REPORT OF THE BOARD OF DIRECTORS

Subject: **Report of the FSMB Workgroup on Emergency Preparedness and Response**

Referred to: **Reference Committee**

During its 2021 Annual Business Meeting, the Federation of State Medical Boards (FSMB) House of Delegates adopted a recommendation that called for the FSMB to work with state medical boards, health professional regulatory boards, and relevant stakeholders to develop model language to clarify emergency licensure processes and to review and update the FSMB's *Emergency and Disaster Preparedness Plan: A Guide for State Medical Boards (2010)* ("2010 Document") to encompass lessons learned during COVID-19 and additional types of emergencies and disasters that may occur in the future.

Accordingly, the FSMB Workgroup on Emergency Preparedness and Response, established by FSMB Board Chair Ken Simons, MD, and chaired by Cheryl Walker-McGill, MD, MBA, was charged with:

- Reviewing and updating the FSMB's *Emergency and Disaster Preparedness Plan: A Guide for State Medical Boards (2010)* document to encompass lessons learned during COVID-19, including plans for additional types of emergencies and disasters that may occur in the future;
- Evaluating outcomes related to emergency actions and other means of mobilizing and expanding the health care workforce to be used in developing model language to clarify emergency licensure processes for future public health emergencies. The Workgroup will develop: model language for state emergency orders that can provide uniformity in licensure portability measures used to mobilize the healthcare workforce during public health emergencies; and recommendations for state medical boards implementing emergency license portability measures used during public health emergencies.
- Providing resources and tools for state medical boards to utilize during periodic reviews of their emergency preparedness plans.

Over the course of the year, the workgroup met three times, both virtually and in-person, to address the elements of its charge. Meetings featured updates on the ongoing COVID-19 pandemic; discussions on revisions to the *Emergency and Disaster Preparedness Plan: A Guide for State Medical Boards (2010)* document, renamed the *Emergency Preparedness and Response: Resources for State Medical Boards*; and presentations from expert speakers on the Emergency Management Assistance Compact (EMAC) and the Uniform Emergency Volunteer Health Practitioners Act (UEVHPA) to aid the Workgroup's discussion regarding emergency actions and ways of mobilizing the health care workforce. The Workgroup also discussed emergency board operations during COVID-19 and resources that could be helpful to medical boards during emergencies.

A draft report was distributed to state medical boards during a 30-day comment period held from January 19 - February 18, 2022.

The report includes the following recommnedations:

- **Recommendation 1:** The FSMB will maintain and update *Emergency Preparedness and Response: Resources for State Medical Boards* on its website and continue to work directly with state medical boards to collect resources they have identified or developed to address emergencies.
- **Recommendation 2:** Medical boards should make licensees aware of Provider Bridge so they may choose to register as potential volunteers in advance of future public health emergencies.
- **Recommendation 3**: The FSMB will support state and territorial member boards interested in pursuing the adoption of the *Uniform Emergency Volunteer Health Practitioners Act*.

ITEM FOR ACTION:

The Board of Directors recommends that:

The House of Delegates ADOPT the recommendations contained in the *Report on Emergency Preparedness and Response,* and the remainder of the Report be filed.

EMERGENCY PREPAREDNESS AND RESPONSE

Report of the FSMB Workgroup on Emergency Preparedness and Response
Submitted to the FSMB House of Delegates, April 2022

INTRODUCTION

The Federation of State Medical Boards ("FSMB") established the Ad Hoc Task Force on Pandemic Preparedness, now the Workgroup on Emergency Preparedness and Response (the "Workgroup"), in February 2020 to begin addressing the potential needs of state medical and osteopathic boards ("medical boards") as the spread and impact of COVID-19 within the United States was becoming apparent. The World Health Organization (WHO) formally declared the SARS-CoV2 virus a global pandemic on March 11, 2020, and the President of the United States declared COVID-19 a national emergency two days later. Emergency declarations in all U.S. states, territories, and the District of Columbia followed as cases of COVID-19 and viral infection surged across the nation.

COVID-19 created unforeseen challenges for the healthcare and regulatory communities, including medical boards and other agencies with responsibilities under state law to respond to such a novel emergency event. Major issues have included: the importance of verifying volunteer provider licensure and credentials; the exponential rise in the use of telemedicine and digital health to quickly shore up the health care workforce and expand access to care, particularly in areas hit hard by the virus; the challenges of misinformation, disinformation, and eroding trust in public institutions; combating racial and ethnic disparities in healthcare that were underscored by the pandemic; the need for updated emergency planning resources; the need for more uniformity in emergency licensure portability measures and processes; and the importance of a centralized system to identify and verify health care volunteers during a national or public health emergency.

The FSMB remains committed to assisting medical boards as they navigate the changing landscape. The FSMB created a COVID-19 website that tracked state-by-state license and regulatory information and provided COVID-19-specific resources. FSMB also used prior work on digital credentials and collaborative relationships with state and federal agencies to facilitate the deployment of volunteers across state lines without sacrifice to public safety, issued statements on matters of importance, advocated for improved data collection, and worked with health care regulatory boards and partner organizations to address multifaceted issues that arose during the pandemic.

FSMB WORKGROUP ON EMERGENCY PREPAREDNESS AND RESPONSE

In April 2021, the FSMB House of Delegates adopted *the Report and Recommendations of the Workgroup on Emergency Preparedness and Response* ("2021 Report") developed during the course of the first year of the COVID-19 pandemic. The 2021 Report's recommendations included several directives for the FSMB to address issues that became apparent during the COVID-19 pandemic. The widespread use of telemedicine technologies created a need to establish a workgroup to update the FSMB's *Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine (2014)*. The disparities in healthcare underscored by the

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pandemic supported the development of strategies for state medical boards to help combat health inequities and bias in medical discipline in their jurisdictions. Accordingly, the FSMB formed the *Workgroup on Telemedicine* and the *Workgroup on Diversity, Equity and Inclusion in Medical Regulation*.

The 2021 Report also directed the FSMB to work with state medical boards, health professional regulatory boards, and relevant stakeholders to develop model language to clarify emergency licensure processes and to review and update the FSMB's *Emergency and Disaster Preparedness Plan: A Guide for State Medical Boards (2010)* ("2010 Document") to encompass lessons learned during COVID-19 and additional types of emergencies and disasters that may occur in the future. This Workgroup was charged with addressing those recommendations and continuing to monitor the COVID-19 pandemic as it stretched into its third year.

The following report, recommendations, and resources are designed to assist medical boards during the COVID-19 pandemic and in future public health and national emergencies.

WORKGROUP CHARGE

The *FSMB Workgroup on Emergency Preparedness and Response* was charged with:

1. Reviewing and updating the *FSMB's Emergency and Disaster Preparedness Plan: A Guide for State Medical Boards (2010)* document to encompass lessons learned during COVID-19, including plans for additional types of emergencies and disasters that may occur in the future;
2. Evaluating outcomes related to emergency actions and other means of mobilizing and expanding the health care workforce to be used in developing model language to clarify emergency licensure processes for future public health emergencies. The Workgroup will develop:
    1) model language for state emergency orders that can provide uniformity in licensure portability measures used to mobilize the healthcare workforce during public health emergencies; and
    2) recommendations for state medical boards implementing emergency license portability measures used during public health emergencies.
3. Providing resources and tools for state medical boards to utilize during periodic reviews of their emergency preparedness plans.

The Report and Recommendations of the Workgroup are summarized below.

REPORT AND RECOMMEDATIONS

Section 1. Updating the FSMB's *Emergency and Disaster Preparedness Plan: A Guide for State Medical Boards (2010)*

The COVID-19 pandemic created calls to action for updating emergency preparedness plans and resources at the international, national, local, and organizational levels. As organizations including the *Global Preparedness Monitoring Board (GPMB)* and *The Independent Panel for Pandemic*

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Preparedness and Response revisited and revised emergency preparedness efforts, focusing on a range of matters from broad strategic planning to achieve better coordination and financial investments in preparedness, to strengthening international actions and the capabilities of the World Health Organization.[1] Understanding the need for domestic regulatory preparedness to align with, and build upon, this global effort, the FSMB focused its efforts on reviewing resources most important for medical boards to have available for future public health emergencies.

The 2021 Report highlighted that the FSMB's 2010 document "was created after Hurricane Katrina devastated parts of the United States and focused mainly on the needs of state medical boards during a natural disaster, without including many resources specific to long-term/chronic events." It also noted that a revised version should include a "broader range of emergency planning resources." Accordingly, the document has been revised to reflect the need for state medical boards to integrate new technological capabilities into their workflow and use such technology to enhance the agility of regulators to respond to unforeseen disruptions in operations or stresses upon the healthcare system. It also includes external resources and new sections highlighting specific areas of concern identified during the COVID-19 pandemic. The revised document has been retitled *Emergency Preparedness and Response: Resources for State Medical Boards*, (hereinafter "resource guide") and is intended to be a living document that will change and expand to encompass resources, including those identified or developed by state medical boards. The resource guide will be available on FSMB's website for medical boards to consult when planning for, or responding to, public health or other emergencies.

The *resource guide* is available as an attachment and specific information on new issues addressed is outlined below.

Section 2. Resources and Tools for State Medical Board Emergency Preparedness

In addition to technical changes, resources have been included that provide information on several issues that medical boards are confronting in the wake of the COVID-19 pandemic. These issues include: the need for medical boards to have all-hazards planning in place for emergencies; challenges with the application of crisis standards of care; establishing strategic communication plans and combating misinformation and disinformation; managing workforce and staffing challenges for boards to continue critical functions during a public health emergency; and the impact of COVID-19 on the wellness of health care providers and medical board staff.

All-Hazards Planning

The 2021 Report highlighted the need for the inclusion of an "all-hazards" approach to emergency planning in the resource guide. The importance of all-hazards planning has been underscored by the many different threats and hazards medical boards may face in the future. In addition to threats posed by another pandemic, emergencies related to cybersecurity, grid-loss or extended power outages, and violent attacks could occur. There is generally not a one-sized approach for medical

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[1] *E.g.,* Global Preparedness Monitoring Board's 2021 Report: *From Worlds Apart to a World Prepared*, available at: https://www.gpmb.org/annual-reports; The Independent Panel for Pandemic Preparedness and Response's report, *COVID-19: Make it the Last Pandemic* (2021) available at: https://theindependentpanel.org/wp-content/uploads/2021/05/COVID-19-Make-it-the-Last-Pandemic_final.pdf

boards in preparing for future emergencies, so the development of a plan that can be utilized in multiple scenarios is extremely important.

All-hazards plans typically identify possible hazards or threats and an organization's vulnerabilities to them, and then seek to create general strategies for addressing them.[2] For medical boards, these vulnerabilities may include: insufficient hardware or software for remote-work operations; limitations on legal authority to hold meetings or hearings virtually; staffing shortages; lack of alternative communication systems if internet connectivity or the electric grid are compromised; or potential loss of access to critical data in a cyberattack. Several resources developed to assist in the creation of all-hazards plans are included in *the resource guide.*

Crisis Standards of Care

The National Academy of Medicine[3] defined "crisis standards of care" in 2009 as "a substantial change in usual healthcare operations and the level of care (that) is possible to deliver, which is made necessary by a pervasive (e.g., pandemic influenza) or catastrophic (e.g., earthquake, hurricane) disaster. This change in the level of care delivered is justified by specific circumstances and is formally declared by a state government, in recognition that crisis operations will be in effect for a sustained period. The formal declaration that crisis standards of care are in operation enables specific legal/regulatory powers and protections for healthcare providers in the necessary tasks of allocating and using scarce medical resources and implementing alternate care facility operations."[4] Individual states, localities, and healthcare systems have also defined crisis standards of care and developed guidance documents for use during emergencies.[5]

Crisis standards of care ("CSCs") were implemented in jurisdictions across the nation during the COVID-19 pandemic.[6] The application of CSCs differed related to timing of case surges and limited access to personal protective equipment (PPE) such as protective masks, or ventilators – and were often implemented at the local or facility level.[7] Challenges with CSCs have captured the attention of several organizations, including the National Academies of Science, Engineering and Medicine (NASEM), which established the "*Evolving Crisis Standards of Care and Lessons*

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[2] E.g., FEMA Planning Guides, available at: https://www.fema.gov/emergency-managers/national-preparedness/plan; Ready.gov planning information, available at: https://www.ready.gov/planning; CDC All Hazards Preparedness Guide, available at: https://www.cdc.gov/cpr/documents/ahpg_final_march_2013.pdf.
[3] The National Academy of Medicine was previously the Institute of Medicine.
[4] Institute of Medicine's Committee on Guidance for Establishing Standards of Care for Use in Disaster Situations, *Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations: A Letter Report (2009)*, summary available at: https://www.ncbi.nlm.nih.gov/books/NBK32748/
[5] Examples of crisis standards of care documents can be found in Appendix I of the Resource Guide (Attachment 1).
[6] *E.g.,* Alaska activates the State's Crisis Standards of Care for multiple health care facilities; Idaho activates crisis standards of care in three health districts in southern Idaho; Johns Hopkins Bayview Medical Center Activates Crisis Standards of Care;
[7] *See* Hick, J. L., D. Hanfling, M. Wynia, and E. Toner. 2021. *Crisis Standards of Care and COVID-19: What Did We Learn? How Do We Ensure Equity? What Should We Do?* NAM Perspectives. Discussion, National Academy of Medicine, Washington, DC, available at: https://doi.org/10.31478/202108e

Learned: A Workshop Series" in 2021.[8] Throughout the series, NASEM heard presentations from a range of stakeholders impacted by CSCs and will release a final proceedings to the public.

While medical boards generally do not develop CSCs, it is important that they continue to be aware of changing standards of care within their jurisdictions during emergencies in order to appropriately address and evaluate complaints brought before them.

Misinformation, Disinformation, and Strategic Communication Plans

The onslaught and rapid spread of misinformation and disinformation regarding the COVID-19 pandemic, treatments for the virus, and efficacy and safety of COVID-19 vaccines has been a major concern on the international, national, and local scale. Misinformation and disinformation, specifically when shared by licensed health care professionals, has continued to raise alarm with medical boards, policy makers, and the public. The FSMB's 2021 Board Survey found that as of October 2021: 67% of boards experienced an increase in complaints related to licensee dissemination of false or misleading information, 21% had taken disciplinary actions against licensees disseminating false or misleading information, and 39% had received complaints related to COVID-19 vaccine administration.

Medical boards cannot predict what the next public health or national emergency will be, or the misinformation and disinformation that may arise in its wake, but the COVID-19 pandemic and previous emergencies have shown that medical boards will have to grapple with risks to patient safety and potential exploitation that may arise during future emergencies.

Clear and consistent messaging to the public enhances public trust that regulatory mechanisms are functioning to ensure that public safety remains a concern during the uncertainty of crisis. Additionally, such an effort is an effective tool to counter the spread of disinformation among the public.

Strategic communications to licensees are also a critical component of a board's emergency preparedness plan. Medical boards need to be prepared to communicate important information to licensees during an emergency, including notices related to delays in licensing applications, closure of offices, and other changes to board operations.

Health Care Provider Wellness

The COVID-19 pandemic resulted in extreme stress and burnout in the health care workforce – an impact that could be expected to be repeated in future emergencies. Medical boards should be aware of the toll on the health and wellness of licensees and board staff that is often exacerbated

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[8] The National Academies' *Evolving Crisis Standards of Care and Lessons Learned: A Workshop Series* will "re-explore the recommendations from the IOM's 2009 "Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations: A Letter Report" and 2012 report "Crisis Standards of Care: A Systems Framework for Catastrophic Disaster Response" alongside ongoing lessons from the COVID-19 pandemic, with a particular focus on disaster planning, legal and equity considerations, and staffing considerations." Information on the Workshop Series is available at: https://www.nationalacademies.org/our-work/evolving-crisis-standards-of-care-and-lessons-learned-a-workshop-series --

by emergencies and encourage the availability of systems-based support dedicated to providing resources and supporting wellness.

Section 3. Model Language for Uniformity in Licensure Portability During Public Health Emergencies

As outlined in the 2021 Report, the variability of licensing waivers and processes during the COVID-19 pandemic created some confusion for licensees and regulators. In reviewing options for enhancing uniformity in license portability for future emergencies, the Workgroup discussed several mechanisms utilized during the COVID-19 pandemic including executive orders, state medical board actions, and interstate compacts. During the COVID-19 pandemic, at least: 26 governors issued Executive Orders mentioning licensure; 27 state medical boards and state agencies issued guidance, clarification, regulations, or orders related to licensure processes; four jurisdictions mentioned interstate compacts and model laws impacting licensure; and 10 jurisdictions passed new legislation related to licensure.[9]

The Workgroup also received presentations from experts on both the Emergency Management Assistance Compact ("EMAC") and the Uniform Emergency Volunteer Health Practitioners Act ("UEVHPA") to understand emergency licensure portability models already enacted in many jurisdictions. The Workgroup then considered whether EMAC and UEVHPA could address confusion without drafting additional model language. Areas in need of clarification included: intent, scope and duration of an executive or emergency order; clarification on jurisdictional and disciplinary authorities; and clarification that the laws of the state where the patient is located apply when practicing across state lines.

EMAC has been adopted as law in all U.S. jurisdictions.[10] It can be activated during an emergency by Executive Order of the Governor of the "requesting state," and create license reciprocity for covered health practitioners to provide care in the requesting state.[11] The UEVHPA was drafted by the Uniform Law Commission following Hurricanes Rita and Katrina in 2005, with the purpose of establishing "a robust and redundant system to quickly and efficiently facilitate the deployment and use of licensed practitioners to provide health and veterinary services in response to declared emergencies."[12] UEVHPA recognizes EMAC, which covers the "deployment of licensed health practitioners employed by state and local governments to other jurisdictions to provide emergency services without having to be licensed in the affected jurisdictions,"[13] but creates additional processes for licensed volunteers not employed by government. Unlike EMAC, however, UEVHPA is not a compact - it is a model law that leaves some flexibility to the states to determine how the language is adopted into their own statutes.

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[9] Examples of actions are available in APPENDIX H: State Emergency Licensure Responses Utilized During COVID-19 in the resource guide (Attachment 1).

[10] Additional information on EMAC is available at: https://www.emacweb.org/

[11] Emergency Management Assistance Compact, Article V: License and Permits. Additional information on the EMAC process is available at: https://www.emacweb.org/index.php/learn-about-emac/how-emac-works

[12] Uniform Law Commission, *Uniform Emergency Volunteer Health Practitioners Act* available at: https://www.uniformlaws.org/HigherLogic/System/DownloadDocumentFile.ashx?DocumentFileKey=632ad7d2-8b4c-eecf-c61e-912840ac3a0e (This version includes a prefatory note and comments from the ULC Drafting Committee.)

[13] *Id.*

Since 2006, UEVHPA has been adopted in 18 states and the District of Columbia, and it was introduced in additional jurisdictions during the COVID-19 Pandemic.[14]

The following five goals are addressed in UEVHPA's text[15]:

1. Establishes a system for the use of volunteer health practitioners capable of functioning autonomously even when routine methods of communication are disrupted;
2. Provides reasonable safeguards to assure that volunteer health practitioners are appropriately licensed and regulated to protect the public's health;
3. Allows states to regulate, direct, and restrict the scope and extent of services provided by volunteer health practitioners to promote disaster recovery operations;
4. Provides limitations on the exposure of volunteer health practitioners to civil liability to create a legal environment conducive to volunteerism;
5. Allows volunteer health practitioners who suffer injury or death while providing services pursuant to this act the option to elect workers' compensation benefits from the host state if such coverage is not otherwise available.

UEVHPA requires all volunteers to be registered with a system capable of verifying license and credentials prior to deployment.[16]

EMAC and UEVHPA create an existing legal framework that was utilized during COVID-19. The Workgroup reviewed their ability to address the uniformity concerns for license portability in future emergencies and determined that the FSMB should support states' adoption of UEVHPA. [17]

Additionally, the FSMB's 2021 Board Survey found that 60% of state medical boards activated existing emergency procedures and 88% developed new emergency procedures during the COVID-19 pandemic.[18] The FSMB will work with medical boards to gather information on new and existing policies they utilized during COVID-19 and include them in the resource guide.

Sample emergency orders for activating EMAC are available in the resource guide.

Section 4. Implementing License Portability Measures During Public Health Emergencies

During COVID-19, medical boards implemented protocols for continuing their critical function of protecting the public, even under emergency circumstances.[19] It is vitally important to have

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[14] A list of jurisdictions that have adopted UEVHPA is available at: https://www.uniformlaws.org/committees/community-home?CommunityKey=565933ce-965f-4d3c-9c90-b00246f30f2d

[15] Uniform Law Commission, *Uniform Emergency Volunteer Health Practitioners Act* (with Prefatory Note and Comments)https://www.uniformlaws.org/HigherLogic/System/DownloadDocumentFile.ashx?DocumentFileKey=632ad7d2-8b4c-eecf-c61e-912840ac3a0e at Page 1.

[16] *Id* at Page 18.

[17] The FSMB, along with many other organizations, served as an official observer of the ULC's drafting committee for UEVHP and provided comments.

[18] The FSMB 2021 Board Survey had an 83% response rate.

[19] As mentioned, the FSMB's 2021 Board Survey found that 60% of state medical boards activated existing emergency procedures and 88% developed new emergency procedures during the COVID-19 pandemic.

mechanisms in place to implement licensure modifications and waivers during a public health emergency.

State medical boards needed to navigate a range of state licensure waivers and modifications during COVID-19, particularly with regard to telehealth, in order to mobilize the nation's workforce to combat surges.[20] To assist with the movement of volunteer health care providers, the FSMB, through funding from the Health Resources and Services Administration ("HRSA") of the U.S. Department of Health and Human Services ("HHS"), developed Provider Bridge (ProviderBridge.org). Provider Bridge was launched during the COVID-19 pandemic and is an online tool that makes it easier to connect health care providers with health care entities during public health emergencies. It fills a critical role to help facilitate the movement of volunteer health care providers to quickly increase access to care in areas of need. The platform includes a directory of state and federal resources and a dedicated customer service hub to help ease the burden on health care professionals and support licensure portability.

Provider Bridge allows healthcare professionals to register and voluntarily submit their credentials and professional background information to treat patients in-person or via telehealth in impacted areas. It allows clinicians to obtain official, digital documents of licensure and other critical information that can be accepted by licensing and healthcare entities during states of emergency. It also allows health care entities to access a database of information for verified, volunteer clinicians willing to provide telehealth services or in-person care during emergencies. Provider Bridge is currently available to physicians, physician assistants, and nurses.

As an established, centralized volunteer registration tool that can quickly identify and verify credentials of volunteer health care providers, Provider Bridge will be critically important in the event of another public health emergency. It can be used by emergency response agencies responsible for volunteer coordination in states where oversight of licensure waivers falls outside medical board control. Medical boards are encouraged to make licensees aware of Provider Bridge so they may choose to register as a potential volunteer in advance of future public health emergencies.

Section 5. Recommendations

The FSMB recommends that:

> **Recommendation 1:** The FSMB will maintain and update *Emergency Preparedness and Response: Resources for State Medical Boards* on its website and continue to work directly with state medical boards to collect resources they have identified or developed to address emergencies.

> **Recommendation 2:** Medical boards should make licensees aware of Provider Bridge so they may choose to register as potential volunteers in advance of future public health emergencies.

[20] FSMB COVID-19 Website, available at: https://www.fsmb.org/advocacy/covid-19/

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318 **Recommendation 3:** The FSMB will support state and territorial member boards
319 interested in pursuing the adoption of the Uniform Emergency Volunteer Health
320 Practitioners Act.

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FSMB WORKGROUP ON EMERGENCY PREPAREDNESS AND RESPONSE[21]

Cheryl L. Walker-McGill, MD, MBA , Chair
Immediate Past-Chair, FSMB Board of Directors;
Past President, North Carolina Medical Board

Robin N. Hunter Buskey, DHSc, PA-C
North Carolina Medical Board Presidential Advisory Group

Lawrence J. Epstein, MD
Member, New York State Board for Medicine

L. Blanton Marchese
President, Virginia Board of Medicine

Janelle A. Rhyne, MD, MA, MACP
Past Chair, FSMB Board of Directors;
Past President, North Carolina Medical Board
Chair, FSMB Foundation

Candace L. Sloane, MD
Past Chair, Massachusetts Board of Registration in Medicine

Jacqueline A. Watson, DO, MBA, CMBE
Chief of Staff, District of Columbia Department of Public Health

Sherif Z. Zaafran, MD
Chair, Texas Medical Board

Patricia McSorley, JD
President, Administrators in Medicine
Executive Director, Arizona Medical Board

EX OFFICIO

Kenneth B. Simons, MD
Chair, FSMB Board of Directors;

Sarvam TerKonda, MD
Chair-Elect, FSMB Board of Directors

Humayun J. Chaudhry, DO, MS, MACP
FSMB President-CEO

STAFF SUPPORT

Lisa A. Robin, MLA
FSMB Chief Advocacy Officer

Kandis McClure, JD, MPH
FSMB Director, Federal Advocacy & Policy

[21] State Medical Board or organizational affiliations are presented for purposes of identification and do not imply endorsement of any draft or final version of this report

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Attachment 1 - ***Emergency Preparedness and Response: Resources for State Medical Boards***

Executive Summary

The Federation of State Medical Boards (FSMB) is committed to assisting state medical boards in protecting the public and improving the quality and integrity of health care in the United States. The FSMB first developed this resource in 2010, following Hurricane Katrina, and updated it in 2021 to reflect the lessons learned and resources identified during the COVID-19 pandemic.

The Workgroup on Emergency Preparedness and Response (the "Workgroup"), was charged with addressing the potential needs of state medical and osteopathic boards ("medical boards") during the COVID-19 pandemic. The World Health Organization (WHO) formally declared the SARS-CoV2 virus a global pandemic on March 11, 2020, and the President of the United States declared COVID-19 a national emergency two days later. Emergency declarations in all U.S. states, territories, and the District of Columbia followed as cases of COVID-19 and viral infection surged across the nation. The National Emergency Declaration (remains in effect).

COVID-19's unprecedented impact created new challenges for medical boards and the medical regulatory community that extend beyond the pandemic, including: the importance of verifying volunteer provider licensure and credentials; the exponential rise in the use of telemedicine and digital health to quickly shore up the health care workforce and expand access to care, particularly in areas hit hard by the virus; the challenges of misinformation, disinformation, and eroding trust in public institutions; combating racial and ethnic disparities in healthcare that were underscored by the pandemic; the need for updated emergency planning resources; the need for more uniformity in emergency licensure portability measures and processes; and the importance of a centralized system to identify and verify health care volunteers during a national or public health emergency.

As a result, the Workgroup has updated this resource guide as a way to assist state medical boards in developing a detailed emergency and disaster preparedness plan. Modeled from the Ready Business Emergency Plan issued by the U.S. Department of Homeland Security, the Devolution of Operations Plan Template from the Federal Emergency Management Agency (FEMA), and the emergency and disaster preparedness plans of state medical boards, this document serves as a template for state medical boards to use when developing an emergency and disaster preparedness plan or amending an existing plan.

Each section of the template includes instructions and advice on what information should be included as state medical and osteopathic boards create their own emergency plans.

All of the content in this template is available electronically for download at (link).

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Introduction

The introduction briefly describes the importance of emergency and disaster planning and how the emergency plan supports the board's mission. It should explain why continuity of critical operations under any circumstance is needed to ensure there is no disruption in service.

Purpose Statement

The purpose statement section addresses the emergency and disaster planning concept and describes the board's plan for responding to a disaster that could result in having interruptions in critical business function.

Goals and Objectives

The stated goals of most emergency and disaster preparedness plans is to provide a means to utilize all available resources to prepare for potential emergencies or disasters whenever possible, respond to save lives and protect property, and promote a means to recover mission critical business functions.

The objectives section includes the objectives of the board's emergency and disaster plan. Sample objectives for this section include:

- To provide for the safety and well-being of individuals in the board's offices at the time of an emergency.
- To provide a contingency plan to guide a methodical approach to full recovery of normal board operations and activities in a time efficient manner.
- To establish management succession and emergency powers.
- To identify critical business functions and determine necessary resources to facilitate their immediate and seamless transfer.
- To identify the likely risks that would initiate or activate the board's emergency and disaster plan.
- To mitigate the duration, severity or pervasiveness of disruptions that do occur.
- To meet the operational requirements and the sustainment needs of the board for up to 30-days or longer.

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Assumptions

The assumptions section describes basic assumptions that should be made in the event of an emergency/disaster and the potential impact on the board's capacity to continue operations. Sample assumptions for this section include:

- The board location, information systems and equipment have been completely destroyed.
- Staff levels may be significantly reduced due to high levels of illness or injury.
- Staff may need to work remotely for an extended period of time.
- Multi-hatted board personnel are unavailable or incapable of relocation (i.e. performing other response related tasks.)
- Board management responsibilities and critical business functions cannot be conducted from the primary operating facility or the continuity facilities.

Critical Business Functions

This section outlines the board's limited set of critical business functions that should be continued throughout, or resumed immediately after, a disruption in normal activities.

These functions are the most critical and vital functions needed to maintain board operations. To identify those critical business functions, boards should ask:

- What are the most critical and time sensitive business functions?
- Which functions should be classified as highest priority? Medium priority? Lowest priority?
- Which functions are necessary to fulfill our legal and statutory obligations?
- Who performs this function?

Some of the critical business functions found in the state medical boards' emergency plans include:

Administration

- Budget operations and finance
- Personnel

Enforcement

- Investigations and complaints

Licensure

- Credentialing
- License verification
- Renewals
- Emergency licensure processes

Information Technology

- Telecommunications
- Computer systems

Public Information

- Updates on Board's Website

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Risk Management

This section outlines the types of emergencies or threats most likely to affect the board. These threats could be described as natural threats, such as earthquakes, hurricanes, tornadoes/storms, fire, flood or flash flood, biological hazards and epidemics; or unnatural threats, such as bomb threats, civil disturbances, terrorist acts, theft/vandalism, and arson.

Risk Assessment Chart

Disaster/Emergency	**Vulnerability Level (1 to 5)**	**Impact on Board** minimal/moderate/severe
Earthquake		
Hurricane		
Tornado		
Thunderstorm/Lightning		
Winter Storms		
Wildfire		
Volcano		
Landslide		
Tsunami		
Fire		
Flood		
Infectious Disease		
Pandemic		
Hazardous Material		
Power Outage		
Loss of Electrical Grid		
Loss of Internet/Cellular Connectivity		
Cyber Security Attack		
Nuclear Blast		
Mass Violence Incident		
Others		

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All-Hazards Approach

The Centers for Medicare and Medicaid (CMS) defines an all-hazards approach as "an integrated approach to emergency preparedness planning that focuses on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters…."

An all-hazards plan for a state medical board would outline an integrated approach and focus on organizational capacity, allowing it to be prepared for a range of emergency scenarios. Once potential hazards and vulnerabilities have been identified, boards should identify opportunities for prevention and mitigation, many of which may overlap into the more general plan.

Resources for Developing an All-Hazards Plan:

- Ready.gov houses several in-depth resources for emergency planning, including the all-hazards approach. This website is updated on a regular basis.
- Federal Emergency Management Agency (FEMA)'s report entitled Guide for All-Hazard Emergency Operations Planning (1996)

Workplace Safety

State medical boards may wish to consider resources and training opportunities specific to ensuring safety in workplace under a variety of circumstances, including violent incidents.

- Tools and training information for workplace safety preparation: Ready.gov provides training resources related to workplace safety

Levels of Emergency Response

Emergency incidents can be classified according to their severity and potential impact. A board's partial or total response to an emergency situation will be dictated by the type and magnitude of the emergency. For planning purposes, this section outlines the different levels of emergency response.

Emergency levels have been classified as:

Level 1: Minor incident or closing has occurred. Disruption of up to 12 hours with little effect on services or impact to critical business functions or systems. The emergency or disaster plan has not been activated.

Examples include: localized fire, minor chemical spill, power interruption.

Level 2: Serious event that involves threat to people, property or data. May involve evacuation for a limited period. Board may experience a disruption of 12 to 72 hours. Limited activation of the board's emergency or disaster plan.
Examples include: fire, power or water interruption, major winter storm.

Level 3: A major event has occurred impacting the area and surrounding regions beyond the scope of the board's emergency response capabilities. Full activation of the emergency or disaster plan, including orders

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of succession for some key personnel. The event has an unpredictable duration and will likely disrupt several critical business functions or vital business systems. Disruption has the potential to last for at least thirty (30) days and requires relocation of all personnel to an alternate work site.
Examples include: extensive flooding, earthquake, tornado, hurricane, terrorist acts, pandemics, grid loss or acts of war.

Phases of Emergency Management

Emergency and disaster preparedness plans from the state medical boards have referred to the four primary phases of emergency management relating to board activities and functions before, during and after an emergency or disaster. The four phases of emergency management are described below:

1. Preparedness – this phase involves activities undertaken in advance of an emergency. Preparedness refers to the readiness of the board to act swiftly and effectively during and after an emergency situation. The activities carried out during the time period prior to an emergency or disaster situation should help to prepare the board to react appropriately by providing operational capabilities to improve effective response to disasters. Common preparedness measures include:

a. Develop and revise disaster plans – the board should have a written, approved and implemented emergency and disaster preparedness plan that is periodically tested. The plan should outline the various actions to be taken in order to minimize loss of life, injury, property damage and business interruption while maintaining essential functions and services during a natural disaster, pandemic or terrorist threat. The disaster plan should include the date it was originally created as well as the date it was last revised.

b. Assess risk of emergency or disaster – this section should outline the types of emergencies or threats most likely to affect the board. These threats could be described as natural threats, such as earthquakes, hurricanes, tornadoes, storms, fire, floods, biographical hazards, pandemics and epidemics. Threats could also be unnatural, such as bomb threats, civil disturbances, terrorist acts, vandalism and arson. Assessing risk and planning ahead of time may reduce the board's vulnerability to loss, as well as help determine the needs of the board in the event of an emergency or disaster. When completing an assessment, the board should consider the frequency of past occurrences, the probability of future occurrences and the magnitude of impact. The board should also consider conducting annual vulnerability assessments and/or anytime there is an increased threat of an event. (See Risk Management Section).

c. Train personnel – initial and ongoing employee testing and training should be provided in order for staff to understand their roles and responsibilities during an emergency. Training can be accomplished through in-house educational programs, meetings, orientations or drills. Training should be conducted on a regular basis. In the event of a sudden decrease in staffing levels, the board should also consider cross training staff to perform tasks and duties outside of their regular roles.

d. Improve public information and communications systems; preserve information – the board's ability to communicate effectively with staff, licensees, board members, local authorities and the

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public is critical. This section should describe the board's communication plan, as well as the methods for communicating with both internal and external entities, particularly when normal means of communication are unavailable. For example, the board may consider switching to a different email management service if their servers are not in service, or switching to alternate telephone numbers when their normal business numbers are no longer in operation. Additionally, boards should consider drafting their communications messages before an emergency or disaster strikes. Preserving vital records prior to an emergency or disaster is also critical. This section should identify the organization's vital files, records and databases necessary to perform critical business functions, and the units responsible for the backup process. All critical board records and data should be backed up on a regular basis. Back-up copies of computer systems and software should be taken regularly with the information being given an appropriate level of physical and environmental protection. The board's main server as well as a redundant server should have back-up systems in place. Back-up arrangements should be tested regularly to ensure they can be relied upon for emergency use following a disaster or other failure.

e. Stockpile emergency supplies and equipment – before an emergency or disaster strikes, the board should prepare a list of necessary supplies and equipment it will need. Some of the recommended items to have on hand include water, food, portable battery-powered radios, extra batteries, flashlights, first-aid kit, garbage bags, matches, moist towelettes, soap and/or hand sanitizer, masks, gloves, and two-way radios. The board should decide where these items are to be stored. The board should also encourage staff to maintain their own emergency supply kit at home.

f. Determine orders of succession and delegation of authority – identify the orders of succession to key positions within the organization. Orders should be to whatever degree is necessary to ensure the ability of the board to meet the emergency response needs of the state concurrent with restoring functionality of the agency. The conditions under which succession will take place, as well as the temporal and organizational limits of authority should be described. *(See Appendix D)*

2. Response – the response phase of an emergency or disaster situation refers to the period of time immediately following an emergency or disaster. For a board, this phase can be expected to last approximately 24 hours from the time of emergency and has an emphasis on saving lives, gaining control and minimizing the effects of the disaster. Priority activities associated with this phase are:

a. Activate the emergency plan/Declaration of disaster – the decision to activate a board's emergency and disaster preparedness plan can come from various sources, such as notification from the state Department of Health regarding a virus or pandemic, a declaration of emergency by the governor, or from the state's emergency management agency. In its emergency plan, the board should outline who has the authority to order the activation of the board's emergency plan. It may be the board chair, the executive director of the board or the designated successor. Once the emergency plan has been activated, the board should provide appropriate instructions on who to contact once a disaster has been declared and the means available, such as telephone, cell phone, e-mail or the board website.

b. Account for Board staff and others who were on the premises at the time of the emergency – this section should describe the mechanism for identifying all staff and visitors who may have been in the

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board office at the time of an emergency, as well as the process for determining possible missing persons. Procedures to account for employees and visitors must be established in the event the building needs to be secured and/or operations need to be shut down.

c. Provide for emergency care of staff and others – this section should outline the procedures to be followed in the event an employee or visitor becomes sick or injured at work. Instructions on who should be assigned to stay with the individual, who should call 911 to report the emergency and to request assistance, and who will notify a family member or friend are just a few details to consider. Considerations should also be made for those staff members or visitors with disabilities who may require assistance.

d. Activate the Disaster Team/Emergency Response Team - this section should identify those individual team members who are responsible for carrying out response activities during, and immediately following, an emergency event or disaster. The roles and overall responsibilities of each team member should be described, as well as those individuals who have the authority to activate the emergency response team. Some of the roles of the emergency response team could include accounting for individuals known to be present at the facility at the time of the emergency, ensuring that all necessary contacts with the appropriate government agencies have been made or attempted, assessing the damage to the board facility, equipment and supplies, as well as its alternate location(s), and notifying board staff of the emergency or disaster and providing instructions regarding staff duties.

e. Utilize the Board's emergency communications plan – in order to provide staff with timely notification of an emergency or disaster, boards should consider multiple means of establishing communication and plans for executing them. Employee home, office and cell phone numbers should be made available to those designated individuals responsible for contacting groups of employees during an emergency. Copies of the telephone tree should be maintained at work and at home. *(See Appendix A)*

f. Communicate with staff, board members, the public and other organizations – it is important for the board to keep all board members, staff, licensees, the public and other organizations informed during an emergency. Procedures on how best to communicate with these groups and the most appropriate forms of communication to utilize during an emergency need to be considered. *(See Appendix B)* The board should also maintain an updated list of critical partners and key agencies that need to be notified of the board's emergency. *(See Appendix F)*

g. Grant temporary display agent status – in the event the board is unable to perform one of its critical business functions, which is licensure verification, it is recommended that the board grant temporary "display agent" status to the FSMB, thus authorizing FSMB to utilize the board's licensure data to verify physician licensure during a state declared emergency. Display agent status means the FSMB meets the Joint Commission's standards for primary source verification. The board may also want to consider creating Memorandum of Understandings (MOUs) with other organizations before an event happens as a way to ensure continuation of other critical business functions.

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3. Recovery – the recovery phase refers to the period of time after the emergency or disaster situation occurs. The aim of the recovery phase is to restore the affected area to its previous state. Recovery is both a short-term activity intended to return vital life-support systems to operation, and a long-term activity designed to return infrastructure systems to pre-disaster conditions. Some of the activities associated with the recovery phase are:

a. Restore critical business functions – planning for the business continuity of the board in the aftermath of an emergency or disaster is a complex task. While the time required for recovery depends on the damage that was caused, the primary goal for the board should be to ensure the continuity of all business functions during a disaster. This section should outline the most critical functions along with their priority level, responsible staff member and the timeframe to implement in the event of a disaster. *(See Appendix C)*

b. Resume additional Board processes – once the mission-critical business functions have been restored, the board should then focus on resuming the non-critical functions and returning to normal operations as soon as possible. During this process, the board should determine how best to utilize staff and other available resources.

c. Activate remaining staff – during the recovery phase, many of the board staff who were not activated during the emergency will be required to report back to work. The board should determine the work that needs to be done and how best to utilize returning staff once the critical business functions have been restored. The board should keep records of who returned to work and who did not.

d. Restore essential facilities and systems; utilizing alternate sites – this section should explain the importance of identifying an alternate location. Boards may wish to designate one or two alternate site locations from which to continue board operations in the event the board office becomes inaccessible. An alternate site may be at a similar organization through a mutual agreement, a home, a hotel, etc. Depending on the board's needs and number of employees, more than one location may be required. In order to perform the critical business functions, alternate sites should have sufficient space, equipment and logistical support. *(See Appendix E)*

e. Acquire additional supplies and equipment – during the recovery phase, the supplies and equipment that had previously been stockpiled will quickly be dispersed, so it may become necessary to acquire new stock. While general sources for supplies include grocery stores, drug stores, and hardware stores, the board should also identify other suppliers who may be able to assist in their recovery efforts. Multiple providers of supplies and services should be identified on a local, regional and national level, especially if the board is vulnerable to area-wide disasters. *(See Appendix G)*

4. Mitigation (Post-disaster) – Although mitigation activities should take place before and after emergencies, for most, this phase refers to the period of time after the board has recovered. The implementation of mitigation strategies can follow the recovery phase when applied after a disaster occurs. Mitigation planning includes a review of ways to eliminate or reduce the impact of future disasters with activities focused on

preventing an emergency, reducing the likelihood of occurrence, or reducing the damaging effects of unavoidable hazards. Some of the actions associated with the mitigation phase are:

a. Reassess a Board's vulnerability to emergency or disaster – this process involves the re-identification of vulnerabilities in the emergency plan and focuses on threats that could affect the board's ability to carry out their critical business functions. The end result of this process should be an improved ability to prioritize and implement effective actions to safeguard board staff, property and business assets. Input from all groups and individuals involved in the decision-making process, and who had operational responsibilities, will prove very effective in the reassessment.

b. Review and evaluate existing emergency plans – in light of an ever- changing environment, it is important for boards to periodically re-evaluate their existing emergency plan to uncover new gaps and vulnerabilities. When reviewing its emergency and disaster preparedness plan, the board should indicate the date it was last utilized, as well as the last date of revisions.

c. Identify and document lessons learned – taking the time to identify and document the lessons learned during an emergency can serve as a valuable tool towards preventing, protecting against, responding to, and recovering from future disasters and emergencies. Documenting those lessons, as well as the successes, offer an opportunity to re-examine procedural actions and practices and allow for improvements to be made where necessary.

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Emergency Preparedness Resource Links

Emergency Preparedness Planning

- U.S. Department of Homeland Security
- U.S. Department of Homeland Security – Ready.gov
- American Red Cross
- The Centers for Disease Control and Prevention (CDC), Emergency Preparedness and Response
  - CDC All Hazards Preparedness Guide
- Federal Emergency Management Agency (FEMA) Planning Guides
- National Disaster Medical System (NDMS)
- Institute for Business & Home Safety: A Disaster Planning Toolkit for the Small to Mid-Sized Business Owner

Volunteer Licensure Verification Tool

- Provider Bridge (ProviderBridge.org)

State Medical Board Emergency Plans and Policies

Crisis Standards of Care

- National Academies of Science, Engineering and Medicine, Evolving Standards of Care and Lessons Learned: A Workshop Series
- Examples of state-specific CSCs are included in Appendix I

Workplace Safety

- Ready.gov TRAINING Page

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Emergency and Disaster Planning Checklist

This check list provides guidance to state medical boards for incorporating emergency and disaster preparedness considerations into their continuity planning. These guidelines help develop a strategy to minimize loss of life, injury, property damage and business interruption while maintaining essential functions and services during a natural disaster, pandemic or terrorist threat.

Business Continuity/Disaster Recovery Plan

- ☐ Establish an emergency planning and crisis management team of employees and assign responsibilities for specific tasks
- ☐ Identify the specific risks or emergencies your board may experience and the impact it will have on the board
- ☐ Establish succession orders for the executive director and other key leadership positions
- ☐ Establish and document delegations of authority prior to an emergency or crisis
- ☐ Determine the most critical functions needed to maintain board operations and how quickly these must be restored
- ☐ Establish a communications plan and emergency contact list of employees, board members, vendors, etc.
- ☐ Establish one or more alternate locations from which to continue board operations in the event the board office becomes inaccessible
- ☐ Obtain temporary housing for key employees and their families
- ☐ Identify staff with disabilities or special communication needs
- ☐ Update your disaster recovery plan annually
- ☐ Communicate with key stakeholder organizations the critical components of your plan
- ☐ Grant temporary display agent status
- ☐ Alternate Locations
- ☐ Determine alternate location(s), such as satellite office, hotel, residential location or location provided by the state
- ☐ Provide the address, city, state and phone number of any alternate office location
- ☐ Equip the alternate location(s) with critical equipment and supplies
- ☐ Test telework capabilities to ensure staff can access vital records and systems from alternate work location to telework location

Critical Business Functions

- ☐ Prioritize list of critical business functions needed to maintain board operations, such as IT, licensure, financial management, operations, communications, human resources, etc.
- ☐ Determine restoration dates for each critical business function (within 2 days, 1 week, 2 weeks, 1 month, etc.)
- ☐ Identify the essential resources to each business function including the key staff person in charge of that function

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- ☐ Identify the non-essential business functions to suspend during an emergency
- ☐ Determine the additional demands for staff, materials, supplies and equipment
- ☐ Establish Memorandum of Understandings (MOUs) to ensure critical business functions continue when staff is unavailable

Records Back-up

- ☐ Identify staff responsible for backing up critical records and systems
- ☐ Develop current list of vital records, systems and databases
- ☐ Determine the records needed to sustain board operations for short-term and long-term disruptions
- ☐ Secure off-site data storage business
- ☐ Back-up all computer systems on a regular basis
- ☐ Copy all critical records including a copy of this plan, site maps, accounting records and data in electronic and hard document formats and store on-site
- ☐ Store another set of back-up records at an off-site data storage location
- ☐ Determine how licensing and verification operations will continue in the event those systems are destroyed

Communications

- ☐ Maintain an updated staff, board member, vendor, insurance company and key organization roster with multiple methods of communication (i.e. home, work and cell phone numbers, e-mail addresses, websites, etc.)
- ☐ Determine who and how the board will communicate with staff, board members, vendors, licensees and other agencies and organizations
- ☐ Make contact information electronically accessible for access to all employees
- ☐ Maintain a current media contact list
- ☐ Identify appropriate communication resources and equipment needed
- ☐ Conduct regularly scheduled staff education and training sessions to provide information
- ☐ Make sure staff knows where they should relocate to work or how they will be notified to return to work

Post-disaster Recovery

- ☐ Assess the adequacy of information systems and evaluate recovery contingencies
- ☐ Assess ability to resume critical business functions
- ☐ Senior staff must remain visible to staff, board members, the public, etc.
- ☐ Senior staff should serve as media spokesperson
- ☐ Assign specific recovery roles to essential staff
- ☐ Monitor staff morale and provide counseling and support if necessary
- ☐ Track losses and recovery costs
- ☐ Document lessons learned and best practices

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Provider Bridge

Provider Bridge is a platform that streamlines the process for mobilizing health care professionals during the COVID-19 pandemic and future public health emergencies. Utilizing communications pathways and new technology, Provider Bridge makes it easier to connect health care professionals with state agencies and health care entities in order to quickly increase access to care for patients via telehealth.

Provider Bridge eases the burden on health care professionals and supports license portability by:

- Providing a directory of state and federal COVID-19 resources.
- Offering a dedicated customer service hub to help clinicians navigate current state licensure requirements, including those specific to telehealth, during states of emergency.
- Utilizing a technology platform to allow health care professionals to register and voluntarily submit their credentials and professional background information that can be used to identify them as willing to treat patients via telehealth in highly impacted areas.
- Producing official, digital documents of licensure information for clinicians that are recognized and accepted by licensing entities and other state agencies during states of emergency.

Provider Bridge makes it easier for state agencies and health care entities to connect with registered health care professionals to expand workforce needs by:

- Providing access to a database of information for verified, volunteer clinicians willing to provide telehealth services during emergencies.

Provider Bridge is made possible by grant funding through the Health Resources and Services Administration (HRSA), the U.S. Department of Health and Human Services (HHS), and the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

Additional information is available at www.ProviderBridge.Org.

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Sample Appendices

This section provides supplemental and useful information relative to the board's emergency plan and is typically found at the end of the plan. Some items that may be included are:

- Master Emergency Contact Plan
- Emergency Contact Information for Board Staff and Board Members
- Critical Business Functions
- Orders of Succession
- Alternate Location Site
- List of Critical Partners and Organizations to Notify
- Suppliers of Equipment and Supplies Needed During an Emergency
- Medical Board Organizational Chart
- List of Staff to be Accounted For
- Maps of building, city, region, etc.
- Computer Contact List and Essential Computer Equipment Notes

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Appendix A: Master Emergency Contact Plan

Designated emergency coordinators will notify employees any time an unanticipated building closure occurs that interferes with employees' regular work hours. The designated coordinators will contact staff when the closure occurs outside of regular work hours and will extend into regular work hours. Designated emergency coordinators shall Identify multiple means of communicating with staff in the event of an emergency (i.e. home phone, cell phone, email addresses, etc.)

Emergency Coordinator		Home #	Office #	Cell #
Coordinator #1 Calls:				
	Employee A	xxx-xxx-xxxx	xxx-xxx-xxxx	xxx-xxx-xxxx
	Employee B	xxx-xxx-xxxx	xxx-xxx-xxxx	xxx-xxx-xxxx
	Employee C	xxx-xxx-xxxx	xxx-xxx-xxxx	xxx-xxx-xxxx
Coordinator #2 Calls:	Employee D	xxx-xxx-xxxx	xxx-xxx-xxxx	xxx-xxx-xxxx
	Employee E	xxx-xxx-xxxx	xxx-xxx-xxxx	xxx-xxx-xxxx
	Employee F	xxx-xxx-xxxx	xxx-xxx-xxxx	xxx-xxx-xxxx
Coordinator #3 Calls:	Employee G	xxx-xxx-xxxx	xxx-xxx-xxxx	xxx-xxx-xxxx
	Employee H	xxx-xxx-xxxx	xxx-xxx-xxxx	xxx-xxx-xxxx
	Employee I	xxx-xxx-xxxx	xxx-xxx-xxxx	xxx-xxx-xxxx
Coordinator #4 Calls:	Employee J	xxx-xxx-xxxx	xxx-xxx-xxxx	xxx-xxx-xxxx
	Employee K	xxx-xxx-xxxx	xxx-xxx-xxxx	xxx-xxx-xxxx

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Appendix B: Emergency Contact Information for Board Staff and Board Members

The Board should have emergency contact information, including home telephone and cell phone numbers, for all staff and board members. This information is for office use only and is to remain confidential. At least once a year, employees should be asked to update their information.

The designated coordinators may wish to maintain both digital and paper copies of contact information in the event that access to electronic information is unavailable.

Employee Name, Phone Numbers and Email Address	Address	Spouse's Name or Emergency Contact	Employee Date of Birth
John Smith (555) 555-1234 (home) (555) 555-5678 (cell) John.smith@msn.com	121 Any Street Any Town, State 12345	Jane Smith	1/10/56

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Appendix C: Critical Business Functions

The Board shall ensure the continuity of all critical business functions during a disaster. This section outlines the most critical functions along with their priority level, responsible staff member and the timeframe to implement in the event of a disaster.

Critical Business Function	
Priority	☐ High ☐ Medium ☐ Low
Staff in Charge	
Timeframe or Deadline	
Who Performs This Function	
Brief Description of Procedures to Complete	
Recovery Notes	

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Appendix D: Orders of Succession

This section identifies the orders of succession to key positions within the organization. These orders of succession shall be exercised at the discretion of board leadership. They will be implemented to whatever degree is necessary to ensure the ability of the board to meet the emergency response needs of the state concurrent with restoring functionality of the agency. The temporarily assumed duties and responsibilities associated with the key leadership positions will terminate either by the resumption of the position by the original person or upon the appointment of a new replacement.

Official	Designated Successor(s) (By Position, not Individual)	Conditions	Responsibilities
Executive Director	1. Deputy Executive Director 2. Manager, Investigations Office	Absence of Executive Director and inability to contact	Executive Director overall responsibility and direction of the Board.
Manager, Licensing Division	1. Asst. Manager, Lic. Division	Absence of Manager, Licensing Division, and inability to contact	Manager, Licensing Division, overall responsibility and direction of Licensing Division
Manager, Investigations Office	1. Manager, Physician Monitoring Office 2. Asst. Manager, Investigations Office	Absence of Manager, Investigations Office, and inability to contact	Manager, Investigations Office, overall responsibility and direction of Investigations office
Media Relations Officer	1. Executive Director 2. Deputy Executive Director	Absence of Media Relations Officer, and inability to Contact	Media Relations Officer overall responsibility and direction of Office

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Appendix E: Alternate Site Location

The Board may wish to designate one or two alternate site locations from which to continue board operations if the board office becomes inaccessible. An alternate site may be at a similar organization through a mutual agreement, a home, a hotel, etc. Depending on the board's needs and number of employees, more than one location may be required.

Main Office Site of the Board	
Address	
Executive Director	
Phone Number	
Email Address	

Alternate Site Location 1	
Address	
Contact Person	
Phone Number	
Email Address	
Directions to Alternate Site	
Functions to be Performed at this site	
Employees who should go to this alternate site	

Alternate Site Location 2	
Address	
Contact Person	
Phone Number	
Email Address	
Directions to Alternate Site	
Functions to be Performed at this site	
Employees who should go to this alternate site	

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Appendix F: List of Critical Partners and Organizations to Notify

The following list outlines the agency contacts that need to be notified of the board's emergency status:

Organization	Contact Person	Telephone Number	E-mail Address
Federation of State Medical Boards	Humayun Chaudhry, D.O.	(817) 868-4000	hchaudhry@fsmb.org
Department of Health			
Administrators in Medicine			
Governor's Office			
State Hospital Association			
State Association of Medical Staff Services			
State Medical Society			
State Osteopathic Medical Association			
County Medical Society			
American Medical Association (AMA)			
American Osteopathic Association (AOA)			

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Appendix G: Suppliers of Equipment and Supplies Needed During an Emergency

The following is a list of primary and secondary suppliers and contractors the board interacts with on a daily basis and who may be able to assist the board during an emergency. These suppliers should be contacted if board operations are interrupted.

Primary Supplier/Contractor

Company Name: ____

Street Address: ____

City: ___________________ State: ____________ Zip Code: __________

Phone: ________________________ Fax: _______________________

Email: ____

Contact Name: ____

Account Number: ____

Materials/Service Provided: ____

Secondary Supplier/Contractor

Company Name: ____

Street Address: ____

City: ___________________ State: ____________ Zip Code: __________

Phone: ________________________ Fax: _______________________

Email: ____

Contact Name: ____

Account Number: ____

Materials/Service Provided: ____

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Appendix H: State Emergency Licensure Responses Utilized During COVID-19

(This is a sampling of state medical board and agency actions. It is not an exhaustive list.)

States utilized several mechanisms including Executive Order/Actions, agency actions, and state medical board actions to address licensure during the COVID-19 pandemic. In many instances, state medical board actions were taken in response to Executive Orders/Action. Below is a sample of state actions addressing licensure waivers and modifications – additional information is also available on the FSMB COVID-19 Website.

State Medical Boards

- Alabama State Board of Medical Examiners Emergency Rule Statement
- Alaska State Medical Board Guidance/Application for Courtesy License
- Arkansas State Medical Board Statement/Application for COVID-19 Border State Temporary License
- Georgia Composite Medical Board Emergency Practice Permit Plan
- Idaho State Board of Medicine Proclamation
- Iowa Board of Medicine COVID-19 Emergency Proclamation
- Kentucky Board of Medical Licensure Registration
- Louisiana State Board of Medical Examiners Emergency Temporary Permit
- Maryland Board of Physicians Notice
- Massachusetts Board of Registration in Medicine Press Release on Emergency Temporary Licensure
- Mississippi State Board of Medical Licensure Supplemental Proclamation
- Oregon Medical Board Guidance During COVID-19
- Rhode Island Board of Medical Licensure and Discipline Statement
- South Carolina Board of Medical Examiners Order
- Vermont Board of Medical Practice Emergency Licensing Provisions for COVID-19
- Washington: Medical Commission Announcement on Emergency Volunteer Health Practitioner Act
- Wyoming Board of Medicine Consultation Exemption

Agency Actions

- California Emergency Medical Services Authority Policy
- Colorado Department of Regulatory Agencies, Division of Professions and Occupations Emergency Licensing Measures
- Florida Department of Public Health Emergency Order
- Michigan Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing Clarification
- New Jersey Department of Consumer Affairs Temporary Emergency Reciprocity License
- Pennsylvania Department of State Guidance
- District of Columbia Department of Health, Health Regulation and Licensing Administration Administrative Order

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Appendix I: Crisis Standards of Care

(This is a sampling of state and local crisis standards of care documents. It is not an exhaustive list.)

State

- Alabama
- Alaska
- Arizona
- Arkansas
- California (SARS-CoV-2 Pandemic Crisis Care Guidelines, 2020)
- Colorado
- Delaware
- Hawaii
- Idaho
- Illinois
- Kentucky
- Louisiana
- Michigan
- Minnesota
- Missouri (COVID-19 Pandemic Response, 2020)
- Montana (COVID-19 Pandemic Emergency, 2020-2021)
- Nebraska
- Nevada (COVID-19, 2020)
- New Hampshire
- New Jersey
- Ohio
- Oklahoma
- Oregon (COVID-19, 2020)
- Pennsylvania
- Rhode Island
- South Dakota
- Vermont
- Virginia
- Washington
- West Virginia

Local

- New York City
- Los Angeles County
- Southwest Texas RAC

Healthcare Systems

- University of California Health
- University of Virginia Health System Ethics Committee
- Wisconsin Crisis Standards of Care Initiative

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Other

- Florida Bioethics Network

Appendix J: Emergency Management Assistance Compact (EMAC)

Information on EMAC is available here.

EMAC Template Executive Order for Telehealth is available here.

Appendix K: Uniform Emergency Volunteer Health Practitioners Act (UEVHPA)

Information on UEVHPA is available here.

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