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National Emergency Declaration Telehealth Waivers

By Frank Harrington, JD, AANP Director of Reimbursement and
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On March 13, 2020, President Trump announced a national emergency declaration related to the COVID-19 pandemic. Declaring a national emergency provides the Secretary of Health and Human Services (HHS) with additional authority to waive certain Medicare and Medicaid requirements for the duration of the national emergency. One area where we have received numerous questions is related to providing telehealth. Below is an overview of the Medicare telehealth waiver issued by the Secretary in response to this national emergency. As a general caveat, the information below applies to Medicare requirements for the provision of telehealth but does not apply to state requirements or the requirements of other insurers. It is also important to note that these waivers apply to all Medicare patients and providers during the national emergency and does not have to be specific to the treatment of a patient with COVID-19. Additional information regarding the telehealth waiver, and other policy developments related to COVID-19, can be found on the American Association of Nurse Practitioners® (AANP) COVID-19 practice and policy resources [page](#).

Geographic Area Requirements

One of the longstanding barriers to delivering telehealth to Medicare beneficiaries, is a requirement that telehealth will only be reimbursed when provided in rural areas (with some

limited exceptions). This requirement is waived for the duration of the national emergency, so Medicare will cover telehealth services nationwide, regardless of rurality.

Originating Site Requirements

Medicare requires that beneficiaries receiving telehealth services must be in a certain setting (an originating site) for telehealth services to be covered. This originating site requirement is waived for the duration of the national emergency, which notably will enable patients to receive Medicare telehealth services from their home.

Specialized Equipment

For the duration of the national emergency, Medicare will authorize the use of telephones that have audio and video capabilities to provide Medicare telehealth services. The Department of Health and Human Services has also stated that they will exercise their enforcement discretion and waive penalties for privacy laws violations against health care providers that serve patients in good faith through everyday communications technologies such as FaceTime or Skype. Additional guidance can be found on HHS' website.

We encourage you to check the AANP COVID-19 practice and policy resource page where we have additional information related to CMS guidance on telehealth in Medicaid, other telehealth billing information and other COVID-19 resources.

NPs Rise to the Challenge in Combating Coronavirus Pandemic

By MaryAnne Sapio, VP, AANP Federal Government Affairs &
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With the World Health Organization (WHO) declaring a global pandemic, the president declaring a national emergency, the U.S. Department of Health and Human Services (HHS) and WHO declaring a public health emergency, and many individual states declaring states of emergency, outbreak of the new coronavirus disease, COVID-19, has presented unprecedented challenges to our nation and its health care system. We want to echo HHS Secretary Alex Azar's remarks during the AANP Health Policy Conference earlier this year in that "as the United States, and the entire world, confronts the challenge of the novel coronavirus, we are asking more than ever of our healthcare practitioners — and I have great confidence that all of you will rise to the challenge."

The American Association of Nurse Practitioners® (AANP) Federal Government Affairs and AANP State Government Affairs teams are engaged in ongoing dialogue with the Trump Administration and Congress as well as state policymakers as we work to ensure nurse practitioners (NPs) have the necessary supplies and resources to care for patients while protecting themselves. AANP has been outspoken on the need for personal protective equipment, adequate testing and the removal of practice barriers so that NPs can fully respond to the COVID-19 pandemic.

In the last several weeks, the president and state governors have issued emergency orders to waive or suspend numerous regulatory barriers that stood between patients and their NPs. These have been welcomed steps and help to better position our nation to respond to this pandemic. We know that you, your patients and our communities need even more action. AANP continues to advocate for removal of the remaining bottlenecks and roadblocks and eventually make these changes permanent.

As NPs across the country continue to rise to the challenge posed by the outbreak, we wanted to get some critical resources in to your hands:

- AANP COVID-19 Policy Updates [webpage](#). Our site contains the most up-to-date information on state and federal executive orders, waivers and emergency licensure details as they apply to nurse practitioners.
- www.coronavirus.gov contains the latest information, including information for health care professionals.
- Centers for Medicare and Medicaid Services [Current Emergencies page](#).
- Centers for Disease Control and Prevention Coronavirus [FAQ](#).

AANP will continue to provide resources to you as the situation continues to develop. We appreciate all your efforts to keep America healthy at this extraordinary time.

Youth Suicide Risk Screening for Primary Care

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Suicide is the second leading cause of death among adolescents and young adults (ages 10 - 24).¹ Suicide rates for this age group have surged,^{2,3} and suicidal ideation (SI) and attempts account for an uptick of emergency department (ED) visits nationwide.⁶ A critical primary care prevention strategy would be to screen youths for suicide risk.

Most who die by suicide visit a health care provider within months of their deaths, representing a significant opportunity for suicide risk and to connect with resources immediately.⁴ It is recommended that screening for depression start at age 12 (the diagnosis most often associated with SI).⁵ Using tested suicide risk screening tools helps to accurately detect who is at risk and who needs further intervention.⁴

The PHQ-9 is reliable and valid for 11 years and older. If the PHQ-9 indicates SI or thoughts of death, use of the Ask Suicide-Screening ASQ for Youth Toolkit (toolkit) is the recommended next step screening tool and is available online for free from the National Institute of Mental Health (NIMH).

The toolkit aids implementation of suicide risk screening and provides tools for the management of patients found to be at risk. Validated by the NIMH, the toolkit consists of four yes/no questions and takes only 20 seconds to administer. Designed for youth ages 10-24, the ASQ identifies individuals who require further mental health/suicide safety assessment.

By downloading the NIMH ASQ toolkit, providers get step-by-step directions and scripts for conducting a brief suicide safety assessment — from introduction of the topic with the young person to determining disposition.

The toolkit for **Outpatient Primary Care/Specialty Clinics** provides:

- [ASQ Information Sheet](#)
- [ASQ Tool](#)
- [Brief Suicide Safety Assessment Guide](#)
- [Nursing Script](#)
- [Parent/Guardian Flyer](#)
- [Patient Resource List](#)
- [Educational Videos](#)

If a patient screens positive on the ASQ, the toolkit provides an outline and next step scripts, including: 1. Praise patient — “These are hard things to talk about. Thanks for telling us.” 2. Assess patient interview questions provided. 3. Interview with patient and parent together — script provided. 4. Make a safety plan with the patient (and parent).

- a) Create a **safety plan** for managing potential future suicidal thoughts and a specific plan for using crisis resources.
- b) Discuss **means restriction** (removing lethal means) such as guns, medications, ropes.
- c) **Ask the safety question**: “Do you think you need help to keep yourself safe?”

5. Determine disposition: Prior to screening for suicide risk, have a plan in place to manage patients who screen positive. The plan for disposition will be patient/family/community specific, for some communities a Mobile Crisis Unit or ED. 6. Provide resources: Any patient who screens positive, regardless of disposition, should be given the [Patient Resource List](#) (Suicide Hotline numbers), which is part of the toolkit.

Having the toolkit available in health care settings to implement can help providers feel more comfortable and prepared to screen young patients for suicide risk even in busy daily practice.

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