



BRIEFING: DEPARTMENT OF HEALTH UPDATE

Washington State Board of Health
January 13, 2020

Overview

- COVID-19 Vaccine Update by Michele Roberts, Acting Assistant Secretary
- Legislative Update by Kelly Cooper, Policy Director

COVID-19 Vaccine Response Update

Michele Roberts, MPH, MCHES

Assistant Secretary for Prevention & Community Health

Washington State Department of Health

Overview

- COVID-19 vaccine is here!
- Washington's COVID-19 Vaccine Allocation Guidance
 - Phase 1A Tier 1 & Tier 2
 - Phase 1B
- Vaccine Safety
- Who Can Vaccinate
- Vaccine Administration Fees
- Public Outreach

Important Reminder

COVID-19 vaccine program success depends on:

- How well the vaccine works
- How quickly the vaccine can be manufactured and distributed
- Will people choose to get it?

COVID-19 Vaccine is Here!

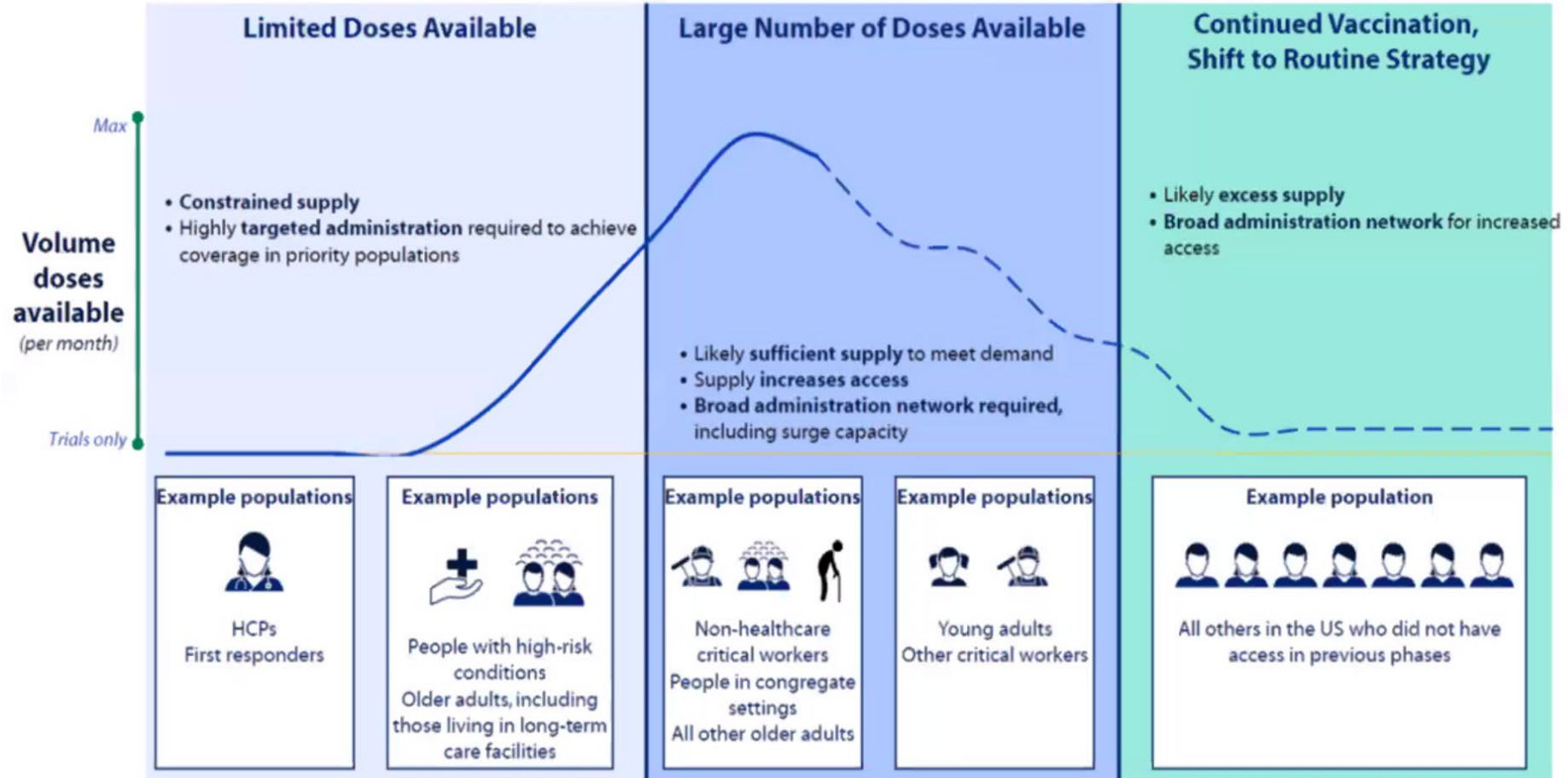
Vaccine Brand	Total # Allocated	Total # Ordered	Total # Shipped	Total # Delivered	Total # of Pfizer doses for Federal LTC Program	Total # Administered	% Administered *
Pfizer	378,300**	363,675	363,675	363,675	139,425	117,996	32.4%
Moderna	388,700	260,600	260,600	260,300	-	82,801	31.8%
Total	767,000	624,275	624,275	623,975	139,425	200,841	32.1%
<i>Source, Date Stamp</i>	Tiberius, January 12, 2021	Tiberius, January 12, 2021	Tiberius, January 12, 2021	Tiberius, January 12, 2021	Tiberius, January 12, 2021	WAIS, January 12, 2021	(# administered/total delivered)*100

**DOH will receive administration data up to 72 hours after vaccines are administered at provider sites; Total administered does not equal sum of Pfizer and Moderna due to doses reported without brand identified*

***139,425 doses of Pfizer were allocated to the Federal Long-Term Care Program where vaccine administration is being organized through CVS and Walgreens*

Vaccine Supply

Distribution will adjust as volume of vaccine doses increases



Ancillary Supplies

- COVID-19 **vaccine and ancillary supplies** will be procured and distributed by the federal government at **no cost** to enrolled COVID-19 vaccination providers
- Some vaccines may require reconstitution with a Federally supplied **mixing kit**
- Ancillary kits will come with PPE (masks and face shields)
- Does NOT include sharps containers, gloves, bandages

Resource: https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim_Playbook.pdf#page=29

Phase 1A: WA COVID-19 Vaccine Allocation Guidance

- Tier 1
 - **High-risk workers in health care settings** (clinical judgment should be applied to identify who is at greatest risk using the guidance)
 - **High-risk first responders** (clinical judgment should be applied to identify who is at greatest risk using the guidance)
 - **Residents and staff of nursing homes, assisted living facilities, and other community-based, congregate living settings** where most individuals over 65 years of age are receiving care, supervision, or assistance
- Tier 2
 - **All workers in health care settings**

We updated guidance for Phase 1a on December 30th. The second tier allows for the vaccination of all other workers in health care settings once high risk workers are vaccinated. It is important that health care systems actively reach out to and provide access to COVID-19 vaccination for community-based health care workforce outside their systems and in their community, this includes other health care providers, school nurses, and behavioral health providers, etc, in order to complete this phase and ensure we have protected healthcare system.

<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/VaccineAllocationPhase1A.pdf>

Phase 1a Objectives

- Protect those at highest risk of exposure
- Maintain medical surge response capacity

Phase 1a: Tier 1

- **Workers in sites where direct patient care is being delivered to confirmed or suspected COVID-19 patients**
 - Example settings: hospital sites managing suspected/confirmed COVID patients; emergency departments; urgent care; clinics (walk-in, respiratory); home; isolation and quarantine facility
 - Roles: healthcare providers; tech; security; environmental; non-remote translators; counselors; home health aides, caregivers, and companions; workers performing high risk exposure procedures
- **Workers exposed to/handling potentially SARS-CoV-2 containing specimens & COVID-19 testing site staff at high risk of exposure to suspected COVID-19 patients**
- **First responders at high risk of exposure to suspected or confirmed COVID-19 patients via high public exposure and procedures**
 - Frontline emergency workers providing care, transport/ambulatory support, and oversight of any agency (fire, ambulance, hospital)
- **Workers with elevated risk of acquisition/transmission with populations at higher risk of mortality or severe morbidity**
 - Examples: staff at long-term care facilities; workers with patients undergoing chemotherapy, dialysis, etc.; home health aides/caregivers/companions
- **Residents of long-term care facilities and other community-based, congregate living settings where most individuals over 65 years of age are receiving care, supervision, or assistance and are unable to reside independently in the community**
- **Workers administering COVID-19 vaccines**

Phase 1a Objectives

- Protect those at highest risk of exposure
- Maintain medical surge response capacity

Phase 1a: Tier 2

○ **All workers in health care settings**

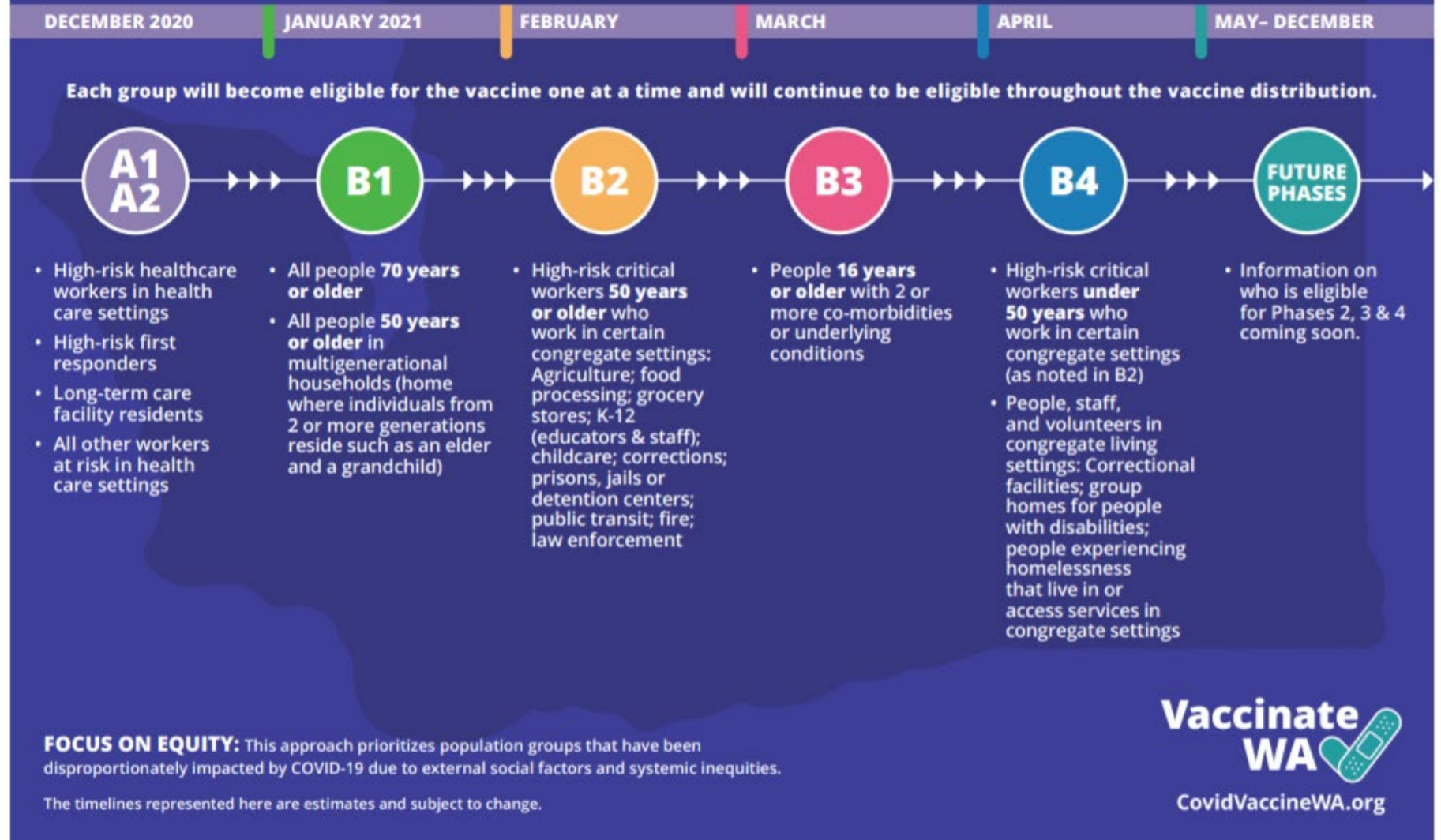
- We specifically use the terminology “workers in health care settings” and not “health care workers or personnel” because health agencies should consider the full spectrum of workers who might fit these conditions. Health care agencies should consider all types of staff (e.g., contracted, parttime, unpaid/volunteer, etc.) and the spectrum of staff who provide services (e.g., outpatient services, direct patient care, support services, janitorial, etc.). Tier 2 covers all workers in health care settings and should err on the side of inclusion.

Phase 1b:
for planning
purposes only

WASHINGTON'S COVID-19 VACCINE PHASES

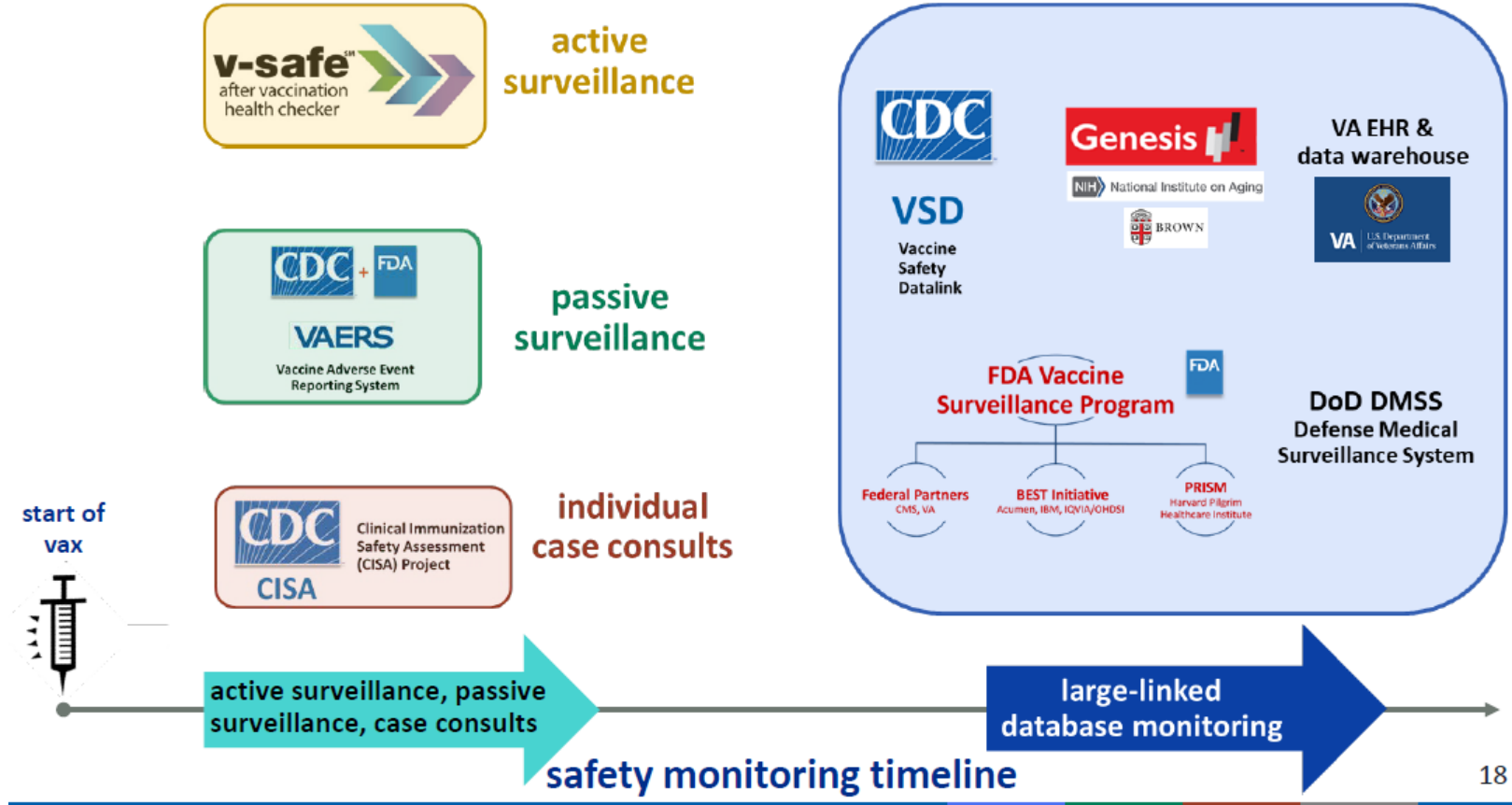
Phase 1 Estimated Start Dates (Tiers A and B)

Find out if it's your turn at [FindYourPhaseWA.org](https://www.findyourphasewa.org)



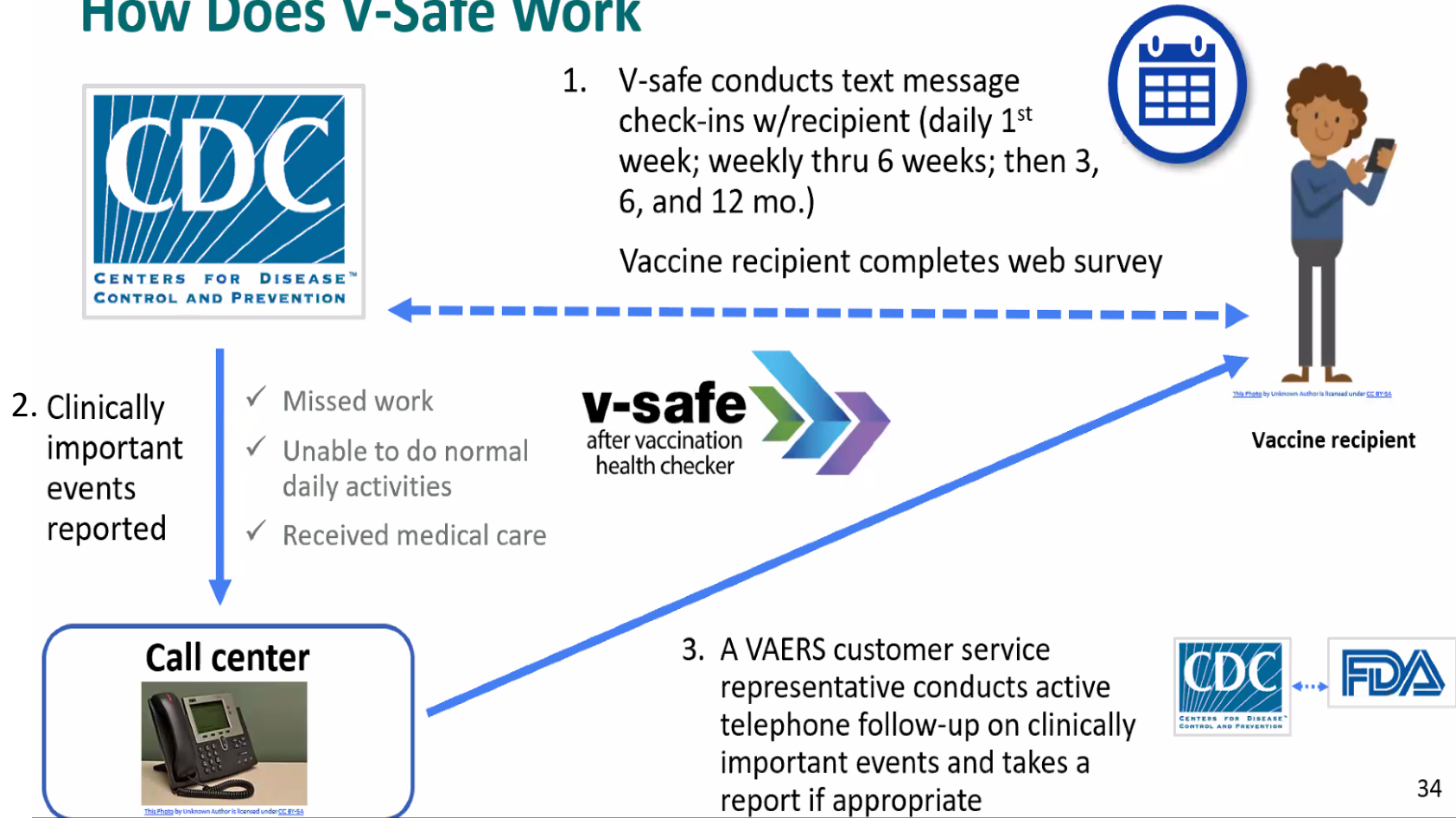
<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/VaccinationPhasesInfographic.pdf>

Vaccine Safety Monitoring



CDC's V-Safe Program

How Does V-Safe Work



Who Can Vaccinate

- Physician Assistants
- Emergency Medical Services Providers
- Nursing Assistants
- Nursing Techs
- Licensed Practical Nurses (LPN)
- Registered Nurses (RN)
- Advanced Registered Nurse Practitioners (ARNP)
- LPN, RN, ARNP students
- NA with Medication Assistant Endorsement
- Naturopathic Physicians
- Osteopathic Physicians and Physician Assistants
- Medical Assistants (Certified and Registered)
- Pharmacists, Pharmacy Interns, Pharmacy Techs
- Licensed Midwives
- Dentists

https://www.doh.wa.gov/Portals/1/Documents/Pubs/698-001_ProvidersAuthorizedVaccineAdministration.pdf

COVID-19 Vaccine Administration Fee Coverage

The COVID-19 vaccine will be provided by the federal government at no cost to providers. However, it is expected that providers will charge a vaccine administration fee. Based on federal guidance, the table below summarizes how we **currently** anticipate vaccine administration fees will be covered.

Type of Insurance	Coverage	Notes
Private Insurance <i>(fully insured and self-funded)</i> <i>*this also includes those who might be considered underinsured, like those with high-deductible plans</i>	Full coverage, without cost-sharing	Under the CARES Act, the vaccine is considered a “preventive service” meaning it will be covered without cost-sharing. Under interim final rules issued in November by CMS, IRS and DOL, vaccine administration is covered without cost-sharing whether the provider is in-network or out-of-network for the duration of the COVID Public Health Emergency (PHE).
Uninsured	Full coverage, without cost-sharing	Providers are prohibited from charging a patient who cannot pay and so can submit a claim for reimbursement through the federal Health Resources and Services Administration (HRSA) Portal (same federal funding used for COVID testing for uninsured).
Medicare	Full coverage, without cost-sharing	Centers for Medicare & Medicaid Services (CMS) anticipates establishing a unique administration code for each COVID-19 vaccine product. CMS plans to post information on coding, payment, and billing for COVID-19 vaccines and vaccine administration on the CMS website.
Medicaid	Full coverage, without cost-sharing	Vaccine administration codes will be covered without cost sharing, but billing methodologies may vary based on provider type. Please refer to Apple Health Billing Guidelines for further information.

References:

1. §4203 CARES Act: <https://www.congress.gov/bills/116th-congress/senate-bill/3548/text?q=product+actualizaci%C3%B3n>
2. CMS Interim Final Rule: <https://www.cms.gov/files/document/covid-vax-ifc-4.pdf>



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<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVID19VaxAdminInsuranceCoverageTable.pdf>

Public Outreach

Stages of outreach strategy



Timeline

- Launched November 9
- Will run through Q1 2021

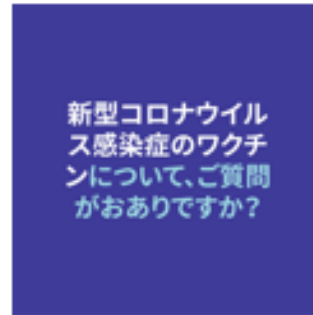
Key messages

- How vaccines are made
- How vaccines work in your body
- How to spot credible information online



Audiences

- All ads in English/Spanish.
- Running ads in 16 additional languages that drive to website.
- Informed by audience research, partner feedback (epidemiology, equity, social justice, immunization)



Public Outreach Continued

Stages of outreach strategy



Timeline

- Will align with vaccine distribution

Key messages

- Assure safety and efficacy
 - Describe side effects
 - Describe how/where administered (doses)
- Explain phases—find your phase
- Maintain masks, 6ft, small gatherings

Audiences

- Ads in 36 languages.
- Informed by audience research, partner feedback (epidemiology, equity, social justice, immunization)

Key partners

- Healthcare providers
- Hospital and managed care systems
- Large employers
- Local Health Jurisdictions

Key strategies

- Proactive PR/media engagement
- “Find your phase” tool
- Panel Series with Experts

Public Outreach Continued

Stages of outreach strategy



Timeline

- Will align with vaccine distribution

Key messages

- (By phase) Get your vaccine now. Here's how.
- Know the phases
- Encourage your friends and family to get the vaccine
- Maintain masks, 6ft, small gatherings (even if vaccinated)

Audiences

- Ads in 36 languages.
- Informed by audience research, partner feedback (epidemiology, equity, social justice, immunization)

Key partners

- Healthcare providers
- Hospital systems
- Large employers
- Local Health Jurisdictions

Key strategies

- Proactive PR/media engagement
- "Find your phase" tool
- Notification push for each phase
- Reminder recalls for 2nd dose

Questions?

- More details and answers to frequently asked questions regarding vaccine distribution, planning, safety, efficacy, administration and tracking can be found on our website at:
 - <https://www.doh.wa.gov/Emergencies/COVID19/Vaccine>
- Questions from the public can be sent to our COVID-19 Vaccine Inbox:
 - COVID.Vaccine@doh.wa.gov
- Coming Soon to the DOH website - A public dashboard tracking vaccination progress in Washington State

Legislative Update

Kelly Cooper

Director, Policy and Legislative Relations
Washington State Department of Health

DOH Agency Request Legislation

- Ensure privacy of case and contact records
 - Provide additional protection for contact tracing information
- Exempting United States Food and Drug Administration nonpublic information from disclosure
- Enhancing Capacity of Health Profession Boards and Commissions
- Emergency Medical Technicians
 - Providing for certain Emergency Medical Services personnel to work in diversion centers

Governor's Proposed Operating Budget

● **Contain the Spread of COVID-19**

- Fiscal Year 2021: \$125.9M GF-State; \$100.0M Federal
- Biennium 2021-23: \$387.5M GF-State; \$50.6M Federal
- Includes funding for personal protective equipment and testing supplies, lab costs, staff for contact tracing, the state public health lab and epidemiology work

● **Administer COVID-19 Vaccine**

- Biennium 2021-23: \$9.6M GF-State

● **Foundational Public Health Services (FPHS)**

- Biennium 2021-23: \$142.6M FPHS Account

● **Support Suicide Prevention**

- Biennium 2021-23: \$4.6M GF-State

● **Support Recommendations for Community Health Workers**

- Biennium 2021-23: \$1.3M GF-State

History of Foundational Public Health Services (FPHS) Decision Packages (DP's)

Joint, Systemwide Funding Requests

FPHS \$450M/biennium needed

2018 Baseline Assessment

- **2017-2019** – \$60M/biennium requested
 - \$15M/bi GFS appropriated, 1x funding
- **2019-2021** – \$296M/biennium requested
 - \$28M/bi GFS appropriated, ongoing funding
- **2021-2023** – \$285M/biennium requested



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