



Overview of Federal and State Regulatory Action to Address COVID-19's Impacts on the Health Care System

STATE REGULATORY ACTION

System Capacity. To maximize the number of health care professionals, supplies and hospitals available to treat patients with COVID-19:

- Certain credentialing and licensing requirements are suspended for new licenses or for license renewals;
- Certain practice limitations and requirements for active retired providers, limited-license physicians, physician assistants, and medical assistants are suspended;
- Certain licensing requirements for pharmacies and pharmacy personnel are suspended;
- Health care services, procedures, and surgeries that, if delayed, are not anticipated to cause harm to the patient within the next three months are prohibited;
- Residents, unless they are participating in essential activities, are required to stay in their home until April 6, 2020;
- Prior authorization is suspended or expedited for hospital patients ready to discharge to their home or long-term care;
- Medicaid rates are increased for skilled nursing facilities that accept patients discharging from the hospital;
- Certain licensing requirements for skilled nursing facilities and assisted living are waived for facilities opening or increasing their bed capacity to assist with COVID-19; and
- Certain construction and bed capacity certificate of need requirements and hospital licensing regulations for COVID-19 response projects are suspended.

Telemedicine. To support social distancing while providing health care services:

- Health carriers must allow non-HIPAA compliant communication platforms for patient care and treat the use of audio-only telephone as telemedicine; and
- Health carriers must reimburse telemedicine at the same rate as the in-person service.

Health Insurance Coverage. To ensure coverage is provided for services related to COVID-19:

- Health carriers must cover the provider visit and testing related to COVID-19 without requiring any co-pays, co-insurance or deductibles;
- Health carriers must allow enrollees to obtain an early refill for prescription drugs; and
- Prior Authorization is suspended for diagnostic testing and treatment for COVID-19.

Long-Term Care. To limit the disruption to long-term care facilities:

- Visitors are not allowed into the facility;

- All staff and volunteers must be screened prior to each shift;
- Periodic inspections by DSHS are suspended; and
- Nurse staffing and Medicaid assessment requirements for skilled nursing facilities are suspended.

FEDERAL REGULATORY ACTION

Supply Shortages. To address supply shortages for provider and facilities:

- \$16 billion is appropriated for the Strategic National Stockpile and PPE must be included in the stockpile;
- Drug and device manufacturers must notify HHS of shortages of any product critical during a public health emergency; and
- HHS must make a list of shortages publicly available.

Access to Care. To ensure access to care during the COVID-19 emergency:

- Insurers must reimburse providers for testing at the negotiated rate or, if none, the cash price published by the provider and \$1 billion is appropriated to reimburse providers for services to the uninsured;
- Insurers must cover COVID-19 preventative care, including immunization, without cost-sharing for the enrollee;
- \$3.5 billion is appropriated for the manufacture, purchase, and delivery of vaccines;
- \$250 million is appropriated to the Hospital Preparedness Program to improve facility capacity;
- \$180 million is appropriated to fund telehealth and rural health activities related to COVID-19;
- \$1.32 billion is appropriated for grants to community health centers for COVID-19 prevention, detection, diagnosis and treatment; and
- HHS may deploy the Ready Reserve Corps of the U.S. Public Health Service to assist states in responding to COVID-19.

Other Assistance. To assist states with the financial impact of the COVID-19 emergency:

- \$4.3 billion is appropriated to the CDC to support federal, state and local public health agencies with at least \$1.5 billion granted to states, localities, and tribes, and \$500 million used for disease detection and emergency response;
- \$100 billion is appropriated for grants to hospitals and other entities to help cover unreimbursed health care-related expenses or lost revenue as a result of COVID-19; and
- The Federal medical assistance percentage for Medicaid reimbursement is increase by 6.2% during the COVID-19 emergency.