IHA
COVID-19 Legal Resources
April 2, 2020 Edition

There are substantial and complex legal questions and concerns posed by the need to respond to COVID-19 in Illinois and nationally. Below are Federal, state, local, issue-specific, and other legal resources compiled by the Illinois Health and Hospital Association. Please consult legal counsel with specific questions.

NOTE: These resources are not comprehensive and will be updated periodically.

Statistics:

- **US Count**: Current count of COVID-19 cases in US is available on CDC’s [website](https://www.cdc.gov).
- **Illinois Count**: The count of COVID-19 cases in Illinois is available on IDPH’s [webpage](https://www.idph.gov).

Federal

- **Presidential Executive Orders / Declarations**
  - [Invocation of the Defense Production Act](https://www.dol.gov) to prioritize and expand the nation’s ability to produce key medical supplies such as ventilators and personal protective equipment. 3/18/20
  - [Executive Order on Prioritizing and Allocating Health and Medical Resources to Respond to the Spread of Covid-19](https://www.hhs.gov) delegating HHS to direct production and distribution of personal protective equipment, ventilators, and “any additional specific health and medical resources” that meet the criteria of the DPA, as determined by HHS. 3/18/20
  - President authorizes Reserve, National Guard to assist in COVID-19 response. President Trump has authorized the Secretaries of Defense and Homeland Security to order up to 1 million Ready Reserve members to active duty for up to two years at a time to assist with the COVID-19 national emergency. The authorization could impact the hospital and health system workforce, as many reservists are employed in health care when not on active duty. He also authorized 100% federal cost-sharing for the governors of Connecticut, Illinois, Michigan, Florida, Louisiana, Maryland, Massachusetts, New Jersey, Guam, and Puerto Rico to use the National Guard to support COVID-19 state and local emergency assistance efforts for 30 days.
• Federal Waivers and Agencies

  o American Hospital Association (AHA) Letters
    ➢ AHA Letter requesting additional waivers for or leniency for federal audits, medical review audits, administrative timeframes, and medical record timing requirements specific areas. 3/16/20
    ➢ AHA Letter requesting suspension of Stark and AKS. 3/19/20
    ➢ AHA Letter to Attorney General Barr requesting DOJ exercise prosecutorial discretion and will decline to pursue or prosecute alleged violations of Stark and AKS. 3/20/20
    ➢ AHA Letter requesting direct Federal funding for hospitals. 3/19/20
    ➢ AHA Letter recommending enforcement of Stark Law and Anti-Kickback Statute be temporarily suspended. 4/1/20
    ➢ AHA Letter requesting HSS to revise waiver requirements of EMTALA and HIPAA. 3/25/20
    ➢ AHA, AMA and ANA Letter to the President to Use DPA for Medical Supplies and Equipment. 4/1/20
    ➢ AHA Letter urging DOL to accurately define “health care provider” in regulations implementing of the Families First Coronavirus Response Act. 4/1/20
    ➢ AHA Letter to CMS urging flexibility with expansion of Medicare accelerated payment program. 4/1/20
    ➢ AHA, AAMC, CHA Letter requesting IRS grant filing extension. 4/1/20
    ➢ AHA Letter urging HHS and CMS to distribute funds to hospitals and health systems as designated by CARES Act. 4/1/20
    ➢ AHA Letter urging private insurers to help meet challenge to respond to COVID-19. 4/1/20

  o Department of Justice (DOJ)
    ➢ DOJ released a statement noting that the department is prepared to pursue “bad actors” who take advantage of the COVID-19 crisis.
    ➢ DOJ established a website, hotline and email for reporting price gouging and fraud. They will triage complaints to the appropriate federal and/or state authorities. A listing of state laws that cover or relate to price gouging can be found here.

  o EMTALA
    ➢ CMS released a memorandum regarding EMTALA, allowing for alternative testing sites and other guidance.
    ➢ AHA Letter requesting HSS to revise waiver requirements of EMTALA and HIPAA. 3/25/20

  o Federal Emergency Management Agency (FEMA)
    ➢ The declaration of a national emergency allows FEMA to provide funding to state and local governments and eligible non-profit entities, including non-profit hospitals, clinics and nursing homes (among others). This article provides a summary of what we know to date.
    ➢ FEMA extended the deadline to apply for public assistance funding for individuals and organizations to make a request for public assistance funding for the duration of the public
health emergency unless an earlier deadline is deemed appropriate by FEMA. FEMA also posted new fact sheets with additional information:

- Use of Defense Production Act Authorities to Support the Pandemic Response
- Procurement Under Grants: Under Exigent or Emergency Circumstances
- Coronavirus (COVID-19) Pandemic: Eligible Emergency Protective Measures

- FEMA simplified its public assistance program application process for eligible state, territorial, tribal, local government entities and certain private non-profit organizations. AHA worked with Jones Day to produce an Advisory with additional details. 3/25/20

- **FEMA implements ventilator request process.** Given the scarcity of the ventilators in the Strategic National Stockpile and the current capacity of the private sector to meet the demand, FEMA has adopted a new process to manage federal ventilator resources to ensure the ventilators are shipped to the states in the amount needed to manage the immediate crisis. For ventilators, FEMA defines "immediate" as requirements necessary to sustain life within a 72-hour window. FEMA asked states and tribes to request ventilators from the SNS through their FEMA and Health and Human Services regional leadership. They said the request should include detailed responses to five questions:
  - How many usable ventilators, ICU beds and convertible ventilators are currently available within the state/tribe?
  - What is the current hospital bed and ICU bed occupancy rate in the state/tribe?
  - How many new ICU beds does the state/tribe estimate it can stand-up and the number of ventilators, or FDA-approved ventilator alternatives, it can or is standing up?
  - What is the decompression ability of hospitals in the state/tribe (i.e., are there currently field hospitals or alternate care facilities established)?
  - How many anesthesia machines are in the state/tribe and have they been converted?

- **HHS**
  - HHS letter to Governors to extend capacity of health care workforce to address pandemic. 3/25/20
  - **HHS sets email address for hospital-specific COVID-19 questions.** Hospitals and health systems are encouraged to direct COVID-19 questions to a new HHS email. The new email address serves as a one-stop resource to triage a wide range of COVID-19 inquiries from hospitals across HHS's offices and operating divisions, including the CDC, FDA, CMS and Office of Assistant Secretary for Health. **HHS says hospitals can send their COVID-19 questions to HospitalCOVID19@hhs.gov.** 4/1/20

- **Medicaid and Children’s Health Insurance Program (CHIP) Agencies**
  - CMS released updated FAQs for state Medicaid and Children’s Health Insurance Program (CHIP) Agencies. The revised document includes answers to questions related to the flexibilities CMS is affording to states in managed care, benefits,
financing, 1115 demonstrations, and leveraging “1135” waivers.

- **Office of Civil Rights (OCR)**
  - Notice of Discretion for Telehealth Remote Communications / HIPAA. OCR has published notification that it will exercise its enforcement discretion and will **not** impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency. *See Issue Specific Resources section below, under Telehealth.*
    - OCR bulletin guidance that civil rights laws are not set aside during emergency.
    - OCR issues guidance to help ensure first responders and others receive protected health information about individuals exposed to COVID-19.

- **Substance Abuse and Mental Health Services Administration (SAMHSA)**
  - Substance Abuse and Mental Health Services Administration (SAMHSA) guidance allowing states and provider to request exceptions to SAMHSA’s limits on amounts of take-home medication for treatment of opioid use disorder.

- **U.S. Citizenship and Immigration Services**
  - U.S. Citizenship and Immigration Services posted an announcement clarifying that under Public Charge rule any treatment or preventive services related to COVID-19 will not negatively affect any individual as part of a future Public Charge analysis.

- **Waivers**
  - Initial CMS and HHS Waivers. 3/13/20. Shortly after the national emergency declaration, CMS issued blanket waivers and HHS Secretary Azar issued blanket waivers and modifications, both under Section 1135. CMS has posted a toolkit on 1135 waivers.

    **NOTE:** These waivers are **automatic** – no need to ask permission or provide notice. Also, these waivers apply **only to federal law and do not change state law**. IHA is working with the state to get state waivers in place. *See State Laws and Waivers section below.*

    The federal blanket waivers include:
    - Critical access hospital 25-bed limit and 96-hour length of stay limit
    - Skilled nursing facility 3-day prior hospitalization for coverage of SNF stay
    - Certain Conditions or Participation for hospitals
    - Requirements that physicians or other professionals hold licenses in the state where they provide care
    - EMTALA sanctions regarding medical screening exam and transfers
    - Certain HIPAA provisions
    - Timetables and deadlines for performance of activities necessary to be eligible for Medicare and Medicaid and CHIP

  - CMS issues additional guidance on Additional Emergency and Disaster-Related Policies and
Procedures That May Be Implemented Only With a § 1135 Waiver

- CMS releases additional waivers. The Centers for Medicare & Medicaid Services yesterday released a substantial number of new waivers related to COVID-19. The waivers apply nationwide and are retroactive to March 1, 2020. Among other areas, the waivers include:
  - Allowing hospitals to establish additional treatment locations;
  - Expanding access to telehealth;
  - Removing self-referral barriers to responding to COVID-19;
  - Allowing for additional workforce capacity; and
  - Eliminating certain administrative requirements.

- Section 1115 Waivers
  - 1115 Waiver Request Fact Sheet 3/27/20
  - Updated Illinois Section 1115 Waiver Request and 1115 Waiver Request Fact Sheets 3/27/20
  - HFS filed an Appendix K waiver request 3/30/20

- Section 1135 Waivers
  - Illinois’ Department of Healthcare and Family Services (HFS) has submitted an 1135 waiver for Illinois’s Medicaid program.
  - IHA submitted a Section 1135 waiver request on behalf of all Illinois Hospitals on 3/20/20. IHA’s request includes crucial areas that are not included in the federal blanket waivers.
  - CMS granted partial approval of IHA’s Section 1135 waiver request. 3/26/20

- Other State’s Waivers
  - Many other states have submitted 1135 waivers, including, but not limited to, Florida, Iowa, Missouri, Ohio, Oklahoma, Oregon, Texas, Virginia, and Washington.
  - Florida, Texas and Washington have received responses and either full or partial approvals from CMS.
  - CMS grants 11 more states Section 1135 Medicaid waivers for the COVID-19 emergency, bringing the national total to 34. 3/27/20

- Background Information About Section 1135 Waivers
  Information about Section 1135 waivers
State

- **Governor’s Executive Orders**
  - [Liability Protections](#) 4/1/20 (COVID-19 Order #17)
  - [Stay At Home Order Extension](#) 4/1/20 (COVID-19 Order #16)
  - [Extends Cannabis Applications](#) 3/28/20 (COVID-19 Order #15)
  - [Notary And Witness Guidelines](#) 3/26/20 (COVID-19 Order #12)
  - [Suspends Admissions To IDOC From County Jails](#) 3/26/20 (COVID-19 Order #10)
  - [Health Care Workers](#) 3/24/20 (COVID-10 Order #10)
  - [Essential Human Services Operations](#) 3/23/20 (COVID-19 Order #9)
  - [Stay-at-Home Order 3/20/20](#) (COVID-19 Order #8)
  - [Telehealth Order 3/19/20](#) (COVID-19 Order #7)
  - [Waiving Vehicle Registration/Drivers’ License Renewals etc.](#) (COVID-19 Order #6)
  - [Closing Restaurants and Canceling Gathering of More than 50](#) (COVID-19 Order #5)
  - [Closing Schools Through March 30th](#) (COVID-19 Order #4)
  - [Canceling Large Gatherings](#) (COVID-19 Order #3)
  - [Canceling Gatherings of More Than 1,000](#) (COVID-19 Order #2)
  - [Extending Cannabis Application Deadline](#) (COVID-19 Order #1)

- **Governor’s Office COVID-19 Email**
  - Governor’s office is attempting to be responsive to needs, concerns, and questions in a timely manner. To help facilitate this process, they have established a new e-mail address Gov.COVID19stakeholder@illinois.gov. Please, send all questions, comments, and recommendations to Gov.COVID19stakeholder@illinois.gov. We will compile your inquiries and respond with answers. If you would like to sign-up for communications from the Governor’s office please e-mail Dorian Manion at Dorian.Manion@Illinois.gov.

- **Email for Retired Healthcare Workers to Volunteer**
  - Governor J.B. Pritzker issued another plea for retired healthcare workers to return to work and assist in the response to COVID-19. Those interested in volunteering are asked to send an email to serve@illinois.gov

- **National Guard Deployment of Tents and Personnel at Hospitals**
  - Hospitals are being asked to respond to Anne Stilwell (astilwell@team-iha.org) on their interest in having the Illinois National Guard deploy tents and personnel on their facility grounds. IDPH is trying to quickly ascertain which hospitals are most in need of these resources.

- **Special IHA Portal to IDPH**
  - IDPH has created a special portal just for IHA member to use to submit questions and issues: dph.hospitaladmin@illinois.gov
• **AccuWeather offers free weather warning service to hospitals with temporary structures.** 3/25/20

• **Intra-State Licensure**
  o The **Respiratory Care Practice Act** allows out of state, licensed respiratory care practitioners to work in Illinois without an Illinois license in the case of a declared emergency (*225 ILCS 106/15(l)(i)*).
  o IDFPR has **waived the requirement for permanent licensure of physicians, nurses, physician assistants, and respiratory care therapists who are licensed in another state**. Out-of-state licensees working in Illinois pursuant to this Order must hold a license from another U.S. jurisdiction and must be in good standing. Licensees are limited to working under the direction of IEMA and IDPH pursuant to a declared disaster or in a state licensed long-term care facility, state regulated hospital, or federally qualified health center (FQHC). **Applications for temporary licenses** are available on IDFPR’s website.
  o IDFPR issued **FAQ** related to the intra-state reciprocal licensing waiver. 3/25/20

• **SIREN**
  Hospitals and physicians are urged to sign up for SIREN, the **State of Illinois Rapid Electronic Notification System**, which IDPH uses to send COVID-19 alerts and guidance. To register for SIREN, go to [https://siren.illinois.gov/agreement.php](https://siren.illinois.gov/agreement.php) or send an email to dph.siren@illinois.gov

**Local**

• **City of Chicago**
  o Mayor’s Office **letter** to residents. 3/11/20
  o Mayor’s Office and CDPH **letter** canceling events. 3/12/20
  o Mayor’s Office and CDPH **order** for sick to stay home. 3/19/20

• **Chicago Establishes Smart911 for Safety**
  The City of Chicago is encouraging residents to sign up for **Smart911** – a free, voluntary and secure service that allows individuals and families in the city to provide critical medical information when they call 9-1-1. Residents can create a safety profile for themselves and family members that will include information on current health conditions as well as information if a resident is experiencing COVID-19 symptoms or is under quarantine. This information will automatically be provided to first responders when calling 9-1-1 and will enable them to quickly and safely respond to emergencies. To learn more, view this [video](https://siren.illinois.gov/agreement.php). 3/30/20

**CMS Regional Office (Region 5)**

• **Contact List**
• NGS has established a **new provider enrollment telephone hotline** to allow physicians and non-physician practitioners in JK and J6 to initiate provisional temporary Medicare billing privileges via telephone. Hotline staff will collect information to establish a PECOS enrollment record during the
phone call. Staff will also address questions regarding these temporary provider enrollment flexibilities afforded by the COVID-19 waiver. The JK and J6 hotline number is 888 802 3898. Hours of operation are 9:00 a.m. – 5:00 p.m. ET 8:00 a.m. - 4:00 p.m. CT Monday – Friday.

**Issue Specific Resources**

- **Audit and Surveys**
  - Joint Commission on Accreditation for Healthcare Organizations (The Joint Commission) announced it was suspending surveying in response to the coronavirus outbreak. The suspension is expected to last through April and accreditation will be extended without disruption.
  - CMS issues FAQs on guidance to State Survey Agencies regarding suspending non-emergency survey inspections.
  - CMS granted a range of data reporting exceptions and extensions across its quality reporting and value-based payment programs for hospitals, post-acute care facilities and clinicians to relieve provider burden during the COVID-19 crisis. Specifically, the agency made it optional to submit data for the fourth quarter of 2019 (October through December) and first two quarters of 2020 (January through March, and April through June). In addition, CMS will not use data from Jan. 1 through June 30, 2020 to calculate performance in its quality reporting and value-based purchasing programs.

- **Bed Capacity**
  - IHFSRB Guidance on Expanding Bed Capacity,Suspending Service
    The Illinois Health Facilities and Services Review Board (HFSRB) has released emergency rules and guidance on how hospitals can expand their bed capacity to respond to the COVID-19 pandemic. The guidance provides for an Emergency Preparedness Response Report to be filed with the Board within 30 days of the bed increase. Hospitals do not need to get pre-approval for this action. Hospitals may also temporarily suspend a facility or category of service pursuant to HFSRB rules. This action also does not require pre-approval. The full guidance, including information that must be included in the letter of submission to HFSRB, can be found here. An FAQ developed by the Planning Board can be accessed here. 4/1/20

- **Coverage and Billing for COVID-19**
  - CMS released FAQs on Catastrophic Health Coverage; the agency states that it will not take enforcement action against any health issuer that amends its catastrophic plans to provide coverage without imposing cost-sharing requirements for COVID-19 related services before an enrollee meets the catastrophic plan's deductible.
  - IRS guidance released last week which provides flexibility to high deductible plans to provide COVID-19 health benefits without applying a deductible or cost-sharing.
  - CMS issued guidance to help Medicare Advantage and Medicare Part D plans respond to COVID-19.
  - CMS has issued billing codes and interim guidance for coding encounters related to COVID-19 Coronavirus Outbreak.
  - CMS has issued guidance regarding billing services under various emergency waivers.

CMS issued a corrected announcement regarding the Medicare Severity-Diagnosis Related Group Grouper to recognize the new ICD-10-CM diagnosis code, U07.1, for COVID-19. The initial MS-DRG assignment posted March 20 would have resulted in significant reimbursement reductions for hospitals.

National Uniform Billing Committee issues COVID-19 claims guidance. 3/25/20

CDC posts COVID-19 ICD-10-CM code. The official guidelines for the new ICD-10-CM code go into effect today through Sept. 30. These codes will help capture and report surveillance data for the virus. The AHA was in close communication with CDC to move the original October implementation earlier and collaborated on the development of the coding guidelines. 4/1/20

- Crisis Standards of Care
  - AHA Advisory on caring with limited resources during COVID-19 crisis. The AHA has compiled resources, tools and sample policies that hospital and clinical leaders may find helpful in developing their own organization’s approach to caring for patients with limited resources or under crisis circumstances.

- Cyber Security
  - HHS identified a potential threat to network security that could affect the health care and public health sector after a health care facility purchased off-the-shelf computers from a major online retailer to find that many of the devices contained malware. HHS says that providers should take standard precautions and not assume the condition of existing packaging or the reseller assures device or network safety. For more information on deploying new PCs safely click here. 3/24/20.
  - CISA issued an updated version of its guidance on the essential critical infrastructure workforce during the COVID-19 crisis. 4/1/20

- Day Care
  - State Emergency Application License Process for Hospitals to Set Up Daycare Centers
    The Governor’s office, the Illinois Office of Early Childhood Development, the Illinois Department of Human Services (IDHS) and the Illinois Department of Children and Family Services (IDCFS) have established an emergency licensing process for hospitals to set up their own child care centers. Go to the OECD website and click on “An IDCFS application for providers to apply for an emergency license to provide care.” Completed applications should be submitted to IDCFS at Emergency.Daycare@illinois.gov. 3/24/20.

Emergency Child Care for Essential Worker Families Outside of the City of Chicago. Essential worker families outside of Chicago who are in need of emergency child care can call 1-888-228-1146 and connect with Child Care Resource and Referral Agencies that will work to connect them with emergency child care. 3/24/20.
Chicago Initiative on Childcare for Healthcare Workers and First Responders

Mayor Lori E. Lightfoot and Sittercity, an online resource for in-home care, announced a new initiative to help Chicago’s most essential workforce – healthcare workers, first responders and the teams who support them – continue to work on behalf of the City amid COVID-19. A new, dedicated website – sittercity.com/chicagoresponds – will make it easier for workers deemed an essential part of the infrastructure helping Chicago stay safe, to find reliable childcare that will allow them to continue their crucial work. The Chicago Mayor’s Office asks that all Chicago Hospitals make their employees and contractual employees aware of this service.

COVID-19: Emergency Child Care Resources for Communities & Providers

- **Elective Surgeries**
  - CMS released [recommendations on adult elective surgeries and nonessential procedures](#) which provides details including that decisions will be made at the local level by the clinician, patient, hospital, and state and local health departments. The CMS recommendations include suggested factors and framework for consideration.
  - IDPH has also issued [guidance](#).

- **Ethical Medical Decision-Making**
  Responding to an inquiry from IHA, IDPH has confirmed that it will be releasing guidance soon to assist medical decision-making with resource allocation. An extensive and experienced team has been convened that was tasked with creating guidelines and developing an objective scoring tool to be used for care prioritization. When complete, initial guidance will be released, with updates thereafter.

- **Employment**
  - **Department of Labor (DOL)**
    - DOL released [guidance](#) on preparing the workplace for COVID-19.
    - DOL released [FAQs](#) regarding the FLSA
    - DOL released [FAQs](#) regarding FLMA
    - DOL [FAQs](#) defining health care providers for CARES Act
  - **EEOC guidance** [What You Should Know About the ADA, the Rehabilitation Act, and COVID-19](#).
  - **OSHA** [Guidance on Preparing Workplaces for COVID-19](#)
  - **Families First Coronavirus Response Act** requires certain employers to provide paid leave to employees impacted by the coronavirus and new refundable tax credits to employers.

- **Volunteer and Employment Opportunities 3/27/20**
  Mayor Lori Lightfoot and Chicago Department of Public Health Commissioner Allison Arwady, M.D. have issued a call for assistance from the medical community and are seeking to hire healthcare workers immediately to help the City of Chicago in its COVID-19 response efforts.
Medical Assistants and Nurses are encouraged to apply for temporary positions. If you have any questions about the positions or the application process, you may email shelly.johnson@sunbeltstaffing.com or call 813-261-2706.

Chicago Medical Reserve Corps (MRC) is a network of both medical and non-medical professionals who volunteer their time to assist during public health emergencies such as the current COVID-19 outbreak. Many MRC volunteers are just like you - nurses, doctors, pharmacists, therapists, public health professionals, and other community members who believe in keeping Chicago safe. Register at illinoishelps.net and be there when Chicago needs you most.

Federal Legislation

- Coronavirus Preparedness and Response Supplemental Appropriations Act (H.R. 6074) (3.6.20) provides $8.3 billion in funding to support preparedness and response efforts. The bill includes:
  - $950 million to assist states and localities in conducting activities such as virus surveillance, lab testing and infection control;
  - More than $3 billion for research & development of vaccines, therapeutics & diagnostics;
  - Provisions allowing HHS to waive certain Medicare telehealth restrictions.

- Families First Coronavirus Response Act (H.R. 6201) (3.18.20) is wide-ranging legislation that enacts a number of emergency measures aimed at addressing economic, public health and other impacts of the outbreak. The bill includes:
  - Requirements for public and private coverage of COVID-10 testing and testing-related services at no cost to patients;
  - 6.2% temporary increase of the Federal Medical Assistance Percentage (FMAP);
  - $1 billion for the Public Health Social Services Emergency Fund to cover testing costs and related services for the uninsured; and
  - A new option for states to expand limited Medicaid eligibility for the uninsured to cover testing and related services.

- Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (H.R. 748), this legislation, also known as an economic stimulus package, is the third large-scale legislative package in an effort in response to the novel coronavirus (COVID-19) outbreak. The legislation provides financial relief and resources to individuals, families and businesses particularly hard hit by the COVID-19 public health emergency. It also includes a number of important health care provisions, including:
  - An emergency fund for hospitals and health systems
  - A Medicaid disproportionate share hospital cut delay
  - Temporary elimination of the Medicare sequester
  - A Medicare diagnosis-related group add-on payment that together are estimated to make available $117 billion in new funding for urban and rural hospitals and health systems.
• **HIPAA** (See also Telehealth)
  o HHS issued a [limited waiver](#) of HIPAA sanctions and penalties.
  o FCC issued a [ruling](#) confirming that the COVID-19 pandemic qualifies as an "emergency" under the Telephone Consumer Protection Act. Under this exception, hospitals, health care providers, state and local health officials, and other government officials may make automated calls and send automated text messages to wireless telephone numbers to communicate information about COVID-19, as well as mitigation measures without violating federal law.
  o OCR issues guidance to help ensure first responders and others receive protected health information about individuals exposed to COVID-19.

• **Homeless Patients**
  o CDPH Resource for Discharge of High-Risk COVID-19 Persons Under Investigation (PUI) or Confirmed Cases
    CDPH issued an alert giving guidance to hospitals about disposition of COVID-19 PUIs and confirmed cases who are unstably housed or returning to homeless shelters and other high-risk settings. The alert describes the process and resources available to hospital discharge planners and the process for referring to CDPH Quarantine/Isolation (Q/I) facilities starting 8:00AM on March 23, 2020.

• **Hospital Resource Calculator for COVID-19**
  o Rush University Medical Center has put together a tool that allows hospitals to predict resource utilization during the COVID-19. The tool is meant to be a rough guide to predict hospital resources such as beds, ventilators, and PPE utilization for several weeks. The tool allows hospitals and health systems to plug in their own numbers and generate a prediction of their potential needs. The tool can be found [here](#) and instruction for use can be found [here](#).

• **Intra-State Licensure**
  o The [Respiratory Care Practice Act](#) allows out of state, licensed respiratory care practitioners to work in Illinois without an Illinois license in the case of a declared emergency 225 ILCS 10/6/15(l)(i)(j).
  o IDFPR has [waived the requirement for permanent licensure of physicians, nurses, physician assistants, and respiratory care therapists who are licensed in another state](#). Out-of-state licensees working in Illinois pursuant to this Order must hold a license from another U.S. jurisdiction and must be in good standing. Licensees are limited to working under the direction of IEMA and IDPH pursuant to a declared disaster or in a state licensed long-term care facility, state regulated hospital, or federally qualified health center (FQHC). Applications for temporary licenses are available on IDFPR’s website.

• **Laboratory Requirements**
  • [CMS eases certain CLIA laboratory requirements during COVID-19 emergency](#). 3/29/20

• **Nursing Homes, Long Term Care and Discharge Planning**
  o CMS announced new [guidance](#) on nursing home patients and visitors.
  o CMS released [guidance](#) to Program of All-Inclusive Care for the Elderly (PACE) Organizations.
o CDC updated its guidance on discharging patients with COVID-19, including information for patients being discharged to home and to long-term care or assisted living facilities. 3/24/20

o Long Term Care Complaint Process for when you are unable to transfer patients to LTC’s in Illinois 3/24/20

- Personal Protective Equipment
  o CMS guidance for health care workers on Personal Protective Equipment (PPEs).
  o FDA has provided strategies to assist in the conservation of for optimizing the use of eye protection, isolation gowns, facemasks, and N95 respirators.
  o CDC released updated guidance on strategies for optimizing the use of eye protection, isolation gowns, facemasks, and N95 respirators.
  o FDA developed new guidance on the use of respirators beyond manufacturer designated shelf life.
  o The CDC also updated its infection control guidance.
  o CMS guidance regarding health care workers in home health agencies and dialysis centers.
  o The CDC’s FAQs for health professionals.
  o The CDC’s latest guidance on Lab Biosafety Guidelines.
  o U.S. Alcohol and Tobacco Tax and Trade Bureau (TTB) issues tax exemption for production of hand sanitizers by distilled spirit permittees.
  o PPE, other COVID-19 resources subject to hoarding restrictions under the Defense Production Act and a March 23 executive order. The designation includes N95 and certain other respirators, ventilators, personal protective equipment, drug products, medical device sterilization services and disinfecting devices. 3/25/20
  o Personal Protective Equipment — Mask Considerations When Caring for Known or Suspected COVID-19 Patients 3/25/20
  o Emergency Management — Duration for Continuing Disaster Privileges 3/25/20
  o Personal Protective Equipment — Conserving Facemasks and Respirators During a Critical Shortage 3/25/20

o Pleas for Medical Supplies

- IHA’s Plea. Last Thursday, IHA issued a public plea to the leaders of associations for the construction industry, dentists, veterinarians, colleges and universities, and other groups that may be able to help by donating unused N95 masks and related personal protective equipment (PPE) to Illinois hospitals. In response to IHA’s plea, community members across the state have emerged asking how they can donate.

- IDPH’s Plea. IDPH released a bulletin encouraging donations from Outpatient Surgical and Procedural Centers, Ambulatory Surgery Centers and Veterinarians, requesting surgical gloves, gowns, goggles, face shields, surgical masks, and N95 respirator masks. All interested donors of PPE should contact IDPH at PPE.donations@illinois.gov.

- Homemade Mask Donations. Citizens are seeking to help their local hospitals by sewing masks at home. CDC guidance does discuss the use of homemade masks when there are no other options. Carle Foundation Hospital embraced their community support and created a website
that includes specific instructions on how to make and package home-sewn masks. IHA will continue to encourage volunteers who contact us expressing interest in donating homemade masks to contact their local hospital.

- The Chicago Department of Public Health (CDPH) is coordinating multiple opportunities for individuals, organizations and businesses to **donate medical supplies and personal protective equipment (PPE)** and join the fight against the COVID-19. **3/27/20**
  
  Go to the links below to:
  - Donate medical supplies and personal protective equipment (PPE)
  - Donate other products or professional services
  - Sell medical supplies and PPE

- **Price Gouging**
  
  - DOJ released a statement noting that the department is prepared to pursue “bad actors” who take advantage of the COVID-19 crisis.
  - DOJ established a website, hotline and email for reporting price gouging and fraud. They will triage complaints to the appropriate federal and/or state authorities. A listing of state laws that cover or relate to price gouging can be found [here](#).
  - Illinois Attorney General’s number for reporting price-gouging at (800) 386-5438 or [IllinoisAttorneyGeneral.gov](http://IllinoisAttorneyGeneral.gov). The office has received about 616 complaints over the past couple weeks. Under Illinois state law, violators can be fined up to $50,000 and ordered to shut down.
  - Chicago Department of Business and Consumer Affairs also is on the lookout for price-gouging and is taking reports at 311 or online at [311.chicago.gov](http://311.chicago.gov). This month, the department received 190 complaints of price-gouging, compared to just two in all of 2019. The city can impose fines of up to $10,000 per offense.

- **Provider Enrollment**
  
  - CMS has released frequently asked questions regarding enrollment relief for Medicare providers in light of COVID-19. Among other areas, the FAQs include information on CMS's newly established Medicare provider enrollment hotlines, Medicare billing privileges and how CMS is exercising its 1135 waiver authority.

- **Rural Healthcare**
  
  - [FCC extends Rural Health Care Program deadlines](http://3/26/20)

- **Telehealth / HIPAA**
  
  - CMS temporarily expands Medicare telehealth benefits due to COVID-19 outbreak CMS is expanding this benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act. CMS released a [fact sheet](#) and set of [telehealth FAQs](#). The temporary changes significantly expand the methods, locations, and circumstances under which telemedicine can be billed for Medicare enrollees,
including removal of the current geographic restrictions. According Medicaid FAQs, the CMS waiver does not authorize Rural Health Clinics (RHCs) to furnish telehealth services as distant site health care providers because that is outside the scope of an 1135 waiver. States can cover telehealth without approval, and HIPAA rules will be relaxed, and penalties waived. Factsheets related to these changes:

- HHS 1135 HIPAA waiver factsheet
- HHS Notice of Enforcement Discretion factsheet
- HHS Office of Civil Rights bulletin
- HHS Office of Civil Rights FAQs on Telehealth and HIPAA during the COVID-19 nationwide public health emergency. OCR will be updating the FAQs based on feedback - so let OCR know of other questions.
- Guidance on Business Associate Agreements.
- HIPAA Security Rule safeguards
- AHA summary of telehealth waiver
- Illinois HFS issued guidance on the expansion of telehealth services in Medicaid.

- CMS released telehealth toolkits for general practitioners and providers treating patients with end-stage renal disease. Each toolkit links to sources of information on telehealth, such as how to initiate a telemedicine program, monitor patients remotely, develop documentation tools and other topics. They also outline temporary virtual services that could be used to treat patients during the COVID-19 pandemic.

- FDA expands remote use of patient monitoring devices. Health care providers can now use FDA-cleared non-invasive remote devices to monitor a patient’s vital signs, the agency said. The new policy, valid only for the duration of the COVID-19 emergency, includes devices capable of enabling remote interactions that measure body temperature, respiratory rate, heart rate and blood pressure. Providers can use the information as a supplement to diagnose or treat COVID-19 or co-existing conditions.

- Testing
  - CMS announced steps to improve testing of patients in emergency departments with a memorandum for Medicare participating hospitals.
  - FDA lists test labs in diagnostic FAQs. The Food and Drug Administration has updated its COVID-19 diagnostic testing FAQs, a reference for clinical laboratories, commercial manufacturers, and Food and Drug Administration staff. The document now lists the clinical laboratories that are offering testing under FDA’s Policy for Diagnostic Tests for Coronavirus Disease-2019; states that have chosen to authorize laboratories to develop and perform COVID-19 tests; commercial manufacturers that are distributing test kits and the serology tests being offered. Among other information, it also offers alternatives for certain items that are in short supply but which are needed for collecting patient samples for testing for COVID-19 infection, such as alternative swabs and transport media.
  - FDA announced new authority for states to develop diagnostic tests for COVID-19 so that laboratories will not be required to engage with the FDA and for commercial developers once
granted emergency use.

- HHS Office of the Assistant Secretary of Preparedness and Response (ASPR) announced that a diagnostic test for COVID-19 was nearing completion and would process up to 1,000 tests in 24 hours. Since this March 9 announcement, FDA has given four companies emergency approval for coronavirus diagnostic tests and assays (Roche Holding, Thermo Fisher, Hologic, and LabCorp).
- FDA authorizes first point-of-care diagnostic test for COVID-19. The FDA issued the first emergency use authorization for a point-of-care COVID-19 diagnostic, which the maker plans to make available to qualified health care providers and CLIA-certified labs by March 30. Point-of-care testing means that results are delivered to patients in the patient care settings, like hospitals, urgent care centers and emergency rooms, instead of samples being sent to a laboratory thereby allowing an option for testing at the point of care, which enables patient access to more immediate results. For information, see the provider factsheet.

- To accommodate patient access to certain drugs, FDA also said it does not intend to enforce Risk Evaluation and Mitigation Strategy requirements for certain laboratory testing or imaging studies during the COVID-19 emergency.

- Providers may request COVID-19 investigational treatment for sickest patients. The FDA is investigating whether convalescent plasma from recovered COVID-19 patients contains viable antibodies to treat SARS-CoV-2 in the sickest patients. While FDA trials continue, providers may request the plasma for investigational use in patients with the most serious and life-threatening COVID-19 infections. For more information, visit www.fda.gov. 3/25/20

- CDC updated its COVID-19 testing priority guidance, which gives first priority to testing hospitalized patients and symptomatic health care workers. The agency also updated its interim guidelines for collecting, handling and testing COVID-19 clinical specimens to allow for self- or health care worker-collected nasal or nasal turbinate swabs if nasopharyngeal swab is not possible. In addition, CDC updated its checklists and resources for hospital and health care professionals preparing for patients with suspected or confirmed COVID-19. Check the CDC webpage frequently for the latest CDC guidance on the COVID-19 emergency. 3/25/20

- CDC updates COVID-19 testing and preparedness guidelines. The Centers for Disease Control and Prevention has updated its COVID-19 testing priority guidance, which gives first priority to testing hospitalized patients and symptomatic health care workers. The agency also updated its interim guidelines for collecting, handling and testing COVID-19 clinical specimens to allow for self- or health care worker-collected nasal or nasal turbinate swabs if nasopharyngeal swab is not possible. In addition, CDC updated its checklists and resources for hospital and health care professionals preparing for patients with suspected or confirmed COVID-19. Check the CDC webpage frequently for the latest CDC guidance on the COVID-19 emergency. 3/24/20

- **Ventilators and Respirators**
  - FDA released updated guidance to mitigate ventilator supply disruptions by providing flexibility and expanding the availability of ventilators and other respiratory devices to treat patients during the public health emergency.
  - FDA released a letter to supplement the updated guidance that provides recommendations directed at providers.
• FDA issued an Emergency Use Authorization to ease ventilator supply shortages. Effective throughout the COVID-19 emergency, the EUA authorizes use of certain alternative ventilator devices, tubing connectors and accessories in health care settings to treat patients during the pandemic. 3/25/20

• FDA Emergency Use Authorization for Respirators 3/30/20
  • FAQ on the respirators included in the EUA. 3/30/20
  • FDA issues guidance on producing hand-sanitizer alcohol 3/25/20

Additional Links

• CDC Coronavirus Disease 2019 website. For background and the most up-to-date information.
  o Twitter (here)
  o Facebook (here)

Additional federal agency links provided by White House Coronavirus Task Force:

• U.S. Department of Health and Human Services:
  o Twitter (here)
  o Facebook (here)

Situation Updates:
• Situation Summary
• Cases in the U.S.
• Global Locations with COVID-19
• Risk Assessment
• CDC in Action: Preparing Communities

Information for Healthcare Providers, First Responders, and Research Facilities:
• Information for Healthcare Professionals
• Resources for State, Local, Territorial and Tribal Health Departments
• Resources for Healthcare Facilities
• Infection Prevention and Control Recommendations for Patients with COVID-19 or Persons Under Investigation in Healthcare Settings
• Information for Laboratories
• Resources for First Responders
• Guidance for Public Health Professionals Managing People with COVID-19 in Home Care and Isolation Who Have Pets or Other Animals
• FAQs and Considerations for Patient Triage, Placement and Hospital Discharge
• What Law Enforcement Personnel Need to Know
• Guidance for Homeless Shelters
• Guidance for Hemodialysis Facilities
• CMS: Information on COVID-19 and Current Emergencies
• CMS: Guidance for Hospice Agencies
• CMS: Emergency Medical Treatment and Labor Act Requirements and Implications Related
• CMS: FAQs for State Survey Agency and Accrediting Organizations
• EPA: Disinfectants for Use Against COVID-19

Information for Families and Households:
• Information on COVID-19 for Pregnant Women and Children
• Interim Guidance for Household Readiness
• Environmental Cleaning and Disinfection Recommendations for U.S. Households
• Guidance for Preventing the Spread of COVID-19 in Homes and Residential Communities
• FAQ: COVID-19 and Children
• EPA: Disinfectants for Use Against COVID-19

Information for Schools and Childcare Providers:
• Interim Guidance for Administrators of U.S. Childcare Programs and K-12 Schools
• Resources for Institutes of Higher Education
• Environmental Cleaning and Disinfection Recommendations – Community Facilities
• USDA: USDA Makes It Easier, Safer to Feed Children in California Amid Coronavirus Outbreak
• DOE: Resources for Schools and School Personnel

Information for Community Events and Gatherings:
• Interim Guidance for Mass Gatherings and Large Community Events
• Interim Guidance for Community- and Faith-Based Organizations

Information for Military Response:
• DOD: Department of Defense Coronavirus Response

Information for Businesses:
• CDC: Interim Guidance for Businesses and Employers
• CDC: Information for Communities, Schools, and Businesses
• CDC: Environmental Cleaning and Disinfection Recommendations – Community Facilities
• SBA: COVID-19 Resources
• DOL: Guidance for Preparing Workplaces for Coronavirus
• DOL: OHSA Resources for Workers and Employers on COVID-19
• WHO: Get Your Workplace Ready for COVID-19
• CISA: Risk Management for COVID-19
• EPA: Disinfectants for Use Against COVID-19
• Federal Reserve: Coronavirus Disease 2019 (COVID-19) Resources
• FDIC: Coronavirus (COVID-19) Information for Bankers and Consumers
• OCC: COVID-19 (Coronavirus)
• Conference of State Bank Supervisors: Information on COVID-19 Coronavirus
• NMLS: State Agency Communication/Guidance on Coronavirus/COVID-19

Information for Travel and Transportation:
• Information for Travel
• Guidance for Ships
• Guidance for Airlines and Airline Crew
• State: Travel Advisories
• State: Traveler’s Checklist
• State: Smart Traveler Enrollment Program
• DOT: FAQs from FTA Grantees Regarding COVID-19

What you should know:
• Workplace, School, and Home Guidance
• People at Risk for Serious Illness from COVID-19
• How COVID-19 Spreads
• Symptoms
• Steps to Prevent Illness
• Testing
• Frequently Asked Questions
• What to Do If You Are Sick with COVID-19
• Stigma Related to COVID-19
• What You Need to Know
• Facts about COVID-19
• Information for People at Higher Risk and Special Populations
• Communication Resources