patients at skilled nursing facilities so that patient needs, whether COVID-19 related or not, continue to be met in the face of increased care demands.
- Occupational therapists from home health agencies can now perform initial assessments on certain homebound patients, allowing home health services to start sooner and freeing home-health nurses to do more direct patient care.
- Hospice nurses will be relieved of hospice aide in-service training tasks so they can spend more time with patients.

“It’s all hands on deck during this crisis,” said CMS Administrator Seema Verma. “All frontline medical professionals need to be able to work at the highest level they were trained for. CMS is making sure there are no regulatory obstacles to increasing the medical workforce to handle the patient surge during the COVID pandemic.”

CMS’s workforce changes apply immediately and address supervision, licensure and certification, and other limitations in healthcare settings including Critical Access Hospitals (CAHs), Rural Health Clinics (RHCs), Federally Qualified Health Centers (FQHCs), Skilled Nursing Facilities (SNFs), Home Health Agencies (HHAs), and Hospice. These actions are part of the unprecedented array of temporary regulatory waivers and new rules issued recently by CMS and intended to help the American healthcare system respond to COVID-19.

CMS is the nation’s largest health insurer, serving more than 140 million Americans through Medicare, Medicaid, the Children’s Health Insurance Program, and Federal Exchanges.

On March 30, CMS issued an unprecedented array of temporary regulatory waivers and new rules to allow hospitals and healthcare systems to deliver services at other community-based locations to make room for COVID-19 patients needing acute care in their main facilities. The changes complement and augment the work of FEMA and state and local public health authorities by empowering hospitals and healthcare systems to rapidly expand treatment capacity and separate infected from uninfected patients. CMS’s waivers and flexibilities will permit patients to be triaged to a variety of community-based locales, including ambulatory surgery centers, inpatient rehabilitation hospitals, hotels, and dormitories. Transferring uninfected patients will help hospital staffs to focus on the most critical COVID-19 patients, maintain infection control protocols, and conserve personal protective equipment (PPE).

In recent weeks, CMS also has temporarily:

- Permitted physicians whose privileges will expire to continue practicing at a hospital and allowed new physicians to begin working prior to full hospital medical staff/governing body review and approval.

- Lifted regulatory requirements regarding hospital personnel qualified to perform specific respiratory care procedures, allowing these professionals to operate to the fullest extent of their licensure;
- Waived federal minimum personnel qualifications for clinical nurse specialists, nurse practitioners, and physician assistants so they can work at rural hospitals as long as they meet state licensure requirements, allowing for maximum staffing flexibility at such facilities
- Allowed physicians and non-physician practitioners to use telehealth technology to care for patients at long-term care facilities, rather than having to treat patients there in person.
- Waived certain training and certification requirements for nurse's aides at long term care facilities, to help address potential staffing shortages during the pandemic;
- Waived paperwork requirements so that hospital doctors can use more verbal, rather than written medical orders;

For a complete list of workforce flexibilities that CMS has permitted in recent weeks and years, go to: <https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>

For a fact sheet detailing additional information on the waivers announced today and previously, go to: <https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>

These actions, and earlier CMS actions in response to COVID-19, are part of the ongoing White House Coronavirus Task Force efforts. To keep up with the important work the Task Force is doing in response to COVID19, visit [www.coronavirus.gov](http://www.coronavirus.gov). For a complete and updated list of CMS actions, and other information specific to CMS, please visit the [Current Emergencies Website](#).