



Rein in the Regs to Beat Coronavirus

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March 24, 2020

As all levels of government work to prevent the spread of the coronavirus and treat those who are already sick, there are small but significant steps that can be taken to improve access to vital care and to make it easier to live a normal life, even while social distancing or under quarantine.

Regulatory reform has a key role to play. The biggest failure so far in the U.S. response to the coronavirus—the unavailability of widespread testing—resulted in part from regulatory problems. As the *Atlantic* reported, while private-sector U.S. labs were eager to help, “they were hamstrung by regulations for most of February.” Until that time, as the *Wall Street Journal* reported, “only the CDC was authorized to conduct tests, some of which turned out to be inaccurate. The CDC says it has since remedied those issues.”

Although government officials have in recent weeks started to waive regulations because of the public health emergency, there are still others that should be waived—a fact that should lead us to think seriously about whether they are necessary at all. Some of the waived regulations should be eliminated, or statutorily repealed, after the crisis is over.

Last Wednesday, for example, Vice President Mike Pence announced that the Department of Health and Human Services “is issuing a regulation today that will allow all doctors and medical professionals to practice across state lines to meet the needs of hospitals that may arise in adjoining areas.” It is unclear what form this regulation will take, but the idea is right: As more people need access to care, governments should expand medical professionals’ ability to work in more places, both physically and virtually. In most cases, occupational licenses do not transfer across states, with the exception of certain interstate compacts.

Already, Colorado, Massachusetts, Washington, Texas and other state governments are working to expedite the ability of medical professionals to work in those states. However, they would have benefited by having a process to expedite in the first place, like Arizona’s. Last year Arizona became the first state to allow new residents to easily relocate and become licensed.

While many states are now considering similar legislation, the model would be a huge benefit to states generally, and especially right now.

Telehealth plays a key role in making sure people can access health care while social distancing. Especially in crises, health practitioners should not have to worry about possibly being penalized for helping people in states where they are not licensed. Beyond licenses, however, medical professionals should be allowed to prioritize the most important cases in telehealth systems. As my R Street Institute colleague Courtney Joslin explains, in “store-and-forward” telehealth, “patients upload case information for a doctor to review later, instead of requiring real-time video or phone calls. This allows doctors to review and prioritize cases based on urgency and severity. It also reduces the constraint of schedule coordination between patient and doctor.” States ought to allow this common-sense practice, especially now.

Medical professionals should also have the ability to practice to the full extent of their knowledge. As Vittorio Nastasi explains in *Reason*, while the United States stares down a physician shortage, “the supply of non-physician providers including advanced practice registered nurses (APRNs), physician assistants (PAs), and pharmaceutical workers is growing rapidly.” These same professionals are too often limited in their scope of practice. States and even the federal government are beginning to reform these laws, and evidence shows that doing so works and reduces costs. Florida governor Ron DeSantis recently signed legislation to do just this, which will hopefully help his state.

Pharmacists are also licensed medical professionals playing an essential role in public health. Joslin suggests that the medical community can avoid physician burnout by allowing pharmacists to prescribe “basic medications like hormonal birth control pills, tobacco cessation products and statins; as well as drugs for basic conditions like strep throat, urinary tract infections and cold sores.” Some states already allow pharmacists to prescribe birth control. Pharmacists could also process refills for basic medications without doctor approval, “as long as the patient has a history of taking the medication.” At least 34 states already allow this. Expanding this ability would free up more doctor time, allowing doctors to prioritize the practice of medicine. Alabama recently expanded this ability.

Meanwhile, as nervous Americans rush to buy from their local grocery stores, it is imperative that food stocks be replenished. To that end, Texas governor Greg Abbott announced that Texas will waive “state laws that prohibit trucks from the alcohol industry from delivering supplies to grocery stores. This will provide grocers with another private-sector option to keep their shelves stocked.” Other states with similar rules should follow Texas’s lead.

The poor, homeless, and hungry also need access to food. Unfortunately, governments across the country have made feeding the hungry next to impossible. Last year, a local Georgia health department cracked down on MUST Ministries’ operation to feed the homeless. Thankfully, the state government is reversing its position and has asked MUST Ministries to help aid in feeding hungry Georgians. The organization is now able to partner with the local school district to feed students out of school but in need.

While we encourage people to stay inside and practice social distancing, we must stop punishing them for doing so. Sadly, some localities force people who work from home—even sitting quietly at a laptop with zero impact on their neighborhood—to jump through unbelievable regulatory hurdles. These regulations were always a bad idea, but especially so now. Localities must vow not to enforce such regulations and—in the long run—should toss them out.

Effectively motivating people to stay inside also means making sure people don't need to go to the DMV to renew their driver's licenses. Virginia and Colorado closed their DMVs, extended the validity of licenses, and made online renewals more accessible. Other states should follow suit. And governments should also suspend parking-hours limits and overnight-parking rules. Don't make people leave their living spaces to move their cars. Los Angeles paused street-sweeping tickets. Santa Monica suspended preferential parking rules and street sweeping tickets. These are wise, prudential measures.

My colleagues at the R Street Institute and I have put together an extensive list of reform ideas related to the present crisis, as have other organizations, such as the Cato Institute, the Competitive Enterprise Institute, *National Review*, and Americans for Tax Reform. All include options worth considering.

Now is the time for states to lead the way in small regulatory reforms that will encourage residents to remain safe, while also having access to supplies and life-saving medical care. And when the crisis has eased, we must evaluate whether some of these regulations were ever necessary in the first place.