BRIEF19

A daily review of covid-19 research and policy.

POLICY BRIEFING

CDC updates social distancing guidelines. On Friday. the Centers for Disease Control and Prevention (CDC) issued an updated version of their social distancing guidelines to limit potential spread of the coronavirus. The first, and most important message remains unchanged: individuals who have concerns that they may have been exposed to SARS-CoV-2, have symptoms, or have tested positive for the virus should stay home and isolate themselves from other people. The guidelines also provide information for those people who have not been infected and are interested in resuming a more normal routine as shelter-in-place orders have relaxed nationwide. The document provides considerations for activities with different degrees of interaction and risk, including dining out, hosting a gathering, using a brick and mortar establishment, and traveling. The common thread remains advising all persons to wear a face mask when out, especially if six feet of distancing cannot be observed. Additionally, the level of local must be assessed one a case-by-case basis, as infection risk likely reflect factors including a state's reopening status and plan, the current number of cases in the area, and how much testing is occurring. The site provides a directory of state health departments and the CDC's case tracker, which provides relevant state- and county-level data. *The CDC. 15 June 2020.*

–Joshua Lesko, MD

The FDA says hydroxychloroquine may reduce remdesivir's effectiveness. During the course of the covid-19 pandemic, various medications have been considered as possible treatments, from hydroxychloroquine, to donated plasma from recovered patients, to designer drugs that interfere with the immune system's response to infection. A slew of low-quality studies, often picked up by the media as "the next big thing," has led to confusion and uncertainty among healthcare professionals and the public. Currently, remdesivir is the only treatment approved by the Food and Drug Administration (FDA) specifically for the treatment of covid-19, via an emergency use authorization (EUA) issued after a US government-funded study found that some patients recovered faster after taking the drug. An earlier EUA for hydroxychloroquine and chloroquine was recently revoked by the FDA after several studies suggested no difference in outcomes among those who had taken the drugs and those who had not, as well as the possibility of serious side effects too great to ignore. Now there are increasing concerns regarding the effectiveness of remdesivir when given with hydroxychloroquine and chloroquine. The FDA is now recommending that remdesivir not be co-administrated with either chloroquine phosphate or hydroxychloroquine sulfate given reported reductions in the effectiveness of remdesivir when coupled with these medications. Given this, the FDA is also now requiring that an updated fact sheet regarding the safety profile of remdesivir be provided to patients, healthcare providers, and caregivers. *Various. 17 June 2020.*

–Onyeka Otugo, MD MPH

Tribal epidemiologists unable to retrieve data from public health entities. The CDC is withholding tribal SARS-CoV-2 epidemiological data from tribal epidemiologists, potentially widening the already disparate resource gap American Indians have experienced during the covid-19 pandemic and contributing to worse outcomes. This policy makes contact tracing more difficult both on reservations and beyond. The Urban Indian Health Institute, which tracks American Indians living in US cities, is also adversely affected by this lack of data sharing. Under the Affordable Care Act, such tribal epidemiological centers are considered to have the same level of authority as state health departments and federal agencies, including ones like the CDC. The Trump administration, however, has de-

emphasized federal collaboration relating to the coronavirus response, instead placing the onus on state and local officials. Such collaborations have included the obtaining and distributing of medical supplies. Many of these local and state agencies have not worked extensively with tribal counterparts in the past, which has meant confusion and a steep learning curve during a period when time and efficiency are crucial. *Politico. Abbreviated from Brief19 for 16 June 2020.* *–Aida Haddad, MDiv*

Federalism and masking. The guiding principle of federalism is that of a limited central government and more powerful local governments. The idea is that local governments are closer to the governed and can better reflect their wishes and more nimbly answer their needs. In the U.S., this idea often translates to a smaller role for federal government and stronger ones for state governments. However, there is no reason those same principals should not also apply to the relationship between states and the counties or cities within. This is particularly true for managing an infectious disease outbreak where transmission and infection rates can vary between neighboring communities. The tension between federal and state governments was apparent this Spring, when states insisted that they retained the power to decide when to close or re-open their economies and stay at home orders were issued on a state-by-state basis. It is therefore interesting to see these same governors now turn around and resist yielding decision making power to local governments in their jurisdictions. Specifically, in states with rising infection rates such as Arizona and Texas, mayors and other county officials are asking for permission to require mask wearing in public. These requests reflect spikes in local infection rates in some of these communities, and best practices for stemming the transmission of SARS-CoV-2. However, the governors of these states have so far appeared unwilling to grant wholesale permission to local officials to enact mandatory masking policies on their own authority. If the governors were truly committed to the principles of federalism, it would stand to reason that allowing local officials to enact policies that would best serve their community would reflect the treatment these governors wish to receive for states from our federal government. *New York Times. 17 June 2020.*

–Kimi Chernoby MD, JD

Bipartisan bill calls for permanent telehealth reimbursement. One of the most striking changes to the healthcare system during the pandemic has been the vast adoption of telehealth for many encounters that would previously have required in-person visits. With the relaxation of HIPAA compliance standards and reimbursement parity from insurance providers, telehealth has become core to the maintain continuity of care. Now a bipartisan group of Representatives have introduced legislation to permanently allow reimbursement by Medicare for such visits. Called the Helping Ensure Access to Local Telehealth, or HEALTH Act, if passed, the law would allow Federally Qualified Health Centers and Rural Health clinics to bill for care and would eliminate the originating site facility and distance requirements that have hampered telehealth adoption in the past. While not codifying all of the telehealth-related changes that have occurred, this proposal demonstrates a willingness in Congress to consider more radical changes to the healthcare model in the U.S. *The House of Representatives. 19 June 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.