NCSL COVID-19 WEBINAR SERIES

State and Federal Public Health Responses

MARCH 24, 2020
The National Conference of State Legislatures is the country’s most trusted bipartisan organization serving legislators and staff. We promote policy innovation, create opportunities for lawmakers to share knowledge and ensure state legislatures have a strong, cohesive voice in the federal system. We do this because we believe in the importance of the legislative institution and know when states are strong, our nation is strong.
COVID-19 WEB PAGE

Information on state policies and responses related to continuity of government, education, fiscal, elections, criminal justice and more.

Go to ncsl.org
State Response and Legislative Trends
State Health Agency Response
Federal Response
STATE LEGISLATIVE TRENDS AND POLICY OPTIONS

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CORONAVIRUS COVID-19

- COVID-19 is a new disease caused by a novel (new) coronavirus
- First reported in Wuhan, China in December 2019
- What we know
  - Symptoms include mild to severe respiratory illness (fever, coughing, shortness of breath)
  - Person-to-person spread
  - How to protect yourself
    - Know how it spreads
    - Clean your hands often
    - Avoid close contact with people who are sick
    - Clean and disinfect frequently touched surfaces daily

Source: CDC
Current Situation: Reported Cases as of March 23, 2020

- Total global cases: 332,930
- Total deaths: 14,509
- Total cases in the United States: 33,404
- Total deaths: 400

Sources: World Health Organization and the Centers for Disease Control and Prevention (CDC)
OVERVIEW: STATE RESPONSE AND MITIGATION EFFORTS

- State Emergency/Public Health Emergency Declarations
- National Guard Activations
- State Employee Restricted Travel
- Statewide School Closures
- Statewide Closure of Non-Essential Business
- Statewide Limits on Gatherings

Source: National Governors Association (https://www.nga.org/coronavirus)
STATE LEGISLATIVE TRENDS AND EXAMPLES

- Appropriations
- Workforce or quarantine protections
- Resolutions
- Relates to governors’ power/actions
- Involves medical costs, health plan coverage, cost-sharing, etc.
- Schools, leave policies or employee benefits
LEGISLATIVE EXAMPLES: APPROPRIATIONS

- **Alabama- HB 186** - Makes supplemental appropriations; includes an appropriation of $5,000,000 from the general fund to the Department of Public Health to be used for coronavirus preparedness and response activities. *Enacted.*

- **California- SB 117** - Appropriates $100 million for local education agencies to purchase protective equipment and supplies and labor related to cleaning school sites. *Enacted.*

- **Maine- HB 1516** - Makes supplemental appropriations and allocations for the expenditures of the general fund; includes one-time funding to respond to COVID-19. *Enacted.*
**Maryland- SB 1080/HB 1663** - Authorizes the governor to take certain actions in a state of emergency, including prohibiting cost-sharing by carriers for disease testing, immunization and any associated costs; retailers from increasing the sale or rental price of any good or service by more than 10%; and employers from terminating quarantined or isolated employees. *Enacted.*

**Washington- HB 2739** - Adjusts certain requirements of the shared leave program. Includes a provision of shared leave for employees in isolation or quarantine as requested or ordered by a public health official or health care provider as a result of COVID-19. *Enacted.*
LEGISLATIVE EXAMPLES: RESOLUTIONS

- **District of Columbia- R 772** - To declare the existence of an emergency with respect to the need to provide authority to the Executive and to address critical needs of District residents and businesses during the current public health emergency. *Adopted.*

- **Florida- SR 1934** - Declares the Florida State University Seminoles basketball team, by virtue of tremendous skill on the court and the heart and spirit shown by the players and coaches this basketball season, the 2020 NCAA basketball champions by default upon cancellation of the NCAA tournament due to concerns raised by the spread of the novel coronavirus COVID-19. *Adopted.*

- **Hawaii- HR 54** - Establishes the select house committee on COVID-19 economic and financial preparedness. *Adopted.*
LEGISLATIVE EXAMPLES: CONCERNING GOVERNORS’ ACTIONS

- **Georgia- SR 5** - Concurs with Governor Brian P. Kemp's Executive Order declaring a public health state of emergency. *Adopted.*

- **New York- SB 7919** - Temporarily expands the definition of disaster in state law to include disease outbreak and permits the governor to issue any directive necessary to respond to a state disaster emergency. Makes an appropriation of $40 million from the State Purposes Account of the General Fund for responding to the outbreak of coronavirus disease. *Enacted.*

- **Maine- SB 789** - Provides the governor, on a temporary basis, with additional powers for the duration of the state of emergency declared by the Governor due to the outbreak of COVID-19. *Enacted.*
Alabama - HB 448 - Relates to Medicaid; extends the postpartum coverage period for pregnant women eligible for Medicaid assistance in recognition, in part, of potential economic and health impacts of a COVID-19 outbreak. *Pending.*

New Jersey

- **AB 3843** - Requires health insurance and Medicaid coverage for testing of coronavirus disease 2019 and for telemedicine and telehealth during coronavirus disease 2019 state of emergency. *Enacted.*

Maryland - SB 1080/HB 1663 - Authorizes the governor to take certain actions in a state of emergency, including prohibiting cost-sharing by carriers for disease testing, immunization and any associated costs; retailers from increasing the sale or rental price of any good or service by more than 10%; and employers from terminating quarantined or isolated employees. *Enacted.*
LEGISLATIVE EXAMPLES: SCHOOLS, LEAVE POLICIES, EMPLOYEE BENEFITS

- **Iowa- SB 2408** - Relating to state and local finances by making and supplementing appropriations. Waives the instructional time requirement for schools that close in order to prevent or contain the spread of COVID-19. *Enacted.*

- **Kentucky- SB 282** - Requires employers to provide accrued paid sick leave to employees. Provides mechanism for employees to accrue paid sick leave; establishes guidelines for employers to calculate paid sick leave for employees; sets forth manner in which paid sick leave can be used; creates a civil penalty for violation of provisions. *Pending.*

- **Mississippi- HB 1647** - Authorizes local governmental entities and local school districts to grant administrative leave with pay to the employees of those local governmental entities and local school districts in the event of certain disasters or emergencies. *Enacted.*
CONSIDERATIONS FOR STATE POLICYMAKERS

- Review current statutes related to pandemics.
- Work with your state and local health agency and hospitals- ask them what they need.
- Lead by example in your community – follow and share CDC and state guidelines.
- Share reliable resources and information (e.g. CDC, World Health Organization, State health agency, and Association of State and Territorial Health Officials).
- If you use social media, share credible sources.
- Team up with your governor, state health official, local health official and share a unified message.
Public Health Resources

- NCSL Coronavirus (COVID-19) Resources
- CDC: Coronavirus Disease (COVID-19) Situation Summary
- The Association of State and Territorial Health Officials (ASTHO): Coronavirus (COVID-19)
- The National Association of County and City Health Officials (NACCHO): Our Activation Efforts Around COVID-19
- Association for Public Health Laboratories (APHL): COVID-19 Response
- Council of State and Territorial Epidemiologist (CSTE): COVID-19 Response
- National Governors Association (NGA) Coronavirus: What You Need to Know
- National Center for State Courts (NCSC): State courts are responding to coronavirus to protect the public while maintaining access to justice
Thank you!

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STATE HEALTH AGENCY RESPONSE

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VISION
State and territorial health agencies advancing health equity and optimal health for all.

MISSION
To support, equip, and advocate for state and territorial health officials in their work of advancing the public’s health and well-being.
THE PUBLIC HEALTH IMPERATIVE: CONTAIN AND MITIGATE

Delay entry - slow the spread

“Flatten the Curve”
Key Public Health Capabilities and Functions

- Incident Management
- Information Management
- Countermeasures and Mitigation
- Surge Management
- Biosurveillance
- Jurisdictional Recovery
Current Public Health Priorities

- Risk Communications
- Infection Control-Personal Protective Equipment
- Rapid Detection of Cases-Testing
- Medical Surge
- Social Distancing
- Crisis Standards of Care
ASTHO Resources

- COVID-19 Intervention Actions: Providing Medication-Assisted Treatment for Opioid Use Disorder
- COVID-19 Intervention Actions: Supporting Individuals Experiencing Homelessness
- ASTHO Issue Brief: Using Telehealth to Reduce Healthcare Worker and Patient Exposure - Considerations for State and Territorial Health Leaders
- ASTHO State Snapshot: COVID-19 Intervention Actions: Restaurant Restrictions
- COVID-19 Communications Guide: Simple Answers to Top Questions
- ASTHO Statement: ASTHO Urges Swift Approval of COVID-19 Emergency Supplemental Funding (Mar. 4, 2020)
- ASTHO Statement: Governmental Public Health Leaders Request Emergency Supplemental Funding for COVID-19 Preparedness and Response Efforts (Feb. 24, 2020)
- ASTHO Statement: Health Officials React to First Coronavirus Case in United States (Jan. 21, 2020)
- ASTHO Blog: 16 Key Considerations for Drive-Through or Mobile Testing
- ASTHO Blog: Public Health Workforce Continues All-Hands Approach to Coronavirus, Risk to Public Low (Feb. 6, 2020)
- ASTHO Podcast: COVID-19 Highlights Urgent Need for Increased Public Health Funding (Feb. 25, 2020)
- ASTHO Pandemic Influenza Materials
- Coronavirus Disease 2019 (CDC)
- Coronavirus Disease (COVID-2019) Press Briefings (WHO)
Emergency Declarations

50 states, 7 territories, and the District of Columbia have taken some type of formal executive action in response to the COVID-19 outbreak. Through one form or another, these jurisdictions have declared, proclaimed, or ordered a state of emergency, public health emergency, or other preparedness and response activity for the outbreak. Below is a list of jurisdictions and links to the state or district’s declaration, proclamation, etc. ASTHO is continuing to monitor the issuance of emergency declarations in response to COVID-19 and will update the map and list as new ones are announced.
Issue Brief

Using Telehealth to Reduce Healthcare Worker and Patient Exposures – Considerations for State and Territorial Health Leaders

March 18, 2020 (Updated as of 2 p.m. ET)

OVERVIEW
With increased efforts to advance community mitigation of COVID-19, public health and healthcare sectors should consider utilizing or leveraging telehealth services. Given the trends in strained healthcare capacity observed in Italy, and healthcare worker transmission of COVID-19 observed in China, telehealth could be a viable option to enhance social distancing measures and reduce healthcare worker and patient exposure of COVID-19 in healthcare settings. The use of telehealth during the COVID-19 public health emergency can be used for screening, testing, and treatment of COVID-19, as well as the provision of other clinical services in order to reduce the risk of transmission in healthcare settings.

STATE AND FEDERAL POLICY ACTIONS
To make healthcare more accessible to those seeking testing or treatment, several state and federal-level actions have been implemented to reduce financial barriers associated with COVID-19 medical care, and to make telehealth services more accessible and attainable during the COVID-19 public health emergency.
State Snapshot

COVID-19 Intervention Actions: Restaurant Restrictions

March 19, 2020 (Updated as of 9 p.m. ET)

OVERVIEW
This document summarizes recent updates on state and territorial interventions for restaurant restrictions because of the COVID-19 outbreak. This snapshot was compiled by ASTHO staff at a specific point in time and will be updated periodically as new information is available.

- Of those listed below, 39 jurisdictions have mandated restrictions or limitations for on-site consumption of food and/or beverages. All jurisdictions with mandated restaurant closures offer alternative options for patrons to purchase food and beverages for offsite consumption.
- Consult the linked orders/announcements/press releases for additional information on the listed restrictions, including possible exceptions (e.g. health care facilities, childcare facilities, airport food courts, etc.), additional social distancing requirements, and other establishment restrictions and closures.
Immediate and Future Policy Considerations

• Continuity of Operations
• Administrative and Legal Preparedness
• Recovery
• After-action Review and Improvement Planning
• Resourcing Readiness
PUBLIC HEALTH IS A MATTER OF NATIONAL SECURITY!
THANK YOU!

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FEDERAL UPDATE

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FEDERAL UPDATE AGENDA:

- Presidential Action
  - Emergency Declarations

- Congressional Action
  - H.R. 6074 Coronavirus Preparedness and Response Supplemental Appropriations Act 2020 (signed into law March 6)
  - H.R. 6201 Families First Coronavirus Responses Act (Signed into law March 18)
  - S. 3548 Coronavirus Aid, Relief, and Economic Security Act (pending)

- Highlights from Administration Responses
- Resources
TIMELINE OF RECENT MAJOR FEDERAL ACTION

Jan. 31 - President declares a National Public Health Emergency & implements travel ban

March 6 - H.R. 6074 signed into law

March 13 - President Declares a National Emergency Declaration

March 18 - H.R. 6201 signed into law
PRESIDENTIAL EFFORTS:
COVID-19 PRESIDENTIAL EMERGENCY POWERS:

- **January 31: President Trump declared a National Health Emergency Declaration under the Public Health Service Act**
  - Allowed HHS Secretary Alex Azar to establish the Coronavirus Task Force, issue multiple policy modifications, waivers to support response efforts of the health care community

- **March 13: President Trump declared a National Emergency Declaration under Stafford Act and National Emergencies Act (NEA)**
  - Stafford Act: This allows states to access FEMA Public Assistance grants for “emergency protective measures,” Small Business Administration disaster loans, assistance from FEMA Incident Management Assistance Teams, and tax filing and payment extensions for affected taxpayers
  - NEA: This allows the Secretary of HHS to exercise the authority under section 1135 of the Social Security Act to temporarily waive or modify certain requirements of the Medicare, Medicaid, and State Children’s Health Insurance programs and of the Health Insurance Portability and Accountability Act Privacy Rule throughout the duration of the pandemic

- **March 18: President Trump invoked emergency authorities under the Defense Production Act via executive order**
  - Allows the HHS Secretary the authority to require private industry to prioritize government contracts over any other contracts for the purpose of national security – in this case, for medical supplies production, as specified by the Secretary. This can include ventilators as well as personal protective equipment such as masks, gloves, and other medical supplies are properly distributed to health workers on the front lines of the response
CONGRESSIONAL EFFORTS:
H.R. 6074 CORONAVIRUS PREPAREDNESS AND RESPONSE SUPPLEMENTAL APPROPRIATIONS ACT 2020:

- Total of $8.3 billion in appropriations included in the law
- Of the total amount of funding, at least $1.05 billion in grants to reimburse state and local governments for costs already incurred and for future anticipated costs to respond
- No less than $950 million in CDC funding:
  - Half of this funding must be allocated within 30 days of enactment
  - At least $40 million of this must be allocated to tribes
- No less than $100 million for community health centers
OTHER FUNDING PROVIDED IN H.R. 6074:

- **$3.4 billion—Public Health and Social Services Emergency Fund**
  - Vaccine efforts, therapeutics, diagnosis, medical supplies, medical surge capacity building, health services and oversight

- **$2.2 billion—Centers for Disease Control and Prevention (CDC)**
  - Federal, state and local public health efforts, surveillance, testing, infection control, mitigation and replenishing funds

- **$985 million—Bilateral Assistance**
  - Global health programs by supporting health systems overseas, international disaster assistance and economic support

- **$264 million—Department of State**
  - Consular operations, emergency evacuation and other preparedness efforts

- **$836 million—National Institutes of Health (NIH)**
  - Research and development of vaccines, therapeutics and diagnostics, and training to reduce exposure of hospital employees and first responders

- **$82 million—Other**
  - Food and Drug Administration (FDA) to review medical countermeasures, devices, therapies and vaccines
  - Small Business Administration for small business disaster loans
  - U.S. Agency for International Development for oversight

- **$500 million—an estimated amount for the temporary reimbursement for telehealth for all Medicare enrollees regardless of whether they are located in a rural area**
March 11 - CDC announced $560 to state and local jurisdictions

March 21 - CDC announced $80 million to tribes, tribal organizations and Urban Indian Organizations

CDC Funding Information (March 11, 2020)

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<th>Jurisdiction</th>
<th>Initial $25M (via Crisis CoAg) Complete</th>
<th>Initial $10M (ELC) Complete</th>
<th>$560M+ Award (Crisis CoAg) Underway</th>
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https://www.hhs.gov/about/news/2020/03/11/cdc-funding-information.html
H.R. 6201 FAMILIES FIRST CORONAVIRUS RESPONSES ACT:

- Signed into law by the President on March 18, 2020
- Package emergency surplus bill with variety or provisions including HHS
- Public Health Provisions:
  - Provides $64 million to the Indian Health Service for items and services related to COVID-19
  - Allows the Department of Health and Human Services (HHS) to provide liability protection for certain emergency response products, including masks
H.R. 6201 FAMILIES FIRST CORONAVIRUS RESPONSES ACT:

- **Food and Nutrition Overall Funding:**
  - $250 million was appropriated for HHS programs for elderly Americans, state matching requirements do not apply to these funds
  - $160 million for home-delivered nutrition services
  - $80 million for congregate nutrition services that provide food in group settings, such as adult day care centers and meal sites
  - $10 million for nutrition services for Native Americans
H.R. 6201 FAMILIES FIRST CORONAVIRUS RESPONSES ACT:

- **Food and Nutrition Funding:**
  - Funding for children and families, including:
    - $500 million in emergency funding for the Women’s Infants and Children program (WIC)
    - $400 million for the Commodity Assistance Program for The Emergency Food Assistance
Food and Nutrition Funding:

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H.R. 6201 FAMILIES FIRST CORONAVIRUS RESPONSES ACT:

- **Health Coverage and Services:**
  - As more tests become available for COVID-19 a growing concern for some patients have been the costs. HR 6201 addresses some of this by providing $1.2 billion to cover testing costs.
  - Requires commercial insurance to cover testing and diagnosis for COVID-19 with no cost-sharing to the patient.
  - Appropriates $1 billion to the National Disaster Medical System allowing them to reimburse costs for testing uninsured individuals. Medicaid and Medicare.
H.R. 6201 FAMILIES FIRST CORONAVIRUS RESPONSES ACT:

- **Health Coverage and Services:**
  - States are eligible for a 6.2% increase in their federal medical assistance percentages (FMAP)
  - No cost-sharing for Medicaid and Children’s Health Insurance Plan (CHIP) enrollees and a 100% FMAP to cover the costs
  - Increased Medicaid funding to U.S. territories for all medical services for the next two fiscal years
  - Any cost-sharing for seniors enrolled under Medicare Part B and Medicare Advantage plans and makes new technical improvements to Medicare telehealth authority
CONGRESS & RECENT APPROPRIATIONS:

Recent Appropriations (Third Package):

- Senate has been debating a third package, as of March 23 failed to reach the 60-vote threshold that would limit debate on a motion to proceed on the legislation

- Senate Republican proposal, S.3548, breaks HHS provisions into four categories:
  - Addressing supply shortages
  - Access to health care for COVID-19 patients
  - Innovation
  - Healthcare workforce
SUPPLY SHORTAGES PROVISIONS (S. 3548):

- Asking national groups to study the manufacturing supply chain of drugs and medical devices, and provide Congress with recommendations

- Requiring the strategic national stockpile to include certain types of medical supplies and clarify the stockpile can build up medical supplies like swabs used for COVID-19 testing

- Requires drug manufacturers to maintain contingency plans ensuring a back up supply of products among other proposals
ACCESS TO HEALTH CARE (3.548):

- Suspension of Medicare sequestration and increase in Medicare payments for treating patients with COVID-19
- $1.32 billion to community health centers
- Clarifies that all testing for COVID-19 is to be covered by private insurance plans without cost sharing, and would require health insurers to cover potential vaccines without cost
- Number of provisions related to needs of rural health populations
- Clarifications on liability protections to providers during this time, and increased flexibility and support for the National Health Service Corps during the emergency period
Would allow the Biomedical Advanced Research and Development Authority (BARDA) to more easily partner with private sector on research and development
HEALTH CARE WORKFORCE (3.548):

- Reauthorizes and updates Title VII of the Public Health Service Act (PHSA) supporting clinician training and faculty development
- Directs Secretary of HHS to develop a coordinated plan for health workforce programs
- Reauthorizes and updates Title VIII of PHSA focusing on nurse workforce training programs
- Helps support the development of a robust nursing workforce in responding to COVID-19 and future public health emergencies among other proposed provisions
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CONGRESSIONAL APPROPRIATIONS (THIRD PACKAGE):

- Senate Democrats Proposal:
  - $1.5 billion for the Centers for Disease Control and Prevention—including for the Infectious Disease Rapid Response Reserve Fund and Global Health Security
  - $3 billion for the Public Health and Social Services Emergency Fund
  - $2 billion set-aside for State and Local Reimbursement
  - $1B for the National Institutes of Health—Vaccine Development
FEDERAL AGENCY UPDATES:

- As of last week the Food and Drug Administration (FDA) updated a policy they issued on February 29th on diagnostic testing for COVID-19 in order to achieve more rapid testing capacity.
- Puts in place a policy for states to take responsibility for tests developed and used by labs in their states, similar to the action granted to New York state a few weeks ago.
- This new guidance is distinct from New York’s approach, allowing laborites developing tests in these states to engage directly with the appropriate state authorities instead of the FDA.
- The labs do not need to pursue an Emergency Use Authorization (EUA) with the FDA.
- Engaged with more than 100 test developers since the end of January to provide templates and advice on the EUA process and has granted multiple diagnostic EUA’s during this outbreak.
FEDERAL AGENCY UPDATES:

- Administration announced that healthy participants are in COVID-19 vaccine trial being done in Washington state.
- Also discussion within the administration on promoting an anti-malaria drug to use a treatment as well.
- The treatment is called hydroxychloroquine and some studies saying when the drug is combined with a popular antibiotic can treat COVID-19.
- FDA has discussed this treatment and other developments while highlighting more trials and evidence are still needed.
- Private companies also conducting trials for a vaccine at this time.
RESOURCES:

- NCSL Summary of H.R. 6201, “Families First Coronavirus Response Act”
- NCSL Blog on H.R. 6201
- NCSL COVID-19: Daily Announcements From Federal Agencies
- FDA Release on COVID-19 Vaccine Development
- AP Article on COVID-19 Vaccine Development
- FDA Announcement on Updates to COVID-19 Testing and Diagnostics
THANK YOU!

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Questions and Answers

Please type your questions into the chat box in the lower left-hand corner of your screen.
COVID-19 WEB PAGE

Go to:

www.ncsl.org or