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Legal and Regulatory Issues Concerning Volunteer Health Professionals in Emergencies

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Case Study 1: Licensure Reciprocity for Volunteer Health Professionals in Connecticut and Massachusetts

Factual Statements. Several dirty bombs have been set off near the state Capitol Building and in the central business district in Hartford, CT. Hartford has a population of over 120,000 people. The blasts cause extensive physical damage to the surrounding roads and buildings and spread radiation throughout the downtown area of Hartford. There are an estimated 2,000 victims, and thousands more are injured. Given the magnitude of the incident, Connecticut's Governor has declared a state of emergency. Hartford's main hospital facilities are operational. However, those closest to the blast site may be shut down due to exposure to high levels of radiation.

Emergency response will require the provision of trauma care, burn care, and treatment for radiation exposure. Many health professionals in the area have been exposed to radiation or injured in the blast, limiting the number of health professionals available to respond to the incident. Additional medical personnel are needed to increase surge capacity of local hospitals. Volunteer health professionals licensed in Connecticut were initially recruited through the state's Emergency Credentialing System. Properly qualified volunteers registered under that system have been fully utilized. The Connecticut Department of Public Health seeks assistance from neighboring states, including Massachusetts, for additional medical personnel. These facts present the question of whether medical personnel licensed in neighboring states will be granted licensure reciprocity in Connecticut in order to provide medical services in response to this emergency.

Focused Legal Analysis. Connecticut's Emergency Credentialing System (ECS) permits the state to call up volunteer health professionals to assist in the emergency medical response to

the dirty bomb blasts in Hartford. To activate the system, Hartford area hospitals must contact the Connecticut Department of Public Health and request the assistance of certain types of volunteer health professionals. ECS is administered by the Yale New Haven Health System (YNHHS). Under ECS, YNHHS will contact volunteers with verified credentials and expertise in the types of health services needed to mount an effective response. Volunteers are asked whether they wish to participate in the response. If so, they are matched to a medical facility that requires their expertise.

Additional qualified health professionals from the neighboring states are needed to supplement Connecticut's resources. Two legislative sources authorize health professionals from other states to respond in Connecticut, notwithstanding the fact that such volunteers are not licensed to practice medicine in the state. First, Connecticut law generally waives the state licensure requirement for health care practitioners who provide medical care in response to an emergency.¹ The waiver broadly applies to any person providing medical or surgical assistance during an emergency.² Thus, any health care provider from neighboring states are eligible to provide medical assistance in response to the terrorist attacks in Hartford without fear of liability for practicing without a license. More specifically, Connecticut emergency preparedness laws authorize the State Commissioner of Health to temporarily suspend licensure requirements to allow persons who are appropriately licensed in another state to render temporary assistance in managing a public health emergency as declared by the Governor.³ The rendered assistance of such out-of-state volunteers must be within the scope of the profession of which they are licensed.⁴

Connecticut is also a party to the Emergency Management Assistance Compact (EMAC), an agreement between states that provides for mutual assistance in responding to and training for emergency situations.⁵ EMAC provides licensure reciprocity for health care professionals who are activated in response to a government-declared emergency or the commencement of organized drills or training exercises.⁶ To activate EMAC, Connecticut must request assistance from another member state (Massachusetts). Health professionals crossing state borders through an EMAC request will have their professional licenses, certificates, and permits recognized as valid in the requesting state for the duration of the emergency "subject to such limitations and conditions as the governor of the requesting state may prescribe by executive order or otherwise."⁷ For example, the governor may limit the licensure reciprocity provisions to those trained in counterterrorism response or emergency medicine.

To increase the number of health professionals available to assist in the medical and public health response to the terrorist attacks, Connecticut's Governor may invoke EMAC and request assistance from Massachusetts. Massachusetts could then solicit volunteers through its ESAR-VHP program to provide medical assistance in Hartford's hospitals. These volunteers, though probably not licensed in Connecticut, would be permitted to practice in Connecticut under the licensure reciprocity provisions of EMAC as well as licensure waivers for medical assistance provided under emergency statutes.

¹ Conn. Gen. Stat. § 20-9(b)(3).

² Id.

³ Conn. Gen. Stat. § 19a-131(j)(a).

⁴ Id.

⁵ Conn. Gen. Stat. § 28-23a, Art. I; EMAC, Art. I.

⁶ Conn. Gen. Stat. § 28-23a, Art. IV; EMAC, Art. IV.

⁷ Id.