



# State Actions Responding to the COVID-19 Emergency

## **Allow hospitals to hire qualified medical professionals needed in this crisis**

More medical workers are quarantined every day, straining health systems that were already desperate for workers prior to the COVID-19 public health emergency. Health worker shortages could be mitigated by lifting licensing restrictions that do little to protect the public. Qualified practitioners are being kept on the sidelines by outdated regulations that prevent medical professionals from working merely because they earned their license in another state, placing the public at risk as a result. Several states have taken action to get more licensed medical workers in their cities and rural areas, but many have stopped short of exhaustive measures by limiting professionals to volunteering. The most effective way to attract physicians, PAs, nurses, and other medical workers is to create a path to earn a living.

**Recommendation: Direct licensing and registration authorities to issue licenses to medical professionals who hold active, unencumbered licenses in good standing from other states without limiting the ability to earn a living and contribute in the fight against COVID-19.**

## **Allow telehealth across state lines, without a face-to-face visit first, for all providers**

The spread of COVID-19 does not stop at state borders. As cases continue to climb, more health workers have gotten sick or have had to be quarantined. Suspending outdated regulations can allow for more access to telehealth providers from across the country.

This allows providers in good standing from any state to offer care to residents of your state without having to have a face-to-face visit first, relocate to the state immediately to offer care, or jump through hoops to obtain a license in the state. This will especially help those with limited access to transportation, including individuals with disabilities, chronic conditions, the elderly, and those living in rural areas.

Furthermore, most states' telehealth or telemedicine laws are very physician-centric, and don't contemplate other providers utilizing telehealth such as nurses, nurse practitioners, or physician assistants—all of whom form part of the backbone of our health care system. Some states only allow telehealth or telemedicine in certain facilities, which force patients into hospitals or facilities with other patients that could spread the virus, instead of allowing patients to be at home to consult with a provider over telehealth.

**Recommendation: Authorize any provider to use telehealth, as long as the provider holds an active, unencumbered license in good standing for a health care profession which is issued by any state or federal jurisdiction, and have never held a license to provide health care services or prescribe controlled substance that has been subject to discipline by a licensing agency in any state or federal jurisdiction. This framework should not include mandates on coverage or payment rates, which could drive up spending in a time when limited resources need to be targeted.**



## **Opening AHP options for small businesses will help with recovery**

Association Health Plans (AHPs) are comprehensive plans that help small businesses join together to purchase health insurance for their employees, putting them on the same playing field as large employers. The Department of Labor (DOL) has expanded this option for more small businesses and entrepreneurs, and states have the ability to codify new flexibilities, regardless of federal litigation. AHP plans cost up to \$10,000 less per year than traditional plans.

As the economic fallout from the COVID-19 public health emergency sets in, small businesses will need every tool available to offer affordable coverage to their employees.

**Recommendation: Direct the Department of Insurance to conform state regulations to federal AHP rules to the fullest extent possible, and work with the legislature to update state laws where necessary to allow full AHP flexibility.**

## **Expand short-term plans as a bridge for those out of work or without insurance**

As employees lose their jobs, COBRA is a very costly option that is often out of reach. Short-term health insurance plans are often more affordable options for comprehensive coverage that can be purchased right away to help individuals and families with potential interruptions of workplace coverage. These plans allow consumers to pick the level of coverage that is right for them, maintains much larger networks of providers than individual market plans, and keeps them in the private marketplace to better support your local medical providers. The Trump administration greatly enhanced access to these plans, which are up to 80% more affordable than traditional plans, and states must take full advantage of those rules at the state level.

**Recommendation: Direct the Department of Insurance to waive any restrictions on short-term plans that do not allow plans to last up to 12 months, with renewals up to 36 months, to fully maximize flexibility under federal rule, and work with the legislature to update state laws when necessary to allow full short-term plan flexibility.**

## **Provide price transparency and shared savings for patients in time of need**

The U.S. Department of Health and Human Services (HHS) has issued new price transparency rules for hospitals and insurers. This new transparency would be helpful for many patients as they face costly COVID-19 treatment. Unfortunately, these rules are being challenged under procedural grounds by special interests.

States need to step forward to ensure that those undergoing COVID-19 testing or treatment have access to the information needed to make health care decisions and share savings for finding high-value providers. Providers and insurers should automatically provide patients with real cost estimates when appointments are scheduled, or inquiries made.

No patient should avoid coronavirus-related treatment and care out of concerns about the unknown cost of care ahead of time.



**Recommendation: Work with the legislature to ensure that providers and insurers disclose real cost estimates to patients. This transparency can be paired with shared savings for patients seeking high-value care at providers with lower costs, preserving resources to be spent on the most vulnerable. This transparency must be delivered automatically when appointments are scheduled or when patients seek information for follow up-care for COVID-19.**

### **Protect access to high-value providers, even when out-of-network**

In many markets, independent providers are being pushed out of insurer networks, even when they provide high-quality care for lower costs. Significant provider consolidation has increased prices, leading insurers to narrow their networks even further to contain costs. This can hurt patient access to the highest value providers for services related to COVID-19, as patients must pay up to 100 percent of the costs of these lower-cost, out-of-network options, which often do not count toward deductibles or out-of-pocket maximums.

**Recommendation: Issue an executive order that allows spending at lower cost out-of-network providers to count toward any in-network out-of-pocket responsibility for the patient. Then work with the legislature to pass this as an ongoing consumer protection.**

### **Expand direct health care arrangements**

The need for a stable health system that can deeply invest in follow up care for those that have had COVID-19 will be important. Building off the benefits of direct primary care (DPC), setting in place a framework for direct health care arrangements will allow patients to work with providers directly for those dealing with longer term effects of the virus or those with chronic conditions. These straightforward monthly subscription-based arrangements allow providers to spend more time with patients to deliver the highest quality care—all while saving money.

Direct health care arrangements could be used for complex team-based care, physical therapy, mental health, dentistry, or any other ongoing medical relationship over time.

**Recommendation: Direct the Department of Insurance to issue a bulletin clarifying that subscription-based direct health care arrangements are not considered insurance and will not be regulated as such.**

### **Allow employers to more easily provide telehealth services to employees**

Throughout the COVID-19 public health emergency, telehealth services have served a critical role in providing needed care while reducing exposure. In many cases, employers may want to provide standalone telehealth benefits to their workers, but could expose those benefits to regulation as group health plans under state laws. Clarifying that such benefits are not to be regulated as insurance products would allow employers to provide new standalone benefits during this critical time—and during future emergencies—without running afoul of regulations that were not intended to cover such benefits.



**Recommendation: Direct the Department of Insurance to issue a bulletin clarifying that telehealth benefits are not considered insurance and will not be regulated as such.**

### **Suspend Certificate of Need (CON) laws to help medical response**

Certificate of Need (CON) laws require hospitals and other facilities to seek permission to build new facilities, expand facilities, add modern technology, or offer certain services. Although the federal government repealed its CON mandate in 1986 after the requirements failed to meet their objectives, many states still require providers to obtain CON approval before making capital expenditures. This severely limits hospitals' ability to rapidly react to public health emergencies such as the COVID-19 emergency, as they cannot quickly build isolated treatment facilities, mobile testing facilities, expand beds or medical equipment, or otherwise expand capacity to meet new demand during a pandemic.

**Recommendation: Suspend CON laws to ensure hospitals and other providers can rapidly respond to public health emergencies by creating mobile or temporary facilities, expand facilities, and add needed technology or equipment.**

### **Suspend scope of practice restrictions to allow providers to practice within the full extent of their training**

The need for providers to see potential cases of COVID-19 is acute. Scope of practice restrictions frequently prohibit health care providers from practicing to the full extent of their training, while "supervision" requirements often limit the flexibility of nurse practitioners or physical assistants. Restrictions on pharmacies from COVID-19 testing further strain the health care system. These restrictions slow the flexibility of the health system to respond during public health emergencies.

**Recommendation: Direct relevant licensing boards and agencies to suspend scope of practice restrictions and supervisions barriers that are preventing the health system from freeing up providers to do more.**

### **Give employers access to claims information**

Many companies, particularly smaller ones, do not have access to basic information about how their health care money is spent, making it impossible to determine how to structure benefits to maximize value from the plan, or whether it makes sense to self-insure or join an AHP. It also keeps prices in a black box, which is the only area in business where the employer cannot determine if they are getting a good deal from those treating their employees for care.

**Recommendation: Direct the Department of Insurance to clarify that experience-rated employers are entitled to receive up to 36-months of claims data from their insurers upon request, so that employers can make the best decisions for their employees in a post COVID-19 world.**



## **Encourage Health Reimbursement Arrangements (HRAs)**

New federal rules for Health Reimbursement Arrangements (HRAs) can be a game-changer for small companies to be able to use tax advantaged dollars to offer health coverage options to more employees. As companies try to stay afloat, this new option could be helpful to keep coverage in a challenging time.

**Recommendation: Direct the Department of Labor to notify employers in the state about the new federal HRA rule and the opportunity it presents for businesses.**

## **Allow retired medical providers to reactive their license immediately for in-person care and telehealth**

As providers have gotten sick, been put into quarantine, or have exhausted their capacity in a given time frame, the need for additional trained medical personal has become apparent. Creating an immediate pathway to reinstate retired health care professionals' licenses would extend critical access during the public health emergency.

**Recommendation: Direct licensing boards or agencies to automatically reinstate retirees' health care licenses, unless the individual had their license suspended or revoked at the time of retirement.**

## **Grant pharmacists more flexibility to keep drugs available for patients that need them**

With disruption in the health system related to the COVID-19 public health emergency, allowing pharmacists to provide needed prescription drugs to sick patients is critically important. Pharmacists should be authorized to process refills without a refill authorization if the patient is already on file, if it is not a Schedule II drug, and if the pharmacist contacts the prescribing doctor within 72 hours. This can help facilitate social distancing, as well as ensuring individuals have access to critical prescriptions.

**Recommendation: Direct the pharmacists' licensing board or agency to issue emergency regulations that allow refill flexibility to the greatest extent practicable.**

## **Protect patients with substantial medical bills who are in payment plans before their finances are ruined**

Individuals who are hospitalized for COVID-19 are likely to experience high out-of-pocket medical costs. Medical debt can lead to credit impairment, which has long-term financial ramifications that could ultimately hurt economic recovery. Unfortunately, many of these debts go into collection without the knowledge of the medical provider, without regard to the reasonableness of the charges, and even when the patient has negotiated a payment plan with the provider.

**Recommendation: Prohibit health care providers from impairing patients' credit if they are negotiating or have negotiated a payment plan and prohibit providers from reporting**



**medical debt if the debt is purely balance bills. Direct relevant consumer protection agencies to develop provide an avenue to challenge the reasonableness of the charges before their credit is impaired. Prohibit debt collectors from impairing individuals' credit for medical debt without the express written consent of the health care provider.**

### **Waive occupational licensing fees for the year**

Americans will be looking for ways to trim their budgets in the coming months. Over a quarter of full-time positions in the country require workers to have an occupational license. Waiving licensing fees for the next year could help people keep their credentials and their jobs. The average licensing fees for a low-income occupation is over \$260. This is a lot of money, especially for families that could put this toward groceries or bills. Americans invest a lot of time and money to earn occupational licenses, and late payments caused by the COVID-19 crisis shouldn't lead to losing one's livelihood.

**Recommendation: Direct licensing authorities to waive licensing fees for 12 calendar months.**

### **Grant Continuing Medical Education (CME) credits for health care professionals battling COVID-19**

Health care workers are on the front lines of the fight against COVID-19. Not only are they working long hours, but they are directly in harm's way, at risk for contracting the virus and potentially losing their ability to work or care for their families. These medical professionals carry an additional load of completing Continuing Medical Education (CME) credits. This extra burden is one more duty and expense that falls on health providers as they work to fight COVID-19, which is why it should be paused or credited.

**Recommendation: Direct licensing boards or agencies to pause the CME requirements for all health care workers and instruct the boards or agencies to award CME credits for time spent battling COVID-19.**

### **Allow professionals subject to continued learning requirements more time to satisfy them**

Dozens of professionals in various states are required to complete continuing education to maintain their licenses or certifications. However, as a result of the COVID-19 outbreak, many states and localities have issued orders to cease certain business operations, or shelter in place altogether. Activities that qualify as continuing education often cost money, require travel, and take a time investment that many simply do not have at this time. Because of this, and the ongoing threat of the virus, states should not require individuals to risk their health to maintain their license. Continuing education requirements for all professional licenses should be suspended for this year or extended until any state of emergency is declared over.



**Recommendation: Direct licensing boards or agencies to extend or suspend any continuing education requirements for the professional licenses they govern for, at a minimum, the duration of any public health emergency created by COVID-19.**

### **Allow businesses to hire qualified workers needed in this crisis**

While the most immediate workforce pain is felt in health care, workers are desperately needed in industries beyond the medical field. Manufacturing, transportation, industrial maintenance, and other sectors have scrambled to meet unprecedented demand during the COVID-19 emergency. But these businesses are being held back by outdated licensing regulations. Credentialed professionals are currently locked out of the state workforce if their license is out-of-state, preventing skilled workers from filling jobs at the height of need for consumers. Instead of protecting the public, these occupational licensing restrictions are slowing businesses down during a time of crisis and keeping people from earning a paycheck.

**Recommendation: Direct licensing and registration authorities to issue licenses to workers in industries relevant to the COVID-19 crisis who possess an active, unencumbered license from another state.**

### **Expedite approval for registered apprenticeship programs needed in this crisis**

In the wake of the COVID-19 public health emergency, industries will need new, highly-skilled workers. Certain occupations will need an even more immediate response to keep up with growing demand, especially those related to fighting COVID-19. Registered apprenticeship programs will be critical to filling needs during this public health emergency, allowing individuals to obtain on-the-job training for desperately needed positions like paramedics, licensed practical nurses, truck drivers, ventilation technicians, and others.

**Recommendation: Direct the state apprenticeship agency to expedite the registration process for employers and other sponsors of apprenticeship programs in response to the COVID-19 public health emergency.**

### **Adopt flexible work rules to allow more individuals to work from home**

Millions of people across the country are self-employed and work as independent contractors. Many of these individuals do so because they need flexibility in their worksite, schedule, or other accommodations that typical on-site jobs cannot provide. This flexibility is particularly valuable to workers with disabilities and those in rural communities. Federal law has a clear test to determine independent contractor status for the purposes of tax liability to make it easier to navigate the regulatory landscape and encourage entrepreneurship. But some states use a different test, resulting in self-employed workers classified as independent contractors by the federal government being employees under state regulations. The inconsistency makes it difficult for these individuals to find work and holds back the economy.

**Recommendation: Direct the Department of Labor to conform to the common law test to determine whether an individual is an "employee," consistent with IRS regulations, to the**



**greatest extent possible, and work with the legislature to update state laws where necessary to allow flexible work opportunities.**

### **Expand opportunities to start a home business**

Multiple states have taken public health-focused measures to suppress the spread of COVID-19, including the cessation of certain types of business and the suggestion to shelter in place, negatively impacting many individuals' earning power. Many people have the expertise and ability to provide valuable goods or services from home and may even be able to leverage this into long-term income. To foster this entrepreneurial spirit and allow individuals more flexibility in work, states should reduce barriers to home-based businesses, whether "cottage food" operations or other types. Governors should direct their regulatory agencies to operate with a presumption that the individual is entitled to operate a business. Individuals who operate home-based businesses should be exempt from any mandate to, or ban from, doing business within a distributor or wholesaler network. Local ordinances should be preemptively eased within reason.

**Recommendation: Direct regulatory agencies to adopt a remedial approach to oversight of home-based businesses aimed at helping keep them in operation. Overly onerous local ordinances, including zoning, should be preempted. Exempt home-based businesses from any mandates to operate, or not operate, through a wholesaler or distributor, allowing direct-to-consumer or direct-to-retailer sales. Waive licensure and inspection requirements during the state of emergency.**

### **Suspend laws that prevent people working from home**

Restoring public health is critical, but states should also ensure Americans are able to work through shelter-in-place orders when possible. Some state and local governments prevent people from safely working at home through a patchwork of regulations, licenses, and permits. For example, customer service representatives are sometimes prohibited from working anywhere but a designated office under a licensee. These restrictions force people to choose between lawfulness and a paycheck even though work could be done safely and remotely. Even self-employed individuals need relief during the public health emergency so they can work from home. Entrepreneurs with quiet businesses—like tutoring, direct billing services, and professional bloggers—have run afoul of city rules when working in their homes.

**Recommendation: Suspend laws and regulations that prevent people working from home due to requirements to conduct business under the supervision of a licensed professional or at a designated place of business.**

### **Allow temporary or expiring licenses to remain in place during the emergency**

As many state operations have been disrupted, many administrative tasks will be delayed or have stopped entirely. In order to keep medical personnel treating patients and other important professions operating—as well as to allow workers to quickly start to work again—



those with temporary or expiring professional or medical licenses should be extended, barring a complaint or accusation of misconduct.

**Recommendation: Direct state agencies that oversee licensing to maintain the active status of any license until at least 30 days after the end of the COVID-19 public health emergency, barring disqualifying misconduct by the licensure holder.**

### **Enhance welfare program integrity to preserve welfare funds for the truly needy**

The COVID-19 public health emergency is forcing states to grapple with declining state revenue just as they try to provide more aid to those hit hardest. With a few common-sense program integrity measures—simply by using data already available—states can tighten their belts and preserve welfare and public health resources for the truly needy. The department which administers food stamps and Medicaid can do more to cross-check state data-sets to verify eligibility for benefits. This data includes lottery winnings, death records, employment records, incarceration records, and out-of-state EBT transactions. States can do even more to reduce waste and fraud by requiring food stamp recipients to report changes in circumstances within ten days and independently verifying all state exchange applicants in the Medicaid program.

Other measures in Medicaid require federal approval but will position states to provide more resources to those hit hardest: fraud lock-outs, ending hospitals' lax practice of "presumptive eligibility," redetermining enrollee's eligibility on a biannual basis, and ending automatic renewal and pre-populated forms.

**Recommendation: Direct agencies overseeing welfare programs to implement program integrity measures in food stamps and Medicaid, such as cross-checking lottery winnings, death records, employment records, and out-of-state EBT transactions, as well as submitting waivers to reduce abuse of "presumptive eligibility" determinations, to reduce abuse of automatic renewals, and to implement fraud lock-outs and biannual eligibility redeterminations.**

### **Extend tax filing deadlines to align with new IRS deadlines**

With enough time, American workers and businesses can and will overcome the economic challenges of COVID-19. States can provide some additional time and flexibility by extending deadlines to file annual and quarterly tax returns. States need not lose the underlying tax revenue, but can align their filing deadlines to the new July 15 federal deadline, as reflected by IRS Notice 2020-18. Such a delay will provide businesses and workers a temporary financial cushion to soften unnecessarily deep cutbacks and layoffs. It will also grant them additional time to plan expenditures in light of rapidly changing circumstances. And it will allow states to process refunds more quickly for qualifying families that could use a cash infusion sooner.

**Recommendation: Direct the Department of Revenue to extend annual and quarterly tax filing deadlines to align with new IRS deadlines.**



## **Conduct Unemployment system cross-checks to help keep UI trust funds solvent**

Nationwide, approximately 13 percent of spending on unemployment benefits is improperly directed to categorically illegitimate cases. Despite not being conducted regularly, state audits of unemployment payments have proven fruitful in identifying waste, fraud, and abuse. In 2016, Ohio found it was giving benefits to more than 1,500 prison inmates. New Jersey recently found it had been giving unemployment benefits to more than 270,000 individuals who had found work, and Florida had previously found 60,000 cases of fraud in its system. In New Jersey and Florida's cases, these were costing hundreds of millions of dollars.

As unemployment spikes due to COVID-19, and some states enroll individuals in shorter than normal timeframes, it will be critical to ensure that only those who are truly eligible are gaining access to the program. This will help keep the UI fund solvent for the truly needy.

**Recommendation: Direct the Department of Labor to cross-check unemployment claims against the National Data Integrity Hub, new hire records, prison records, and related data with other state agencies.**

## **Hold businesses harmless on their Unemployment taxes and get people back to work**

Unemployment tax rates are individualized to employers based on their willingness and ability to retain workers. Precipitated by unforeseen economic hurdles caused by the COVID-19 outbreak and government-mandated public health efforts such as shutting down certain types of commerce, many businesses are left with no choice but to cut payroll just to remain afloat. This is through no fault of their own, and current performance is not reflective of their true reliability as an employer.

Allowances should be made for employers who make formal offers of at least substantially similar work to at least 85 percent of their laid-off workers within four weeks of the end of the public health emergency, and succeed in re-hiring at least 50 percent of those jobs offered (*"Substantially similar" defined as the same title, similar rate of pay and scope of work, similar benefits, etc.*). This would help employers return to "business as usual" as quickly as possible, prevent future closures and relocations, and get individuals who were laid off back to work in jobs they already know.

**Recommendation: Direct the Department of Labor to lock in unemployment tax rates for 2021 and suspend penalties for claims made during the state of emergency for employers who re-hire laid-off workers after the public health emergency.**

## **Allow commercial trucking additional flexibility for essential freight movement**

The trucking industry is critical to helping the states and nation battle COVID-19. Essentials from food to medicine to health care equipment are being moved by trucks across the country. The federal government has already recognized it is critical to keep these trucks moving with as little disruption as possible and has relaxed the restriction on hours drivers may operate. States should explore similar options to relax trucking regulations within the bounds of reasonable safety provisions, to ensure essential goods can be shipped to meet the



demand stretched by COVID-19. This could include increasing weight and size limits as appropriate and desired by the trucking industry to assist in meeting such demand.

**Recommendation: Direct the Department of Transportation to adjust trucking regulations, including seeking any necessary permissions from the federal government, related to size and weight such that the conveyance of essential items can be done more timely and efficiently by commercial and public entities to respond to the COVID-19 public health emergency.**

### **Extend vehicle registration and inspections**

As working families look to tighten their belts and avoid unnecessary exposure to COVID-19, they should be free to drive to work in a vehicle that was registered and/or inspected a year ago without worrying about getting a ticket. States should extend current vehicle registrations until 60 days after the end of any public health emergency related to COVID-19. The minority of states which operate annual safety inspections can also temporarily adopt the policy of the majority of states without such annual inspections until the crisis abates. Families have been told that avoiding the kinds of lines and crowds at the DMV and inspection stations may save them from COVID-19 infections. Saving them the financial costs associated with such trips, as some states have already begun to do, will help them balance their checkbooks too.

**Recommendation: Temporarily extend vehicle registration and inspections until 60 days after the end of the COVID-19 public health emergency.**

### **Extend the validity of expiring driver's licenses**

Americans struggling to keep their jobs as the COVID-19 public health emergency unfolds should not have to worry about taking time off from work to renew their valid but soon-to-expire driver's license. The majority of Americans drive to their place of work. This includes essential health care workers. Allowing them to stay on the road is critical to helping them provide for their families and support their communities. Taking time off to go to the DMV and pay renewal fees to update a driver's license represents another hurdle that working families must jump to make ends meet. Some states have already begun to do so.

**Recommendation: Temporarily extend the validity of expiring driver's licenses until 60 days after the end of the COVID-19 public health emergency.**

### **Provide flexibility for church and community spaces to support neighbors**

Many churches or community centers have facilities that could be used to produce food or other goods to be given away, or sold, to support small businesses, local families, or members of the community. These facilities normally require special licenses or permits to be open for such purposes, and additionally may require extensive inspections and compliance from local or state health or food administration agencies. These barriers generally prohibit such charitable groups from operating on a scale that would be helpful to mitigating the COVID-19 crisis.



**Recommendation: Direct all relevant state licensing and inspection agencies to suspend rules that would prohibit churches or other community charitable organizations from producing food or other goods to assist the community.**

### **Direct local governments to suspend inspections and permits to the extent possible**

The social distancing required by local, state, and federal governments is presenting challenges to securing permits and inspections. Building inspection and permitting offices are reacting differently from state to state and often from locality to locality. Some offices remain open in-person, others virtually, and some with reduced hours or not at all. There is much unknown at this time regarding the impact of COVID-19, what is known, however, is that Americans will need working appliances, electrical services, HVAC services, and plumbing services. If individuals are to remain in their homes, they must have these services functioning in our homes. The availability of these services and the already existing shortages of competent tradespeople will increase wait times, worsen sanitation, and increase the risk that individuals will leave their homes.

**Recommendation: Direct all relevant state agencies to suspend inspections and permits required for the installation of appliances, electrical, HVAC, and plumbing services. Removing these barriers will help residents remain in their homes and protect individuals from contracting and spreading COVID-19 to others. At a minimum, states should direct building inspection and permitting offices to offer virtual inspections or other expedited permitting processes.**

### **Waive fees and raise caps for hunting and fishing licenses**

Millions of Americans already supplement their family's food supply by seasonal and year-round hunting and fishing. As many of those families and their neighbors face a financial crunch in paying for basics like food, government should not erect any more barriers. Hunting and fishing licenses impose yet another financial burden on families looking for inexpensive food options. Caps on the volume of licenses for certain game or areas are another burden. These limits are often overly restrictive and could be temporarily relaxed or eliminated for certain hunting and fishing activities. Finally, outdoor recreation, like hunting and fishing, also provides families alternative entertainment options during the COVID-19 public health emergency that are low-cost and promote the goal of social distancing.

**Recommendation: Waive fees for hunting and fishing licenses through 60 days after the end of the COVID-19 public health emergency and relax or eliminate caps on the number of licenses available for appropriate game and areas where possible.**

### **Waive regulations to increase availability of child-care**

With schools closed and kids at home, parents are struggling to adapt to a new work-life balance during the COVID-19 public health emergency. For millions of Americans, including essential health care workers, available child-care has never been more important. It has also never been more out of reach. States have imposed numerous regulations on child-care for



various reasons, such as capacity limits and requiring directors to be certified teachers or hold a bachelor's degree. These restrictions drastically reduce the availability and supply of child-care to working families in a crisis like COVID-19.

**Recommendation: Direct child care licensing authorities to waive all regulations not essential to minimum standards of safety and health for the duration of the COVID-19 public health emergency.**

### **Reduce barriers to work for those who fall behind on student debt**

Currently, states all over the country are in desperate need of qualified individuals working in various fields, including public health and medicine, particularly as the country grapples with COVID-19. States that allow the stripping of professional licenses due to student loan delinquency are already placing undue burdens on their workforce and preventing people from escaping debt. Now, the situation is even more dire. If the only thing keeping someone from working is the fact that they are behind on student loans, then now, of all times, is when they should be reinstated. Further, no one should ever lose their professional license because they fall behind on their student loans in the first place.

**Recommendations: Direct licensing boards or agencies to immediately suspend any practice of stripping professional licenses or certifications of individuals simply for being behind on their student loans and immediately restore the professional licenses or certifications of individuals whose credentials were stripped due to student loan delinquency.**

### **Allow licensed professionals who require supervision hours to conduct those virtually**

With concerns about providers getting sick while treating patients, flexibility should be given for those in training to obtain supervision in multiple ways. This would allow for more providers to provide supervision virtually so they would not all need to be local as they learn how to practice medicine and help patients. Additionally, many licenses may require classroom time, or in person training, to qualify for a professional license.

**Recommendation: Direct state agencies that oversee licensing to issue emergency regulations to allow more avenues for those in training to obtain the hours they need, including permitting virtual time to replace classroom time, and supervision to occur via telephone or video.**

### **Suspend parking violations that do not impede access to emergency services**

Every dollar will count for families in the coming months, and parking tickets can quickly add up on a limited budget. As state and local governments have ordered Americans to stay indoors, traffic and commuting has dropped considerably. Overnight parking rules and parking hour limits pose a problem for those—especially in highly populated areas—who must frequently venture outside to move their vehicles to avoid parking tickets. Cities in Iowa,



California, Minnesota, Washington, and Colorado have taken steps toward relief, but states could offer more relief to citizens during this crisis.

**Recommendation: Direct relevant agencies and local governments to suspend overnight parking rules and parking hour limits while traffic and commuting patterns are low and freeze fine increases for the next 90 days to the extent possible under the law.**

### **Authorize towns and cities to postpone property tax due date**

For many individuals in municipalities in states around the country, property tax bills are due in April. Property taxes are a significant one-time expense for many individuals who do not escrow, or for many small and larger businesses. The timing for many who are already economically stressed by the COVID-19 pandemic could not be worse. This represents a major expense at the worst possible time for their personal or business budgets. Worse still, the large share of property taxes often goes towards K-12 education, and with their kids at home, most are not gaining the benefit provided through the taxes.

**Recommendation: Allow and encourage municipalities to postpone property tax due dates until later in the year. Municipalities should also waive late payment penalties and extend the deadline for exemptions and deferrals.**