March 19, 2020

Governor Charles D. Baker
Governor of the Commonwealth of Massachusetts
State House, RM 280
Boston, MA 02133

Dear Governor Baker:

The American Nurses Association Massachusetts (ANAMASS) is the largest voluntary professional nursing organization in Massachusetts representing over 151,000 nurses in the Commonwealth. We work to advocate on behalf of nurse and patient safety. From the bedside to the boardroom, ANAMASS members work together to define and improve healthcare and nursing practice.

We are in unprecedented times, and ANAMASS is listening to concerns from nurses across the Commonwealth and the country. Nurses are on the frontline caring for patients across settings – from acute to long term care, in the community and in the workplace.

The Nurses of the Commonwealth are concerned about:

- **Healthcare facilities lacking Personal Protective Equipment (PPE) for frontline health care staff.**
  - Nurses are being asked to extend use and reuse PPE for up to 12 hours. This has never before been an acceptable standard.
  - There is a disproportionate amount of PPE and an inability to access strategic stockpiles, resulting in healthcare disparities for underserved patients and increased risk for providers of care for those communities.
  - If nurses are not properly protected, are they putting themselves, their patients and their families at risk of contracting and spreading COVID-19?

- **Nurse Staffing**
  - How will we maintain appropriate staffing if nurses are furloughed?
  - Will there be too many patients and not enough nurses?

- **Hazards of being on the front line**

**Personal Protective Equipment**

Nurses’ primary concern is the lack of personal protective equipment, specifically surgical masks and N95 respirators. The American Nurses Association (ANA), representing the nation’s 4 million registered nurses, believes a more definitive statement from the CDC about the transmission of coronavirus (COVID-19) is needed. Nurses need to feel confident that the PPE they wear will appropriately shield them from contracting and spreading the disease.
The Occupational Safety and Health Administration (OSHA) recommends Health Care Provider (HCP) employers follow existing CDC guidelines, including taking measures to conserve supplies of these respirators while safeguarding Health Care Providers. “One such measure is that healthcare employers may provide HCPs with another respirator of equal or higher protection, such as N99 or N100 filtering facepieces, reusable elastomeric respirators with appropriate filters or cartridges, or powered air purifying respirators (PAPR).”

We are asking your Administration and the Legislature to ensure that HCP employers are able to provide appropriate PPE for nurses immediately. This may include the rapid development of processes to share strategic stockpiles across the Commonwealth to guarantee facilities are able to treat patients with COVID-19 and nurses and HCPs at those facilities are not put at undue risk because of lack of PPE. Some steps that may be taken to accomplish this are:

- Surveying healthcare facilities to determine current supplies, especially respirators.
- Developing a database of supplies in the Commonwealth, including strategic stockpiles from MEMA.
- Accessing federal Strategic National Stockpiles as necessary.
- Resourcing medical supply chain and delivery to increase supply of PPE.

**Adequate workforce**

One nurse (LB) recently asked, “Most information says that if you have been exposed you must quarantine for 14 days. . . If we quarantine nurses who will be left to care for the sick?”

In the Commonwealth, there are already shortages in certain nursing specialties, including in the fields of operating room, medical-surgical, emergency, intensive care, home care, hospice care and nursing home/long-term care; these are exacerbated regionally with significantly fewer RN’s in the northwestern part of the state (see Figure 1 below). On March 12th, more than 50 nurses employed by Berkshire Medical Center were quarantined at home for 14 days after coming in contact with patients positive for COVID-19.

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**Figure 1. Massachusetts RN Population Density by Town**

**Figure 2. Confirmed COVID-19 Cases by County as of 3/17/20**
COVID-19 is creating unprecedented workforce challenges for HCP employers. ANAMASS supports the immediate passage of H1944/S103, the Enhanced Nurse Licensure Compact (eNLC), because it will facilitate Massachusetts’ efforts to permit qualified nurses to care for patients across the healthcare continuum, allow for better emergency preparedness and more rapid response in times of pandemic response, and improve access to quality nursing care for all residents of the Commonwealth. The expedited review process simply means that “The Board of Registration in nursing will issue reciprocal nursing licenses in one (1) business day only AFTER receiving the completed application and ALL required forms and documents, including but not limited to final official transcripts and licensure verification from other states.” Required forms and documents include obtaining official transcripts and verification of RN licensure from their current state of licensure; in some states and for foreign educated nurses this will require that verification forms be MAILED directly to Professional Credentialing services. Keep in mind that with the national state of emergency that across the country the ability of institutions of higher education to respond to and process requests to mail transcript requests may not be possible and will delay licensure reciprocity whereas NLC participation would not cause delay.

The benefit to the nursing workforce of NLC participation is large and singular: interstate portability. NLC enables the holder of a Compact License to practice in any Compact State without obtaining any other license. The removal of the licensure barrier to practice in Compact States carries particular benefits in cases of surges in demand for nurse inflow, which we are seeing today with the COVID-19 crisis. Compact licensing also facilitates e-health and telehealth access, thereby improving the continuity of care. The flexibility enabled by the eNLC has several benefits. Interstate licensure may help to ease the burden of nursing shortages by permitting nurses to work in multiple states and allowing traveling nurses to more easily fill nurse vacancies by eliminating the deterrent of cost and wait time to obtain an additional license.

Hazards of being on the front line

What nurses on the frontline are saying: “Healthcare workers must be guaranteed that their healthcare expenses and the costs of any lasting effects are covered if they are to contract COVID-19. Given the situation, the lack of protection and personnel, this compensation is warranted. If nurses are willing to take this risk to care for others, we should be cared for in return. To do any less for nurses would be shameful.”

ANAMASS supports S. 2602, An act relative to emergency hazard health duty, which provides that nurses and other frontline healthcare workers who are incapacitated or unable to perform their duties as a result of the Coronavirus (COVID-19) infection or exposure, and the required time of hospitalization, time of quarantine, or time of self-quarantine shall be considered as on duty time. In these cases, nurses and other healthcare workers would not be required to use his or her sick time, vacation time, personal time or any other contractual time-off to cover said period of incapacitation or inability.

There are certainly many, many other factors being discussed and implemented both on the state and national level. Issues related to availability and best practices for testing for COVID-19, screening and testing for HCP in acute care facilities, support for staffing and resources in long-
term care facilities (particularly those in underserved communities), and community support as we face economic uncertainty moving forward are on all of our minds.

Thank you again for all that you do on behalf of the nurses and the patients of the Commonwealth.

Please do not hesitate to reach out to either myself or Executive Director Carmela Townsend, DNP, MS/MBA, RN at 508-740-8330 (cell) if we can be of further assistance.

Thank you

Julie Cronin, DNP, RN, OCN
President, American Nurses Association Massachusetts

Cc: Secretary, Health & Human Services MaryLou Sudders, MSW, ACSW
Kristen Lepore, Chief of Staff to the Governor
Senate President Karen E. Spilka
House Speaker Robert A. DeLeo

3 ANA Facebook page
4 https://www.mass.gov/lists/health-professions-data-series#registered-nurses-
5 https://www.bizjournals.com/boston/news/2020/03/12/more-than-50-nurses-at-berkshire-medical.html
6 https://www.mass.gov/lists/health-professions-data-series#registered-nurses-
8 https://manurse.pchq.com/info/rn-reciprocity/
9 ANA Facebook page