

Medical Staffing Requests Advisory

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State, Tribal and Territorial (STT) governments across the nation are experiencing increases in COVID-19 cases and hospitalizations, resulting in renewed strains on medical personnel availability. FEMA and our interagency partners are working to support requests for additional medical staff and recognize there may be more solutions than the federal government alone can provide. Given the possible scarcity of medical personnel resources, the federal government is asking STT partners to consider the following items prior to requesting direct federal assistance for medical staff.¹

FEMA and the U.S. Department of Health and Human Services (HHS) have worked closely with STT governments, hospitals, health care systems, long-term care facilities, and local communities since the onset of the COVID-19 pandemic. As cases rise and new variants emerge, all public and private organizations should continue to work through their established processes for emergencies and disasters. Typically, these processes begin with local communities', healthcare systems and facilities', or medical associations interfacing with their STT departments of public health and emergency management agency for any unmet needs. For tribal nations, these processes may involve coordinating with the Indian Health Service. Unmet needs can only be identified and resourced by FEMA and HHS through this process of communication.

When ready to submit a medical staffing request, STTs will work through their assigned FEMA and HHS regional point of contact. For a request to be filled, the STT community must first consider and address these actions:²

1. **Decompressing Hospitals:** STT has taken action to decompress hospitals in the impacted area, executing only the most critical patient procedures and ceasing all elective procedures. STT is using testing and monoclonal therapy sites for identified/applicable patients to decrease hospital admissions.
2. **Cross Leveling and Augmenting Staff:** STT has taken action to maximize coordination of health care providers internal to the state to balance patients



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and staff. This includes (1) STT calling on hospital systems nationwide to solicit medical professionals to deploy to their hospitals; and (2) identifying opportunities to consolidate outpatient surgery center capabilities and reassign staff to facilities treating COVID-19 patients.

3. **Expanding the Use of Telemedicine:** STT has taken action to [expand the use of telemedicine](#) to (1) screen patients who may have symptoms of COVID-19 and refer as appropriate, and (2) to provide low-risk urgent care for non-COVID-19 conditions, identify those persons who may need additional medical consultation or assessment, and refer as appropriate.
4. **Recalling Retirees and Activating the Medical Reserve Corps:** STT has asked public and private hospitals to recall medical professionals and actively pursue augmentation from retirees, [Medical Reserve Corps](#), medical schools, and nursing schools.
5. **Extending Department of Labor Support via State Workforce Agency Coordination:** STT has communicated key staffing shortages and priority workforce needs to relevant partners, including the state workforce agency and the state unemployment insurance office. Where appropriate, STT has posted these job opportunities on state workforce job boards or similar platforms.
6. **Expanding Delivery of Care:** STT has modified the delivery of care to increase use of organic staff through restructured staffing models, staff-to-patient ratios, and licensing practices.
7. **Pre-Hospital Care:** STT has considered how pre-hospital programs can triage COVID-19 patients at home to reduce in-hospital demand. STT has considered and implemented expanded scope of practice for pre-hospital care providers to support emerging COVID-19 care requirements.
8. **Utilizing Emergency Management Assistance Compact (EMAC):** STT has requested to receive augmentation of healthcare providers via EMAC.
9. **Executing Contracts:** STT has maximized the use of Stafford Act (FEMA Public Assistance program) and supplemental funding (i.e., American Rescue Plan Act) to contract for medical professionals. STT has utilized General Services Administration [State and Local Disaster Purchasing](#) including the Veterans Administration [Schedule 621](#) - Professional & Allied Healthcare Staffing Services.
10. **Employing the National Guard:** STT directed their state National Guard Adjutant General (TAG) to request additional medical professionals from fellow TAGs across the region.



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11. **Requesting Support from Veterans Affairs (VA):** Where communities have existing local agreements (vs. state request for resources) with VA they should maximize local utilization of VA for hospital assistance based upon existing agreements.
 12. **Temporary Reassignment of State and Local Personnel:** If the HHS Secretary issues authorization under [Section 319 of the Public Health Service Act](#), the requesting STT Governor has considered and/or reassigned state and local public health department or agency personnel funded in whole or in part through programs authorized under the Public Health Service Act to immediately address a public health emergency in the STT during the period of the emergency.
 13. **Extending Support from HHS:** If already augmented by HHS healthcare providers (e.g., National Disaster Medical System and Public Health Service), the STT has requested an extension of the current assets.
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¹This document contains references and links to non-federal resources and organizations. This information is meant solely for informational purposes and is not intended to be an endorsement of any non-federal entity by FEMA, U.S. Department of Homeland Security or the U.S. government.

²HHS may supplement the considerations below with additional clinically oriented questions targeted to healthcare institutions.

Contact US

If you have any questions, please contact one of the offices within FEMA Office of External Affairs::

- Congressional Affairs at (202) 646-4500 or at FEMA-Congressional-Affairs@fema.dhs.gov
- Intergovernmental Affairs at (202) 646-3444 or at FEMA-IGA@fema.dhs.gov
- Tribal Affairs (202) 646-3444 or at FEMA-Tribal@fema.dhs.gov
- Private Sector Engagement at (202) 646-3444 or at nbeoc@max.gov

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