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Wednesday, May 5, 2021

HHS announces nearly \$1B from American Rescue Plan for rural COVID-19 response

The US Department of Health and Human Services has announced the availability of nearly \$1 billion to strengthen COVID-19 response efforts and increase vaccinations in rural communities. As part of a commitment to expanding access to vaccines and ensuring equity in the COVID-19 response, the Health Resources and Services Administration will increase the number of vaccines sent to rural communities, expand testing and other COVID-19 prevention services, and increase vaccine confidence by empowering trusted local voices with additional funding for outreach efforts in underserved communities.

Through this effort, the Rural Health Clinic COVID-19 Testing and Mitigation Program will provide \$460 million to more than 4,600 rural health clinics nationwide. The clinics will use the funds to maintain and increase COVID-19 testing, expand access to testing for rural residents and broaden efforts to mitigate the spread of the virus in ways tailored to their communities. Up to \$100,000 will be provided per certified clinic this summer.

To further support COVID-19 testing in rural areas, \$398 million will be provided to existing grantees of the [Small Rural Hospital Improvement Program](#) to work with approximately 1,730 small rural hospitals with fewer than 50 beds and critical access hospitals on COVID-19 testing and mitigation. The program's state grantees will use the funding to support eligible rural hospitals, up to \$230,000 per hospital, and will issue the funds later in the year.

The administration also will support rural health clinics to increase the availability of COVID-19 vaccines in rural communities and expand outreach to build vaccine confidence. Working in partnership with the CDC, the administration is inviting Medicare-certified rural health clinics to join the new Rural Health Clinic COVID-19 Vaccine Distribution Program to directly receive vaccines. These allocations are separate from jurisdictions' weekly allocations.

In addition, through the Rural Health Clinic Vaccine Confidence Program, nearly \$100 million will be made available in grants to eligible rural health clinics nationwide to address health equity gaps by offering support and resources to medically underserved rural communities where COVID-19 vaccine uptake lags in comparison to more populated areas. All eligible clinics that apply will be funded.

Rural health clinics can use the funds to increase vaccine confidence, improve health care in rural

areas, and reinforce key messages about prevention and treatment of COVID-19 and other infectious diseases. Implementation efforts in rural communities will include disseminating information to rural residents about how and where to get vaccinated and coordinating with existing vaccination sites and public health partners to identify strategies to increase vaccine confidence among key populations. Rural health clinics also may use funding to promote vaccination and bolster patient understanding in rural areas about the benefits of broad vaccination and vaccine safety in support of continued efforts to return to a more normal lifestyle.

Governor signs new proclamation

On April 30, Gov. Kim Reynolds signed a new public health disaster proclamation that extends critical regulatory relief for an additional 30 days to those on the front lines of COVID-19 recovery. The proclamation continues to strongly encourage Iowans, businesses and organizations to take reasonable public health measures consistent with guidance from the Iowa Department of Public Health.

State conducting personal protection equipment survey

The Iowa Governor's Office, the Iowa Department of Public Health and the Iowa Department of Homeland Security and Emergency Management will conduct a short personal protective equipment survey about the need and capacity for more disposable and reusable equipment. Additional equipment will be provided at no cost for responding to the COVID-19 pandemic, and prerequisites will not be required for a facility to request equipment.

A link to the survey will be emailed to hospital contacts soon. Responses are requested within seven days of receiving the survey. Click [HERE](#) for more information about the survey.

Questions about the survey can be emailed to [Steve Mercer](#) or [Matthew Shroyer](#) at IDPH.

HHS launches new reimbursement program for COVID-19 vaccine fees not covered by insurance

The US Department of Health and Human Services has announced a new program that focuses on instances in which patients have insurance, but vaccines are not covered or are, but typically with patient cost-sharing. To address these gaps, the fund will compensate providers for eligible claims at national Medicare rates, [which increased in March](#) to reflect newer information on the true costs of administering the vaccines. The fund also builds on the [HRSA COVID-19 Uninsured Program](#), which has been reimbursing providers for vaccine administration fees with uninsured patients.

Typically, providers bill insurance plans or patients for vaccination-related costs – from training to storage to staffing. The CDC [issued guidance](#) in February for organizations and providers administering COVID-19 vaccines. Providers and organizations:

- May seek appropriate reimbursement from a program or plan that covers COVID-19 vaccine administration fees for the vaccine recipient.
- Must administer COVID-19 vaccine at no out-of-pocket cost to the recipient.
- Must administer the vaccines despite the recipient's ability to pay.

The Coverage Assistance Fund accepts eligible claims from providers dated on or after Dec. 14, 2020. Additionally, claims must be submitted electronically and are subject to available funding.

Learn more [HERE](#).

A provider webinar is scheduled Thursday, May 6. Providers may register [HERE](#).

IDPH releases vaccine guidance update

The Iowa Department of Public Health has released its latest update to their [COVID-19 Vaccine Information Brief \(April 30\)](#). Changes are highlighted in yellow.

New vaccine freezer, refrigerator storage guidance issued

Moderna and Pfizer submitted data to the FDA indicating that their products can be stored longer than indicated in the emergency-use authorization. Pfizer data shows its vaccine can be stored for four weeks, up from the original two weeks in a freezer. Moderna data indicates its vaccine can safely last for 90 days in the refrigerator, up from the original 30 days in a refrigerator.

In addition, Pfizer has said it will file by the end of May for full FDA approval for its COVID-19 vaccine. In seeking this full authorization for adults ages 16 to 85, Pfizer is moving toward directly marketing their vaccine to consumers.

AHA urges vaccine payment rate change

The American Hospital Association has [urged](#) CMS to apply its recently increased Medicare payment rates for COVID-19 vaccine administration services retroactively. The effective date for payment of these services was Dec. 11, 2020, yet CMS only applied the higher payment rate starting March 15, 2021. AHA has recommended retroactively increasing payment without requiring additional action by hospitals. AHA specifically has asked the agency to implement the change by reprocessing claims automatically.

NIOSH revokes approval for N95 respirator model

The National Institute for Occupational Safety and Health has revoked its public health certificate of approval for Plastikon Industries' PLASMA N95-01 filtering facepiece respirator for failure to meet filter efficiency requirements in a product audit. Effective April 8, the respirator is no longer NIOSH-approved and may no longer be manufactured, assembled, sold or distributed.

New IFDHE toolkit addresses cultural humility training

The COVID-19 pandemic's disproportionate impact on communities of color is generating a renewed focus on advancing health equity. The latest toolkit developed by the AHA's Institute for Diversity and Health Equity, [Training and the Culture of Learning](#), as part of its [Health Equity Resources series](#), provides evidence-based practices that support cultural humility along with implicit bias training and education.



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