



**CALIFORNIA
HOSPITAL
ASSOCIATION**

*Providing Leadership in
Health Policy and Advocacy*

March 12, 2020

Members of the California Delegation:

On behalf of California's hospitals and health systems and the patients they care for, I write to ask for your immediate action in support of our response to coronavirus disease 2019 (COVID-19). Our front-line staff are facing unprecedented challenges from this largest public health emergency in recent memory. We appreciate the support our local, state, and federal officials have shown thus far. However, swift action is necessary to combat the spread of the virus and ensure our hospitals have the resources and staff needed to care for their communities.

California hospitals have been at the forefront of the country's response to COVID-19. As we speak, our hospitals are caring for repatriates disembarking from the Grand Princess cruise ship in the Port of Oakland with acute medical needs. This is in addition to the care we are providing those suspected or confirmed of having COVID-19 as community transmission increases in our state.

As the number of people seeking care escalates, our hospitals are nearing capacity and need flexibility to respond under rapidly changing conditions. We need action on three immediate issues.

Clarify Guidance for Health Care Personnel Exposure to COVID-19

Hospitals and our valued health care personnel need and deserve clear and concise guidelines. To date, guidance from the Centers for Disease Control and Prevention (CDC) has been unclear and makes it harder for us to keep our workforce both safe and able to care for patients.

On March 4, the CDC updated interim guidance on health care worker exposure to allow asymptomatic health care workers who have had an exposure to a COVID-19 patient to continue working after consultation with their occupational health program. This guidance is critical to maintaining our health care capacity as we prepare for patient surges related to COVID-19.

Just three days later, however, the CDC revised [this guidance](#) again, to allow exposed health care personnel to return to work only "after options to improve staffing have been exhausted."

Qualifying the guidance in that way renders it useless until a hospital is in a truly dire situation, where it lacks any further options for maintaining staffing. In the meantime, it will leave healthy health care personnel unnecessarily furloughed at exactly the time they are most needed. We urge this language to be removed. We need the CDC to send a clear message that healthy workers can continue to work. We share the desire to protect both patients and staff from further spread of the virus. We believe that coupling personal protective equipment with regular monitoring of exposed workers — like precautions established for other respiratory viruses and in line with the CDC's guidance from last week — should be

the standard. Our workforce is already strained, and it will likely become more so with the increased risk of community exposure and the prospect of widespread school closures. We need to ensure a maximum number of qualified caregivers are available. Being required to “exhaust” other options is unworkable.

Droplet Precautions

We need the CDC to clearly, not conditionally, move from airborne to droplet precautions for patients and health care workers. Doing so will have multiple positive impacts on patient care, including allocating airborne isolation rooms properly and preserving limited supplies of personal protective equipment for health care workers caring for patients with airborne diseases. While recent CDC guidance on airborne isolation rooms released on March 10 was helpful, it is not clear enough and does not go far enough to ensure we have the resources we need to meet this moment.

Families First Coronavirus Response Act

We are disappointed to see that the Families First Coronavirus Response Act includes a provision to require the Occupational Safety and Health Administration (OSHA) to establish a COVID-19 emergency temporary standard. California has its own state plan that includes a rigorous Aerosol Transmissible Disease standard, which California hospitals are currently following. This provision would create additional confusion, introducing complex and possibly contradictory guidance at a time when we need to be focusing on our patients and employees. Further, we are troubled by the fact that the bill could be interpreted to codify the coronavirus as airborne transmitted, a decision that should be made by the CDC.

While the other components of the bill will provide much needed protection and relief to our communities, this provision could reduce hospital inpatient capacity just as we need to increase capacity.

Presidential Action Under the Stafford Act

Please urge President Trump to take action under the Stafford Act that will allow our states and our hospitals to pursue necessary waivers to provisions of Medicare, Medicaid, and Children’s Health Insurance Program (CHIP) under section 1135 of the Social Security Act. We remain committed to the letter and spirit of these provisions for routine care, but the current situation requires flexibility so that we can care for as many patients as possible.

The following are examples of the flexibility we need:

- Suspend certain Emergency Medical Treatment and Labor Act requirements to ensure the appropriate triage and flow of patients, specifically allowing hospitals to provide alternate care sites or isolate potentially infected patients from those seeking care for routine urgent and emergent health care issues.
- Allow physicians and other health care professionals who are licensed in any state (not just the state they are regularly practicing in) to be reimbursed by Medicare, Medicaid, and CHIP, so they can temporarily help out in hard-hit states. Also allow physicians whose hospital privileges are expiring and need administrative renewal to continue practicing during the outbreak pending full medical staff/governing body review and approval.
- Suspend regulations governing skilled-nursing facility admission criteria that require a three-day hospital stay, so hospitals can more quickly discharge patients no longer needing acute

care.

- Relax the 25-bed limitation for critical access hospitals so they can care for more patients as needed.
- Allow hospitals to efficiently discharge patients who no longer need acute care by temporarily suspending the requirement to give patients extensive quality data on post-acute providers before selecting that provider.
- Allow employees conducting sterile compounding to remove, retain, and re-don face masks in the compounding area during the same work shift to conserve scarce face mask supplies.
- Suspend the requirement for physicians to evaluate patients face-to-face for home health admission to facilitate efficient discharges for patients who no longer need acute care.
- Lengthen the current 30-day requirement to complete medical records after a patient's discharge, and the 48-hour requirement to authenticate verbal orders.

Activate the National Disaster Medical System (NDSM) Definitive Care Reimbursement Program

We urge Congress to appropriate funds and require the Secretary of Health and Human Services to activate the National Disaster Medical System (NDMS) Definitive Care Reimbursement Program, which allows hospitals that accept disaster evacuees to receive reimbursement for services they provide at 110% of the usual Medicare rate for such services. California hospitals continue to care for federally quarantined and isolated patients from the Diamond Princess and Grand Princess cruise ships, many of whom reside in areas and insurance networks far from the hospital where they are receiving treatment. Participation in the NDMS Definitive Care Reimbursement Program would allow hospitals to be reimbursed for the care they provide, while protecting patients from surprise medical bills.

Thank you again for your support of our hospitals. We appreciate your time and attention during this emergent situation.

Sincerely,



Carmela Coyle
President & CEO