Week in Review: 6-10 July 2020

BRIEF19

A daily review of covid-19 research and policy.

POLICY BRIEFING

The national state of emergency will continue, top officials say. On a recent call with the National Governors' Association, Vice President Mike Pence and of the Secretary of Health and Human Services Alex Azar reassured state leaders that the coronavirus declaration of a national emergency due to the coronavirus outbreak likely would not be ending any time soon. While the continuance of the nationwide state of emergency is not yet official policy, the high ranking Trump administration members stated that an extension is currently moving through the administrative process. Secretary Azar noted that he didn't know of any reason that the continuance would not be authorized, though those who have watched the often mercurial President closely may have other ideas on that matter. Initially granted in January when the novel coronavirus was still largely in China, the declaration gives sweeping powers to the administration to make swift changes including increasing reimbursement for telehealth visits for the treatment of Medicare beneficiaries and allowing the Food and Drug Administration to temporarily authorize medications and medical devices including diagnostic tests. Under the declaration, state governments can also use federal employees to help with their responses to the pandemic. The public health emergency must be reauthorized every 90 days and is currently set to expire on July 25th. If granted, the extension would be set to expire shortly before Election Day, currently scheduled for November 3rd. *Politico. 9 July 2020.*

—Jordan M. Warchol, MD, MPH

Coronavirus vaccine triage. Who will get it first? As multiple vaccine candidates are being evaluated for efficacy against the novel coronavirus, with human trials underway in the United Kingdom and the United States advancing multiple candidates through Operation Warp Speed, one lingering question is who will benefit from a finished product first. Many experts agree that a viable vaccine may be available as soon as winter, but that it will take many additional months before widespread distribution is an option. To address this, the US Centers for Disease Control and Prevention (CDC) and an outside advisory committee of health experts have started developing a ranking system to determine who the earliest recipients of a vaccine ought to be. Preliminary planning documents show that the first rounds will be designated to vital medical and national security officials, followed by essential workers and those considered high risk, including the elderly and persons with underlying medical conditions. Complicating the discussions is the evidence that Black and Latino populations are disproportionately affected by the virus. Prioritizing treatment based on race, could be controversial, especially at a time in which the erosion of public trust in vaccines has led to lower rates of vaccinations in many communities across the political spectrum. *Various. 10 July 2020.*

—Joshua Lesko, MD

A call to personal accountability. Though at times on the opposite sides of issues, the American Hospital Association (AHA), American Medical Association (AMA) and American Nurses Association (ANA) have come together to release a resoundingly simple and unified message to the American public: wear a facemask. Citing its demonstrated efficacy in controlling the spread of the coronavirus during the initial social distancing phase and the subsequent surge of cases as the restrictions have been lifted, these organizations make the case that scientific evidence supports several tactics in combatting the continued pandemic, of which masks are an important example. As more hospitals approach their intensive care unit capacity, including in parts of Texas and Florida following a recent intense spike in cases there and elsewhere, renewed fears of personal protective

equipment shortages have surfaced. These three organizations have come together to argue urgently that now is not the time for laxity. *Various. 8 July 2020.* —Joshua Lesko, MD

New surprise billing for patients seeking coronavirus treatment. Surprise medical billing has been a recent target of healthcare reform for legislators, patient advocates and physician groups. Surprise billing primarily occurs when patients seek care outside of their established insurance networks (commonly seen in emergency visits, but also in other areas of the hospital such as ICUs, where patients do not always have the opportunity to choose their physician). When patients are treated in an out-of-network facility or by an out-of-network provider, their insurance company will only reimburse a portion of the costs, leaving patients responsible for the remaining balance. As part of the $2 trillion relief package signed in March as the covid-19 pandemic ramped up here in the United States, protections were enacted to prevent balanced billing for coronavirus-related care. Nevertheless, insurance providers have found a loophole, enabling them to pass costs along to patients—a coronavirus test must have been performed during the visit for the course of care to be covered. In the early days of the pandemic, tests were scarce and many screening algorithms reserved testing for the sickest individuals. While many have appealed this technicality, it remains to be seen what, if any, recourse is available to such patients. *NPR. 8 July 2020.* —Joshua Lesko, MD

Another plea for Defense Production act use. While personal protective equipment (PPE) shortages have not been in the headlines as often lately--largely as a result of lower case counts in the Northeastern United States, especially in New York City--the problem has not disappeared. In fact, PPE shortages continue to be a major compounding factor in the ongoing efforts to limit the impact of the coronavirus pandemic in the US. In new letters to Vice President Pence and the Federal Emergency Management Agency (FEMA), the American Medical Association (AMA) has made new requests in hopes of ensuring adequate supplies of much-needed PPE, especially as case counts surpass daily records. The AMA specifically asked that the White House invoke the Defense Production Act in order to increase production of supplies, citing that while hospitals and nursing homes benefitted from the initial enacting and enforcement of the act, many outpatient practices are still struggling to adequately protect their staff, leading to the diminished ability to care for patients. Similarly, the AMA has asked FEMA to increase the visibility on supply chain data, to determine if the shortages seen in clinics are a result of an overall lack of PPE, backlogs in orders, or other logistical problems. The DPA power is remarkably broad and includes the power to compel domestic manufacturers to produce more of a specific product (such as N95 masks, as the Trump administration required 3M to produce earlier in the pandemic). In addition, under the DPA's "allocation authority," the administration can direct private companies as to whom they must sell such products. In addition to data transparency, the AMA suggests the creation of state or local clearinghouses that could serve as central points of contact for the identification and determination of resource availability and allocation of supplies. *The American Medical Association. 6 July 2020.*
–Joshua Lesko, MD

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Brief19 is a daily executive summary of covid-19-related medical research, news, and public policy. It was founded and created by frontline emergency medicine physicians with expertise in medical research critique, health policy, and public policy.