
FISCAL UPDATE Article

Fiscal Services Division

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NCSL COVID-19 WEBINAR — STATE AND FEDERAL PUBLIC HEALTH RESPONSE

Webinar Series. The National Conference of State Legislatures (NCSL) held the first in what will be a series of webinars related to the COVID-19 outbreak. The first topic was the public health response to provide insight on what actions are being taken at the local, state, and national level. The information contained in this article is current as of the webinar on March 24, 2020. The webinar was recorded and will be posted on the NCSL's webpage at a future date.

General Responses. Every state has declared a state of emergency or a public health emergency in response to the COVID-19 outbreak. Nine (including Iowa) have made requests or received approval for major disaster assistance. A statewide closure of schools has been implemented in 48 states, and the other 2 (Maine and Nebraska) are allowing decisions to be made at the local level. The National Guard has been activated in 41 states (including Iowa). Additional action steps required or recommended by states have included various statewide limits on gatherings, statewide closures of nonessential businesses, state employee travel restrictions, extension of tax filing and payment deadlines, and some local curfew usage.

State Legislative Responses. Currently, 31 states have introduced and/or enacted legislation to support actions related to the outbreak. The legislation has fallen broadly into the following categories:

- **Appropriations.** Many states have made supplemental appropriations from the general fund and reserve funds.
- **Workforce Isolation or Quarantine Protections.** Isolation deals with the exclusion of healthy people from normal actions; social distancing is one example. Quarantine deals with sick people staying home or being in hospitals. Examples of protections included adjustments to unemployment insurance benefits, restrictions addressing retailer prices spiking, and prohibitions on employer termination of quarantined or isolated employees.
- **Resolutions.** Examples of legislation included the creation of task forces or declared states of emergency.
- **Concerning Governors' Actions.** Examples included concurrence with or support for the actions of governors related to the state of emergency, expansion of governor's powers for the definition of disaster to include disease outbreak, or providing the governor with temporary additional powers.
- **Medical Costs and Health Care Coverage.** This area consisted mostly of pending legislation. Examples included extending postpartum coverage period for pregnant women under Medicaid, requiring health insurance plans and Medicaid to cover testing and treatment of COVID-19, and increasing flexibility of health coverage to ensure that enrollees are not subject to any cost sharing related to testing and treatment of COVID-19.
- **Schools, Leave Policies, and Employee Benefits.** Examples included Iowa's waiver of instructional time requirements for schools and another state that allowed local school districts to grant administrative leave with pay to employees in the event of certain disasters and emergencies.

Recommendations for considerations by state policy makers included the following:

- Take time to review policies related to pandemics. This type of event on this scale has not happened in a long time.

- Lead by example, including sharing and following Centers for Disease Control and Prevention (CDC) and state guidelines.
- Partner with governors, state health officials, and local health officials.

State Health Department Responses. A representative from the Association of State and Territorial Health Officials (ASTHO) gave an update on the current situation from the public health perspective. According to the ASTHO, this is the acceleration phase of the pandemic. The number of cases in the U.S. is doubling every two to three days. The public health imperative is to contain and mitigate in order to slow the spread of the disease and “flatten the curve.” Both steps can happen at the same time, but the focus has now pivoted to mitigation.

Containment strategies since January were focused on travel restrictions from certain parts of China and utilizing enhanced screening at certain airports. There were also steps to repatriate U.S. nationals back to the country.

Now that the virus is in every state, the public health focus shifts to mitigation efforts in order to delay entry of very sick people in the health care system and slow the spread of the virus. Some of the steps include:

- Countermeasures and Mitigation. There is no vaccine yet, but it will be an important tool when one is developed.
- Surge Management. This is important for the public health system and health care system. Utilizing volunteers and approval of other ideas like interstate licensure reciprocity for treatment will allow health care professionals to travel to and serve in the areas that need treatment most.
- Biosurveillance. It will be important to track where the disease cases are increasing, decreasing, or moving.
- Jurisdictional Recovery. Returning to normalcy is critically important. However, the ASTHO adds that capturing the recovery experience and lessons learned from the crisis should be part of that focus. Every jurisdiction is required to complete structured interaction reports and improvement plans. The representative from the ASTHO recommended speaking with emergency management supervisors and public health officials about recently completed structured interaction reports and performance plans related to Zika, natural disasters, or table exercises in order to get a grasp on what will need to be conducted in the coming months. In-progress review plans are also important to complete before the pandemic has concluded.

Some of the current public health priorities outlined were:

- Accessing personal protective equipment (PPE) through state stockpiles, national stockpiles, commercially available sources, and homemade equipment.
- Developing rapid detection of case testing.
- Becoming able to constrain the medical surge through workforce health, building and infrastructure capacity, and more social distancing.
- Reviewing Crisis Standards of Care and refreshing these standards to address the current challenges of the pandemic in a standard, scientific, and ethical manner.

Immediate future policy considerations included:

- Continuity of operations for legislative bodies as well as businesses and individuals.
- Removing administrative and legal barriers to spending of federal funds.
- Preparing for recovery, especially the mental health and well-being of communities.
- After-action review and improvement planning. The presenter asserted there will be another major infectious disease event in our lifetime, and that learning lessons now can improve response in the future.
- Resourcing public health readiness for future events.

Federal Response. The presentation covered the areas of presidential action, congressional action, and administrative response. Much of this information has been covered in other *Fiscal Update Articles*, but will be summarized here briefly.

Presidential Action

- January 31, 2020: Declared a national health emergency under the Public Health Services Act and created the Coronavirus Task Force.
- March 13, 2020: Declared a National Emergency Declaration under the Stafford Act and National Emergencies Act.
- March 18, 2020. Invoked emergency authorities under the Defense Production Act for businesses to prioritize government contracts for producing medical equipment.

Congressional Action

This includes two bills that have passed and a third package of assistance still being negotiated.

- HR 6074 ([Fiscal Update Article](#)). Appropriated \$8.267 billion in federal FY 2020. The [CDC](#) has reported that Iowa will receive \$6.3 million of this.
- HR 6201 (Families First Coronavirus Response Act) ([Fiscal Update Article](#)). This package includes additional food assistance funding, requirements for health insurance coverage for testing costs and services, coverage of testing costs, and authorization of a National Disaster Medical System to cover costs of uninsured patients. The legislation also enhances the Federal Medical Assistance Percentage (FMAP) ([Fiscal Update Article](#)).
- Broad details on the third package were covered, but the parties were still negotiating.

Administrative Response of Federal Agencies

The presenter highlighted that many responses are happening and being announced on a daily basis.

Two key highlights included:

- A policy update in the federal Food and Drug Administration permits states to take responsibility for tests developed and used by labs within a state's borders.
- There is a vaccine currently under trial in the state of Washington. Private companies are also conducting vaccine trials.

Additional Webinars and Information. The NCSL will hold webinars on the continuity of state government and elections, fiscal and economic issues, and more topics in the coming weeks. More information on this is available from the LSA upon request and from the following webpages:

- Iowa COVID-19 Website: coronavirus.iowa.gov
- Iowa Department of Public Health: idph.iowa.gov/Emerging-Health-Issues/Novel-Coronavirus
- NCSL COVID-19 Resources for States: www.ncsl.org/research/health/ncsl-coronavirus-covid-19-resources.aspx
- National Governors Association (NGA) COVID-19 Page: www.nga.org/coronavirus
- Association of State and Territorial Health Officials (ASTHO) COVID-19 Page: www.astho.org/COVID-19

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