

Message: FW: Summarizing budgetary request for Governor's Office consideration of state's healthcare needs

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From Nickelson, Paula Date Monday, August 9, 2021 8:42:51 AM
To Tuttle, Alex
Cc
Subject FW: Summarizing budgetary request for Governor's Office consideration of state's healthcare needs
 Hospital Profiles By County 8-6-21 (002).xlsx (204 Kb)

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From: Nickelson, Paula
Sent: Saturday, August 7, 2021 11:30 AM
To: Crumbliss, Adam <Adam.Crumbliss@health.mo.gov>; Knodell, Robert <Robert.Knodell@health.mo.gov>
Subject: Summarizing budgetary request for Governor's Office consideration of state's healthcare needs
Importance: High
Sensitivity: Confidential

Thanks for the planning discussion last evening, Adam. To assist your discussion with GO re: budgeting for the SLS emergency procurement contract, have summarized the budget request below. Note these amounts do not include travel and lodging for involved staff so amounts will be somewhat higher dependent upon actual incurred costs (cost reimbursed only for those items). Adam has the draft contract which includes the itemized budget information referenced below, as well as our draft of options based upon funding available for healthcare staffing augmentation (see attached).

If funding prioritization needs to occur, my suggestion is to prioritize the mAb infusion sites. If you are able to secure in the neighborhood of \$40 million, however, my suggestion is to divide the amount between mAb infusion sites and healthcare staffing augmentation. It's my opinion that regardless of whether we budget for it or not, we will get requests for ACS although can likely avoid it with funding for mAb and healthcare staffing augmentation. Adam and I discussed my thoughts about contracting with MHA or SLS for healthcare staffing augmentation, it won't be well-received by MHA, but I'm recommending we contract with SLS in an effort to bring a new player into the mix and resources into this situation.

1) Monoclonal antibody infusion site staff, equipment and supplies = Requesting **\$24,250,000**

If had to place them now, would do as follows:

- Greater Kansas City area – Two sites with 15 stations each = \$8,000,000
- Greater St. Louis area – Two sites with 15 stations each = \$8,000,000
- Central or south central area – One site with 10 stations each = \$2,750,000
- Southeast area – One site with 10 stations each = \$2,750,000
- Northeast area – One site with 10 stations each = \$2,750,000

2) Healthcare staffing augmentation with not to exceed allocation for each critical access, long-term acute (e.g., Landmark is an example) and

acute care hospital based upon licensed or CMS-certified bed number = **Requesting \$30-\$50 million**; see attached funding options for consideration

3) Alternate Care Site = One site for 50 patients for 30 days = approximately **\$30 million**

Again, remember these amounts are the patient care components of #1 and #3 only and do not include staff lodging, travel, meals, etc.

In my opinion, if we do not execute the SLS contract this next week, we will have missed the window in which we can be of any real assistance to our hospitals.

In my opinion, what is currently occurring in our healthcare system constitutes a public health emergency. While I realize the state budget is difficult and there is difficulty identifying available funds, we have an obligation as the state health authority to provide potential solutions as above and to advocate to the Governor that every available avenue, perhaps even including calling a special legislative session to ask legislators to release the ARPA funds, should be exhausted. As a citizen and tax-payer, it's unconscionable to me that funding is setting in a special fund idly while people are literally dying in our hospitals or in transit to an ICU bed across the region or out-of-state due to critical shortages. One can argue that hospitals can still cancel elective procedures and other arguments, all are true and viable, but our obligation is to act swiftly and decisively with the resources available to the state during this crisis to mitigate further mortality and harm to our citizens.

Thanks for taking the discussion forward. Let me know what other information you need in order to advance the discussion - Paula

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