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**ACL Aging and Disability Stakeholder Call:
COVID-19 Testing and Vaccine/Booster Updates
January 21, 2022**

Background: On January 21, ACL and other federal agencies held a Zoom webinar to share important updates about access to COVID-19 testing and vaccines/boosters for older adults and people with disabilities. The webinar included details about new website for ordering free at-home tests and how national hotlines like the ACL and CDC-funded Disability and Information Access Line (DIAL) and Eldercare Locator are supporting ordering for people with access needs. The webinar highlighted a new ACL and HRSA partnership that provides aging and disability organizations an opportunity to partner with community health centers and rural health clinics to distribute COVID-19 home-test kits to underserved and hard-to-reach people with disabilities and older adults.

TRANSCRIPT

>>ALISON BARKOFF: Hi everyone.

>>ALISON BARCOFF: Okay.

Good afternoon. I'm the Principal Deputy Administrator for the Administration on Community Living. Let me give a brief description. I'm a white woman with a curly black hair and a blue blouse and I have a background of ACL logo.

I want to start with a huge thank you to all of you for the incredible work that each of you have been and continuing to do throughout the pandemic.

I just hit my one year anniversary arriving at HHS. I think a year ago I couldn't have imagined we would all be

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working together and responding to the pandemic. I want to recognize the incredibly hard work by all of ACL and aging and disability networks, and by the aging and disability advocates cross the country. I want to recognize that everyone is exhausted but still continuing this life saving work on behalf of the communities we represent that are among the most impacted by Covid. ACL continues our work every single day to support all of you and get additional resources to our network for the critical work and to advocate for the concerns of the disability and aging communities.

What is today's agenda.

>>ALISON BARKOFF: Okay. The link for anyone who needs it is in the chat.

We're going to start off. I'm going to share a couple updates on ACL activities and a couple of things related to Covid. Then you are going to hear from Michelle at HHS and Health Resources and Services Administration about some new programs to increase access to tests and masks.

Next we'll hear from Will Harris at the Center of Medicaid services and updates regarding insurance coverage for insurance tests. And then we'll hear from Evelyn from Centers of Disease Control and Prevention to updates of booster recommendations.

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Let me start by giving a couple of updates on our activities. In December, Omicron began to appear. We upped our efforts of boosters. Our best production against Covid-19 in general is vaccines and boosters. We sent a letter to all of our grantees, highlighting resources they could use for vaccine and booster access.

Highlighting other networks it is like public health on activities around vaccine and booster access. We added to the Covid-19 page including resources and flier to use with your own logos and in your outreach. We had a virtual event about the importance of boosters. We were able to put together a great PSA with older adults why boosters are important. It was filmed at a booster clinic that I was able to do in a clinic in DC. All of this is more is available on the ACL dot GOV forward slash Covid-19.

I want to give an update on the public work force funding that the White House talked about last year. It's \$150,000,000 to expand the public health work force and its ability to meet the needs with older adults and people with disabilities.

This month we began to distribute the funding. Half of it has already been distributed.

We are hearing back from individual grantees that is they would like this funding. When we do, we want to get the

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money out the door as soon as possible. This funding is coming at an important time to allow to hire staff to do activities like continuing Covid-19 efforts around vaccine and testing, diversion and people from high-risk settings back to the community, and other public health activities.

In case you missed in December, we formally launched the Housing Services and Resource Center, a partnership of a number of agencies to coordinate and improve access to affordable housing and community service that is help people with disabilities and older adults, as well as people experiencing homelessness. More information is available on the ACL web page. Wanted to make sure that just in the last couple of days our Secretary has renewed the public health emergency determination and that 90-day renewal just happened on January 16th.

I want to pivot now to talk about access to tests and to masks, and some new programs that were just launched this week.

As everyone is aware on Wednesday the Administration launched a new program to distribute in home tests to people across the country.

The primary way for people to order tests is to go online at Covid-19 tests dot GOV. We know that many people don't have access to the internet and need other pathways. They have launch a phone line-1800-232-0233and TTY is 1888-720-7489. We understand this line has available to assist people in a number

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of different languages. I think I say from the with White House up to a 150 different languages. We are trying to ensure that people have access. The program does have enough kits for every household in the countries. Orders are going to start shipping at the end of the month, whether you order from the phone line or online.

We also know that many people with disabilities as well as older adults may have additional barriers to ordering online or everyone on a regular phone line and may need additional assistance. ACL continues to have our Disability Information and Access Line or DIAL. Eldercare Locator lines that can help. The DIAL and Eldercare lines have been assisting people with disabilities and older adults in so many ways in accessing vaccines and boosters. Things like helping people continue with transportation and vaccination and other community services. Now they can help people with disabilities and older adults with placing order if they cannot access the online form.

They can also assist helping people get accessible instructions or help with administering the test. We have contact information online at ACL dot GOV forward lash Covid-19. Or you can call 1888-677-1199. Or Eldercare Locator at 1800-677-1116.

Second, we know it's critical to reach people where they are. Particularly people who maybe in underserved communities.

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That's why ACL is trying to find every pathway to get tests and now masks to people in the community.

We are partnering with the health HRSA to distribute tests and masks.

They have launched a program with community health centers and rural clinic to distribute free at home tests. And they'll start to include N95 masks. The health centers will work with community partners. We are excited to announce that ACL aging and disability networks will be able to partner with those centers and clinics to get both tests and masks to reach with people with disabilities and older adult that is you serve.

You will hear more details in a minute from HRSA. I want to say that both of these programs are just launching. They are in early stages and ramping up over the coming weeks and months. We are really looking guard to be able to grow the partner with HRSA to ensure that we can really meet the needs of people with disabilities and older adults that are hard to reach and get them the crucial measures. I want to highlight there are many other ways that federal agencies are reaching people with tests and masks. I have seen questions come in in researching people in institutional setting. Parts of CMS are working directly with some of those setting including nursing homes. I have seen questions about reaching people that are experiencing

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homelessness or in shelters and HUD has a number of initiatives to reach the communities and people.

I want to emphasize that testing and masks distribution programs have just launched. ACL is working closely with the white house and HHS Covid-19 teams to identify any additional ways to reach older adults and people with disabilities. What you are hearing today are the pathways we have now. I'm hopeful and can commit to explore all other options and we may have more to come.

I'll turn it to Michelle from HRSA.

>>MICHELLE WOJCICKI: Thank you so much.

Good afternoons thank you for your time today. My name is Michelle and I'm an analyst in the Office of the Director with the Office of Quality Improvement at the Health Resources and Services Administration. I'm going to provide an HRSA health center program and Covid-19 program work we are doing.

Just a quick orientation with health centers in communities which is one piece of our public health support work. Through health centers HRSA look today improve the health of the nation's underserved communities and vulnerable populations by assuring access.

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This network includes about 1400 health centers with merely 13,000 locations across the country to provide on the ground primary health care.

These sites are readily available in your constituents' communities. They serve 1 in 11 people in the country and 1 in 3 in poverty. And it. The elderly the disability where health care worker veterans.

Now to turn if we may to the pandemic work. Health centers have been working on the front lines throughout the pandemic to ensure that these populations have equitable access to treatment, testing, masks, and vaccines and I'll cover those programs in a little bit more detail in a minute. Health centers continue to provide that community based integrated primary health care as well. And are supporting the public health response with local and state jurisdictions by providing direct care management to mild to moderate Covid-19 systems to help relieve burden on hospitals. Along with the Covid-19 mitigation programs.

Now let's turn to the specific programs available through HRSA. In order to ensure that equitable access to communities and vulnerable populations HRSA is making directly to direct allocations to certain Covid-19 response tools at health centers in their communities. These are in addition to other allocations within jurisdiction and other

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locations--providers, pharmacies and the masks sites that are set up that have made the tools available. Since early last spring there have been direct allocations as they have been authorized for diction adult and pediatric vaccines. This has covered both the primary series and boosters and again has included all the FDA products for both adults and children.

But then we have had three newer pieces added on through this direct allocation program. Most recently that's included testing sights. Right now at home tests. Health centers are deliberated these products to patients and their community and partnering with community partners in a variety of ways to provide these through mobile clinics, directly to various sites partnering with certain at-risk programs like rural health care workers, but also looking at long-term care facilities and homeless individuals. We are encouraging them to activity work with community partners to ensure that these sites are getting out into the communities to vulnerable populations and most at risk for Covid-19 and those who have lack of access.

In addition therapeutics are now available. These are the oral antiviral pills for Covid-19. These are becoming available at an increasing number to health centers that have pharmacy capacity. In addition the N95 launches were just launched as well. Health centers are being on boarded into the program on a rolling basis. And cross the next few weeks you can

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expect that all health centers will begin to have access to these tools as well. Again, we are working with health centers and rural health clinics across the country to encourage and support partnerships in their community and with their patients, include ACL supported networks to ensure that the free materials make that you are way to older adults, people with disabilities, and others at greatest risk of COVID or have lack of access to the tools.

Then I want to point you to a tool we have available on HRSA website called find a health center. This tool allows you or someone you are working with to enter in their location and identify health center sites that are in their area. We encourage you to use this tool to share this tool to help connect those in your communities, those you are partnering with, and organizations to identify and access these resources in the appropriate local health center site.

Thank you for your time. We appreciate being able to share this information and appreciate your work in the field.

>>ALISON BARKOFF: Great. Thank you so much Michelle. And for ACL aging and disability networks. Just want to let you know we'll be giving you additional information and look for that in the coming day. Sorry about that on the camera. Look for

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that in the coming days in a form of a letter ACL and HRSA grantees. I want to send it to CMS.

>> Thank you so much Allison. My name is Hanna. My pronouns are she and her. I'll give a brief overview of what states are doing and required to do in terms of using Medicaid to cover both diagnostic and screening tests for Covid-19.

We have been receiving a lot of questions on this topic. I hope I can provide some clarity and--although we will not be able to stay for the Q and A portion later. I hope people feel free to reach out to us. And we over for you to be a con due with to--if we can answer any additional questions or further conversations. We are happy to do that at any time. Medicaid states are required today cover diagnostic and screening tests they are required to do so without cost sharing. In August there was a state official letter explaining that all types of FDA Covid-19 tests must be covered including point of care or home tests that have been provided to a Medicaid or CHIP beneficiary by a qualified provider. States are permitted today set clinical guidelines and use utilization tools. We are encouraging states to use the guideline that is do not establish arbitrary barriers to Covid-19 testing and coverage. We are encouraging states to facilitate links the reimbursement to the eligible Medicaid beneficiary. Some states do have technical and legal

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requirements to provide of coverage. We are hearing that a lot. I know folks are frustrated. I understand that. Under federal law states are prohibited from reimbursing a beneficiary directly. If states require a prescription for someone to get a home test. We are encouraging states to issue a standing order for tests so people with can access tests and pharmacies as opposed today requiring African American prescription for each person or test.

States also have indicated a range of operational considerations and challenges as they are working through to provide coverage for tests. We have just to emphasize that we would like to work with states and individuals to resolve the challenges. At the end of the day is message is states are required to that Medicaid beneficiary have access to the full range of authorized tests. We also understand we have not arrived at a complete solution. Particularly for people living in congregate settings and for those that a trip to the pharmacy is impossible that they still get access to over-the-counter tests. We are working through these questions. We welcome your input and all creative ideas to improve access to the full range of tests particularly for people with disabilities. I'll turn it over to will talk about the Medicare side.

>>WILL HARRIS: Thank you. I'm a senior advisor in the office of the administrator. I use he/him pronouns. I'm glad to be with you today to talk about coverage for over the counter

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and other diagnostic tests for private insurance as well as Medicare.

The first thing I want to tell you is echo at the beginning to have the call to talk about how critical the booster shot is. We know that you can do yourselves to get a booster and the number two thing is to encourage others to get a booster. It's our top tool against the new variant of Covid-19. We are sending a test to every person with Medicare in the country. A little halfway down with that effort. You are a Medicare, and you haven't gotten a letter, yet you will see it by the end of the month. We have to remind people how critical it is to get a booster. We value your partnership in getting to word out on that.

I want to move on to talking about private insurance. If you have a group or individual market health insurance plan I want to talk about what tests are covered there.

As I'm sure you have heard starting on January 15th, your private insurance plan is required to cover over the counter tests that you buy at retail locations. If you have insurance through employment or a family member's employment or you have bought a plan off the healthcare DOT GOV marketplace, your insurance carrier is required today to reimburse you for the cost of the over-the-counter test.

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Already under commercial plans tests that are ordered by a physician are required to be covered with no cost sharing. That's already the case and has been for several months. Importantly for the test you have buy it has to have been bought on or after January 15th.

CMS has more information on that. But the best source of information if you have private insurance will be to ask your plan how they reimburse for those tests.

That's private insurance. We would be happy to answers question afterward that come in as they come in through the friends and partners at ACL. We'll be in touch with them.

I want to talk about tests for Medicare beneficiaries. CMS is trying to expand options. We have continuing to do that. Because we recognize how critical a tool testing can be for people with Medicare who want to gather with their friends and families. We know that you are trying to do what you need to keep yourself safe. Right now, Medicare members can get rapid tests that are performed by a laboratory. When the test is ordered by a physician, a nonphysician practitioner, that's at no cost through Medicare.

Members of Medicare can access rapid point-of-care antigen tests. A list of those community-based testing sites can be searched on the HHS website. I'll post a link in the chat for that. Finally, the easiest way that Medicare members can get

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tests right now is order them through Covid tests dot GOV. I know she provided it, had information on how to call to order those earlier. Finally I want to say we are working hard on how to get the word out on how Medicare members can access all of the tests. And sending both e-mail and physical mail. We also have information on the 1800 Medicare. And pushing that information out on the social media and websites. That's where we are with Medicare. Lots of things you can get covered. Again, would you encourage you and your partners to please work with us to talk about how critical the booster shot is. I'll turn it back to Alison. Thank you for the privilege of being with you today.

>>ALISON BARKOFF: Thank you so much.

As we always do in ACL we work to have Q and A and put them in more accessible language. Working with our partners at CMS we hope to be sending you out through a policy updates or the web page the kind of information that they shared. I want to turn it now from the CDC to provide some updates.

>>EVELYN TWENTYMAN: Thank you so much.

Good afternoon everyone.

I am trying to share my screen.

Thanks again for the opportunity to provide some recent update. I'm chief medical officers for the vaccine testing. I'm

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a white woman wearing a blue jacket and I have a blue background. It's great to meet awe all. Over the next few minutes. I'll summarize our current vaccination recommendations.

I'll add that we have especially appreciate one specific recommendation that that pertain it is third primary dose for immunocompromised. I'll explain what our current recommendations are first. Then we'll look at a bit of the science behind two of our recent updates. Then I'll turn to our newest mask guidance.

>>ALISON BARKOFF: The slides are not showing.

Feel free to keep going. We just see screen sharing but no slides:

>>EVELYN TWENTYMAN: Fascinating.

Okay.

>> I think if you click share screen again. It might allow you to select whichever view. It could be a different screen.

. You might have to start over. Apologies.

>>EVELYN TWENTYMAN: No, that's okay. I'm just trying to you, um, figure out.

>>ALISON BARKOFF: If it doesn't work we can send everybody the slides and feel free to keep going.

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>>EVELYN TWENTYMAN: Yeah.

I'm so sorry. I seem to--there we go.

Okay.

Can you see slides now?

>>ALISON BARKOFF: Yes.

>>EVELYN TWENTYMAN: Fantastic.

Apologies for that. Can you see the recommendations ?

>>ALISON BARKOFF: Yes we can.

>>EVELYN TWENTYMAN: Okay. Our general recommendations.

Everyone 5 and up should have primary vaccination including people with underlying medical conditions, disabilities and those without. And people with immunocompromised need more doses than most people.

The MRNA vaccines Pfizer and Moderna.

They are preferred. These recommendations are more than important than ever given the emergence of the omicron.

>>MICHELLE WOJCICKI: The vaccines are important to reduce the new variants emerges.

Here are the overall recommendations.

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>>EVELYN TWENTYMAN: You will see the new column. For ages people ages 5-11 they are eligible for the Pfizer vaccine only. It's two doses unless they are immunocompromised, then it's three. And there's no booster recommended yet.

For those that are 12-17 they have a two-dose except for those with severe immunocompromised. They need three. And they are available for boosters.

For people ages 18 and older there are three options available.

Pfizer and Moderna are preferred options. A third dose with a booster for all of these folks 5 months after completion of the series.

Why these recommendations are important. Pertaining with those with immunocompromised. You possibly know they are at increased risk of Covid-19 disease. The immune response in response to the vaccine might not be as great with the immunocompromised, and may wane more quickly than others. A quick note to safety: Covid-19 vaccines are not live vaccines. It's safe to give them to the immunocompromised.

I won't spend a long time on what we mean by moderate to severe immunocompromised. It's those with malignancy,

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transplants, those with acquired immune deficiencies and those on immune-suppressing medications.

Overall, our recommendations for people with moderate to severe immunocompromised ages 12 or older: all of these folks should be get a 3-dose primary series and a booster 5 months later for a total of 4 doses. I'm bringing this up because we have heard this word has not successfully gotten out to all pharmacies. Not even to all transplant clinics. Any help you can provide in spreading the word is appreciated. Those people that have received a stem cell transplant or CAR T therapy after getting to Covid-19 vaccine or while getting to Covid-19 vaccine should repeat the entire series. And we recommended the series is repeated after 3 months of the transplant or CAR T therapy.

I'm going to dive into the science of the two most highlighted recent changes to the update. First, speaking briefly to the preferential recommendations for the MRNA vaccine.

I'll summarize by saying that ACIP recently considered additional cases and unfortunately additional deals following to JANSSEN vaccine.

We have a good supply of MRNA vaccines the vote was recommended to encourage using the other vaccines instead of Janssen.

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There's an expansion of eligibility for the additional dose in the primary series for children with 5-11 for immunocompromised. We were excited about this due to our eagerness to protect these kids. There were 1.4 million children with the condition in the U.S. Only children 12 and up consider covered by the third dose. We know the vaccines have been quite safe for kids in this age group. I'll encourage you a very encouraging over 8.7 million doses have been given on the kids with this age with very, very few adverse effects.

Now moving to our new mask recommendations. Includes what I feel is a bit of reframe. CDC take multiple steps to help slow the spread of Covid-19. Staying up to date on the vaccine is the best protection but wearing a mask can also be a very important tool to prevent of disease. We have reorient it had guidance to folks on mask protection, fit, and comfort. People should wear the most protective mask they can, that fits well, and wear consistently. This could help fulfill our recommendation that is in places with high transmission that people we are well fitting masks indoors or in public regardless of their vaccination status. A mask is better than no mask.

If it's uncomfortable it might result in less mask wearing. Masks should not be wearing under the age of 2 or anyone that would be able to remove the mask without assistance.

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To choosing a mask or respirator. They offer varying decrease of protection. But the CDC recommend cloth mask, disposable masks and mask that is meet international or domestic standards. We encourage folks to choose one that is comfortable enough for them to wear, and fits well, and that they will wear consistently. You can go to the list on this page. We'll circulate the slides to find more information on the masks recommended as well as find links to nice videos on how to tell if your it's fitting well. Also a PDF that serves as a job aid to explain how to you go through the fitting process for yourselves, loved ones or those that you care for.

Before closing I want to affirm our guidance for alternative masks. Clear masks might be best for interactions some groups of people. Including people who are deaf or hard of hearing, students learning to read or a new language, people with disabilities and anybody that needs to see the proper shape of the mask for comprehension or communication. In addition to these considerations FDA has cleared a transparent medical mask. They are used by health care workers and the patient that need those.

In closing I'd like to thank you for your attention but also the attention that you are bringing to the needs of people with disabilities within the population that is you deserve. Your work is extremely important not just to me but all of us at

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CDC. We want today say thank you and to say that's really it from us. We are happy to take your questions. Thank you very much.

>>ALISON BARKOFF: I think we got a couple of questions that may have been put in two spots. I'll just skim. What is the guidance for immunocompromised people that got a single J and J shot followed by two doses of MODERNA? Should they get a booster shot as well? Of or two boosters for a total of 4MRNA doses.

>>EVELYN TWENTYMAN: Okay. Thank you for that question. The guidance on JANSSEN is different from other guidance. A person that received a dose of JANSEN has considered to be completed their series without extra dozes. If they have, they have done the JANSEN and the two MODERNA, they have gone beyond what they needed it.

That actually completes the series for them. In contrasts people with moderate immunocompromised are recommended to get a 3 dose primary series of either of the MRNA vaccines. MODERNA or PFIZER.

>>ALISON BARKOFF: Great.

I want to follow up with folks--it's a broad question about access for people who use ASL. I know we do have some capacities around that. But I'll reach out to you with that question so we can explore--especially as we expand DIAL and

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really using it for more purposes to make sure that we are meeting to needs with all people with disabilities in our communities.

I think there were other questions about ASL for other information. I'm not sure if your question was about this webinar. We definitely plan to make available. Please feel free to share it. To the extent was about the presentations like CMS discussing coverage of Covid-19, whether that information is in ASL. I can follow up with that information, I know we have been raising with all of our partners and the White House the need for plain language, ASL videos and interpretation into other languages for key information. We'll continue to do that.

I also see one more question from Donna about home tests including instructions in multiple languages. Literally filling my inbox right now. We are trying to find out exactly what tests are being sent to people through the at home testing program. So we can try to provide accessibility in any kind of way possible.

We can take that back to the White House team. I don't know if the manufacturers are providing instructions in multiple languages, but we are trying to find a way to provide large print, hopefully walk-through instructions and we'll get back to you Donna on that one.

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I think that is all the questions we have now. But I just really want to end by thanking everybody for your time. Please give us feedback if these updates are useful. I know the White House does them. We are digging into substance. Many things are changing quickly. We'll continue sending out information, updating the web page, sending out on the list serve. Please spread the word. We appreciate everything you are doing.

Thank you so much.

Okay. Thanks everybody.