National Alliance

Reframing the COVID-19 Vaccine Debate: Workplace Safety Transcends Social and Political Assertions

October 7, 2021
Speakers

Ray Fabius, MD
Co-Founder and President
HealthNEXT

Mohannad (Ned) Kusti,
MD, MPH, MRO, CPS/A
Medical Director
Pittsburgh Business Group on
Health and Pivot Onsite Innovations

Jo Ellen Whitney
Attorney
Dentons Davis Brown

Scott Conard, MD
National Alliance of Healthcare
Purchaser Coalitions

Ross F. Goldberg, MD, FACS
Specialty Ambulatory Medical
Director, Vice-Chair, Dept. of Surgery
Vallewise Health

Ryan Jackson, MD
CEO
Wyoming Business
Coalition on Health

Andrew Baskin, MD
Independent Consultant
Medical Director Advisory Council Members

- Scott Conard, MD (Chair)
- Andrew Baskin, MD
- Jan Berger, MD
- Faiyaz Bhojani, MD
- Jeff Burtaine, MD
- K. Andrew Crighton, MD
- Mark Cunningham-Hill, MD
- Chuck Cutler, MD
- Ray Fabius, MD
- Ross Goldberg, MD
- Shawn Griffin, MD
- Ryan Jackson, MD
- Ron Kline, MD
- Mohannad Kusti, MD
- Justin Moore, MD
- Suresh Mukherji, MD
- Wayne Rawlins, MD
- Stan Schwartz, MD
- Bruce Sherman, MD
- Christa-Marie Singleton, MD
- Mike Sokol, MD
Age-adjusted weekly COVID-19-associated hospitalization rates among adults ≥18 years, by week of admission* — COVID-NET, January 24–July 17, 2021

Unvaccinated vs. vaccinated rates: 16x higher†

*Data are preliminary and case counts and rates for recent hospital admissions are subject to lag. As data are received, the rates may be updated.
†Cumulative rate ratio from January 24 – July 17, 2021. Shaded area indicates preliminary July data that does not include data from Florida and Utah.


Updated 10/6/2021
Dealing with the New Guidelines

**What Should Employers Consider?**

- The remarkable effectiveness of the vaccines
  - Near elimination of hospitalization, need for ventilation and mortality
  - Marked diminution of spread
- Employer focus needs to be directed to maximizing vaccination rates
  - Especially people of color, the rural workforce and the religious/conservative cohorts
- Employers need to track toward herd immunity = vaccinated + post-infected
  - 65% of Adult Americans have received at least one vaccine; 55% fully immunized
  - 20-30% or more of Adult Americans have likely been infected by Covid 19
- Suggest establishing considerable runway to privilege those vaccinated – by perhaps through to the end of October, November or December
- Consideration for vaccine mandate must be given to those working in close quarters, those exposed to the public, those caring for the sick, indoor versus outdoor work, and essential workforce

See Appendix for Information on Vaccine Promotional Campaigns
The EEOC recognizes that “long COVID” may be a disability under the Americans with Disabilities Act (ADA) and Section 501 of the Rehabilitation Act in certain circumstances. The EEOC agrees with the analysis of “long COVID” by the Departments of Health and Human Services and Justice in their “Guidance on ‘Long COVID’ as a Disability Under the ADA, Section 504, and Section 1557.”

EEOC technical assistance about COVID-19 and ADA “disability” in the employment context will be released in the coming weeks.

Long COVID Syndrome – Post-Acute Sequelae of SARS CoV-2 (PASC)

Long Covid can affect many different systems and have some of the following symptoms:

- Fatigue
- Respiratory symptoms
- Cardiac symptoms
- Neurological symptoms
- Psychological symptoms
- Smell and taste symptoms
What You Need To Know About Testing

Useful, but does not replace vaccination

- Snapshot in time – cannot prevent infection, hopefully mitigate spread
- Type of test matters – PCR vs. Antigen
  - Antigen – Rapid test, false positives possible, may need confirmatory test
  - PCR – takes a bit longer, more accurate
- Frequency of testing
  - Higher the frequency, the better – but no guarantee, plus higher costs
  - 2021 Tokyo Olympics – testing occurred daily, still had 312 confirmed cases
- Logistics – protocols on quarantining, obtaining samples, contact tracing, how it impacts workflow
- Needs to be done along with other measures, cannot be done independently
Exemptions and Mitigation Strategies at the Workplace

Understanding what can and cannot be done – be sure to have consistent

Having a clear, written process to deal with all employees and all situations in the exact same manner. The process must be clear to both employee and managers/supervisors/HR managers.

EEOC published guidance on the following:

May employers ask all employees physically entering the workplace if they have been diagnosed with or tested for COVID-19?

The federal EEO laws do not prevent an employer from requiring all employees physically entering the workplace to be vaccinated for COVID-19, subject to the reasonable accommodation provisions of Title VII and the ADA and other EEO considerations. These principles apply if an employee gets the vaccine in the community or from the employer.

Medical directors will assist with the review of these exemptions as they come in.
Legal Considerations

- Must be able to make the business case for a mandate
  - National case law supports this, especially in a public health emergency
- Pursuant to the recent Executive Order healthcare will be required to mandate vaccines based on a combination of CMS and OSHA regulations. Employees over 100 and federal contractors must also mandate.
- Exemptions to a Mandate:
  
  ADA / ADAAA
  - Does an employee have a documented disability or medical condition that will be aggravated by a vaccine?

Religion
- Does an employee have a bona fide religious belief that precludes getting a vaccine?
- See Fallon v. Mercy Catholic Medical Center of Southeastern Pennsylvania, 877 F. 3rd 487 (3rd Cir. 2017)
  - Concern about effect of vaccine is not a “comprehensive system of beliefs about fundamental or ultimate matters”.

National Alliance of Healthcare Purchaser Coalitions
Driving Health, Equity and Value

What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws | U.S. Equal Employment Opportunity Commission (eeoc.gov)
Benefit design

Issues, incentives and evidence-based benefit design

Vaccination is cost effective and highly efficacious (severe disease prevention).
Long term testing (as an alternative) is relatively not cost effective and much less efficacious.
Routine testing of asymptomatic members is not a covered benefit under most standard plans.
- A self-insured employer/plan sponsor may request coverage.
- An employer might finance outside of the plan (vendor, direct payments to a lab/test site).

Incentives/disincentives to consider:
- Surcharges for unvaccinated employees
- Benefit incentive for vaccination (e.g., lower employee contribution, extra contribution to HSA)
- Incentive outside of the health plan: direct payment, entry into a lottery entry, time off, etc.
Registration is open

Early Bird Rates:
- Non-Member - $650.00
- Member Rate - $450.00

Hotel Discount Rate - $229/per night until October 15, 2021

COVID-19 vaccination is required for all who attend in person. National Alliance is partnering with CLEAR Health Pass to provide a seamless way to upload proof of vaccination. The CLEAR registration code will be sent to attendees. For those who are unable to travel, an interactive virtual option is available. Registration fees are the same for virtual and in-person options.
Appendix – Vaccine Promotional Campaign
Developing a Vaccine Promotional Campaign

**Important Considerations**

- Leadership & Management as *role models* – rolling up sleeves
- Vaccine Campaign must be *organized & comprehensive*
- Return to work – addresses *benefit of vaccination* / favors those vaccinated
- Provide *vaccine on-site / near site* in partnership with delivery systems
- **Schedule of communications** – why, when, where, impact on others
  - Health literacy issues – aim for 5th grade level
  - Health equity – focus on populations with greater hesitancy
- **Track vaccination rates** by demographics, by department, by location
  - Allows for focus on lower rate cohorts and targeted leadership / management response
- **Consider mandates** – at least for certain job functions
- **Consider surcharges on benefits** – to cover cost of increased hospitalizations ($50K/case) and costs associated with frequent testing of unvaccinated
Developing a Vaccine Promotional Campaign

**Important Considerations**

- Develop **learning modules** with testing / passing grade
  - Required and/or rewarded
  - Understand the importance; safety & effectiveness; herd immunity

- **Reward / recognize vaccine completion**
  - Self-reporting versus health plan / Rx documentation
  - Provide vaccine buttons or stickers

- **Guide employees to vaccination locations**
  - Public health centers, hospitals, pharmacies, doctor’s offices

- **Partner with providers and other vendors to promote vaccination**
  - Health plans, consultants, brokers, wellness platforms, data & analytic partners.....
The Risk of Serious Consequences from Covid 19 is much worse than the flu and so you cannot treat this infection like another flu.

While this pandemic has caused the loss of more than half a million American lives, it has also caused long standing chronic illness among millions of survivors as well as disruptions in standard health care and significant mental stress on all of us.

It is safe to access health care

Until the Vaccines are available - *Vitality is the Best Defense*

Vaccines Are A Great Human Achievement

These vaccines are the product of 200 years of vaccine science

These vaccines were required to pass all the same tests of other approved vaccines

These vaccines were produced quickly for many reasons but no short cuts were taken

The studies show that the approved vaccines are safe and effective

The risk of a serious consequence of the Covid 19 is much greater than the risk of getting the vaccine

Protect yourself until fully vaccinated – two weeks after vaccine schedule

All behaviors are not of equal risk – indoor bar versus outdoor park

All 3 vaccines are safe and effective

Myths versus Facts – Covid 19 will NOT go away on its own

There are many places where you can get the vaccines