Funding Updates

CDC Releases $160 Million in Funding: CDC announced $160 million in funding from the first Supplemental Bill to 27 jurisdictions with high COVID-19 case counts or evidence of rapidly accelerating case counts and 7 territories. Targeted funding is intended to further support jurisdictions with high COVID-19 disease burden as well as jurisdictions with unique response challenges. CDC also released $26.3 million in funding through the Emerging Infections Program to enhance surveillance capabilities. The Emerging Infections Program is a network of 10 state health departments (California, Colorado, Connecticut, Georgia, Maryland, Minnesota, New Mexico, New York, Oregon and Tennessee) and their collaboration with academic institutions, federal agencies, public health and clinical laboratories, infection preventionists, and healthcare providers. The first project will be $20 million to understand the burden and severity of COVID-19, assess risk factors and outcomes, and to evaluate prevention strategies, building on existing infrastructure developed for influenza and other respiratory pathogens. CDC will also award $6.3 million to track and conduct interviews of exposed/infected healthcare personnel to better identify risk factors (or protective factors) for COVID-19 infection and expands a current feasibility pilot for analysis of nursing home respiratory tract infections in nursing home residents.

SAMHSA to Fund $110 Million for SUD/SMI Treatment: SAMHSA announced emergency grants to help Americans dealing with substance use disorders and/or serious mental illness during the COVID-19 pandemic. States and territories can apply for the funding with states receiving up to $2 million each and territories up to $500,000. Applications are due on April 10, 2020.

IHS Receives $1 Billion for Coronavirus Response: The Indian Health Service has received more than $1 billion in additional resources to prevent, prepare for, and respond to the coronavirus pandemic in the CARES Act. The IHS will immediately allocate $570 million to IHS and tribal health programs and $30 million to urban Indian health programs through existing distribution channels. The IHS plans to distribute remaining CARES Act funds in the coming weeks. These resources are in addition to the $134 million IHS announced last week for COVID-19 testing and response, and the $80 million announced two weeks ago, including $40 million available as grants, from the CDC for tribal and urban Indian health programs to respond to the COVID-19 pandemic. The White House also announced that the IHS will have priority access to rapid point-of-care coronavirus tests.

ACF Programs Receive $6.3 Billion in Funding: As a result of the CARES Act, the Administration for Children and Families (ACF) received $6.3 billion in additional funding that will aid in the continuation of work protecting, supporting, and uplifting vulnerable communities during this public health crisis. The funding will go towards Child Care Development and Block Grant ($3.5 billion), Community Services Block Grant ($1 billion), Low Income Home Energy Assistance Program ($900 million), Head Start ($750 million), Family Violence Prevention and Services ($45 million), and other ACF programs.

Examples of Private Sector Actions: A few private sector companies have announced their commitment to helping address the pandemic. Examples include: Apple will produce 1 million face shields per week.
for medical workers, General Motors offered blueprints for the production of masks to 600 auto part suppliers to encourage more production, American Express and Hilton are donating one million free rooms to medical workers across the United States, Allstate returned more than $600 million in auto insurance premiums to customers to assist with financial hardship during the pandemic, and BP offers discounted gas to first responders and healthcare workers. UnitedHealth Group donated $50 million to assist those directly impacted by COVID-19.

**Tracking the Pandemic and PPE Updates**

**A New Surveillance Tool:** CDC launched [COVIDView](https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-view.html), a new report tracking COVID-19 outpatient visits, emergency department visits, and hospitalizations and deaths, as well as laboratory data. The weekly report summarizes and interprets key indicators from a number of existing surveillance systems to provide comprehensive and detailed surveillance information about COVID-19 in the United States. The tool aims to monitor the spread and intensity of COVID-19 in the US, help to better understand disease severity and the spectrum of illness, risk factors for severe disease and transmission, changes in the virus that causes COVID-19, disease burden and produce data for forecasting COVID-19 spread and impact.

**N95 Optimization Strategies:** CDC updated their guidance on [N-95 optimization strategies](https://www.cdc.gov/employers/n95-strategies.html), specifically adding new information on crisis capacity strategies to include language on the use of respirators approved under international standards and more details surrounding limited re-use. New information also included details on temporarily suspending annual fit testing, more details on extended use of respirators, and language to include FDA’s emergency use authorization that authorized the use of certain NIOSH-approved respirator models in healthcare settings for N95 alternatives.

**FAQs on Shortages of Surgical Masks and Gowns:** FDA released a document with [FAQs on shortages](https://www.fda.gov/medical-devices/ppe-shortages/quick-facts-about-shortages-of-surgical-masks-and-gowns) related to surgical masks and gowns that covers supply chain shortages of PPE, clarification on appropriate N95 uses, how to assist in boosting the supply of PPE, and other relevant information.

**Expanding Respirator Capacity:** The FDA posted an [FAQ](https://www.fda.gov/medical-devices/ppe-shortages/quick-facts-about-shortages-of-surgical-masks-and-gowns) answering whether respirators approved under standards used in other countries, such as KN95s, can be used in the US during the COVID-19 pandemic. The short answer is yes. In response to continued respirator shortages, the FDA also issued a [new Emergency Use Authorization (EUA) for non-NIOSH-approved respirators made in China](https://www.fda.gov/medical-devices/ppe-shortages/quick-facts-about-shortages-of-surgical-masks-and-gowns), which makes KN95 respirators eligible for authorization if certain criteria are met, including evidence demonstrating that the respirator is authentic. Lastly, the FDA [revised an immediately in effect guidance](https://www.fda.gov/medical-devices/ppe-shortages/quick-facts-about-shortages-of-surgical-masks-and-gowns) to help expand the availability of general use face masks for the general public and respirators (including N95 and KN95) for health care professionals during this pandemic.

**Expanding Infusion Pump Availability:** FDA released updated guidance on their [enforcement policy for infusion pumps and accessories](https://www.fda.gov/medical-devices/infusion-pumps-and-accessories) to expand the availability and remote capabilities of pumps for healthcare professionals. The guidance provides clarity on the regulatory landscape for infusion pumps during the COVID-19 public health emergency by allowing for certain modifications to be made to FDA-cleared infusion pumps without meeting certain regulatory requirements, including premarket notification, as well as provides our proposed approach for emergency use authorizations for infusion pumps.
Emergency Use Authorizations Update: Currently, FDA has granted 30 EUAs of commercially available diagnostic tests, including one antibody test to be used in hospital laboratories. The FDA issued an EUA of hydroxychloroquine sulfate and an EUA of chloroquine phosphate to treat certain patients hospitalized with COVID-19. Hydroxychloroquine sulfate and chloroquine phosphate are oral prescription drugs approved to treat malaria and other diseases but both drugs have shown activity in laboratory studies against coronaviruses, including SARS-CoV-2 (the virus that causes COVID-19) and anecdotal reports suggest that these drugs may offer some benefit in the treatment of hospitalized COVID-19 patients. The Strategic National Stockpile has begun shipping doses of hydroxychloroquine to New York and Los Angeles County based on their requests. The FDA has a page that has all of the current emergency use authorizations that have been approved. For those that are waiting for an approval, it will help to check this resource for additional information.

FDA to Become Better Informed of Potential Drug Shortages: FDA issued a proposed rule on the permanent discontinuance or interruption in manufacturing of certain drugs or biological products. This policy will assist applicants and manufacturers in providing FDA timely, informative notifications about changes in the production of certain drugs and biological products that will, in turn, help the Agency in its efforts to prevent or mitigate shortages of such products.

HHS OIG Survey on Hospital Experiences: This HHS IG survey of hospitals was in the field March 23-27, providing a snapshot from that period of hospitals’ challenges and needs in responding to the pandemic. As all of you know, and as the HHS IG acknowledged, “the pandemic is fast-moving, as are the efforts to address it.” The Administration continues to marshal all public resources and private sector know-how to address the challenge.

Guidance for Specific Populations

Resources for Hospital and Healthcare Workers: CDC updated their resource page for hospital and healthcare workers preparing for patients with suspected or confirmed COVID-19. The resources checklists, guidances, tools, printable posters, how to mitigate staff shortages and other information. CDC also updated their guidance on information for healthcare professionals about COVID-19 and underlying conditions, to reflect the latest information available. Lastly, CDC posted information about healthcare provider and facility operational considerations for non-US settings, that includes information about triaging, treating and identification of workers with confirmed/suspected COVID-19 in non-US settings.

Information for Community and Faith-based Leaders and Organizations: CDC updated their information and created a resource page for community and faith-based leaders that includes an FAQ document for administrators and leaders, a checklist, cleaning and disinfection recommendations and general guidance.

Guidance for Ambulatory Surgical Centers to Enroll as Hospitals: In an effort to expand hospital capacity, CMS released guidance for ASCs that explains how they are allowing Medicare-enrolled ASC’s to temporarily enroll as hospitals and provide hospital services to help address the urgent need to increase hospital capacity to take care of patients.
Trainings for Healthcare Professionals: CDC posted a series of trainings for healthcare professionals to assist in how to treat specific populations. The webinars include information on clinical care and infection control, PPE, non-pharmaceutical interventions, and emergency preparedness.

Guidance for Airport Workers: CDC released a series of fact sheets for airport workers, specifically addressing protocols for customer service and gate agents, baggage and cargo handlers, custodial staff, passenger assistance workers, catering trucks and aircraft maintenance.

Guidance for Transit Maintenance Workers: CDC released information for transit maintenance workers that outlines background information, how to protect yourself, how to disinfect transit, and resources for more information.

Video Available on Medicare Coverage and Payment of Virtual Services: CMS released a video providing answers to common questions about the Medicare telehealth services benefit. CMS is expanding this benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act.