The COVID-19 pandemic has created unprecedented challenges for healthcare providers and health insurers. The following is a selection of federal and state actions as well as news and analysis articles from the Health Policy Tracking Service as published in its bi-weekly Snapshots. The selection includes Regulatory Intelligence and Reuters news coverage. More COVID-19 news and information can be found via the TRRI platform's search facility.

Additional COVID-19 resources are also available on the Thomson Reuters COVID-19 Resource Center. For a regularly updated list of U.S. state updates on insurance-sector regulatory changes related to the COVID-19 epidemic, please click on this link: http://go-ri.tr.com/fuaD4N.

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COVID-19 COVERAGE

COVID-19 LEGISLATIVE AND REGULATORY ACTIONS

STATE ACTIONS

New Jersey
• 2020 NJ A.B. 5642 (NS), introduced May 12, establishes criminal penalties for production and display of false COVID-19 vaccination card.
• 2020 NJ A.B. 5654 (NS), introduced May 12, establishes COVID-19 emergency medical services assistance grant program in DOH and appropriates $2 million.

1 This COVID-19 Coverage Snapshot was compiled by members of the publisher’s staff.
New York
To waive copayments, coinsurance, and annual deductibles for essential workers for in-network outpatient mental health services. See 2021 NY REG TEXT 583325 (NS).

North Carolina
2021 NC H.B. 96 (NS), amended/substituted May 11, to allow pharmacists to administer injectable drugs.

Oklahoma
2021 OK S.B. 674 (NS), approved May 5, relating to telemedicine; amending 36 O.S. 2011, Section 6802, which relates to definitions; modifying and adding definitions; amending 36 O.S. 2011, Section 6803, which relates to coverage of telemedicine services; modifying term; requiring certain coverage of health care services provided through telemedicine; prohibiting certain exclusion of service for coverage; requiring certain reimbursement; prohibiting application of certain deductible; requiring certain copayment or coinsurance not exceed certain amount; prohibiting imposition of certain limits or maximums; and related provisions.

Rhode Island
• 2021 RI S.B. 877 (NS), introduced May 7, prohibits insurance carriers from charging out-of-pocket expenses to the insured for expenses related to the COVID-19 pandemic and mandates that all COVID-19 testing or vaccination is free.
• 2021 RI H.R. 6317 (NS), introduced May 7, respectfully requesting the Executive Office of Health and Human Services to create a COVID-19 surge plan for handling the increasing need for behavioral health services and substance use disorder treatments.

FEDERAL ADMINISTRATIVE ACTIONS

CMS Publishes Guidance on the Temporarily Increased FMAP for HCBS under the American Rescue Plan
The American Rescue Plan (P.L. 117-2) provided for a temporary ten-percentage point increase in the federal medical assistance percentage (FMAP) for certain home- and community-based services (HCBS) during the COVID-19 emergency period. CMS has now provided guidance for states on implementing that provision. The bulk of the guidance, which takes the form of a State Medicaid Director Letter, focuses on how to qualify for and claim the additional federal funds. It addresses these areas:

• eligible services;
• program requirements;
• ways to enhance, expand, or strengthen HCBS;
• how to report on activities that enhance, expand, or strengthen HCBS; and
• how to claim the increased funding.

Please see the guidance for further details about this new opportunity.²

OTHER NEWS AND SUMMARIES

Study: High Number of People Dying from COVID-19 were Uninsured
A recent study showed that a high number of people in the United States who died from COVID-19 lacked health insurance coverage.

A Families USA report showed that nearly 40% of Alabama residents who died from COVID-19 were uninsured.

Alabama state health officer Dr. Scoot Harris was not surprised that there was a correlation between deaths and lack of coverage.

Approximately ten percent of Alabama residents do not have health insurance coverage. Researchers found that almost half of all COVID-19 cases in the state were people without insurance coverage. They represented 38% of deaths from the virus.

In 21 of Alabama’s counties, more than half of the COVID-19 cases were people who lacked insurance, including in Dekalb, Franklin, Jackson, Lawrence, and Marshall counties.

In DeKalb County, 63% of COVID-19 cases and 52% of COVID-19 deaths were people who did not have health insurance.

According to Jane Adams with Alabama Arise, the pandemic highlighted the need for more people in Alabama to have access to health insurance.

“This report is so important because it highlights when you have these large areas where people are uninsured, large county populations where people are uninsured, the virus is more likely to spread around because people aren't going to seek the care because they are worried about the cost,” said Adams. “So then, you see higher death rates and case rates in those communities.”

According to Harris, ADPH has traditionally worked with at-risk populations to educate them about access to coverage.³

REGULATORY INTELLIGENCE AND REUTERS NEWS

ACA Healthcare Special-enrollment Signups Hit 1 million, Biden Seeks Permanent Cost Relief
(Regulatory Intelligence) - One million people have signed up for health insurance in the individual healthcare market through a continuing special enrollment period (SEP) on the U.S. federal healthcare exchange, President Joe Biden said on Tuesday. He also called on Congress to recognize the appetite for health insurance and make the temporary financial relief permanent through legislative action.⁴

The Biden administration had created a pandemic-related enrollment opportunity that allowed people to sign up for health plans compliant with the Affordable Care Act from February 15. The period will end on August 15. The popularity of the enrollment period has

³ Smith, Kate, “REPORT: 40% of Alabama residents who died from the virus did not have health insurance,” WAFF48, April 30, 2021, available at https://www.waff.com/2021/04/30/report-alabama-residents-who-died-virus-did-not-have-health-insurance/.
been boosted by new subsidies and tax credits introduced by the new administration to make health coverage more affordable to consumers during the pandemic.

The financial relief, part of the March $1.9 trillion COVID-19 bill, is also the latest in the administration’s efforts to bolster the existing healthcare law that has been criticized for being unaffordable to many. Nearly 2 million current enrollees have seen their monthly premiums fall by over 40 percent on average, and new consumers selecting plans during the SEP saw monthly premium drop over 25 percent after the increased tax credits went into effect in April, the HHS said. Out-of-pocket costs are also expected to drop as the median deductible for Americans signing up for new coverage on the exchange has fallen by nearly 90 percent, to $50, Biden said in a statement.

“The Affordable Care Act has been a lifeline for millions of Americans. The pandemic has demonstrated how badly it is needed, and how critical it is that we continue to improve upon it,” Biden said.

Demand for health coverage has risen since the start of the pandemic in 2020 but President Donald Trump had resisted calls to open a special enrollment period citing opportunities for consumers to gain coverage through existing provisions relating to extraordinary life circumstances such as a job loss.

Biden has proposed making this temporary financial relief to purchase insurance permanent through the proposed American Families Plan. It is currently scheduled to expire in two years.

“Today’s milestone demonstrates that there is a need and a demand for high quality, affordable health insurance across this country. It is up to Congress to hear them, and act quickly to pass the American Families Plan,” Biden said.

**U.S. to Bolster Public Health Workforce to Fight COVID-19, Future Pandemics**

(Reuters) - The Biden administration is releasing $7.4 billion to bolster the nation’s healthcare workforce amid the ongoing COVID-19 pandemic and to prepare for future epidemics and health challenges, the White House said in a statement on Thursday.⁵

The funds, allocated as part of the $1.9 trillion aid package pushed by President Joe Biden and passed by Congress in March, will be used to recruit and hire a range of healthcare workers to help with vaccinations, testing and contact tracing, it said.

Of the $7.4 billion, $4.4 billion will go to states and local public health departments to address disease outbreaks and hire school nurses. It will also be used to expand the U.S. Centers for Disease Control and Prevention's ability to track outbreaks and to create a service corps dedicated to public health. The remaining $3 billion will boost local public health workforces ahead of future challenges, with an emphasis on recruiting diverse candidates, the White House said.

The United States is making progress in its efforts to emerge from the coronavirus pandemic, which shut down much of the country last year and roiled the economy, with more than 582,000 deaths to date.

After a winter spike in COVID-19 infections, new cases have fallen for four straight weeks and deaths have also dropped as more than one-third of the country has been vaccinated. Warmer weather has also helped to curtail the spread of the virus.

Nearly 154 million people in the United States had received at least one dose of a COVID-19 vaccine as of Wednesday, U.S. officials said. [nL4N2MZ4B5] The pace of vaccinations, however, has slowed and U.S. health officials have said variants such as the one emerging from India could still pose a threat.

Public health experts for years have decried a lack of funding for the CDC and other areas and have warned about the potential devastating impact from epidemics of SARS, Ebola, swine flu and other diseases.