The COVID-19 pandemic has created unprecedented challenges for healthcare providers and health insurers. The following is a selection of federal and state actions as well as news and analysis articles from the Health Policy Tracking Service as published in its bi-weekly Snapshots. The selection includes Regulatory Intelligence and Reuters news coverage. More COVID-19 news and information can be found via the TRRI platform's search facility.

Additional COVID-19 resources are also available on the Thomson Reuters COVID-19 Resource Center. For a regularly updated list of U.S. state updates on insurance-sector regulatory changes related to the COVID-19 epidemic, please click on this link: http://go-ri.tr.com/fuaD4N.

IN THIS OVERVIEW

FEDERAL AND STATE COVID-19 LEGISLATIVE AND REGULATORY ACTIONS

➢ State Legislative and Administrative Action on COVID-19 Issues

FEDERAL ADMINISTRATIVE ACTIONS

➢ CMS Announces Expanded Telehealth Services in Medicaid and Medicare
➢ CMS Changes Medicare Payment to Support Faster COVID-19 Diagnostic Testing

OTHER NEWS AND SUMMARIES

➢ Bipartisan Group of Senators Calls for Enforcement Action Against Drug Makers Relating to 340B Drug Pricing Program During COVID-19 Pandemic
➢ States Raise Doubts About Reliability of Federal COVID Tests Sent to Nursing Homes

COVID-19 COVERAGE

COVID-19 LEGISLATIVE AND REGULATORY ACTIONS

STATE ACTIONS

Colorado

➢ The purpose of these emergency rules is to effectuate Executive Order D 2020 158, amending, restating and extending Executive Orders D 2020-038, directing the Executive Director of the Department of Regulatory Agencies, through the Director of the Division of Professions and Occupations (Division Director), to promulgate and issue temporary emergency rules to expand the workforce of trained medical personnel available to provide healthcare services within inpatient facilities due to the coronavirus disease 2019 (COVID-19) pandemic in Colorado. See 2020 CO REG TEXT 567547 (NS).

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1 This COVID-19 Coverage Snapshot was compiled by members of the publisher’s staff.
These Emergency Rules are adopted by the Director of the Division of Professions and Occupations (Director) to effectuate Executive Order D 2020-158 directing the immediate expansion of the workforce of trained medical personnel available to provide healthcare services within inpatient facilities due to the coronavirus disease 2019 (COVID-19) pandemic in Colorado. See 2020 CO REG TEXT 567548 (NS).

These Emergency Rules are adopted by the Executive Director of the Department of Regulatory Agencies, through the Division Director, to effectuate Executive Order D 2020-158 directing the immediate expansion of the workforce of trained medical personnel available to provide healthcare services within inpatient facilities due to the coronavirus disease 2019 (COVID-19) pandemic in Colorado. See 2020 CO REG TEXT 567549 (NS).

The purpose of these emergency rules is to effectuate Executive Order D 2020-182, which extends Executive Order D 2020-038, directing the Executive Director of the Department of Regulatory Agencies, through the Director of the Division of Professions and Occupations (Division Director), to promulgate and issue temporary emergency rules to expand the workforce of trained medical personnel available to provide healthcare services within inpatient facilities due to the coronavirus disease 2019 (COVID-19) pandemic in Colorado. See 2020 CO REG TEXT 567550 (NS).

These Emergency Rules are adopted by the Executive Director of the Department of Regulatory Agencies, through the Division Director, to effectuate Executive Order D 2020-158 directing the immediate expansion of the workforce of trained medical personnel available to provide healthcare services within inpatient facilities due to the coronavirus disease 2019 (COVID-19) pandemic in Colorado. See 2020 CO REG TEXT 567551 (NS).

The purpose of these emergency rules is to effectuate Executive Order D 2020-182, which extends Executive Order D 2020-038, directing the Executive Director of the Department of Regulatory Agencies, through the Director of the Division of Professions and Occupations (Division Director), to promulgate and issue temporary emergency rules to expand the workforce of trained medical personnel available to provide healthcare services within inpatient facilities due to the coronavirus disease 2019 (COVID-19) pandemic in Colorado. See 2020 CO REG TEXT 567552 (NS).

These Emergency Rules are adopted by the Executive Director of the Department of Regulatory Agencies, through the Division Director, to effectuate Executive Order D 2020-158 directing the immediate expansion of the workforce of trained medical personnel available to provide healthcare services within inpatient facilities due to the coronavirus disease 2019 (COVID-19) pandemic in Colorado. See 2020 CO REG TEXT 567553 (NS).

The purpose of these emergency rules is to effectuate Executive Order D 2020-182, which extends Executive Order D 2020-038, directing the Executive Director of the Department of Regulatory Agencies, through the Director of the Division of Professions and Occupations (Division Director), to promulgate and issue temporary emergency rules to expand the workforce of trained medical personnel available to provide healthcare services within inpatient facilities due to the coronavirus disease 2019 (COVID-19) pandemic in Colorado. See 2020 CO REG TEXT 567554 (NS).

These Emergency Rules are adopted by the Director of the Division of Professions and Occupations (Director) to effectuate Executive Order D 2020-158 directing the immediate expansion of the workforce of trained medical personnel available to provide healthcare services within inpatient facilities due to the coronavirus disease 2019 (COVID-19) pandemic in Colorado. See 2020 CO REG TEXT 567555 (NS).

The purpose of these emergency rules is to effectuate Executive Order D 2020-182, which extends Executive Order D 2020-038, directing the Executive Director of the Department of Regulatory Agencies, through the Director of the Division of Professions and Occupations (Division Director), to promulgate and issue temporary emergency rules to expand the workforce of trained medical personnel available to provide healthcare services within inpatient facilities due to the coronavirus disease 2019 (COVID-19) pandemic in Colorado.
rules to expand the workforce of trained medical personnel available to provide healthcare services within inpatient facilities due to the coronavirus disease 2019 (COVID-19) pandemic in Colorado. See 2020 CO REG TEXT 567556 (NS).

- These Emergency Rules are adopted by the Executive Director of the Department of Regulatory Agencies, through the Division Director, to effectuate Executive Order D 2020 158 directing the immediate expansion of the workforce of trained medical personnel available to provide healthcare services within inpatient facilities due to the coronavirus disease 2019 (COVID-19) pandemic in Colorado. See 2020 CO REG TEXT 567557 (NS).

- The purpose of these emergency rules is to effectuate Executive Order D 2020-182, which extends Executive Order D 2020-038, directing the Executive Director of the Department of Regulatory Agencies, through the Director of the Division of Professions and Occupations (Division Director), to promulgate and issue temporary emergency rules to expand the workforce of trained medical personnel available to provide healthcare services within inpatient facilities due to the coronavirus disease 2019 (COVID-19) pandemic in Colorado. See 2020 CO REG TEXT 567558 (NS).

- These Emergency Rules are adopted by the Executive Director of the Department of Regulatory Agencies, through the Division Director, to effectuate Executive Order D 2020 158 directing the immediate expansion of the workforce of trained medical personnel available to provide healthcare services within inpatient facilities due to the coronavirus disease 2019 (COVID-19) pandemic in Colorado. See 2020 CO REG TEXT 567559 (NS).

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- The purpose of these emergency rules is to effectuate Executive Order D 2020-182, which extends Executive Order D 2020-038, directing the Executive Director of the Department of Regulatory Agencies, through the Director of the Division of Professions and Occupations (Division Director), to promulgate and issue temporary emergency rules to expand the workforce of trained medical personnel available to provide healthcare services within inpatient facilities due to the coronavirus disease 2019 (COVID-19) pandemic in Colorado. See 2020 CO REG TEXT 567561 (NS).

Louisiana

- 2020 LA S.B. 12 (NS), engrossed October 13, provides access for patients of hospitals and residents of nursing homes, assisted living facilities, and other adult residential care homes to members of the clergy who volunteer to minister and provide religious sacraments and services, counseling, and mental health support during COVID-19 and other public health emergencies.

- 2020 LA H.B. 43 (NS), engrossed October 14, relative to rights of nursing home residents and residents of adult residential care provider facilities; to provide relative to the right of such residents to have access to visitors; to provide relative to restrictions that nursing homes and adult residential care provider facilities may impose for the protection of residents; to provide for construction and applicability of laws; and related provisions.

- 2020 LA S.B. 51 (NS), engrossed October 12, provides for immunizations, including the COVID-19 vaccine, to be administered by pharmacists.

- 2020 LA S.B. 53 (NS), engrossed October 12, provides for the rehiring of nonlicensed persons by certain healthcare providers required to temporarily close during the public
health emergency; relative to the employment of nonlicensed persons by adult day health care providers; to provide for an exemption from the criminal history and security check requirement for certain rehired persons; to provide for an effective date; and to provide for related matters.

- **2020 LA H.B. 95** (NS), engrossed October 15, requires the La. Department of Health to allow visitation of residents at intermediate care facilities by residents' family members during a public health emergency.

**Michigan**

- **2019 MI S.B. 1094** (NS), engrossed October 14, health facilities: nursing homes; admittance of COVID-19-positive patients to nursing homes from another facility; prohibit, and develop centralized intake facilities.
- **2019 MI H.B. 6159** (NS), engrossed October 13, to provide immunity for health care providers and health care facilities in the event of a pandemic; and to clarify the time frame for the immunity.
- **2019 MI H.B. 6293** (NS), engrossed October 13, health occupations: health professionals; COVID-19 testing services; allow certain licensees to administer under certain circumstances.

**Minnesota**

- **2019 MN S.F. 3** (NS), introduced October 12, telemedicine services coverage date extension.
- **2019 MN H.F. 14** (NS), introduced October 12, COVID-19; distance learning equipment funding established, telemedicine equipment grant program established, reports required, and money appropriated.
- **2019 MN S.F. 18** (NS), introduced October 12, health-related electronic monitoring requirements modifications; long-term care and assisted living provisions modifications; SARS-CoV-2 infections state plan; long-term care covid-19 task force; appropriation.
- **2019 MN H.F. 23** (NS), introduced October 12, COVID-19; electronic monitoring requirements modified, long-term care setting infection control requirements modified, assisted living bill of rights modified, assisted living service termination during peacetime emergency prohibited, SARS-CoV-2 infection control plant in long-term care setting establishment required, Long-Term Care COVID-19 Task Force established, and money appropriated.

**New York**

To waive copayments, coinsurance, and annual deductibles for essential workers for in-network outpatient mental health services. See **2020 NY REG TEXT 567348** (NS).

**Oregon**

- These rules are currently in effect under a temporary filing, in effect April 4, 2020 thru October 5, 2020. The Division needs to make these rule changes permanent to continue coverage of telehealth for health-related services provided to children required by the IDEA, during a state of emergency, with increasing COVID-19 stats resulting in uncertainty for fully reopening schools. The Division is expanding coverage during a state of emergency and beyond to permanently maximize access and reduce barriers by continuing coverage of telehealth for health-related services provided to eligible children with disabilities required by Individuals with Disabilities Education Act (IDEA). See **2020 OR REG TEXT 561906** (NS).
- The Department of Human Services (Department) and Oregon Home Care Commission (Commission) are amending rules in OAR chapter 418, division 20 to implement minimum training and testing standards for homecare workers and personal support workers, as mandated in Senate Bill 1534 (2018), Senate Bill 669 (2019), and House Bill...
2011 (2019); and to extend the timelines for implementation of mandatory training and testing due the impact of the COVID-19 pandemic on curriculum development, piloting, and available resources. See 2020 OR REG TEXT 567144 (NS).

**Texas**

- The Executive Commissioner of the Health and Human Services Commission (HHSC) adopts on an emergency basis in Title 25 Texas Administrative Code, Chapter 133 Hospital Licensing, new s.133.51, concerning Visitor Screening and Access During the COVID-19 Pandemic. This emergency rule will provide guidance to hospitals regarding limiting and screening visitors in order to reduce the risk of COVID-19 transmission. See 2020 TX REG TEXT 567218 (NS).

- The Executive Commissioner of the Health and Human Services Commission (HHSC) adopts on an emergency basis new s.500.2, Waiver of 36-Month Requirement During the COVID-19 Pandemic, in Title 26 Texas Administrative Code, Chapter 500, to allow HHSC flexibility in implementing an emergency rule in s.500.1, Hospital Off-Site Facilities in Response to COVID-19. The new emergency rule will enable hospitals to treat and house patients more effectively in response to COVID-19 by allowing HHSC to waive the requirement that an emergency off-site facility must have been licensed or open within the past 36 months. See 2020 TX REG TEXT 567219 (NS).

- The Executive Commissioner of the Health and Human Services Commission (HHSC) adopts on an emergency basis new s.500.20, ESRD Off-Site Facilities During the COVID-19 Pandemic, in Texas Administrative Code (TAC) Title 26, Chapter 500, Subchapter B. This emergency rule will allow end stage renal disease (ESRD) facilities to treat and train dialysis patients more effectively during the COVID-19 pandemic. See 2020 TX REG TEXT 567220 (NS).

- The Executive Commissioner of the Texas Health and Human Services Commission (HHSC) adopts on an emergency basis in Title 26 Texas Administrative Code, Chapter 510, Private Psychiatric Hospitals and Crisis Stabilization Units, new s.510.48, concerning an emergency rule in response to COVID-19 in order to provide guidance to facilities regarding limiting and screening visitors in order to reduce the risk of COVID-19 transmission. See 2020 TX REG TEXT 567221 (NS).


- The Executive Commissioner of the Texas Health and Human Services Commission (HHSC) adopts on an emergency basis in Title 26 Texas Administrative Code, Chapter 558, Licensing Standards for Home and Community Support Services Agencies, new s.558.960, concerning an emergency rule in response to COVID-19 in order to reduce the risk of transmission of COVID-19. See 2020 TX REG TEXT 567223 (NS).

**Virginia**

- 2020 VA H.B. 5059 (NS), adopted October 13, provides certain hospices, home care organizations, private providers, assisted living facilities, and adult day care centers; immunity from civil liability; COVID-19; emergency. Provides that a licensed hospice, home care organization, private provider, assisted living facility, or adult day care center that delivers care to or withholds care from a patient, resident, or person receiving services who is diagnosed as being or is believed to be infected with the COVID-19 virus shall not be liable for any injury or wrongful death of such patient, resident, or person receiving services arising from the delivery or withholding of care when the emergency and subsequent conditions caused by the emergency result in a lack of resources,
attributable to the disaster, that render such hospice, home care organization, private provider, assisted living facility, or adult day care center unable to provide the level or manner of care that otherwise would have been required in the absence of the emergency and that resulted in the injury or wrongful death at issue. The bill contains an emergency clause. This bill is identical to SB 5082.

- **2020 VA S.B. 5082** (NS), adopted October 13, provides certain hospices, home care organizations, private providers, assisted living facilities, and adult day care centers; immunity from civil liability; COVID-19; emergency. Provides that a licensed hospice, home care organization, private provider, assisted living facility, or adult day care center that delivers care to or withholds care from a patient, resident, or person receiving services who is diagnosed as being or is believed to be infected with the COVID-19 virus shall not be liable for any injury or wrongful death of such patient, resident, or person receiving services arising from the delivery or withholding of care when the emergency and subsequent conditions caused by the emergency result in a lack of resources, attributable to the disaster, that render such hospice, home care organization, private provider, assisted living facility, or adult day care center unable to provide the level or manner of care that otherwise would have been required in the absence of the emergency and that resulted in the injury or wrongful death at issue. The bill contains an emergency clause. This bill is identical to SB 5059.

### FEDERAL ADMINISTRATIVE ACTIONS

#### CMS Announces Expanded Telehealth Services in Medicaid and Medicare

The Centers for Medicare and Medicaid Services (CMS) announced it had expanded the list of telehealth services that Medicare fee-for-service will pay for during the coronavirus disease 2019 (COVID-19) public health emergency (PHE) on October 14. CMS is also providing additional support to state Medicaid and Children's Health Insurance Program (CHIP) agencies in their efforts to expand access to telehealth.

The actions reinforce President Trump’s Executive Order on Improving Rural Health and Telehealth Access to improve the health of all Americans by increasing access to better care.

“Responding to President Trump’s Executive Order, CMS is taking action to increase telehealth adoption across the country,” said CMS Administrator Seema Verma. “Medicaid patients should not be forgotten, and today’s announcement promotes telehealth for them as well. This revolutionary method of improving access to care is transforming healthcare delivery in America. President Trump will not let the genie go back into the bottle.”

#### Expanding Medicare Telehealth Services

For the first time using a new expedited process, CMS is adding 11 new services to the Medicare telehealth services list since the publication of the May 1, 2020, COVID-19 Interim Final Rule with comment period (IFC). Medicare will begin paying eligible practitioners who furnish these newly added telehealth services effective immediately, and for the duration of the PHE. These new telehealth services include certain neurostimulator analysis and programming services, and cardiac and pulmonary rehabilitation services. The list of these newly added services is available at: [https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes](https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes).

In the May 1 COVID-19 IFC, CMS modified the process for adding or deleting services from the Medicare telehealth services list to allow for expedited consideration of additional
telehealth services during the PHE outside of rulemaking. This update to the Medicare telehealth services list builds on the efforts CMS has already taken to increase Medicare beneficiaries’ access to telehealth services during the COVID-19 PHE.

Since the beginning of the PHE, CMS has added over 135 services to the Medicare telehealth services list – such as emergency department visits, initial inpatient and nursing facility visits, and discharge day management services. With today’s action, Medicare will pay for 144 services performed via telehealth. Between mid-March and mid-August 2020, over 12.1 million Medicare beneficiaries – over 36 percent – of people with Medicare Fee-For-Service have received a telemedicine service.

Preliminary Medicaid and CHIP Data Snapshot on Telehealth Utilization and Medicaid & CHIP Telehealth Toolkit Supplement

In an effort to provide greater transparency on telehealth access in Medicaid and CHIP, CMS is releasing, for the first time, a preliminary Medicaid and CHIP data snapshot on telehealth utilization during the PHE. This snapshot shows, among other things, that there have been more than 34.5 million services delivered via telehealth to Medicaid and CHIP beneficiaries between March and June of this year, representing an increase of more than 2,600% when compared to the same period from the prior year. The data also shows that adults ages 19-64 received the most services delivered via telehealth, although there was substantial variance across both age groups and states.

To further drive telehealth, CMS is releasing a new supplement to its State Medicaid & CHIP Telehealth Toolkit: Policy Considerations for States Expanding Use of Telehealth, COVID-19 Version that provides numerous new examples and insights into lessons learned from states that have implemented telehealth changes. The updated supplemental information is intended to help states strategically think through how they explain and clarify to providers and other stakeholders which policies are temporary or permanent. It also helps states identify services that can be accessed through telehealth, which providers may deliver those services, the ways providers may use in order to deliver services through telehealth, as well as the circumstances under which telehealth can be reimbursed once the PHE expires.

The toolkit includes approaches and tools states can use to communicate with providers on utilizing telehealth for patient care. It updates and consolidates in one place the Frequently Asked Questions (FAQs) and resources for states to consider as they begin planning beyond the temporary flexibilities provided in response to the pandemic.


CMS Changes Medicare Payment to Support Faster COVID-19 Diagnostic Testing

The Centers for Medicare & Medicaid Services (CMS) announced new actions to pay for expedited coronavirus disease 2019 (COVID-19) test results on October 15. CMS previously took action in April 2020 by increasing the Medicare payment to laboratories for high throughput COVID-19 diagnostic tests from approximately $51 to $100 per test.

CMS announced that starting January 1, 2021, Medicare will pay $100 only to laboratories that complete high throughput COVID-19 diagnostic tests within two calendar days of the specimen being collected. Also effective January 1, 2021, for laboratories that take longer than two days to complete these tests, Medicare will pay a rate of $75. CMS is working to
ensure that patients who test positive for the virus are alerted quickly so they can self-isolate and receive medical treatment.

“As America continues to grapple with the COVID-19 pandemic, prompt testing turnaround times are more important than ever,” said CMS Administrator Seema Verma. “Today’s announcement supports faster high throughput testing, which will allow patients and physicians to act quickly and decisively with respect to treatment decisions, physical isolation, and contact tracing.”

Starting January 1, 2021, the amended Administrative Ruling (CMS 2020-1-R2) will lower the base payment amount for COVID-19 diagnostic tests run on high-throughput technology to $75 in accordance with CMS’s assessment of the resources needed to perform those tests. Also starting January 1, 2021, Medicare will make an additional $25 add-on payment to laboratories for a COVID-19 diagnostic test run on high throughput technology if the laboratory: a) completes the test in two calendar days or less, and b) completes the majority of their COVID-19 diagnostic tests that use high throughput technology in two calendar days or less for all of their patients (not just their Medicare patients) in the previous month.

Laboratories that complete a majority of COVID-19 diagnostic tests run on high throughput technology within two days will be paid $100 per test by Medicare, while laboratories that take longer will receive $75 per test. CMS established these requirements to support faster high throughput COVID-19 diagnostic testing and to ensure all patients (not just Medicare patients) benefit from faster testing. These actions will be implemented under the amended Administrative Ruling (CMS-2020-1-R2) and coding instructions for the $25 add-on payment (HCPCS code U0005) released on October 15.

The announcement builds on previous actions CMS has taken to ensure robust laboratory testing for COVID-19. In April, CMS doubled the payment for COVID-19 tests performed using high throughput technology to $100. COVID-19 testing using high throughput technologies allows for increased testing capacity using an automated process that can administer more than 200 tests per day. The new payment amounts effective January 1, 2021 ($100 and $75) reflect the resource costs laboratories face for completing COVID-19 diagnostic tests using high throughput technology in a timely fashion during the Public Health Emergency.

OTHER NEWS AND SUMMARIES

Bipartisan Group of Senators Calls for Enforcement Action Against Drug Makers Relating to 340B Drug Pricing Program During COVID-19 Pandemic

U.S. Senator Tammy Baldwin (D-WI), a member of the Senate Committee on Health, Education, Labor and Pensions (HELP), is leading a bipartisan group of lawmakers in calling for enforcement action to address practices of pharmaceutical companies that, according to Senator Baldwin, threaten to undermine the 340B Drug Pricing Program during the COVID-19 public health emergency.

The 340B program requires drug companies to sell discounted prescription drugs to safety net hospitals, rural health facilities, and other entities that provide care in underserved communities. Savings from the 340B program ensure that these “covered entities” are able to continue to serve their patients.
Baldwin and her colleagues contend that drug makers have recently announced new burdensome requirements on covered entities beyond the scope of the 340B program, or they have announced that they will no longer provide discounts for medications shipped to pharmacies that dispense drugs to patients on behalf of covered entities.

In their letter to Health and Human Services Secretary Alex Azar, the bipartisan group of Senators urged the administration to take immediate enforcement action to stop these tactics and ensure safety-net providers are able to continue providing life-saving medications to patients across the country.

The Senators wrote, “In the midst of the ongoing COVID-19 pandemic, where providers have seen drops in revenue and available resources, it is critically important that 340B covered entities, including federally qualified health centers (FQHCs), FQHC Look-Alikes, children’s hospitals, Ryan White HIV/AIDS clinics, and other safety-net hospitals and providers are able to continue to serve the individuals who seek out their care. As these threats to the Program progress, we fear the potential exacerbation of these shortfalls in resources for providers at a time when they are needed most.”

This bipartisan effort is supported by the American Hospital Association (AHA), America’s Essential Hospitals, American Association of Medical Colleges (AAMC), 340B Health, Ascension Wisconsin, Children’s Wisconsin, Marshfield Health System, Gunderson Health System, Advocate Aurora, Rural Wisconsin Health Cooperative, and Sixteenth Street Community Health Centers in Milwaukee.

According to Tom Nickels, AHA Executive Vice President, “The AHA thanks this bipartisan group of senators for their important effort to protect the 340B program, and the vulnerable communities it benefits, from big drug companies’ efforts to harm the program. The AHA continues to call on the Department of Health and Human Services to take action against drug companies and to protect the patients and communities the 340B program helps serve.”

Bruce Siegel MD, MPH, President and CEO of America’s Essential Hospitals, also commented on the letter. Dr. Siegel stated that, “Drug manufacturers are flouting their statutory obligations by restricting access to safe, affordable medications for low-income Americans who also are among those most affected by COVID-19. We applaud the bipartisan Senate signatories, led by Sens. Baldwin, Thune, Stabenow, Portman, Cardin, and Capito, for their swift action to urge the administration to stop big pharma’s ill-timed and illegal efforts to narrow the 340B program.”

Karen Fisher, JD, Chief Public Policy Officer of the Association of American Medical Colleges, noted that, “The AAMC appreciates Senators from both sides of the aisle working together to protect the 340B program and patients.

Fisher further stated that, “Particularly in the midst of the COVID-19 pandemic, it is unwarranted that several major drug companies are attempting to undermine this important program that allows safety net hospitals, including many teaching hospitals, to provide critical health care services to vulnerable patients in communities across the country.”

The letter to Secretary Azar also stated in part, “While we understand that the Health Resources and Services Administration (HRSA) is further investigating these actions, we urge HRSA to take immediate and appropriate enforcement action to halt these tactics and ensure safety-net providers are able to continue providing life-saving medications to patients across the country.”
The Senators then focused on drug makers Eli Lilly and AstraZeneca. “As you are aware, on September 1, 2020, Eli Lilly announced that the company would no longer allow 340B covered entities to receive discounts for products that are shipped to a contract pharmacy, with an exception for insulin. This follows similar actions from AstraZeneca, which announced in August that it would refuse 340B pricing to hospitals with on-site pharmacies for any drugs dispensed through contract pharmacies. Similarly, other companies have imposed additional and burdensome reporting requirements on all contract pharmacy claims. For covered entities, and in particular rural hospitals and other rural covered entities that rely disproportionately on contract pharmacies, these changes could have long-lasting repercussions that will challenge a covered entity’s ability to support its community now during this pandemic and in the future.”

The Senators also stated in the letter that, “To ensure pharmaceutical manufacturers continue to comply with the 340B statute and provide discounts to safety-net providers, we call on HRSA to take appropriate, prompt enforcement action to address violations of the Public Health Service Act. We appreciate your attention to this important issue and look forward to partnering with you and stakeholders to ensure the 340B program continues to support access to quality health services with proper oversight and transparency.”

The bipartisan letter was also signed by the following Senators: Rob Portman (R-OH), Debbie Stabenow (D-MI), Shelley Moore Capito (R-WV), John Thune (R-SD), Ben Cardin (D-MD), Patty Murray (D-WA), Susan Collins (R-ME), Ron Wyden (D-OR), Jerry Moran (R-KS), Jon Tester (D-MT), Mike Rounds (R-SD), Doug Jones (D-AL), Joni Ernst (R-IA), Gary Peters (D-MI), John Boozman (R-AR), Bob Casey (D-PA), Cindy Hyde-Smith (R-MS), Mark Warner (D-VA), Roger Wicker (R-MS), Angus King (I-ME), Kevin Cramer (R-ND), Chuck Schumer (D-NY), Thom Tillis (R-NC), Chris Van Hollen (D-MD), Elizabeth Warren (D-MA), Sherrod Brown (D-OH), and Kirsten Gillibrand (D-NY).

Maureen Testoni, President and CEO of 340B Health, noted that, “340B has a long history of bipartisan support in Congress. Drug companies must stop denying discounts on expensive outpatient drugs in violation of the 340B statute. We appreciate the efforts of these Senate leaders in making that message crystal clear.”

**States Raise Doubts About Reliability of Federal COVID Tests Sent to Nursing Homes**

Several states have curtailed using coronavirus testing equipment in nursing homes that was provided by the Trump Administration after concerns were raised about the results, including false positives that risk mistakenly sending vulnerable seniors into special COVID isolation wings that could ultimately expose them to the virus.

Since July, the administration had been distributing the testing equipment to more than 14,000 facilities around the country in an attempt to identify outbreaks faster and help control the spread of the virus in nursing homes and other assisted living facilities.

The machines process antigen tests, which can yield results in 15 minutes. While other diagnostic tests for COVID-19, like PCR tests look for genetic material from the virus,

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antigen tests look for proteins on the surface of the virus, diagnosing an active coronavirus infection faster than molecular tests.

Although they are not perfect, many experts view these tests as an important component in the effort to fight COVID-19. The rapid turnaround time means they can be used in bulk to screen dozens of people in quick succession, with any potentially positive cases later confirmed with a more accurate PCR test.

Some states are reporting that these tests, which have produced a rate of false negative results as high as 50%, according to an article published by the American Association for the Advancement of Science,⁴ are now also yielding false positives, an outcome of deeper concern to state health officials.

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⁴ Robert F. Service, "Coronavirus antigen tests: quick and cheap, but too often wrong?, American Association for the Advancement of Science (May 22, 2020).