HINDSIGHT 2020: 3 YEARS OF PUBLIC HEALTH EMERGENCIES





MARCH 29, 2023 7:00 - 8:15 P.M. ET NHMA Covid-19 Virtual Briefing Series #21



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Centers for Medicare & Medicaid Services (CMS)

bit.ly/NHMACOVIDBriefing

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Welcome



Jayne M. Morgan, MD Executive Director of the COVID Task Force Piedmont Healthcare Corporation

Housekeeping

- All participant microphones will be muted, but please feel free to type your question into the Q & A box for the panelists to address during our Q & A session at the end.
- Please fill out the short <u>post-webinar survey</u> that will be emailed out after the event and also shown as a QR code at the end – Raffle prizes are available upon completion.
- Recording will be housed on NHMAmd.org and sent out one week after the event.



Vaccinate For All Updates



- The Food and Drug Administration is expected to decide by the Prescription Drug User Fee Act (PDUFA) goal date in May 2023, whether to approve Pfizer's vaccine to prevent respiratory syncytial virus (RSV) in adults ages 60 and older.
- The Public Health Emergency (PHE) for COVID-19 under Section 319 of the Public Health Service (PHS) Act will expire May 11, 2023.
- Once Medicaid terminations resume, the majority of those who will lose coverage will be people of color. Over 4 million Latinos, 2 million African Americans, and over 5 million children will lose Medicaid, ³/₄ of whom will remain eligible but terminated for admin reasons.
- Vaccination in the Latino community is still a problem
 - Hispanic people have been less likely than their White counterparts to receive a vaccine, <u>according to the Kaiser Family Foundation (Source)</u>.
 - There is a desperate need for improved culturally and linguistically appropriate interventions.



RESOURCES

COVID-19 Resource Center: AARP.org/Coronavirus/ AARP.org/ElCoronavirus Valuable Articles for Consideration: AARP on Prescription Drugs Most Common Symptoms of Long COVID What to Know about the Coronavirus Vaccines What You Need to Know about the Coronavirus How to Find Coronavirus Help in Your State





Doug Jacobs, MD, MPH *Chief Transformation Officer* Centers for Medicare & Medicaid Services (CMS)



Additional CMS Resources

- PHE Roadmap: <u>https://www.cms.gov/blog/creating-</u> <u>roadmap-end-covid-19-public-health-emergency</u>
- Overview Fact Sheet CMS Emergency Page: <u>https://www.cms.gov/files/document/what-do-i-need-know-cms-waivers-flexibilities-and-transition-forward-covid-19-public-health.pdf</u>
- PHE provider fact sheets: <u>https://www.cms.gov/coronavirus-waivers</u>

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Dr. Amilda Medina, PharmD

INTRODUCTION



Education:

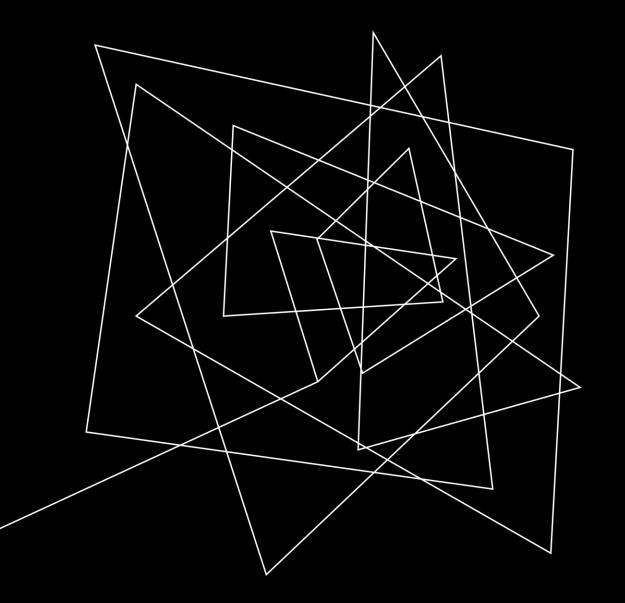
- University of St. Thomas (Biology BS, Spanish minor)
- University of Houston College of Pharmacy (PharmD)

Post-graduate Training:

 PGY-2 Master of Healthcare Administration (MHA)/ Health System Pharmacy Administration and Leadership (HSPAL) Resident

Practice Site:

• Novant Health Forsyth Medical Center in Winston-Salem, NC



END OF THE COVID-19 PUBLIC HEALTH EMERGENCY

END OF THE PUBLIC HEALTH EMERGENCY

- The Department of Health and Human Services (HHS) plans to end the COVID-19 public health emergency (PHE) as declared under section 319 of the Public Health Service (PHS) act on end of day <u>May 11, 2023</u>.
- Reasons (as of January 2022):
 - Daily COVID-19 cases have decreased by **92**%
 - COVID-19 related death have decreased by more than **80**%
 - New COVID-19 hospitalizations are down by about **80**%
 - 270 million Americas have received at least one COVID-19 vaccine

END OF THE PUBLIC HEALTH EMERGENCY

- What is ending?
 - PHE restrictions and policies
 - End of PHE CMS blanket waivers and flexibilities
 - Some will remain in place for several months after May 11, 2023
 - Free Over-the-counter (OTC) tests for Medicare patients
 - Free COVID-19 tests from the Strategic National Stockpile
 - Will be distributed until supply lasts
 - Express authority from the HHS to order and require lab test reporting
 - Hospital data reporting will be required through April 30, 2024
 - Ability to health care providers to dispense controlled substances via telemedicine services without an inperson interaction



COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers

The Administration is taking aggressive actions and exercising regulatory flexibilities to help healthcare providers contain the spread of 2019 Novel Coronavirus Disease (COVID-19). CMS is empowered to take proactive steps through 1135 waivers as well as, where applicable, authority granted under section 1812(f) of the Social Security Act (the Act) and rapidly expand the Administration's aggressive efforts against COVID-19. As a result, the following blanket waivers are in effect, with a retroactive effective date of March 1, 2020, through the end of the emergency declaration. For general information about waivers, see Attachment A to this document. These waivers DO NOT require a request to be sent to the <u>1135waiver@cms.hhs.gov</u> mailbox or that notification be made to any of CMS' regional offices.

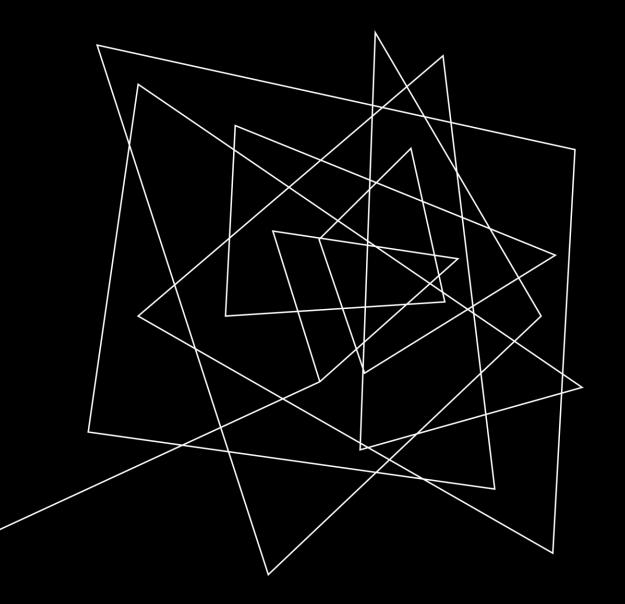
Unless otherwise noted, these waivers will terminate at the end of the COVID-19 public health emergency (PHE).

Flexibility for Medicare Telehealth Services

- Eligible Practitioners. Pursuant to authority granted under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) that broadens the waiver authority under section 1135 of the Social Security Act, the Secretary has authorized additional telehealth waivers. CMS is waiving the requirements of section 1834(m)(4)(E) of the Act and 42 CFR § 410.78 (b)(2), which specify the types of practitioners that may bill for their services when furnished as Medicare telehealth services from the distant site. The waiver of these requirements expands the types of health care professionals who can furnish distant site telehealth services to include all those who are eligible to bill Medicare for their professional services. This allows health care professionals who were previously ineligible to furnish and bill for Medicare telehealth services, including physical therapists, occupational therapists, speech language pathologists, and others, to receive payment for Medicare telehealth services. This waiver will end 151 days after the conclusion of the PHE.
- Audio-Only Telehealth for Certain Services. Pursuant to authority granted under the CARES Act, CMS is waiving the requirements of section 1834(m)(1) of the Act and 42 CFR § 410.78(a)(3) for use of interactive telecommunications systems to furnish telehealth services, to the extent they require use of video technology, for certain services. This waiver allows the

END OF THE PUBLIC HEALTH EMERGENCY

- What is NOT ending?
 - Vaccine coverage (specifics might vary depending on person's coverage)
 - COVID-19 testing ordered by a physician or other health care provider (Medicare)
 - Treatment for patients exposed to COVID-19
 - Medicaid telehealth flexibilities
 - Access to buprenorphine for opioid use disorder treatment in Opioid Treatment Programs (OTPs)
 - Access to expanded methadone take-home doses for opioid use disorder treatment will not be affected

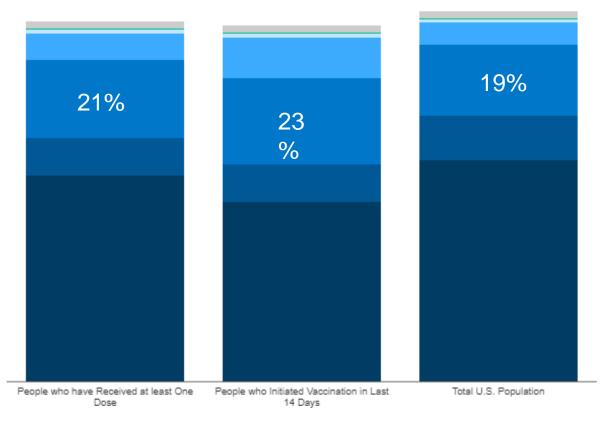


WHERE ARE WE NOW?

RACE/ETHNICITY OF PEOPLE RECEIVING A COVID-19 VACCINE

At Least One Dose Booster Dose

White Black Hispanic Asian AIAN NHOPI Other



NOTE: AIAN refers to American Indian or Alaska Native. NHOPI refers to Native Hawalian or Other Pacific Islander. Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic. Other race includes multiple race individuals. Totals may not sum to 100 due to rounding. Percent of people who have received at least one dose, who initiated vaccination in last 14 days, and percent of people who received an additional/booster dose all sum to less than 100 (96%, 95%, and 97% respectively). SOURCE: Centers for Disease Control and Prevention. Democratical Science (Section 2001).

SOURCE: Centers for Disease Control and Prevention, Demographic Characteristics of People Receiving COVID-19 Vaccinations in the United States, data accessed on July 13, 2022. • PNG as of July 6, 2022

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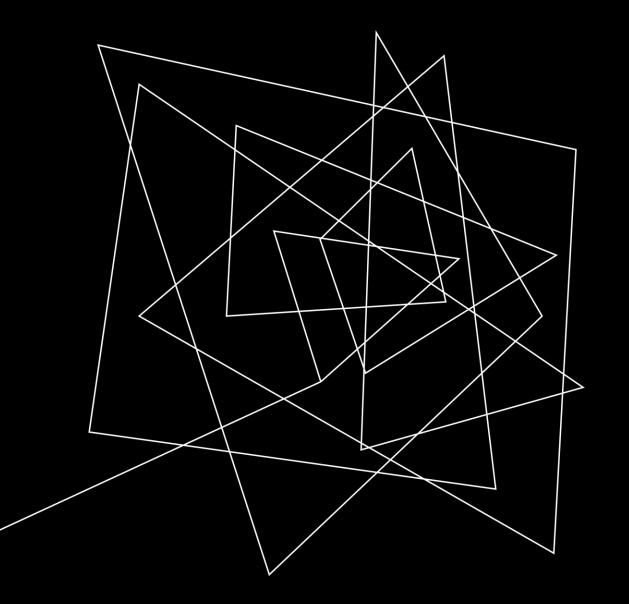
RACE/ETHNICITY OF PEOPLE 5 YEARS AND OLDER RECEIVING A COVID-19 BOOSTER DOSE IN THE U.S.

At Least One Dose Booster Dose White Black Hispanic Asian AIAN NHOPI Other 80% 20% 15% 23% 60 40 20 People who have Received a Booster People who Received a Booster Dose People Fully Vaccinated Dose in Last 14 Davs

NOTE: AIAN refers to American Indian or Alaska Native. NHOPI refers to Native Hawaiian or Other Pacific Islander. Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic. Other race includes multiple race individuals. Totals may not sum to 100 due to rounding. Percent of people who have received at least one dose, who initiated vaccination in last 14 days, and percent of people who received an additional/booster dose all sum to less than 100 (96%, 95%, and 97% respectively).

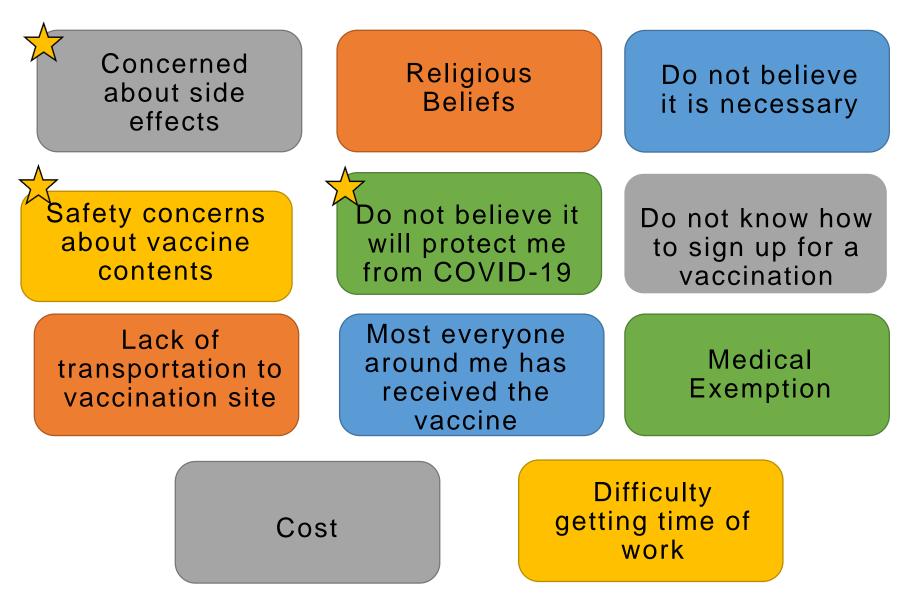


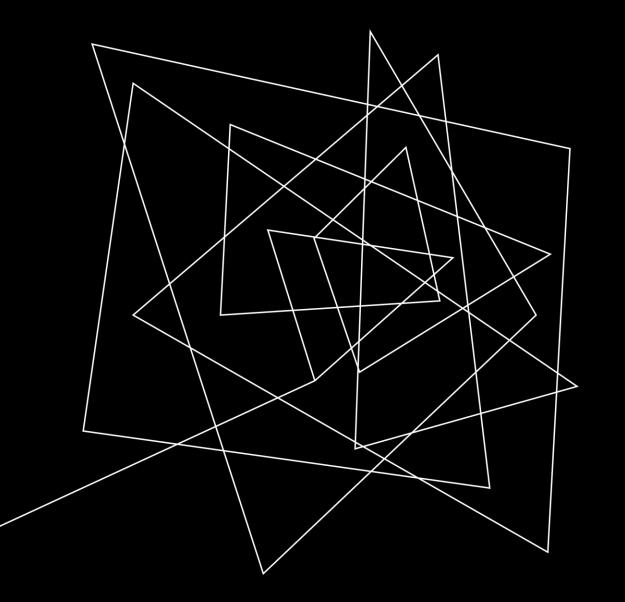
SOURCE: Centers for Disease Control and Prevention, Demographic Characteristics of People Receiving COVID-19 Vaccinations in the United States, data accessed on July 13, 2022. • PNG



BARRIERS TO VACCINATION

REASONS FOR NON-VACCINATION





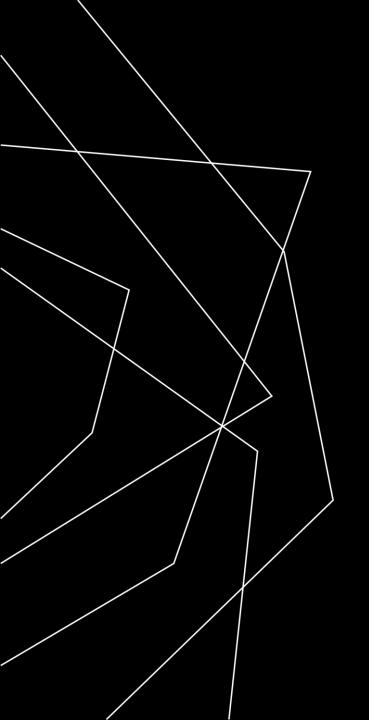
FUTURE CONSIDERATIONS

FUTURE CONSIDERATIONS

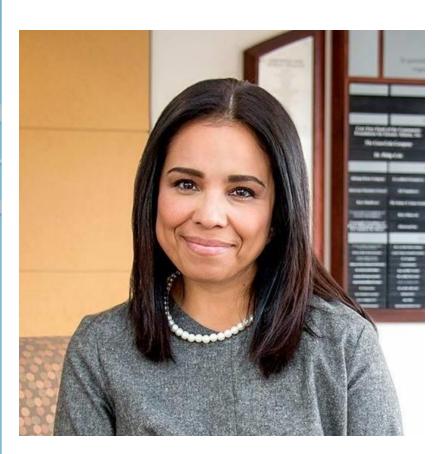
- Cost and Access To Care
- COVID 19 Vaccine Status
- Continue to break down barriers that lead to difficulties in patients achieving access of care
- Continue our work to increase patient education and disease state awareness

REFERENCES

- 1. <u>https://www.hhs.gov/about/news/2023/02/09/fact-sheet-covid-19-public-health-emergency-transition-roadmap.html#:~:text=Based%20on%20current%20COVID%2D19,day%20on%20May%2011%2C%20 2023.</u>
- 2. <u>https://www.cms.gov/blog/creating-roadmap-end-covid-19-public-health-emergency</u>
- 3. <u>https://www.cms.gov/newsroom/fact-sheets/cms-waivers-flexibilities-and-transition-forward-covid-19-public-health-emergency</u>
- 4. https://www.cms.gov/files/document/covid-19-emergency-declaration-waivers.pdf
- 5. <u>https://www.kff.org/coronavirus-covid-19/issue-brief/latest-data-on-covid-19-vaccinations-by-race-ethnicity/</u>
- 6. <u>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8809210/</u>
- 7. <u>https://www.hhs.gov/about/news/2023/02/09/fact-sheet-covid-19-public-health-emergency-transition-roadmap.html#:~:text=Based%20on%20current%20COVID%2D19,day%20on%20May%2011%2C%202020203</u>.



THANK YOU



Bertha Hidalgo, PhD, MPH Associate Professor Department of Epidemiology The University of Alabama at Birmingham

- I. Disproportionate impact on racial and ethnic minority communities
- 2. Higher risk for essential workers
- 3. Disparities in access to healthcare
- 4. Underlying health conditions
- 5. Overcrowded housing
- 6. Limited access to testing
- 7. Limited access to personal protective equipment (PPE)
- 8. Language barriers
- 9. Mental health impacts
- **10**. Disrupted education
- II. Misinformation







 Please participate in the discussion by asking questions using the Q and A box during this time.

NHMA Programs Update



- NHMA 26th Annual Conference: Chicago, IL April 27 April 30th, 2023: Hyatt Regency Chicago
- NHMA VaccinateForAll Campaign
 - Websites launched <u>HispanicHealth.info</u> & <u>Vaccinateforall.org</u>
 - Register for FREE to join over 200+ individuals and organizations the champions today!



• Register here



If you have any questions about our programs or events, please email us at <u>nhma@nhmamd.org</u>.



Thank You

 Please remember to complete our post-webinar survey to be entered to win a Vaccinate for All T-shirt!

