



AMERICAN
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ACHA COVID-19 Update: March 18, 2020

These updates have been provided by ACHA's COVID-19 Task Force. Please forward this message to others on campus who may benefit. Non-members can subscribe to receive these and other messages [here](#). We will continue to update the [COVID-19 webpage](#) with important alerts and resources.

COVID-19 Task Force Team Doubles

The original COVID-19 Task Force has expanded. Recognizing the pace of the task force work was unsustainable, ACHA called on several emeritus members for help. Many of these members are leaders who have served ACHA in years past and remain committed to college health. Joining the task force are David Anderson, Anita Barkin, Connie Carihfield, Nell Davidson, Martha Davis, Reginald Fennell, Joy Himmel, Bev Kloepfel, Doreen Perez, Gerri Taylor, and Dee Younger. They bring broad and deep experience, skills, and subject matter expertise to the team.

COVID-19 Friday Q&A Session **UPDATE: Session is full.**

The ACHA task force will kick off its inaugural Q&A opportunity with the ACHA membership featuring Dr. Mike Huey and Mr. Craig Roberts this Friday, March 20th at 3PM EST. This week's session will cover general information and the latest updates on COVID-19 and will allow plenty of time for your questions.

The Q&A session will be recorded and uploaded to ACHA's COVID-19 webpage. Weekly sessions featuring different task force members and topics are planned so stay tuned.

Wednesday, March 18 Webinar on COVID-19 Updates, Resources, and Guidelines Is Full

The webinar scheduled for today is at capacity for registrants. A recording will be available on the ACHA COVID-19 webpage on Thursday for anyone who was not able to register or attend.

White House Briefing from March 16th

In a dramatic change in stance, the White House is calling on the country to implement social distancing in attempts to slow the spread of COVID-19 and released "[The President's Coronavirus Guidelines for America](#)."

Dr. Deborah Birx, the White House Coronavirus Response Coordinator, emphasized adherence to the latest CDC guidelines on limiting social and mass gatherings and voiced the critical role of young adults to keep social gatherings to fewer than 10. Many lessons can be learned from Italy.

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It is important not to paint the college health population with a broad brush. However, we know that many in this age group may not heed health and safety warnings or practice pristine prevention measures. College health messaging and public service announcements must continue to reinforce this guidance, especially since students are not spending time inside the physical classroom.

Surge Preparation

Student health and counseling services should be preparing for surge activity and develop a surge care plan that is widely distributed and reviewed with staff and the emergency preparedness teams. Carefully review the CDC guidance on [preparing for increased COVID-19 activity](#).

Telehealth

President Trump's National Emergency Declaration and the Supplemental Appropriations bill that was passed and signed into law both gave the Centers for Medicare and Medicaid Services (CMS) new authorities to suspend certain telehealth coverage requirements access to telehealth services.

On March 17, CMS released a [Fact Sheet](#) and [FAQ](#) describing how it will use this authority to implement telehealth coverage changes:

- There are three types of virtual services physicians and other professionals can provide to Medicare beneficiaries: Medicare Telehealth Visits, Virtual Check-Ins and E-Visits. CMS telehealth coverage changes apply differently to each of the three.
- Most of the telehealth coverage changes apply to Telehealth Visits. The descriptions for Virtual Check-Ins and E-Visits are mostly informational. CMS is not proposing major changes to those programs.
- For Telehealth Visits, CMS is:
 - Suspending originating site requirements to allow Medicare beneficiaries to receive Telehealth Visit services from their home.
 - Suspending the requirement that Telehealth Visits are only allowed in rural areas.
 - Suspending the requirement that Telehealth Visits are with a provider from whom the patient has received a Medicare service within the last three years.
 - Allowing Telehealth Visits (and other telehealth services) to be conducted over non-compliant audio-visual connections using everyday communication technologies such as FaceTime or Skype.
 - Allowing providers to reduce or waive cost-sharing for Telehealth Services.

CMS also released [Medicaid Telehealth Guidance](#) to states.

AHIP is maintaining a [list](#) of new COVID-19 coverage policies from its members.

The National Consortium of Telehealth Resource Centers is hosting a webinar "Telehealth and COVID-19" on Thursday, March 19, 2020, at 2:00 PM ET. See details and register [here](#).

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Updated Guidelines on When to Discontinue Home Isolation

On March 17, CDC provided updated guidance on when persons diagnosed with COVID-19 can [discontinue home isolation](#). Options now include both a time-since-illness-onset and time-since-recovery (non-test-based) strategy, and a test-based strategy. The decision to discontinue home isolation should be made in the context of local circumstances.

The non-test-based strategy means that persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:

At least 3 days (72 hours) have passed since recovery, defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and at least 7 days have passed since symptoms first appeared.

See all updates here: https://www.acha.org/ACHA/Resources/Topics/COVID-19_Update.aspx

ACHA COVID-19 Page: <https://www.acha.org/COVID-19>