

#	Federal/State	Agency/ Department	Title	Date Published (Date Last Reviewed by Agency, if applicable)	Description	URL (For Additional Information)
1	Federal	Centers for Disease Control and Prevention	Interim Considerations for Infection Prevention and Control of Coronavirus Disease 2019 (COVID-19) in Inpatient Obstetric Healthcare Settings	(02/18/2020)	This guidance from the CDC provides "infection prevention and control considerations are for healthcare facilities providing obstetric care for pregnant patients with confirmed coronavirus disease (COVID-19) or pregnant persons under investigation (PUI) in inpatient obstetric healthcare settings including obstetrical triage, labor and delivery, recovery and inpatient postpartum settings." The document provides guidance on (1) Prehospital Considerations, (2) During Hospitalization, (3) Mother/Baby Contact, (4) Breastfeeding, and (5) Disposition.	<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html</a>
2	Federal	Centers for Disease Control and Prevention	Healthcare Professional Preparedness Checklist For Transport and Arrival of Patients With Confirmed or Possible COVID-19	(02/21/2020)	This document from the CDC provides "a checklist for front-line health care personnel to evaluate patients for coronavirus disease 2019 (COVID-19)."	<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/hcp-personnel-checklist.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/hcp-personnel-checklist.html</a>
3	Federal	Centers for Disease Control and Prevention	Strategies for Optimizing the Supply of N95 Respirators: Conventional Capacity Strategies	(02/29/2020)	The CDC describes "Conventional Capacity" Strategies as follows: "In the continuum of care, the following measures can be categorized as conventional capacity, which consists of providing patient care without any change in daily practices. This set of controls should already be implemented in general infection prevention and control plans in healthcare settings."	<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/conventional-capacity-strategies.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/conventional-capacity-strategies.html</a>

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4	Federal	Centers for Disease Control and Prevention	Strategies for Optimizing the Supply of N95 Respirators: Contingency Capacity Strategies	(02/29/2020)	The CDC describes the "Contingency Capacity" Strategies as follows: "In the continuum of care, the following measures can be categorized as contingency capacity, which may change daily practices but may not have any significant impact on the care delivered to the patient or the safety of the HCP. The following measures may be considered in the setting of a potential impending shortage of N95 respirators. The decision to implement these practices should be made on a case by case basis taking into account known characteristics of the SARS-CoV-2 and local conditions (e.g., number of disposable N95 respirators available, current respirator usage rate, success of other respirator conservation strategies, etc.)."	<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/contingency-capacity-strategies.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/contingency-capacity-strategies.html</a>
5	Federal	Centers for Disease Control and Prevention	Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19)	(03/14/2020)	Document states that clinicians should work with their local and state health departments to coordinate testing. Defers to clinicians' best judgment to determine which patients demonstrating signs and symptoms of COVID-19 should be tested. Notes that "most patients with COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing)."	<a href="https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html">https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html</a>
6	Federal	Centers for Disease Control and Prevention	Discontinuation of In-Home Isolation for Immunocompromised Persons with COVID-19 (Interim Guidance)	(03/16/2020)	This document is intended for "Health care providers and public health officials managing immunocompromised persons with coronavirus disease 2019 (COVID-19) under home isolation."	<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ending-isolation.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ending-isolation.html</a>
7	Federal	Centers for Disease Control and Prevention	Strategies for Optimizing the Supply of Eye Protection	(03/17/2020)	The CDC describes the purpose of this document as offering: "[A] series of strategies or options to optimize supplies of eye protection in healthcare settings when there is limited supply."	<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html</a>
8	Federal	Centers for Disease Control and Prevention	Strategies for Optimizing the Supply of Isolation Gowns	(03/17/2020)	The CDC describes the purpose of this document as offering: "[A] series of strategies or options to optimize supplies of isolation gowns in healthcare settings when there is limited supply."	<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html</a>

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9	Federal	Centers for Disease Control and Prevention	Strategies for Optimizing the Supply of Facemasks	(03/17/2020)	The CDC describes the purpose of this document as offering: "[A] series of strategies or options to optimize supplies of facemasks in healthcare settings when there is limited supply." Document provides recommended strategies for use of facemasks in the event there is a severe shortage, or in the event there are no facemasks available.	<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html</a>
10	Federal	Centers for Disease Control and Prevention	Strategies for Optimizing the Supply of N95 Respirators: Crisis/Alternate Strategies	(03/17/2020)	The CDC describes the "Crisis/Alternate Strategies" as follows: "These crisis capacity or alternate strategies accompany and build on the conventional and contingency capacity strategies. The following measures are not commensurate with current U.S. standards of care. However, individual measures or a combination of these measures may need to be considered during periods of expected or known N95 respirator shortages. It is important to consult with entities that include some combination of: local healthcare coalitions, federal, state, or local public health officials, appropriate state agencies that are managing the overall emergency response related to COVID-19, and state crisis standards of care committees. Even when state/local healthcare coalitions or public health authorities can shift resources between health care facilities, these strategies may still be necessary."	<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/crisis-alternate-strategies.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/crisis-alternate-strategies.html</a>

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11	Federal	Centers for Disease Control and Prevention	Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings	(03/19/2020)	The three (3) key takeaways include (1) limiting how germs can enter the facility, (2) isolating symptomatic patients as soon as possible, and (3) protecting health care personnel. The eleven (11) sections of the document address the following: (1) Minimize Chance for Exposures; (2) Adhere to Standard and Transmission-Based Precautions; (3) Patient Placement; (4) Take Precautions When Performing Aerosol-Generating Procedures (AGPs); (5) Collection of Diagnostic Respiratory Specimens; (6) Manage Visitor Access and Movement Within the Facility; (7) Implement Engineering Controls; (8) Monitor and Manage Ill and Exposed Healthcare Personnel; (9) Train and Educate Healthcare Personnel; (10) Implement Environmental Infection Control; (11) Establish Reporting within and between Healthcare Facilities and to Public Health Authorities	<a href="https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html</a>
12	Federal	Centers for Disease Control and Prevention	Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19)	(03/20/2020)	"Interim guidance for clinicians caring for patients with confirmed infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus that causes coronavirus disease (COVID-19)." Sections in the interim guidance include (1) Clinical Presentation, (2) Clinical Course, (3) Diagnostic Testing, (4) Laboratory and Radiographic Findings, (5) Clinical Management and Treatment, (6) Investigational Therapeutics, and (7) Discontinuation of Transmission-Based Precautions or Home Isolation.	<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html</a>
13	Federal	Centers for Disease Control and Prevention	Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 (COVID-19)	02/12/2020 (03/20/2020)	The document includes interim guidance from the CDC for "staff at local and state health departments, infection prevention and control professionals, and healthcare personnel who are coordinating the home care and isolation of people with confirmed or suspected COVID-19 infection, including persons under investigation (see Criteria to Guide Evaluation of Persons Under Investigation (PUI) for COVID-19). This includes patients evaluated in an outpatient setting who do not require hospitalization (i.e., patients who are medically stable and can receive care at home) or patients who are discharged home following a hospitalization with confirmed COVID-19 infection."	<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html</a>

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14	Federal	Centers for Disease Control and Prevention	Strategies for Optimizing the Supply of N95 Respirators	02/29/2020 (02/29/2020)	The CDC describes the purpose of this document as offering: "[A] series of strategies or options to optimize supplies of disposable N95 filtering facepiece respirators (commonly called "N95 respirators") in healthcare settings when there is limited supply. It does not address other aspects of pandemic planning; for those, healthcare settings can refer to existing influenza preparedness plans to address other aspects of preparing to respond to novel coronavirus disease 2019 (COVID-19). The strategies are also listed in order of priority and preference in the Checklist for Healthcare Facilities: Strategies for Optimizing the Supply of N95 Respirators during the COVID-19 Response in an easy-to-use format for healthcare facilities."	<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html</a>
15	Federal	Centers for Disease Control and Prevention	Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19)	03/07/2020 (03/07/2020)	The interim guidance from the CDC was published on March 7, 2020 and is intended to assist with assessment of risk, monitoring, and work restrictions decisions for HCP with potential exposure to COVID-19. The interim guidance further recommends that "healthcare facilities should have a low threshold for evaluating symptoms and testing symptomatic HCP, particularly those who fall into the high- and medium- risk categories described in the [CDC] guidance."	<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html</a>

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16	Federal	Centers for Disease Control and Prevention	Interim Guidance for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PSAPs) for COVID-19 in the United States	03/10/2020 (03/10/2020)	This document from the CDC provides guidance for EMS for transporting patients with suspected or confirmed COVID-19 and for coordinating treatment among the EMS, the local public health system, and the health care facilities. The guidance discusses (1) Recommendations for 911 PSAPs, (2) EMS transport of a PUI [person under investigation] or patient with confirmed COVID-19 to a health care facility (including interfacility transport), (3) Cleaning EMS transport vehicles after transporting a PUI or patient with confirmed COVID-19 and (4) Follow-up and/or reporting measures by EMS clinicians after caring for a PUI or patient with confirmed COVID-19.	<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html</a>
17	Federal	Centers for Disease Control and Prevention	Interim Guidance for Collection and Submission of Postmortem Specimens from Deceased Persons Under Investigation (PUI) for COVID-19, February 2020	February 2020 (03/14/2020)	"This document provides specific guidance for the collection and submission of postmortem specimens from deceased persons under investigation (PUI) for COVID-19. This document also provides recommendations for biosafety and infection control practices during specimen collection and handling, including during autopsy procedures. The guidance can be utilized by medical examiners, coroners, pathologists, other workers involved in the postmortem care of deceased PUI, and local and state health departments." Note that this guidance may be subject to requirements from state and local health departments.	<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html</a>

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18	Federal	Centers for Medicare & Medicaid Services	CMS suspends non-emergency survey inspections	3/4/2020	<p>Effective as of March 4, 2020, all survey activity is limited to the following (in priority order):</p> <ul style="list-style-type: none"> <li>• All immediate jeopardy complaints (cases that represents a situation in which entity noncompliance has placed the health and safety of recipients in its care at risk for serious injury, serious harm, serious impairment or death or harm) and allegations of abuse and neglect;</li> <li>• Complaints alleging infection control concerns, including facilities with potential COVID-19 or other respiratory illnesses;</li> <li>• Statutorily required recertification surveys (Nursing Home, Home Health, Hospice, and ICF/IID facilities);</li> <li>• Any re-visits necessary to resolve current enforcement actions;</li> <li>• Initial certifications;</li> <li>• Surveys of facilities/hospitals that have a history of infection control deficiencies at the immediate jeopardy level in the last three years;</li> <li>• Surveys of facilities/hospitals/dialysis centers that have a history of infection control deficiencies at lower levels than immediate jeopardy.</li> </ul>	<a href="https://www.cms.gov/files/document/gso-20-12-all.pdf">https://www.cms.gov/files/document/gso-20-12-all.pdf</a>

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19	Federal	Centers for Medicare & Medicaid Services	Guidance for Infection Control and Prevention Concerning Coronavirus Disease (COVID-19): FAQs and Considerations for Patient Triage, Placement and Hospital Discharge	3/4/2020	<p>"The Centers for Medicare &amp; Medicaid Services (CMS) is committed to the protection of patients and residents of healthcare facilities from the spread of infectious disease. This memorandum responds to questions we have received and provides important guidance for hospitals and critical access hospitals (CAH's) in addressing the COVID-19 outbreak and minimizing transmission to other individuals. Specifically, we address FAQs related to optimizing patient placement, with the goal of addressing the needs of the individual patient while protecting other patients and healthcare workers." Guidance provides answers the following questions: (1) Which patients are at risk for severe disease for COVID-19? (2) How should facilities screen visitors and patients for COVID-19? (3) How should facilities monitor or restrict health care facility staff? (4) What are recommended infection prevention and control practices, including considerations for patient placement, when evaluating and care for a patients with known or suspected COVID-19? (5) Do all patients with known or suspected COVID-19 infection require hospitalization? (6) Are there specific considerations for patients requiring diagnostic or therapeutic interventions? (7) When is it safe to discontinue Transmission-based Precautions for hospitalized patients with COVID-19? (8) Can hospitals restrict visitation of patients? (9) What are the considerations for discharge to a subsequent care location for patients with COVID-19? (10) What are the implications of the Medicare Hospital Discharge Planning Regulations for Patients with COVID-19?</p>	<a href="https://www.cms.gov/files/document/gso-20-13-hospitalspdf.pdf-2">https://www.cms.gov/files/document/gso-20-13-hospitalspdf.pdf-2</a>



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20	Federal	Centers for Medicare & Medicaid Services	Guidance for Infection Control and Prevention Concerning Coronavirus Disease (COVID-19) by Hospice Agencies	3/9/2020	"The Centers for Medicare & Medicaid Services (CMS) is committed to the protection of patients and residents of healthcare facilities or homecare settings from the spread of infectious disease. This memorandum responds to questions we have received and provides important guidance for Hospice Agencies in addressing the COVID-19 outbreak and minimizing transmission to other individuals." Guidance provides answers to the following questions: (1) Which patients are at risk for severe disease from COVID-19? (2) How should providers screen visitors and patients for COVID-19 in a Hospice that provides short-term inpatient care directly or in an inpatient unit of another facility? (3) How should hospice programs monitor or restrict health care staff or hospice volunteers? (4) When a hospice patient is in an inpatient unit, what are recommended infection prevention and control practices, including considerations for patient placement, when evaluating and care for a patient with known or suspected COVID-19? (5) Do hospice patients with known or suspected COVID-19 infection require hospitalization? (6) When is it safe to discontinue Transmission-based Precautions inpatient hospice patients with COVID-19? (7) When is it safe to discontinue in-home isolation for in home hospice patients with COVID19?	<a href="https://www.cms.gov/files/document/gso-20-16-hospice.pdf">https://www.cms.gov/files/document/gso-20-16-hospice.pdf</a>

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21	Federal	Centers for Medicare & Medicaid Services	Emergency Medical Treatment and Labor Act (EMTALA) Requirements and Implications Related to Coronavirus Disease 2019 (COVID-19)	3/9/2020	"Due to increasing public concerns with COVID-19, CMS is receiving inquiries from the hospital industry concerning implications for their compliance with EMTALA. Concerns center around the ability of hospitals and CAHs to fulfill their EMTALA screening obligations while minimizing the risk of exposure from COVID-19 infected individuals to others in the ED, including healthcare workers, and the isolation requirements for COVID-19. In addition, we have also received questions about the applicability of EMTALA stabilization, transfer and recipient hospital obligations in the case of individuals who are found to have met the screening criteria for possible COVID-19 infection or who have been determined to have COVID-19." Provides guidance on the following questions: (1) Are hospitals required to accept transfers of patients with suspected or confirmed COVID-19 from small or rural hospitals that don't have appropriate or sufficient isolation facilities or equipment to meet current state or local public health or CDC recommendations? (2) What are the screening sites that may be set up? In addition, provides guidance to hospitals to setup alternate locations on its campus to perform the medical screening exam (MSE) under EMTALA.	<a href="https://www.cms.gov/files/document/gso-20-15-emtala-requirements-and-coronavirus-0311-updated-003pdf.pdf-1">https://www.cms.gov/files/document/gso-20-15-emtala-requirements-and-coronavirus-0311-updated-003pdf.pdf-1</a>

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22	Federal	Centers for Medicare & Medicaid Services	Guidance for Infection Control and Prevention Concerning Coronavirus Disease (COVID- 19) in dialysis facilities	3/10/2020	"CMS is responsible for ensuring the health and safety within dialysis facilities by enforcing health and safety standards required to help facilities provide safe, quality care to dialysis patients. Due to the recent spread of COVID-19, we are providing additional guidance to dialysis facilities to help control and prevent the spread of the virus." Guidance provides answers to the following questions: (1) What actions should dialysis facilities implement to promote early recognition and management of patients, staff and visitors? (2) How should facilities monitor or restrict dialysis facility staff? (3) Where should dialysis facilities place patients with undiagnosed respiratory symptoms and/or suspected or confirmed COVID 19? (4) What type of Personal Protective Equipment (PPE) should be used when caring for patients with undiagnosed respiratory symptoms? (5) How should facilities ensure appropriate cleaning and disinfection of environmental surfaces, medical devices and equipment? (6) When should the dialysis facility consider transferring a patient to an alternative site for treatment? (7) Are there special considerations for Home Dialysis Patients? (8) Will dialysis facilities be cited for not having the appropriate supplies?	<a href="https://www.cms.gov/files/document/gso-20-19-esrd.pdf">https://www.cms.gov/files/document/gso-20-19-esrd.pdf</a>

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23	Federal	Centers for Medicare & Medicaid Services	Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) in Home Health Agencies (HHAs)	3/10/2020	"The Centers for Medicare & Medicaid Services (CMS) is committed to the protection of patients in the home care setting from the spread of infectious disease. This memorandum responds to questions we have received and provides important guidance for all Medicare and Medicaid participating Home Health Agencies (HHAs) in addressing the COVID-19 outbreak and minimizing transmission to other individuals." Guidance provides answers to the following questions: (1) Which patients are at risk for severe disease for COVID-19? (2) How should HHAs screen patients for COVID-19? (3) How should HHAs monitor or restrict home visits for health care staff? (4) Do all patients with known or suspected COVID-19 infection require hospitalization? (5) What are the considerations for determining when patients confirmed with COVID-19 are safe to be treated at home? (6) When should patients confirmed with COVID-19 who are receiving HHA services be considered for transfer to a hospital? (7) What are the implications of the Medicare HHA Discharge Planning Regulations for Patients with COVID-19? (8) What are recommended infection prevention and control practices, including considerations for family member exposure, when evaluating and caring for patients with known or suspected COVID-19? (9) Are there specific considerations for patients requiring therapeutic interventions? (10) What Personal Protective Equipment should home care staff routinely use when visiting the home of a patient suspected of COVID-19 exposure or confirmed exposure? (11) When is it safe to discontinue Transmission-based Precautions for home care patients with COVID-19?	<a href="https://www.cms.gov/files/document/gso-20-18-hha.pdf">https://www.cms.gov/files/document/gso-20-18-hha.pdf</a>

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24	Federal	Centers for Medicare & Medicaid Services	Guidance for Use of Certain Industrial Respirators by Health Care Personnel	3/10/2020	"CMS is committed to taking critical steps to ensure America's health care facilities are prepared to respond to the threat of the COVID-19 and other respiratory illness. With this announcement, health care workers in providers and suppliers certified by CMS will have a more expansive range of options to protect themselves and those receiving their care. CMS will continue to explore flexibilities and innovative approaches within our regulations to allow health care entities to meet the critical health needs of the country." States that respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to health care providers (HCP). Further states that patients with known or suspected COVID-19 should be cared for in a single-person room with the door closed. Airborne infection isolation room (AIIR) should be reserved for patients undergoing aerosol-generating procedures. FDA approved the CDC request for an emergency use authorization (EUA) to allow health care personnel to use certain industrial respirators during the COVID-19 outbreak in health care settings. The FDA will allow use of respirators approved by the National Institute for Occupational Safety and Health (NIOSH), but not currently meeting the FDA's requirements. The NIOSH-approved respirators, which are not currently regulated by the FDA, may be used in health care settings by health care personnel during the COVID-19 outbreak.	<a href="https://www.cms.gov/files/document/gso-20-17-all.pdf">https://www.cms.gov/files/document/gso-20-17-all.pdf</a>
25	Federal	Centers for Medicare & Medicaid Services	Findings Concerning Section 1812(f) of the Social Security Act in Response to the Effects of the 2019-Novel Coronavirus (COVID-19) Outbreak	3/13/2020	"SNF care without a 3-day inpatient hospital stay will be covered for beneficiaries who experience dislocations or are otherwise affected by the emergency, such as those who are (1) evacuated from a nursing home in the emergency area, (2) discharged from a hospital (in the emergency or receiving locations) in order to provide care to more seriously ill patients, or (3) need SNF care as a result of the emergency, regardless of whether that individual was in a hospital or nursing home prior to the emergency."	<a href="https://www.cms.gov/files/document/coronavirus-snf-1812f-waiver.pdf">https://www.cms.gov/files/document/coronavirus-snf-1812f-waiver.pdf</a>

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26	Federal	Centers for Medicare & Medicaid Services	Findings Concerning Section 1812(f) of the Social Security Act in Response to the Effects of the 2019-Novel Coronavirus (COVID-19) Outbreak	3/13/2020	"We are also utilizing the authority under section 1812(f) of the Act to provide renewed coverage for extended care services which will not first require starting a new spell of illness for such beneficiaries, who can then receive up to an additional 100 days of SNF Part A coverage for care needed as a result of the above captioned emergency."	<a href="https://www.cms.gov/files/document/coronavirus-snf-1812f-waiver.pdf">https://www.cms.gov/files/document/coronavirus-snf-1812f-waiver.pdf</a>
27	Federal	Centers for Medicare & Medicaid Services	CMS Blanket 1135 Waivers	3/13/2020	Generally describes waivers applicable to SNFs, CAHs (for 25-bed limit and length of stays limited to 96 hours), caring for acute care patients in distinct-part units, DMEPOS suppliers, Long-Term Care Hospitals, Home Health Agencies, provider enrollment, and Medicare appeals. The fact sheet linked herein provides additional information.	<a href="https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf">https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf</a> <a href="https://www.cms.gov/files/document/se20011.pdf">https://www.cms.gov/files/document/se20011.pdf</a>

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28	Federal	Centers for Medicare & Medicaid Services	Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes	3/13/2020	"The Centers for Medicare & Medicaid Services (CMS) is responsible for ensuring the health and safety of nursing home residents by enforcing the standards required to help each resident attain or maintain their highest level of well-being. In light of the recent spread of COVID-19, we are providing additional guidance to nursing homes to help control and prevent the spread of the virus." Document recommends nursing facilities frequently monitor residents for potential symptoms of respiratory infection as needed throughout the day. Facilities should also follow CDC recommendations for prompt detection, triage, and isolation of potentially infectious residents to prevent unnecessary exposures among residents, and health care personnel. Recommends facilities restrict all visitors and non-essential health care personnel; permits visitors for certain "compassionate care situations" (e.g., end-of-life situations). Any visitors during a compassionate care situation should be screened for potential exposure to COVID-19, and should follow appropriate protocols for hand hygiene and use of PPE. The memorandum provides additional guidance on whether nursing facilities should accept patients from hospitals with confirmed COVID-19 cases, and how to properly isolate the resident for 14-days in a "step down" unit.	<a href="https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf">https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf</a>
29	Federal	Centers for Medicare & Medicaid Services	Information for PACE Organizations Regarding Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19)	3/17/2020	CMS reminds PACE Organizations of their existing obligations under 42 CFR § 460.74 for infection control requirements, and recommends strategies at the organization level to help mitigate any potential spread of the virus. CMS also recognizes that "there may be circumstances where a [PACE Organization] may need to implement strategies that do not fully comply with CMS PACE program requirements in order to provide benefits to participants while ensuring they are also protected from the spread of COVID-19."	<a href="https://www.cms.gov/files/document/covid-19-pace-memo-3-17-20.pdf">https://www.cms.gov/files/document/covid-19-pace-memo-3-17-20.pdf</a>

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30	Federal	Centers for Medicare & Medicaid Services	Medicare Telemedicine Health Care Provider Fact Sheet	3/17/2020	Medicare payment for telehealth services places limitations on where a beneficiary is located, known as the "originating site." Under normal Medicare reimbursement guidelines for telehealth services, the beneficiary must be located at an originating site in a rural area or a non-Metropolitan Statistical Area. Beginning for services on March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for telehealth services for Medicare beneficiaries located in any health care facility and in their home. See link for "Medicare Telehealth Frequently Asked Questions (FAQs) published on March 17, 2020 for additional information. Fact sheet also provides guidance on existing Medicare policy for virtual check-ins and e-visits.	<a href="https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet">https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet</a>
31	Federal	Centers for Medicare & Medicaid Services	Medicare Telehealth Frequently Asked Questions (FAQs) March 17, 2020	3/17/2020	The FAQ answers several questions related to the CMS fact sheet waiving the originating-site requirements for telehealth services during the duration of the Public Health Emergency declared by the Secretary of HHS on January 31, 2020.	<a href="https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf">https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf</a>
32	Federal	Centers for Medicare & Medicaid Services	HCPCS code for COVID-19 tests (U0001)	3/23/2020	Effective April 1, 2020, the Medicare claims processing system will accept HCPCS code "U0001" for health care providers who test patients for coronavirus using the CDC's 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel. Providers may use U0001 for dates of service that occurred on or after February 4, 2020.	<a href="https://www.cms.gov/files/document/03052020-medicare-covid-19-fact-sheet.pdf">https://www.cms.gov/files/document/03052020-medicare-covid-19-fact-sheet.pdf</a>
33	Federal	Centers for Medicare & Medicaid Services	HCPCS code for COVID-19 tests (U0002)	3/23/2020	Effective April 1, 2020, the Medicare claims processing system will accept HCPCS code "U0002" for 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19) using any technique, multiple types or subtypes (including all targets) (i.e., the non-CDC test)	<a href="https://www.cms.gov/files/document/03052020-medicare-covid-19-fact-sheet.pdf">https://www.cms.gov/files/document/03052020-medicare-covid-19-fact-sheet.pdf</a>



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34	Federal	Centers for Medicare & Medicaid Services	CMS Announces Relief for Clinicians, Providers, Hospitals and Facilities Participating in Quality Reporting Programs in Response to COVID-19	3/22/2020	"CMS announced it is granting exceptions from reporting requirements and extensions for clinicians and providers participating in Medicare quality reporting programs with respect to upcoming measure reporting and data submission for those programs. The action comes as part of the Trump Administration's response to 2019 Novel Coronavirus (COVID-19)." Includes guidance for providers participating in MIPS, ACOs, Hospital Readmissions Reduction Program, Hospital Value-Based Purchasing Program, Inpatient Psychiatric Facility Quality Reporting Program, and many more.	<a href="https://www.cms.gov/newsroom/press-releases/cms-announces-relief-clinicians-providers-hospitals-and-facilities-participating-quality-reporting">https://www.cms.gov/newsroom/press-releases/cms-announces-relief-clinicians-providers-hospitals-and-facilities-participating-quality-reporting</a>
35	Federal	Centers for Medicare & Medicaid Services	COVID-19 FAQs	3/23/2020	Collection of COVID-19 FAQs for Medicare providers and suppliers including diagnostic laboratory services, physicians' services, hospital services, drugs and vaccines under Part B, ambulance services, and medicare payment to facilities accepting government resources.	<a href="https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf">https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf</a>
36	Federal	Centers for Medicare & Medicaid Services	CMS Adult Elective Surgery and Procedures Recommendations	3/15/2020	To help minimize exposure to COVID-19 and to preserve PPE, CMS recommends limiting all non-essential planned surgeries and procedures, including dental procedures. Although it is recommended by CMS, the document states that "Decisions [to delay non-essential procedures] remain the responsibility of local healthcare delivery systems, including state and local health officials, and those surgeons who have direct responsibility to their patients. However, in analyzing the risk and benefit of any planned procedure, not only must the clinical situation be evaluated, but resource conservation must also be considered." Document has a chart recommending delaying surgeries that are classified as low acuity and the patient is healthy (e.g., carpal tunnel, colonoscopies) and going forward with high acuity surgeries for both healthy and unhealthy patients (e.g., most cancers, neurosurgery, transplants, traumas, cardiac with symptoms). CMS will continue to provide additional guidance as the situation surrounding COVID-19 continues to evolve.	<a href="https://www.cms.gov/files/document/31820-cms-adult-elective-surgery-and-procedures-recommendations.pdf">https://www.cms.gov/files/document/31820-cms-adult-elective-surgery-and-procedures-recommendations.pdf</a>

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37	Federal	Office for Civil Rights	Notification of enforcement discretion for telehealth remote communications during the COVID-19 nationwide public health emergency	3/17/2020	"Under this Notice, covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications." If health care providers have access to secure communications with patients through a vendor with a signed BAA, OCR encourages providers to continue to use these sources. However, providers may use the non-public facing methods of communication if they do not have access to secure communications. Note that <i>nonpublic</i> video communication, such as Facebook Live, Twitch, TikTok, and other public-facing video communications are not deemed acceptable modes of communication.	<a href="https://www.hhs.gov/about/news/2020/03/17/ocr-announces-notification-of-enforcement-discretion-for-telehealth-remote-communications-during-the-covid-19.html">https://www.hhs.gov/about/news/2020/03/17/ocr-announces-notification-of-enforcement-discretion-for-telehealth-remote-communications-during-the-covid-19.html</a>
38	Federal	Office for Civil Rights	OCR Announces Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency	3/17/2020	Press release for enforcement discretion for use of widely available communication applications, such as Apple Facetime, Skype, or Facebook messenger to communicate with patients.	<a href="https://www.hhs.gov/about/news/2020/03/17/ocr-announces-notification-of-enforcement-discretion-for-telehealth-remote-communications-during-the-covid-19.html">https://www.hhs.gov/about/news/2020/03/17/ocr-announces-notification-of-enforcement-discretion-for-telehealth-remote-communications-during-the-covid-19.html</a>
39	Iowa	Department of Human Services	Billing Services Related to Coronavirus and COVID-19	3/11/2020	Guidance on covered services available for claims billing	<a href="https://dhs.iowa.gov/sites/default/files/2115-MC-FFS%20Billing%20related%20to%20COVID-19.pdf?031520202013">https://dhs.iowa.gov/sites/default/files/2115-MC-FFS Billing related to COVID-19.pdf?031520202013</a>

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40	Iowa	Office of the Governor	Declaration of State of Public Health Disaster Emergency	3/17/2020	Includes several suspensions of provider-related provisions of the Iowa Code to address the COVID-19 crisis	<a href="https://idph.iowa.gov/News/ArticleID/158309/Gov-Reynolds-issues-a-State-of-Public-Health-Disaster-Emergency-31720">https://idph.iowa.gov/News/ArticleID/158309/Gov-Reynolds-issues-a-State-of-Public-Health-Disaster-Emergency-31720</a>
41	Iowa	Department of Human Services	Update to Billing Services related to Coronavirus and COVID-19	3/19/2020	Guidance on billing (including for telemedicine, virtual visit, and remote care) for covered services on an interim period for the Coronavirus and COVID-19.	<a href="https://dhs.iowa.gov/sites/default/files/2119-MC-FFS-CVD_Telehealth_and_Pharmacy_Billing_COVID19_6.pdf?031920201518">https://dhs.iowa.gov/sites/default/files/2119-MC-FFS-CVD_Telehealth_and_Pharmacy_Billing_COVID19_6.pdf?031920201518</a>
42	Iowa	Department of Human Services / Iowa Medicaid Enterprise	COVID-19 Information for Providers	(03/20/2020)	Landing page for all IA DHS COVID-19 resources	<a href="https://dhs.iowa.gov/ime/providers/claims-and-billing/covid19">https://dhs.iowa.gov/ime/providers/claims-and-billing/covid19</a>
43	Nebraska	Office of the Governor	List of Executive Orders as a result of the coronavirus	3/1/2020	Includes the following executive orders: (1) Emergency Relief due to COVID-19 (20-01); (2) Out of State Travel Ban (20-02); (3) Coronavirus - Public Meetings Requirement Limited Waiver (20-03); (4) Coronavirus - Emergency Unemployment Insurance Benefit Relief (20-04); (5) Coronavirus - Motor Vehicle Titling, Registration & Driver License Waiver (20-05); and (6) Coronavirus - Relief for Restaurant & Bar Operations (20-06).	<a href="http://govdocs.nebraska.gov/dcs/pilot/pubs/eoindex.html">http://govdocs.nebraska.gov/dcs/pilot/pubs/eoindex.html</a>
44	Nebraska	Department of Health & Human Services	COVID-19 Updated Recommendations	3/19/2020	Updated COVID-19 patient lab test guidelines	<a href="http://dhhs.ne.gov/han%20Documents/ADVISORY03192020.pdf">http://dhhs.ne.gov/han%20Documents/ADVISORY03192020.pdf</a>
45	Nebraska	Department of Health & Human Services	Recommendations to Returning Out-of-State Travelers	3/23/2020	Recommendations related to travel-related isolations, including for hospital workforce.	<a href="http://dhhs.ne.gov/han%20Documents/ADVISORY%2003232020.pdf">http://dhhs.ne.gov/han%20Documents/ADVISORY%2003232020.pdf</a>
46	Nebraska	Department of Health & Human Services	Nebraska Health Alert Network	(03/23/2020)	Landing page for DHHS health alerts related to COVID-19	<a href="http://dhhs.ne.gov/Pages/Health-Alert-Network.aspx">http://dhhs.ne.gov/Pages/Health-Alert-Network.aspx</a>