



Herb B. Kuhn
President and CEO
P.O. Box 60
Jefferson City, MO 65102

November 17, 2020

The Honorable Mike Parson
Governor of Missouri
Missouri State Capitol
201 West Capitol Avenue
Jefferson City, MO 65101-1556

Dear Governor Parson:

On behalf of its 141 member hospitals, the Missouri Hospital Association appreciates the administration's leadership to help hospitals respond to the COVID-19 pandemic. The approval of numerous waivers to reduce regulatory burden and increase flexibilities especially has been helpful. The prolonged response to the pandemic continues to change the health care landscape within the state and necessitates the continual reevaluation of flexibilities that will aid ongoing response. Hospitals remain dedicated to providing quality care and meeting community health needs across the state. In order to meet increased and changing demands, hospitals have identified some additional ways the administration can support safe and timely care delivery.

Hospitalizations steadily are increasing throughout Missouri due to widespread COVID-19 infections, higher acuity patients resulting from deferred care during 2020 and the onset of flu season. While hospitals have used flexibilities to increase capacity, the demand for care is outpacing our available space. In addition, the high level of community transmission means the health care workforce and their families are contracting COVID-19 in the communities in which they live. The hospital is the only place where critical patients can be cared for. Building on existing flexibilities, hospitals have identified several actions the administration could take to ensure access to critical life-saving care as we continue to respond to the pandemic.

1. Support consistency among local public health departments regarding quarantine time

The Missouri Department of Health and Senior Services and the Centers for Disease Control and Prevention recommends health care workers with high-risk exposure, either at work or in the community, participate in voluntary quarantine for 14 days after exposure. Hospitals are experiencing staffing shortages that cannot otherwise be resolved and need to be able to rely on the flexibilities outlined by the CDC to mitigate crisis staffing shortages. This includes situations where staff who are either exposed or positive may return to work. Inconsistencies in information and direction provided to staff by local public health departments create a barrier to the ability to assign staff during critical shortages. In crisis situations, state and local health departments should allow hospitals flexibility consistent with CDC guidelines. This includes allowing exposed employees who test negative for COVID-19 to return to work immediately with appropriate PPE. During the 14-day incubation period, staff will be screened and will stop work immediately should they become symptomatic or test positive. Additionally, taking certain considerations outlined by the CDC into account, staff who have

tested positive may return to work prior to traditional return-to-work guidelines set forth by the CDC. Hospitals will have policies and procedures in place, based on the latest CDC guidance, and ensure adherence to those policies and communicate such policies to local health officials.

2. Licensure flexibilities for respiratory therapists

The Missouri Board for Respiratory Care issued some waivers early in the pandemic response to speed up the licensure process, but they did not waive licensure for those licensed in another state. As a result, staffing agencies are reporting that Missouri is one of the hardest states in the nation to place temporary RT staff. To help manage this situation MHA requests the board forgo an application process and recognize a therapist licensed in another state. Other boards have approved such waivers, including the Board of Pharmacy which only requests the submission of an Emergency Practice Form during the emergency declaration. At the time the form is submitted, the pharmacist or non-licensed technician can practice in the state.

3. Formally recognize crisis standards of care

As patient surge increases and capacity to care for those patients decreases due to the strain on hospital resources, hospitals must adapt their operations to address this tension. All hospitals have emergency and contingency plans to adapt to changing circumstances and resource restrictions, and Missouri hospitals have been exercising those plans throughout the pandemic. As resource demands progress beyond normal capacity, hospitals move to their contingency plans, which are designed to mitigate those pressures. Contingency plans include canceling or deferring nonemergent procedures, implementing alternate staffing plans and resource channels. At some point, the number of seriously ill patients, combined with staff who are unable to work due to their own illnesses or who need to care for others, can overwhelm a hospital's ability to adhere to the standard of care applied under normal conditions. When that occurs, hospitals must execute their policies for crisis standards of care, in which resource allocations are made under ethical principles specifically developed to address crisis situations. Unfortunately, altering the normal standard of care exposes hospitals to liability. Formally recognizing crisis standards of care as an altered, but not lowered, standard of care at the state level will help protect hospitals from unwarranted lawsuits and additional drain on critical resources as they continue to navigate the COVID-19 pandemic.

MHA would appreciate your directing the applicable executive branch departments to implement these needed flexibilities to help hospitals address the critical capacity issues they are beginning to face. It also is important that the current waivers remain in place until we fully emerge from the effects of COVID-19. Therefore, MHA asks that you consider extending the emergency declaration currently set to expire on December 30 as necessary to keep these mitigating factors in place.

The Honorable Mike Parson
November 17, 2020
Page 3

If you have questions or would like to speak about any of these items, please contact me at hkuhn@mhanet.com or 573-893-3700, ext. 1332 or Sarah Willson, MHA's Vice President of Clinical and Regulatory Affairs, at swillson@mhanet.com or 573-893-3700, ext. 1304.

Sincerely,



Herb B. Kuhn
President and CEO

hbk:smw/ts