

Public comment
#10 12-2-20



EDC COB <edc.cob@edcgov.us>

Fwd: PCR tests/ Hospital Funding

1 message

Kim Dawson <kim.dawson@edcgov.us>
To: EDC COB <edc.cob@edcgov.us>

Wed, Dec 2, 2020 at 1:54 PM

Please include her email and attachment with public comment for the COVID 20-0526 item. Thanks, Kim

----- Forwarded message -----

From: **keeley link** <keeley.link@gmail.com>

Date: Wed, Dec 2, 2020 at 1:50 PM

Subject: PCR tests/ Hospital Funding

To: Brian Veerkamp <bostthree@edcgov.us>, David Livingston <david.livingston@edcgov.us>, Don Ashton <don.ashton@edcgov.us>, Don Semon <don.semon@edcgov.us>, George Turnboo <racecar56g@yahoo.com>, Greg Stanton <greg.stanton@edcgov.us>, John D'Agostini <john.dagostini@edso.org>, John Hidahl <bosone@edcgov.us>, Kim Dawson <kim.dawson@edcgov.us>, Lori Parlin <bosfour@edcgov.us>, Lynnann Svensson <lynnann.svensson@edcgov.us>, Michael Ungeheuer <michael.ungeheuer@edcgov.us>, Nancy Williams <nancy.williams@edcgov.us>, Shiva Frentzen <bostwo@edcgov.us>, Sue Novaser <bosfive@edcgov.us>
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Boards of Supervisors,

In this morning's Covid Update Nancy Williams said that it would be a waste of Public Health Resources to provide the requested information on the Amplification Cycles that are being used during the PCR tests. This is unacceptable. She stated that there is no reason to investigate the reliability of these tests but there absolutely is reason to believe that they are unreliable.

In the month of November we had over a 1000 new cases in El Dorado County and not a single new death. Either Covid19 is not as deadly as was first explained or these tests are throwing false positives. Dr. Fauci, Elon Musk and others have both been critical of the PCR tests, especially PCR tests that use an amplification cycle of 35. The Public has a right to know. These test results are being used to determine quarantine and shutdown of people's lives. We need immediate action in getting this information.

Also this morning Nancy Williams said in response to a public comment that hospitals were not getting funded per the amount of COVID cases within the hospitals. This statement seems to be incorrect as per the hhs.gov link below states hospitals/medical facilities are being funded per Covid cases. Also see attached funding breakout. It looks like California was allocated over \$600,000.00 in funding to healthcare facilities and hospitals.

<https://www.hhs.gov/about/news/2020/05/01/hhs-begins-distribution-of-payments-to-hospitals-with-high-covid-19-admissions-rural-providers.html#>

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COVID-19 High-Impact Allocation

COVID-19 High-Impact Allocation: HHS is distributing \$10 billion to 395 hospitals who provided inpatient care for 100 or more COVID-19 patients through April 10, 2020, and will distribute an additional \$2 billion to these hospitals based on their Medicare and Medicaid disproportionate share and uncompensated care payments.

Provider Relief Fund COVID-19 High Impact Payment Allocations		
May 1, 2020		
State	Providers	Payment
AL	5	\$70,087,478
AR	1	\$8,881,583
AZ	2	\$23,248,674
CA	13	\$231,583,318
CO	5	\$99,545,171
CT	12	\$290,680,678
DC	2	\$43,958,493
DE	2	\$32,325,398
FL	15	\$286,273,954
GA	18	\$377,176,826
IL	33	\$694,340,792
IN	12	\$240,460,850
KS	1	\$18,306,018
LA	15	\$399,879,990
MA	22	\$494,673,926
MD	10	\$101,146,169
MI	30	\$900,076,147
MN	3	\$49,495,127
MO	5	\$82,671,879
MS	1	\$15,355,596

Low Income and Uninsured Patients

HHS is distributing an additional \$2 billion to these 395 hospitals in proportion to the amount of care they provide to low-income and uninsured patients. This funding will provide these hospitals with additional, proportionally greater funding to purchase equipment, hire additional staff, and procure other needed resources to care for patients during the COVID pandemic. The table below highlights areas across the country that will receive the largest portion of the \$2 billion distribution.

\$2 Billion Distribution to Hospitals Treating Low-income and Uninsured Patients

By State	
NY	\$686,681,434
NJ	\$137,657,146
IL	\$134,495,975
FL	\$119,390,472
MA	\$105,715,331
GA	\$97,523,832
MI	\$95,602,315
CA	\$95,105,267
PA	\$68,458,903
LA	\$64,419,560
IN	\$60,645,438
CT	\$38,508,037
MO	\$33,638,310
NC	\$29,992,087
AL	\$24,209,915
By County	
New York, NY	\$242,273,768
Bronx, NY	\$125,266,704
Cook, IL	\$115,067,756
Kings, NY	\$83,805,519
Nassau, NY	\$61,889,331
Queens, NY	\$57,882,482
Los Angeles, CA	\$55,552,609
Miami-Dade, FL	\$53,390,649

Allocation for Rural Providers

Recipients of the \$10 billion rural distribution will include, rural acute care general hospitals and Critical Access Hospitals (CAHs), Rural Health Clinics (RHCs), and Community Health Centers located in rural areas.

Rural Providers		
State	Providers	Total Relief \$
AK	208	\$68,972,235
AL	175	\$191,352,394
AR	198	\$205,487,300
AS	7	\$4,750,227
AZ	84	\$82,972,054
CA	369	\$311,647,052
CO	135	\$188,591,539
CT	16	\$16,217,068
DE	6	\$17,818,809
FL	200	\$108,863,898
FM	13	\$1,342,292
GA	240	\$328,109,310
GU	3	\$12,354,323
HI	56	\$58,161,937
IA	177	\$383,318,585
ID	92	\$122,769,973
IL	228	\$352,227,994
IN	140	\$249,327,873
KS	201	\$382,376,872
KY	542	\$372,344,760
LA	218	\$223,857,772
MA	22	\$24,042,514
MD	37	\$25,405,516
ME	121	\$131,501,672
MI	249	\$326,157,529
MN	118	\$384,629,780
MO	347	\$296,171,641
MP	2	\$4,443,532
MS	282	\$316,934,042
MT	121	\$199,485,740
NC	254	\$282,581,596