



COVID-19 AND WOMEN'S HEALTH POLICY

8th OC WOMEN'S HEALTH SUMMIT

Allyson W. Sonenshine, JD – Founding Director
Mona Shah, JD, MPH – Policy Advisor
Orange County Women's Health Project

June 10, 2020

1

COVID-19 IN ORANGE COUNTY

COVID-19 IN OC – GENERAL

2

OC Health Care Agency COVID-19 Info & Resources

- ✓ Website: <https://occovid19.ochealthinfo.com/>
- ✓ Health Referral Line: (800) 564-8448 (M-F, 8-5)
- ✓ Resources: Case Counts, Testing Sites, State & County Orders
Planning Guidance, Mental Health Support, Flyers & FAQs

OC Health Officer Orders & Recommendations

<https://occovid19.ochealthinfo.com/article/oc-health-officers-orders-recommendations>

OC COVID-19 Data

<https://occovid19.ochealthinfo.com/coronavirus-in-oc>

- Case and Death Counts by Age, Gender, Race/Ethnicity / Case Counts by City
- Data re: Tests, Hospitalized, ICU, Recovered



COVID-19 CASES & DEATHS IN OC – BY SEX

7,614 Cumulative Cases as of Tuesday 6/9/20

6,574 Cumulative Cases on Tues 6/2/20, 5,744 on Thurs 5/28/20

49% (3,725) are Female

51% (3,879) are Male

0% are Unknown

185 Cumulative Deaths as of Tuesday 6/9/20

150 Cumulative Deaths on Tues 6/2/20, 145 on Thurs 5/28/20

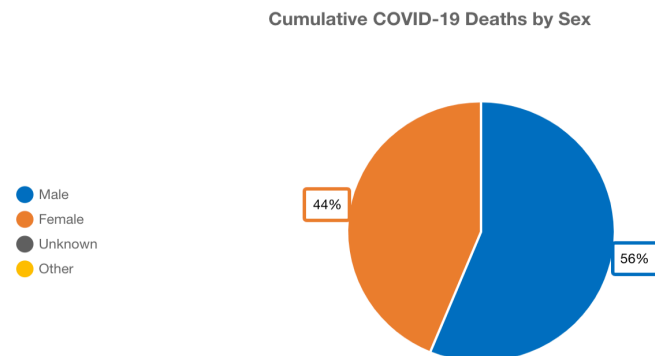
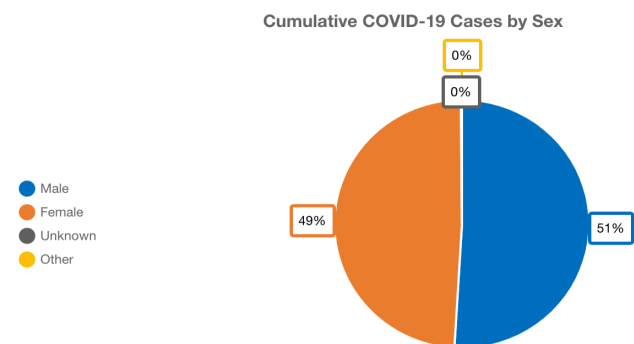
44% (81) are Female

56% (104) are Male

0% are Unknown

Source: <https://occovid19.ochealthinfo.com/coronavirus-in-oc>

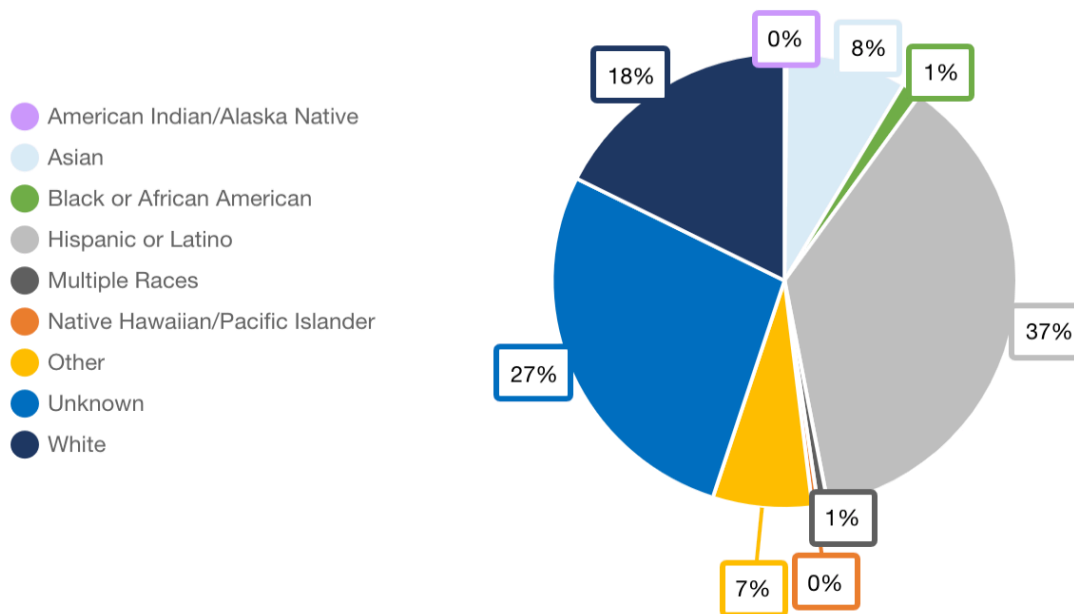
For OC Population by Sex, visit: <http://www.ochealthiertogether.org/tiles/index/display?alias=pop>



COVID-19 IN OC – CASES BY RACE/ETHNICITY

Cumulative COVID-19 Cases by Race/Ethnicity

N = 7,614 Cumulative Cases as of Tuesday June 9, 2020



Source: <https://occovid19.ochealthinfo.com/coronavirus-in-oc>

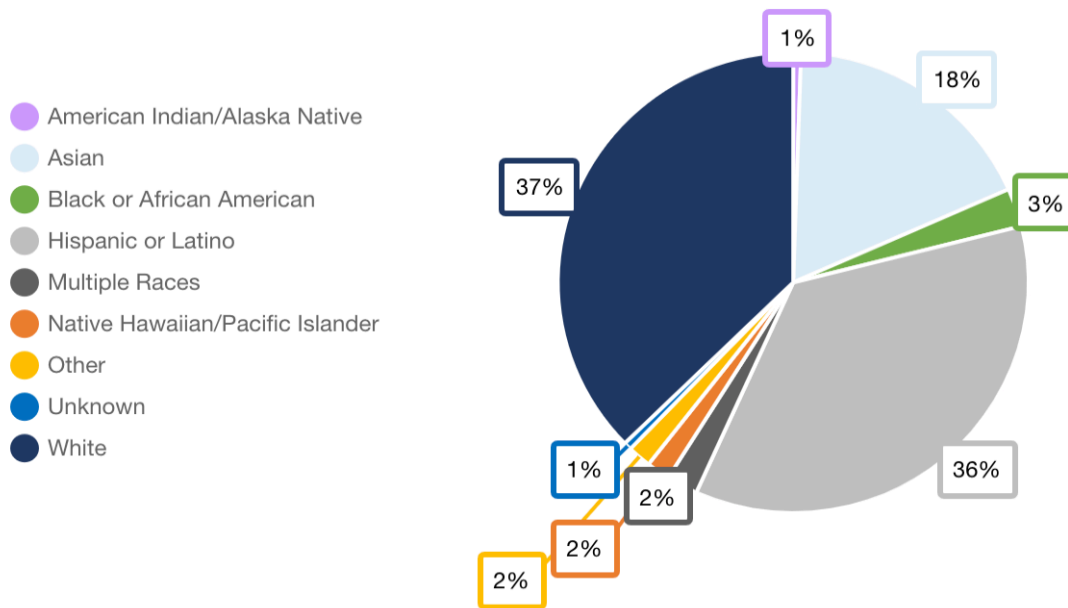
For OC Population by Race/Ethnicity, visit: <http://www.ochealthiertogether.org/tiles/index/display?alias=pop>



COVID-19 IN OC – DEATHS BY RACE/ETHNICITY

Cumulative COVID-19 Deaths by Race/Ethnicity

N = 185 Cumulative Deaths as of Tuesday June 9, 2020



Source: <https://ocovid19.ochealthinfo.com/coronavirus-in-oc>

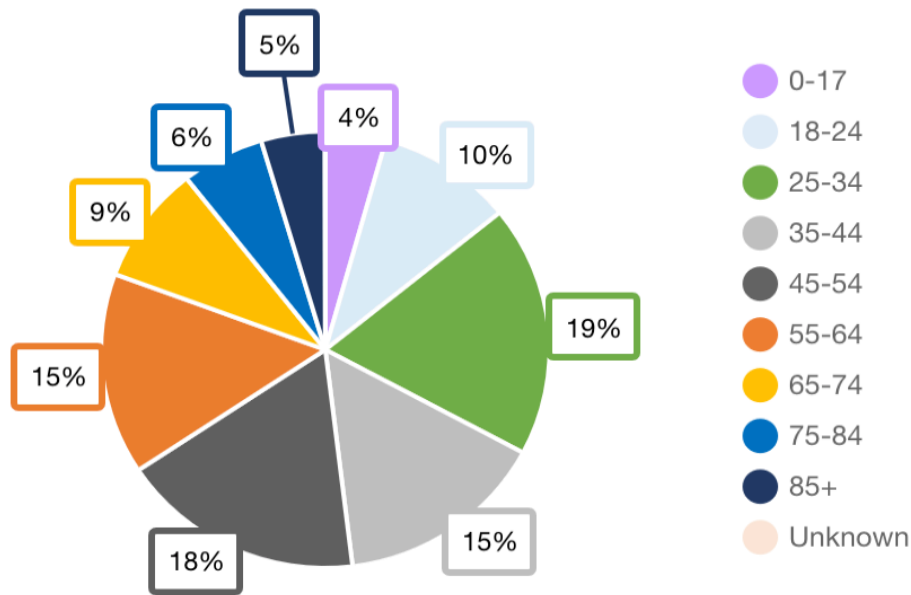
For OC Population by Race/Ethnicity, visit: <http://www.ochealthiertogether.org/tiles/index/display?alias=pop>



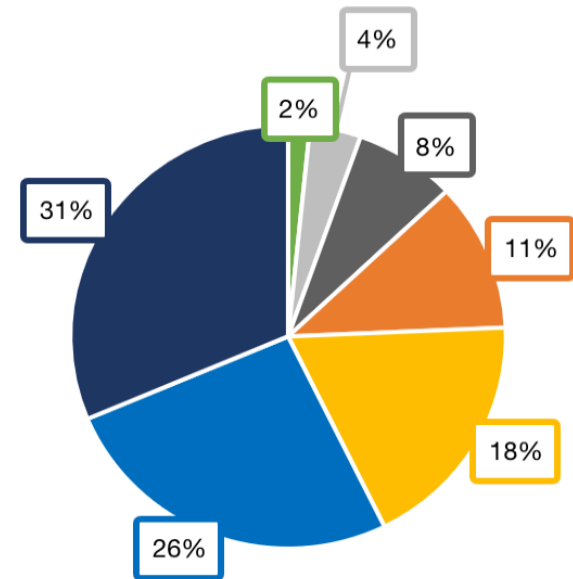
COVID-19 IN OC – CASES & DEATHS BY AGE

N = 7,614 Cumulative Cases / N = 185 Cumulative Deaths as of Tuesday June 9, 2020

Cumulative COVID-19 Cases by Age



Cumulative COVID-19 Deaths by Age

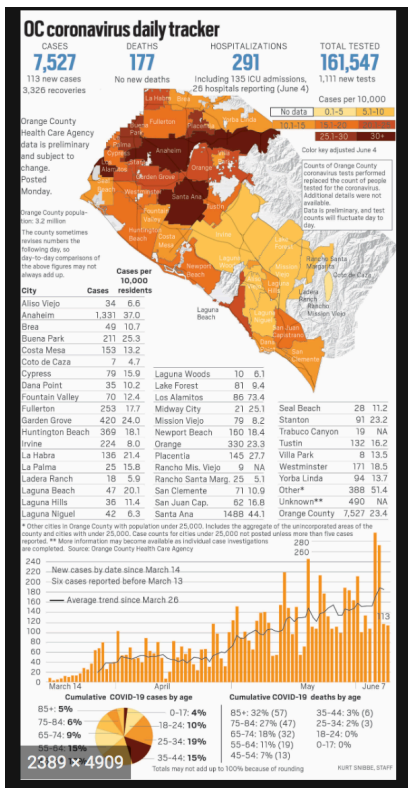


Source: <https://occovid19.ochealthinfo.com/coronavirus-in-oc>

For OC Population by Age, visit: <http://www.ochealthtogether.org/tiles/index/display?alias=pop>



COVID-19 IN OC – CASES BY CITY



Source for Map on Left, and Rates on Right:

<https://www.ocregister.com/2020/06/08/coronavirus-there-were-no-new-deaths-and-113-new-cases-reported-in-orange-county-as-of-june-8/>

Source for Cases on Right:

<https://ocovid19.ochealthinfo.com/coronavirus-in-oc>

OC Cities with the Highest COVID-19 Case Counts June 9, 2020 June 8, 2020

City	Cases	Rate/10,000
Santa Ana	1,512	44.1
Anaheim	1,350	37.0
Unknown	488	N/A
Garden Grove	423	24.0
Other *	390	51.4
Huntington Beach	373	18.1
Orange	338	23.3
Fullerton	257	17.7
Irvine	225	8.0
Buena Park	216	25.3
Newport Beach	161	18.4
ORANGE COUNTY	7,612	23.4

*Other = aggregated count of unincorporated areas with <5 cases and incarcerated in OC jails



COVID-19 CHALLENGES FOR WOMEN

COVID-19 – DISPARATE IMPACT ON WOMEN

9

- Domestic Violence
- Pregnancy
- Caregiving Responsibilities
- Essential/Frontline Workforce
- Loss of Job, Wages, Health Insurance
 - Disparities even more profound among Women of Color
 - Women forego preventive care

WOMEN ARE ESSENTIAL WORKERS

Women are...



75%

of people who work
in hospitals



88%

of psychiatric, nursing,
and home health aides



93%

of child care workers



63%

of fast food and
counter workers



66%

of cashiers and retail
salespeople in
grocery stores



80%

of cashiers and retail
salespeople in general
merchandise stores
(like Walmart/Target)



66%

of hotel, motel, and
resort desk clerks



68%

of maids/housekeeping
cleaners in traveler
accommodations (hotels)
AND



90%

of people working in private households.

SOURCE: NWLC CALCULATIONS BASED ON 2018 AMERICAN COMMUNITY SURVEY, ONE-YEAR ESTIMATES, USING IPUMS

FEDERAL LEGISLATIVE DEVELOPMENTS

FEDERAL LEGISLATION RE: COVID-19

12

- Coronavirus Preparedness and Response Supplemental Appropriations Act
(H.R. 6074 March 6, 2020) <https://www.congress.gov/bill/116th-congress/house-bill/6074>
- Families First Coronavirus Response Act
(H.R. 6201 March 18, 2020) <https://www.congress.gov/bill/116th-congress/house-bill/6201/text>
- Coronavirus Aid, Relief, and Economic Security Act (CARES Act)
(H.R. 748 March 27, 2020) <https://www.congress.gov/bill/116th-congress/house-bill/748/text>
- Paycheck Protection Program & Health Care Enhancement Act
(H.R. 266 April 24, 2020) <https://www.congress.gov/bill/116th-congress/house-bill/266/text>
- Paycheck Protection Program Flexibility Act
(H.R. 7010 June 5, 2020) <https://www.congress.gov/bill/116th-congress/house-bill/7010>

TYPES OF FEDERAL RELIEF RE: COVID-19

13

Funding

- NEW – New Funding for COVID-19 Testing and Treatment, Direct Payments to Americans, Revenue Losses at Hospitals and Community Health Centers
- EXISTING – Increased Funding for Existing Programs like Ryan White, SAMHSA, FVPSA, State Medicaid (6.2%)

SBA Loans – Paycheck Protection Program

Paid Family/Sick Leave

Unemployment Benefits

Easing of Federal Regulations

POLL – QUESTION

14

**True or False:
Anyone can get tested
for COVID-19 at no cost**

POLL – ANSWER

15

Anyone with Medicaid, Medicare, or Private Insurance that complies with the ACA qualifies for free testing for COVID-19 (no co-pay or cost-sharing)

- Anyone with a private insurance plan that does not comply with the ACA may not qualify for free testing

Uninsured Individuals in California qualify for free testing under Presumptive Eligibility for Medi-Cal

Undocumented Immigrants do not currently qualify for federal free testing (but this may change with HEROES Act) but do qualify in California under Presumptive Eligibility for Medi-Cal.

Sources: <https://www.kff.org/coronavirus-covid-19/issue-brief/five-things-to-know-about-the-cost-of-covid-19-testing-and-treatment/> and <https://covid19.ca.gov/guide-immigrant-californians/>.



COVID-19 TESTING AND TREATMENT

16

COVID-19 Diagnostic Tests – to be covered without cost-sharing by ACA-compliant Private Insurance, Medicaid, and Medicare

COVID-19 Treatment – to be covered without cost-sharing by Medicaid. Medicare will cover treatment but there may be cost-sharing. Private coverage of COVID-19 treatment and cost-sharing varies from plan to plan.

Presumptive Eligibility under MediCal: <https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/COVID-19-Presumptive-Eligibility-Program.aspx>

Source: <https://www.congress.gov/bill/116th-congress/house-bill/6201>



COVID-19 MEDICAID CHANGES

17

- 6.2% increase in federal Medicaid matching funds to help states respond to the COVID-19 pandemic
- Eliminates certain Medicaid requirements re: face-to-face encounters

Federal money going to California -- <https://lao.ca.gov/Publications/Report/4209>

Source: <https://www.congress.gov/bill/116th-congress/senate-bill/3548?q=product+update>



COVID-19 MEDICARE CHANGES

18

- Eliminates certain Medicare requirements re: face-to-face encounters
- Increases certain Medicare payments for the treatment of patients with COVID-19
- Permits 90-day supply of any prescription drug during the COVID-19 emergency
- Requires coverage of any COVID-19 vaccine without cost-sharing

Source: <https://www.medicare.gov/medicare-coronavirus>

COVID-19 WOMEN'S HEALTH PROVISIONS

19

- Federal COVID-19 legislation permits Small Business Administration (SBA) to deny PPP loans to abortion providers
- Allows health savings accounts (HSAs) to pay for menstrual care products without a prescription or note from a physician

Sources: <https://www.cnn.com/2020/04/23/use-your-fsa-or-hsa-funds-for-over-the-counter-medications.html> and https://www.vice.com/en_us/article/y3mjm5/how-republicans-snuck-anti-abortion-measures-into-the-coronavirus-bailout-bill



COVID-19 TELEHEALTH CHANGES

20

Private, Medicaid, and Medicare health plans must allow patients to obtain health care through telehealth during the Public Health Emergency

- **Parity** for cost-sharing and provider reimbursement for telehealth visits
- **Temporarily relaxed enforcement** of privacy laws when using telehealth
 - ✓ Any non-public facing remote communication product may be used in good faith
 - ✓ Provider should request verbal consent, use available security/encryption features, and disclose privacy risks
 - ✓ Telehealth can be used for any reason, regardless of whether related to COVID-19

Sources: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html> and <https://www.cchpca.org/resources/covid-19-telehealth-coverage-policies>



INTRODUCED FEDERAL BILL – HEROES ACT

21

Health & Economic Recovery Omnibus Emergency Solutions (HEROES) Act

H.R. 6800 - Passed House on May 15, 2020

- Eliminates certain out-of-pocket costs for COVID-19 treatment and vaccine
- Provides additional \$100 billion to reimburse hospitals, eligible healthcare providers
- Additional Medicaid funding to states
- \$7.6 billion to HRSA, \$3 billion to SAMHSA, \$48M to FVPSA, \$100M to VAWA
- \$150 million to the Centers for Medicare & Medicaid Services (CMS) to deploy reactive infection-control “strike teams” to support nursing facilities
- Expands Federal, State and Local COVID-19 Testing and Tracing Efforts

Source: <https://www.congress.gov/bill/116th-congress/house-bill/6800>



INTRODUCED FEDERAL BILL – HEROES ACT

22

Health & Economic Recovery Omnibus Emergency Solutions (HEROES) Act

H.R. 6800 - Passed House on May 15, 2020

- \$100 billion in emergency rental assistance and an additional \$11.5 billion to prevent and respond to outbreaks among homeless
- Allows unauthorized immigrants without health care coverage to qualify for no-cost testing, treatment, and vaccines related to coronavirus
- Allows individuals eligible for COBRA coverage to maintain their employer-sponsored coverage after a layoff, reduction in hours or furlough without having to pay premiums through January 2021.

Source: <https://www.congress.gov/bill/116th-congress/house-bill/6800>



OTHER INTRODUCED FEDERAL BILLS

23

- **H.R. 7077** – To establish or expand programs to improve health equity regarding COVID-19 and reduce or eliminate inequities in the prevalence and health outcomes of COVID-19.
- **S. 3856** – To authorize emergency homeless assistance grants under the Department of Housing and Urban Development for response to public health emergencies
- **H.R. 7048** – To establish requirements for skilled nursing facilities, nursing facilities, and assisted living facilities to manage the outbreak of COVID-19, and for other emergency COVID-19 items.
- **S. 3634** – To address health workforce shortages and disparities highlighted by the COVID–19 pandemic through additional funding for the National Health Service Corps and Nurse Corps.
- **S. 3609** – To ensure that all communities have access to urgently needed COVID–19 testing, treatment, public health information, and relief benefits regardless of immigration status or limited English proficiency.
- **H.R. 6666** – Authorizes the Centers for Disease Control and Prevention (CDC) to award grants for testing, contact tracing, monitoring, and other activities to address COVID-19

STATE BUDGET/LEGISLATIVE DEVELOPMENTS

CALIFORNIA BUDGET – MAY 2020 REVISE

25

Projected \$54 Billion Deficit

Cuts in Funding for Existing Programs – Examples:

- Reclaims health care funding made possible by the Proposition 56 tobacco tax
- Cuts to Adverse Childhood Experience (ACEs) Screening and Provider Training
- Eliminates special carve-outs for Federally Qualified Health Centers
- Decrease of \$5.3 million in WIC Local Assistance expenditure authority
- Cuts to Home Visiting and Black Infant Health program

Source: <http://www.ebudget.ca.gov/budget/2020-21MR/#/BudgetSummary>



CALIFORNIA BUDGET – MAY 2020 REVISE

26

Delays in Funding for New Programs – Examples:

- New health care proposals from January budget have been tabled
 - ✓ Expanding Medi-Cal coverage to include all adults aged 65 or older, regardless of their immigration status
- Lowering Medi-Cal eligibility for low-income seniors.
- Delaying implementation of AB 577 (2019), which would extend Medi-Cal eligibility from 60 days to one year for post-partum women diagnosed with a mental health disorder

Maintains \$20.6 Million for Domestic Violence Assistance Program

Source: <http://www.ebudget.ca.gov/budget/2020-21MR/#/BudgetSummary>



CALIFORNIA BILLS STILL IN PLAY

27

- **AB 2164** – provides that an FQHC “visit” includes an encounter between a patient and a health care provider using telehealth
- **AB 890** – authorizes a nurse practitioner to practice without the supervision of a physician and surgeon if the nurse practitioner meets specified requirements
- **SB 1276** – permanently removes the requirement for agencies receiving funds from the Statewide Domestic Violence Assistance Program to provide cash or an in-kind match for the funds received.

STATE REGULATORY DEVELOPMENTS

CA REG CHANGES – MEDI-CAL

29

- Medi-Cal Presumptive Eligibility (PE) for COVID-19 implemented on April 8, 2020
- Can receive 90-day supply of prescription medication
- Disinfectant products and gloves are a temporary covered pharmacy benefit (prescription required)
- Covered CA has extended open enrollment through June 30, 2020.

Sources: <https://www.caloptima.org/en/Features/COVID-19.aspx> and http://files.medi-cal.ca.gov/pubsdoco/COVID19_response.asp and <https://www.coveredca.com/newsroom/news-releases/2020/03/20/california-responds-to-covid-19-emergency-by-providing-path-to-coverage-for-millions-of-californians/>



CA REG CHANGES – SEXUAL HEALTH

30

Family Planning Access Care & Treatment (FPACT)

- Telehealth covered, including phone visits
- Individuals can be enrolled and re-certified over the phone
- Utilization limits on medication waived
- Self-administered Depo-Provera (shot) covered under guidance of provider

- Pre-existing relationship between patient and provider no longer required for Telehealth

Source: https://familyfact.org/wp-content/uploads/2020/04/FPACT-ClientFAQ_COVID_19_EQ.pdf



CA REG CHANGES – BREAST & CERVICAL CANCER

31

Every Woman Counts (EWC)

Breast & Cervical Cancer Treatment Program (BCCTP)

- Providers may enroll and re-certify patients by telephone
- Primary Care Providers may utilize existing telehealth and virtual/telephonic communication modality policies as alternatives for delivering covered services when medically appropriate

Source: http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_30339_21.asp



CA REG CHANGES – DOMESTIC VIOLENCE

32

- Governor signed emergency order re: Domestic Violence (DV):
 - Waives the state's 10% matching requirement for Domestic Violence Assistance Program (DVAP) funding
 - \$3M from California Office of Emergency Services (OES) to domestic violence agencies for emergency COVID-19 response
 - State partnering with the CA Partnership to End Domestic Violence, Airbnb and Uber to provide free accommodation and transportation to DV victims
- Judicial Council adopted Emergency Rules for California Courts, allowing Emergency Protective Orders (EPOs) to be extended to 30 days, and allowing applicants to seek EPOs remotely (Zoom)

Sources: <https://www.gov.ca.gov/2020/05/29/governor-newsom-and-first-partner-siebel-newsom-announce-new-and-expanded-support-for-victims-of-domestic-violence/> and <https://www.gov.ca.gov/wp-content/uploads/2020/05/5.19.20-EO-N-65-20-text.pdf>



LEGAL DEVELOPMENTS

LAWSUIT RE: ABORTION PILL RESTRICTIONS

34

- The FDA has eased regulations on other medications to allow mail-order dispensing during the pandemic.
- Mifepristone, the drug used in 39% of abortions in the United States, is the only drug that patients must still pick up in-person during the pandemic.
- Currently, doctors are prohibited from dispensing abortion pills through telemedicine or mail-order pharmacy during the pandemic.
- On May 27, the American College of Obstetricians and Gynecologists (ACOG) and other medical experts and reproductive rights advocates sued the FDA and HHS to allow people to obtain abortion pills remotely during the pandemic.

Sources: <https://www.acog.org/-/media/project/acog/acogorg/files/advocacy/acog-v-fda-complaint-mifepristone-covid19.pdf?la=en&hash=2C5C6C65F3E6C8A693ACD649C7C12129> and <https://www.npr.org/sections/coronavirus-live-updates/2020/05/27/863456070/medical-groups-ask-fda-to-ease-access-to-abortion-pill-during-the-pandemic>



ABORTION RESTRICTIONS DURING COVID-19

35

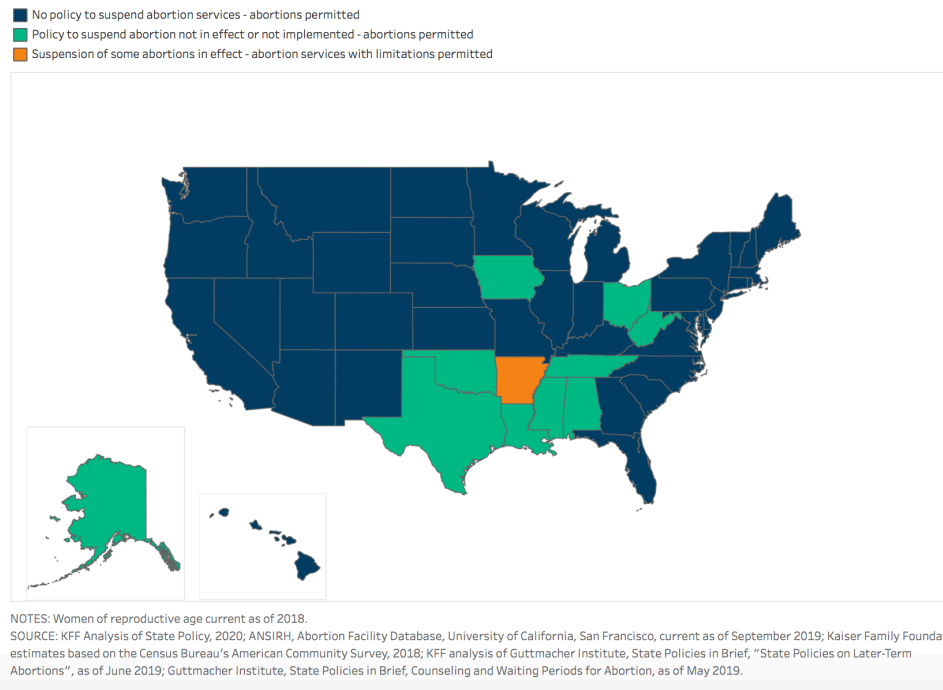
- Several states have issued public health emergency declarations to define abortion as non-essential or elective health procedures
- COVID-19 Abortion Ban still in effect in Arkansas
 - Bans currently blocked by court order: Alabama, Ohio, Oklahoma, Tennessee
 - Bans no longer in effect (settled or new executive order or governor action): Alaska, Iowa, Kentucky, Louisiana, Mississippi, Texas, West Virginia

Source: <https://www.kff.org/coronavirus-covid-19/issue-brief/state-action-to-limit-abortion-access-during-the-covid-19-pandemic/>



ABORTION RESTRICTIONS DURING COVID-19

State Action to Suspend Abortion During COVID-19, as of 5/19/2020
Scroll over state for further details



Source: <https://www.kff.org/coronavirus-covid-19/issue-brief/state-action-to-limit-abortion-access-during-the-covid-19-pandemic/>

SUPREME COURT – ABORTION

37

June Medical Services LLC v. Russo (formerly *Gee*)

- Oral argument on March 4, Decision expected by June 30
- Challenge to a Louisiana law that requires abortion providers to have admitting privileges.
 - ✓ In 2016, Supreme Court struck down a substantively identical law, finding it does not do anything to protect women's health and creates an undue burden on access to abortion (over half closed prior to court case)
- Do abortion providers have legal standing to sue on behalf of patients?

Sources: <https://www.scotusblog.com/case-files/cases/russo-v-june-medical-services-llc/> and https://www.supremecourt.gov/DocketPDF/18/18-1323/96862/20190417170452829_2019-04-16%20Petition%20for%20a%20Writ%20of%20Certiorari.pdf



SUPREME COURT – CONTRACEPTIVE COVERAGE

38

Little Sisters of the Poor v. Pennsylvania and *Trump v. Pennsylvania*

- Oral argument on May 6, 2020, Decision expected by June 30
- Challenge to Trump administration's rule exempting any nonprofit employer, and any for-profit employer that is not publicly traded, from Affordable Care Act's requirement to provide birth control coverage, if employer expresses a religious or moral objection
- Challenges issuance of final rule without required notice and public comment for interim rule (violation of Administrative Procedures Act)

Source: <https://www.scotusblog.com/case-files/cases/little-sisters-of-the-poor-saints-peter-and-paul-home-v-pennsylvania/> and https://www.supremecourt.gov/DocketPDF/19/19-431/117670/20191001155725864_PetitionForAWritOfCertiorari.pdf

FUTURE POLICY CONSIDERATIONS

39

- Make temporary changes during COVID-19 permanent
 - ✓ Remote consent, enrollment, re-certification
 - ✓ Telehealth reimbursement parity
 - ✓ Relaxed privacy rules?
 - ✓ Other?
- Preserving funding for safety net programs with state deficit
- COVID-19 and current protests provide momentum to focus on health disparities and social determinants of health
- Other? Please submit your ideas in Evaluation Survey

ADDITIONAL RESOURCES

40

Telehealth Coverage Policies – <https://www.cchpca.org/resources/covid-19-telehealth-coverage-policies>

Medicare – <https://www.medicare.gov/medicare-coronavirus>

Medi-Cal – <https://www.caloptima.org/en/Features/COVID-19.aspx>

Every Woman Counts – http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_30339_21.asp

Family PACT – https://familypact.org/wp-content/uploads/2020/04/FPACT-ClientFAQ_COVID_19_EQ.pdf

Supreme Court – <https://www.scotusblog.com/>

Guide for Immigrant Californians – <https://covid19.ca.gov/guide-immigrant-californians/>



QUESTIONS & CONTACT INFORMATION

Please share your ideas for policy opportunities post-COVID in the Evaluation Survey Question #6, or contact:

Allyson W. Sonenshine, JD

Founding Director

OC Women's Health Project

sonenshine@ocwomenshealth.org

Mona J. Shah, JD, MPH

Health Policy Consultant

Policy Advisor, OCWHP

mshah01@gmail.com