

State policies on access and coverage - COVID-19

American Medical Association, Advocacy Resource Center: edited 5/5/20

State	Testing *newly enacted federal law broadly requires plans to cover testing w/o cost-sharing	COVID-19 Care	Telemedicine *existing law in red.	Access to medications	Grace periods and related policies	COVID-19 vaccine coverage	Licensure See FSMB for up-to-date licensure information	Credentialing	Workers comp	Prior auth	Liability protections	Coverage, enrollment, and other access measures	Misc.	EOs, Bulletins. Waivers
Alabama			Medicaid extending coverage to medically necessary services that can be appropriately delivered via telecommunication services including telephone consultations. (source) DOI has asked insurers to make sure they have a robust telehealth program with enough providers (source)	Medicaid: allow overrides for maintenance supply medications (source) ; Medicaid postpone the implementation of the cumulative daily Morphine Milligram Equivalent edit decrease (source) ; Medicaid allowing early refills (source)						Medicaid: temporary exceptions for prior authorization renewal requests for lab values or urine drug screens that require an in-person visit with a lab or provider (source) ;	(source)	Medicaid temporarily lifting the EPSDT referral requirement (source) ; waiving copayments to the hospital, doctor's office, pharmacy, or for medical equipment and supplies (source) Medicaid will not terminate individuals from Medicaid coverage during the emergency period if they were enrolled in the program in March 2020, or became enrolled during the emergency period, unless the individual voluntarily terminated eligibility or is no longer a resident of the state. (source)		Medicaid Claims Medicaid telemedicine Medicaid telemedicine Medicaid pharmacy ; 1135 waiver approved 3/23/20
Alaska			Coverage and payment parity; audio only; patient-physician relationship can be established via audio only telemedicine (source) Medicaid expanding covered telemedicine services and removing restrictions on member or	Early refills (source, source) ; Medicaid early refills (source) ; Medicaid extending refills to 68-days and grandfathering existing prior authorizations (source)						Denials based on a failure to meet the prudent layperson standard for emergency care must consider COVID-19 and flu-like symptoms Medicaid suspending prior auth for FFS and extending existing prior auth (source)		SEP Ensure consistency with CDC guidelines that require four negative tests before discontinuing transmission-based precautions for a patient hospitalized with COVID-19 (source)		Medicaid DOI

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Arizona	No cost-sharing (source); No Medicaid cost-sharing (source)	Medicaid not permitting prior auth (source)	provider location (source , source) Lower cost-sharing than same service in-office. (EO 2020-07); Extends coverage for all services provided by telehealth (including in the home); payment parity to in-person services; telephone or video allowed; (source) Medicaid permitting services by telephone, reimbursing at face-to-face rates (source)	Medicaid permitting early refills; plans must open networks if there are drug shortages; prior authorization for medications expanded by automatic renewal without clinical review or time/quality extensions(source , source)			The Department of Health has permitted the medical board to temporarily waive licensure requirements for out-of-state physicians. (source)			Medicaid suspending or expending prior auth for certain services (source); Medicaid suspending prior auth for FFS and extending existing prior auth (source)	An Arizona health care professional who in the course of providing medical services in support of the State's public health emergency for COVID-19 is presumed to have acted in good faith and is immune from civil liability. (source)	Medicaid SPA temporarily expands eligibility to cover COVID-19 testing for uninsured individuals; Streamline enrollment for children whose family income changes during the disaster period (source) Medicaid suspending premiums and cost-sharing (source , source) Medicaid adopting 12-month continuous eligibility for children under 19 (source)		Gov ; 1135 waiver approved 3/23/20
Arkansas			Coverage parity and payment parity. Telephone allowed; Physicians licensed in Arkansas who have access to a patient's personal health records may establish a patient-physician relationship using any technology deemed appropriate by the provider, including the telephone (source) Medicaid lifting the requirement to have an established professional	Medicaid allowing early refills (source)			Temporary licenses for medical residents who have completed at least one year of post-graduate training and have the written recommendation of their program director. (source)					Medicaid waiving annual limit on physician and hospital visits (source)		EO Telemedicine EO

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			relationship before utilizing telemedicine. Physician must have access to a patient's personal health record. Service may be provided by any technology deemed appropriate, including telephone, but it must be provided in real time. Medicaid has waived originating site requirements (source)											
California	Prohibit cost-sharing on in-network provider office visits or urgent care center when purpose of visit is to be tested and prohibit cost sharing on emergency room visit when necessary purpose is to be tested; Medicaid no cost-sharing (source)	Cover all medically necessary treatment for COVID-19 infection and sequelae. For any large group or grandfathered policy, if an insurer asserts that a medically necessary treatment for COVID-19 infection or sequelae is not covered, it must detail treatment that is not covered and provide current data on the number of groups and covered lives affected. (source) Medicaid coverings all testing and treatment as emergency services (source)	Dept. Of Managed Health Care Directive: Expand coverage of telemedicine services; payment parity with in-person service; telephone only allowed; remove cost-sharing; specify in-network providers are part of telemedicine network. (source) Medicaid permitting services provided by telephone, Medicaid reimbursing at face-to-face rates (source)	Early refills (at least a 30-day supply on hand and permitting conversion of 30-day prescriptions with multiple refills into one larger prescription). Plans should allow enrollees to receive at least a 90-day supply of maintenance drugs (source). Waiving delivery charges for home delivery of prescription medications. (source) In the event of a shortage of a drug, plans should waive prior auth and step therapy requirements if the prescriber recommends a different drug to treat the condition. (source)	60-day grace periods for payments on all insurance policies		Expanded EMAC to volunteer out of state physicians responding to COVID-19			Streamlining or eliminating processes for requesting prior authorization, step therapy exceptions, and exceptions for obtaining off-formulary drugs when a drug is unavailable due to supply chain disruptions or similar issues (source); Medicaid suspending prior auth for FFS and extending existing prior auth (source)	EMAC would provide liability protections to volunteer out-of-state physicians responding to COVID-19.	Exchange enrollment open until June 30, 2020 (source) Testing and treatment covered under Emergency Medicaid for noncitizens (source) Medicaid covering testing and treatment under Medicaid via presumptive eligibility (source) Medicaid suspending redeterminations and disenrollment (source)	All insurers must submit a notification describing its communicating with potentially impacted insureds, and summarizing the actions the taken (or is in the process of taking) to ensure that the health care needs of insureds are met. (source)	1135 waiver approved 3/23/20 DOI DMHC

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				Medicaid allowing early refills, waiving supply limits, allowing out-of-network fills, waiving delivery charges for home delivery (source , source)										
Colorado	COVID-19 testing without the requirement that consumers pay co-pays, deductibles or co-insurance. Waive cost-sharing for an in-network provider office visit, an in-network urgent care center visit, and an ER visit when a covered person is seeking testing for COVID-19.	Medicaid Allow telephone and live chat modalities; authorizing FQHCs, RHCs, and Indian Health Services to bill encounters for telemedicine visits; expanded telemedicine coverage (audio visual only) to include Physical Therapy, Occupational Therapy, and Home Health, Hospice and Pediatric Behavioral Therapy. Reimbursement same rate as in-person services, (source) Medicaid waiving copays (source)	telehealth services to cover COVID-19-related in-network telehealth services at no cost share, including co-pays, deductibles, and coinsurance that would normally apply to the telehealth visit. (source) Allow audio only and non-public facing live video technologies; telehealth services shall be reimbursed at rates not lower than in-person services. Carriers shall not require a covered person have a previously established patient-provider relationship with a specific provider in order for that person to receive telemedicine services from that provider. (source); Coverage parity	one-time early refill of any necessary prescriptions (source) Medicaid allowing early refills, 100-day supply, deferring prior authorizations, waiving signature requirements (source)			Waives licensure requirement for out-of-state physicians who meet certain requirements (guidance saved in g:drive)			Medicaid suspending prior auth for FFS and extending existing prior auth (source)		Special enrollment Qualify for health insurance starting 4/1 if currently don't have health insurance; have recently lost health insurance; or will lose your health insurance soon	DOI	
Connecticut			Coverage parity ; Telehealth providers that are in-network providers for commercial fully insured health insurance providing covered telehealth	Medicaid permitting early refills, modifying supply limits. CHIP permitting early refills, modifying supply limits, and waiving copays						Medicaid suspending prior auth for FFS and extending existing prior auth (source)	Immunity for civil liability for any injury or death alleged to have been sustained because of the individual or health care facility's acts or	Special enrollment; Waiving medical copays for CHIP and dual eligible (source) Medicaid suspending		

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			services to patients with whom there is an existing provider-patient relationship, these providers may engage in telehealth through the use of audio-only telephone; Waive licensure for out-of-state providers to provide telehealth; (source) Medicaid waiving the homebound requirements for all otherwise coverable medical telemedicine services, adding specified “New Patient” E&M services, waiving the originating site, requirements for psychiatric diagnostic evaluations. (source) Medicaid covering certain behavioral health, including MAT, and pre- and post-surgical consultations (source) ; Medicaid reimbursing for additional services, reimbursing at face-to-face rates, permitting E&M services provided by telephone (source)	for prescriptions (source)							omissions undertaken in good faith while providing health care services in support of the state’s COVID-19 response, including acts or omissions undertaken because of lack of resources which impacts the level of care that otherwise would have been required in the absence of the pandemic. Also specifies that nothing in this order shall remove or limit any immunity conferred by any provision of the Connecticut General Statutes or other law. (source)	timeframe for enrollment renewals (source)		
Delaware	No Medicaid co-pays (source) Coverage for testing (as EHB)		Coverage parity; payment at same rate as in-person service.	Early refills (source) ; Medicaid early refills,		covered	Waive licensure requirements for out-of-state physicians.			Must waive prior authorization requirements for the lab testing and treatment of		Suspending Medicaid renewals, suspending CHIP premiums,		EO DOI

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			Suspend any provisions that require medical care to be provided in a specific location. May be provided through variety of platforms (including telephones, FaceTime, etc.); Medicaid reimburses for all covered services, permitting services provided by telephone, waiving requirements that patient be in state at time of services, (source)	Medicaid quantity limits lifted for respiratory acute treatment drugs			Physicians who have held an active Delaware license or certification within the last five years, which is now inactive, expired, or lapsed, may provide healthcare services in Delaware, so long as that license was active and in good standing for the duration of the five-year period prior to the date it went inactive, expired or lapsed. (source)			confirmed or suspected COVID19 patients (source) Medicaid suspending prior auth for FFS and extending existing prior auth (source)		extending emergency Medicaid coverage to noncitizens for COVID-19 care (source)		
DC	No cost-sharing (source)	No cost-sharing (source)	Coverage parity; Guidance on the use of telehealth in DC. Medicaid permitting patient's home to be originating site (source) ; telephone only (source)	Early refills, substitutions if shortages (source) Medicaid allowing 90-day supply (source)		No cost (source)	Limited reciprocity for out-of-state physicians (via telemedicine for existing patients) or (services in a health care facility, incl. telemedicine)			No prior authorization for testing, screening and treatment of COVID-19. (source)		Plans required to cover all out-of-network charges including cost-sharing and balance billing unless patient was first offered the services in-network w/o unreasonable delay. Providers encouraged to accept highest in-network rate as payment in full.	Plans required to give prompt notice of policies to address COVID-19 Plans can't cancel benefits without informing commissioner	EO
Florida		Medicaid waiving prior auth for all services (except pharmacy) necessary for evaluation and treatment; waiving limits on frequency, duration, and scope (source)	Medicaid waiving face-to-face provider site visit requirements (source) , expanding coverage to behavior analysis services, therapy services, specified behavioral health services, early intervention services (source)	Early refills (source) ; Medicaid early refills (source) ; Medicaid waiving restrictions on mail-orders, allowing supply to exceed limits (source)			Volunteer out-of-state physicians allowed to practice in FL under the American Red Cross or Florida Department of Health			Medicaid waiving prior auth for medically necessary hospital services, physician services, and durable medical equipment and supplies (source) ; Medicaid suspending prior auth for FFS (source)		Medicaid waiving co-pays for all services, removing prior auth from many services (source) Medicaid suspending disenrollment and extending timeline to complete application (source)	Out-of-state providers may temporarily become enrolled Medicaid providers (source)	1135 waiver approved 3/16 EO

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Georgia	Prohibit cost-sharing on in-network provider office visits or urgent care center when purpose of visit is to be tested and prohibit cost sharing on emergency room visit when purpose is to be tested		Coverage parity; payment at same rate as in person service; DEA registered practitioners may issue prescriptions during the Public Health State of Emergency related to COVID-19 for controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all of the following conditions are met: (A) The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice. (B) The practitioner conducted a medical evaluation on the patient using telemedicine communication; (C) The telemedicine communication is conducted using an audio-visual or audio only, real time, two-way interactive communication system; and (D) The practitioner is acting within Federal and State law and otherwise following the	Early refills (30 days); Medicaid permitting early refills, allowing 90-day supply, extending expiring prior authorizations (source)			Waves licensure requirements for licensed out-of-state physicians (source)			Medicaid suspending prior auth for FFS and extending existing prior auth (source)				Executive order in g:drive EO
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			provisions of Board Rule 360-3-.07. Medicaid FFS waiving the telehealth services originating site limitations, allowing telehealth via phone, webcam, cellphone video (source , source)											
Hawaii			<p>Payment at same rate as in person service</p> <p>Allows telehealth without prior existing patient-physician relationship. (source)</p> <p>Allows coverage of telehealth via telephone (source)</p>				<p>Waives licensure requirements for licensed out-of-state or previously licensed physicians. Must be hired by a state or county agency or facility, or by a hospital, including related clinics and rehabilitation hospitals, nursing home, hospice, pharmacy, or clinical laboratory (source)</p>			<p>Medicaid suspending prior auth for FFS (source)</p>				
Idaho		<p>Allow healthcare service providers to waive or pay all or part of a claimant's deductive or cost-sharing for COVID-19 testing, diagnosis and treatment (source)</p>	<p>FFS Medicaid expanded reimbursement for covered services at face-to-face payment rate (source)</p> <p>Audio only permitted;</p> <p>Allow provider-patient relationship to be established over telemedicine;</p> <p>Provide coverage of telehealth visits for all in-network providers; allow non-HIPAA compliant communications platforms to the extent the provider does not</p>	<p>Emergency refills up to 90 days (source)</p>			<p>BOM will issue temporary licenses to retired and inactive physicians who have actively practiced within the last 5 years and have held a license to practice in good standing from Idaho or another state at the time of retirement or inactivity.</p> <p>Physicians who have an unrestricted license in good standing in another state may practice in Idaho, including telemedicine without securing a</p>			<p>Medicaid suspending prior auth for FFS and extending existing prior auth (source)</p>		<p>Medicaid suspending certain primary care referral requirements (source)</p>	<p>Gov</p> <p>Waived admin rules</p>	

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			already have access to a HIPAA compliant platform (source)				Idaho license, but they are encouraged to notify the board. (source)							
Illinois			Expand coverage of telemedicine services; payment parity with in-person service; telephone only allowed; remove cost-sharing; remove prior auth; specify in-network providers are part of telemedicine network. (source) Medicaid reimbursement at face-to-face rates for all covered services, Medicaid waiving originating site requirements (source)				Physicians whose license is expired or inactive, for less than 3 years, can restore their license no fee and CME requirements will be waived. Permitted to work under the direction of IEMA/IDPH or in a long-term care facility, hospital, or Federally Qualified Health Center			Medicaid suspending prior auth for FFS and extending existing prior auth (source)	Extends civil immunity to health care facilities, health care professional and health care volunteers while rendering assistance to the State by providing health care services in response to COVID-19. (source)	Medicaid relaxing provider enrollment requirements (source) Covering COVID-19 related testing and treatment for uninsured (source)		telehealth ; 1135 waiver approved 3/23/20
Indiana	No prior auth for testing (source); Medicaid waiving co-pays (source)		Coverage parity Expands definition of telemedicine to include audio only. Medicaid: Suspend any restrictions on telehealth (source); Medicaid reimbursement for all covered services (source)	opioid treatment provider can increase limit on take-home from 6 to 30 days or max allowed by SAMHSA (source)	Request a 60-day moratorium on policy cancellation for premium nonpayment (source)		Waive state licensure requirement for licensed out-of-state physicians to practice in Indiana. (source)			Requesting payers remove prior auth for testing (source); Medicaid suspending prior auth for FFS and extending existing prior auth (source)		Suspend Medicaid premium payments, delay Medicaid renewal requirements		1135 waiver approved 3/25/20
Iowa			Telephone only allowed; remove established patient physician relationship requirement (source) Medicaid reimbursing for covered services regardless of patient location (source)				Allow physicians whose license is inactive or has lapsed within the last 5 years to practice. But, limited to medical care and treatment of victims of this public health disaster emergency. (source)							1135 waiver approved 3/25/20

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Kansas			Coverage parity Physicians are encouraged to use telemedicine services. (source)	K.S.A. 65-1637(k)(2)			Temporary license available to out-of-state health care providers and Kansas providers who held an active license within the last 2 years, and whose license has not been revoked or suspended. May only provide services relating to COVID-19 response efforts and/or mitigating any effect of COVID-19. (source)			Medicaid suspending prior auth for FFS and extending existing prior auth (source)				1135 waiver approved 3/24/20
Kentucky	No cost-sharing for screening and testing, including hospitals, Eds, urgent care, provider office visits, labs, telehealth, (source); No Medicaid cost-sharing or prior auth (source)	No prior auth (Medicaid) (source)	Coverage and payment same as in-person unless provider and plan contractually agree to lower rate; patient physician relationship can be established via telemedicine if requirements are met, however, the examination does not require an in-person visit if the technology is sufficient to provide the physician with pertinent information. Medicaid reimbursing for telephone calls and remote evaluation, including expanded behavioral health services (source , source)	Early refills (source); Medicaid early refills (source)		No cost sharing	Licensed out-of-state physicians may register with state to provide services in Kentucky. (source)			No prior auth for screening and testing (source); No Medicaid prior auth for testing or treatment (source); Medicaid suspending prior auth for FFS (source)	Provides defense to civil liability for ordinary negligence for any personal injury resulting from said care or treatment, or from any act or failure to act in providing or arranging further medical treatment, if the health care provider acts as an ordinary, reasonable, and prudent health care provider would have acted under the same or similar circumstances. (See 5(b) source for additional information)	uninsured residents under 65 can apply for presumptive eligibility. Presumptive Eligibility Medicaid is temporary and ends on 6/30/2020 unless the individual submits an application for regular Medicaid (source)	All insurers shall notify all contracted providers that the insurer is waiving the cost-sharing and prior authorization requirements, and ensure that information regarding the waivers is provided to customer service centers, nurse advice lines, and others so that proper information is provided to insured	EO 1135 waiver approved 3/25/20
Louisiana	No cost-sharing for screening and testing including hospital, ED, urgent care and provider office visits, lab testing	Medicaid covering care related to COVID-19 with no prior auth or copays (source)	All plans must cover telemedicine; Allow audio only; Health insurance issuers shall	Early refills with approval of patients' health care provider and/or pharmacists. (source); no step	Plans may pend claim when premiums aren't paid. If policy cancelled, plan must pay (1) for	No cost-sharing (source); Medicaid to offer with no copay when available (source)	Suspends licensure laws for medical professionals and personnel from other states or other countries offering medical	there are no credentialing requirements with regard to any and all licensed physicians who		No prior auth for screening or testing (source); no step therapy or precertification for 30 day supply of medication		Plans to verify that networks adequate to handle potential increase, including by offering access to	Plans to notify providers of cost-sharing and prior auth requirements.	1135 waiver approved 3/23/20 DOI (applies to HMOs, MCOs, PPOs, PBMs, TPAs and other

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	(source); Medicaid covering testing with no prior auth or copays (source); Medicaid payment at Medicare rates (source)		waive any coverage limitations restricting telemedicine access to providers included within a plan's telemedicine network; Health insurance issuers shall waive any requirement that the patient and provider have a prior relationship in order to have services delivered through telemedicine; coverage for mental health provided via telemedicine; and coverage for provider to provider consultations. (source) Medicaid reimbursing for telephone calls and remote evaluation, including expanded behavioral health services (source) No Medicaid limits on originating site (source); Medicaid reimbursing for E&M by telephone (source)	therapy or prior auth for 30 day supply of medication (source); no restrictions for out-of-network pharmacy (source); remove restrictions on replacement prescription pertaining to mail order and can be mailed to alternative address is requested. (source); Medicaid permitting early refills and up to 90 day supply (source); Medicaid extending existing prior authorizations and waiving all pharmacy copays (source)	contracted providers, 50% of the contracted rate; (2.) for non-contracted providers, 50% of the non-participating rate (source) A group health insurance policy shall provide to all members the option for the continuation of coverage, which will begin the day after the expiration of Emergency Rule. Suspends cancellation, non-renewal and non-reinstatement by insurers retroactively to the start of this emergency period. No policy can be canceled or non-renewed because of a claim that is filed during this emergency.. (source)		services in Louisiana to those needing medical services as a result of this disaster provided that said out-of-state or out-of-country medical professionals and personnel possess a current medical license in good standing in their respective state or country of licensure and that they practice in good faith and within the reasonable scope of his or her skills, training, or ability. Licensed out-of-state physicians may register with board for temporary, voluntary license. (temporary application) (source)	provide medical services until the end of the emergency. (source)		(source); Medicaid suspending prior auth on acute hospital-based care (source)		out-of-network services where appropriate (source);		insurance related entities licensed by the commissioner doing business in the state DOI
Maine	No cost-sharing (source)		Expand coverage of telemedicine services; payment parity with in-person service; telephone only allowed	Early refills; If shortages occur w/ drug on formulary, substitutions at no greater cost		No cost-sharing (source)	Allow the expedited licensure (at no cost) of qualified physicians licensed in other states and physicians who	Plans can't refuse to pay claims from providers credentialed within an organization but not at the		No prior auth for testing (source) Medicaid suspending prior auth for FFS and extending existing		Medicaid waiving timely processing of applications and renewals; expanding renewals deadlines,	Plans must inform enrollees, providers and public of actions taking to comply DOI order and other measures.	telehealth DOI

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			(source); Medicaid allowing prescribing via telemedicine (source); Medicaid permitting services by telephone (source); Medicaid permitting prescribing buprenorphine and buprenorphine combination products by telemedicine (source)	and without prior auth or step therapy (source); Medicaid permitting prescribing buprenorphine and buprenorphine combination products by telemedicine (source)			have retired in good standing in Maine in the last two years to provide assistance for the duration of the emergency (source)	location where care was provided or at a location not in that health care organization because of lack of credentials. Plan can have reasonable notice requirements if a provider is reassigned to a different location in the same or another organization, but must have a reconciliation process so claims are not denied indefinitely because credential is not valid at the location.		prior auth (source)		allowing self-attestation of all eligibility criteria except citizenship and immigration status, waiving premiums, suspending premium lock-out policy (source)		
Maryland	Waive cost-sharing for any visit to diagnose or test for COVID-19, including Eds, urgent care centers and physicians' offices, and lab fees. (source) Evaluate request to use an out of network provider to perform testing of COVID-19 solely on whether the use of the provider is medically necessary or appropriate. (source) Medicaid waiving cost-sharing for testing services, testing-related services (source)	Make a claims payment for treatment for COVID-19 that the health carrier has denied as Experimental (source) Medicaid waiving cost-sharing for treatments for COVID-19 (source)	Insurers must reimburse for the diagnosis, consultation and treatment that can be appropriately provided through telehealth. The Governor may consult with the DOH and Insurance Commissioner and Exchange to implement orders relating to COVID-19 Medicaid expanding originating site to facilitate reimbursement by carriers for telemedicine services (HB 1663) Expanding original site to include patient's home (source);	Early refills (source)		No cost-sharing (source)	Waive licensure requirements for licensed out-of-state physicians practicing in a health care facility. Inactive practitioners may also practice at a facility if certain parameters are met (source)			Limit prior authorization requirements for testing for COVID-19 to only those requirements that are based on the medical necessity of that testing. (source) Treat an adverse decision on a request for coverage of diagnostic services for COVID-19 as an emergency case for which an expedited grievance procedure is required under Insurance Article, §15-10A-02, Annotated Code of Maryland. (source) Medicaid suspending prior		Special enrollment (and coverage available to people without insurance or with short-term health) (source) Plans to ensure that networks adequate to handle potential increase, including by offering access to out-of-network services where appropriate Medicaid waiving cost-sharing for testing services, testing-related services, and treatments for COVID-19, suspending premiums for TWWIIA Basic group and targeted low-		DOI

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			Medicaid permitting audio-only (source)							auth for FFS and extending existing prior auth (source)		income children (source)		
Mass	Expects plans to “relax” prior auth; no cost-sharing (source)	Expects plans to “relax” prior auth; no cost-sharing (source)	Expand coverage of telemedicine services; payment parity with in-person services; telephone only allowed; remove cost-sharing for COVID-19 services; remove prior auth for COVID-19 services; specify in-network providers are part of telemedicine network. (source) ; Medicaid reimbursement for all covered services at face-to-face rates (source)	Medicaid early refills (source); Medicaid allowing exceptions to supply limit, removing prior auth for certain drugs, extending existing prior authorizations (source) 30 day early refill (source) Waive signature requirements for in-person prescription receipts and in-home deliveries; remove barriers to mailing prescriptions (Source) Division expects carriers that are acting as TPA for employer-sponsored coverage, encourage plan sponsors to take steps that are consistent with DOI directives on prescription drug access. (source).		No cost-sharing (source)	Temporary license for out-of-state physicians to respond to COVID-19 (source)			“Relax” prior auth for testing and treatment (source) Medicaid suspending prior auth for FFS and extending existing prior auth (source)	Civil immunity for health care professionals and health care facilities for any damages alleged to have been sustained by an act or omission by the health care professional or health care facility in the course of providing health care services during the period of the COVID-19 emergency. (source)	Special enrollment (source) Medicaid expanding presumptive eligibility for those with diagnosis or a presumptive diagnosis of COVID-19 (source)		telemedicine DOI
Michigan			Coverage and payment the same as if the service were provided in person; audio only allowed; Medicaid waiving originating site requirement (source);	Emergency refills up to 60 days if in pharmacist’s judgment, failure to refill might interrupt patients care/have a significant adverse effect. Must inform prescriber and			Waive state licensure requirement for licensed out-of-state physicians and physicians who retired in last 5 years. (source)			Medicaid suspending prior auth for FFS and extending existing prior auth (source)	Consistent with MCL 30.411(4), any licensed health care professional or designated health care facility that provides medical services in support of this state’s response			EO

State	Testing *newly enacted law broadly requires all plans to cover testing w/o cost-sharing	COVID-19 Care	Telemedicine *existing law in red.	Access to medications	Grace periods and related policies	COVID-19 vaccine Coverage	Licensure	Credentialing	Workers comp	Prior auth	Liability protections	Coverage, enrollment, and other access measures	Misc.	EOs, Bulletins, Waivers
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			Medicaid permitting services by telephone (source)	prescriber cannot incur any criminal or civil liability or licensing disciplinary action (Source) Plans must cover emergency refills of covered prescriptions. Must allow for early refills of all 30-day or 60-day prescription maintenance medications to allow for up to a 90-day supply to be dispensed by a pharmacy, w/o regard to whether the pharmacy is mail-order or in-person. (Source) Pharmacists may temporarily operate a pharmacy in an area not designated on the pharmacy license; may dispense and/or administer drugs as needed to treat COVID-19; may substitute therapeutically equivalent subject to critical shortages w/o authorization prescriber (Source)							to the COVID-19 pandemic is not liable for an injury sustained by a person by reason of those services, regardless of how or under what circumstances or by what cause those injuries are sustained, unless it is established that such injury or death was caused by the gross negligence, as defined in MCL 30.411(9), of such health care professional or designated health care facility. (source)			
Minnesota	Medicaid waiving cost-sharing for testing services (including in vitro diagnostic products) and testing related services (source)	Medicaid waiving cost-sharing for treatments for COVID-19, including vaccines, specialized equipment and Therapies (source)	Coverage and payment the same as if the service were provided in person; Expands definition of telemedicine to include health care services provided in a	Allow 90-day supply of prescription maintenance medications (source) Medicaid allowing 90-day supply of maintenance						Medicaid suspending prior auth for FFS (source)		Emergency Special Enrollment to MNSure https://www.mnsure.org/new-customers/enrollment-deadlines/special-enrollment/covid-19-sep.jsp		1135 waiver approved

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			<p>patient's home (source)</p> <p>Medicaid allowing originating site to be the patient's home, allowing telephone delivery, lift the requirement that the first telemedicine visit occur in-person and face-to-face, and lifting cap on the number of telemedicine visits per week (source)</p>	<p>medications (source)</p> <p>Minnesota legislature passed a bill that repeals a measure in current law that precludes initial prescriptions for Schedule II through IV opiates or narcotics if the prescription had been issued more than 30 days prior. Also repeals current law that prohibits refills for Schedule III and IV narcotics or opioids if more than 30 days since the previous date on which the prescription was initially filled or refilled.</p>								<p>Medicaid suspending disenrollment due to failure to pay premiums for working disabled BBA group (source)</p> <p>Medicaid suspending cost-sharing for testing services, testing-related services (source)</p>		
Mississippi			<p>Coverage same as in-person;</p> <p>Medicaid waiving allowing home to be originating site, allowing services by telephone (source)</p>				<p>Waive licensure requirement for telehealth only when the physician has an existing patient physician relationship (source)</p>			<p>Medicaid suspending prior auth for FFS and extending existing prior auth (source)</p>				<p>1135 waiver approved 3/23/20</p> <p>Licensure</p>
Missouri		<p>Medicaid coverage and no prior authorization/quantity limits for symptom treatment of COVID-19 infection (source)</p>	<p>Coverage same as in person, but may limit to health care providers that are in a network approved by the plan or the health carrier; audio only permitted;</p> <p>Existing patient-physician relationship prior to provision of telemedicine no longer required. (source);</p> <p>Medicaid allowing behavioral health</p>	<p>Medicaid early refills (source)</p>	<p>DOI strongly encourages plans to extend at least a 60-day grace for coverage where premiums are unpaid; plans are strongly encouraged to accept liability for valid claims for covered losses incurred prior to the end of the grace period if appropriate dues or premiums are received by the carrier during the</p>		<p>Waived requirement that providers be licensed in MO in order to provide care via telehealth in state. Director will not take an enforcement action against any health carrier when the health carrier provides coverage for services via telehealth by a provider who is licensed in</p>			<p>Medicaid suspending prior auth for FFS and extending existing prior auth (source)</p>				<p>1135 waiver approved 3/25/20</p> <p>DOI telemedicine</p>

State	Testing *newly enacted law broadly requires all plans to cover testing w/o cost-sharing	COVID-19 Care	Telemedicine *existing law in red.	Access to medications	Grace periods and related policies	COVID-19 vaccine Coverage	Licensure	Credentialing	Workers comp	Prior auth	Liability protections	Coverage, enrollment, and other access measures	Misc.	EOs, Bulletins, Waivers
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			services by telephone or telehealth and waiving requirement of existing patient-physician relationship (source)		grace period. For carriers who agree to provide an extended grace period of 60 days in all markets, DOI will grant a safe harbor from enforcement of the provisions of section 376.434.2. Plans that want to take advantage of safe harbor must notify the DOI with details of how they will implement change, including how they will handle claims processing and provider communications.		another state but not in MO (source)							
Montana	Some plans voluntarily waiving fees for testing (Source)		Coverage parity Health care practitioners shall be allowed to perform health care services using all modes of telehealth, including video and audio, audio-only, or other electronic media, to treat the residents of the state of Montana for all medically necessary and appropriate services; Waives requirements in ARM § 24.156.813 (source); Medicaid reimbursing for all covered services at face-to-face rates, no requirements on technology (e.g. telephone				May provide interstate licensure recognition whenever a state of emergency or disaster is in effect by registering professionals who possesses an active, unrestricted license in another state. Certain modification of statutes and administrative rules is necessary to achieve this purpose. (source)			Medicaid suspending prior auth for FFS and extending existing prior auth (source)				DOI (recommendation to plans)

State	Testing *newly enacted law broadly requires all plans to cover testing w/o cost-sharing	COVID-19 Care	Telemedicine *existing law in red.	Access to medications	Grace periods and related policies	COVID-19 vaccine Coverage	Licensure	Credentialing	Workers comp	Prior auth	Liability protections	Coverage, enrollment, and other access measures	Misc.	EOs, Bulletins, Waivers
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			acceptable), and home is acceptable originating site (source)											
Nebraska			Coverage parity; telephone allowed; Medicaid reimbursing services by telephone for patients experiencing mild COVID-19 symptoms, patients needing routine follow-up, and behavioral health assessment and management (source)	Medicaid allowing one-time early refill (source)						Medicaid suspending prior auth for FFS (source)		State will not take an enforcement action against a plan if they amend their catastrophic policies to provide pre-deductible coverage for services associated with diagnosis or testing of COVID-19 (source)		
Nevada	No cost-sharing on in-network provider office visits or urgent care center when purpose of visit is to be tested and no cost sharing on emergency room visit when purpose is to be tested.		Coverage same as in-person; Medicaid lifting restriction on telephonic services (source)	Medicaid early refills (source) Early/extra refills Coverage for off-formulary prescription drugs if a formulary drug is not available for treatment (source)	DOI encouraging all insurance carriers to provide flexibility with due dates for premiums. This includes the opportunity for an additional 60-day premium grace period.	No cost-sharing (source)				Medicaid extending existing prior auth (source)	Provides civil immunity to those providing medical services related to COVID-19. (source)	Special enrollment (and coverage available to people without insurance or with short-term health) (source)		
New Hampshire	No cost-sharing for testing including emergency services, urgent care or office visits (if no in-network providers available then must cover out-of-network. Provide coverage for testing services regardless of site of service or network participation at testing sites. (source)		Coverage parity; (source); Allow all in-network providers to deliver clinically appropriate, medically necessary covered services to members via telehealth. This shall include reimbursement for all modes of telehealth, including video and audio, audio-only, or other electronic media provided by	Early one-time refills. For maintenance medication – can get 90-day supply (source)			Out-of-state medical personnel entering NH to provide care related to COVID-19 shall be permitted to provide services in the same manner as prescribed in RSA 21-P:41.	Commissioner of Dept. of HHS may waive any licensure or credentialing requirements and accompanying regulations with respect to any hospital or health facility (source)		Medicaid suspending prior auth for FFS and extending existing prior auth (source) No prior auth for testing. (source). Plans should take steps to minimize the extent to which prior auth requirements act as a barrier to accessing necessary treatment for COVID-19 and be prepared to expedite UR and	Out-of-state medical providers providing care related to the emergency are considered employees of the state and have the same protections of employees of the state. (source)	Plans directed to verify networks are adequate.		Executive Order ; 1135 waiver approved 3/23/20

State	Testing *newly enacted law broadly requires all plans to cover testing w/o cost-sharing	COVID-19 Care	Telemedicine *existing law in red.	Access to medications	Grace periods and related policies	COVID-19 vaccine Coverage	Licensure	Credentialing	Workers comp	Prior auth	Liability protections	Coverage, enrollment, and other access measures	Misc.	EOs, Bulletins. Waivers
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			medical providers to treat all members for all medically necessary covered services; payment parity to in-person services; no-cost sharing for COVID-19 related care provided via telehealth; eliminates originating site restrictions; (source) Medicaid reimbursing for all covered services at face-to-face rates, no restriction on originating site, audio-only allowed (source)							appeal process for services related to COVID-19.				
New Jersey	Medicaid waiving co-pays (source) No cost-sharing for testing (source)		Coverage parity; Telehealth includes telephone, but telemedicine does not. DOI has asked all plans to review their telemedicine and telehealth networks to ensure network adequacy; cover, without cost-sharing services or supplies delivered or obtained via telemedicine or telehealth; encourage their network providers to utilize telemedicine or telehealth services wherever possible and clinically appropriate; Allow audio-only;	Medicaid allowing early refills and 90-day supply (source)	A minimum 60-day grace period required. Insurers required to notify policyholders of this emergency grace period and to waive certain late fees, interest, or other charges associated with delays in premium payments. Requires insurance companies to pay claims during the grace period: Insurance companies will be required to pay any claim incurred during the emergency grace period that would be covered under the policy. The Order further prohibits insurance		Licensed out-of-state physicians may register with board for expedited temporary license. (source)			Medicaid suspending prior auth for FFS and extending existing prior auth (source)	Civil immunity to health care professionals and facilities for an injury or death alleged to have been sustained as a result of an act or omission by the health care professional in the course of providing medical services in support of the State's response to the outbreak of coronavirus disease during the public health emergency and state of emergency. Immunity shall also include any act or omission undertaken in good faith by a health care professional or healthcare facility	CHIP waiving premiums (source)	External appeals temporarily must be emailed to department – temporary form should be used. Suspending filing fee. (Source)	1135 waiver approved 3/23/20

State	Testing *newly enacted law broadly requires all plans to cover testing w/o cost-sharing	COVID-19 Care	Telemedicine *existing law in red.	Access to medications	Grace periods and related policies	COVID-19 vaccine Coverage	Licensure	Credentialing	Workers comp	Prior auth	Liability protections	Coverage, enrollment, and other access measures	Misc.	EOs, Bulletins. Waivers
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			<p>allow establish patient physician relationship via audio-only; payment same as in-person services; may not require physician to be licensed in state as long as they adhere to other requirements; may not impose prior auth on medical necessary treatment provided via telehealth (source); Legislation provides coverage parity for telehealth services and specifies no cost-sharing may be imposed for telemedicine (A.3843); Any health care practitioner is authorized to provide and bill for services via telemedicine; out-of-state practitioners may provide telemedicine services to patients for COVID-19 related care only, unless the practitioner has an existing relationship with the patient. (A.3860). Medicaid reimbursing for any appropriate, medically necessary service at face-to-face rates, waiving site or service</p>		<p>companies from seeking recoupment of any claims paid during the emergency grace period based on non-payment of premiums. Ensures that unpaid premiums are made payable over a lengthy period: To ensure that policyholders are not required to make a lump sum payment on unpaid premiums at the end of the grace period, any unpaid premium will be amortized over the remainder of the policy term or a period of up to 12 months, as appropriate and as directed by the Commissioner (source)</p>						<p>or a health care system to support efforts to treat COVID-19 patients and to prevent the spread of COVID-19 during the public health emergency and state of emergency. The immunity granted pursuant to this subsection shall not apply to acts or omissions constituting a crime, actual fraud, actual malice, gross negligence, recklessness, or willful misconduct, and shall be retroactive to March 9, 2020 (source)</p>			
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State	Testing *newly enacted law broadly requires all plans to cover testing w/o cost-sharing	COVID-19 Care	Telemedicine *existing law in red.	Access to medications	Grace periods and related policies	COVID-19 vaccine Coverage	Licensure	Credentialing	Workers comp	Prior auth	Liability protections	Coverage, enrollment, and other access measures	Misc.	EOs, Bulletins, Waivers
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			requirements, waiving technology requirements (e.g. allowing audio-only); waiving requirement of existing patient-physician relationship (source)											
New Mexico	No cost-sharing for testing, including office visits, ER, and urgent care centers (source); Medicaid waiving cost-sharing (source)	No cost-sharing for services to those with COVID-19 ; Medicaid waiving cost-sharing (source)	Insurers shall treat telemedicine visits and in-person visits equally; Payment parity with in person services; for services to those with COVID-19 no prior auth or cost-sharing; telephone allowed. (existing law DOI Bulletin); Medicaid allowing telehealth in all settings, allowing telephonic behavioral health services and reimbursing at face-to-face rates (source)	Medicaid waiving maximum supply requirements for maintenance drugs (source)			Encourage physicians to apply for expedited telemedicine license. Also have temporary license to individuals who can provide proof of medical school graduation, passing the USMLE tests, and two years of post-graduate training, but temporarily waives the remaining required documentation including work verification, recommendation letters, specialty board certifications and some licensure verification. (saved in G: drive)	Credential out-of-state providers (source)	Limited benefit plans (such as workers compensation and automobile medical payment insurance) to provide notice to their members that their plans do not provide comprehensive medical coverage and to give members information on where they should go to check on their eligibility to apply for and obtain such coverage.	Medicaid suspending prior auth for FFS and extending existing prior auth (source) No prior auth for services to those with COVID-19 (source)		Gov calls on federal government to issue SEP for FFES Medicaid requesting MCOs develop drive-up testing (source)	Gov encourages self-insured plans to follow same policies Governor emphasizes the importance of notifying those who purchased limited benefit plans that they do not have comprehensive medical coverage and providing information on how they can enroll in such coverage	DOI Bulletin: 1135 waiver approved 3/23/20
New York	Prohibit cost-sharing on in-network provider office visits or urgent care center when purpose of visit is to be tested and prohibit cost sharing on emergency room visit when purpose is to be tested (source); Medicaid waiving cost-sharing (source)		Coverage parity; audio only allowed Medicaid reimbursing for covered services; waiving co-pays for all telemedicine services; no limits on originating sites (source)(source) Medicaid telephone allowed for	Medicaid allowing early refills and 90-day supply (source)	Subject to consideration of the liquidity and solvency of the insurer to: Extend the period for the payment of premiums to the later of the expiration of the applicable contractual grace period and 11:59 p.m. on June 1, 2020, for any comprehensive health insurance	No cost-sharing (source)	Waive licensure for out of state physicians and NY licensed physicians who are not registered (source) Volunteer physicians may register with ServNY. Allows 2020 graduates from an academic medical program accredited by a medical education accrediting agency	https://www.governor.ny.gov/news/no-2025-temporary-suspension-and-modification-laws-relating-disaster-emergency To the extent necessary, allows general hospitals to use qualified volunteers or personnel		Medicaid suspending prior auth for FFS and extending existing prior auth (source) Suspend prior authorization for hospital services including labs and radiology (source).	All physicians and other health care professionals shall be immune from civil liability for any injury or death alleged to have been sustained directly as a result of an act or omission by such medical professional in the course of providing medical services in support of the	Special enrollment period (source);		Executive order licensure 202.5 Executive order liability and scope 202.10

State	Testing *newly enacted law broadly requires all plans to cover testing w/o cost-sharing	COVID-19 Care	Telemedicine *existing law in red.	Access to medications	Grace periods and related policies	COVID-19 vaccine Coverage	Licensure	Credentialing	Workers comp	Prior auth	Liability protections	Coverage, enrollment, and other access measures	Misc.	EOs, Bulletins. Waivers
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			established patients or guardian of established patient.		policyholder or contract holder under an individual policy or contract, , who is facing a financial hardship as a result of the COVID-19 pandemic; and require that the applicable insurer is be responsible for the payment of claims during such period and won't retroactively terminate insurance policy for non-payment of premium during such period. (source)		for medical education by the Liaison Committee on Medical Education or the AOA, and has been accepted by an ACGME accredited residency program within or outside of New York State to practice at any institution under the supervision of a licensed physician; (source)	affiliated with different general hospitals, subject to the terms and conditions established by the Commissioner of Health.			State's response to the COVID-19 outbreak, unless it is established that such injury or death was caused by gross negligence (source) Additional protections for care provided pursuant to state or federal directive is included in state budget legislation.			
North Carolina			Medicaid reimbursing for virtual patient communication and telephonic evaluation of patients with COVID-19 symptoms, routine follow-up, and behavioral health assessment. (source) Medicaid eliminating requirements on video cell phone interactions, restrictions on originating and distant sites, referral and prior auth requirements (source)	Medicaid allowing early refills (source)			Waive licensure requirement for out-of-state physicians. (source)			Medicaid suspending prior auth for FFS (source)				1135 waiver approved 3/23/20
North Dakota			Coverage the same as in-person. Audio-only allowed; provide coverage of virtual check-ins	Medicaid has suspended first fill and underutilization rejections (source) ; Medicaid SPA			Waive licensure requirements for out-of-state physicians. Must register with board. (1) Saved in G drive			Medicaid suspending prior auth for FFS and extending existing prior auth (source)		Medicaid suspending enrollment fees, premiums, and other cost-sharing for individuals		1135 waiver approved 3/24/20

State	Testing *newly enacted law broadly requires all plans to cover testing w/o cost-sharing	COVID-19 Care	Telemedicine *existing law in red.	Access to medications	Grace periods and related policies	COVID-19 vaccine Coverage	Licensure	Credentialing	Workers comp	Prior auth	Liability protections	Coverage, enrollment, and other access measures	Misc.	EOs, Bulletins, Waivers
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			and e-visits for established patients in accordance with CMS guidelines, but with no restrictions on technology; no deductible, coinsurance or copayment or other cost sharing for established patients (source) Medicaid reimbursing for covered services delivered via telehealth at face-to-face rates. (source)	allows one-time 90 day fill, makes exceptions to PDL if drug shortages occur (source)						Medicaid SPA extends prior authorization for medications by automatic renewal without clinical review, or time/quantity extensions (source)		covered under TWWIA coverage group and individuals covered under the Family Opportunity Act (source)		
Ohio			Coverage the same as in-person Medicaid permitting services by telephone, allowing telehealth services for both new and existing patients, no restrictions on patient or provider location, expanding coverage of behavioral health services (source)		Grace period for premium payments (60 calendar days) For employers that employ fewer than 20 pple, as long as one person remains actively employed and enrolled, eligible employees may elect to continue coverage under state continuation coverage for up to 12 months. Insurers must permit employers to continue coverage for employees under group policies even if employee would otherwise be ineligible due to decrease in hours worked.					For Medicaid managed care plans - generally, if a provider does not obtain a prior authorization of any kind, the claims will continue to pay without the authorization. All plan systems will be updated no later than April 20, 2020, to allow for claims payment w/o prior authorization. Providers and plans must work together when a claim is inappropriately denied due to systems' changes. (source)		SEP Plans can't increase premiums based on a group's decreased enrollment or participation due to COVID-19		DOI
Oklahoma	DOI requests plans waive cost-sharing; Medicaid		Coverage parity with in-person service limited to audio-video;				Waive licensure requirements for out-of-state physicians licensed			Medicaid suspending prior auth for FFS (source)				Executive order licensing

State	Testing *newly enacted law broadly requires all plans to cover testing w/o cost-sharing	COVID-19 Care	Telemedicine *existing law in red.	Access to medications	Grace periods and related policies	COVID-19 vaccine Coverage	Licensure	Credentialing	Workers comp	Prior auth	Liability protections	Coverage, enrollment, and other access measures	Misc.	EOs, Bulletins, Waivers
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	waiving cost-sharing (source)		Waive established patient-physician relationship requirement (source); Medicaid reimbursing for services via secure telehealth communication devices or telephone when necessary (source)				by a state party to the Emergency Management Compact. Must apply and receive approval from board. (source) No waiver required for retired physicians who have maintained their license.							1135 waiver approved 3/24/20
Oregon	No cost-sharing (source)		Coverage parity to in person; The state encourages reimbursement rates for telehealth services that mirror payment rates for an equivalent office visit or that providers and health plans quickly agree on applicable reimbursement rates; allow coverage for telephone; cost sharing shall be the same as in-person services; waive requirements that a prior patient physician relationship must exist; (source) Medicaid Expanded coverage at face-to-face rates (source , source); Medicaid allowing services from any setting, services to new patients, audio-only services (source)	Medicaid early refills (source)	All insurance companies must extend grace periods for premium payments, postpone policy cancellations and nonrenewals and extend deadlines for reporting claims. (source)	No cost-sharing (source)	Administrative Medicine/Inactive/Lapsed/Retired physicians had an active license in good standing and have been in active clinical practice within the last 3 years may apply to have their license reactivated. Licensed out-of-state physicians may apply for temporary license. See order for add'l requirements for both categories. (Board)(Order)			Medicaid suspending prior auth for FFS and extending existing prior auth (source)		Expanded hospital presumptive eligibility to accept phone applications and verbal signatures, coverage will not be terminated for failure to submit a full application by HPE eligibility period (source)	DOI directs plans to take all other practicable steps to relieve consumers of duties and obligations under terms of insurance contracts that could be unusually burdensome due to impact of the COVID-19 outbreak, especially duties and obligations that pose a barrier to coverage of items and services urgently needed to respond to the outbreak. (source)	Administrative Order licensing 1135 waiver approved 3/25/20 Department of consumer and business services
Pennsylvania	PID encourages no prior auth; no cost-sharing for	Associated treatment for COVID-19 is	Medicaid reimbursing for covered services	PID asking plans to offer early refills; expedited	Requesting extension of grace periods.		Suspend licensure requirements for out-of-state			no prior auth for testing (source)		CHIP allowing self-attestation to complete	PID encourages health insurers to coordinate closely	Letter to HHS re: SEP

State	Testing *newly enacted law broadly requires all plans to cover testing w/o cost-sharing	COVID-19 Care	Telemedicine *existing law in red.	Access to medications	Grace periods and related policies	COVID-19 vaccine Coverage	Licensure	Credentialing	Workers comp	Prior auth	Liability protections	Coverage, enrollment, and other access measures	Misc.	EOs, Bulletins, Waivers
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	<p>services associated with testing including urgent care, physician offices, ERs. (source)</p> <p>Medicaid and CHIP will cover COVID-19 testing and treatment, and prior authorization will be lifted for some services, such as chest CT scans.</p>	<p>covered, although there may be a nominal co-pay.</p> <p>Plans must cover emergency services for an emergency medical condition at in-network levels. Emergency services include transportation services, such as ambulance services, as well as inpatient and outpatient hospital services that are needed to evaluate or stabilize the patient.</p>	<p>at face-to-face rates, services by telephone allowed when appropriate (source)</p>	<p>formulary exceptions, access to out-of-network pharmacy if drug shortage (source); Medicaid early refills (source)</p>	<p>PID encourages plans to consider: relaxing due dates for premiums payments, extending grace periods, waiving late fees and penalties, and allowing payment plans for premiums payments to otherwise avoid a lapse in coverage. Insurers should consider cancellation or non-renewal of policies only after exhausting other efforts to work with policyholders to continue coverage. (source)</p>		<p>physicians. Board to expedite process for temporary license. (source)</p>			<p>Plans strongly encouraged to ease prior auth requirements for treatment of COVID-19 and should expedite appeals processes (source)</p> <p>Medicaid processing prior auth requests for elective procedures, but setting effective date of July 1 (source)</p> <p>Medicaid suspending prior auth for FFS and extending existing prior auth (source)</p>		<p>eligibility determinations at application and renewal; delaying premiums; not disenrolling (source)</p> <p>with the business they administer on behalf of employers who self-fund their health benefits to ensure consistency in access across all forms of coverage. (source)</p> <p>Insurers to inform PID of activities (source)</p>	<p>PID</p>	
Rhode Island	<p>No prior auth; coverage and no cost-sharing (source)</p>		<p>Medicaid reimbursing for covered services, permitting telephone only services (source), (source);</p> <p>Private Payor - Expand coverage of telehealth services; payment parity with in-person service; telephone only allowed; (1)</p>	<p>Early refills (at least 30 days and 30 or 90 days for maintenance medication) (source)</p> <p>Medicaid making exceptions to PDL if there are shortages (source) expanding prior auth for medications by automatic renewal without clinical review, or time/quantity extensions (source)</p> <p>Revise pharmacy benefit management practices to expedite the approval of</p>		<p>No cost-sharing, coverage (source)</p>	<p>Temporary licenses (90-day) to licensed out-of-state physicians. Must submit application to board. (source)</p>	<p>A plan can seek expedited approval from OHIC of temporary changes to its current credentialing and re-credentialing policies and procedures to the extent these changes are reasonable and relate to: its need to respond to the COVID-19 pandemic's impact on provider limitations; the need to expedite credentialing in response to delivery system needs; and/or the need to comply</p>		<p>Medicaid suspending prior auth for FFS and extending existing prior auth (source)</p> <p>Suspend prior auth following in-network services: in-patient facilities, LTC facilities, in-patient rehab, SNFs, telemedicine.</p> <p>Suspend all non-administrative benefit determination reviews for all in-network behavioral health services.</p> <p>Suspend prior auth for all in-</p>		<p>SEP (source)</p> <p>Plans should continually assess network adequacy to ensure adequate access to care. If plan does not have a provider in network with the appropriate training and experience to meet the particular health care needs of patient, plans should provide timely access to an out-of-network provider at in-network cost-sharing.</p> <p>Medicaid covering testing for all uninsured</p>	<p>A plan may seek expedited approval from OHIC of temporary changes to its current network adequacy policies and procedures to address in network and out of network providers as long as those changes are being implemented in consideration of COVID-19 constraints on providers (inclusive of facility providers) and being made for the purpose of contributing to efforts to control,</p>	<p>OHIC</p> <p>OHIC</p> <p>1135 waiver approved 3/25/20</p>

State	Testing *newly enacted law broadly requires all plans to cover testing w/o cost-sharing	COVID-19 Care	Telemedicine *existing law in red.	Access to medications	Grace periods and related policies	COVID-19 vaccine Coverage	Licensure	Credentialing	Workers comp	Prior auth	Liability protections	Coverage, enrollment, and other access measures	Misc.	EOs, Bulletins, Waivers
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				<p>needed medications and to reduce the administrative burden on prescribers (source)</p> <p>A plan cannot remove any medications from its formulary prior to the earlier of July 1, 2020 (or an extension of the July 1, 2020 date issued by OHIC as necessary) or the expiration of the Executive Order. A health care entity also shall not move any medications on its formulary to a higher cost share tier. (source)</p>				<p>with any subsequent directive issued by the state.</p> <p>Plans will effectively suspend their re-credentialing requirements of providers, and allow providers to effectively maintain their credentialed status, through the earlier of October 1, 2020 (or an extension of the October 1, 2020 date issued by OHIC as necessary) or the expiration of the Executive Order. (source)</p>		<p>network non-pharmacy COVID-19 related diagnostic and treatment services.</p> <p>Suspend prior auth for in-patient COVID-19 related treatment in OON facilities.</p> <p>Not replace suspended prior auth requirements w/ new retrospective review requirements.</p> <p>Ensure that any patient or provider that received authorization prior to July 1, 2020 for a service that was delayed due to the pandemic shall be given a reasonable time extension of that approval. (Source)</p>		<p>individuals; individuals who are evacuated from the state or who are absent from the state due to the public health emergency continue to be residents of the state; extending timeline for non-citizens declaring to be satisfactory immigration status (source)</p> <p>Medicaid adopted 12-month continuous eligibility, extending timeframe for non-citizens to supply enrollment documentation (source)</p>	<p>contain and/or address the COVID-19 pandemic and any anticipated treatment need surges. (source)</p> <p>A plan may not remove any licensed provider from its network unless fraud or patient harm are indicated or the provider is identified by the HHS OIG excluded from participation in federal health care benefit programs. (source)</p> <p>Suspend referral requirements for in-network behavioral health care services; in-network telemedicine services; allow required referrals to be submitted retroactively for at least 180 days following the date of service, without penalty to the provider or beneficiary (source).</p>	
South Carolina	Medicaid waiving cost-sharing and prior auth (source)		DOI bulletin encouraging insurers to increase access to medical care via telehealth (source) Insurer specific information can be found here . Medicaid reimbursing for	Medicaid early refills (source)			Medical Board will expedite temporary licensure for out-of-state physicians, within 24 hours. There is no fee for the 90-day temporary license. (source)			Medicaid extending existing prior auth (source)			Medicaid suspending annual limit of 12 ambulatory care visits (source)	

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			E&M services regardless of originating site; referring site requirements waived (source)											
South Dakota	Medicaid covering with no cost sharing (1)		<p>Coverage parity to in person; Telephone only allowed; remove cost-sharing; suspend regulatory provisions which limit or restrict the provision of telehealth or telemedicine services and which require face-to-face treatment, visits, interviews and sessions with providers. (source)</p> <p>Medicaid aligned telehealth policy with Medicare for all covered services, permitting audio-only; originating size may be home; (source)</p>	<p>Suspended restrictions on dispensing certain medications</p> <p>Medicaid allowing early refills, 60-day supply, extending authorizations to May 31 (source)</p>			Grant full recognition to the licenses held by a professional by any compact member states, in accordance with the Uniform EMAC, should those facilities require additional professional to meet patient demand during COVID-19 emergency, whether in-person or by remote means. (source)		For employee with COVID-19 to be covered by workers' compensation, the worker must establish COVID-19 is an "occupational disease" i.e. exposure to the disease is something that is an essential part of the job and not a result of incidental contact from a job that working with the public is expected (example: cashier or waiter). Further, to be eligible for workers' compensation benefits, an employee must be unable to work for at least 7 consecutive days.					<p>1135 waiver approved 3/24/20</p> <p>EO</p>
Tennessee	<p>Prohibit cost-sharing on in-network provider office visits or urgent care center when purpose of visit is to be tested and prohibit cost sharing on emergency room visit when purpose is to be tested.</p> <p>No cost-sharing for Medicaid even if out-of-network (source)</p>	Medicaid covering certain OTC medications for COVID-19 treatment with no copay (source)	<p>Coverage and payment parity to in-person service; Encourages health insurance carriers to provide coverage of telemedicine services to all providers, irrespective of network status or originating site; encourages all technologies allowed, including audio-only; Carriers are urged not to impose prior</p>	<p>Early refills – up to 90-day supply of maintenance medications as necessary to respond to and prevent the spread of COVID-19;</p> <p>Medicaid allowing early refills, 90-day supply, out-of-network fills and allowing lock-in location changes, extending expiring authorizations for</p>	TDCI urges carriers to maintain their existing insurance coverage, despite policyholders' growing concerns about being able to meet deadlines to pay their premiums. (source)	Department requests that health carriers immediately cover the immunization at no cost-sharing for all covered members	<p>Waive licensure requirements for out-of-state licensed health care providers to assist with the medical response to COVID-19. (source)</p> <p>There is a 3 month grace period for health care professional license and facility license renewals due during this Order.</p>			Health carriers should not use preauthorization requirements as a barrier to access necessary treatment for COVID-19, and health carriers should be prepared to expedite utilization review and appeal processes for services related to COVID-19, when medically appropriate. (source)		Patient admission to a mental health facility without an admission review w/in 7 days is suspended. Health carriers are requested to verify their networks are adequate to handle potential increase in the need for services If a plan does not have a provider in its network with the appropriate training and experience to meet the particular health care needs of an insured, plans are requested to	<p>Health carriers are requested to verify their networks are adequate to handle potential increase in the need for services</p>	<p>Executive Order</p> <p>TDCI</p>

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			<p>authorization requirements on medically necessary treatment related to COVID-19 delivered by in-network providers via telemedicine. Health care professionals licensed in another state who are authorized pursuant to this Order to temporarily practice in this state are permitted to engage in telemedicine services with patients in Tennessee to the extent the scope of practice of the applicable professional license in this state would authorize the professional to diagnose and treat humans. (source)</p> <p>Medicaid expanding behavioral health services, allowing home as originating site, telephone services (source)</p>	90 days (source , source)			TBI can use name background checks rather than fingerprint checks to check backgrounds of new health care license applicants.					<p>appropriate training and experience to meet the particular health care needs of an insured, plans are requested to make exceptions to provide access to an out-of-network provider at the in-network cost-sharing. (source0)</p>	<p>make exceptions to provide access to an out-of-network provider at the in-network cost-sharing. (source0)</p> <p>Certificate of need (CON) requirement in order for hospitals to expand beds is suspended.</p>	
Texas	Testing costs must be covered without imposing any cost-sharing, including deductibles, coinsurance, or copayment requirements.		<p>Coverage parity to in-person Telephone only allowed; waive established patient requirement (source);</p>	Plans must provider early refills(90-day); allow fills at out-of-network pharmacies at no additional cost if the drug isn't available quickly	TDI encourages plans to use grace periods for payments, temporary suspension of premium payments, payment plans,		Expedited temporary license for out-of-state and certain retired physicians. (source)		Workers' compensation insurance carriers must continue or begin providing timely claims adjusting services;	Medicaid extending expiring authorizations for 90-days (source)		TDI expects EPOs and HMOs to monitor and verify that their provider networks are adequate to handle increased demand and	TDI: U.S. Congress has passed comprehensive measures to ensure that Americans will not have to pay for COVID-19 testing. The Texas	<p>telemedicine</p> <p>TDI</p> <p>TDI</p> <p>TDI</p>

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	<p>Testing coverage is required regardless of whether the services are provided during an in-person office visit with a health-care provider, a telehealth visit, an urgent care center visit, or an emergency room visit. (source)</p> <p>Medicaid covering with no prior auth (source)</p>		<p>Coverage and payment parity to in-person services. a health benefit plan may not limit, deny, or reduce coverage for a covered health care service or procedure delivered as a telemedicine medical service or telehealth service based on the health professional's choice of platform for delivering the service or procedure. For purposes of processing payment of a claim, a health benefit plan may not require a health professional to provide documentation of a health care service or procedure delivered as a telemedicine medical service or telehealth service beyond what is required for the same service or procedure in an in-person setting. The provisions of this section may not be waived, voided, or nullified by contract. (source)</p>	<p>through mail order or at an in-network pharmacy w/in 30 miles; allow for substitutions if the plan's preferred drug isn't available due to shortages or distribution issues; waive any requirement for a consumer's signature unless specifically required by law. (source)</p>	<p>and other actions to allow continuing insurance coverage as appropriate.</p> <p>TDI and Gov extending claim-handling deadlines imposed by the state's prompt payment laws for an additional 15 days to help carriers respond to the COVID-19 outbreak. Consumers and providers should continue to get timely service and receive prompt claims payments. (source)</p>				<p>processing and delivering indemnity benefits and medical payments in a timely manner; and authorizing payments to pharmacies up to a 90-day supply for any medication, subject to the remaining number of days authorized by the prescribing provider, regardless of the date the prescription was most recently filled.(source)</p>		<p>minimize the need for services outside the network. When a network provider is not reasonably available, carriers must ensure that the consumer is protected, as contemplated by the CARES Act and by Texas's laws. (source)</p> <p>TDI encourages non-ACA compliant plans (alternative health plans) to comply with TDI guidance (source)</p> <p>No CHIP copays for office visits through April 30 (source)</p>	<p>Department of Insurance (TDI) expects insurers offering exclusive provider networks (EPOs) and health maintenance organizations (HMOs) to comply with these regulations, as they fall within the federal definitions for group health plans or health insurance issuers offering group or individual health insurance coverage.</p> <p>Texas code/regs authorize tolling of the submission deadline when a provider cannot meet the deadline due to a catastrophic event, such as the COVID-19 pandemic. Providers that cannot meet the claim submission deadline due to the COVID-19 pandemic must notify TDI and TDI will make available to plans a list of providers that have submitted notice (source)</p>		
Utah	Insurance Dept encourages insurers to waive cost-sharing, co-		Payment parity to in-person services.	Insurance Dept request plans offer lenient						Insurance Dept requested that insurers waive preauthorization		Depts asks that insurers verify that networks can handle an	Insurer actions: https://insurance.	UID

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	pays, deductibles, and coinsurance for insureds seeking a medically necessary COVID-19 screening. Insurers are also asked to waive cost-sharing for visits to in-network providers, urgent care centers, ERs, and calls to telehealth outlets.		Temporarily suspend enforcement of requirements that telemedicine services must comply with HIPAA and HITECH and other laws and regulations that may limit a provider's ability to provide telemedicine services. (source)	prescription drug refill practices						requirements for COVID-19 testing and treatment,		increase in need for health care services and COVID-19 tests. This may include offering access to out-of-network services where appropriate and required. If a health insurer's network does not have health care providers with appropriate training and experience to meet the particular needs of insureds at this time, insurers are asked to make exceptions to provide access to out-of-network providers at the in-network cost-sharing. Insurance Dept request that plans accept the highest in-network reimbursement rate for out-of-network patients to avoid surprise medical bills. Medicaid suspending work requirements	utah.gov/feature-d-news/coronavirus	
Vermont	Prohibit cost-sharing on in-network provider office visits or urgent care center when purpose of visit is to be tested and prohibit cost sharing on emergency room visit when	Medicaid waiving all outpatient hospital copays (source) ; waiving copays on supportive Medications (source) Legislature encourages DOFR to adopt emergency regulations	Coverage parity but only for services provided by audio-video; Medicaid services provided by telephone paid at face-to-face rates (source) Legislature encourages DOFR	Medicaid allowing early refills up to 90-day supply, day supply limit for Suboxone Film extended up to 30-days, no co-pays for treatment of COVID-19 symptoms (source)			Licensed out of state physicians is deemed an in-state physician if working at a facility (must register with Board) or providing care via telehealth. Otherwise, the out-of-state physician must apply for a	During the emergency, except as otherwise required by applicable federal law or accreditation standards of NCQA, insurer must allow for individual providers to	During a declared state of emergency in Vermont as a result of COVID-19, to the extent permitted under federal law, the Department of Vermont Health Access shall relax provider enrollment	Medicaid suspending prior auth for FFS and extending existing prior auth (source)	Extends civil immunity to health care professionals providing COVID-19 related care or response activities. Specifies this includes, postponement of non-essential adult elective	SEP (source) CHIP waiving premiums (source)	Insurers and PBMs must suspend all routine provider audits (can conduct audits to prevent and detect ongoing fraud and other activities that may violate state laws) (Source)	DFR

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	purpose is to be tested	expanding health insurance coverage for, and waiving or limiting cost-sharing requirements directly related to, COVID-19 diagnosis, treatment, and prevention; (source)	to adopt emergency regulation expanding patients' access to and providers' reimbursement for health care services, including preventive services, consultation services, and services to new patients, delivered remotely through telehealth, audio-only telephone, and brief telecommunication services (source) Vermont DOFR memo to providers				temporary license through the Board. Physicians who retired within last three years and had a Vermont license in good standing at time of retirement are deemed to have license if working at facility or via telehealth (must register with Board), otherwise must register with the Board; physicians retired more than 3 years ago must apply for temporary license. Out of state retired physicians are not eligible (source)	deliver and be reimbursed for services provided across health care settings as needed, including relaxing provider credentialing requirements for physician/health care professionals who hold a license in another state and who provide care in VT, either in person or remotely. A plan shall not refuse due to lack of credentials to pay claims submitted by providers credentialed w.in a health care organization but not at that organization's location where service was provider or at a location not in that organization. (source)	requirements for the Medicaid program, and the Department of Financial Regulation shall direct health insurers to relax provider credentialing requirements for health insurance plans, in order to allow for individual health care providers to deliver and be reimbursed for services provided across health care settings as needed to respond to Vermonters' evolving health care needs (source)		surgery and medical surgical procedures as directed by EO, cancelling or delaying elective surgeries or procedures or routine care to the extent necessary for the health, safety and welfare of the patient or as necessary to respond to the COVID-19 outbreak; redeployment or cross training of staff not typically assigned to such duties; planning or enacting crisis standard of care measures, such as modifying # of beds, preserving PPE, triaging access to services or equipment and reduced record-keeping to the extent necessary to respond to the COVID-19 outbreak. (source)			
Virginia			The treating provider or consulting provider must be reimbursed on the same basis that the insurer is responsible for coverage for the provision of services face-to-face. Medicaid covering expanded behavioral health services, allowing home to be	Health insurers have waived early medication refill limits on 30-day maintenance medications. (source) Medicaid allowing early refills and 90-day supply (source)	Bureau of insurance encourages insurers to extend premium payment deadlines and delay the beginning of the grace period. Actions a carrier takes in this manner must be consistent with CMS guidance and be consistent for all policyholders on and off the		Waives licensure requirements for out-of-state health care practitioners licensed in good standing. Must be engaged by a hospital, licensed nursing facility, or dialysis facility in the Commonwealth for the purpose of assisting that facility with public health and medical disaster response operations. Hospitals, licensed			Medicaid suspending prior auth for FFS and extending existing prior auth (source) Medicaid waiving prior auth for certain MCO services (source) Health insurers have eliminated prior authorization requirements for medically		Medicaid waiving all copays (source) Medicaid asked MCOs to relax out-of-network authorization requirements as appropriate and to pay the Medicaid fee schedule (source) Medicaid SPA eliminates cost-sharing (deductibles,		1135 waiver approved 3/23/20 Health plans

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			originating site; allowing services by telephone, reimbursing at face-to-face rates (source , source)		exchange. Once a grace period is triggered, requirements applicable to the grace period must remain unchanged . (Source)		nursing facilities, and dialysis facilities must submit to the applicable licensing authority each out-of-state health care practitioner's name, license type, state of license, and license identification number within a reasonable time of such healthcare practitioner arriving at the applicable health care facility. Waives fee and CME requirements for inactive or retired physicians who held an unrestricted, active license issued by the board within the past 4 years and wishes to reactivate their license. (sourced)			necessary diagnostic tests and covered services related to COVID-19 diagnosis. (source)		copays, and coinsurance) for Medicaid beneficiaries (source)		
Washington	Prohibit cost-sharing on in-network provider office visits or urgent care center when purpose of visit is to be tested and prohibit cost sharing on emergency room visit when purpose is to be tested; No prior auth for testing (source) Coverage for drive through testing sites (source)		Payment parity for telemedicine services and in-person medical services; prohibit plans from reimbursing in-network providers at a rate lower than the contracted rate would be if the services were provided in person; denying a telemedicine claim for an in-network provider due to an existing provider contract term that denies reimbursement for telemedicine services; establishing	Early refills (source)	For individual and group health plans, (other than QHPs purchased by enrollees receiving APTC on exchange) in effect or expiring during the emergency order, must allow a grace period for payment of premiums no less than 60 days. If a plan allows a grace period longer than 60 days, must be applied uniformly to all plans and to all enrollees w/in any given health plan. Plans must pay all claims for		Out-of-state physicians must apply for reciprocity through the IMLC. (source)	Under the law, it ensures that any treatment given during pending credential applications is reimbursed to health care businesses. https://medium.com/wagovernor/inslee-signs-bill-package-to-support-state-effort-combating-the-covid-19-outbreak-ab5d12edfe3d		Medicaid suspending prior auth for FFS (source) Suspend any prior authorization requirements that apply to covered diagnostic testing and treatment of COVID-19 (source) When enrollee determined to be ready for discharge from a hospital, and insufficient time exists for long-term care facility or home health services	Physicians can sign up to volunteer here and will receive civil immunity through the UEVHPA (source)	SEP (source) Plans must ensure that enrollee obtains the covered service from a provider or facility within reasonable proximity of the enrollee at no greater cost than if the provider were in-network. Extending Alien Emergency Medicaid to testing and treatment of COVID-19 (source)	https://www.governor.wa.gov/secretary/node/telemedicine ; 1135 waiver approved 3/19/20 OIC	

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			<p>requirements for payment of telemedicine services that are inconsistent with EOs, rules or technical advisories to carriers issued by the OIC. Violators may be subject to criminal penalties (source)</p> <p>Medicaid SPA enables reimbursement for telemedicine at face-to-face rates (source)</p>		<p>services that are rendered to enrollees during the first 30 days of the grace period, that are covered under the terms of the plan and current law then in effect, including any EOs issued by any branch or instrumentality of WA or federal government. Plans may delay adjudicating claims for services during the remainder of the grace period. Communication from plans addressed to enrollees or the sponsor during the grace period must clearly state the enrollee or sponsor's obligation to pay back premiums or potentially result in the enrollee being subject to billing from providers for unpaid claims for services rendered to enrollees after the first 30 days of the grace period, and must clearly state the plans' obligations during the grace period, in light of the state of emergency.</p>					<p>that will follow discharge to receive approval prior to delivery of care, plans must treat this as an extenuating circumstance, which eliminates the requirement for prior authorization of services. For other covered services necessary for discharge to a long-term care facility or home that are subject to prior authorization, plans must treat these requests for prior authorization as expedited prior authorization requests under WAC 284-43-2050(10)(b) (source)</p>		<p>Medicaid suspending renewal requirements, allowing self-attestation of income for retroactive eligibility, covering people quarantined in state (source)</p>		
West Virginia	<p>No cost-sharing (source)</p> <p>Public employees Insurance agency (PEIA) will cover COVID-19 testing</p>		<p>CHIP allowing screenings via telehealth at "home" as originating site (source)</p>	<p>Early refills (source); CHIP allowing early refills (source)</p>			<p>Physicians with inactive status with no pending complaints, investigations, Consent orders, Board orders, or</p>			<p>Because many elective procedures are being delayed, PEIA is going to automatically expand the time</p>		<p>Insurers must not issue a cancellation notice or nonrenewal notice if the</p>		<p>telemedicine</p> <p>DOI</p>

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	<p>at a network provider, at 100% of the contracted allowance, for members. (source)</p> <p>Testing of uninsured patient will be covered by Medicaid (source)</p>		<p>https://www.cchpca.org/sites/default/files/2020-03/State%20Action%20COVID-19%20West%20Virginia.pdf</p> <p>For physicians who are evaluating and/or triaging COVID-19 patients, this emergency care falls within a statutory exception to the requirement for a face-to-face (in person or via video) initial encounter to establish a physician/patient relationship and may, consistent with the standard of care, occur through an audio-only encounter. All non-COVID-19 telemedicine practice must continue to comport with the requirement that a physician-patient relationship may not be established via audio-only. (source)</p> <p>Medicaid allowing telephone services (source)</p>	Medicaid allowing 90-day supply (source)			pending disciplinary proceedings, or expired less than 5 years ago with no pending complaints, investigations, Consent orders, Board orders, or pending disciplinary proceedings				<p>frame for any current approvals to 12/31/2020. (source)</p> <p>Medicaid suspending prior auth for FFS and extending existing prior auth (source)</p>	<p>reason for cancellation or nonrenewal is a result of circumstances stemming from the COVID-19 pandemic. (source)</p> <p>Testing of uninsured patient will be covered by Medicaid (source)</p>		
Wisconsin	OCI request plans waive any cost-sharing for COVID-19 laboratory and radiology and waive cost-sharing for a provider office		Medicaid reimbursing for currently covered services that can be delivered with functional equivalency to the face-to-face service, allowing	OCI requesting early refills. Plans are also encouraged to make expedited formulary exceptions if there is a		OCI requests plans immediately cover the immunization at no cost-sharing for all covered members. (source)	A physician or nurse anesthetist for whom Wisconsin is not a principal place of practice but who is temporarily authorized to			Plans are requested to expedite prior authorization requests to the extent possible. And should not use prior authorization	civil liability for the death of or injury to any individual or any damages caused by actions or omissions that satisfy all of the following: a) The	As the COVID-19 situation continues to evolve, plans should continually assess their readiness and make any necessary		OCI

State	Testing *newly enacted law broadly requires all plans to cover testing w/o cost-sharing	COVID-19 Care	Telemedicine *existing law in red.	Access to medications	Grace periods and related policies	COVID-19 vaccine Coverage	Licensure	Credentialing	Workers comp	Prior auth	Liability protections	Coverage, enrollment, and other access measures	Misc.	EOs, Bulletins, Waivers
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	visit, urgent care center visit, hospital visit and an ER visit when the basis for the visit is related to testing. (source)		any originating site, allowing audio-only (source) , (source) , (source)	shortage of a formulary drug or if patient is suffering from a health condition that may seriously jeopardize their health, life, or ability to regain maximum function or if undergoing a current course of treatment using a non-formulary prescription drug that is intended to lessen symptoms or the duration of the virus. (source) AB 1038, which, among other things, states that during the COVID-19 public health emergency, certain insurance plans or pharmacy benefit managers acting on behalf of the plan may not: (1) require prior authorization for early refills of a prescription drug or otherwise restrict the period of time in which a prescription drug may be refilled; and (2) impose a limit on the quantity of prescription drugs that may be obtained if the quantity is no more than a 90-day supply. ((1) and (2) do not apply to controlled substances).			practice in Wisconsin may fulfill financial responsibility requirements by filing with the commissioner of insurance a certificate of insurance for a policy of health care liability insurance issued by an insurer authorized in a certain jurisdiction specified in the bill and may elect to be covered by Wisconsin's health care liability laws. (source)			requirements as a barrier to access necessary treatment for COVID-19 and should be prepared to expedite grievances and appeal processes for services related to COVID-19 (source) AB 1038, which, among other things, states that during the COVID-19 public health emergency, certain insurance plans or pharmacy benefit managers acting on behalf of the plan may not: (1) require prior authorization for early refills of a prescription drug or otherwise restrict the period of time in which a prescription drug may be refilled; and (2) impose a limit on the quantity of prescription drugs that may be obtained if the quantity is no more than a 90-day supply. ((1) and (2) do not apply to controlled substances).	action or omission is committed while the professional, provider, employee, agent, or contractor is providing services during the state of emergency declared under s. 323.10 on March 12, 2020, by executive order 72, or the 60 days following the date that the state of emergency terminates. (b) The actions or omissions relate to health services provided or not provided in good faith or are substantially consistent with any of the following: 1. Any direction, guidance, recommendation, or other statement made by a federal, state, or local official to address or in response to the emergency or disaster declared as described under par. (a). 2. Any guidance published by the department of health services, the federal department of health and human services, or any divisions or agencies of the federal department of health and human services relied upon in good	adjustments (source) OCI requests that insurers develop a plan to make exceptions to provide access to an out-of-network provider at the in-network cost sharing levels. (source) Ryan White funds may be used for emergency financial assistance including housing, food, utilities, medical supplies, hygiene and cleaning supplies (source)		
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State	Testing *newly enacted law broadly requires all plans to cover testing w/o cost-sharing	COVID-19 Care	Telemedicine *existing law in red.	Access to medications	Grace periods and related policies	COVID-19 vaccine Coverage	Licensure	Credentialing	Workers comp	Prior auth	Liability protections	Coverage, enrollment, and other access measures	Misc.	EOs, Bulletins, Waivers
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											faith. (c) The actions or omissions do not involve reckless or wanton conduct or intentional misconduct. (source) - see pg. 15			
Wyoming	Plans should waive cost-sharing for lab diagnostic testing for RSV, influenza, respiratory panel test, and COVID-19. Waive cost-sharing for office visits, ER visits, and urgent care associated with testing. (source)		DOI encourages insurers to liberalize telehealth benefits, Reminds insurers that Group insurance contracts cannot contain provision requiring services to be provided by a particular provider or facility and consumers should have access to telehealth benefits through their current health care provider or facility. (source)				Physicians with a full and unrestricted license in another state may apply to the board through the “consulting exemption.” This is only available to limited specialties. Interested physicians must apply to the Board for approval. (source) Out-of-state physicians providing care to established patients in Wyoming can provide telemedicine services to these patients without a Wyoming license. This is limited to ongoing care not new diagnosis (source)			Medicaid suspending prior auth for FFS (source)		Medicaid suspending premiums for the Employed Individuals with Disabilities program eligibility group (source)		DOI

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