

VCHIP CHAMP VDH COVID-19

June 22, 2020 | 12:15-12:45pm Call Questions and Answers*

Wendy Davis, MD, FAAP, Vermont Child Health Improvement Program, UVM
Breena Holmes, MD, FAAP, Director of Maternal & Child Health, Vermont Department of Health (VDH)

AAP Updates

Latest COVID-19 advice for parents/caregivers from [HealthyChildren.org](https://www.healthychildren.org) – recent articles include:

- [What to Look for In a Summer Camp During COVID-19](#)
- [Should Your Child Be Tested for COVID-19?](#)
- [Stress and Violence at Home During the Pandemic](#)
- [Caring for Children with Asthma During COVID-19: Parent FAQs](#)

AAP National Conference & Exhibition (NCE) will be virtual in 2020, taking place October 2nd through the 6th. Program updates will follow.

Presentations of Interest

Today, June 22, 2020: VPR's Vermont Edition: "The Health and Safety of Kids During COVID-19" with Breena Holmes, MD FAAP mostly about facial cloth coverings. Winooski Mayor Kristine Lott will also be on to discuss the outbreak in Winooski. It's airs at 1 pm and rebroadcast at 7 pm.

Friday, June 19, 2020: But Why: A Podcast For Curious Kids (VPR) episode about race and racism: <https://www.npr.org/podcasts/474377890/but-why-a-podcast-for-curious-kids>.

Moth Story Hour

We Rise: Stories of community, Resilience, and Irrepressible Joy – "shining a light on stories about the Black experience" on Thursday, June 25, 2020. Virtual lobby doors open at 7:15 pm, stories begin at 7:30 pm, and virtual doors are locked at 7:45 pm: https://themoth.org/events/national-virtual-mainstage-we-rise?mc_cid=b0750544e0&mc_eid=9696dec362. Hosted by R. Eric Thomas with stories by Ray Christian, Hannah Drake, Amber J. Phillips, and more.

Practice Issues: Provider Financial Relief/Policies

Stephanie Winters, Deputy Executive Director, Vermont Medical Society; Executive Director, AAP-VT and VAFF

Currently, there is legislation in the Senate that has already gone through the House. They took it up this morning, though, in full public transparency, YouTube was not working, so they met without any public. It remains to be seen what they discuss about that, though it will be recorded, and we will get to hear it later. I just have a few reports, and then I'll talk briefly about what's in the legislation.

The Department of Vermont Health Access (DVHA) is sending their retainer payments through July. Stay tuned, and we will get more information out about that. For those who didn't take advantage of that or who didn't know about it, it's a way for practices to show a gap in financial income. I believe they are going to look backwards, not looking forwards. I had a discussion with them this morning. It doesn't sound like it's all ironed out. They are going to be doing that. I'll certainly keep you attuned to that.

*Note: This is a paraphrased synopsis of the call and is not a word-for-word transcription.

There is a bill, H.965, that's made its way through the House and is now in the Senate. Hopefully everybody got an alert from me (members of AAP-VT and VMS). They are looking at provider sustainability funds to distribute to the State healthcare system to maintain the system during this time. It's federal dollars. They got \$1.25 billion dollars in federal funding, and the minimum is \$375 million that's needed for independent practices, hospitals, VAs, and other groups. The House seems to want to hold some money back in case they can spend it on non-COVID-related items to fill their budget gap. The House came forward with \$250 million, and the Senate is now at \$165 million. There's a big push to get them up, and I know people have been writing in to the Senate Appropriations Committee (Senator Ashe, who is the President Pro Tem). We really need them to hear from people because there is a lot of confusion in the Senate around how much and where it's all going. That's one piece.

In terms of telehealth, Act 91 was the emergency COVID-19 legislation that went into effect in March and allowed the Department of Financial Regulation (DFR) to direct insurers to pay for certain things on top of federal guidance for waiving certain things. We've been thinking long term. If the Governor ends the state of emergency at some point, then that will make that legislation go away. Any needs for telehealth and any waivers of requirements would all go away with the state of emergency. We have been working with the Senate, who took the Act 91 language and put it into H.960, which is the House healthcare miscellaneous bill. It contains a lot of different items, but I'm just going to focus on a couple.

The first is language regarding prior authorizations. This was language we were working on at the beginning of the session. We've actually been working on it for a long time. We start in the beginning of the session working on a pilot program or a gold card program that would be more than 13 or 17 practitioners in the state that basically said health plans are going to review the procedures, and then we're going to do a pilot to do a gold carding process. A group would come up with what that process was. We had some language about what it should look like, but we couldn't come to an agreement with the insurers. That language is in here to do that pilot programming, but it's pretty vague. It's just a step forward. That is in this bill.

The part about telehealth and payment is also in this bill. It is allowing DFR to continue their emergency rules. The intent is to keep their current processes until they convene a work group to provide input on the coverage. It would be through June 30, 2021, to give them time to do this. It then wouldn't have anything to do with the Governor's state of emergency. As we know, he's made the state of emergency through July 15, but should he decide to end that, this bill makes it so that we have through June 30, 2021 to address expanding health insurance coverage and waiving or eliminating cost-sharing directly related to COVID-19, modifying or suspending health insurance plan deductibles for all prescription drugs to the extent that it would disqualify high-deductible health plans, and other rules as adopted. Those other rules are specific telehealth things that we have put into places, and we have a list going that we would work with DFR on. At every 8:30 am call that we have with the healthcare coalitions, we have these discussions, and we are really on the same page. This bill would also waive certain telehealth requirements through March 31, 2021. It would not require delivering healthcare services using a connection that complies with HIPAA. It would not require representing to a patient that healthcare services, including dental services, would be delivered using a connection that complies with HIPAA. It would not require obtaining and documenting a patient's oral or written informed consent. That's all current, and that would stay that way until March 31, 2021. We are trying to get this through now to see what we need to keep in the permanent world, but we wanted to get something passed quickly as they are trying to get out, and I'm hoping they're going to go home, at the end of this week. That's really the gist of what is in the bill.

The work group is also looking specifically at services delivered by telephone. That's been a big thing for certain populations, especially for the VNAs, LTCs, for some of our elderly population, and for places that do not have broadband in the state, which are plentiful, and also people who do not have access to technology, computers, and so forth. Those are the pieces that are in this bill, and there are lots of licensing things as well. Again, this is not passed yet, but I do believe it has support. We will be watching. I do expect it to change some during this week. It could have changed today, but we weren't able to log in. We will certainly keep you updated.

Elizabeth Hunt, MD, Timber Lane Pediatrics: One consideration is some families insist on telehealth even if we recommend an in office visit. People are worried and often prefer to stay home. We should not be penalized by not having those visits "covered" because they are telehealth. The fee for service system does not meet the needs for all (patients and providers) in times of a pandemic.

Alex Bannach, MD, North Country Pediatrics: Also, we have learned what a helpful tool telehealth can be for certain types of visits.

Jill Rinehart, MD, UVMCH Pediatric Primary Care: I agree. Telehealth needs to stay. Families demand it.

Stephanie Winters, Vermont Medical Society: I also wanted to bring your attention to this: Some insurers say they can't pay for testing of everyone concerned about coronavirus risk NPR (6/19, Farmer) reported, "In the wake of the massive turnout at anti-racism demonstrations around the country, public health officials are encouraging protesters to get tested for the coronavirus," and as such "precautionary testing has become more common, some insurance companies are arguing they can't just pay for everyone who's concerned about their risk to get tested." While "the Families First Coronavirus Response Act passed by Congress requires health plans to fully pay for testing deemed 'medically necessary,'" as testing continues to expand "to allow people without symptoms to be tested, a gray area is beginning to appear." CMS guidance "says full coverage is required 'when medically appropriate for the individual, as determined by the individual's attending health care provider in accordance with accepted standards of current medical practice.'"

Questions/Discussion

Q: Seeing a significant increase in pediatric illnesses in general since the end of last week, expected with modifications of restrictions, means lots more COVID testing in our practice. Coxsackie seems to be here!

A: Wendy Davis, MD, VCHIP: I'd love to know if you're able to effectively do the testing, and if there are any issues?

A: Alex Bannach, MD, North Country Pediatrics: Usually able to schedule within 2 days, but did send a patient to the ER for testing. I also just learned about the local Walmart pop-up testing. Thankful that it is only adults as I don't think that there is any communication to the PCP, which I don't like.

A: Breena Holmes, MD, VDH: We just got word that we have 50,000 anterior nares swabs coming this afternoon. We have to do more anterior nares testing. Yes, we've heard Coxsackie is here.

Q: Where can I find VT guidelines for quarantining for asymptomatic COVID positive individuals, i.e., how long are they quarantining since no symptoms to improve?

A: Breena Holmes, MD, VDH: Can you try to go on to the Health Departments FAQ section and see if it answers your quarantine question? We are seeking clarification every day about all the nuances to who's quarantining and how to do it.

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: Asymptomatic positive patients should isolate for 10 days, using the date of the test as the starting point rather than the day of onset of symptoms (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>)

A: Nathaniel Waite, RN, VDH: If you use the chat bot FAQ, you can click on a link in the response to let them know if it didn't answer your question. That helps VDH to improve the FAQ/Bot. Above the chat bot, you can also see All FAQ responses and look through them using a table of contents instead.

Q: Do you have any update on the cases in Brattleboro at the end of last week?

A: Breena Holmes, MD, VDH: Contact tracing is ongoing and it appears to be a cluster but not an outbreak. We need more test results and more contact tracing.

Q: Question about school reopening guidelines. Step II guidance for spacing seating/desks at least 6 feet apart. Step III Guidance states continue to space out seating 6 feet apart, to the extent possible. Are Plexiglas barriers an option if 6 feet apart between students is not possible?

A: Breena Holmes, MD, VDH: We're going to do a train the trainer on Wednesday for reopening schools so thanks for getting ahead of this. The CDC is very loose about the 6 feet thing in the classrooms. The head of the Superintendent Association and I will be presenting to all superintendents. Six feet apart is face-to-face contact, so classroom desks will be facing forward with students wearing facial coverings and the teacher will be 6 feet apart with a facial covering. It's not recommended to have additional supplies when students can be facing forward.

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: I agree, distancing is best, but if a school/district has the resources to do this, then I think it would be an acceptable adjunct. It does get into issues of equity since few schools or districts will likely be able to afford this.

A: William Raszka, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: I think that schools will use a variety of techniques to make sure class sizes are manageable (rotating schedules; remote learning), and thinking about how to organize the classroom to minimize contact. I don't think that schools will use Plexiglas. It is expensive and hard to clean.

A: Jill Rinehart, MD, UVMCH Pediatric Primary Care: I had a parent who runs a homeschooling organization tell me her homeschooling network is up to 1200 children primarily because of the perceived rigidity of masking/etc. in the classroom. Something for us to consider.

A: William Raszka, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: Ill people should stay home! Schools will need to do the best they can.