



January 20, 2022

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

Dear Governor Baker:

Frontline nurses, healthcare professionals, and patients need you to take immediate action to address the current crisis in our healthcare facilities before it is too late.

Since the arrival of COVID-19, frontline nurses and healthcare professionals have warned of the strain the pandemic could place on our healthcare workers and healthcare facilities. Two years into this pandemic, we are now at a place we all feared. Healthcare workers are overwhelmed and burned out. Healthcare facilities are overrun with both COVID-19 patients and those individuals who delayed care throughout the pandemic, and the system is buckling under the pressure. We are closer than we have ever been to the collapse of the healthcare system.

### **The View from the frontlines**

- Nurses, healthcare professionals and other frontline staff are overwhelmed by the volume of patients presenting at hospitals- particularly in the Emergency Department - and they do so physically and mentally drained from their experience during previous waves of this pandemic
- Nurses are once again being floated to units outside their areas of expertise without appropriate supports and clear guidance.
- Testing access for healthcare staff is unnecessarily difficult.
- Booster shot access for healthcare staff is unnecessarily difficult.
- Visitor policies at many hospitals are inconsistent and allow for continued COVID exposure to staff and other patients.
- PPE usage is not consistent across healthcare facilities.
- Recent regulatory changes have made it easier for nurses to resign their positions and become travel nurses within the state at significant rate increases - further destabilizing the nursing workforce and increasing the cost of care.
- School nurses are being tasked with additional responsibilities in the absence of clearly defined policies and procedures and little or no additional support or resources.
- Once again, the voices of the frontline caregivers are being ignored.

Since March 2020, your administration has taken many steps to address this crisis. At this time, we urge you to take the additional actions outlined below to address this healthcare emergency.

### **What must be done**

To address the current crisis, a new **State of Emergency** should be declared immediately through the end of March. As was the case in March 2020, this would give your Administration more flexibility to react as conditions change. This State of Emergency should reinstate provisions in place under the March 10, 2020 State of Emergency, specifically including:

1. **Reinstate temporary expedited licensure for out-of-state nurses.** Two years into this crisis, nurses and other frontline healthcare workers are leaving the bedside. The longstanding difficult conditions at the bedside have been exacerbated by the latest surge from the Omicron variant of the COVID-19 pandemic. Pre-existing nurse staffing problems are now worse, creating a state-wide crisis. While we should be doing everything possible to retain our nurses at the bedside, we acknowledge the need for temporary relief until this current surge subsides. This can be achieved, as it was in previous surges, by issuing an order to expedite reciprocal licensure applications for nurses licensed out of state but assures we have not lost state oversight in perpetuity as would be the case with compact. A similar order was released on January 14th regarding expedited licensure of certain individuals eligible for physician licensure (COVID-19 Public Health Emergency Order No. 2022-04).

This is a targeted approach and does not require permanently abdicating state autonomy to nurse licensure in the Commonwealth. It would also provide the ability for nurses from all 50 states to temporarily practice in Massachusetts, though we caution we do not expect to see a flood of nurses entering the Commonwealth no matter what action we take. Every state is currently experiencing a staffing crisis and a pool of nurses will not suddenly materialize to save us. If we want nurses to come to the bedside- and remain there- we must address the conditions that are driving them away. *It must be recognized that this current staffing crisis has been years in the making, as hospital administrators have implemented policies that drove tens of thousands of qualified staff away from hospital nursing as a result of strategic efforts to understaff hospitals to generate greater operating margins. The pandemic has only exacerbated this situation and demonstrated the systemic lack of understanding and appreciation of the role and value of those providing direct patient care. This current exodus of nursing and direct care staff is just the second “great resignation” due to the failure of the system to protect and support frontline staff.*

2. **Reinstate liability protection for healthcare workers working outside their area of practice.** Due to an influx of patients, nurses are once again being floated to units outside their area of practice. For example, nurses from medical/surgical units are being sent to handle overflow patients in the Emergency Department. While this may be necessary in some instances given the current conditions, we must ensure that these nurses and other healthcare providers have the protection necessary to practice without fear of reprisal.
3. **Impose stricter visitor policies at hospitals across the state- including restrictions and PPE enforcement.** Healthcare facilities have been left largely on their own to formulate visitor policies and as a result, they vary widely from facility to facility. These lax policies endanger healthcare workers and patients and turn staff into the “visitor police”, requiring them to enforce policies that may or may not be well communicated by the facility. A statewide requirement that visitors show proof of vaccination and don appropriate PPE, preferable an N95 mask or its equivalent, should be instituted.
4. **Require that all staff interacting with patients be provided with new, single use N95 masks upon request.** Despite knowing the importance of the proper respiratory PPE, we still have healthcare workers in patient-facing positions utilizing surgical masks instead of N95 masks which

offer the most protection especially against recent COVID variants. CDC guidance still state that N95 masks are only required for “aerosol-generating” procedures, however this guidance is not supported by research was a “big mistake” and likely cost lives<sup>1</sup>. We cannot allow that mistake to be repeated in the current surge.

In addition, the Commonwealth should require healthcare facilities to:

5. **Provide onsite testing for symptomatic and asymptomatic employees.** Healthcare staff should not have to seek testing offsite. Hospitals have access to tests and the capacity to test.
6. **Provide onsite booster shots for healthcare staff.** We know that booster shots lessen the severity of COVID-19 infections and the Administration is encouraging every eligible Massachusetts resident to get one. Healthcare staff work long hours and variable shifts. Vaccine boosters should be readily available and easily accessible at their places of work.
7. **Return to previous quarantine procedures for COVID positive healthcare workers.** The CDC recently changed guidance on when a COVID positive healthcare worker can return to work. Whereas the previous quarantine period had been 10 days or 7 days with a negative test, the new guidance allows for an immediate return to work if the facility is in “crisis”. To do otherwise ignores the nature of this virus and all previous infection control protocols. Despite the CDC’s guidance, Massachusetts should revert to the previous quarantine standards.
8. **Provide additional support for school nurses.** Rates of infection have increased in school aged children. The Department of Elementary and Secondary Education (DESE) released figures on January 13<sup>th</sup> showing 41,000 students tested positive for COVID-19. The burden of contact tracing these infections as well as administering the “test and stay” programs at schools across the Commonwealth largely falls on our school nurses who under normal circumstance, often, have an unreasonable workload. This burden has been imposed with few standard protocols and established polices. These additional burdens have been imposed with no acknowledgement of the additional human resources required. While we applaud the Department of Public Health’s awarding of \$12.6 million in December to mitigate school healthcare, more concrete support afforded to our school nurses. They must be afforded a seat at the table to help shape the path forward.
9. **Repeal the regulations regarding travel nurses which have further destabilized the nursing workforce.** Recently, the Commonwealth made changes to regulations regarding rates for travel nurses (101 CMR 345.00: Rates for Temporary Nursing Services). By making it easier for Massachusetts-based nurses to resign their fulltime positions and become “travel” nurses, potentially at the same facility, these regulations further destabilize the nursing workforce in the Commonwealth, disrupts the continuity of bedside care for patients, and increases the cost of care overall.
10. **Support a local manufacturing base for domestic production of PPE.** While we are not in the same PPE crisis we were in the first year of the pandemic, we should still be focused on the local production of PPE. Supply chain issues have persisted since the beginning of the pandemic and we do not want to be caught, again, without the necessary supplies. The state should work with our

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<sup>1</sup> <https://khn.org/news/article/cdc-guidance-aerosol-generating-procedures-common-cough-bigger-covid-threat-to-health-workers-than-icu-new-research/>

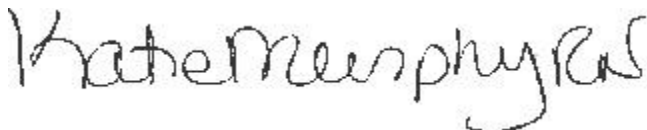
federal delegation to secure funding to encourage and support local/regional production of PPE while ensuring a stable market for the products our local workforce produces.

11. **Include the voices of those on the frontlines.** During the initial COVID-19 surge, the voices of frontline workers, including frontline healthcare workers, were largely left out of discussions and decision making. This cannot happen again. Any advisory groups, task forces or other body that will either be advising or making decisions regarding the response to this latest surge or how to respond when a new variant should include staff nurses and other direct care staff who are on the frontlines doing the work.
12. **Re-establish procedures (tents outside EDs) to reduce COVID exposure.** We must do a better job of screening patients before entering the Emergency Department to avoid unnecessary exposure and transmission of the virus between patients waiting for care. To ensure COVID positive patients seeking testing or emergency care without knowing they are positive do not infect the patients in the Emergency Department, we call for the establishment of testing areas separate from the Emergency Department- as Tufts Medical Center has done. This is also an important means by which to decompress the far beyond capacity Emergency Departments.
13. **Increase the use of the National Guard.** The recent activation of National Guard members to assist in providing relief has been helpful. We encourage further utilization, particularly to operate COVID-19 triage tents outside of Emergency Departments, as described above.
14. **Utilize all healthcare staff for the delivery of direct patient care.** Too many healthcare workers are being admonished to provide care under untenable conditions from licensed nursing administrators and managers who are working remotely, far from the bedside. Those administrators should be enlisted as part of the “emergency workforce” don their scrubs and lend their hands to the immediate patient needs as their licensure allows. In this time of crisis where we are enlisting the national guard and travelers, hospitals administrators should be activated to lead by example and join the struggle alongside their staff providing whatever support and assistance they can.

We remain in uncertain times. Our healthcare system and the workers that sustain it are being tested as never before. As the pandemic evolves, more action is needed. We must ensure that best interests of patients and frontline healthcare personnel are guiding our decisions. We look forward to continuing to work with you and your administration to address these challenges.

Thank you.

Sincerely,

A handwritten signature in black ink that reads "Katie Murphy RN". The signature is written in a cursive, flowing style.

Katie Murphy, RN  
President, Massachusetts Nurses Association