
Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

# Coverage and Reimbursement of COVID-19 Vaccine and Therapies

By Frank Harrington, JD; AANP Director of Reimbursement and Regulatory Affairs

With the Food and Drug Administration (FDA) granting emergency use authorization for COVID-19 vaccines, the Centers for Medicare and Medicaid (CMS) has begun to release coverage and billing information for clinicians who administer the vaccine. On October 28, 2020, CMS released an Interim Final Rule with Comment (IFC) that detailed COVID-19 vaccine coverage guidelines for Medicare, Medicare Advantage, Medicaid, private insurers and certain uninsured populations.

On November 12, 2020, CMS released coding information for the administration of a COVID-19 vaccine as well as a monoclonal antibody for the treatment of COVID-19 which received emergency use authorization from the FDA. CMS has also created a provider toolkit with additional information related to coverage of a vaccine and coverage and administration requirements for the approved infused monoclonal antibody.

Information regarding these coverage guidelines and additional policy information related to COVID-19 can be found on the AANP COVID-19 Policy and Practice Updates page. AANP will continue to update our members on the status of the Public Health Emergency and additional policies and guidance as it becomes available.

# Let the Policymaking Begin: Commencement of 117th Congress and the Inauguration of Our 46th President

By MaryAnne Sapio, VP, AANP Federal Government Affairs

The 117th Congress officially commenced on January 3, with freshmen and veteran lawmakers descending on Washington D.C. to begin their work. The start of this Congress was unique in that it began with control of the U.S. Senate unknown, as two runoff elections in Georgia were necessary to determine which party held the majority of seats. On January 20, President-elect Biden will be inaugurated as our country's 46th president, kicking off what is certain to be an action-packed year for federal policymaking, especially in the health care arena.

Since the November election, the Biden transition team has been working to select and vet potential cabinet and agency officials, assemble staff, and refine policymaking plans for the first 100 days of the Biden administration and beyond. Likewise, congressional leaders and committees have been working to shape their plans for advancing legislative priorities in the 117th Congress. The American Association of Nurse Practitioners® has been working tirelessly to ensure nurse practitioner (NP) priorities are elevated with both the new Congress and administration as we work to secure meaningful policy victories for NPs and your patients, but we need your help! Whether your members of Congress are newly elected or seasoned veterans, it is critical that you forge and maintain relationships and highlight policy issues important to your profession, encouraging them to take action.

The start of the 117th Congress and Biden administration will be unlike any other as our country continues battling the COVID-19 pandemic. It is incumbent on all of us to ensure that the tireless work of NPs is recognized at all levels of our government. Together, we can continue to ensure that "The Voice of the Nurse Practitioner®" is heard and, with your help, we are poised to continue positively shaping federal policies for the NP profession and patients.

# The Health Care Systems' Preexisting Conditions

By Taynin Kopanos, DNP, NP; VP, AANP State Government Affairs

As the world approaches the one-year mark of this pandemic, it is clear that COVID-19 revealed how outdated federal and state policies and inflexible institutional infrastructures contributed to our nation's challenge in responding to this emergency. Just as individuals with preexisting health conditions were at increased risk for complications from COVID-19, so too was our health care system from these long-standing and untreated health care system preexisting problems.

During the first weeks of the COVID-19 emergency, the American Association of Nurse Practitioners® (AANP) called on state policymakers to waive the requirements for active in-state licensure and for the suspension of requirements that make it illegal for nurse practitioners (NPs) to practice without collaboration or supervisory agreements. We knew from our experience in supporting the NP response to Hurricane Harvey, Sandy and Katrina that state laws create limitations in responding to disasters—they are the same challenges NPs, and their patients face every day. We heard from members during the pandemic, especially those in the Midwest and Southern states, that it was easier for them to go work in another state than it was for them to work or volunteer in their own neighborhoods.

Policymakers responded. Nearly every state temporarily waived the requirement for in-state licensure. More than 20 states waived some limitations around collaboration or supervisory regulations, and five states issued executive orders fully suspending the requirement for collaboration during the state of emergency. That helped. As multiple states faced simultaneous COVID-19 surges, the need and benefit of using the full skill set of every health care provider was needed and remains a necessity.

As we continue to battle COVID-19 this winter and long for brighter days ahead, AANP is planning how NPs and our association will help rebuild. We will redesign the current health care system fraught with untreated preconditions. We will build a system that champions health, promotes patient choice, supports cooperation over competition and respects diversity. We are NPs. Moving forward: Today. Tomorrow. Together.

# The Challenges of Hypoglycemia in Treating Diabetes Mellitus

By Angela Thompson, DNP, FNP-C, BC-ADM, CDCES, FAANP;
Co-chair, AANP Endocrine SPG

Hypoglycemia is an unfortunate complication that occurs in people with diabetes that can have a devastating impact on both the person with diabetes as well as the family. Hypoglycemia has been associated with reduced quality of life and overall emotional well-being as well as increased morbidity and mortality.[1]

Hypoglycemia is a result of excess circulating insulin in the setting of compromised counter-regulatory hormonal responses to glucose deficiency. Glucose is the main oxidative fuel for the brain and as such requires a constant circulatory supply. A temporary deprivation of glucose below euglycemia stimulates epinephrine and cortisol causing neurogenic symptoms of anxiety, hunger, tachycardia, palpitations, tremors, and diaphoresis. As glucose levels continue to decline, neuroglycopenic changes occur leading to irritability, confusion, decreased attentiveness, loss of consciousness and seizures.[2]

Hypoglycemia is recognized as a plasma blood glucose less than 70 mg/dl. Severe hypoglycemia is classified as any hypoglycemic event that requires another person to actively assist and administer treatment.[2]

Hypoglycemia is relatively common. The average patient with Type 1 diabetes has hypoglycemia at least two times per week and at least one episode of severe hypoglycemia annually.[3] Those with insulin treated Type 2 diabetes have occurrences at approximately 1/3 that number.[4]

Recurring hypoglycemia has been associated with impaired executive language function, episodic memory, simple attention, and decision-making capacity.[5] It is a major limiting factor to intensifying diabetes treatment and thus critical for the nurse practitioner (NP) to assess severity and frequency at each visit.[1]

Counseling patients on risk factors, recognition and treatment is pivotal to appropriate diabetes management. Factors increasing susceptibility are excess or ill-timed insulin, use of oral secretagogues, skipping meals, alcohol ingestion, unplanned exercise or prolonged activity, weight loss, and conditions that impair insulin clearance like renal or hepatic failure.[1,2] Treatment should be focused on the "rule of 15"—ingestion of 15 grams of a fast-acting carbohydrate every 15 minutes until resolution of symptoms or plasma glucose at or >100mg/dl.[2] Strategies to mitigate hypoglycemia consist of raising the lower end of the glycemic target, selection of medication(s) with lower risk potential, and prescribing technologies to assist with identification and prevention such as blood glucose monitors and glucose sensors.[1]

Additionally, NPs need to prescribe emergency treatment for all patients prescribed insulin and ensure close contacts have education on its use. Glucagon is the preferred emergency treatment and is now available in easy-to-use formulations like the prefilled auto-injector Gvoke® hypopen and the dry intranasal spray Baqsimi®.[1,2]

If you are interested in learning more about the various aspects of diabetes management, there are multiple learning opportunities available in the AANP CE Center. Additionally, the Endocrine Specialty Practice Group is a group of NP colleagues who have like-minded interests and is a way for you to connect with others in the field of diabetes virtual platform.

**References**

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