

# SITREP



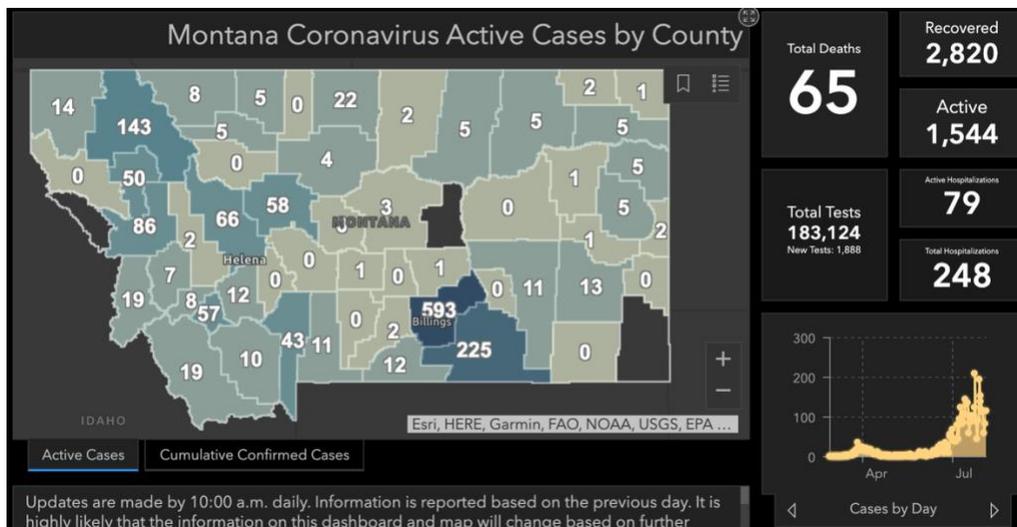
MONTANA  
HOSPITAL  
ASSOCIATION

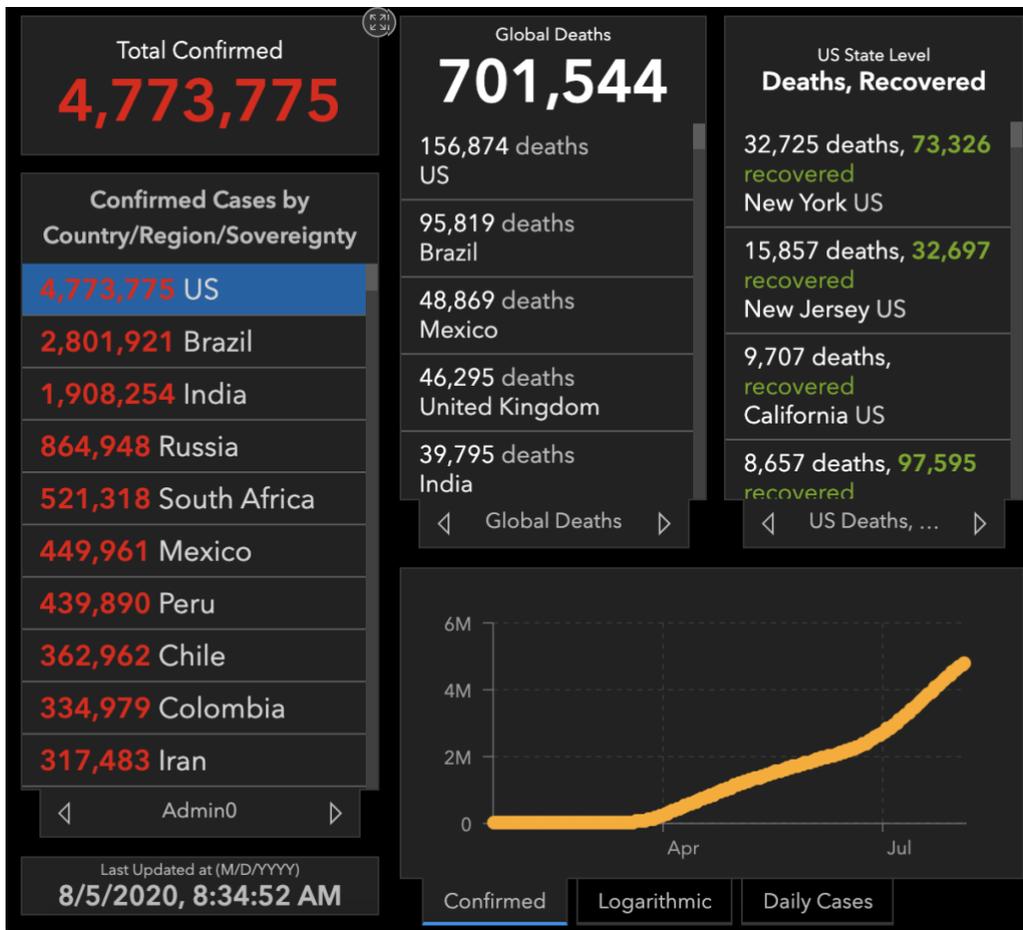
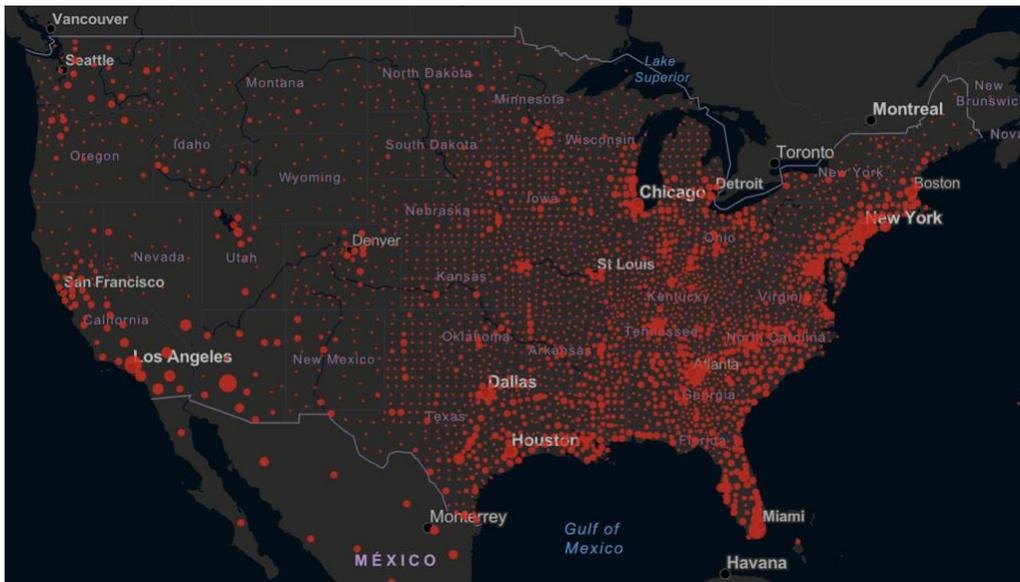
## Montana Hospital Association - Situation Report

August 5, 2020

# COVID-19

REPORTED CASES	
<b>Montana</b> <i>New in last 24hrs: 115 (+3%)</i> <i>Active Cases: 1,544 (+60)</i> <i>Recovered: 2,820 (+54)</i> <i>Hospitalizations, Total: 248 (+10)</i> <i>Hospitalizations, Active: 79 (+9)</i> <i>Deaths: 65 (Last 24hrs: +1)</i> Source: <a href="#">Montana COVID-19 Dashboard</a> (Updated 10:00 a.m.)	<b>4,429</b>
<b>United States</b> <i>New in last 24hrs: 41,357 (+less than 1%)</i> Source: <a href="#">Johns Hopkins CSSE Global Outbreak Dashboard</a>	<b>4,773,775</b>
<b>WA</b>	<b>59,379</b>
<b>ID</b>	<b>22,236</b>
<b>WY</b>	<b>2,884</b>
<b>ND</b>	<b>7,057</b>
<b>SD</b>	<b>9,079</b>





**President signs executive order on rural health, telehealth access.** President Trump Aug. 3 signed an executive order on “improving rural health and telehealth access,” with directives to: launch a new payment model for rural healthcare; develop and implement a strategy to improve rural healthcare infrastructure; create a report describing policy initiatives to improve rural health; and propose regulation that would extend certain telehealth flexibilities. The order does the following:

Establishes an Innovative Payment Model to Enable Rural Healthcare Transformation. The EO directs the Secretary of the Department of Health and Human Services (HHS), within 30 days (i.e. before September 3), to announce a new payment model through the Center for Medicare & Medicaid Innovation (CMMI) focused on rural healthcare providers. The model will allow for flexibilities around existing Medicare telehealth rules and test innovative payment mechanisms to establish predictable reimbursement rates, “and encourage the movement into high-quality, value-based care.”

Invest in Physical and Communications Infrastructure. Also within 30 days, the HHS Secretary and the Secretary of Agriculture are directed to develop and implement a strategy to improve rural health “by improving the physical and communications healthcare infrastructure available to rural Americans.” The EO notes that the strategy will be developed in coordination with the Federal Communications Commission (FCC), among other agencies, and will be subject to applicable law and available appropriations.

HHS Report to the President on Rural Access, Maternal Health, and Mental Health Initiatives. The EO stipulates that within 30 days, HHS submit a report to the President addressing current and upcoming initiatives to:

- Increase rural access to healthcare by eliminating regulatory burdens that limit the availability of clinical professionals;
- Prevent disease and mortality by developing rural specific efforts to drive improved health outcomes;
- Reduce maternal mortality and morbidity; and
- Improve mental health in rural communities.

Expand of Flexibilities Beyond the Public Health Emergency (PHE). The EO specifies that within 60 days (i.e., by October 3), HHS complete a review of temporary flexibilities in place under the PHE and propose a regulation to extend the certain measures beyond the PHE’s duration as determined appropriate. The EO indicates that such extensions may address the additional telehealth services offered to Medicare beneficiaries and the services, reporting, staffing, and supervision flexibilities available to rural Medicare providers during the PHE.

## **OPERATIONS**

**HHS releases COVID-19 laboratory data reporting specifications.** HHS Friday released [specifications](#) for reporting certain COVID-19 laboratory data as required by the Coronavirus Aid, Relief, and Economic Security Act. Under recent [HHS guidance](#), all COVID-19 testing sites must begin reporting the data by Aug. 1 to

state or local health departments for each individual tested to detect SARS-CoV-2 or diagnose COVID-19.

**NIH to study synthetic antibody therapy.** The National Institutes of Health yesterday announced clinical trials to investigate the safety and efficacy of a synthetic antibody therapy in COVID-19 patients. [One study](#) seeks to enroll about 300 volunteers who have been hospitalized with mild to moderate COVID-19; [the other](#) seeks to enroll 220 volunteers who report symptoms of COVID-19 and test positive for the virus but do not require hospitalization.

**FDA authorizes first serology tests to display estimated antibodies.** The FDA Friday [authorized](#) two Siemens serology tests for COVID-19 that display an estimated quantity of antibodies present in the individual's blood. "There are still many unknowns about what the presence of SARS-CoV-2 antibodies may tell us about potential immunity, but today's authorizations give us additional tools to evaluate those antibodies as we continue to research and study this virus," said Tim Stenzel, MD, director of the Office of In Vitro Diagnostics and Radiological Health at FDA's Center for Devices and Radiological Health. "Patients should not interpret results as telling them they are immune, or have any level of immunity, from the virus."

## PLANNING

**HHS requests daily data reporting to TeleTracking.** HHS recently [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

**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

**More congressional opposition to cost reporting of PPP payments.** Sens. Bennet (D-CO) and Kennedy (R-LA) yesterday sent a [letter](#) to CMS Administrator Seema Verma concerning recent CMS guidance stating that Paycheck Protection Program (PPP) funds should be counted on rural healthcare provider cost reports.

"By forcing rural providers to repay any portion of previously forgiven PPP loans through decreased future Medicare reimbursements, CMS is directly contradicting the President and effectively saying rural healthcare is not critical for the survival of the American public after the end of COVID-19 pandemic," they wrote.

**Federal court invalidates definition of 'healthcare provider' in DOL rule expanding paid leave.** The U.S. District Court for the Southern District of New York Monday [ruled](#) against the Department of Labor regarding its regulations related to certain expanded paid leave authorized by the Families First Coronavirus Response Act. The FFCRA placed new requirements on certain employers with fewer than 500 employees with respect to family and medical leave, as well as paid leave, related to the COVID-19 pandemic. The law directed the DOL to issue regulations defining which "healthcare providers" could be exempted from these new leave requirements.

New York state challenged the DOL's regulations, arguing that the regulations "risk denying vital financial support during an unprecedented crisis and exposing workers, their families, and their communities to unnecessary spread of COVID-19." Ruling yesterday in favor of the state, the court found that the DOL's interpretation of "healthcare provider" was overly broad and not supported by the statute. The decision invalidates the final rule's definition of "healthcare provider" as well as certain other provisions challenged by the state, while letting all remaining portions of the final rule stand.

**CMS: Exchange plans can opt to reduce 2020 premiums.** CMS will allow health insurers to offer premium reductions for individuals with 2020 coverage in the individual and small group markets when consistent with state law, the agency [announced](#) yesterday. The [policy](#) is effective for the rest of 2020 due to the COVID-19 emergency, CMS said. Under federal requirements, health plans in

individual and small group markets usually cannot change their premiums after the start of the benefit year.

## 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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