

When the 2019-Novel Coronavirus (COVID-19) first made landfall in the United States, no one could have predicted the full scope of the trial our country would undergo. As it became clear that our country would face a true pandemic, we turned for guidance to CMS' preexisting pandemic plan in the hopes that it might provide the broad outlines of an effective response.

Unfortunately, the plan was inadequate to meet the severity of the emergency. Specifically, the plan lacked detailed records of what CMS had done and how previous public health threats, such as Ebola or the Swine flu, loomed. While those pandemics certainly never attained the scope and fury of our current one, we had hoped to draw on the experiences of our predecessors in crafting a response tailored to the unique characteristics of COVID-19. Because that was not possible, we had to start from scratch.

The plan you are holding seeks to forestall a repetition of the unpleasant moment when CMS leadership realized the agency had to blaze an almost entirely new trail. It contains detailed notes, summaries, and accounts of CMS' pandemic response. It includes everything from internal organizational structures we used to make decisions, to the policies CMS implemented and their impact, to policies for CMS staff and remote work.

In short, it is a detailed plan – a playbook for practical use – that future administrations can turn to in the years and decades to come if another pandemic strikes.

CMS is the nation's largest health insurer, covering over 140 million Americans through Medicare, Medicaid, and CHIP, as well as regulating and operating Health Benefit Exchanges. At the same time, our responsibility to set essential quality and safety standards gives us regulatory authority over most of the healthcare system. It is difficult to overstate the importance of this role. A smooth response from the largest payer and the preeminent regulator in the healthcare system does much to support a robust public health effort.

The plan details the steps CMS took to support the healthcare system in its time of need, especially after the declaration of a public health emergency. We provided massive regulatory relief to healthcare providers on the frontlines that allowed them to expand hospital capacity through our twin CMS Hospital without Walls and Hospital at Home initiatives, boost their healthcare workforce, and reduce time-consuming paperwork requirements when every available resource was needed for patient care.

Perhaps nothing we did was as consequential as our unprecedented expansion of telehealth. While the crisis prompted this change, its legacy will be enduring. We used emergency authority to make telehealth available outside of rural areas, expand the number of eligible providers, and allowed telehealth to be provided in more sites of care, including patients' homes. Finally, we added almost 145 new Medicare telehealth services, many of which we eventually moved to make permanent parts of the Medicare benefit.

Given the elderly's susceptibility to COVID-19, CMS has also worked to guarantee nursing homes have what they need to protect their uniquely vulnerable residents. We reissued and updated infection control guidance, stayed in constant communication with the industry,

developed training, supported efforts to deliver supplies and testing, worked with the CDC to implement a nationwide reporting system in a matter of weeks, and more.

As COVID-19 vaccines approached in record time thanks to Operation Warp Speed, CMS also implemented policy ahead of time and helped to ensure broad coverage without cost sharing for the vaccines. We also ensured Medicare coverage and appropriate payment for new COVID-19 therapeutics so that all Medicare beneficiaries could have access to life-saving medications.

I am proud of CMS's response and grateful for the dedicated public servants on our team who worked day and night on our successful response. Containing the actions CMS has taken to combat a pandemic of generational scope and fury, this plan is both a document of historic significance and great practical utility. I am confident it will be of tremendous value should CMS be called upon to support the healthcare system in a similar way in the future.

Sincerely,

Administrator Seema Verma