

Hospice and Palliative Care Resources for the Coronavirus Disease (COVID-19)



NHPCO COVID-19 Update – 10/23/20

NHPCO has created this update for hospice and palliative care providers to share recent news and helpful links. Please note, these Updates are published when there is helpful news to share.

“Life is ten percent what happens to you and ninety percent how you respond to it.”
— Charles Swindoll

Policy Update

HHS Reminds Providers of Application Deadline for Phase 3 of Provider Relief Fund and Issues Revised Guidance for Reporting Requirements

The Department of Health and Human Services (HHS) issued a reminder for the deadline for applications for Phase 3 of the Provider Relief Fund (PRF) General Distribution, which is November 6, 2020. In addition, on October 22, 2020, HHS released [revised guidance](#) for the reporting requirements for PRF in response to concerns expressed by NHPCO and other organizations after restrictive PRF reporting guidance was issued on September 19. NHPCO has issued a Policy Alert (available to members on the [Regulatory Alerts & Updates page](#) online) on this guidance to provide more detail on the guidance to NHPCO members. PRF reporting deadlines include the reporting portal opening on January 15, 2021 and a report submission deadline of February 15, 2021.

Provider Update

Prices Spike as Exam Glove Supplies Dwindle

An article in *Modern Healthcare* (10/22/20) reports that “the available supply of medical-grade exam gloves may not meet the projected demand over the next 12 months, which will likely translate to price hikes for health systems and other providers, according to data from the group purchasing organization Vizient. Personal protective equipment supply levels have been dropping for several product types as COVID-19 cases rebound in some states.” Visit the *Modern Healthcare* website to read the full article, “[Prices spike as exam glove supplies dwindle, GPO says.](#)”

CDC Reduces Consecutive Minutes Of COVID-19 Exposure to be 'Close Contact'

The Centers for Disease Control and Prevention has [broadened the definition of what it means to be a "close contact" of a person with COVID-19](#). Previous language defined a close contact as someone who spent at least 15 minutes within 6 feet of a person with a confirmed case. The CDC now defines a close contact as someone who was within 6 feet of an infected person for a total of 15 minutes or more over a 24-hour period. People who are considered close contacts are supposed to quarantine and get tested for the coronavirus.

FDA Approves First Treatment for COVID-19

The [U.S. Food and Drug Administration approved](#) the antiviral drug [Veklury \(remdesivir\)](#) for use in adult and pediatric patients 12 years of age and older and weighing at least 40 kilograms (about 88 pounds) for the treatment of COVID-19 requiring hospitalization. Veklury should only be administered in a hospital or in a healthcare setting capable of providing acute care comparable to inpatient hospital care. Veklury is the first treatment for COVID-19 to receive FDA approval.

Resources

Excess Deaths, Community Bereavement, and Restorative Justice for Communities of Color

In [this issue of JAMA](#), researchers corroborate findings in their analysis of data from the National Center for Health Statistics, confirming that due to incomplete and undocumented data, the number of publicly reported deaths from COVID-19 likely underestimates the actual death toll. The authors estimated that between March 1 and August 1, 2020, a 5-month period, there were 225 000 excess deaths. Of these deaths, they estimate that 65% can be attributed to COVID-19 and the remaining 35% to other conditions, such as diabetes, heart disease, Alzheimer disease, and cerebrovascular disease. By the end of the year it is likely that the total number of excess deaths in 2020 in comparison to the previous years will be greater than 400 000—primarily attributable to the COVID-19 pandemic.

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