

## What We Know Now

January 19, 2023

*A weekly compilation of the latest news surrounding the COVID-19 pandemic from the Community Care Network of Kansas. If developments happen that require immediate attention, Community Care will provide special updates as needed. We will also continue to monitor monkeypox, influenza, and others to include information about them in What We Know Now, as conditions warrant. We remain committed to keeping you informed with the latest information to help you respond to current and changing conditions.*

### Community Care Spotlight

#### Vibrant Health CEO Patrick Sallee is featured on a podcast with KC Country Club Bank:



On this episode of Banking on KC, Patrick Sallee, President and CEO of Vibrant Health, joins host Kelly Scanlon to discuss the various ways in which the nonprofit is working toward healthier outcomes for communities in Wyandotte County.

[Click here](#) to tune in and discover

1. How Vibrant Health has expanded from its initial mission of providing access to quality health care for uninsured children in Wyandotte County, Kansas—to include adults as well.
2. What it means to provide “whole person” care, including wraparound services that address poverty, hunger and behavioral health.
3. The importance of Vibrant Health’s Federally Qualified Health Center designation.

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### KDHE/Governor’s Office/Statehouse

#### As of 1/18/23: KDHE COVID DATA

[Latest statistics](#): 923,874 positive cases, 9,903 deaths, and 50 MIS-C cases. There were 1,937 new cases and 69 new deaths reported since 1/18/23.

Updated on 1/18/2023: According to the [Kansas WebIZ vaccination tracker](#), 5,129,017 doses have been administered in Kansas. 3,725,914 people have had their first dose; 1,042,020 have had their second dose; and 361,084 have had a bivalent booster dose (biggest increase for vaccines). 12% of Kansans have been vaccinated with the bivalent booster.

For the week of 1/7/23 – 1/13/23, incidence rates in Kansas have declined. 13 counties of the 105 Kansas counties were considered to be [areas of high transmission](#), with at least 100 cases per 100,000 residents. 42 counties have substantial rates of transmission, (50-99 cases per 100,000), while 37 counties had moderate transition rates (10-49 cases per 100,000). 13 counties had low transmission rates, with fewer than 11 cases per 100,000.

The next COVID-19 Update for Local Partners will take place Thursday, **February 2nd, 2023** at 10am CT. You can register for the webinar here: [https://us02web.zoom.us/webinar/register/WN\\_rd61wl-bRh-KNAUow7olxA](https://us02web.zoom.us/webinar/register/WN_rd61wl-bRh-KNAUow7olxA) . Password: KDHECOVID

#### Links to Webinars:

- Covid 19 Updated Guidance: [Guidance on Management of COVID-19 in Homeless Service Sites and in Correctional and Detention Facilities](#)
- Covid 19 Updated Guidance: [Additional Information for Community Congregate Living Settings \(e.g., Group Homes, Assisted Living\)](#)
- Covid 19 Updated Literature: [Paxlovid Associated with Decreased Hospitalization Rate Among Adults with COVID-19 — United States, April–September 2022](#)
- Vaccine Updates: [Coronavirus \(COVID-19\) Update: FDA Authorizes Moderna and Pfizer-BioNTech Bivalent COVID-19 Vaccines for Use as a Booster Dose in Younger Age Groups](#)
- Novavax Booster: [CDC Allows Novavax Monovalent COVID-19 Boosters for Adults Ages 18 and Older](#)
- Timing Considerations: [People with prior or current SARS-CoV-2 infection](#)
- Expiration Dates : [Pfizer Expiration Dates – Possible Extension](#)
- Hot Training Topic: [COVID-19 Vaccine Training Modules](#)
- Resources: [Interim Clinical Considerations](#)

## Centers for Disease Control and Prevention

### **CDC & FDA Identify Preliminary COVID-19 Vaccine [Safety Signal](#) for Persons Aged 65 Years and Older**

Following the availability and use of the updated (bivalent) COVID-19 vaccines, CDC's Vaccine Safety Datalink (VSD), a near real-time surveillance system, met the statistical criteria to prompt additional investigation into whether there was a safety concern for ischemic stroke in people ages 65 and older who received the Pfizer-BioNTech COVID-19 Vaccine, Bivalent. Rapid-response investigation of the signal in the VSD raised a question of whether people 65 and older who have received the Pfizer-BioNTech COVID-19 Vaccine, Bivalent were more likely to have an ischemic stroke in the 21 days following vaccination compared with days 22-42 following vaccination.

This preliminary signal has not been identified with the Moderna COVID-19 Vaccine, Bivalent. There also may be other confounding factors contributing to the signal identified in the VSD that merit further investigation. Furthermore, it is important to note that, to date, no other safety systems have shown a similar signal and multiple subsequent analyses have not validated this signal:

Although the totality of the data currently suggests that it is very unlikely that the signal in VSD represents a true clinical risk, we believe it is important to share this information with the public, [as we have in the past](#), when one of our safety monitoring systems detects a signal. CDC and FDA will continue to evaluate additional data from these and other vaccine safety systems. These data and additional analyses will be discussed at the upcoming [January 26 meeting](#) of the FDA's Vaccines and Related Biological Products Advisory Committee.

**No change in vaccination practice is recommended.** CDC continues to recommend that everyone ages 6 months of age and older stay up to date with COVID-19 vaccination; this includes individuals who are currently eligible to receive an updated (bivalent) vaccine. Staying up to date with vaccines is the most effective tool we have for reducing death, hospitalization, and severe disease from COVID-19, as has now been demonstrated in multiple studies conducted in the United States and other countries:

- [Data](#) have shown an updated COVID-19 vaccine reduces the risk of hospitalization from COVID-19 by nearly 3-fold compared to those who were previously vaccinated but have not yet received the updated vaccine.

- [Data](#) have shown that the updated COVID-19 vaccine also reduces the risk of death from COVID-19 by nearly 19-fold compared to those who are unvaccinated.
- Other preliminary [data](#) from outside the U.S. have demonstrated more than 80% protection against severe disease and death from the bivalent vaccine compared to those who have not received the bivalent vaccine.

Overall safety data for the bivalent COVID-19 vaccines are available [here](#).

Once again, **no change is recommended in COVID-19 vaccination practice**, which can be found [here](#).

**Additional COVID updates include:**

- [Cases in the US](#)
- [COVID-19 Forecasts: Deaths](#)
- [Reporting COVID-19 Vaccinations in the United States](#)

## **HRSA**

### **HRSA Nurse Corps Loan Repayment**

Registered nurses and nurse faculty members may be eligible to have up to 85% of unpaid nursing education debt covered in exchange for a two-year commitment of service. Eligibility requirements include holding a current license to serve in a Health Professional Shortage Area or working full time as a faculty member at an eligible school of nursing. [Applications are due February 23.](#)

HRSA’s Nurse Corps Loan Repayment Program (LRP) is accepting applications by 7:30 p.m. ET on Thursday, February 23. This year, HRSA has special funding for nurses and nurse faculty who specialize in women’s health to combat disparities that put women at risk before, during, and after pregnancy. There is also special funding to promote the integration of mental health, substance use disorder, and other behavioral health services into primary care. See the [technical assistance \(TA\) webpage](#) for application assistance and details on upcoming TA sessions.

### **N95 Masks:**

You may recall that HHS previously distributed free N95 masks from the Strategic National Stockpile to communities across the U.S. With the increase in COVID-19 cases this winter, HHS is encouraging pharmacy partners to share their remaining inventory of N95 respirators with health care providers and other community agencies and organizations.

If your health center would benefit from additional N95 masks to distribute in your community, we encourage you to reach out to local pharmacies that provide COVID-19 vaccines regarding what types of federally provided N95 masks they may still have available. Please note that, as this initiative began a year ago, some pharmacy partners may have limited or no remaining N95s for donation.

Pharmacy partners and other community partners cannot charge individuals for these federally provided supplies.

We hope this opportunity will be helpful in your work to protect your communities. Thank you for all your efforts to help prevent the spread of COVID-19.

### **FINAL SESSION: Special and Vulnerable Populations COVID-19 Forum**

Join several HRSA-funded National Training and Technical Assistance Partners (NTTAPs) and their featured speaker from CDC’s Post-COVID Conditions Team – Dr. Jennifer Cope – for a session focusing on long COVID and its status, challenges, and promising practices. You’ll have the chance to provide feedback and identify health center needs relative to COVID-19 and preparedness for future outbreaks and other emergencies.

Friday, January 27

1:00 - 2:00 p.m.

[Registration page](#)

## **HHS:**

### **RENEWAL OF DETERMINATION THAT A PUBLIC HEALTH EMERGENCY EXISTS: Extends PHE another 90 days**

On January 11, The Department of Health and Human Services [extended the current PHE declaration](#) for another 90 days. The extension of the PHE means the continuation of flexibilities for healthcare providers, such as the [COVID Waivers](#) issued by CMS. This extension does not impact the Medicaid redeterminations set to begin as early as next month.

Administration officials declined to comment on whether this would be the final extension. Although previously tied to the PHE, Medicare telehealth was extended under the Federal Omnibus FY 2023 Package, including audio-only for Medicare beneficiaries, until Dec. 31, 2024. Also disconnected from the PHE by the omnibus budget bill was the requirement for maintenance of Medicaid coverage.

### **Health Insurance Marketplace Record-Breaking Enrollment**

With the end of the Health Insurance Marketplace Open Enrollment Period coming on Jan. 15 for most states, the [Centers for Medicare & Medicaid Services](#) estimates nearly 16 million people have signed up for coverage. This is a 13% increase over last year, which includes more than three million people new to Marketplaces

## **CMS:**

### **Medicaid Unwinding**

CMS issued an [informational bulletin](#) on the provisions included in the Consolidated Appropriations Act, 2023, related to the Medicaid continuous enrollment condition. The new March 31, statutory end date of the continuous enrollment condition means that states could begin their 12-month unwinding period and initiate the first Medicaid renewals as early as February 1, 2023. Then beginning April 1, states claiming the temporary FMAP increase will be able to terminate Medicaid enrollment for ineligible individuals following a redetermination. All CMS guidance and resources regarding the redetermination can be found [here](#).

- a. NACHC has released a [workgroup application](#) for PCAs, HCCNs and health center staff directly involved in the Medicaid redetermination to serve as technical advisors to NACHC on policy, resources, and communications-related developments throughout the Medicaid redetermination process. Workgroup members will be expected to participate in regularly scheduled calls with NACHC staff and workgroup members. **Applications are due Friday February 3.**
- b. As a reminder, NACHC has created a Noddlepod for PCAs, HCCNs, and health centers. Please share with those who will be directly involved in their state's Medicaid and CHIP Continuous Enrollment Unwinding. This information hub will house all key information and resources for the unwinding. [For access, please complete this form.](#)

### **CMS FAQs on Good Faith Estimates for Uninsured and Self-Pay Patients**

CMS recently issued new guidance for providers and facilities, including health centers that offer sliding fee discounts based on an individual's income and family size. See [recently added FAQs](#) (PDF).

CMS recognizes that Federally Qualified Health Centers and other providers and facilities offering sliding fee discounts face unique challenges in meeting the Good Faith Estimate (GFE) requirements. Their guidance provides

additional flexibility to these providers to, in certain circumstances, provide a GFE to newly uninsured (or self-pay) patients that lists the undiscounted rates for items and services. CMS also recognizes that a full GFE (as specified under current regulations) may not be appropriate in cases where a provider or facility does not expect to charge a patient for items and services. Therefore, under certain conditions, CMS will not take enforcement action against providers who, knowing that they will not bill an uninsured (or self-pay) patient for items or services, provide an abbreviated version of the GFE. A sample abbreviated GFE is available in the FAQs.

## **NACHC:**

### **A NACHC-TRC Joint Project for FQHCs Telehealth Operations**

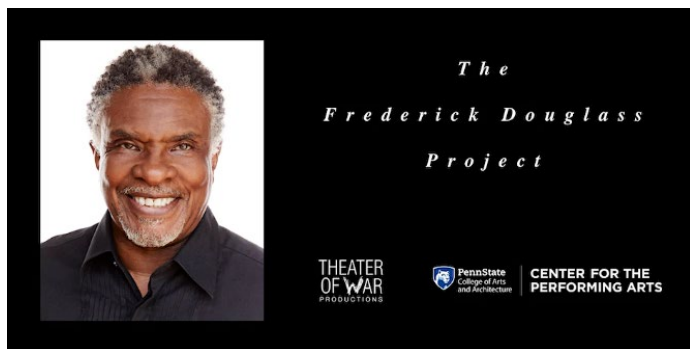
[National Health Center Telehealth Resource Center \(TRC\)](#) the pilot project, ARP-funded National Health Center Telehealth Resource Center, is led by NACHC with subject matter expertise contracted through the Center for Connected Health Policy (CCHP). This project is intended to assist health centers sustain telehealth modality to increase access to underserved communities and individuals coming out of the COVID-19 pandemic and PHE.

- a. [Environmental Scan of Telehealth TTA Resources](#) is approved by HRSA/BPHC and posted to the Health Center Resource Clearinghouse.
- b. [50-State Technical Assistance Webpage](#): The CCHP's most recent update to its Telehealth Policy Finder now includes a brand-new section specifically for federally qualified health centers (FQHCs).

**Direct Telehealth Billing Technical Assistance/Triage:** Targeted TA for FQHC telehealth billing questions now has a dedicated consultative service available triaged by the Center for Connected Health Policy, please email [FQHCquestions@cchpca.org](mailto:FQHCquestions@cchpca.org)

## **Media/Scientific Reports**

**The Frederick Douglass Project:** Presented by the Theater of War



*The Frederick Douglass Project* presents dramatic readings by acclaimed actors of speeches by Frederick Douglass for diverse audiences on Zoom as a catalyst for powerful dialogue about the impact of discrimination, racialized violence, structural inequality, and deferred justice upon individuals, families, professionals, and communities. The event will feature a reading by the Emmy Award-winning actor Keith David (*Nope*, *Platoon*, *The Princess and the Frog*) of a speech delivered by Frederick Douglass at the National

Convention of Colored Men in Louisville, Kentucky on September 24, 1883, followed by community panelist remarks, and culminating in a guided audience discussion aimed at fostering compassion, understanding, and positive action.

Date and time: Wednesday, February 8, 2023, 5:00pm - 7:15pm

Register [here](#) to reserve your spot.

**The Nurse Antigone:** Presented by the Theater of War



A groundbreaking project by and for nurses, *The Nurse Antigone* presents dramatic readings of Sophocles' *Antigone* on Zoom—featuring professional actors and a chorus of frontline nurses—to help frame powerful, guided discussions about the unique challenges faced by nurses. *Antigone*, an ancient play about a young woman who puts everything on the line to do what she believes is right, dramatizes the heavy cost of silencing and marginalizing caregivers, especially during times of crisis.

Featuring performances by Margaret Atwood (Author of *The Handmaid's Tale*), Frankie Faison (*The Wire*), Jessie Buckley (*Women Talking*), and more.

Date and time: Thursday, February 23, 2023, 4:00pm – 6:00pm

Register [here](#) to reserve your spot.