

Meadows Institute COVID-19 Regulatory & Reimbursement Newsletter

Letter to Providers #47: State and Federal Updates – March 12, 2021

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With federal and state health care policies changing in response to COVID-19, the Meadows Mental Health Policy Institute (Meadows Institute) is issuing *COVID-19 Regulatory & Reimbursement Newsletters* to support providers. In these newsletters, we highlight recent changes and extensions to regulatory and reimbursement rules, as well as newly published or updated guidance and answers to frequently asked questions.

These newsletters, along with additional information on mental health resources during a pandemic, are posted here: <https://mmhpi.org/work/covid19/>. If you would like to have additional organizations added to our distribution list or have follow up questions on the content, please email Rachael McLaughlin at rmclaughlin@mmhpi.org.

Texas Updates

State Disaster Declaration Renewed

Date	March 6, 2021
Summary	Governor Abbott renewed the state disaster declaration. The declaration remains in effect through April 6, 2021.
Link	https://gov.texas.gov/news/post/governor-abbott-extends-covid-19-disaster-declaration-march-2021

Extended Flexibilities

Chemical Dependency Treatment Facilities

Date	March 8, 2021
Summary	The Health and Human Services Commission (HHSC) released information regarding the extension of an emergency rule related to outpatient treatment services via electronic means for adolescents. Effective March 8, 2021, this emergency rule is extended for 60 days. This emergency rule permits licensed Chemical Dependency Treatment Facilities (CDTFs) to temporarily provide outpatient treatment services through electronic means to adolescent clients to reduce the risk of COVID-19 transmission and ensure continued access to treatment.
Link	https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/facilities-regulation/memos/gl-20-3009.pdf

Emergency Rules for Telephonic Renewal of Prescriptions for Chronic Pain

Date	March 4, 2021
Summary	The Texas Board of Nursing extended through May 3, 2021 an emergency rule allowing an advanced practice registered nurse (APRN) to treat chronic pain with scheduled drugs (such as opioids) through use of telemedicine if a patient is an established chronic pain patient of the APRN and is seeking a telephone refill of an existing prescription, and the APRN determines that the telemedicine treatment is needed due to the COVID-19 pandemic. This rule was set to expire on March 3, 2021. A similar Texas Medical Board emergency rule allowing providers to telephonically renew scheduled drugs for patients with chronic pain, which was set to expire on January 2, 2021, has been extended through May 1, 2021.
Link	https://www.bon.texas.gov/emergency_%20amendments_to_rule_217.24_March1.asp

Temporary Suspension of State Licensure Requirements on Bed Capacity

Date	March 9, 2021
Summary	<p>HHSC requested the Office of the Governor to suspend certain rule requirements to allow licensed general and special hospitals to continue to temporarily increase the number of beds in patient rooms in response to COVID-19. On March 9, 2021, in accordance with Section 418.016, Texas Government Code, the Office of the Governor granted HHSC's request. The following rules related to multibed patient rooms/areas in currently licensed general and special hospitals are suspended to the extent necessary for a hospital to increase occupancy in response to surge needs for hospital capacity due to COVID-19:</p> <ul style="list-style-type: none">• 25 TAC §133.162(d)(4)(A)(iii)(I);• 25 TAC §133.163(f)(1)(A)(i)(II)-(III);• 25 TAC §133.163(f)(1)(B)(i)(III)-(IV);• 25 TAC §133.163(m)(1)(B)(ii);• 25 TAC §133.163(t)(1)(B)(iii)-(iv);• 25 TAC §133.163(t)(1)(C); and• 25 TAC §133.163(t)(5)(B)-(C). <p>This suspension is in effect until terminated by the Office of the Governor or until the March 13, 2020 disaster declaration is lifted or expires. After the termination of Governor's disaster declaration, hospitals must revert to the original occupancy requirements as required by the above-mentioned rules.</p>

Link | <https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/facilities-regulation/memos/gl-21-1001.pdf>

HHSC Updates COVID-19 Frequently Asked Questions for DAHS Providers

Date	March 9, 2021
Summary	HHSC published updated COVID-19 frequently asked questions (FAQs) for Day Activity & Health Services (DAHS) providers.
Link	https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/coronavirus-dahs-frequently-asked-questions.pdf

“High Hospitalization” List Updates

Date	March 8, 2021
Summary	The remaining Trauma Service Area (TSA) I (El Paso) has been removed from the list of TSAs that have reached the state’s “high hospitalization” threshold. As a reminder, Governor Abbott’s most recent executive order, GA-34, supersedes EO-31 on hospital capacity and EO-32 on business capacity , which imposed several limitations on elective surgeries and procedures. As a result, effective March 10, 2021, Texas hospitals are no longer required to reserve any capacity due to COVID-19 or postpone surgeries or procedures.
Link	https://www.dshs.state.tx.us/GA3031/

Vaccine Updates

Week 13 Vaccine Allocation (This Week)

Date	March 8, 2021
Summary	The Texas Department of State Health Services (DSHS) posted the final vaccine allocations for week 13. Week 13 doses will ship early this week. Allocations reflect a shift toward a greater emphasis on pharmacy/provider-focused methods to ensure vaccine doses are getting to harder-to-reach populations. The focus continues to be on prioritizing people who are at a greater risk of severe disease as well as teachers.

Texas has now administered nearly 6.3 million doses. More than 4 million people have received at least one dose, and more than 2.2 million are fully vaccinated. Progress continues in vaccinating adults 65 years of age and older, with 48% having received at least one dose. More than 1 million seniors – more than a quarter of the Texans in that age group – are now fully vaccinated.

Links

<https://www.dshs.state.tx.us/coronavirus/immunize/vaccineallocations.aspx>
<https://www.dshs.state.tx.us/news/releases/2021/20210305.aspx>

People 50 and older eligible to be vaccinated beginning March 15

Date

March 10, 2021

Summary

Texas will expand vaccination to people 50 to 64 years of age on March 15, 2021. More than 93 percent of Texas fatalities directly caused by the coronavirus have been in people 50 and older, with those 50 to 64 years of age accounting for 20 percent of all fatalities. More information on the new 1C priority group is available at www.dshs.texas.gov/coronavirus/immunize/vaccine/EVAP-Phase1C.pdf.

Link

<https://www.dshs.texas.gov/news/releases/2021/20210310.aspx>

Vaccines for Teachers

Date

March 8, 2021

Summary

Texas has directed vaccine providers to expand vaccine eligibility to people who work in school and childcare operations. The state is encouraging vaccine providers to reach out proactively to schools and districts in their communities to develop plans for vaccinating teachers and other school workers, in addition to their current efforts to wrap-up vaccinating 1A and 1B populations.

Link

<https://dshs.texas.gov/news/releases/2021/20210303.aspx>

Johnson & Johnson Supplies

Date	March 5, 2021
Summary	Approximately 245,000 doses of the Johnson & Johnson vaccine are coming to Texas. The single-dose vaccine was authorized last weekend by the Food and Drug Administration (FDA) and began shipping this week, with 24,000 doses delivered to providers participating in federally-supported vaccination sites in Arlington, Dallas and Houston. As a reminder, the FDA issued emergency use authorization for the Johnson & Johnson vaccine and posted a fact sheet for providers indicating the vaccine is intended for people 18 years of age and older.
Link	https://www.dshs.state.tx.us/news/releases/2021/20210305.aspx

Adult Flu Vaccine Initiative Through VAOS

Date	March 4, 2021
Summary	The Texas Department of State Health Services (DSHS) announced a new effort to increase access to influenza immunization through enrolled COVID-19 vaccination providers. Adult flu vaccines will now be available to order by COVID-19 vaccine providers through the Vaccine Allocation and Ordering System (VAOS). The focus of the program is on populations at high risk for complication from respiratory diseases like COVID-19. More information about the program is available here . Note that the COVID-19 vaccine should not be administered at the same time as the flu vaccine; COVID-19 vaccines should occur with a minimum interval of 14 days before the administration of any other vaccine. More information about clinical considerations can be found here .
Link	https://www.dshs.texas.gov/immunize/adult/Adult-Influenza-Vaccine-Initiative/

Save Our Seniors Update

Date	March 9, 2021
Summary	Governor Abbott, the Texas Division of Emergency (TDEM), DSHS, and the Texas Military Department (TMD) have announced 34 counties participating in the second week of the Save Our Seniors COVID-19 vaccine initiative.
Link	https://gov.texas.gov/news/post/governor-abbott-announces-34-counties-participating-in-second-week-of-save-our-seniors-initiative

Recent AG Opinion Addresses Access to Clergy

Date	March 5, 2021
Summary	Last week, the Office of Attorney General (AG) Ken Paxton issued an opinion related to an inquiry from Rep. James White , asking whether a government agency or official may restrict an person’s access to clergy, in particular regards to health care facility visitation restrictions enacted in response to the COVID-19 pandemic. The AG opinion concludes that a general prohibition of access to clergy would constitute a “substantial burden on a person’s free exercise of religion unless the agency shows that the application of the burden is the least restrictive means of furthering a compelling governmental interest.” While containing COVID-19 is a compelling interest, the AG opinion indicates that, where less restrictive safety protocols exist, a prohibition on accessing clergy – except when facing imminent death – would likely violate the state and federal constitutions and the Texas Religious Freedom Act.
Link	https://www.texasattorneygeneral.gov/sites/default/files/opinion-files/opinion/2021/kp-0362.pdf

Texas Projects Medicaid Caseloads to Fall 8 Percent in Fiscal 2022

Date	February 23, 2021
Summary	Medicaid caseloads are projected to decrease by 8.2 percent in fiscal year 2022, assuming the public health emergency (PHE) ends in June 2021. HHSC also projects that Children’s Health Insurance Program (CHIP) caseloads will increase by 20.8 percent in fiscal year 2022. In a presentation to the House Appropriations Committee, HHSC said that Medicaid costs per person increased 19 percent from 2010 to 2019, adding that nearly 70 percent of Medicaid beneficiaries are non-disabled children. Cost (per client) growth is projected to increase by seven percent each year of the biennium due to changing case mix resulting from the PHE.
Link	https://content.govdelivery.com/attachments/TXHHSC/2021/02/24/file_attachments/1705051/HHSC%20Presentation%20to%20HAC%20%2802-23-2021%29.pdf

Federal Updates

Biden Administration to Invest \$250 Million in Effort to Encourage COVID-19 Safety and Vaccination Among Underserved Populations

Date	March 8, 2021
Summary	The Biden Administration announced an effort to invest \$250 million to encourage COVID-19 safety and vaccination among underserved populations. The U.S. Department of Health and Human Services (HHS) Office of Minority Health (OMH) will offer the funding as health literacy grants to localities, who will partner with community-based organizations to reach racial and ethnic minority, rural, and other vulnerable populations. The new initiative – Advancing Health Literacy to Enhance Equitable Community Responses to COVID-19 – is expected to fund approximately 30 projects in urban communities and 43 projects in rural communities for two years. Cities, counties, parishes or other similar subdivisions may apply for the funding.
Link	https://www.hhs.gov/about/news/2021/03/08/biden-administration-to-invest-250-million-in-effort-to-encourage-covid-19-safety-and-vaccination.html

U.S. House Lawmakers Reintroduce Telehealth Bills

Date	February 26, 2021
Summary	U.S. Reps. Lisa Blunt Rochester (D-DE) and Michael Burgess, MD (R-TX) reintroduced the Telehealth Improvement for Kids' Essential Services (TIKES) Act (HR 1397), which aims to boost telehealth coverage through state Medicaid and CHIP services. Rep. John Curtis (R-UT) also reintroduced HR 1406 , to require the Secretary of Health and Human Services to collect, analyze, and report qualitative and quantitative data on the use of telehealth during the COVID-19 public health emergency.

SAMHSA Funding for Texas

Date	March 11, 2021
Summary	The Substance Abuse and Mental Health Services Administration (SAMHSA) announced that Texas will receive \$74,580,936 in additional Mental Health Block Grant funding and \$135,636,613 in additional Substance Abuse and Prevention Treatment Block Grant funding. Full list, by state, for Mental Health Block Grants: https://www.samhsa.gov/grants/block-grants/mhbg-covid-fy21 .

Full list, by state, for Substance Abuse and Prevention Treatment Block Grants:
<https://www.samhsa.gov/grants/block-grants/sabg-covid-fy21>

Link <https://www.samhsa.gov/newsroom/press-announcements/202103110230>

FDA Authorizes Adaptive Biotechnologies T-Detect COVID Test

Date	March 5, 2021
Summary	FDA issued an emergency use authorization (EUA) for the T-Detect COVID Test developed by Adaptive Biotechnologies. The T-Detect COVID Test is a next generation sequencing-based (NGS) test to aid in identifying people with an adaptive T cell immune response to SARS-CoV-2, indicating recent or prior infection with SARS-CoV-2.
Link	https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-adaptive-biotechnologies-t-detect-covid-test

FDA Authorizes Cue Health Inc. OTC At-Home COVID Test

Date	March 5, 2021
Summary	FDA issued an EUA to Cue Health Inc. for its over-the-counter (OTC), at-home diagnostic test for COVID-19. The Cue COVID-19 test is a molecular test that can be used at home, without a prescription, by people with or without COVID-19 symptoms. It requires the use of a compatible smartphone and a downloadable app. The app provides testing instructions and works with the Cue Cartridge Reader (provided separately) and the Cue testing cartridge to perform the test. Results are available in about 20 minutes.
Link	https://www.fda.gov/media/146467/download

CDC Updated Guidance and Reports

Guidance for Vaccinated People

Date	March 9, 2021
Summary	The Centers for Disease Control and Prevention (CDC) released guidance for those who have been vaccinated, noting they can socialize with other fully-vaccinated people indoors without wearing masks or social distancing. CDC recommends vaccinated people “refrain” from quarantining and testing if they come into contact with someone with COVID-19 and do not develop symptoms. CDC also says vaccinated people should continue to adhere to public health restrictions such as mask wearing and social distancing while in public, particularly while visiting unvaccinated people.
Link	https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html

Vaccine Clinical Considerations

Date	March 4, 2021
Summary	<p>CDC updated its interim clinical considerations for the use of mRNA COVID-19 vaccines currently authorized for use in the United States. A few key takeaways:</p> <ul style="list-style-type: none">• Delay Interchanging Products. In exceptional situations in which the first dose of a vaccine product can't be determined or is no longer available, any available mRNA COVID-19 vaccine can be administered at a minimum interval of 28 days. In situations where the same vaccine is temporarily unavailable, it is preferable to delay the second dose up to six weeks to receive the same product, rather than having a mixed series.• Contraindications. People with a contraindication to mRNA COVID-19 vaccines may be able to receive the Johnson & Johnson vaccine, and vice versa, as long as certain measures are taken. Also, a known polysorbate allergy is no longer a contraindication to mRNA vaccination; however, it is a contraindication to the Johnson & Johnson vaccine, and thus a precaution to mRNA vaccination. Other details are laid out in the updated guidance.
Link	https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html

Racial and Ethnic Disparities in COVID-19 Incidence

Date	March 10, 2021
Summary	Racial and ethnic disparities in COVID-19 incidence among persons less than 25 years of age in 16 U.S. jurisdictions evolved during the pandemic. Disparities were substantial during January-April and generally decreased during May-December, largely because of a greater increase in incidence among White people, rather than a decline among racial and ethnic minority groups. The largest persistent disparities involved Native Hawaiian and Pacific Islander, American Indian or Alaska Native, and Hispanic people. Ensuring equitable and timely access to preventive measures, including testing, safe work and education settings, and vaccination when eligible is important to address racial/ethnic disparities.
Link	https://www.cdc.gov/mmwr/volumes/70/wr/mm7011e1.htm?s_cid=mm7011e1_w

BMI and Risk for COVID-19–Related Hospitalization, Intensive Care Unit Admission, Invasive Mechanical Ventilation, and Death

Date	March 12, 2021
Summary	Among 148,494 U.S. adults with COVID-19, a nonlinear relationship was found between body mass index (BMI) and COVID-19 severity, with lowest risks at BMIs near the threshold between healthy weight and overweight in most instances, then increasing with higher BMI. Overweight and obesity were risk factors for invasive mechanical ventilation. Obesity was a risk factor for hospitalization and death, particularly among adults less than 65 years of age. These findings highlight clinical and public health implications of higher BMIs, including the need for intensive management of COVID-19–associated illness, continued vaccine prioritization and masking, and policies to support healthy behaviors.
Link	https://www.cdc.gov/mmwr/volumes/70/wr/mm7010e4.htm?s_cid=mm7010e4_w