

**MINUTES****Senate Committee on Public Health, Welfare, and Labor****House Committee on Public Health, Welfare, and Labor****Monday, July 27, 2020****10:00 A.M.**

Committee Members Present: Senators Missy Irvin, Chair; Ronald Caldwell, Vice-Chair; Scott Flippo, Kim Hammer, Jimmy Hickey, Jr., and Bill Sample Representatives Jack Ladyman, Chair; Mary Bentley, Justin Boyd, Karilyn Brown, Kenneth Ferguson, Justin Gonzales, Michelle Gray, Fredrick Love, John Payton, Clint Penzo, and Jeff Wardlaw

Other Legislators Present: Senators Linda Chesterfield, Alan Clark, Breanne Davis, Jonathan Dismang, Trent Garner, Keith Ingram, and Mark Johnson Representatives Fred Allen, Rick Beck, Stan Berry, Harlan Breaux, Cameron Cooper, Joe Cloud, Marsh Davis, Jim Dotson, Denise Ennett, Vivian Flowers, Steve Hollowell, Tippi McCollough, Stephen Meeks, Jana Della Rosa, Johnny Rye, Jamie Scott, Keith Slape, Stu Smith, Dan Sullivan, and Dwight Tosh

Call to Order and Comments by the Chairs: Representative Ladyman called the meeting to order. Senator Irvin discussed the importance of consistency during the pandemic when it comes to policy.

**Discussion of Governor's Executive Order 20-37 Requiring Face Covering during COVID-19**

**Public Health Emergency** Jose Romero, MD, Interim Secretary, Arkansas Department of Health discussed details related to COVID-19. The three steps to decrease the spread of the virus are wearing masks, social distancing, and washing hands. Studies show the transmission through most masks available to citizens are effect in decreasing transmission depending on the material used. CO2 is not retained while wearing masks long-term. At least 50% of the population must adopt the use of masks long term in order to see a decrease in case numbers. Children, in particular, tend to be less likely to be infected with the virus because they lack the receptors to become infected. Data suggests it is difficult for adults to contract COVID-19 from children under the age of 10. Those under 10 are not required to wear face masks under the executive order. Students may return to school if it is a safe environment. This includes social distancing measures, masks, and proper transportation to and from school. Strategies to return to school will most likely need to be determined by individual schools. 46%-48% of patients who have died due to COVID-19 were found to have some underlying condition such as heart disease, obesity, or respiratory issues. Once a vaccine has been created though, it will not initially be available to the general public; only to the essential infrastructure of communities and the nation. COVID is an RNA virus. Because of this, the virus was compared to an assembly line without quality control meaning, it will make hundreds of mistakes throughout its lifespan. This makes it difficult to treat with a vaccine. Changes observed don't necessarily make the virus more dangerous. Contracts have been created in order to further the state's efforts in contact tracing.

Laura Shue, JD, General Counsel, ADH discussed the power of the Governor under the Emergency Powers Act under Title 12 to order the directives issued thus far through the Secretary of Health under Title 20. The mask mandate was data driven based off information found through science. The Executive Orders were reissued due to different data that the Governor has seen.

**Arkansas Center for Health Improvement Analysis of COVID-19 Data** Joe Thompson, MD, MPH, Director, Arkansas Center for Health Improvement discussed efforts to support the Department of Health throughout the pandemic. Information provided to the Center for Health Improvement has enabled them to create tools such as heat maps that illustrate case numbers on a more granular level to

be more beneficial to city mayors. Additionally, better illustrations in relation to active cases per 1k by trauma system regions have been created. The amount of days between 100 hospitalizations has decreased throughout the time of the pandemic going from 51 days to 12 days. Individuals with kidney failure are the most likely to be admitted into the hospital if they contract the virus. Because the virus is new, the immune system is not recognizing it as a threat. This is causing more harm to more people in different ways. Seemingly healthy people are likely to contract the virus as well allowing them to spread the virus despite the presence of a fever.

### **Concerns of the Medical Society and Capacity of Arkansas Hospitals during COVID-19 Pandemic**

David Wroten, Executive Vice President, Arkansas Medical Society gave an update on the distribution of PPE throughout the state. Supplies have been sent to private practices, rural health clinics, nurse clinics, community health clinics, and other medical institutions. This does not include schools. Schools have been responsible for purchasing their own PPE.

Bo Ryall, President and CEO, Arkansas Hospital Association discussed the distribution of patients to different areas of the state. Staffing still remains an issue due to a high number of suspected COVID cases within hospitals causing employees to quarantine. The Department of Health continues to monitor hospital capacity daily. Hospitals are responsible for reporting their capacity regularly.

Jodiane Tritt, Executive Vice President, Arkansas Hospital Association discussed the process of pronouncing patients as deceased and determine how the patient passed. The decision as to cause is a clinical decision made by a clinician. Normally it is a doctor, but can be a hospice nurse in the event of short staffing or coroner. Once a death has been reported, a clinician has three days to put all data into an electronic system. There is no incentive for a hospital to report a death as COVID unless it is a COVID death. Only traditional Medicare allows up to another 20% payment on top of a hospital's normal Diagnosis Related Group (DRG) payment to treat a COVID patient.

### **Fighting for Economic Survival during COVID-19 Pandemic- Hospitality Association**

Montine McNulty, Executive Director, Arkansas Hospitality Association discussed the 1% closure rate among restaurants in Arkansas, many of which will not reopen. Within 3 months, more will close. Most closing will be independent businesses. Polling data shows many do not enough cash on hand to stay closed for an extended period of time. Many are also unable to hire new employees, train them, and maintain their employment. Restaurants wanted a mask mandate so they no longer had to choose individually as to whether or not customers had to wear them; they were mandated to wear them. Proposals have been made to the Federal government to better assist those within the lodging industry financially; this includes loan funds and waiving liquor license renewal fees for a short period of time.

### **COVID-19 Impact on Various Population Groups**

ShaRhonda Love, MPH Director, Minority Health Commission discussed efforts to provide minority groups with information pertaining to COVID through webpages, culturally competent fact sheets, media, and faith-based organizations. Challenges faced by the Commission were brought on because of the cancellations of sponsored activities, partner meetings, and their mobile health unit. The mobile health units mentioned no longer had the necessary PPE, tests, staff, or training to continue providing services to the minority populations. Despite the challenges, however, the Commission has had the opportunity to partner with national partners such as the National Minority Health Office and the Mobile Health Map Organization. The Minority Health Commission would provide oversight to the Arkansas Black Hall of Fame which is providing funds that would provide assistance in housing which includes utilities or hospital bills. This would be through an application process for COVID related requests. The Minority Health Commission, to date, has not received any grant assistance or CARES funding.

**Update on the Federal Cares Act** Mark White, Chief Legislative and Intergovernmental Affairs Officer and Chief of Staff, DHS discussed the funding categories receiving additional funding from Congress. Childhood Education divisions receiving grants. Programs providing free child care for essential workers were introduced through federal funds. This includes healthcare workers, daycare workers, truck drivers, those within the supply chain, and others. 2,300 families have applied for it thus far. Additional funding has been provided for several nutritional programs and child welfare as well. Housing issues are also being accessed in relation to the homeless population.

With no further business the meeting, the meeting adjourned at 4:36 P.M.

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