

Second Amended Declaration of the Director of the District of Columbia Department of Health¹

Since March 2020, over 121,871 District residents have been diagnosed with COVID-19 and at least 1,369 District residents have succumbed to the virus. The virus has had a devastating impact on the physical, mental, emotional, social, and fiscal health and well-being of the District of Columbia and the national capital region.

The early phases of the pandemic resulted in tremendous stress on the District's healthcare system, including psychological stress for healthcare providers working in environments with the highest risk for transmission of COVID-19. The District of Columbia Department of Health (DC Health) took immediate and decisive action to stabilize the District's healthcare system while protecting patient safety and quality during the public health emergency by issuing Administrative Orders permitting waiver of licensure requirements for healthcare providers, provisional services of emergency medical services, crisis standards of care by healthcare facilities, and liability protections for persons providing services in the District.

The authorization and approval of vaccines to prevent severe illness, hospitalizations, and deaths due to COVID-19 have led to marked reductions in these outcomes in District residents 65 years of age and older, those living in congregate settings, and healthcare workers since early 2021. Public health and healthcare experts expect that as vaccination rates continue to increase in persons age 12 years and older who are currently eligible for vaccination, and, as COVID-19 vaccines are authorized for children under 12 years of age, COVID-19 related hospitalizations and deaths will continue to abate in the region.

Notwithstanding the termination of the public health emergency on July 25, 2021 and the termination of the public emergency on April 16, 2022, potential for continued improvement of COVID-19 related health outcomes, the impacts of COVID-19 on the District of Columbia's public health and healthcare infrastructure are expected to extend beyond the immediate epidemiological impacts of the virus. During the District of Columbia's initial phases of the public health emergency, COVID-19 related hospitalizations surged causing a shift in the overall healthcare landscape in the District impacting hospital and non-hospital based care. Healthcare worker absenteeism due to COVID-19 isolation and quarantine increased healthcare organization's dependence on staffing agencies and temporary workers. Psychological stress contributed to high rates of turnover in the public health and healthcare workforce in the District of Columbia and the national capital region leading to record high vacancy rates in critical public health and healthcare roles in the District's hospitals, long-term care facilities, intermediate care

¹ This Amended Declaration includes all licensed, registered, and certified health professions. This Declaration also, clarifies the criteria for temporary licensure and allows issuance of temporary license without submission of an additional application.

facilities, home health agencies, emergency medical service agencies, behavioral health organizations, and ambulatory care settings. The current environment now requires public health and healthcare organizations to expand workforce recruitment and retention efforts, including the use of temporary staffing organizations with pools of qualified health professionals duly licensed throughout the United States.

An existing rule codified at 17 DCMR § 4007.1 states:

A board may issue temporary licenses pursuant to this section if the Director [of the Department of Health] determines in writing, on the request of a board or on the Director's own determination, that the issuance of temporary licenses to practice a health occupation is necessary to protect the health and welfare of the citizens of the District.

Another existing rule codified at 17 DCMR § 4007.5 states:

The duration of a temporary license issued under this section shall be established by the Director, but shall not exceed ninety (90) days.

Further, 29 DCMR § 524.1 states:

The Director may grant limited reciprocity certifications of up to ninety (90) days to applicants for certification as ... emergency medical services providers if the applicant is certified in another jurisdiction and the Director determines that a limited reciprocity certification by the District is necessary to respond and protect the public health.

As the Interim Director of the District of Columbia Department of Health, I determine that at this time it is in the best interest of the health, safety, and welfare of District residents and other persons to authorize the temporary license for certain health professionals to practice in the District up to ninety (90) days if they have submitted an application by endorsement or reciprocity for licensure, registration, or certification to practice a health occupation, have submitted proof of good standing in another jurisdiction, have submitted proof of vaccination or exemption, pays applicable fees, and satisfies the Criminal Background Check requirement.

As the Interim Director of the District of Columbia Department of Health, I determine that at this time it is in the best interest of the health, safety, and welfare of District residents and other persons to authorize the temporary licenses for all licensed, registered, and certified health professionals.

As the Interim Director of the District of Columbia Department of Health, I determine that at this time it is in the best interest of the health, safety, and welfare of District residents and other persons to authorize the temporary certification for emergency medical services providers to practice in the District up to ninety (90) days if they have submitted an application for reciprocity for certification to practice emergency medical services under the direction of a certified emergency medical services agency, paid applicable fees, and satisfy the Criminal Background Check requirement.

Issuance of temporary licenses and certifications as outlined in this Declaration further increases

the number of qualified health professionals eligible for employment in the District's healthcare facilities and healthcare settings that are experiencing unprecedented recruitment and retention challenges. An adequate pool of eligible health professionals is necessary to meet the District's immediate healthcare workforce needs, to stabilize the District's healthcare ecosystem, and to preserve and protect the health, safety, and well-being of District residents.

This Second Amended Declaration is effective October 4, 2021, the date that Dr. LaQuandra S. Nesbitt executed the Declaration of the Director of the District of Columbia Department of Health for temporary licenses of certain health occupations.

A copy of this Second Amended Declaration of the Interim Director of the District of Columbia Department of Health shall be delivered to the Chief of Staff, the Senior Deputy Director for Health Emergency Preparedness and Response Administration, the Senior Deputy Director for the Health Regulation and Licensing Administration, and the General Counsel for the Department of Health.

Dated: August 10, 2022



Sharon Williams Lewis DHA, RN-BC, CPM
Interim Director
Department of Health