





**Hospitals, doctors and nurses groups urge Congress to provide at least \$100B for providers in next COVID-19 relief package.** Congress should allocate as part of the next COVID-19 relief package at least an additional \$100 billion to the emergency relief fund to provide direct funding to frontline healthcare personnel and providers, the AHA, American Medical Association and American Nurses Association [wrote](#) today to Senate leaders. “The entire nation is counting on

hospitals and health systems, physicians and nurses to remain strong and resilient as our country battles this pandemic,” the groups said. In addition, they urged Congress to direct the Department of Health and Human Services to “infuse the additional funds as soon as possible so that healthcare providers can continue to provide care to their patients and communities.”

## OPERATIONS

**New guidance to address shortages of VTM.** The FDA Monday issued new [guidance](#) for vital transport media during the COVID-19 public health emergency to help expand the availability of transport media used to transport certain clinical specimens for testing. Additionally, the FDA posted answers to [frequently asked questions](#) relating to the development and use of transport media during the COVID-19 public health emergency.

**CDC updates guidance on COVID-19 laboratory data reporting.** When ordering COVID-19 laboratory tests or collecting specimens, healthcare providers should collect certain patient demographic information and responses to certain questions needed for COVID-19 data reporting, according to [updated guidance](#) from the CDC. “These data elements are critical for the COVID-19 public health response, and including them with test orders enable the laboratories that perform the test to report the information to state and jurisdictional health departments, as required,” the guidance states. For more information, see the Department of Health and Human Services recent [guidance and FAQs](#) on hospital data reporting.

**CDC updates COVID-19 isolation duration guidance.** The CDC recently posted [updated considerations](#) for ending isolation for adults with COVID-19, based on new evidence. CDC said the guidance does not apply to severely immunocompromised individuals; rather, it is intended to limit unnecessary extended isolation and preserve laboratory testing resources. Under the guidance, isolation for most people with COVID-19 can be discontinued 10 days after symptom onset, provided there are improvements of symptoms and no fever for 24 hours without the use of fever-reducing medications.

**Pfizer COVID-19 vaccine candidate tapped by HHS for large-scale production.** HHS today [said](#) it has an agreement with Pfizer to produce and deliver 100 million doses of the drug maker’s COVID-19 vaccine candidate. The agreement, which also includes the Department of Defense and is contingent on the vaccine’s successful manufacture and approval, allows the U.S. government to acquire an additional 500 million doses, provided that the FDA issues an emergency use authorization or licensure for safety and efficacy in a large Phase 3 clinical trial.

**National Academies to convene July 24 meeting on COVID-19 vaccine's equitable allocation.** The National Academies of Sciences, Engineering, and Medicine and the National Academy of Medicine July 24 will host its [inaugural committee meeting](#) on the equitable allocation of a COVID-19 vaccine. The committee will develop an overarching framework to assist U.S. policymakers and the global health communities in planning for a vaccine's equitable distribution among groups of potential recipients, taking into account factors such as population health disparities; individuals at higher risk because of health status, occupation, or living conditions; and geographic distribution of active virus spread.

## PLANNING

**New resource for recovery and continuity plans.** The Cybersecurity and Infrastructure Security Agency (CISA) last week released its [COVID-19 Recovery CISA Tabletop Exercise Package](#), assisting stakeholders in assessing recovery and business continuity plans related to organizational recovery from the COVID-19 pandemic.

**HHS requests daily data reporting to TeleTracking.** HHS last week [announced](#) significant changes to the process for hospitals to fulfill the agency's request for daily data reporting on bed capacity, utilization, personal protective equipment (PPE) and in-house laboratory testing data. HHS notes it will no longer ask for one-time requests for data to aid in the distribution of remdesivir or any other treatments or supplies. This means that the daily reporting is the only mechanism used for the distribution calculations. For issues with accessing the TeleTracking portal or questions about the data, contact TeleTracking Technical Support at 1-877-570-6903.

**Continue resource reporting to State.** Until further notice, continue reporting the following data as follows. For questions, please contact your [Regional Coordinator](#).

- **Hospitals:** Continue reporting to Juvare/EMResource as follows:
  - Daily: Bed and ventilator counts
  - Weekly (every Friday): PPE
  - Following treatment of COVID-19 patient(s): COVID-19 patient data, as directed by public health officials
- **Long-Term Care Facilities:** Bed and PPE counts to be reported weekly on Fridays. Use this [survey link](#) weekly to report bed and PPE data.

## LOGISTICS

**CDC updates guidance to optimize PPE.** The CDC updated its [guidance](#) regarding Strategies to Optimize the Supply of Personal Protective Equipment (PPE) and Other Equipment, as PPE shortages are a continuing challenge for the U.S. healthcare system.

**FDA presentation on decontaminating respirators.** The FDA held the Decontaminating Respirators for Healthcare Personnel Use during the COVID-19 Pandemic [webinar](#) on July 7. The webinar [slides](#) are available and reference information regarding methods for decontamination of N95 respirators, evidence of potential effectiveness, and common challenges in Emergency Use Authorization (EUA) request submissions.

**Submit PPE needs to DES coordinator in order to ensure allocation.** Until further notice, healthcare organizations MUST [submit needs to their local DES coordinator](#) in order to receive an allocation of emergency PPE.

## FINANCE & ADMINISTRATION

**Expanded telehealth flexibilities for RHCs & FQHCs.** CMS recently updated [MLN Matters Article SE20016](#) to clarify how Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) can apply the Cost Sharing (CS) modifier to preventive services furnished via telehealth. This update includes guidance on services that have cost-sharing waived and additional claim examples.

## COMMUNICATIONS

**New and expanded toolkits from the CDC.** The CDC updated its [COVID-19 One-Stop Shop Toolkits](#), providing topic-specific toolkits that include videos, public service announcements, checklists, print resources, and other tools for effective communications.

**Call recordings and webinar playbacks.** Missed a call or webinar promoted in MHA's daily COVID-19 Call & Webinar Alert? Many are recorded, and are [posted here](#) once available.

**COVID-19 Resource Library.** MHA has built a [library](#) of helpful resources and sample material from other hospitals, healthcare organizations and states in their response to COVID-19.

**HHS hospital-specific COVID-19 questions:** [HospitalCOVID19@hhs.gov](mailto:HospitalCOVID19@hhs.gov)

**SITREP Archive.** Daily Situation Reports archived [here](#).

**State of Montana COVID-19 Hotline:** 1-888-333-0461

Montanans can also email questions to [covid19info@mt.gov](mailto:covid19info@mt.gov). State public health officials will be responding to inquiries from 8 a.m. to 5 p.m. Monday to Friday.

**MHA Incident Management Team:** [esf8@mtha.org](mailto:esf8@mtha.org)

## REFERENCE LINKS

### GENERAL

Contact lists and general sources of information on a wide range of COVID-19-related issues

[MHA COVID-19 General Resources page](#)

### CLINICAL OPERATIONS

Resources on infection prevention and control, EMS operations, telehealth operations and care for specific populations from federal and state resources

[MHA COVID-19 Clinical Operations page](#)

### LONG-TERM CARE & RETIREMENT COMMUNITIES

CDC and CMS resources specific to maintaining safe conditions in long-term care and retirement communities

[MHA COVID-19 Long-Term Care & Retirement Communities page](#)

### SUPPLY CHAIN RESOURCES

Resources from AHRMM, AHA, Intalere, CDC and other sources on sourcing, conserving and properly using PPE

[MHA COVID-19 Supply Chain Resources page](#)

### WORKFORCE PROTECTION & SUPPORT

MT DLI, CDC, OSHA and NIH toolkits, FAQs and other resources to protect employees and allow staff to return to work

[MHA COVID-19 Workforce Protection & Support page](#)

### COMMUNITY MITIGATION STRATEGIES

CDC resources on community mitigation strategies

[MHA COVID-19 Community Mitigation Strategies page](#)

## **FINANCE & ADMINISTRATION**

Guidance, fact sheets and other resources on regulatory waivers and flexibilities in addition to catalogued financing information related to the CARES Act and other COVID-19 funding assistance

[MHA COVID-19 Finance & Administration page](#)

## **COMMUNICATIONS**

Archive of MHA COVID-19 related communications as well as sample communications documents, toolkits and other resources from state and national levels

[MHA COVID-19 Communications page](#)

## **TESTING**

FAQs, recommendations and other CDC, FDA and MT DPHHS resources related to COVID-19 testing

[MHA COVID-19 Testing page](#)

## **PLANNING**

Best practices and planning documents from CDC, facilities on the front lines and MT DPHHS

[MHA COVID-19 Planning page](#)

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