



Health Policy Briefing

August 31, 2020

CDC Receives Push Back on Latest Testing Guidance

The Centers for Disease Control and Prevention (CDC) has received strong criticism in recent days from public health stakeholders and lawmakers alike for its latest COVID-19 testing guidance. The updated guidance states that asymptomatic people do not need to be tested for COVID-19, even if they have been in contact with an infected individual, unless they are in a high-risk group or have been told to take a test by a health care provider. The CDC had previously recommended testing everyone who came in contact with an infected person. House Speaker Nancy Pelosi (D-Calif.) called the changes to the testing guidelines “scary and dangerous.” Rep. Michael Burgess (R-Texas), an OB/GYN and the Ranking Member of the Energy and Commerce Health Subcommittee, stated that asymptomatic testing for COVID-19 is paramount to getting the pandemic under control and to reopening schools and universities. A [letter](#) sent to Director Redfield led by Rep. Rosa DeLauro (D-Conn.) and signed by over 80 members of Congress condemns the updated guidelines, demands an explanation for the modifications, and urges an immediate halt to the testing guidelines. Groups representing nearly every public health department in the country also railed against the guidance, characterizing it as haphazard and calling on the CDC to reverse the change. The Infectious Diseases Society of America (IDSA) and the HIV Medicine Association (HIVMA) issued a [statement](#) calling for the immediate reversal of the revision, stating that evidence “has clearly indicated that asymptomatic persons play a significant role in transmissions,” and that “identifying individuals infected with COVID-19—even if they are asymptomatic—is critical to support appropriate isolation and identification of contacts, to limit spread, and to provide the data-driven, comprehensive view of community spread needed to inform effective public health responses.” *The Washington Post* and *The New York Times* reported that the change was directed by the White House, an assertion that has been denied by the U.S. Department of Health and Human Services (HHS). Admiral Brett M. Giroir, the White House testing czar, credited CDC Director Robert Redfield for the policy shift and explained that it was made in response to concerns that people could receive misleading negative results if a test is administered too early.

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Lawmakers Remained Deadlocked on COVID Relief

Congressional Democrats attempted to restart negotiations with the White House last week on a new coronavirus stimulus package, but the two sides remain deadlocked on the total size of the next relief bill. House Speaker Nancy Pelosi (D-Calif.) stated that she is willing to compromise on a \$2.2 trillion package, leaving Republicans to increase their current offer by at least \$1 trillion. White House Chief of Staff Mark Meadows stated that he does not expect an agreement to be reached until the government funding deadline at the end of the fiscal year on September 30.

Dingell, Upton Request Details on Convalescent Plasma Regulations

Reps. Debbie Dingell (D-Mich.) and Fred Upton (R-Mich.) have [written](#) to Commissioner of Food and Drugs Stephen Hahn requesting clarity about the requirements for the emergency use authorization (EUA) recently issued for convalescent plasma to treat COVID-19. The lawmakers cite concerns that the EUA adds a new unit labeling requirement that could be a barrier to use for certain convalescent plasma products distributed prior to the EUA issuance. They request that the Food and Drug Administration (FDA) take prompt action to ensure that these requirements do not unduly inhibit patient access to convalescent plasma.

Democrats Probe Warp Speed's Slaoui Contract

Rep. Pramila Jayapal (D-Wash.), and Sen. Elizabeth Warren (D-Mass.), and Sen. Richard Blumenthal (D-Conn.) have sent letters to U.S. Department of Health and Human Services (HHS) [Secretary Alex Azar](#) and third-party contractor [Advanced Decision Vectors](#) regarding the administration's Operation Warp Speed COVID-19 vaccine project. Moncef Slaoui, an adviser on Operation Warp Speed, currently works on the project under a contract with Advanced Decision Vectors that was awarded by the administration for \$1. The lawmakers request details on the full contract awarded to the company and information about the degree to which Moncef Slaoui is permitted to gain financially from his ties to the White House. "This unusual and complicated contractual arrangement for Dr. Slaoui appears to be a blatant attempt to skirt federal ethics law so that he can serve in this position without selling, or even disclosing the value of, his financial holdings and other possible conflicts of interest, using a loophole under which federal contractors are generally not subject to the same ethics laws and regulations that executive branch officers and employees must follow," the letter states.

Provider Relief Fund Deadlines EXTENDED

The CARES Act Provider Relief Fund has provided funding to assist providers who have increased expenses or revenue losses due to the COVID-19 pandemic. On July 31, the U.S. Department of Health and Human Services (HHS) [announced](#) the extension of key deadlines for the Fund, and more recently, the HHS website has been updated to extend the deadline for applying from August 28 to September 13. Specifically, Medicaid, CHIP, and dental providers; providers who previously missed the June 3 deadline for applying for the additional \$20 billion distribution from the General Distribution; and certain providers who had a change of ownership now have until September 13 to apply.

More Details on Provider Relief Fund Reporting Requirements

On August 26, the Centers for Medicare and Medicaid Services (CMS) [released](#) an additional list of Frequently Asked Questions (FAQs) for Medicare providers regarding the U.S. Department of Health and Human Services' (HHS) Provider Relief Fund and the Small Business Administration's (SBA) Paycheck Protection Program (PPP) payments. The FAQs provide guidance to providers on how to report provider relief fund payments, uninsured charges reimbursed through the Uninsured Program administered by the Health Resources and Services Administration (HRSA), and SBA Loan Forgiveness amounts. The FAQs also address that provider relief fund payments should not offset expenses on the Medicare Cost Report.

Hospital COVID-19 Data Reporting Made Mandatory

The Trump administration has released new emergency regulations that will require hospitals to report coronavirus patient and testing data to the U.S. Department of Health and Human Services (HHS) or risk the revocation of Medicare and Medicaid funding. The now mandatory COVID-19 reporting program was previously voluntary. According to Centers for Medicare and Medicaid Services (CMS) Administrator Seema Verma, the change represents a “dramatic acceleration of efforts to track and control the spread of COVID-19.”

HHS Personnel Update

Will Brady, a top aide at the U.S. Department of Health and Human Services (HHS) to Secretary Alex Azar and Deputy Secretary Eric Hargan, will leave his position at HHS in the coming weeks. Brady came to HHS in June 2017 from Blue Cross and Blue Shield. He currently works on issues ranging from interoperability to the push for more coordinated care.

2020 Party Platforms

2020 Republican Platform

The Republican National Committee (RNC) decided to forego adopting a new party platform until the 2024 Republican National Convention, stating instead that it will continue to enthusiastically support President Donald Trump’s ‘America-First’ agenda. The RNC adopted a [resolution](#) ruling any motion to amend the [2016 Platform](#) or to adopt a new platform out of order.

The Trump campaign subsequently released a bulleted list of core priorities outlining its second-term agenda, including the following items to eradicate COVID-19:

- Develop a vaccine by the end of 2020,
- Return to normal in 2021,
- Make all critical medicines and supplies for health care workers in the United States, and
- Refill stockpiles and prepare for future pandemics.

The President also promises to:

- Cut prescription drug prices,
- Put patients and doctors back in charge of our health care system,
- Lower health care insurance premiums,
- End surprise billing,
- Cover all pre-existing conditions,
- Protect Social Security and Medicare, and
- Protect our veterans and provide world-class health care and services.

2020 Democratic Platform

The [2020 Democratic Party Platform](#) outlines the following health care related-policies to **protect Americans and recover from the COVID-19 pandemic** (page 8):

- Make COVID-19 testing widely available, convenient, and free to everyone;
- Expand funding for state and local health departments;
- Make COVID-19 treatment and any eventual vaccine free to everyone;
- Provide direct, increased support to states to enroll eligible adults in Medicaid, have the federal government cover a higher percentage of program costs, and add incentives for states which have not yet expanded Medicaid to do so;
- Cover 100 percent of the cost of COBRA insurance, reopen the Affordable Care Act (ACA) marketplaces and expand marketplace coverage subsidies, and make available a public option administered through the Centers for Medicare and Medicaid Services (CMS);

- Dramatically scale up the United States' domestic manufacturing capacity for both personal protective equipment (PPE) and essential medicines;
- Aggressively enforce non-discrimination protections in the Americans with Disabilities Act (ADA) and other civil rights laws, improve oversight and expand protections for residents and staff at nursing homes, and expand support for telemedicine;
- Stand up a comprehensive, national public health surveillance program for COVID-19 and future infectious diseases, and recruit at least 100,000 contact tracers; and
- Substantially increase funding for the Centers for Disease Control and Prevention (CDC) and support medical and public health research grants for Historically Black Colleges and Universities (HBCUs) and other Minority-Serving Institutions (MSIs).

The Democratic platform also includes an extensive set of policies aimed at *achieving universal, affordable, quality health care* (page 26).

Public Option (page 28). The party supports a public option offered through the ACA marketplace that will provide at least one plan choice without deductibles, administered by CMS, which covers all primary care without any co-payments and controls costs for other treatments by negotiating prices with doctors and hospitals. The platform also endorses automatic enrollment of the lowest-income Americans residing in states that have not expanded their Medicaid programs in the public option without premiums, with the option to opt out, as well as expanded funding for the ACA outreach and enrollment programs. It would enable older workers to choose between their employer-provided health plans, the public option, or enrolling in Medicare when they turn 60 (instead of 65) and empower states to use ACA innovation waivers to experiment with statewide universal health care approaches. Democrats also support a doubling of investments in community health centers and rural health clinics in underserved urban and rural areas, increased support for mobile health clinics, and expansion of the National Health Service Corps and Teaching Health Center Graduate Medical Education Program.

Pharmaceutical Prices (page 29). The platform would empower Medicare to negotiate prescription drug prices for all public and private purchasers, prevent the price of brand-name and outlier generic drugs from rising faster than inflation, cap out-of-pocket drug costs for seniors, and ensure that effective treatments for chronic health conditions are available at little or no cost. Democrats would also crack down on anti-competitive efforts to manipulate the patent system or collude on prices and eliminate tax breaks for prescription drug advertisements.

Health Care Cost and Quality (page 29). Democrats express support for outlawing the practice of surprise medical billing, increasing price transparency in the health care system across all payers, reducing paperwork through uniform medical billing, and vigorously using antitrust laws to fight against mega-mergers in the hospital, insurance, and pharmaceutical industries. Democrats will invest in training and hiring of more mental health providers, substance use disorder counselors, and peer support counselors by expanding funding for health clinics, especially in rural areas, and increasing access to these services through Medicaid. The platform also supports increased training for health care professionals, educators, social workers, and other care workers in trauma-informed care and practices. It would require publicly supported health clinics to offer medication-assisted treatment for opioid addiction and approved treatments for other substance use disorders. The platform aims to eliminate waiting lists for home and community-based care and the institutional bias within Medicaid. It would create a tax credit for informal and family caregivers and increase the Child and Dependent Care Tax Credit. Democrats express support for policies that would improve nursing home staffing and quality standards, strengthen accreditation processes, and combat corporate abuses in nursing homes and independent living facilities.

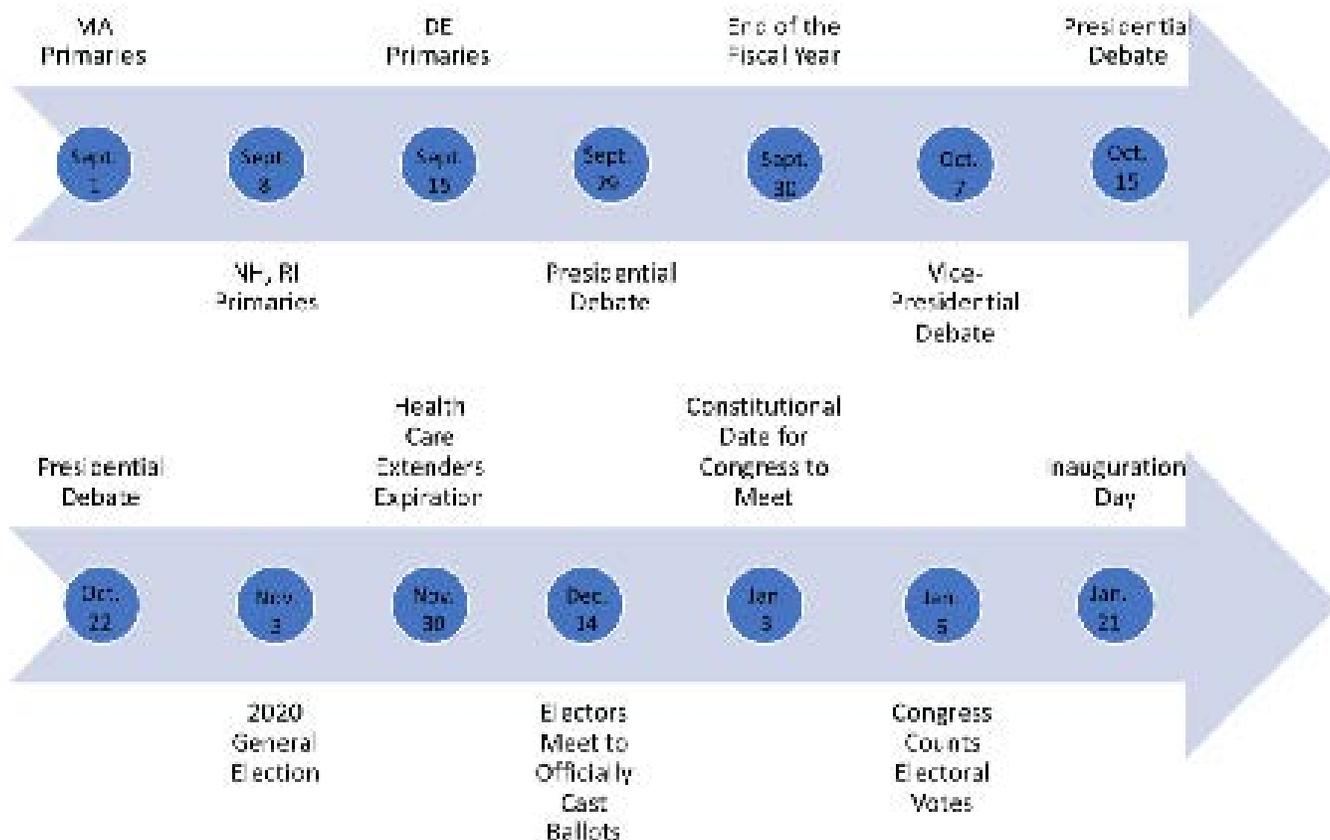
Health Inequities (page 31). Democrats intend to launch a sustained, government-wide effort to eliminate racial, ethnic, gender, and geographic gaps in insurance rates, access to quality care, and health outcomes and to ensure that federal data collection and analysis is adequately funded and designed to allow for disaggregation by race, gender, sexual orientation, gender identity, geography, disability status, and national origin. They would extend ACA coverage to recipients of the Deferred Action for Childhood Arrivals (DACA) program and lift the five-year waiting period for Medicaid and Children's

Health Insurance Program (CHIP) eligibility for low-income, lawfully present immigrants. The platform expresses support for investments under the Ryan White HIV/AIDS Program and the Minority HIV/AIDS Fund. Democrats propose expanding postpartum Medicaid coverage to a full year after giving birth, investing in rural maternal health, promoting a diverse perinatal workforce, and implementing implicit bias training for health professionals. The platform also includes policies to protect Native American health; secure reproductive health, rights, and justice, and protect LGBTQ+ health; and condemns the Trump administration’s actions to allow doctors, hospitals, and insurance companies to discriminate against patients based on their sexual orientation or gender identity.

Health Care Workforce (page 33). Democrats pledge to invest in community health worker care-forces proven to prevent, manage, and better treat chronic illnesses and to empower first-time mothers with home visiting. The platform aims to close provider gaps and increase diversity in the health care profession, and to increase opportunities for community health workers to come from the communities they serve.

Health Science and Research (page 34). Democrats support increased and sustainable funding for health and medical research and federal grants across agencies. The platform would increase federal investment in research and development for new medications through the National Institutes of Health (NIH) and make sure that there is a return on that investment for taxpayers. Democrats also support increasing funding for research into health disparities by race, ethnicity, gender, gender identity, sexual orientation, age, geographic area, and socioeconomic status, with a particular focus on how the social determinants of health contribute to differences in health outcomes. Democrats promise to take steps to increase the diversity of principal investigators receiving federal grants as well as of participants in federally supported clinical trial, and to improve the quality and applicability of medical research for women and people of color. Democrats also vow to protect the independence and intellectual freedom of scientists and to take steps to shield scientific research agencies from future political interference.

Timeline of Key Dates



Hart Health Strategies COVID-19 Resources

Hart Health Strategies Inc. continues to update the following resources related to the coronavirus pandemic. Please remember to clear your cache to ensure you download the most recent documents.

- [COVID-19 Testing](#)
- [Disaster Primer](#)
- [Federal Relief Overview](#)
- [Health Care Workers on the Front Lines](#)
- [Hospice and Palliative Care](#)
- [Nursing Resources](#)
- [Personal Protective Equipment](#)
- [Physician Provisions](#)
- [Re-Opening America](#)
- [Small Business Resources](#)
- [Small Business - Paycheck Protection Program](#)
- [Small Business – PPP FAQ](#)
- [State Resources](#)
- [Tax Provisions](#)
- [Telehealth Overview](#)
- [Timeline for Implementation](#)

Upcoming Congressional Hearings and Markups

House Select Subcommittee on the Coronavirus Crisis hybrid hearing with Treasury Secretary Steven T. Mnuchin; 1:00 p.m., September 1

Senate Armed Services Subcommittee on Readiness and Management Support hearing “Supply Chain Integrity;” 9:30 a.m., G-50 Dirksen Bldg.; September 16

Recently Introduced Health Legislation

H.R.8094 — To address behavioral health and well-being among health care professionals. Sponsor: Rep. Rose, Max [D-NY-11]; Committees: House - Energy and Commerce

H.R.8090 — To amend title VI of the Social Security Act to provide a limitation on the recoupment of Coronavirus Relief Fund amounts. Sponsor: Rep. Curtis, John R. [R-UT-3]; Committees: House - Oversight and Reform

H.R.8087 — To amend the Small Business Act and the CARES Act to establish a program for second draw loans and make other modifications to the paycheck protection program. Sponsor: Rep. Chabot, Steve [R-OH-1]; Committees: House - Small Business; Judiciary; Budget; Appropriations

H.R.8086 — To provide additional appropriations for the public health and social services emergency fund. Sponsor: Rep. Burgess, Michael C. [R-TX-26]; Committees: House - Budget; Appropriations

H.R.8084 — To direct the Secretary of Veterans Affairs to update the Lethal Means Safety and Suicide Prevention training course of the Department of Veterans Affairs. Sponsor: Rep. Underwood, Lauren [D-IL-14]; Committees: House - Veterans' Affairs

H.R.8080 — To amend the Public Health Service Act to encourage the development of certain public health data standards, authorize epidemiological surveillance grants, and authorize a data linkage demonstration project. Sponsor: Rep. Peters, Scott H. [D-CA-52]; Committees: House - Energy and Commerce

H.R.8074 — To provide for the issuance of a Veterans Health Care Stamp. Sponsor: Rep. Burgess, Michael C. [R-TX-26]; Committees: House - Veterans' Affairs; Oversight and Reform

H.R.8073 — To require the Director of the Centers for Disease Control and Prevention to create a standardized method for State, Tribal, and local health departments to report to the Centers with respect to COVID-19. Sponsor: Rep. Beyer, Donald S., Jr. [D-VA-8]; Committees: House - Energy and Commerce

H.R.8068 — To direct the Secretary of Veterans Affairs to make certain improvements relating to mental health and suicide prevention outreach to minority veterans and American Indian and Alaska Native veterans. Sponsor: Rep. Brownley, Julia [D-CA-26]; Committees: House - Veterans' Affairs

H.R.8067 — To direct the Secretary of Health and Human Services, acting through the Director of the Agency for Healthcare Research and Quality, to conduct or support research related to the United States health care system's response to COVID-19. Sponsor: Rep. Beyer, Donald S., Jr. [D-VA-8]; Committees: House - Energy and Commerce