Regence

Group Administrators

An Independent Licensee of the Blue Cross and Blue Shield Association Serving Select Counties in Washington

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To Our Valued Clients and Partners,

According to the Johns Hopkins University COVID-19, 18 months ago on the week ending 4/19/2020, our nation hit the peak of our first COVID-19 surge with 15,266 COVID deaths in one week and a 28-day new COVID case total of 734,307. For that 28-day period the death to case rate was 5.8%. This past week ending 10/10/2021, our nation witnessed 11,169 COVID deaths in a single week and a 28-day new COVID case total of 3,095,406. In the last 28 days the death to case rate in the US has dropped to 1.7%.

Today vaccination rates vary widely between states ranging from a low of 46.8% in West Virginia to high of 79.9% in Connecticut according to the CDC.

Across our region, according to each state's health department, the full vaccination rate for people age 12 and over in Washington is 71.4%, Utah is 66.3%, and Idaho is 53.4%. In Oregon, the vaccination rate for age 18 and over is 70.5%.

Thankfully, we are coming together in understanding that vaccines save lives. Since mid-September, both the case and death rates in the US continue to drop. On October 14th in a White House briefing, President Joe Biden acknowledged this great progress and appealed to citizens, employers, and communities to do more to encourage the remaining 66 million Americans eligible for COVID-19 vaccines who are still unvaccinated to get vaccinated.

OSHA Moving Closer to Publishing Vaccination Mandate Rule

The Occupational Safety and Health Administration's acting administrator, Jim Frederick, submitted an emergency temporary standard (ETS) draft to the White House's Office of Management and Budget (OMB) on Tuesday, October 12th. This ETS addresses President Biden's September 9th COVID-19 Action Plan mandating that employers ensure their workforces are fully vaccinated or show a negative test at least once a week. The mandates will apply to businesses with 100 or more employees and affect more than 80 million workers. The last COVID-19 related ETS took six weeks for the OMB to approve.

While many employers have already issued vaccination and/or testing requirements for their employees, others are waiting for OSHA to publish the ETS before they pass requirements onto their employees.

Coverage for Employer-Mandated Testing

With OSHA's vaccination and testing requirements imminent, we are seeing an increase in questions from employer groups related to plan coverage of employer-mandated COVID-19 testing. Such testing, falls into the same category as other examinations and treatments required to obtain and maintain employment. Such expenses are typically excluded from health plan coverage. We have a small number of clients that have chosen to amend their plan language to cover asymptomatic COVID-testing for all plan members (not just members who are also employees). In these cases, we accept COVID-19 testing claims regardless of the reason that the test is requested and apply the plan's designated benefit coverage.

New COVID Treatments

Vaccines remain the most effective treatment to prevent the spread of COVID-19. Yet, scientists continue the race to develop effective treatments for those facing a fight for their lives with COVID-19 infections. This week showed promise for a potential at-home treatment for those suffering from less aggressive cases.

On October 11th, pharmaceutical giant, Merck, applied for emergency use authorization (EUA) for its Molupiravir antiviral pill to treat COVID-19. Merck and Ridgeback Biotherapeutics' phase 3 trial results showed a 50% reduced risk of hospitalization or deaths compared to a placebo group in patients with mild to moderate COVID-19 infections. The New York Times reports that the U.S. government has ordered doses to treat approximately 1.7 million patients at approximately $700 each.

On October 7th, the National Institutes of Health (NIH) updated its COVID-19 Treatment Guidelines regarding the use of anti-SARS-CoV-2 monoclonal antibodies. In a nutshell, because of supply and logistical constraints making it impossible to offer this treatment to all eligible COVID-19 patients, the NIH panel recommended clinicians prioritize use of anti-SARS-CoV-2 monoclonal antibodies therapy for patients at highest risk of severe COVID-19 progression.

Last month, as the delta variant surged, we saw counties in WA, ID, and AK, invoke crisis standards of care for the first time ever. We have yet to understand fully the toll wreaked by this standard of care crisis. The good news is that as COVID-19 vaccination rates rise, COVID-19 hospitalizations fall and free up some capacity for our

overwhelmed hospital systems to treat non-COVID patients at appropriate standards of care.

Our Care Management and Customer Care teams reported a high rate of elective surgeries requiring hospital admission postponed and they worked closely with your people to help them understand the situation and explore their options. We are not yet seeing an uptick in pre-authorization requests for in-patient procedures.

Booster and Vaccine Update

On October 14th, the FDA's Advisory Committee on Vaccines and Related Biological Products met to review data from the use of booster doses in Israel relevant to the need for boosters and hear from Moderna Therapeutics about the safety and immunogenicity of a 50 microgram booster dose of its vaccine given at least six months after following completion of the primary series. The committee voted unanimously to recommend approval by the FDA of the Moderna booster half dose to the same group of older and high risk individuals that it recommended for the Pfizer booster.

Today, October 15th, the FDA will walk through the same process to evaluate and vote on a Janssen/ Johnson & Johnson booster dose given two to three months after the first dose or as a booster about six months after the first dose. Additionally, the FDA will evaluate and determine recommendations around 'heterologous boosting' or intermingling of vaccine initial series and booster brands.

While the Pfizer-BioNTech single booster dose vaccine received FDA emergency use approval on September 22nd, the FDA limited approval to the highest risk populations six months after the completion of their 'primary' two doses:

- individuals 65 years of age and older;
- individuals 18 through 64 years of age at high risk of severe COVID-19; and
- individuals 18 through 64 years of age whose frequent institutional or occupational exposure to SARS-CoV-2 puts them at high risk of serious complications of COVID-19 including severe COVID-19.

Later this month, on October 26th, the same FDA committee will reconvene to evaluate and vote on the emergency use authorization (EUA) for administration of their COVID-19 mRNA vaccine to children 5 through 11 years of age.

Following each FDA vaccine approval, the CDC typically conducts a review and issues its own vaccine recommendation.

We will continue to monitor closely the FDA's vaccine approvals and the CDC's recommendations for COVID-19 vaccine boosters and treatments. While the federal

Public Health Emergency declaration remains in place, plans are required to cover COVID-19 vaccines including boosters that have emergency use approval (EUA) by the FDA and follow CDC recommendations. Additionally, once a vaccine receives full FDA approval it is considered a preventive care covered benefit under the CARES Act which applies to all non-grandfathered group health plans under the ACA rules.

Regular COVID Reporting Continues

All clients currently receive regular reporting on their plan's COVID-related claims and payments. Please connect with your Account Manager to receive your latest report or you can access this report in BenefitFocus.
Our focus, dedication, and support remain steadfast as we navigate these unique times with you. Know that our Care Management nurses are reaching out to those members diagnosed with COVID-19 to help them access the care and resources they need to recover safely.

Updated COVID-19 Member Information and Resources on Our Website

We update our COVID-19 information and resource pages for members regularly. Many members call us with questions that are of a more clinical nature. We recommend that members consult their primary care physician for clinical questions. For non-clinical questions, please share this page with members where they will find links to additional resources on self-care, vaccines, and other useful information.

We're Here for You

Our focus, dedication, and support remain steadfast as we navigate these unique times with you. Know that our Care Management nurses are reaching out to those members diagnosed with COVID-19 to help them access the care and resources they need to recover safely. Thank you for your continued trust in our organization. We are in this with you and hope that you and yours stay safe and healthy. Please reach out to your Account Manager if you have any questions or if there's anything we can do to help.

Best Regards,

Lindsay Harris, MPP *President*

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