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President and CEO
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Jefferson City, MO 65102

September 11, 2020

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Hubert H. Humphrey Bldg., Room 310G
200 Independence Ave., SW
Washington, DC 20201-0007

Dear Administrator Verma:

The Missouri Hospital Association, on behalf of its 140 member hospitals, is seeking clarification from the Centers for Medicare & Medicaid Services on the expectations of hospitals surrounding temperature checks for health care workers prior to starting a shift. MHA recently heard from several hospital associations across the nation that hospitals are being cited for allowing staff to self-attest to a normal temperature prior to reporting for work. In response, the American Hospital Association reached out to CMS and the Centers for Disease Control and Prevention for clarification. It is our understanding they were informed the CDC intends for someone (not specified) to check the temperature of a health care worker before they start a shift. Further, CMS indicated another person needs to take the temperature so there is an “independent verification” that the individual is not feverish.

MHA is concerned there has not been any formal guidance from CMS or the CDC advising hospitals to eliminate self-checking of temperatures of staff, yet hospitals are receiving citations. In addition, under “Operations for Healthcare Providers” on the CDC website, it clearly states to “develop protocols for HCW to monitor themselves for fever” and signs of COVID-19. Additionally, the current stance conflicts with regulations and guidance issued by the Occupational Services Health Administration on returning to work and does not seem to take the Access to Employee Exposure and Medical Records standard (29 CFR 1910.1020) into consideration. MHA has long advocated for CMS and OSHA to collaborate on guidance to ensure there is clarity and alignment to the fullest extent possible.

Many hospitals have implemented thermal scanners that indicate to the employee if their temperature is within normal limits. Others have deployed electronic applications where the individual checks their own temperature and reports their status via the application. This has been widely implemented due to the lack of staff available around the clock to check temperatures and the desire to keep staff from arriving on their unit to work before finding out they have an abnormal temperature. There are many varying processes and procedures that have been implemented all with the goal of keeping patients and health care workers safe. We support the hospitals’ ability to determine the best process to accomplish temperature checks so long as workers are being screened.

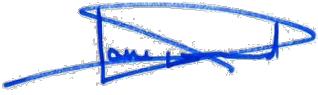
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If you have any questions, please contact Jane Drummond at jdrummond@mhanet.com or 573-893-3700, ext. 1329, or Sarah Willson at swillson@mhanet.com or 573-893-3700, ext. 1304.

Sincerely,



Jane Drummond
General Counsel and Vice President
of Legal Affairs



Sarah Willson
Vice President of Clinical and
Regulatory Affairs

jd:sw/pt

c Jeff Kahrs, J.D.