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

STATE ACTIONS

Alaska
2021 AK H.B. 76 (NS), amended/substituted March 24, extending the January 15, 2021, governor's declaration of a public health disaster emergency in response to the novel coronavirus disease (COVID-19) pandemic; 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; wills; unfair or deceptive trade practices; and meetings of shareholders; and related provisions.

Arkansas
2021 AR S.B. 598 (NS), filed March 23, to amend the definitions within the Telemedicine Act; to authorize additional insurance reimbursement for telemedicine; to prohibit health benefit plan financial incentives and to declare an emergency.

1 This COVID-19 Coverage Snapshot was compiled by members of the publisher’s staff.
Georgia

**2021 GA S.R. 281** (NS), introduced March 22, to create a Senate Study Committee on Violence Against Health Care Workers.

Kansas

- **2021 KS S.B. 283** (NS), amended/substituted March 25, continuing the governmental response to the COVID-19 pandemic in Kansas by extending the expanded use of telemedicine, the authority of the board of healing arts to grant certain temporary emergency licenses, the suspension of certain requirements related to medical care facilities and immunity from civil liability for certain healthcare providers and certain persons conducting business in this state for COVID-19 claims until March 31, 2022.
- **2021 KS S.B. 304** (NS), introduced March 23, removing the sunset provision in the COVID-19 contact tracing privacy act.

Minnesota

**2021 MN H.F. 1438** (NS), engrossed March 18, COVID-19; medical assistance reimbursement rate increased for administration of vaccine.

New York

- **2021 NY S.B. 1080** (NS), amended/substituted March 19, relates to establishing requirements for residential health care facilities during a state disaster emergency involving a disease outbreak.
- To assist providers in maintaining capacity to operate during the public health emergency. See **2021 NY REG TEXT 564989** (NS).
- To waive cost-sharing for in-network telehealth services. See **2021 NY REG TEXT 579635** (NS).
- To waive cost-sharing for in-network visits and laboratory tests necessary to diagnose the novel coronavirus (COVID-19). See **2021 NY REG TEXT 579636** (NS).

Oregon

- The repeal of OAR 410-123-1245 The 'Incentive' for Oral Health Prevention Fee-for-Service Program' is necessary due to termination of the project. Due to low utilization of services, lack of increase in new providers and the COVID-19 pandemic adverse effects on the dental community and delivery system, the project did not yield the desired effects. See **2021 OR REG TEXT 566372** (NS).
- In response to the COVID pandemic and in an effort to help keep Oregonians safe during a declared emergency, the Authority is adopting rules that clarify that it is a violation for a licensed ambulance service agency to not comply with a Governor's Executive Order and any guidance issued by the Authority as a result of an Executive Order. The Authority may investigate such actions and potentially take licensing action. Additionally, it is expected that licensed EMS providers also comply with Governor's Executive Orders and any subsequent guidance. See **2021 OR REG TEXT 569420** (NS).

Rhode Island

**2021 RI S.B. 746** (NS), introduced March 26, would provide that employers pay essential health care facility employees at a rate of one hundred fifty percent (150%) of their regular pay during a declared public health emergency.

Vermont

**2021 VT S.B. 117** (NS), enrolled March 25, relating to extending health care regulatory flexibility during and after the COVID-19 pandemic and to coverage of health care services delivered by audio-only telephone.
Biden Administration Again Extends Healthcare Special Enrollment Period
(Regulatory Intelligence) - The administration of U.S. President Joe Biden has extended the special enrollment period on the federal healthcare exchange to mid-August, saying it aims to give consumers more access to subsidies on the latest stimulus package - the American Rescue Plan Act.2

The COVID-19 relief measure, championed by Biden and enacted earlier this month, delivered the first big boost to the Affordable Care Act (ACA) passed 11 years ago. It aimed to close gaps by widening eligibility criteria for the purchase of health insurance in the individual coverage market and made coverage more accessible by increasing subsidies through tax credits and capping overall premium spend to 8.5 percent of total income.

“We have a duty not just to protect it [the ACA], but to make it better and keep becoming a nation where healthcare is a right for all,” Biden said when announcing the decision to extend the enrollment period to August 15 from May 15.

The announcement will result in a total six-month leeway to sign up for health coverage this year. Under former President Donald Trump's administration, consumers were allowed to sign up only during the annual open enrollment period of about six weeks from November 1 each year, unless they qualified under a change in circumstances during the year.

Some insurers, like United Healthcare and CVS Health's Aetna which earlier complained about a worsening risk pool in the ACA market, have now returned to the individual healthcare market this year as the pandemic and increasing assistance from the government, has steered many consumers into the state and federal healthcare exchange.

More than 200,000 consumers had signed up for coverage in the first two weeks of a special enrollment started February 15 this year. Those numbers are expected to climb after the newly-allowed subsidies kick in on April 1.

U.S. COVID Response Could Have Avoided Hundreds of Thousands of Deaths
(Reuters) - The United States squandered both money and lives in its response to the coronavirus pandemic, and it could have avoided nearly 400,000 deaths with a more effective health strategy and trimmed federal spending by hundreds of billions of dollars while still supporting those who needed it.3

That is the conclusion of a group of research papers released at a Brookings Institution conference this week, offering an early and broad start to what will likely be an intense effort in coming years to assess the response to the worst pandemic in a century.

U.S. COVID-19 fatalities could have stayed under 300,000, versus a death toll of 540,000 and rising, if by last May the country had adopted widespread mask, social distancing, and testing protocols while awaiting a vaccine, estimated Andrew Atkeson, economics professor at University of California, Los Angeles.

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2 Antonita Madonna, Biden administration again extends healthcare special enrollment period, Thomson Reuters Regulatory Intelligence (March 24, 2021) at http://go-ri.tr.com/6oNg7M.

He likened the state-by-state, patchwork response to a car’s cruise control. As the virus worsened people hunkered down, but when the situation improved restrictions were dropped and people were less careful, with the result that “the equilibrium level of daily deaths ... remains in a relatively narrow band” until the vaccine arrived.

Atkeson projected a final fatality level of around 670,000 as vaccines spread and the crisis subsides. The outcome, had no vaccine been developed, would have been a far-worse 1.27 million, Atkeson estimated.

The economic response, while mammoth, also could have been better tailored, argued University of California, Berkeley economics professor Christine Romer. She joins former Treasury Secretary Lawrence Summers and several others from the last two Democratic administrations in criticizing the spending authorized since last spring, including the Biden team’s $1.9 trillion American Rescue Plan.

While she said the federal government’s more than $5 trillion in pandemic-related spending won’t likely trigger a fiscal crisis, she worries that higher-priority investments will be deferred because of allocations to initiatives like the Paycheck Protection Program.

Those forgivable small business loans were “an interesting and noble experiment,” but were also “problematic on many levels,” including an apparent cost of hundreds of thousands of dollars for each job saved, she said.

“Spending on programs such as unemployment compensation and public health was exactly what was called for,” she wrote, but other aspects, particularly the generous one-time payments to families, were “largely ineffective and wasteful.”

“If something like the $1 trillion spent on stimulus payments that did little to help those most affected by the pandemic ends up precluding spending $1 trillion on infrastructure or climate change in the next few years, the United States will have made a very bad bargain indeed,” Romer wrote.

Biden administration officials, including Treasury Secretary Janet Yellen, argue the full package was needed to be sure all workers and families are kept economically intact until the job market recovers.

In a separate paper, Minneapolis Federal Reserve researchers Krista Ruffini and Abigail Wozniak concluded the federal programs largely did what they intended by supporting income and spending, with the impact seen in how consumption changed in response to the approval and lapse of different government payments.

But they also found room for improvement.

Evidence of the PPP’s effectiveness in job retention, for example, was “mixed,” they found, and increases in food assistance didn’t account for things like higher grocery prices.

“Food insecurity remained elevated throughout 2020,” they noted.

The aim now, they said, should be on determining what worked in order to make the response to any similar crisis more effective.

“The 2020 social insurance system response had many successes,” they said. “Given the scope and scale of the pandemic response, it is critical we continue to evaluate these efforts
to understand the full extent of their reach, which populations were helped, who was left out.”