

## VCHIP CHAMP VDH COVID-19

July 6, 2020 | 12:15-12:45pm Call Questions and Answers\*

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### **Testing Updates**

*Wendy Davis, MD, VCHIP:* We will address testing more on Wednesday with an expert from VDH. The VDH District Offices and special pop-ups often show as “full” on the web site. There have been questions regarding walk-in slots. The Burlington and Winooski sites hold walk-in slots to accommodate those without internet access. These sites are run by the Vermont National Guard. Pre-registration is preferred.

Walmart in Derby VT was doing this and their testing is free. They are closed currently to update their computer system. Primary care providers may refer any and all patients to hospital sites for testing. Insurance must pay if there is a medical order, including for asymptomatic patients. We know there was some questions about that last week. Notify VDH if you hear from patients that there are issues with that.

*Breana Holmes, MD, VDH:* There’s a new testing section on the VDH web site that launched last Thursday, July 2: <https://www.healthvermont.gov/response/coronavirus-covid-19/testing-covid>. Enter your location, and it provides multiple testing locations. We believe the Essex Fairgrounds remains one of those options. It shows you the sites, whether or not you need a doctor’s order, if you can be tested if you’re asymptomatic, about the commercial labs and pop-up sites, etc. If you put in your geography, it takes you to the nearest testing site with slots available. VDH needs to stay at the ready for outbreaks, including facility-wide testing that may need to occur in the context of an outbreak or in just high-risk situations like corrections and long-term care. We’ve got to get out of the business of testing visitors from Florida, relatives, and people who want to get out of quarantine. It’s a sheer capacity issue. We have to get the right pathways for the healthcare system and for local communities to figure it out. Do you want to test? Are you going to send people to the hospital? Are you going to send people to commercial labs? We are going to be at this for months.

The only spots where walk-ins are easily accommodated are in the Burlington and Winooski sites because of the access to Internet for some of our folks. The rest of the sites throughout the state highly encourage people to sign up ahead of time and may not be able to accommodate walk-ins. WCAX is going to retract this information, I think.

### **Practice Issues: Legislative & Regulatory Updates from the Vermont Medical Society**

*Jessa Barnard, Executive Director*

The legislature wrapped up for the moment the Friday before last (June 26, 2020). They will be coming back towards the end of August. There are a number of items that passed, but a lot of issues that I know the AAP and pediatricians in Vermont have been following are still potentially on the agenda for when they come back in August. I think the real question is how much substance and policy bills are they going to be getting into in August? Or are they really just going to focus on the budget? They passed a budget for the first quarter of the fiscal year, but not the remaining three quarters of the year. That is going to be a big undertaking. We know revenues are way down below where they were hoping they would be before COVID-19. That’s going to take a lot of their bandwidth. I will be interested to see how many of the bills awaiting action they will get to in August.

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

I wanted to mention some of the pieces that have happened. The first is actually a regulatory piece not a legislative piece. If you are a physician licensed by the board of medical practice, you will need to renew your license starting at the end of next month before the end of the year. About a month ago at their last board meeting, the board of medical practice decided to reduce the typical two-year CME hour requirement from 30 hours to 15 hours, recognizing how much time and attention everybody has put into responding to COVID-19. They are not able to alter the credit-specific hours, so that's 1 hour addressing palliative care, hospice or pain management and 2 hours addressing prescribing controlled substances. If you have not gotten those content-specific hours yet, we have a link in the handout Dr. Davis will circulate to a number of free and low-cost online course that you can use to meet those requirements in order to renew your licenses.

On the legislative front, the big piece they were pushing for before recessing was financial support for a number of sectors across the state using the federal CARES act funding that's come in. H.965 earmarked \$275 million in grants for the healthcare sector. Independent practices, hospitals, FQHCs, any Agency of Human Services (AHS) type entity can apply through AHS for those funds. Please keep your eye out. We think those will be coming out soon. They are hoping to make that process somewhat streamlined and not too onerous for practices, but you will have to apply. It also included a \$28 million hazard pay bill. You have probably seen that in the news. It was a big back and forth between the House and Senate. They included money for lower earning individuals who were working through the COVID-19 emergency. They ended up approving this funding for those who earn \$25 or less per hour. The employer has to apply for those funds and will be given the money to give to their employees. If you are a practice, you will need to apply for those funds if you would like to make them available to your staff.

H.966 was a broadband bill covering the technology side of the CARES funds. For practices, the two main pieces to mention from that bill are \$800,000 that went to the Vermont Program for Quality and Healthcare (VPQ) to put together connectivity packages for patients. Those will be tablets or other Wi-Fi-enabled devices to allow patients to participate in telehealth. There's also a funding stream that physicians can apply to for the actual line extensions for patients to get broadband access. Hopefully, we will be able to help disseminate information on both of those to make telehealth services available to your patients.

H.960 also passed right at the end. That's a number of regulatory and licensing changes that were enacted right before the legislature went remote at the beginning of the pandemic. They extended a number of those provisions that otherwise could have expired as the Governor ends the State of Emergency. Those are things like the audio-only coverage for telehealth, deeming out-of-state providers to be able to provide services to Vermont patients via telehealth, and temporary licensing for retired health professionals. There is a little piece at the end of that bill that is a VMS initiative to address administrative burden. It was pieces that were in another bill about requiring all payers to have gold card prior authorization exemption programs. It doesn't go into effect until 2022 because of COVID-19, but we do feel very pleased that there was some effort to address prior authorization in this past session.

H.438 updates the board of medical practice licensing statutes. It also has a piece that expands disciplinary actions that employers of healthcare providers need to report to the board. If you are an employee of a facility, you may want to be aware of this. If you are an employer, you may want to be aware that now if you take certain actions they may need to be reported to the board of medical practice.

VMS also supported S.128, which was a bill to modernize the regulation of Physician Assistant practices and move to collaborative practice. That bill also passed and has gone to the Governor for his signature.

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For other items, I flagged bills that you might be following or have interest in that did not make it all the way through, but could be on the agenda when they come back in August:

- H.607 is a primary care scholarship bill that VMS is very supportive of. It would be for 4<sup>th</sup> and 5<sup>th</sup> year medical students at the Larner College of Medicine (LCOM) at UVM. There is actually some funding available for this program. It passed the House. We just need to really keep pushing the Senate appropriations committee. They are a little more skeptical, I think, of this use of funding, so we want to continue to push on that.
- S.54, the commercial system for marijuana sales bill, has very mixed signals of how close this bill is. There is some word that the conference committee may start working on this in August.
- There's a bill around pharmacy prescribing (S.220) that is largely a compromise bill that a number of specialties in VMS have been involved with. It's only passed the Senate, and now it has to make it through the House.
- The Universal After School bill (S.335) passed the Senate and is in the House.
- An access to contraceptives bill that allows pharmacy prescribing of contraceptives (H.663) actually is very similar to S.220, so I'm not sure they will both pass. One of those is likely to move forward and allow expanded access to contraceptives.
- The bill to address school wellness committees and also to require distribution of menstrual hygiene products to students in schools (H.224) has passed the Senate and is in the House.

That is the quick overview and update. There will certainly be more to come. We expect more bills to get action again in August. I would be happy to give you another update at that point.

### **Questions/Discussion**

**Q: Are "travelers monitored" just visitors who have gotten tests, or actually have symptoms/ are positive?**

*A: Breena Holmes, MD, VDH: Kate, just quarantined and/or tested to my knowledge, but I will find out.*

**Q: How is the anterior nares testing is going? I have been ordering those for young kids.**

*A: Breena Holmes, MD, VDH: We made an attempt last week to get the distribution of kids to move over to the UVM lab because it felt that those were the pathways the community hospitals were already familiar with and we didn't have the capacity in the public health lab but the determination was that wasn't going to work so the SEOC (State Emergency Operation Center) will start to develop the right pathway to get anterior nares test kits out to you. We had already put it in the HAN that kits could be ordered through the PPE link.*

*A: Lisa Gannon, MA, Primary Care Health Partners: Fanny Allen walk-in got the anterior nares test over the weekend, but the doctor said that the test was not as good as an NP sample.*

*A: Breena Holmes, MD, VDH (verbal): That's not accurate, but I've heard that as well. A reminder that you don't need PPE if the patient collects their own sample. We can find someone to advise the walk-in clinic physician. This is the future so we need accurate information to be out in all test collection areas.*

*A: I do know, when calling to order the testing, they ask if the person has to have the nares testing.*

**Q: What about having anterior nares tests at fairgrounds?**

*A: Benjamin Lee, MD, UVMCH & Larner COM Dept. of Pediatrics: My understanding is that the fairgrounds should be able to do anterior nares testing, although they are using a slightly lower age-cutoff (less than 10 I believe it was)? I have confirmed that fairgrounds is doing anterior nares testing on children <12, if/when more nares swabs become available, they will expand to 16 years and under.*

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*A: Elizabeth Hunt, MD, Timber Lane Pediatrics: We have been telling families that anterior nares is available, so it's good to know that is happening. Fingers crossed that the supply chain keeps up. For young kids and babies that is.*

**Q: Any guesses why genetic seems to make a difference in who gets COVID or they still do not know?**

*A: William Raszka, MD, UVMCH & Larner COM Dept. of Pediatrics: It's not clear. There was an interesting story about this in the NYT this AM. I think ABO will not be solid. However, there are some genes associated with chromosome 3 that may be associated with disease severity. There is still lots to learn.*

**Q: I had a patient travel and while they were away the county "turned yellow". What is the protocol? Should they isolate, test or is there a number they can call to ask this specific question.**

*A: Breena Holmes, MD, VDH: The public health answer is that it's yellow. If it turns yellow while you are there, then when you get back, you need to quarantine. We can't start parsing that out. We have to stand on that.*

**Q: As of last week, the Derby Walmart stopped testing because of supplies needed for other test sites.**

*A: Breena Holmes, MD, VDH: The site did shut down from 10 days to 2 weeks to change their computer system. The notion that Walmart was doing testing for free was awesome.*

**Q: I'm not clear how to get tests done to get travelers out of quarantine.**

*A: Breena Holmes, MD, VDH: If people don't have a medical home in Vermont and they are Vermonters, then it's a win to get them a medical home. For out-of-staters who want to be tested, there are some physicians who are willing to see that person and refer for the test. There are plenty of commercial labs that will do testing. People can go to pop-ups, but if there are limited slots, then they need to find another pathway. Please provide feedback if you aren't willing to help out-of-staters get a test and be released from quarantine.*

*A: Valerie Rooney, MD, Just So Pediatrics: We are already having more demand than capacity for testing in Brattleboro, and having to prioritize. Not sure how we would handle travelers being added. I think we need more VDH testing capacity, not relying on slots at PCPs' offices, which can get tight.*

*A: Breena Holmes, MD, VDH: VDH is at capacity and needs to stay at the ready for outbreaks, especially with schools opening in fall.*

**Q: Are all tests from different sites, e.g. Walmart, VDH, hospitals, for profit Urgent Cares equally accurate?**

*A: Wendy Davis, MD, VCHIP: I think everyone is using the best test possible but there's also the technique of collection.*

**Q: Does anyone know what UVM is planning to use as a test for the mandatory twice a week COVID testing for students who attend classes on campus?**

*A: Breena Holmes, MD, VDH: I do not know, but will try to find out.*