

Legislative Update on COVID-19

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House Select Committee on COVID-19

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Overview

- ▶ Situation is constantly changing, but we are prepared
- ▶ Government partners: DHHS, DPS/Emergency Management, CDC, FEMA, Congressional delegation
 - Presence at state EOC
- ▶ Other partners: Medical Society, Nurses Association, Long Term Care Facilities Association, Home and Hospice, hospital associations across the US, American Hospital Association
- ▶ Hospital visitor policies: no visitors except in special circumstances

Testing Process for Hospitals

- ▶ CDC has guidance for how to test, but decisions about testing are at the discretion of state and local health departments and/or individual physicians;
- ▶ Call your doctor prior to going to test site or ED
- ▶ Health systems with their own tests
 - Average wait time on test results: approximately 4-6 hours
- ▶ Other hospitals must swab and send to state lab or private lab
 - Wait times over a week for private labs
- ▶ Drive-thru options

PPE and Other Supply Shortages

- ▶ "Personal Protective Equipment"
 - Examples: masks, gloves, gowns, eye protective wear, shoe covers
- ▶ Nationwide and statewide shortage
- ▶ Regulatory process by DHHS to request PPE
- ▶ If Feds began to distribute PPE, we would likely be behind states such as Washington and New York
- ▶ Manufacturers worldwide
- ▶ Donations

Non-Time Sensitive Surgeries

- ▶ Health systems began implementing policies on their non-time sensitive surgery policy last week
- ▶ CDC and DHHS have issued guidance
- ▶ Cash flow problem

Use of Telehealth

- ▶ Hospitals offering telehealth visits for patients
- ▶ Payors paying for telehealth parity
- ▶ Medicaid announced change in their telehealth policy last week to include virtual visits along with telephonic visits

Behavioral Health Services

- ▶ Increase of ED visits attributed to anxiety from COVID-19
- ▶ Working with DHHS to ensure community behavioral health clinics and services stay open to alleviate burden on ED
- ▶ Seeking additional approval in additional waivers to be able to bring behavioral health patients to alternative care sites

Federal Bills and Requests

▶ Three bills so far:

- Public Health Funding for Prevention, Preparedness and Response
 - \$2.2 billion primarily to CDC
 - Funding for surveillance and prevention
 - Emergency telehealth waiver
- Families First Coronavirus Response Act
 - Temporary increase in FMAP amount
 - Medicaid coverage for the uninsured (corona virus treatment only)

Federal Bills and Requests

► Three bills so far:

- Coronavirus Aid, Relief, and Economic Security Act (pending in Senate)
 - Increase in public health funding
 - Medicare add on payment of 20% (on current Medicare enrollees)
 - Ends site neutral cuts, delays DSH reductions
 - Waives other length of stay rules
 - More telehealth flexibilities
 - \$115 billion for hospital relief (less than requested)

1135 Waivers

► Immediately available after Presidential Public Health Emergency Declaration:

- Waives:
 - Certain conditions of participation
 - Pre-approval application requirements
 - In state licensure requirements (allows for out of state providers if allowed by state law)
 - Most EMTALA restrictions (except for patient's ability to pay)
 - Physician self referral

1135 Waivers

► Immediately available after Presidential Public Health Emergency Declaration:

- Waives:
 - Performance and reporting deadlines
 - Limitations on payments to out of network providers
 - Certain HIPAA sanctions
 - Obtaining patients permission to speak with family
 - Distributing notice of privacy practices
 - The patient's right to request privacy notice

Issues for our Employees

- ▶ Childcare
- ▶ Ensuring they are not burdened by regulatory things like expired car registration or expired driver's license
- ▶ Requirements to quarantine when exposed
- ▶ Morale!

Legislative Requests

- ▶ Legislation allowing Medicaid eligibility expansion for uninsured individual for COVID-19 testing per the emergency period as allowed by Families First Coronavirus Response Act
- ▶ Emergency Medicaid rate increases funded via FMAP increase
- ▶ Creation of a fund at the state level to help financially distressed hospitals during the time of the emergency period
- ▶ Relief of regulatory burden, such as inspections in our facilities that are regularly scheduled and not an emergency
- ▶ Work with teaching institutions to ensure students will complete clinical hours outside of hospital

Questions?

For additional questions, please email lburns@ncha.org