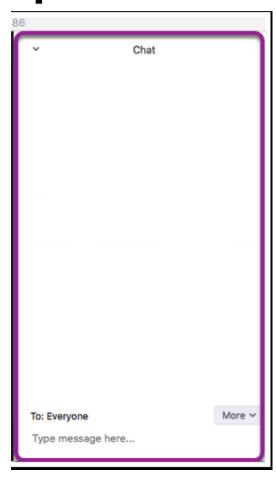
CHC Task Force Meeting

November 20, 2020



Zoom Help





You can also send questions through Chat. Send questions to Everyone or a specific person.

Everyone will be muted. You can unmute yourself to ask questions by clicking on the microphone or phone button.



Agenda

- Welcome, Chris Shank, President & CEO, NCCHCA
- Election Debrief, Harry Kaplan & Jeff Barnhart, McGuireWoods Consulting
- 2021 Policy Priorities, Brendan Riley, Director of Policy, NCCHCA
- Experience with Carolina Access, Daphne Betts-Hemby, CFO, Kinston Community Health Center
- Updates, Shannon Dowler, MD, NC Division of Health Benefits
- Wrap-Up



Welcome from Chris Shank, President & CEO, NCCHCA

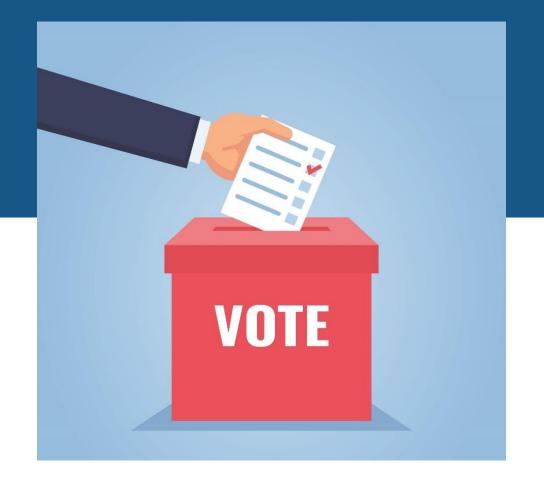


North Carolina Election Recap

November 18, 2020



THE COUNT



VOTER TURNOUT

In North Carolina...

- √ 5,545,859 voters
- √ 75.4% of registered voters cast a ballot
- **√4,629,200** of voters voted early
- **√ 916,659** voted on Election Day
- ✓ Voter turnout increased about 6% over 2016

FEDERAL RACES



FEDERAL RACES

✓ US PRESIDENT

President Donald Trump (R)
INCUMBENT
2,758,776 (49.93%)

Former Vice President Joe Biden (D) 2,684,303 (48.59%)

✓ US SENATE

Cal Cunningham (D) 2,569,972 (46.94%)

Thom Tillis (R)
INCUMBENT
2,665,605(48.69%)

FEDERAL RACES

US HOUSE

✓ DISTRICT 1:

G.K. Butterfield (D)- INCUMBENT- 54.18% ✓ Sandy Smith (R) – 45.82%

✓ DISTRICT 2:

Deborah Ross (D) – 62.96% Alan Swain (R) – 34.83%

✓ DISTRICT 3:

Greg Murphy (R)- INCUMBENT- 63.38% Daryl Farrow (D)- 36.62%

✓ DISTRICT 4:

David Price (D)- INCUMBENT- 67.33% Robert Thomas (R) – 32.67%

Virginia Foxx (R)- INCUMBENT- 66.93%

David Brown (D)- 31.11%

✓ DISTRICT 6:

Kathy Manning (D)- 62.27% Lee Haywood (R)- 37.73%

✓ DISTRICT 7:

David Rouzer (R)- INCUMBENT- 60.25% Christopher Ward (D)- 39.59%

✓ DISTRICT 8:

Richard Hudson (R)- INCUMBENT-53.28%

Patricia Timmons-Goodson (D) – 46.72%

✓ DISTRICT 9:

Dan Bishop (R)- INCUMBENT- 55.59% Cynthia Wallace (D) – 44.41%

✓ DISTRICT 10:

Patrick McHenry (R)- INCUMBENT-68.91%

David Parker (D) - 31.09%

✓ DISTRICT 11:

Madison Cawthorn (R) -54.50%Moe Davis (D) -42.34%

✓ DISTRICT 12:

Alma Adams (D)- INCUMBENT- 100%

✓ DISTRICT 13:

Ted Budd (R)- INCUMBENT- 68.18%
Scott Huffman (D) - 31.82%
CONFIDENTIAL

COUNCIL OF STATE



GOVERNOR



✓ Roy Cooper (D)

2,834,801 (51.52%)



Dan Forest (R) 2,586,608 (47.01%)

LIEUTENANT GOVERNOR



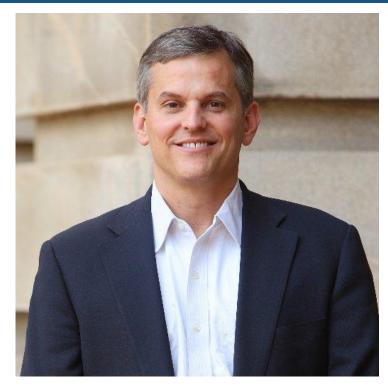
✓ Mark Robinson (R)2,800,658 (51.63%)



Yvonne Lewis Holley (D)

2,623,467 (48 ir 3/70 6) nsulting | 13 ONFIDENTIAL

ATTORNEY GENERAL



✓ Josh Stein (D)

2,713,407 (50.13%)



Jim O'Neill (R) 2,699,783 (49.87%)

STATE AUDITOR



✓ Beth Wood (D)

2,730,185 (50.88%)



Anthony Wayne (Tony)
Street (R)
2,635,827 (49.12%)
McGuireWoods Consulting | 15
CONFIDENTIAL

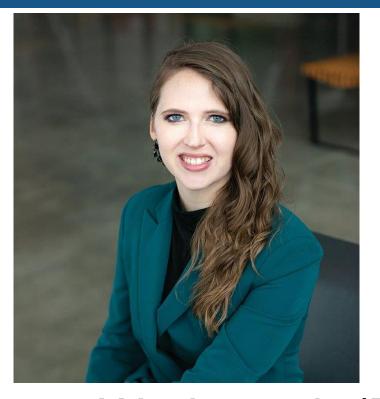
COMMISSIONER OF AGRICULTURE



√ Steve Troxler (R)

INCUMBENT

2,901,852 (53.86%)



Jenna Wadsworth (D) 2,485,731 (46.14%)

COMMISSIONER OF INSURANCE



✓ Mike Causey (R)

2,775,491 (51.76%)



Wayne Goodwin (D) 2,586,473 (48.24%)

COMMISSIONER OF LABOR

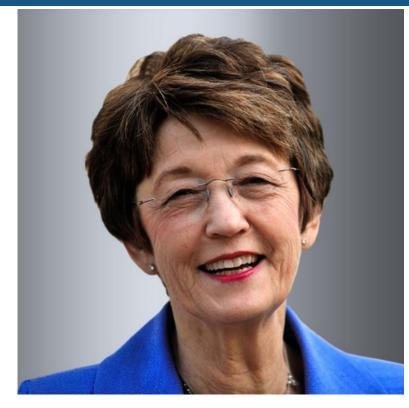


✓ Josh Dobson (R) 2,726,624 (50.83%)



Jessica Holmes (D) 2,637,534 (49.17%)

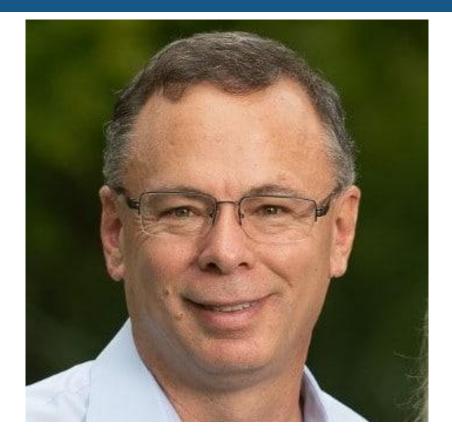
SECRETARY OF STATE



✓ Elaine Marshall (D)

INCUMBENT

2,755,581 (51.16%)



E.C. Sykes (R) 2,630,562 (48.84%)

SUPERINTENDENT OF PUBLIC INSTRUCTION



✓ Catherine Truitt (R)
2,753,223 (51.38%)



Jen Mangrum (D) 2,605,178 (48.62%)

TREASURER



✓ Dale Folwell (R)

INCUMBENT

2,812,803 (52.58%)



Ronnie Chatterji (D) 2,537,026 (47.42%)

NORTH CAROLINA GENERAL ASSEMBLY: A BREAK DOWN



North Carolina General Assembly: A Break Down 2021-2022 DEMOGRAPHICS

HOUSE

120 MEMBERS

Republicans: 69

NET GAIN OF 4 SEATS

Democrats: 51

NET LOSS OF 4 SEATS

NEW MEMBERS: 18

72 votes needed for override

SENATE

50 MEMBERS

Republicans: 28

NET LOSS OF 1 SEAT

Democrats: 22

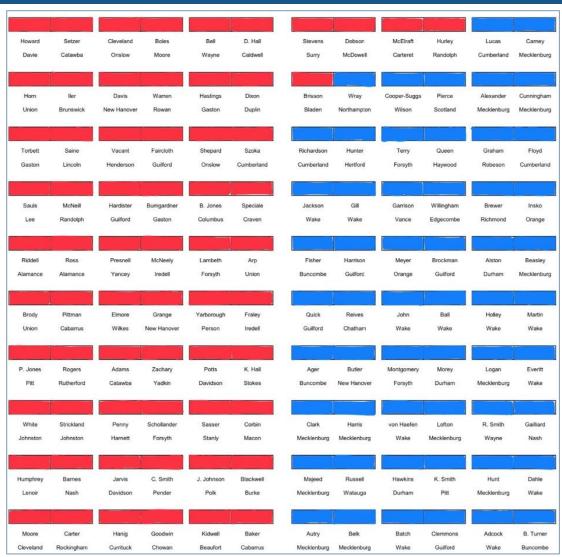
NET GAIN OF 1 SEAT

NEW MEMBERS: 7

30 votes needed for override

North Carolina 2020 General Assembly: A Break Down

LEGISLATIVE MAJORITY: HOUSE



PRE-ELECTION MAJORITY



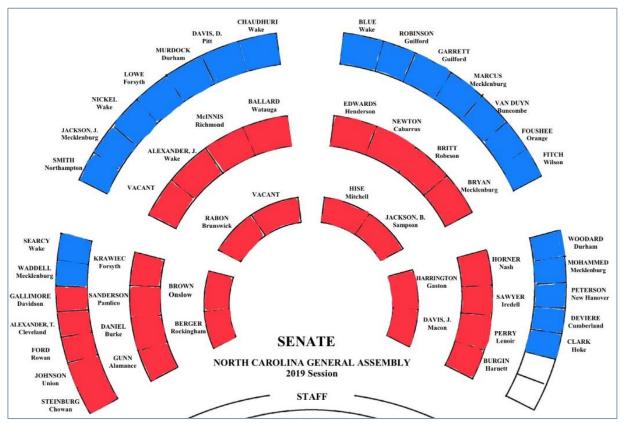
POST-ELECTION MAJORITY



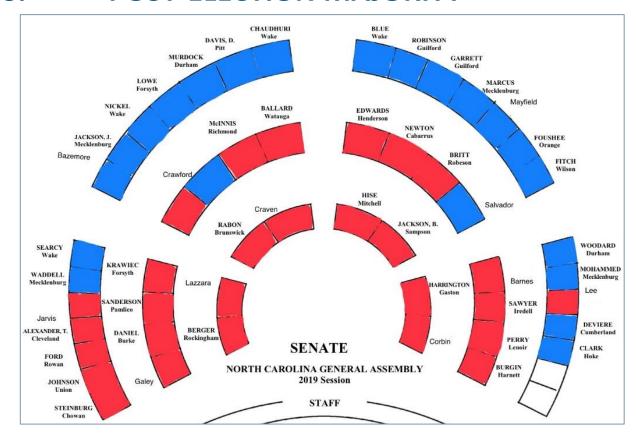
North Carolina 2020 General Assembly: A Break Down

LEGISLATIVE MAJORITY: SENATE

PRE-ELECTION MAJORITY



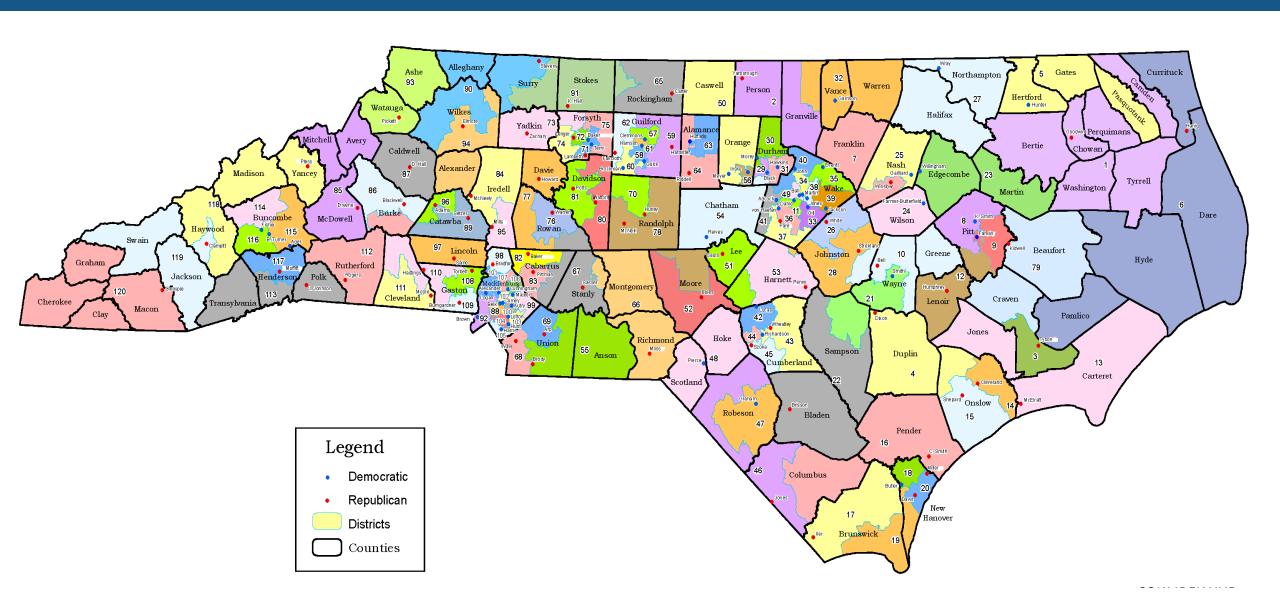
VS. POST-ELECTION MAJORITY



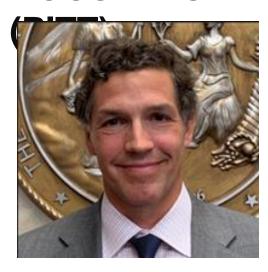
HOUSE



POST-ELECTION HOUSE DISTRICT MAP



HOUSE DISTRICT 9



Perrin Jones (R) INCUMBENT 18,329 (48.84%)



Brian Farkas (D) 19,198 (51.16%)

Incumbent Rep. Jones was appointed to this seat during the 2019 session to the fill the seat of now-Congressman Greg Murphy. Jones was defeated by challenger representative-elect Brian Farkas, whose campaign was endorsed by former Governor Jim Hunt (D) and former president Barack Obama (D). Farkas is a Pitt County native and works at his family's architecture firm. Previously, he specialized in emergency management for the National Institute of Health (NIH) and worked for the U.S. Attorney's office.

HOUSE DISTRICT 37



Sydney Batch (D)
INCUMBENT
32,842 (46.79%)



Erin Pare (R) 35,136 (50.06%)

Winning this Southern Wake House seat was largely seen as the best chance for Republicans to regain a seat in the chamber. Pare narrowly defeated incumbent Rep. Sydney Batch, a family law attorney and social worker elected in 2018. Pare is a small business owner, mother of two, and founder of a non-profit organization that supports music arts programs. This gives the GOP their only legislative seat in Wake County.

HOUSE DISTRICT 43



(D) 18,988 (48.20%)



Diane Wheatley (R) 20,408 (51.80%)

Dr. Hardy, a social work professor at Fayetteville State University, upset six-term incumbent Rep. Elmer Floyd (D) in the March primary. She fell short to challenger Diane Wheatley. Wheatley has worked as a registered nurse at several Cumberland County health care facilities, served three terms on the County Board of Education, and was a county commissioner in 2004.

HOUSE DISTRICT 45 (CUMBEPLAND)



Frances Vinell Jackson (D) 19,557 (49.12%)



John Szoka (R) INCUMBENT 20,260 (50.88%)

Rep. Szoka is in the House leadership, serving as a Finance Committee Co-Chair among other positions. He is a retired US Army Lt. Colonel and a small business owner.

HOUSE DISTRICT 59 (GUILFORD)

VS



Nicole Quick (D) 26,016 (47.74%)



Jon Hardister (R)
INCUMBENT
28,474 (52.26%)

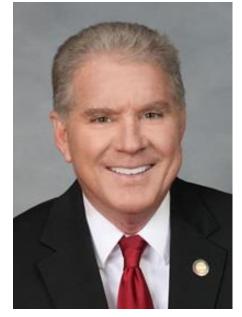
Rep. Hardister is the House Majority Whip.

HOUSE DISTRICT 63 (ALAMANCE)

VS



Ricky Hurtado (D) 20,584 (50.59%)



Stephen Ross (R)
INCUMBENT
20,107 (49.41%)

Ricky Hurtado, a UNC Chapel Hill instructor and a member of several gubernatorial task forces, defeated incumbent Rep. Ross.

HOUSE DISTRICT 66 (MONTGOMERY, RICHMOND,

VS



Ben Moss (R) 22,093 (59.90%)



Scott Brewer (D)
INCUMBENT
14,791 (40.10%)

Rep. Scott Brewer, appointed in 2019 to fill the seat of retiring Rep. Ken Goodman, lost to Ben Moss, a railroad worker and Richmond County Commissioner.

HOUSE DISTRICT 93 (ASHE, WATAUGA)



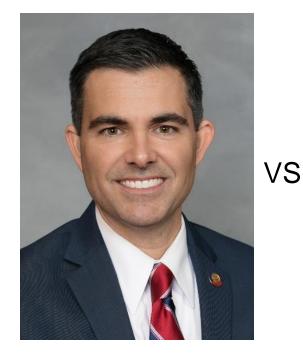
Ray Pickett (R) 24,680 (53.01%)



Ray Russell (D)
INCUMBENT
21,875 (46.99%)

Ray Pickett, a small business owner and political newcomer, upset the first-term incumbent, Rep. Ray Russell.

HOUSE DISTRICT 98 (MECKLENBURG)



John Bradford (R) 31,793 (51.67%)



Christy Clark (D)
INCUMBENT
29,743 (48.33%)

In this rematch of the 2018 mid-term election, current incumbent Rep. Christy Clark fell just short of holding on to the seat she won from her opponent, and now representative-elect, John Bradford. Clark works as a paralegal and is a strong gun control activist and Bradford, who has held a variety of public offices, is a small business owner. This gives the GOP their only legislative seat in Mecklenburg County.

HOUSE DISTRICT 119 (HAYWOOD, JACKSON,

VS

SWAINI



Mike Clampitt (R) 22,164 (54.10%)



Joe Sam Queen (D) INCUMBENT 18,806 (45.90%)

2020 was the fifth election that Rep. Queen and former Rep. Clampitt faced each other. Rep. Queen defeated Rep. Clampitt in 2012, 2014, and 2018. Rep. Clampitt returned the favor in 2016 and this year.

NEW HOUSE MEMBERS

- ✓ District 3 (Craven) Steve Tyson (R)
- ✓ District 7 (Franklin, Nash)-Matthew Winslow (R)
- ✓ District 9 (Pitt) –Brian Farkas (D)
- ✓ District 19 (New Hanover)-Charlie Miller (R)
- ✓ District 37 (Wake)- Erin Pare (R)
- ✓ District 38 (Wake) Abe Jones (D)
- ✓ District 43 (Cumberland) Diane Wheatley (R)

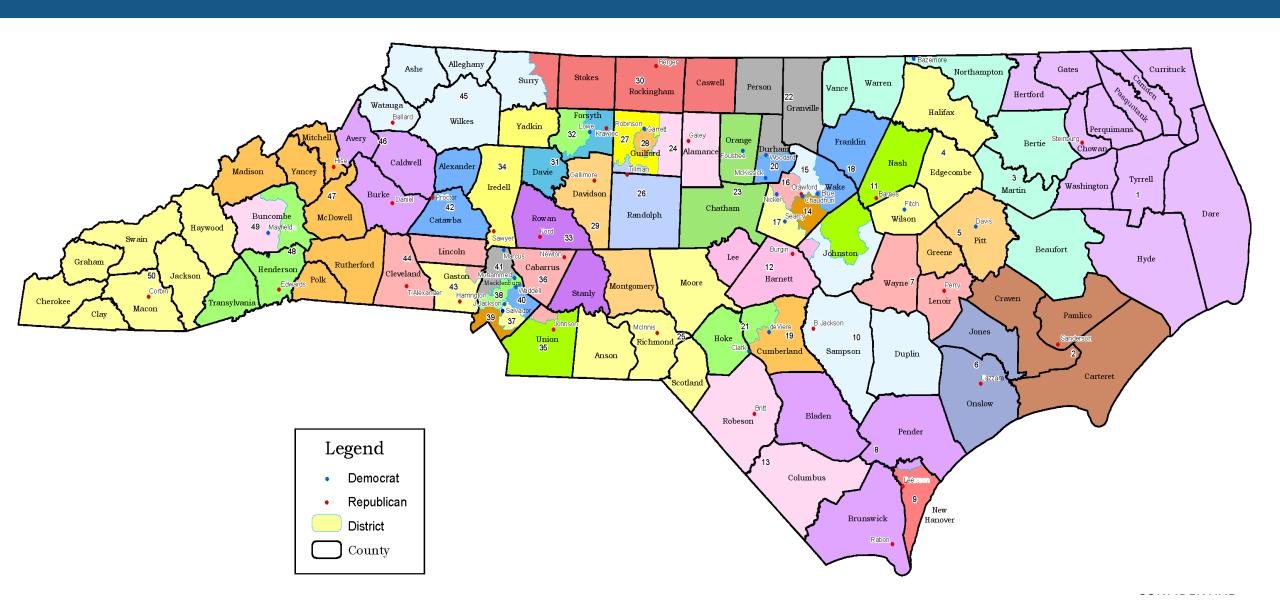
- ✓ District 63 (Alamance)-Ricky Hurtado (D)
- ✓ District 66 (Montgomery, Richmond, Stanly) - Ben Moss (R)
- ✓ District 68 (Union)- David Willis (R)
- ✓ District 72 (Forsyth)–Amber ✓ Baker (D)
- ✓ District 74 (Forsyth)- Jeff Zenger (R)
- ✓ District 80 (Davidson)- Sam Watford (R)

- ✓ District 85 (Avery, McDowell, Mitchell) -Dudley Greene (R)
- ✓ District 95 (Iredell) Grey Mills (R)
- ✓ District 93 (Ashe, Watauga)- Ray Pickett (R)
 - District 118 (Haywood, Madison, Yancey)- Mark Pless (R)
 - District 120 (Cherokee, Clay, Graham, Macon) -Karl Gillespie (R)

SENATE



POST-ELECTION SENATE DISTRICT MAP



SENATE DISTRICT 1 (Camden, Chowan, Currituck, Dare, Gates, Hertford, Hyde, Pasquotank, Perquimans, Tyrrell, Washington)



VS

Tess Judge (D) 47,248 (44.76%)



Bob Steinburg (R)
INCUMBENT
58,319 (55.24%)

Sen. Steinburg is a retired businessman who previously served three terms in the state House. Judge is a small business owner who previously ran for office in House District 6 when she fell short against now Rep. Bobby Hanig (R), 55% to 45%.

SENATE DISTRICT 7 (LENOIR, WAYNE)

VS



Donna Lake (D) 36,737 (44.75%)



Jim Perry (R)
INCUMBENT
45,364 (55.25%)

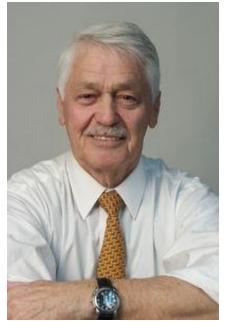
Sen. Perry, who was appointed to this seat in 2019, is a businessman with healthcare and aviation industry interests.

SENATE DISTRICT 9 (NEW HANOVER)

VS



Michael Lee (R) 63,259 (50.51%)



Harper Peterson (D)
INCUMBENT
61,991 (49.49%)

In this rematch of the 2018 general election, first-term incumbent and former mayor of Wilmington, Harper Peterson, fell short to former Sen. Michael Lee. Peterson defeated Lee in 2018 by less than 300 votes.

SENATE DISTRICT 11 (JOHNSTON,

VS



Lisa Stone Barnes (R) 61,289 (54.98%)



Allen Wellons (D) 50,194 (45.02%)

Rep. Lisa Stone Barnes is currently finishing her first term in the state House. Wellons previously served in the state Senate from 1996 – 2002.

SENATE DISTRICT 24 (ALAMANCE,

VS



Amy Galey (R) 61,287 (52.43%)



J.D. Wooten (D) 55,609 (47.57%)

Galey and Wooten, both political newcomers, were seeking to fill the seat left vacant by Sen. Rick Gunn's retirement. Galey currently serves as Chair of the Alamance Board of Commissioners.

SENATE DISTRICT 31 (DAVIE,



VS

Terri Elizabeth LeGrand (D) 49,928 (46.92%)



Joyce Krawiec (R)
INCUMBENT
56,477 (53.08%)

Sen. Krawiec, a three-term incumbent, is a Co-Chair of the Health and Human Services Appropriations and Healthcare Committees in the Senate.

NEW SENATE MEMBERS

- ✓ District 3 (Beaufort, Bertie, Martin, Northampton, Vance, Warren) -Ernestine (Byrd) Bazemore (D)
- ✓ District 6 (Jones, Onslow) Michael Lazzara (R)
- ✓ District 11 (Johnston, Nash) Lisa Stone Barnes (R)
- ✓ District 18 (Franklin, Wake) Sarah Crawford (D)
- ✓ District 24 (Alamance, Guilford) Amy Galey (R)
- ✓ District 39 (Mecklenburg) DeAndrea Salvador (D)
- ✓ District 49 (Buncombe) Julie Mayfield (D)

JUDICIAL RACES



JUDICIAL RACES: SUPREME COURT

✓ CHIEF JUSTIC* Frere will be a statewide recount before this race is called.

Paul Newby (R) 2,695,983 (50.00%)

Cheri Beasley (D)
INCUMBENT
2,695,577 (50.00%)

✓ ASSOCIATE JUSTICE SEAT 02

Lucy Inman (D) 2,652,196 (49.33%)

Phil Berger, Jr. (R)
INCUMBENT
2,723,707 (50.67%)

✓ ASSOCIATE JUSTICE SEAT 04

Mark Davis (D)
INCUMBENT
2,616,274 (48.79%)

Tamara Barringer (R) 2,746,365 (51.21%)

CONFIDENTIAL

JUDICIAL RACES: COURT OF APPEALS

✓ SEAT 04

April Wood (R) 2,767,472 (51.78%) Tricia Shields (D) 2,577,022 (48.22%)

✓ SEAT 05

Fred Gore (R) 2,735,957 (51.27%) Lora Christine Cubbage (D) 2,600,639 (48.73%)

✓ SEAT 06

Gray Styers (D) 2,561,098 (48.05%)

Chris Dillon (R) 2,769,024 (51.95%)

✓ SEAT 07

Jeff Carpenter (R) 2,747,114 (51.59%)

Reuben Young (D) 2,578,042 (48.41%)

✓ SEAT 13

Chris Brook (D) 2,597,581 (48.84%)

Jefferson Griffin (R) 2,720,505 (51.16%)

Questions or Comments?

www.mcguirewoodsconsulting.com





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2020 Election Results &
NCCHCA 2021 Policy
Priorities

NCCHCA FQHC Task Force November 20, 2020



Federal Policy Priorities

NCCHCA looks to NACHC for leadership on developments in federal priorities, as well as strategies and tactics

Top Issues, as of today

- 1. Increased, Long-Term Funding for Health Center Program, National Health Service Corps, and Teaching Health Centers GME
- 2. Additional COVID-19 stimulus and relief
- 3. Permanent Telehealth Coverage & Reimbursement
- 4. Protect 340B Drug Discount Program
 - 1. Affirm Contract Pharmacy Model
 - 2. Protect 340B Pharmacy Reimbursement from Discrimination
 - 3. Rescind Executive Order/Proposed Rule on Insulin & EpiPen Pricing
- 5. Future of Affordable Care Act and other efforts to expand coverage access

North Carolina State Election Results

GOVERNOR Roy Cooper (D)

HOUSE

120 MEMBERS

Republicans: 69

Democrats: 51

SENATE

50 MEMBERS

Republicans: 28

Democrats: 22

72 votes needed for veto override

30 votes needed for veto override

NCCHCA State Policy Priorities

NCCHCA staff looks to its members to identify issues that become policy priorities each year, then works with members, contract lobbyists, and partners to execute strategies toward enacting priorities.

Top Priorities

- Protect 340B Pharmacy Reimbursement from Discrimination by Pharmacy Benefits Managers (PBMs) and Insurers
- 2. Expand Medicaid / Close the Coverage Gap
- 3. Permanent Coverage of Telehealth & Virtual Care Modalities under Medicaid
- Improved Medicaid Rates for Audio-Only/Telephonic Services

Other Important Issues

- 1. Additional COVID-19 relief/support (TBD)
- 2. Careful Rollout of Medicaid Managed Care Transformation
- 3. Development and Rollout of Behavioral Health/IDD Tailored Plans
- 4. Protect Medicaid from Cuts due to COVID-19 Budget Pressures
- 5. Improved Medicaid Rates for Remote Patient Monitoring
- 6. Medicaid Coverage for Patient-to-Provider Teledentistry
- 7. Funding for Community Health Grants
- 8. Funding for Provider Repayment
- 9. Broadband Infrastructure

Medicaid **Expansion** / Closing the Coverage

- In North Carolina, Medicaid eligibility is limited to select groups in low-income households:
 - Children, pregnant women, people with disabilities, older adults, and parents
 - No matter how low their income, adults without dependents or a qualifying disability are not eligible.
 - Medicaid eligibility for parents tops out around 42% of the Federal Poverty Level (FPL)
 - Eligibility for financial help to buy a private plan through HealthCare.gov starts at 100% FPL, so hundreds of thousands of North Carolinians fall into a coverage gap
- Under Medicaid expansion, adults under age 65 with incomes up to 138% FPL can qualify for Medicaid
 - Nearly 700,000 uninsured North Carolinians would gain eligibility

Protecting 340B from PickPocketing by PBMs

What is 340B pick-pocketing?

Currently, health centers can GET 340B savings – but increasingly, they are unable to KEEP them. This is because third parties have found creative ways to transfer the benefit of the 340B savings from health centers to themselves – in other words, to pick the 340B savings out of health centers' pockets.

How does 340B pick-pocketing occur?

The most common way is for an outside group with whom health centers must do business (e.g., insurers, PBMs) to force them to accept contracts that offer lower reimbursement for drugs simply because they were purchased under 340B.

 State policy can ensure private insurance plans and Medicaid Managed Care plans treat 340B pharmacies like other pharmacies, protecting health centers' 340B savings as the statute intends.

Permanent Medicaid Coverage for **Telehealth** & Virtual Care **Modalities**

- Prior to COVID-19, FQHCs couldn't bill Medicaid as distant site telehealth providers.
- Under temporary flexibilities tied to the federal Public Health Emergency declaration, FQHCs can bill for core services via video-and-audio telehealth services, as well as non-core services via audio-only/telephone, digital portal communications, and remote patient monitoring.
- Through administrative or legislative changes, NC
 Medicaid can continue reimbursing FQHCs for these services throughout and beyond the pandemic.

Improved Medicaid Rates for **Audio-Only** and Telephonic **Services**

- Under temporary flexibilities during the COVID-19 pandemic, NC Medicaid now reimburses providers for some audio-only and telephonic services.
- However, even at the early heights of the pandemic and even in areas without access to broadband, NC Medicaid has treated telephonic services as non-core, non-encounter services for FQHCs.
- Under temporary rate increases, NC Medicaid pays FQHCs \$26.80 for telephonic services (G0071), up from \$11.27

POLL: Which of these issues is your **NUMBER ONE STATE POLICY PRIORITY** in 2021?

POLL: Which of these issues is your **NUMBER TWO STATE POLICY PRIORITY** in 2021?

POLL: Which of these issues is your **NUMBER THREE STATE POLICY PRIORITY** in 2021?

POLL: Are there other state policy issues that should be priorities for **NCCHCA** in 2021?

Thanks!

rileyb@ncchca.org



Questions?

Experience with Carolina Access
Daphne Betts-Hemby, CFO
Kinston Community Health Center

REQUESTING CAROLINA ACCESS PRACTICE ASSIGNMENT DATA

NC DHB

Managing Your Primary Care Assignments https://medicaid.ncdhhs.gov/blog/2020/10/27/managing-your-primary-care-assignments%C2%A0

Submit request for access to Medicaid data

- <u>ccpnsupport@communitycarenc.org</u>
- Request will be sent to your local CCNC network

REQUIRED DOCUMENTS

PCCM Participation Agreement

CCNC Site Administrator Form

- Primary Site Admin
- Backup Site Admin
- Additional
- Submit to :support@communitycare.org

Plans for Data Use:

- Outreach to assigned Medicaid recipients with no visit in past 12 months
- Population Health
 - Existing platform NG Analytics
 - Unclear if CCNC data platform will provide claims information and risk scores
- Considering additional outreach via patient messaging platform for education on assignment process

Shannon Dowler, MD, NC Division of Health Benefits





BCCCP Changes

Women must FIRST be eligible for NC BCCCP (see below). Also see the BCCCP <u>Eligibility / Enrollment</u> page for additional eligibility details.

Eligibility

- Women with family incomes at or below 250% of the Federal Poverty Level, who are uninsured or underinsured, and who are not covered by Medicare Part B
- Patients must be referred to the local NC BCCCP to apply for BCCM

Enrollment

There are several ways you can enroll an eligible patient in NC BCCCP:

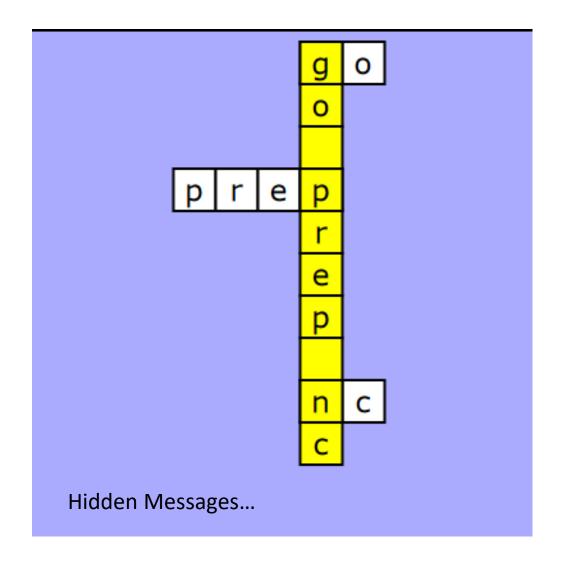
- PREFERRED METHOD: Refer patient to local NC BCCCP for screening as soon as she presents (with or without complaints)
- Refer patient to local NC BCCCP when there is an abnormal screening or diagnostic test result for diagnostic work-up
- Provide preliminary screening test (CBE, screening and/or diagnostic mammogram, Pap test, colposcopy, etc.) prior to referral

Physicians Be Aware: It is preferable that a patient be referred and enrolled in NC BCCCP prior to being diagnosed with breast and/or cervical cancer.

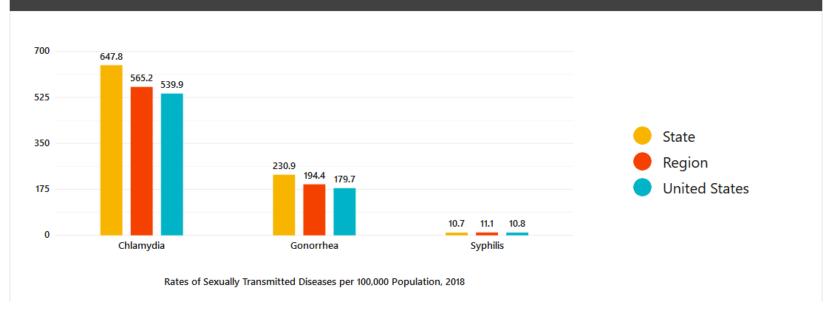
For more information, please contact us (919) 707-3500.

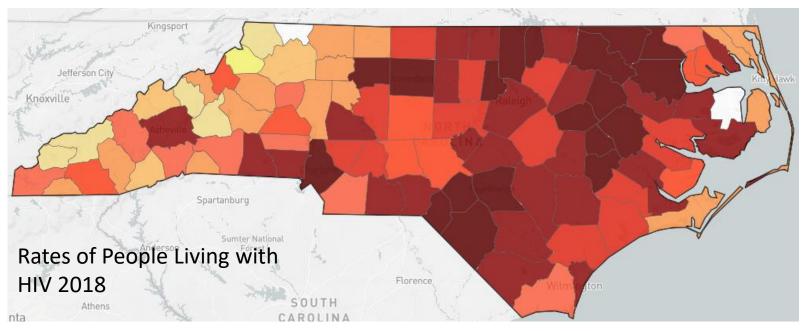
How is NC doing with HIV prevention?

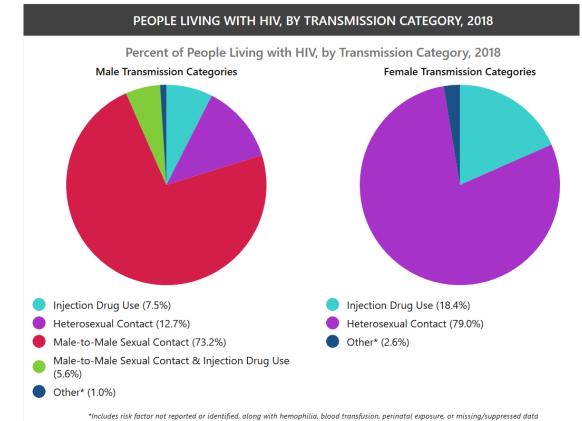
- A. Killing It!
- **B.** Almost leading the Country
- C. Middle of the Stack
- D. Okay, we could do better
- E. Freaking Alabama prescribes more

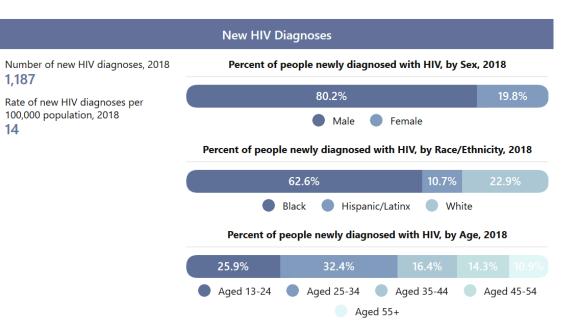


SEXUALLY TRANSMITTED DISEASES, 2018



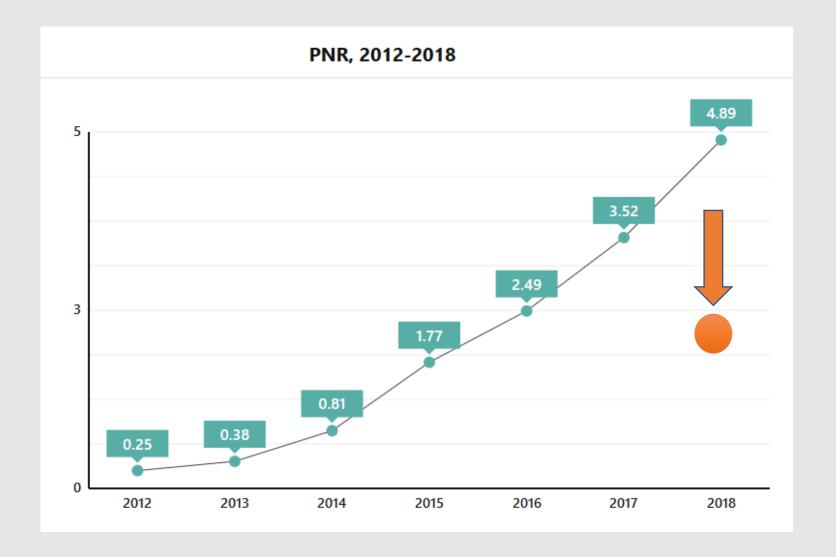






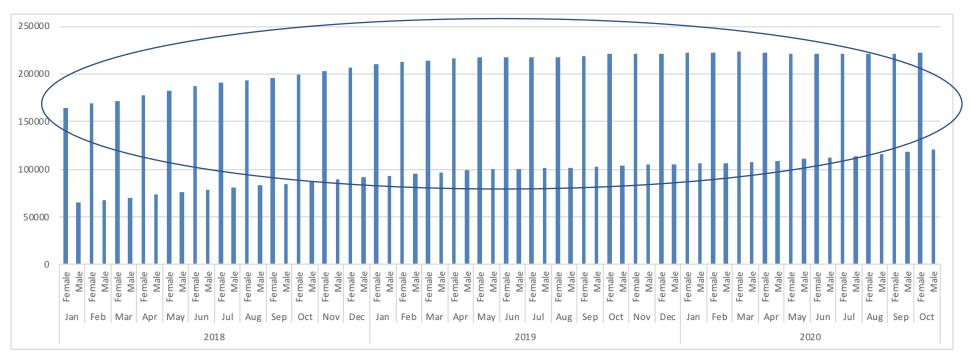
1,187

14



North
Carolina
prescribes
PrEP at 50%
of the rate of
the US

How many men enroll in FP Medicaid?



Medicaid Eligibility by Gender for MAFD

Untapped potential!

Family Planning Services Policy Updates

- NC Medicaid is also adding coverage for the following services for "Be Smart" Family Planning Medicaid (MAFDN) beneficiaries:
 - Total Salpingectomy procedure (CPT 58661)
 - NAAT diagnostic testing for Trichomonas Vaginalis (CPT 87661)
 - NAAT diagnostic testing for Mycoplasma Genitalium (CPT 87563) and treatment medication Moxifloxacin
 - Kyleena IUD (CPT J7296)
 - Scabies diagnostic testing (CPT 87220)
 - Amines vaginitis screening (CPT 82120)
 - Comprehensive Metabolic Panel (CPT 80053)
 - Added pertinent diagnosis codes for services added.

How can the FP Medicaid Benefit Help Men and Women Prevent HIV Infection?

What NC Holds

- Addition of CMP allows the chemistry to be covered for monitoring PrEP
- Allows men to have 6 visits a year covered including a comprehensive physical
- Reimburses cost of all STD screening except Hepatitis B, Allows developing a PrEP program to generate a positive ROI for your clinics

What You Hold

- Enroll your young men in the FP Medicaid benefit
- Use HRSA PrEP benefit or MAP to cover cost of the drug
- Use State Lab for Hepatitis B testing
- Learn from colleagues around the state already doing this!

NO! NOT THE NAAT!

- Local health departments have a VERY limited number of test kids for CT/GC NAAT and all remaining for 2020 have been distributed
- STD Treatment Guidelines will not be out 2020
 - Use 2015 Guidelines

DEAR COLLEAGUE: CDC
RECOMMENDATIONS
DURING A DIAGNOSTIC
TEST SHORTAGE

A Dear Colleague Letter from CDC with recommendations for prioritizing STD screening during a diagnostic test shortage.



Chlamydia and gonorrhea screening of asymptomatic individuals.

Asymptomatic women, especially pregnant women, <25 years of age or women > 25 years of age at risk (e.g. those who have a new sex partner, more than one sex partner, a sex partner with concurrent partners or a sex partner who has an STI).

Genital CT/GC NAAT testing should be **prioritized with a vaginal swab**, the preferred specimen.

Extra-genital CT/GC screening is not recommended for women.

Asymptomatic men who have sex with men (MSM):

Rectal and pharyngeal CT/GC NAAT testing for men with exposure at these anatomic sites should be prioritized above urethral (or urine-based) testing in order to maximize the detection of infection per below.

If test kits are severely limited, consider prioritizing rectal testing over pharyngeal testing.

Asymptomatic Men who have sex with women:

CT/GC screening is not recommended

Extended screening intervals for whom screening is recommended every 3 months (i.e. high-risk MSM and MSM on pre-exposure prophylaxis (PrEP)) may need to be considered in order to provide access to testing for other populations (listed above) while test kits are in shortage.

Men with symptomatic urethritis. A Gram stain (GS) or methylene blue (MB) stain should be performed as the diagnostic test on urethral specimens at clinical sites with this capacity. Clinics without this capacity should send a urethral GS or MB stain specimen to a laboratory to distinguish between gonococcal urethritis and non-gonococcal urethritis (NGU). The GS and MB stain are highly sensitive and specific in symptomatic urethritis. If the GS or MB stain is available at the time of the patient visit, therapy can be targeted appropriately, thus limiting unnecessary antibiotic exposure. If empiric treatment is administered, the GS or MB stain should still be obtained to confirm a GC or NGU diagnosis and to inform partner management and future management if symptoms persist or recur. If GS/MB is not available, treat men with symptomatic urethritis for both gonorrhea and chlamydia per the 2015 CDC STD Treatment Guidelines.

Women with Cervicitis Syndrome or PID: Empirically treating these syndromes is a priority. If CT/GC NAAT kits are available for diagnostic testing, then vaginal swabs for chlamydia and gonorrhea NAAT test are the preferred specimen type. Endocervical swabs can also be considered. Tests should be prioritized for women < 25 years of age with cervicitis or PID.

Individuals with Proctitis Syndrome: Empirically treating these syndromes is a priority. Therapy for herpes simplex virus may be considered if pain or mucocutaneous lesions are present (see April 6th Dear Colleague Letter). If rectal CT/GC NAAT test kits are available for diagnostic testing, then obtain a rectal specimen and treat empirically per the 2015 CDC STD Treatment Guidelines.

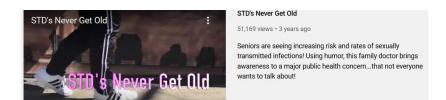
Individuals taking PrEP: (i.e. high-risk MSM and MSM on pre-exposure prophylaxis (PrEP)) may need to be considered in order to provide access to testing for other populations (listed above) while test kits are in shortage.

Contacts to chlamydia and/or gonorrhea Empirically treat the contact for the appropriate organism. If CT/GC NAAT test kits are in short supply, consider forgoing testing.

Questions? Shannon.dowler@dhhs.nc.gov



https://shannondowlermd.com/



https://youtu.be/wMFRM1bkEDg









Shannon Dowler

Chief Medical Officer, North
Carolina Medicaid at NC
Department of Health and Human
Services

Upcoming FQHC Task Force Calls

*No Task Force Calls in December

Calls will resume in January





Webinar Today at 4:00pm

Abbott IDNow Instruments and Test Kit Listening Session w/ Q & A

Today at 4:00 pm – 5:00pm

This is a call between Abbott and NC community health centers to discuss Abbott's ID NOW rapid molecular point-of-care diagnostic test. Abbott will have representatives from clinical affairs, commercial, sales and government affairs on the call. We will present the basics of ID NOW (how it works, time to result, tests per hour, where it can be used, etc.) and accuracy of the test. There will be plenty of time to answer your questions and to engage in discussion. We look forward to it.

When it's time, join your Webex meeting here.

Meeting number (access code): 146 984 8335

Meeting password: BJvJuaUR257



Tap to join from a mobile device (attendees only)

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Global call-in numbers | Toll-free calling restrictions

Join from a video system or application

Dial 1469848335@myabbottmeetings.webex.com

Need help? Go to http://help.webex.com

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