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

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STATE ACTIONS

Colorado
2021 CO H.B. 1005 (NS), engrossed May 14, concerning the establishment of the health care services reserve corps task force and making an appropriation.

Louisiana
- 2021 LA H.B. 103 (NS), engrossed May 18, provides for liability relative to the administration of COVID-19 vaccinations.
- 2021 LA H.R. 107 (NS), adopted May 28, requests the Department of Health to ensure that Medicaid managed care organizations cover and pay for certain respiratory panels.

1 This COVID-19 Coverage Snapshot was compiled by members of the publisher’s staff.
Michigan
2021 MI S.B. 457 (NS), engrossed May 25, to prohibit a requirement for a minor to obtain a COVID-19 vaccination in an emergency order issued in response to an epidemic.

Minnesota
2021 MN S.F. 2553 (NS), introduced May 15, minors to consent to certain vaccines authorization; disclosures related to consenting to vaccines modification.

New Jersey
2020 NJ A.B. 5734 (NS), introduced May 17, establishes criminal penalties for production, sale, and use of false COVID-19 vaccination verification card; requires AG to establish COVID-19 vaccination fraud prevention program.

New York
• 2021 NY A.B. 6966 (NS), approved May 13, provides for the authorization and regulation of visitation at nursing homes and residential health care facilities.
• To require immediate coverage, without cost-sharing, for COVID-19 immunizations and the administration thereof. See 2021 NY REG TEXT 583794 (NS).
• To waive cost-sharing for in-network telehealth services. See 2021 NY REG TEXT 584264 (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 584265 (NS).

Washington
• The department is extending the amendment of the rule listed below to ensure nursing homes are not significantly impeded from admitting and caring for residents during the COVID-19 outbreak. These amendments will align state nursing home rules with federal rules that were suspended or amended to help facilitate care during the COVID-19 pandemic. The federal rules were amended to allow nursing facilities to provide clinical records to residents and resident representatives in ten working days instead of two working days. See 2021 WA REG TEXT 566934 (NS).

FEDERAL ADMINISTRATIVE ACTIONS

HHS to Dedicate $4.8 Billion from American Rescue Plan to COVID-19 Testing for the Uninsured
The US Department of Health and Human Services (HHS) announced on May 25 that it is dedicating $4.8 billion from the American Rescue Plan (ARP) to support the HRSA COVID-19 Uninsured Program. This funding will allow the program to continue reimbursing health care providers for testing uninsured individuals for COVID-19.

As of May 19, 2021, the program has issued nearly $4 billion in testing reimbursements to providers.
“As we vaccinate the country, let’s continue taking the preventive measures necessary to keep the virus under control and prevent it from spreading. Testing remains critical and now it’s available at no cost to those who need it,” said HHS Secretary Xavier Becerra in a release. “This funding will help ensure everyone has access to testing regardless of whether they have health insurance.”

There are approximately 29 million uninsured individuals living in the United States. While this administration has been focused on decreasing the uninsured rate, as evidenced by the more than 1 million people who have enrolled into quality health coverage through the Special Enrollment Period (SEP), much work remains. By ensuring programs like the HRSA COVID-19 Uninsured Program remains adequately funded, this administration is removing cost impediments so anyone exposed to COVID-19 may seek appropriate testing and care.

The funding announced today is dedicated to COVID-19 testing. HRSA also helps uninsured individuals’ access COVID-19 treatment and vaccinations through the COVID-19 Uninsured Program. The program reimburses providers at national Medicare rates for providing these services. As of May 19, 2021, the program has issued over $2.5 billion toward reimbursing providers for delivering COVID-19 treatment and over $85 million for vaccinating the uninsured.

“Focusing on the underserved and eliminating health access barriers for vulnerable communities is a core part of our mission,” said Acting HRSA Administrator Diana Espinosa. “To truly return to normal after the pandemic, we must continue to test, treat and vaccinate everyone, regardless of insurance or immigration status.”

**OTHER NEWS AND SUMMARIES**

**Medicare Spent $16 billion on COVID-19 Hospitalization**

Medicare fee-for-service spending on COVID-19 hospitalizations was about $16.6 billion from January 1, 2020 through March 20, 2021. Spending averaged roughly $24,000 per beneficiary, according to preliminary data posted by CMS.

During that time period, there were more than 691,000 fee-for-service hospitalizations, according to the latest data snapshot.

Among hospitalized beneficiaries, 84% had hypertension, 67% had high cholesterol, 62% had chronic kidney disease, and 51% had ischemic heart disease.

Based on Medicare claims and encounter data, more than 4.1 beneficiaries have had COVID-19 since 2020.

According to the snapshot, beneficiaries with end stage renal disease had the highest rates of infection and hospitalizations.

In addition, American/Alaskan Natives had the highest rates of hospitalization for COVID-19, followed by African American and Hispanic beneficiaries. Infection rates followed similar trends.

The data is preliminary and CMS will continue to update the information as it processes claims and encounters.
Impact of COVID-19 on CHIP Recipients

The Centers for Medicare & Medicaid Services (CMS) released a comprehensive overview of the impact of the COVID-19 Public Health Emergency (PHE) on Medicaid and CHIP beneficiaries.

The agency conducted extensive data analysis using the Transformed Medicaid Statistical Information System (T-MSIS) Analytic Files (TAF). The report details the impact of the PHE on service utilization through October 2020 for CHIP and Medicaid beneficiaries.

Data includes:
- COVID-19 treatment, acute care use, and testing,
- Service use among Medicaid & CHIP beneficiaries age 18 and under,
- Services delivered via telehealth to Medicaid and CHIP beneficiaries, and
- Services for mental health and substance use disorders (SUDs) among Medicaid and CHIP beneficiaries.

According to CMS, “These analyses are essential to increasing our understanding of COVID-19’s impacts, as Medicaid and CHIP covered over 100 million Americans for at least one day between January and October 2020, including children, pregnant women, adults, seniors, and individuals with disabilities, among other groups.”

CMS indicated that Medicaid and CHIP covered nearly 43 million children during this time. Many of these children were living in poverty or had special health care needs.

Over 1.2 million CHIP and Medicaid beneficiaries received treatment for COVID-19 through October 2020. Almost 124,000 beneficiaries were hospitalized.

For children, the largest impact of COVID-19 was a decrease in health services utilization for primary, preventive, dental and mental health services. Utilization rates are rebounding in many areas; however, millions of services need to be utilized to make up for services not used during the PHE.

Telehealth delivery of services has increased significantly, peaking in April 2020.

Notable gaps in services occurred for mental health conditions and substance use disorders.

CMS noted, “Taken together, CMS’s release of COVID-19 data is a major step toward sharing timely data on some of the nation’s largest and most important health coverage programs. These results are essential not only for ensuring robust monitoring and oversight of Medicaid and CHIP, but also for highlighting the distinct impact COVID-19 has had on children’s service utilization, telehealth utilization, and services for mental health and SUDs. By using these results, CMS, states, and other key stakeholders can help drive better health outcomes for some of our nation’s most vulnerable beneficiaries.”

Medicaid and CHIP paid for over 9.9 million COVID-19 tests or testing services.

Service utilization declined among Medicaid & CHIP beneficiaries aged 18 and under: 1.8 million (9%) fewer vaccinations for beneficiaries up to age two, 4.6 million (21%) fewer child screening services, 14 million (34%) fewer mental health services, and 11.4 million (39%) fewer dental services.
Almost 68 million services were delivered via telehealth during the PHE, representing an increase of 2,700%.

Services for mental health and service use disorders significantly declined in nearly all states. Service utilization rates appear to still be declining in most states despite more people reporting mental or behavioral health conditions during the PHE.²