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

FEDERAL ACTIONS

Senate Bill 620 (2021 FD S.B. 620 (NS)) would direct the Secretary of the Department of Health and Human Services, in consultation with the CMS Administrator, to prepare a report for Congress setting out the changes that HHS has made during the COVID-19 emergency period to expand access to telehealth in Medicare, Medicaid, and CHIP (the Children’s Health Insurance Program). The bill, which would enact the Knowing the Efficiency and Efficacy of Permanent (KEEP) Telehealth Options Act of 2021, was reintroduced for this session by Senator Deb Fischer (R-Neb.) and Jackie Rosen (D-Nev.). In a press release, Senator Fischer said of the bill,

“Millions of Americans, including many Nebraskans, have benefited from telehealth services during this pandemic. This bipartisan legislation will

1 This COVID-19 Coverage Snapshot was compiled by members of the publisher’s staff.
provide us with valuable information on how to improve and expand this technology to save more lives . . . .”

STATE ACTIONS

Alaska
2021 AK H.B. 76 (NS), amended/substituted April 16, extending the January 15, 2021, governor’s declaration of a public health disaster emergency in response to the novel coronavirus disease (COVID-19) pandemic; approving and ratifying declarations of a public health disaster emergency; providing for a financing plan; making temporary changes to state law in response to the COVID-19 outbreak in the following areas: occupational and professional licensing, practice, and billing; telehealth; fingerprinting requirements for health care providers; charitable gaming and online ticket sales; access to federal stabilization funds; and related provisions.

Arkansas
• 2021 AR S.B. 332 (NS), engrossed April 14, to establish the Public Health Readiness Act; to improve the ability of medical facilities to respond in a pandemic; to require manufacturers of electronic equipment used by medical facilities to make available documents, parts and service tools; to require disclosure of information in certain circumstances that is otherwise prohibited to be disclosed; to provide for civil action by certain persons and for other purposes.
• 2021 AR H.B. 1063 (NS), engrossed April 12, to amend the Telemedicine Act, to authorize additional reimbursement for telemedicine via telephone and to declare an emergency.
• 2021 AR H.B. 1176 (NS), adopted April 8, to ensure that reimbursement in the Arkansas Medicaid program for certain behavioral and mental health services provided via telemedicine continues after the public health emergency and to declare an emergency.

Colorado
• 2021 CO S.B. 214 (NS), engrossed April 9, concerning state payments to licensed hospice facilities for residential care provided to certain persons enrolled in the Medical Assistance program, and, in connection therewith, making an appropriations.
• 2021 CO H.B. 1281 (NS), introduced April 16, concerning the creation of the Community Behavioral Health Disaster Preparedness and Response Program in the Department of Public Health and Environment to ensure behavioral health is adequately represented within disaster preparedness and response efforts across the state.

Kansas
• 2021 KS H.B. 2126 (NS), adopted April 9, providing immunity from civil liability for COVID-19 claims for certain covered facilities, including adult care homes, community mental health centers, crisis intervention centers, community service providers and community developmental disability organizations.
• 2021 KS H.B. 2208 (NS), enrolled April 16, establishing certification and funding for certified community behavioral health clinics, enacting the rural emergency hospital act to provide for the licensure of rural emergency hospitals, authorizing telemedicine waivers for out-of-state healthcare providers, reducing certain requirements for

licensure by the behavioral sciences regulatory board and expanding out-of-state temporary permits to practice behavioral sciences professions.

**Louisiana**
2021 LA S.B. 176 (NS), introduced April 12, relative to the Louisiana Medical Assistance Program; to provide for Medicaid reimbursement paid to health care providers for COVID-19 testing; to provide for reimbursement under the Louisiana Medical Assistance Program; to provide for claim and billing procedures; to provide for separate reimbursement for COVID-19 testing; and to provide for related matters.

**New York**
To waive copayments, coinsurance, and annual deductibles for essential workers for in-network outpatient mental health services. See 2021 NY REG TEXT 581124 (NS).

**Rhode Island**
2021 RI H.R. 6236 (NS), introduced April 14, House resolution directing the Rhode Island Department of Health to require licensed nursing facilities to report on the number and percentage of residents and staff receiving COVID-19 vaccinations during he declared federal and state health emergency and annually thereafter if COVID-19 outbreaks occur.

**South Carolina**
2021 SC H.J.R. 3900 (NS), adopted April 12, a joint resolution to authorize certain podiatrists to administer premeasured doses of the COVID-19 vaccine.

**FEDERAL ADMINISTRATIVE ACTIONS**

**CMS Begins Recouping Medicare Accelerated and Advanced Payments**
During the COVID-19 emergency period, CMS began making accelerated and advanced payments to Medicare Part A providers and Part B suppliers, respectively. CMS explained that these payments were,

intended to provide necessary funds to Part A providers and Part B suppliers, respectively, when there is a disruption in claims submission and/or claims processing. CMS can also offer these payments in circumstances such as national emergencies, or natural disasters in order to accelerate cash flow to the impacted health care providers and suppliers.³

The Continuing Appropriations Act, 2021 and Other Extensions Act (P.L. 116-159) provided that recipients of these payments would begin to repay them one year after receiving them. CMS began recouping these payments from the first recipients on March 30, 2021. A post from the Medicare Learning Network explained how the funds will be recouped over time:

- Repayment begins 1 year starting from the date we issued your first CAAP.
- Beginning 1 year from the date we issued the CAAP and continuing for 11 months, we’ll recover the CAAP from Medicare payments due to providers and suppliers at a rate of 25%.

• After the end of this 11 month period, we’ll continue to recover remaining CAAP from Medicare payments due to providers and suppliers at a rate of 50% for 6 months.

• After the end of the 6 month period, your Medicare Administrative Contractor (MAC) will issue you a demand letter for full repayment of any remaining balance of the CAAP. If we don’t receive payment within 30 days, interest will accrue at the rate of 4% from the date your MAC issues you the demand letter. After that, we’ll assess interest for each full 30-day period that you fail to repay the balance.⁴

OTHER NEWS AND SUMMARIES

Report Finds High Rate of COVID-19 Vaccine Acceptance Among Doctors; Significant Vaccine Hesitancy Among Non-Physician Emergency Care Health Care Personnel

A report in the April issue of the Academic Emergency Medicine (AEM) journal found a high rate of COVID-19 vaccine acceptance and receipt among health care personnel (HCP) at the beginning of prioritized HPC immunization, with physicians and advance practice providers having the highest overall proportion.

AEM is a peer-reviewed journal of the Society for Academic Emergency Medicine (SAEM).

The project report, published in a research letter titled “Vaccination Rates and Acceptance of SARS-CoV-2 Vaccination Among U.S. Emergency Department Health Care Personnel,” also found that a substantial percentage of emergency department HCP declined vaccination, primarily due to concerns over safety.

Because of the amount of emergency department HCP declining the vaccine, the authors suggest that efforts at educating HCP about the safety profile of COVID-19 vaccines may be warranted, especially in groups that had the most vaccine reluctance (such as nonclinical, nursing, and Black HCP).

The lead author of the report is Walter A. Schrading, MD, of the department of emergency medicine at the University of Alabama, Birmingham.

Elizabeth Goldberg, MD, an associate professor of emergency medicine and health services, policy & practice at Brown University, commented on the findings, noting that, "This study by Schrading and Trent et al. demonstrates that emergency department physicians and advance practice providers almost never declined COVID-19 vaccination (<5% refusals) when offered and still intend to wear the same amount of personal protective equipment during their clinical work. The study authors also found that one in five nurses and nonclinical health care workers (e.g., clerks, social workers) declined vaccination in January 2021 during the initial vaccination campaign targeting health care workers in the U.S.”

Dr. Goldberg also observed that, “Vaccination rates may have improved now that nearly 620 million doses have been administered worldwide with only rare safety events, and 30% of the U.S. population has received at least one dose. Public health efforts to address safety

concerns that emphasize the remarkable efficacy of the approved vaccines should continue to enhance vaccination rates. To achieve herd immunity, we need as many people as possible to accept the vaccine, not only people who are in direct contact with patients in hospitals."

Dr. Goldberg’s research focuses on improving emergency care for older adults, and she is the cofounder of MyCovidRisk.app, a web-based tool to help individuals estimate their COVID-19 risk and reduce their risk of SARS-CoV-2 transmission.

_Academic Emergency Medicine_ is the monthly journal of Society for Academic Emergency Medicine, and it features peer-reviewed, original research relevant to the practice and investigation of emergency care.

SAEM is a 501(c)(3) not-for-profit organization “dedicated to the improvement of care of the acutely ill and injured patient by leading the advancement of academic emergency medicine through education and research, advocacy, and professional development.”

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