House Health Care Working Group COVID-19 Policy Options

Row	Source of Request/ Date of Presentation to HCWG	Description of Request	Notes
1	American Cancer Society	Close the chemotherapy coverage gap. Prioritize passage of North Carolina's Oral Chemotherapy Fairness legislation (HB 480). Allows cancer patients to access chemotherapy in the safety of their homes.	
2	NC Child	Direct NCDHHS to aggressively pursue every federally available waiver and program allowance for the child welfare system. Such waivers include (but are not limited to) virtual visitation for children in foster care, temporary suspension of relicensing requirements for foster parents, and the continuation of Board payments for youth in foster care 18-21 regardless of education and employment requirements	
3	DHHS	Child Welfare -allow DHHS to temporarily waive the 72-hour requirement of pre-services training before providing direct services for child welfare and identify the web-based training as an acceptable equivalent meeting the requirement.	DHHS states that they have shifted this training from classroom setting to web-based training and the program is now less than 72 hours. Without a change in place, it would prohibit social workers from providing services.

House Health Care Working Group COVID-19 Policy Options

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4	NCHA Presentation 3-26-20	Relief of regulatory burden, such as inspections in our facilities that are regularly scheduled and not an emergency	Per Emery Milliken, Deputy Director DHSR, much of DHSR's survey work is performed on behalf of CMS. In March, CMS reprioritized much of the survey work to 1) allow CMS certified facilities to focus on their preparations for and response to COVID-19 and 2) recognize the importance of restricting movement of external individuals, particularly in long term care settings, to decrease the chances of transmission of COVID-19. DHSR reprioritized survey work for facilities not certified by CMS. Survey teams have been focusing on investigations of the most serious complaints and reaching out to facilities to learn the needs/concerns with respect to COVID-19. As for hospitals - at this time, surveyors are not conducting routine surveys of hospitals. We are continuing to survey complaints that are triaged at the Immediate Jeopardy level including complaints alleging violations of EMTALA. All of our surveyors have been made aware of the importance of conducting any survey in a manner that is least disruptive to the facility.
5	NCHA HCWG 3-26-20	Work with teaching institutions to ensure students will complete clinical hours outside of hospital.	
6	NCMS HCWG 3-26-20	Mandate uniform telehealth policies in-line with those adopted by Medicaid for administrative simplification and equal treatment for all patients during the emergency.	Consistency across payors is needed.
7	RelyMD	Parity Law for Private Insurance Coverage of Telemedicine during the emergency.	
8	NC Coalition on Aging HCWG 4/9	Ask the federal Centers for Medicare and Medicaid services to allow audio-only communication for telehealth under the Medicare program.	
9	NCHA	Telehealth - require all insurers including Medicaid to continue to reimburse for telehealth services for the remainder of the emergency period.	

House Health Care Working Group COVID-19 Policy Options

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10	NC Association of Free and Charitable Clinics (NCAFCC)	Temporary modifications to current law to allow for continued liability limitations to also apply in the delivery of care through telemedicine and to allow a "volunteer" to be paid to encourage the provision of care by health care providers at free clinics and pharmacies; GS 90-21.16 currently provides for limited liability for free clinic volunteers "at a free clinic facility" and this should be modified to expand those same liability protections to include the provision of care through telehealth.	
11	NCMS HCWG 3-26-20	Provide blanket immunity from civil liability for the duration of the State of Emergency unless a medical provider acts with willful and wonton behavior (the same standard as currently in NC for an emergency scenario	May have been accomplished by Governor Cooper's Executive Order 130 under the authority of G.S. 166A-19.30. Section 3.C. of the order declares that all "persons who are licensed or otherwise authorized under this Executive Order to perform professional skills in the field of health care are hereby requested to provide emergency services to respond to the COIVD-19 pandemic, and, to the extent they are providing emergency services, therefore constitute 'emergency management workers' to the extent allowed under N.C. Gen. Stat. § 166A-19.60(e) . . . all such emergency management workers should be insulated from civil liability . . . except in cases of willful misconduct, gross negligence, or bad faith." Although this does not include COVID-19 workers in the NC Good Samaritan statute G.S. 90-21.14, it will have the same effect of insulating healthcare workers providing services to respond to COVID-19 from civil liability (Jason Moran-Bates)
12	NC Nurses Assn. HCWG 4-2-20	Full utilization of the power and influence of legislators to pressure for expedited manufacturing and distribution of PPE to all frontline healthcare providers.	
13	Rep. Perrin Jones	Direct the development of a State plan for stockpiling PPE.	

House Health Care Working Group COVID-19 Policy Options

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14	NC Coalition on Aging HCWG 4/9	Expedite the process for ensuring additional federal funding coming into the state gets to the local level quickly and that there is flexibility with accountability in how the funding can be used to meet needs in the community.	
15	NC Coalition on Aging HCWG 4/9	Take steps to ensure that people can get the services they need when they need them. Seek federal approval for waivers and other administrative "fixes" to expedite service delivery.	
16	NC Coalition on Aging HCWG 4/9	Seek approval from the federal Centers for Medicare and Medicaid Services (CMS) to provide more flexible access to the $30 million in Civil Money Penalties (CMP) funds for skilled nursing facilities to supplement programs designed to improve the quality of life of nursing facility residents during this emergency period,	
17	NC Coalition on Aging HCWG 4/9	Look at ways to better support existing staff as well as steps the state can take to expand the workforce across the continuum from direct care workers to medical personnel. Policies pertaining to health care access, sick leave benefits, child care assistance, and other work place provisions need to be examined. In addition, potential options for increasing the supply of workers such as allowing medical and nursing students to graduate early, addressing provisions relative to locum tenens providers, fast tracking reciprocity of licensure for providers from out of state, relaxing scope of practice requirements, and promoting the use of volunteers and non-clinicians as feasible need to be explored.	
18	NCHA	Liability Reform - limit liability to a gross negligence or comparable standard	
19	NCHA	Involuntary Commitment - permit telemedicine for the second IVC exam, the first exam for purposes other than geographic distance and for substance abuse commitment exam. This would last for the duration of the emergency period	

House Health Care Working Group COVID-19 Policy Options

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20	Rep. Insko	Limiting movement of individuals being served in state facilities, group homes etc. between levels of care/living arrangements to reduce exposure of COVID-19	
21	NCMS HCWG 3-26-20	Allow presumptive eligibility for all COVID-19 related tests and services.	
22	DHHS	Waive cost-sharing requirements for Medicaid and NC Health Choice beneficiaries for COVID-19 related services or treatments. (G.S. 108A-70.21. Program eligibility; benefits; enrollment fee and other cost-sharing; coverage from private plans.)	To qualify for the 6.2% FMAP bump under the Families First Coronavirus Response Act, states cannot charge cost sharing for COVID-19 related services or treatments including vaccines, specialized equipment or therapies
23	DHHS	Delay acting on certain changes in circumstances affecting Medicaid eligibility. (G.S. 108A-55.5. Eligibility monitoring for medical assistance.)	To qualify for the 6.2% FMAP bump under the Families First Coronavirus Response Act, states cannot terminate enrollment unless an individual requests a voluntary termination of eligibility or ceases to be a state resident.
24	DHHS	Provide flexibility to Medicaid applicants by (1) only requiring one form of qualifying documentation (as opposed to at least two) to meet the proof of residency requirements and (2) accepting self-attestation to residency requirements. (G.S. 108A-55.3. Verification of State residency required for medical assistance.)	DHHS states: Reduced residency verification documentation requirement would align NC with the Federally-Facilitated Marketplace. Changes to county DSS offices eligibility verification processes may also require emergency/temporary rulemaking. Determination for rulemaking is dependent on the legislative actions DHB may pursue.
25	DHHS	Flexibility to allow the Health Benefit Exchange (FFM) to also make Medicaid eligibility determinations instead of being limited to completing assessments. (G.S. 108A-54. Authorization of Medical Assistance Program; administration subsection (d))	DHHS states: To operationalize, DHB would also need to pursue the flexibility listed in above to reduce the number of qualifying documentation necessary to prove NC residency

House Health Care Working Group COVID-19 Policy Options

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26	DHHS	Adopt the Express Lane Eligibility (ELE) option authorized under the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) in order to streamline enrollment and renewal across programs.	DHHS states: ELE would assist in streamlining and expediting the process to verify eligibility as, ELE permits states to rely on findings, for things like income, household size, or other factors of eligibility from another program designated as an express lane agency (ELA) to facilitate enrollment in health coverage. Express lane agencies may include SNAP, TANF, Head Start, and WIC among others.
27	DHHS	Assuming every emergency field hospital has a parent hospital, if the emergency field hospital is established within the grounds of the registered parent hospital, the registration requirements will be waived so long as the delivery, storage and use of controlled substances remains under the control of the registered parent hospital. Emergency Waiver Rule 10A NCAC 26E.0108. If the emergency field hospital is in a different geographic location, i.e. ordered controlled substances are delivered to and dispensed from a geographic location that is different to the registered address of the parent company, a separate emergency registration is required. see 90-102.1 a) 6. Rules: 26E.0104 Hospital registration fee of $300 to be waived 26E.0113 Application Forms: Content: Signature – new addition to rule, add (11) to dispense controlled substances listed in Schedules II-V as an emergency field hospital shall apply on Services form 224A.	

House Health Care Working Group COVID-19 Policy Options

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28	DHHS	For the duration of the current public health emergency where viral transmission remains a risk, pharmacists are required to verify the identify of the person seeking dispensation by visual confirmation of any form of government photo ID. If the person seeking dispensation is a known customer, the pharmacist may verbally confirm identify by referencing existing records, including information in the Controlled Substances Reporting System. The pharmacist must review the patients prescribing history in the Controlled Substances Reporting System before dispensing any Schedule II controlled substance. Mail order photo ID requirements - Couriers must visually confirm that they were shown a valid government photo ID at time of delivery.	
29	DHHS	Temporary waiver of the requirement that a child care employee have a fingerprint-based background check every 3 years.	DHHS states that the federal requirement for criminal background checks is five years, so individuals would still be compliant with federal requirements. Since currently less than 30 police stations across the state are still allowing fingerprinting to take place, we need to ensure that no individual is penalized as long as they have completed the fingerprint check within the federal limit of five years.
30	Rep. Jean Farmer-Butterfield	Policies to ensure sufficient workers in Health Care, and other essential areas (such as drugstore; pharmacy staff, etc.) of need due to COVID-19.	Potential Study Committee
31	Rep. Sasser HCWG 4/14	Allow pharmacists to administer COVID vaccines once developed, antibody testing, dispense naloxone and help manage chronic diseases. Additionally, current law allows mailing of drugs to patients, some Pharmacy benefit managers prohibit it, put in place policies to ensure drugs can be mailed.	

House Health Care Working Group COVID-19 Policy Options

Row	Source of Request/ Date of Presentation to HCWG	Description of Request	Notes
32	Representative Adcock	Each should be in force for at least 30 days after North Carolina's state of emergency is lifted. 1.) Waive Quality Improvement Process (QIP) meetings for all currently practicing nurse practitioners (NPs), certified nurse midwives (CNMs) and physician assistants (PAs). 2.) Waive monthly QIP meetings for NPs, CNMs and PAs in new positions or in new supervising physician relationships who were previously approved to practice (NPs and CNMs) or previously licensed (PAs). 3.)Waive QIP meetings for NPs, CNMS and PAs who change jobs and were previously approved to practice or licensed. 4.) Waive the application, application fee, CPA and QIP meetings for NPs, CNMs and PAs who are currently approved to practice/licensed (that is, employed) and who wish to volunteer. 5.) Extend the date for annual CPA review/signature.	Note: QIP meetings are currently required to be held and documented monthly for 6 months when these providers change employers and have a change in supervising physician. Rep. Adcock stated that each of the recommendations will decrease the regulatory burden on providers and systems.

House Health Care Working Group COVID-19 Funding Options

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33	American Cancer Society, NC Child, NCHA, DHHS & NCHA HCWG 3-26-20	Expand Medicaid - cover COVID-19 testing as allowed under the Families First Coronavirus Response Act.		Limited Medicaid expansion to cover COVID-19 testing is 100% federally funded.
34	DHHS	Authorization to temporarily expand Medicaid coverage to individuals up to 200% of FPL for COVID-19 related services, including prevention and treatment as requested by the DHHS 1115 waiver, including a request for state appropriations to cover the non-federal share.		The 1115 waiver submitted by DHHS estimates a cost of $900 million for six months with the expanded population. A $900 million Medicaid expenditure would require a State appropriation of $240 million under the emergency FMAP (73.23%) or $300 million under the traditional FMAP.
35	DHHS	Establishing a COVID-19 Disaster Relief Fund to sustain Medicaid providers through the pandemic. The request would include any necessary State appropriations required to implement. Legislative authority is NOT required as long as DHB could implement without its total expenditures, net of agency receipts exceeding the authorized budget for the Medicaid and NC Health Choice programs.		
36	DHHS	Temporarily waive payment of $100 Medicaid application fee to temporarily enroll a provider; waiving criminal background checks to temporarily enroll a provider; and temporarily ceasing revalidation of providers who are enrolled with NC Medicaid or otherwise directly impacted by the emergency. G.S. 108C-2.1. (Provider application and recredentialing fee. G.S. 108C-4. Criminal history record checks for certain providers.)		

House Health Care Working Group COVID-19 Funding Options

Row	Source of Request/ Date of Presentation to HCWG	Description of Request	Requested Amount	Notes
37	Bethany Medical	Allow advance Medicaid payment like the Medicare Advanced payment program		FAQs on the CMS website states that interim payments are allowed and would require a waiver and CMS approval. Further, the guidance states that the interim payment methodology would not be a prepayment prior to services being furnished, but rather would represent interim payments for services furnished that are subject to final reconciliation.
38	NCHA HCWG 3-26-20	Emergency Medicaid rate increases funded via FMAP increase.		Based on pre-covid-19 enrollment and utilization, the 6.2 percentage point FMAP increase would save the State an estimated $350 million through the end of the fiscal year. However, that amount is being partially offset by increased enrollment, rate increases and clinical policy changes implemented by DHHS, projected COVID-19 treatment costs, and projected enrollment increases from the economic fallout. After factoring in these offsets, there could be an estimated $200 million remaining from the FMAP increase this fiscal year.
39	Rep. Perrin Jones	Use temporary increased FMAP percentage to provide a Medicaid rate increase for certain providers (i.e. physicians)		See note in item 38.
40	NCHA HCWG 3-26-20	Remove the State's retention on the MRI/GAP plan for this fiscal year.		
41	NCHA HCWG 3-26-20	Creation of a fund at the state level to help financially distressed hospitals during the time of the emergency period.		Rural Hospital - meeting with Leah Burns Monday, potentially supplemental state retention be used for rural hospitals

House Health Care Working Group COVID-19 Funding Options

Row	Source of Request/ Date of Presentation to HCWG	Description of Request	Requested Amount	Notes
42	NCMS HCWG 3-26-20	Support the effort in Congress to include direct stimulus for physician and other health care practices. We estimate that the roughly 8,000 independent practices in NC will need $4 billion in stimulus money over the next six months to maintain essential staffing, facility rental and supply purchase.		
43	NCMS HCWG 3-26-20	Require the following payments by health care practices be deferred for the next three months in order to assist in cash flow management: a. Utilities bills b. Business, mortgage and student loan payment principal, c. Taxes.		
44	Mecklenburg Public Health HCWG 4-2-20	Workforce Funding		
45	Mecklenburg Public Health HCWG 4-2-20	Hospital surge capacity funding		
46	Mecklenburg Public Health HCWG 4-2-20	Mass shelter and quarantine facilities funding		
47	Mecklenburg Public Health HCWG 4-2-20	PPE Needed		
48	Mecklenburg Public Health HCWG 4-2-20	Ventilators Needed		
49	NC MedAssist & NCAFCC's	Funding for NC MedAssist: Due to anticipated increase in patient enrollment and prescriptions dispensed need request: additional funding for prescription medication, additional staff, pharmacy postage and supply cost to increase by $30,000, temporary associates to help fill the void volunteers have left due to the CDC's guidelines. 25% of budget is raised through fundraising events such as annual luncheons and a 5k. Due to the CDC's current recommendations, cancelled 4 fundraising events which equate to a loss of over $542,000.	$1.672 M	

House Health Care Working Group COVID-19 Funding Options

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50	AARP North Carolina	Need remote access for: Funding to make technology (smart phones, iPads, Broadband) available for facilities to allow families to communicate with their loved ones in licensed facilities (e.g., nursing homes) and assist with virtual visits by Ombudsmen and Adult Protective Service representatives.		
51	NC Child	Appropriate funds to Feeding the Carolinas and the state farmer's markets to ensure food banks can meet increased need.	$6 M	
52	NC Child	Child Care Emergency Economic Support Package put forth by the NC Early Education Coalition	$183.5 M	Based on 4 months (April-July). In order of priority: $15M for cleaning supplies, $48M for additional staff bonuses, $11M to extend through July the current policy of covering essential worker parent co-pays, $110M for a Lost Revenue Grant Program (covering 50% of estimated lost revenues for programs that remain open, 25% of estimated lost revenues for programs that have closed). The request was updated to consider what DCDEE has already implemented.
53	North Carolina Partnership for Children (Smart Start) HCWG 4/9	Child Care Centers - Resources to meet health and safety needs, supplies, cleaning, PPE, food, thermometers etc.		
54	North Carolina Partnership for Children (Smart Start) HCWG 4/9	Essential personnel child care needs: coverage of parent co-pay fees, second shift or 24-hour care		DCDEE's current Emergency Child Care Subsidy Program for essential workers does not have co-pays.
55	North Carolina Partnership for Children (Smart Start) HCWG 4/9	Child care - continue payment of subsidy, direct grants to cover operating costs, funding to recover lost revenue from parent fees/co-pays		DCDEE paying subsidy based on March payments (Feb services) whether center is open or closed through May.
56	North Carolina Partnership for Children (Smart Start) HCWG 4/9	Childcare workforce - bonus pay for teachers and staff		DCDEE is currently paying bonuses in April and May

House Health Care Working Group COVID-19 Funding Options

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57	NC Coalition on Aging HCWG 4/9	Identify ways to increase the reimbursement to at risk providers so as to ensure their viability. Provide adult care homes with funding for the temporary State/County Special Assistance (SA) payment which has not been available for almost a year.		Individuals with COVID-19 staying at assisted living facilities - increased costs for those facilities. Look at personal needs allowance as well.
58	NC Coalition on Aging HCWG 4/9	Increase the daily reimbursement rate for adult day services.		
59	NC Coalition on Aging HCWG 4/9	Provide additional funding to county departments of social services for adult protective services.		
60	NC Coalition on Aging HCWG 4/9	Compensate group care facilities and local aging agencies for the increased costs they are incurring due to the COVID-19 pandemic.		
61	NC Coalition on Aging HCWG 4/9	Ensure that staff working with older adults in the home (ex. from local aging agencies and county departments of social services) and in all care settings (including home care, hospice, assisted living, and nursing home) have adequate personal protective equipment (PPE) and that issues with testing for COVID-19 are addressed to the extent possible. In addition to gloves, face masks, and gowns, there is also a need for adequate supplies of diapers, wipes, and hand sanitizer. Staff who work with older adults, particularly those with compromised immune systems, should also be a priority for COVID-19 testing.		
62	Rep. Perrin Jones	Funds for Testing for the State Lab, local health departments, clinics, hospitals, and private entities, with funds reserved for future antibody serology blood testing when it becomes available.		

House Health Care Working Group COVID-19 Funding Options

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63	NCHA	Funds for Rural Hospitals - grant program in ORH to reimburse rural hospitals directly for their financial impacts during COVID-19, lost revenue, increased staffing costs, equipment etc.	$75 M	
64	NCHA	Federal Coronavirus Relief Fund - use some of funds coming to the state for hospitals. Request $25K per bed	$472.2 M	There are 18,887 inpatient hospital beds in NC, total $472,175,000.
65	NCHA	Creation of a State-Funded Research Fund - funding for research institutions to assist in research to prevent the spread, develop countermeasures and a vaccine.		
66	Developmental Disabilities Facilities Association	ICF/IDD Services - requesting an increase rate of per diem reimbursement by at least 16%, or $51.19 per diem effective June 1st to cover emergency actions taken by companies, increase pay for trained direct support staff supervisors and others who come into direct contact with residents, , overtime, PPE, fund and cleaning supplies, increased costs for clients that must be quarantined off-site etc.	$3.33 M	This the state share, total request is $12.6 M, estimate provided uses regular FMAP plus the 6.2 percentage point increase to estimate funding
67	Multiple stakeholder groups including The Autism Society of North Carolina, The Arc of North Carolina, The Provider Association of ICFs, First In Families North Carolina, and members of the I/DD Consortium	Supports to individuals with I/DD and families be enacted that approximate provider agency supports due to current and on-going COVID-19 impacts as many adults with I/DD living on their own are needing to go home to original family homes due to provider agency closings, no staff, or becoming infected.		
68	Rep. Jean Farmer-Butterfield	Funds and public policies to address health disparities as well as a requirement that data be collected on the number of minorities by age groupings with the Coronavirus and the number of deaths.		

House Health Care Working Group COVID-19 Funding Options

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69	Rep. Jean Farmer-Butterfield	Funds from the state (25%) to DHHS as match for existing federal dollars to address housing/sheltering (hotels, etc.) and quarantine/isolation needs of the homeless, those discharged from jails and prisons or other residential settings with IDD or Behavioral/Mental Health challenges to avoid further spread of COVID-19 and deaths.		This appears to be funds to use for FEMAs program which require a 25% match