



Weekly Health Care Checkup: *COVID-19 and Beyond* September 14-18, 2020

IN BRIEF

What Happened This Week: In an effort to break the stalemate between Congressional negotiators and the White House on the next COVID stimulus measure, a bipartisan group of House lawmakers unveiled a new \$1.5 trillion ["March to Common Ground" COVID Response Framework](#) this week. President Trump seemingly [signaled](#) his support for the package; however, a deal appears unlikely given Speaker Pelosi's (D-CA) most recent [comments](#) and the fact that at least 15-20 GOP Senators will likely [not support](#) any additional COVID funding legislation.

On the House floor, lawmakers [voted](#) on a slew of bills this week ranging from diversity in education ([H.R. 2639](#)), racial discrimination ([H.R. 2574](#)), and rights for pregnant workers ([H.R. 2694](#)). Members also agreed (243-164) to a resolution to condemn all forms of anti-Asian sentiment related to COVID-19 ([H. Res. 908](#)). On Wednesday, the [House Financial Services Committee](#) held hearing to review the Federal Housing Finance Agency's Response to the pandemic. Later that day, the [House Veterans' Affairs Oversight and Investigations Subcommittee](#) held a hearing to examine the progress the VA has made thus far to modernize its medical supply chain and discuss lessons learned from the pandemic.

On the other side of the Capitol this week, the Senate continued to [vote](#) on Trump Administration judicial nominees. On Wednesday, the [Senate Appropriations Labor-HHS-Education Subcommittee](#) heard from three Trump Administration officials – including CDC Director Redfield – during a hearing to review the Administration's response to the pandemic. In his [testimony](#), Director Redfield suggested that while a COVID vaccine would most likely be ready for first responders and vulnerable populations in November / December of 2020, it most likely will not be available to the rest of the US population until the third quarter of 2021 (a prediction that was later [refuted](#) by President Trump, and then [adjusted](#) again during a press conference earlier today).

Meanwhile, over at the White House, the CDC outlined its COVID-19 vaccine distribution plan in a [report](#) to Congress and separate [playbook](#) for states (though the CDC Director has [said](#) that an additional \$6 billion would be needed to adequately distribute the vaccine).

In other non-COVID health news, CMS announced two new models today – the [End-Stage Renal Disease \(ESRD\) Treatment Choices \(ETC\) Model](#) (which was a product of the Administration's [Advancing American Kidney Health Initiative](#)), and a new [Radiation Oncology \(RO\) Model](#).

The Agency also [released](#) *Part I* of the Contract Year (CY) 2022 Advance Notice of Methodological Changes for Medicare Advantage Capitation Rates and Part C and Part D Payment Policies earlier this week. CMS said the Advance Notice is being published in two parts this year due to requirements in the 21st Century Cures Act that mandate certain changes to Part C risk adjustment and a 60-day comment period for these changes (the other payment methodology changes that are typically included in the Advance Notice only require a 30-day comment period and, as a result, will be released at a later date in accordance with that requirement).

What to Expect Next Week: The House is [expected](#) to be in session Tuesday, September 22 – Friday, September 25. At some point during the week, lawmakers will consider several bills under suspension of the rules (list of bills still TBA), the House Democrats' clean energy package ([H.R. 4447](#), the Clean Economy Jobs and Innovation Act), and a continuing resolution (text has not been released) to fund the government beyond the end of the current fiscal year (September 30).

The Senate will be in session Monday, September 21 – Friday, September 25. Expect Majority Leader Mitch McConnell (R-KY) to continue plowing through a number of Trump Administration [nominees](#). And if all goes according to plan (meaning the House approves a stopgap funding bill early next week), the Senate could move to take up the House-passed measure before the end of next week.

Looking even further ahead, both chambers will be out Monday, September 28 and Tuesday, September 29 in observance of Yom Kippur. If the Senate votes on the House-approved government funding bill at the end of the month, it's [possible](#) that the chamber will head home early for the October recess to campaign. Over the in the House, Speaker Pelosi did recently [tell](#) lawmakers to be on "standby" for votes in the event that a deal is reached on the next COVID stimulus package; however, given that a deal on any additional funding measures is unlikely, a more likely scenario is that House members will head home to their districts to campaign beginning October 2 and not return to Washington until *after* the November elections (though hearings are expected to continue remotely during this time).

Noteworthy Upcoming Events: Nemours Children's Health System and the Duke-Margolis Center for Health Policy are co-hosting an upcoming webinar on Tuesday, September 29 from 2:30 - 4:00 PM ET titled: *Caring for Kids in the COVID-19 Era: Promoting Health Equity and Value*. The event is expected to highlight the roles health systems, payers, and all levels of government can play to address the pandemic's negative impacts, reduce disparities, and promote health equity for children and their families. In addition, speakers will identify action steps the federal government can take to improve the COVID-19 response for children. Click [here](#) for more information and to register for the event.

DEEP DIVE

Path to Passage for New \$1.5 Trillion COVID Response Proposal Unlikely, Despite Support from President Trump: On Tuesday, a bipartisan group of House lawmakers unveiled a new \$1.5 trillion COVID response [framework](#) with the hopes of breaking the stalemate between negotiators and the White House on the next stimulus measure. The Problem Solvers Caucus proposal – dubbed the "March to Common Ground" COVID Response Framework – calls for both new stimulus money and the reallocation of previously appropriated CARES Act funding, and allocates resources to the following categories: testing & healthcare (\$100b); direct assistance to individuals & families (\$316b); unemployment assistance (\$120b); small business & non-profit support (\$290b); school & child care (\$145b); state & local aid (\$500.3b); election support (\$400b); broadband, agriculture, USPS, & Census (\$52b); worker & liability protections; and automatic boosters & reducers. Additionally, the proposal includes a series of what the group calls automatic "boosters" and "reducers" designed to incrementally increase or decrease the amount of relief to individuals and families depending on the severity of the pandemic and whether or not a successful vaccination program is adopted by March 2021.

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On Wednesday, President Trump somewhat unexpectedly [called](#) Republican Lawmakers to “go for the much higher numbers” on a COVID package; however it remains to be seen whether House Speaker Nancy Pelosi (D-CA) – who has repeatedly [said](#) the House will not take up any COVID funding bill less than \$2.2 trillion – and Senate Majority Leader Mitch McConnell (R-KY) – who continues to face [opposition](#) from members of his own party for any additional COVID response measures – will be able to shore up enough support for the bill in the near future. Further complicating matters – negotiators in both the House and Senate are now almost entirely focused on drawing up and passing a temporary stopgap funding bill to fund the government beyond the September 30 deadline. Most recent [reports](#) indicate that House leaders are eyeing a vote on a temporary stopgap funding bill as early as the week of September 21. Should this scenario play out, this timeline would give the Senate enough time to vote before the end of the month. It is very likely that an extension of several Medicare, Medicaid, and public health programs will also be attached to the legislation, which is expected to fund the government through mid-December.

Trump Administration Outlines COVID Vaccine Distribution Plan: On Wednesday, the CDC outlined its COVID-19 vaccine distribution plan in a [report](#) to Congress and separate [playbook](#) for states. The Agency’s distribution plan gives states 30 days (until October 16) to draft their own individual vaccine distribution plans. CDC says each state will have an assigned technical assistance officer to assist the state with creating their plan. The Agency also encouraged states to establish their own public/private “Vaccine Program Implementation Committee” and identified 21 different kinds of groups for representation (ranging from businesses, health insurance issuers, churches/religious leaders, and pharmacies to immunization coalitions, education agencies, and health systems and hospitals).

CDC Director Robert Redfield spoke about the timeline for vaccine distribution during a House Oversight Select Subcommittee on the Coronavirus Crisis hearing on Wednesday, telling members that the vaccine would most likely be ready for first responders and vulnerable populations in November / December, though he added that it most likely would not be available to the rest of the US population until the third quarter of 2021 (though this projected timeline was later [refuted](#) by President Trump, during a press conference on Wednesday evening and then [adjusted](#) again during a press conference earlier today).

CDC Backtracks on Testing Guidance for Asymptomatic Individuals: Earlier today (Friday), [Politico](#) reported that the CDC is walking back on its earlier COVID testing guidance, which previously suggested that asymptomatic individuals who have been in close contact (aka within 6 feet) with a person with COVID-19 but are asymptomatic “do not necessarily need a test” unless they are considered vulnerable or if their health care provider or state or local public health officials recommend that they take a test. The most recent version of the guidance states that those individuals who have been within six feet of a person with a documented COVID infection for at least 15 minutes “need a test.”

Leading Senate Democrat Suggests HHS Secretary Failed to “Push Back” Against President’s “Outrageous” Response to the Pandemic, Calls for his Resignation: In his [remarks](#) on the Senate floor on Tuesday, Democratic Leader Chuck Schumer (D-NY) suggested that HHS Secretary Alex Azar allowed the Department to become “subservient to the president's daily whims” and called on Azar to resign from his post. “We need a Secretary of Health and Human Services who will look out for the American people, not President Trump's political interests,” Schumer said. In response, an HHS spokesperson called Schumer's comments “uninformed” and an “attempt to mislead the American people and discredit the historic work of the Trump Administration to combat COVID-19.” The Secretary is expected to testify before the House Oversight Select Subcommittee on the Coronavirus Crisis on Friday, October 2 – his first time appearing before Congress since February.

CMS Issues Revised Guidance on Nursing Home Visitation: On Thursday, CMS issued revised [guidance](#) with recommendations for nursing homes to safely facilitate visitation during the pandemic. The Agency said it decided to

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update its guidance in part because of the “significant toll” that the physical separation from family / loved ones has taken on residents. The guidance also outlines certain core principles and best practices to reduce the risk of COVID-19 transmission.

CDC Reportedly Working with Private Sector on New Vaccine Tracker: The CDC is [reportedly](#) working with Deloitte (using Salesforce technology) on a new Vaccine Administration Management System to help providers / public health officials track what patients are getting their vaccinations and when. The initial tracking software is expected to be available for use by states in October, though it is unclear whether states (who may already have their own system for tracking vaccines, etc.) will be required to use this new software, or, be permitted to use both their existing software and the new tracking system simultaneously.

CDC Says Children Account for .08 Percent of COVID Deaths in the US: The CDC released new [findings](#) this week showing that only 121 individuals under 21 years of age died from COVID-19 between February 12 and July 31 (approximately .08 percent of all COVID-related deaths in the US during this time). The Agency notes that 75 percent of those individuals who died had an underlying medical condition.

CDC Says Increased COVID Mitigation Measures has Resulted in Decreased Flu Activity: In a recent Morbidity and Mortality Weekly Report, the CDC [said](#) that increased mitigation measures to slow the spread of COVID-19 has resulted in decreased influenza activity this year in the US, Australia, Chile, and South Africa. More specifically, in the US, the report revealed that the percentage of respiratory specimens submitted for influenza testing that tested positive decreased from >20% to 2.3% and has remained at “historically low interseasonal levels” (0.2% versus 1–2%).

NIH Awards Contracts to Develop Innovative Digital Health Technologies for COVID-19: The NIH [awarded](#) seven contracts to companies and academic institutions to develop COVID-19 digital health solutions, including user-friendly tools such as smartphone apps, wearable devices, and software that can identify and trace contacts of infected individuals, keep track of verified COVID-19 test results, and monitor the health status of infected and potentially infected individuals. NIH says the contracts are being awarded in two phases – during the first phase, companies will be required to demonstrate feasibility of the project. Then, after an assessment of phase one results, NIH would provide additional funding to further develop the awardee’s programs. The awardees have one year to complete both phases.

NIH Announces \$12 Million Award for Community Engagement Research Efforts in Hard-Hit COVID-19 Areas: The National Institutes of Health (NIH) [announced](#) it has awarded \$12 million to RTI International, a non-profit research institution, for outreach and engagement efforts in ethnic and racial minority communities disproportionately affected by the COVID-19 pandemic. According to the NIH press release, RTI will use the funding to support teams in 11 states established as part of the NIH Community Engagement Alliance (CEAL) Against COVID-19 Disparities.

Other Noteworthy Updates to Agency Guidance Documents:

- CDC updated their COVID-19 Parental Resource Kits. The kits focus on the social, emotional, and mental well-being of [children](#) and [young adults](#) during COVID-19.
- CDC updated resources on [N95 Respirators and other respirators](#) to protect healthcare workers from COVID-19.
- CDC updated information for [schools and child care programs](#) to plan, prepare, and respond to COVID-19.
- CDC updated [considerations for food pantries and food distribution sites](#).
- CDC updated resources on [telemedicine in a non-U.S. setting](#) during COVID-19.
- CDC updated [general FAQs](#) on the COVID-19 pandemic and the SARS-CoV-2 virus.

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- [CDC released indicators](#) aimed at helping schools make decisions about in-person learning as local conditions evolve throughout the pandemic.
- CDC updated a [summary of considerations and current CDC recommendations](#) regarding SARS-CoV-2 testing.
- CDC updated [10 clinical tips](#) on COVID-19 for healthcare providers involved in patient care.
- CDC updated [information](#) for parents on how to help young adults' social, emotional, or mental well-being.
- CDC updated information on keeping [children, teens, and young adults](#) healthy during the COVID-19 pandemic.
- CDC updated information on keeping children healthy and [ways to promote children's wellbeing](#) during the COVID-19 pandemic.
- CDC updated [FAQs on homeless and COVID-19](#).
- SAMHSA updated [products and resources](#) that can be useful when coping with the effects of widespread public health crises.

OTHER NOTEWORTHY ANNOUNCEMENTS COMING OUT OF WASHINGTON

CMS Finalizes Two New Models for the Care of Chronic Kidney Disease and Cancer Patients: Earlier today, CMS announced it had finalized two new payment models. The first is the [End-Stage Renal Disease \(ESRD\) Treatment Choices \(ETC\) Model](#), which was first [proposed](#) last summer as part of the Administration's new Advancing American Kidney Health Initiative. CMS says the new ETC Model will impact approximately 30 percent of kidney care providers and will be implemented on January 1, 2021.

CMS also unveiled a new [Radiation Oncology \(RO\) Model](#) (as part of its final rule on specialty care models), with the goal of improving the quality of care for cancer patients receiving radiotherapy and reducing Medicare expenditures through bundled payments. CMS says this new Model will begin on January 1, 2021.

CMS Releases CY 2022 Medicare Advantage Advance Notice Part I – Risk Adjustment: On Monday evening, CMS [released](#) Part I of the Contract Year (CY) 2022 Advance Notice of Methodological Changes for Medicare Advantage Capitation Rates and Part C and Part D Payment Policies (the Advance Notice), which contains information about the Part C CMS-Hierarchical Condition Categories (HCC) risk adjustment model and the use of encounter data for CY 2022.

Within the Advance Notice, CMS proposes to fully phase in the CMS-HCC model, which was first implemented for CY 2020, as required by statute (the 21st Century Cures Act). In accordance with the statute, the Agency said it is adding variables that count conditions in the risk adjustment model ("payment conditions") and includes for payment additional conditions for mental health, substance use disorder, and chronic kidney disease. CMS says this is a change from the blend for 2021 of 75 percent of the risk score calculated using the 2020 CMS-HCC model and 25 percent of the risk score calculated using the older 2017 CMS-HCC model.

With the proposed full phase-in of the 2020 CMS-HCC model (which CMS notes is designed to calculate risk scores using diagnoses from encounter data submissions), the Part C risk score used for payment in 2022 would rely entirely on encounter data as the source of MA diagnoses. CMS says it is also proposing to discontinue the previous policy of supplementing diagnoses from encounter data with diagnoses from inpatient records submitted to RAPS for calculating beneficiary risk scores.

CMS said the CY 2022 Advance Notice is being published in two parts due to requirements in the 21st Century Cures Act that mandate certain changes to Part C risk adjustment and a 60-day comment period for these changes. The other payment methodology changes that are typically included in the Advance Notice only require a 30-day comment period.

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and, as a result, will be released at a later date in accordance with that requirement. The payment policies for both Part I and Part II of the Advance Notice will be finalized – as required by statute – no later than April 5, 2021.

CMS to Withdraw Final Medicaid Fiscal Accountability Rule (MFAR): In a [Tweet](#) Tuesday night, CMS Administrator Seema Verma announced that the Agency has decided to withdraw its final Medicaid Fiscal Accountability Rule (MFAR) from the Administration’s regulatory agenda after concerns raised by states and providers about the rule’s potential unintended consequences. The [initial MFAR proposal](#) – which CMS issued late last year – called for a “comprehensive overhaul” of CMS’s regulations in an effort to ensure transparency into Medicaid payments. The proposal received significant criticism from a number of provider and hospital groups soon after its release, who warned that cracking down on supplemental payments would hurt safety-net providers. States also warned that implementing the rule would create problems with their ability to fund their respective Medicaid programs.

CMS Says Medicare Shared Savings Program Generated \$1.2 Billion in Net Savings Last Year: In a recent *Health Affairs* [blog post](#), CMS Administrator Seema Verma said the 2019 Medicare Shared Savings Program generated \$1.19 billion in net savings in 2019 – the largest annual savings for the program to date. Verma said the unique pandemic-related challenges that beneficiaries and health care providers are facing this year only underscore the “need for a resilient health care system where reimbursement is not tied to volume of services provided, but rather to value-based incentives to keep patients healthy.” She added that the Shared Savings Program is “one of the country’s largest initiatives on value-based care, equipping health care providers with a flexibility to innovate and focus on health outcomes that can help them respond to the pandemic.”

President Trump Signs New "Most Favored Nation" Executive Order: President Trump signed another [Executive Order](#) tied to prescription drug prices last weekend. This new Executive Order is a [follow-on to the "Most Favored Nations" Executive Order](#) that Trump signed (but never officially released / implemented) earlier this summer. The new EO expands the scope of the policy to include certain Part B *and* Part D medications. To start, the EO instructs HHS to test whether, for patients who require pharmaceutical treatment, paying no more than the most-favored-nation price would mitigate poor clinical outcomes and increased expenditures associated with high drug costs. Unsurprisingly, in response to the President’s announcement, House Speaker Pelosi (D-CA) [called](#) the most recent Executive Order and “insult to all the seniors and families who are still waiting for real action to lower their prescription drug costs.”

HRSA Evaluating Legality of Drugmakers’ Plans to Limit Discounts and/or Distribution of Drugs Under the 340B Drug Pricing Program: While speaking to reporters earlier this week, a spokesperson for HHS’ Health Resources and Services Administration (HRSA) said the Agency is considering whether a handful of drug manufacturers’ recently-updated policies to curtail discounts to hospitals under the 340B Drug Pricing Program and/or stop the distribution of drugs altogether violates the 340B statute and whether sanctions may apply. “We believe that manufacturers that refuse to honor contract pharmacy orders could significantly limit access to 340B-discounted drugs for many underserved and vulnerable populations who may be located in geographically isolated areas and rely on contract pharmacies as a critical point of access for obtaining their prescriptions,” the spokesperson said. “To this end, HRSA continues to strongly encourage all manufacturers to sell 340B priced drugs to covered entities directly and through contract pharmacy arrangements.”

While each of the drug company’s recent announcements / requirements were different, the majority of them said they would either institute new requirements on hospitals beyond the scope of the 340B statute and/or stop deliveries to contract pharmacies that dispense drugs to patients on behalf of covered entities altogether. For example, in a letter dated August 17, AstraZeneca [said](#) that beginning October 1, 2020, it will only process 340B pricing through a single contract pharmacy site for those covered entities that do not maintain their own on-site dispensing pharmacy, and, as a

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result, will stop processing 340B chargebacks for all 340B contract pharmacy arrangements. And as of July 1, 2020, Eli Lilly [said](#) it would limit the distribution of certain Cialis drug formulations to covered entities and their child sites only. The other drug companies said they would soon require additional reporting from hospitals in an effort to confirm that companies are not paying duplicate discounts on the drugs.

In response to the aforementioned policy updates, lawmakers and hospital groups were quick to publicly voice their concern. On Monday, a bipartisan group of almost 250 House members sent a [letter](#) to HHS Secretary Alex Azar urging him to “comply with the law” and use his authority to stop drug manufacturers from blocking hospitals' access the discounts. A group of House Energy and Commerce Committee leaders wrote a similar [letter](#) to Secretary Azar earlier this month. Several hospital groups also recently sent a [letter](#) to HHS asking the Department to “use its authority to require that these and other pharmaceutical manufacturers comply with the law.”

President Trump Teases ACA “Replacement” Plan (Again): During a town-hall style event hosted by ABC News earlier this week, President Trump [suggested](#) that his long-promised ACA replacement plan was “all ready” and would be unveiled very soon. “I have it all ready, and it’s a much better plan for you, and it’s a much better plan,” the President said during the event. He offered little details about what would be included in his proposal except to say that it would “protect people with pre-existing conditions.” Despite repeated promises over the past four years, the Trump Administration has yet to unveil an ACA replacement plan for Congress to consider.

UPCOMING COVID / HEALTH-RELATED CONGRESSIONAL HEARINGS

Joint Economic Committee

Date: Tuesday, September 22

Time: 2:30pm

Topic: Full Committee [Hearing](#): The Economic Impact of America’s Failure to Contain the Coronavirus

Witnesses:

- Dr. Ashish Jha, M.D., M.P.H., Dean, Brown University School of Public Health
- Dr. Austan Goolsbee, Robert Gwinn Professor, University of Chicago, Booth School of Business
- Dr. Adam Michel, Senior Policy Analyst, Grover M. Hermann Center for the Federal Budget, The Heritage Institution
- Dr. Jeffrey Singer, M.D., F.A.C.S., Senior Fellow, Cato Institute

Senate Homeland Security and Governmental Affairs Committee

Date: Tuesday, September 22

Time: 3:00pm

Topic: Subcommittee [Hearing](#): State and Local Cybersecurity: Defending Our Communities from Cyber Threats Amid COVID-19

Witnesses:

- TBA

Senate Health, Education, Labor and Pensions Committee

Date: Wednesday, September 23

Time: 10:00am

Topic: Full Committee [Hearing](#): COVID-19: An Update on the Federal Response

Witnesses:

- Anthony Fauci, MD, NIH’s NAID Director

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- Robert Redfield, MD, CDC Director
- ADM Brett Giroir, MD, HHS Assistant Secretary for Health
- Stephen Hahn, MD, FDA Commissioner

House Committee on Energy and Commerce

Date: Wednesday, September 23

Time: 10:00am

Topic: Subcommittee on Health [Hearing](#): Health Care Lifeline: The Affordable Care Act and the COVID-19 Pandemic

Witnesses:

- TBA

House Committee on Veterans' Affairs

Date: Wednesday, September 23

Time: 10:00am

Topic: Subcommittee on Disability Assistance and Memorial Affairs [Hearing](#): Toxic Exposures: Examining Airborne Hazards in the Southwest Asia Theater of Military Operations

Witnesses:

- TBA

House Committee on the Judiciary

Date: Wednesday, September 23

Time: 2:00pm

Topic: Subcommittee on Immigration and Citizenship [Hearing](#): Immigrants as Essential Workers During COVID-19

Witnesses:

- TBA

Senate Judiciary Committee

Date: Wednesday, September 23

Time: 2:30pm

Topic: Intellectual Property Subcommittee [Hearing](#): Examining Threats to American Intellectual Property: Cyberattacks and Counterfeits During the COVID-19 Pandemic

Witnesses:

- Bryan Ware, DHS Assistant Director for Cybersecurity Cyber Security and Infrastructure Security Agency
- Adam Hickey, DOJ Deputy Assistant Attorney General National Security Division
- Clyde Wallace, FBI Deputy Assistant Director, Cyber Division
- Steve Francis, Assistant Director, HSI Global Trade Investigations, Division Director, National Intellectual Property Rights Center, US Immigration and Customs Enforcement

Senate Banking, Housing and Urban Affairs Committee

Date: Thursday, September 24

Time: 10:00am

Topic: Full Committee [Hearing](#): The Quarterly CARES Act Report to Congress

Witnesses:

- The Honorable Steven Mnuchin, Treasury Secretary
- The Honorable Jerome Powell, Chairman, Board of Governors of the Federal Reserve System

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ADMINISTRATION ANNOUNCEMENTS

Department of Health and Human Services

- [Trump Administration Releases COVID-19 Vaccine Distribution Strategy](#)
- [Substance Use Disorders Linked To COVID-19 Susceptibility](#)
- [HHS Congratulates NYSS Champions For Promoting Participation In Youth Sports](#)
- [Review Of ASPR's Coronavirus Response Efforts](#)
- [ACL Awards Grants To Support Innovations In Nutrition Programs And Services](#)

Centers for Medicare & Medicaid Services

- [CMS Issues New Roadmap for States to Accelerate Adoption of Value-Based Care to Improve Quality of Care for Medicaid Beneficiaries](#)
- [Value-Based Care State Medicaid Directors Letter](#)
- [2022 Medicare Advantage Advance Notice Part I – Risk Adjustment](#)
- [CMS Releases Part I Of The 2022 Medicare Advantage And Part D Advance Notice](#)

Food and Drug Administration

- [FDA Publishes Comparative Performance Data for COVID-19 Molecular Diagnostic Tests](#)
- [Click here for the full list of all new FDA updates.](#)

Guidance Documents from the Centers for Disease Control and Prevention

- [Click here for the full list of all new CDC updates.](#)

National Institutes of Health

- [NIH Funds Community Engagement Research Efforts In Areas Hardest Hit By COVID-19](#)
- [NIH Awards Contracts To Develop Innovative Digital Health Technologies For COVID-19](#)

QUICK LINKS

- [Additional Mehlman Castagnetti Resources on COVID-19](#)
- [Johns Hopkins University Map of Global Cases of Coronavirus](#)
- [CDC Map of Coronavirus Cases in the US](#)
- [CMS COVID-19 Stakeholder Call Recording/Transcripts](#)
- [Kaiser Family Foundation: State Data and Policy Actions to Address Coronavirus](#)

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