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## **House Committee Advances Several Health Care Bills**

On Wednesday, the House Energy and Commerce Committee held a mark-up and approved 29 bills and one resolution. The bills of particular interest to ACEP included:

H.R. 451, the "Don't Break Up the T-Band Act of 2019," sponsored by Reps. Eliot Engel (D-NY), Lee Zeldin (R-NY), Al Green (D-TX), and Peter King (R-NY), would repeal the requirement for the FCC to reallocate and auction the 470-512 MHz spectrum band (T-Band), which is used by public safety entities, and require the FCC adopt rules ensuring 9-1-1 fees by states or other taxing jurisdictions would be used to support and implement 9-1-1 services and operational expenses of public safety answering points.

H.R. 1646, the "Helping Emergency Responders Overcome (HERO) Act of 2019," sponsored by Rep. Ami Bera (D-CA), would create a data system at CDC to capture public safety officer suicide incidences and study successful interventions, authorize grants for peer support behavioral health and wellness programs within fire departments and EMS agencies, and develop best practices for addressing PTSD. At ACEP's request, Dr. Mike Burgess (R-TX) successfully offered an amendment to the bill that establishes a grant program to provide behavioral health and wellness programs for health care providers.

H.R. 3935, the "Protecting Patients Transportation to Care Act," sponsored by Reps. Buddy Carter (R-GA), Tony Cardenas (D-CA), Tom Graves (R-GA), and Sanford Bishop (D-GA), would make non-emergency medical transportation a mandatory Medicaid benefit.

H.R. 4194, the "National Suicide Hotline Designation Act of 2019," sponsored by Reps. Chris Stewart (R-UT) and Seth Moulton (D-MA), would designate 9-8-8 as the universal dialing code for the National Suicide Prevention Lifeline.

H.R. 4564, the "Suicide Prevention Lifeline Improvement Act of 2019," sponsored by Reps. John Katko (R-NY), Don Beyer (D-VA), and Grace Napolitano (D-CA), would increase the authorization funding level of the National Suicide Prevention Lifeline program.

H.R. 4585, the "Campaign to Prevent Suicide Act," sponsored by Reps. Don Beyer (D-VA) and Greg Gianforte (R-MT), would direct HHS, CDC, and SAMHSA to carry out a national suicide prevention media campaign to advertise the new 9-8-8 number when it becomes effective, raise awareness for suicide prevention resources, and cultivate a more effective discourse on how to prevent suicide.

H.R. 5201, the “Telemental Health Expansion Act of 2019,” sponsored by Reps. Doris Matsui (D-CA) and Bill Johnson (R-OH), would permanently include a patient’s home as an eligible originating site for mental health services delivered via telehealth and remove Medicare’s geographic restrictions for such services.

H.R. 5619, the “Suicide Prevention Act,” sponsored by Reps. Chris Stewart (R-UT) and Doris Matsui (D-CA), would establish grants to hospital emergency departments for programs to prevent self-harm and suicide attempts among patients after discharge.

H.R. 7539, the “Strengthening Behavioral Health Parity Act,” sponsored by Reps. Joe Kennedy (D-MA) and Mike Bilirakis (R-FL), would prohibit health insurance plans from imposing less favorable benefit limitations on mental and substance use disorder treatments than on medical/surgical benefits and increase transparency with respect to how health insurers are applying mental health parity laws.

H.R. 7574, the “Strengthening America’s Strategic National Stockpile Act of 2020,” sponsored by Reps. Elissa Slotkin (D-MI) and Susan Brooks (R-IN), would: (1) authorize sale of SNS products to other federal departments or agencies within six months of product expiration; (2) study the public sector procurement process for single source materials from the SNS and examine the feasibility and benefits of a user fee agreement; (3) require the HHS to ensure the contents of the SNS are in good working order and conduct maintenance on contents of the stockpile; (4) enhance medical supply chain elasticity through domestic production of PPE and partnering with industry to refresh and replenish existing stocks of medical supplies; (5) require ASPR and FEMA to issue a report to Congress regarding all requests for supplies from the SNS during COVID-19, as well as require ASPR and CDC to develop and implement improved, transparent processes for the use and distribution of SNS supplies; (6) create a pilot program to support the expansion and maintenance of state stockpiles; and (7) increase the annual authorization of appropriations for the SNS.

To view the mark-up, [click here](#).

### **ACEP Cited in Ways and Means Rural Task Force RFI Summary**

On July 10, the House Committee on Ways and Means Committee released a summary of the responses to the committee’s Rural and Underserved Communities Health Task Force request for information (RFI) that was issued in November 2019. ACEP submitted a [response](#) to the RFI in November 2019, and is quoted in the committee’s [summary of responses](#) to the RFI.

The Rural and Underserved Communities Health Task Force was established in July 2019 to better understand the health and social inequities of those living in rural and underserved communities, and to develop policy solutions that will help address these needs. The Task Force is a bipartisan effort led by Representatives Terri Sewell (D-AL), Danny Davis (D-IL), Brad Wenstrup (R-OH), and Jodey Arrington (R-TX).

Additionally, to supplement the Task Force’s efforts, the committee sent a [letter](#) to the Medicare Payment Advisory Commission (MedPAC), requesting that they update a 2012 report, “Serving rural Medicare beneficiaries,” and adding specific factors to this analysis. The letter requests that MedPAC submit an interim report by June 15, 2021, and a final report by June 15, 2022.

ACEP continues to work closely with the Task Force to ensure that emergency medicine priorities are included to improve emergency care for patients in rural and underserved communities.

### **ACEP ALTO & POWER Act Funding Included in House FY2021 L/HHS Appropriations Bill**

On July 13, the House Committee on Appropriations approved the fiscal year (FY) 2021 Labor, Health and Human Services, Education, and Related Agencies (L/HHS) appropriations bill in a 30-22 vote. The legislation includes funding for the ACEP-developed Alternatives to Opioids (ALTO) and Preventing Overdoses While in Emergency Rooms (POWER) Act provisions that were included in the bipartisan, bicameral opioids package that passed in 2018 (the SUPPORT for Patients and Communities Act; P.L. 115-271).

ALTO helps expand non-opioid treatment protocols in EDs throughout the country, and the POWER

Act provisions will help promote a “warm hand-off” approach to better connect emergency patients who have overdosed with the long-term treatment options in their community that they need and deserve. The FY2021 L/HHS bill provides \$5 million for the ALTO program and \$4 million for the POWER Act, which is the same level of funding provided for the programs in the 2019 year-end spending package approved in December.

This represents another important advocacy victory for emergency medicine and is an important step in securing the funding these essential programs need. While it is unclear whether Congress will pass the appropriations bills through the normal process – a continuing resolution (CR) seems more likely at this point – the fact that ALTO and POWER have been funded in the House L/HHS bill is an encouraging sign. Additionally, ACEP continues advocating to ensure these programs are fully funded at the \$10 million level as authorized in the SUPPORT Act.

### **NEMPAC Charity Match**

While [making your annual contribution to NEMPAC in July](#), you will have the opportunity to select one of three COVID-19 related charities that ACEP will match 10 cents on every dollar of your donation. It is our way of thanking you for your support and giving back during these unprecedented times. Join your fellow ACEP members to support meaningful political and charitable involvement.

**After making your donation online, you will be asked to select one of these charities for the match.**

### **Eligible charities are:**

- [GetUsPPE.org](#)
- [Emergency Medicine Foundation/COVID-19 EM Research](#)
- [American Foundation for Suicide Prevention](#)

**[Click here](#) to make your donation and select a charity!**

### **NEMPAC VIP Donor “Virtual Happy Hour” Series**

The NEMPAC Board of Trustees is hosting a sixth VIP Donor “Virtual Happy Hour” on Thursday, July 9th with special guest Rep. Raja Krishnamoorthi (D-IL-08). Rep. Krishnamoorthi is a lead sponsor of the [“Coronavirus Health Care Worker Wellness Act of 2020”](#), which provides access to mental health resources for emergency physicians and other health care providers on the front lines of the COVID-19 pandemic. All VIP donors will receive an invitation by email. Not sure of your VIP status? [Click here](#) to contact us to check your donation status or [click here](#) to renew.

### **HHS Transitions to New System for Collecting Hospital COVID-19 Data**

The Department of Health and Human Services (HHS) made national headlines this week when it announced a change in how states and hospitals will report critical data about the COVID-19 pandemic. Instead of reporting data to the Centers for Disease Control and Prevention’s (CDC) National Health Safety Network, states going forward will report data from hospitals directly to the “HHS Protect system” or a system called TeleTracking. (The HHS Protect system was established in April 2020 and up until now has combined data from multiple public and private systems, including the National Health Safety Network.) The news initially made waves as people have expressed concern that the change will limit the CDC’s and the public’s access of the data, which is critical as we continue to learn and adapt our response to the pandemic. Further, there was some initial confusion when data from the National Health Safety Network was temporarily removed from CDC’s website, only to be added back later with the disclaimer that it would not be updated.

When pressed for additional details about the transition away from the National Health Safety Network to the HHS Protect and TeleTracking systems, CDC Director Dr. Robert Redfield and HHS officials said the change will help streamline reporting for states and hospitals and will allow HHS to rapidly update its collection system to gather other useful data when necessary. Dr. Redfield also [publicly stated](#) that the CDC will still be able to conduct all of the public analyses that the agency releases on a routine basis, including the much relied upon Morbidity and Mortality Weekly Reports (MMWRs). In Dr. Redfield’s words, “no one is taking access or data away from CDC...Approximately

1,000 CDC experts have and continue to have access to the raw data collected in HHS Protect—in addition to thousands of other public health professionals across HHS.”

Despite reassurances from Dr. Redfield, ACEP remains concerned about the impact of these changes and reports from members that their hospitals are having trouble reporting data and even accessing their own submitted data. We also feel it is unwise to switch data collection systems in a middle of a pandemic and that the rationale HHS has used to justify the change is insufficient.

To help better understand the full implications of this policy change, ACEP met with the CDC on Thursday. According to CDC staff, some of the operational details of this change are still being worked out, but the CDC remains committed to serving the public with actionable and useful information. We plan to follow up with the CDC in the next few days and can provide any updates when available.

We strongly believe that HHS must continue to optimize the resources and expertise of the thousands of epidemiologists, scientists, physicians, and other experts who work at the nation’s public health agency- the CDC. ACEP will continue to closely monitor and update our members on the situation to ensure that HHS continues to make all COVID-19 data available to the public in ways that will help individuals, businesses, and state and local officials make informed decisions based up-to-date, accurate information.

### **Regs & Eggs Blog: HHS Finalizes Regulations on Substance Use Disorder Patients’ Confidentiality**

On Monday, HHS’ Substance Abuse and Mental Health Services Administration (SAMHSA) issued a [final regulation](#) modifying 42 CFR Part 2—a set of regs that govern the confidentiality of patient records for the treatment of substance use disorder (SUD). SAMHSA is finalizing most of the changes it proposed in last year’s [proposed rule](#). In ACEP’s [comments on the proposed rule](#), we had supported SAMHSA’s efforts to modernize 42 CFR Part 2 and provide access to vital data while still protecting patient privacy.

Read this week’s [blog](#) to learn more about the final rule.

### **ACEP Meets with the FDA to Discuss COVID-19 Testing Issues**

On Monday, ACEP met with the Food and Drug Administration (FDA) to relay the concerns we have heard from our members on testing, especially issues around sensitivity and specificity and the long wait time our patients are experiencing to receive results. While the FDA did not have any major breakthroughs or announcements they could share, we were pleased that the FDA acknowledged all the issues we raised and is actively working on addressing them. The FDA is routinely gathering information from the field and, daily, updating their emergency use authorizations (EUAs) on:

- In Vitro Diagnostic Products
- High Complexity Molecular-Based Laboratory Developed Tests
- SARS-CoV-2 Antibody Tests
- Personal Protective Equipment and Related Devices
- Ventilators and Other Medical Devices
- Drug Products

If you want to learn more about the test (and its associated EUA) that your institution is using, please [click here](#).

The FDA is also interested in continuing to talk to ACEP going forward and hearing about key issues that are affecting emergency physicians. Please look out for a survey from us that will ask you for a more recent assessment of the challenges you are facing in the COVID-19 response. We plan on sharing the results with the FDA and other federal agencies.

### **ACEP President Meets with OSHA Leadership to Discuss PPE Standards**

On Thursday, ACEP President, Dr. William Jaquis, and ACEP staff met with officials from the Occupational Safety and Health Administration (OSHA), including Mandy Eadens, the Deputy Director

of Standards and Guidance. During the meeting, ACEP shared de-identified stories from emergency physicians who have been penalized by their hospitals for wearing their own personal protective equipment (PPE) or for speaking out publicly about PPE shortages or other issues. We strongly urged OSHA to revise their standards and guidance to better protect emergency physicians and re-enforce their right to wear PPE that they believe keeps them safe. We also asked OSHA to respond as quickly as possible to formal complaints filed by emergency physicians.

OSHA appreciated hearing directly from ACEP on these issues. The agency told Dr. Jaquis and ACEP staff that it is already working on additional guidance around the appropriate use of respirators and, in light of our comments, will start examining other guidance documents around PPE to try to address our concerns. Ms. Eadens also told Dr. Jaquis that OSHA is actively responding to complaints and encourages emergency physicians to continue filing a complaint if they feel that their rights have been violated. To file an OSHA complaint, please [click here](#).

### **CMS Administrator Writes Blog Assessing the Early Impact of the Expansion of Medicare Telehealth During COVID-19**

On Wednesday, the Administrator of the Centers for Medicare & Medicaid Services (CMS), Seema Verma, wrote a [blog](#) in Health Affairs discussing the early impact of CMS' expansion of Medicare telehealth during COVID-19. Administrator Verma states that more than 9 million Medicare patients had used telehealth in the period between mid-March and mid-June, and more than 3 million of those had audio-only visits. About 22 percent of rural Medicare patients used telehealth, compared to about 30 percent of those in urban areas.

Administrator Verma also laid out CMS' overall approach for considering which of the telehealth flexibilities will continue once the pandemic has ended. In doing so, she emphasized three main factors to consider:

- When telehealth is clinically appropriate and safe for patients as compared to an in-person visit;
- Whether Medicare payment rates for telehealth services should be the same as in-person services given that the cost to the health care practitioner and facilities of providing the service differs depending on whether the service is provided in-person or via telehealth;
- How to account for potential fraud and abuse if there is a significant uptick in the provision of telehealth services.

For more insights on what the future of telehealth in emergency medicine could look like, please read an article written by Jeff Davis, ACEP's Director of Regulatory Affairs, found [here](#).

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