## State policies on access and coverage - COVID-19

**American Medical Association, Advocacy Resource Center: edited 4/28/20**

<table>
<thead>
<tr>
<th>State</th>
<th>COVID-19 Care</th>
<th>Telemedicine</th>
<th>Access to medications</th>
<th>Grace periods and related policies</th>
<th>COVID-19 vaccine coverage</th>
<th>Licensure See for up-to-date licensure information</th>
<th>Credentialing</th>
<th>Workers comp</th>
<th>Prior auth</th>
<th>Liability protections</th>
<th>Coverage, enrollment, and other access measures</th>
<th>Misc.</th>
<th>ECs, Bulletins, Waivers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alabama</strong></td>
<td>Medicaid extending coverage to medically necessary services that can be appropriately delivered via telecommunication services including telephone consultations. <a href="#">Source</a></td>
<td>Medicaid: allow overrides for maintenance supply medications [Source]; Medicaid postponing the implementation of the cumulative daily Morphine Milligram Equivalent edit [Source]; Medicaid allowing early refills [Source]</td>
<td>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]</td>
<td>Medicaid temporarily lifting the EPSDT referral requirement [Source]; waiving copayments to the hospital, doctor’s office, pharmacy, or for medical equipment and supplies [Source]</td>
<td>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]</td>
<td><strong>SEP</strong></td>
<td>Ensure consistency with CDC guidelines that require four negative tests before discontinuing transmission-based precautions for a patient hospitalized with COVID-19 [Source]</td>
<td><strong>SEP</strong></td>
<td><strong>SEP</strong></td>
<td><strong>SEP</strong></td>
<td><strong>SEP</strong></td>
<td><strong>SEP</strong></td>
<td><strong>SEP</strong></td>
</tr>
<tr>
<td><strong>Alaska</strong></td>
<td>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]</td>
<td>Medicaid: suspending prior auth for FFS and extending existing prior auth [Source]</td>
<td>Denials based on a failure to meet the prudent layperson standard for emergency care must consider COVID-19 and flu-like symptoms [Source]; Medicaid suspending prior auth for FFS and extending existing prior auth [Source]</td>
<td>Medicaid: temporarily lifting the EPSDT referral requirement [Source]; waiving copayments to the hospital, doctor’s office, pharmacy, or for medical equipment and supplies [Source]</td>
<td>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]</td>
<td><strong>SEP</strong></td>
<td>Ensure consistency with CDC guidelines that require four negative tests before discontinuing transmission-based precautions for a patient hospitalized with COVID-19 [Source]</td>
<td><strong>SEP</strong></td>
<td><strong>SEP</strong></td>
<td><strong>SEP</strong></td>
<td><strong>SEP</strong></td>
<td><strong>SEP</strong></td>
<td><strong>SEP</strong></td>
</tr>
</tbody>
</table>

*newly enacted federal law broadly requires plans to cover testing w/o cost-sharing*
<table>
<thead>
<tr>
<th>State</th>
<th>Testing</th>
<th>COVID-19 Care</th>
<th>Telemedicine</th>
<th>Access to medications</th>
<th>Grace periods and related policies</th>
<th>COVID-19 vaccine Coverage</th>
<th>Licensure</th>
<th>Credentialing</th>
<th>Workers comp</th>
<th>Prior auth</th>
<th>Liability protections</th>
<th>Coverage, enrollment, and other access measures</th>
<th>Misc.</th>
<th>EOs, Bulletins, Waivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona</td>
<td>No cost-sharing</td>
<td>Medicaid not permitting prior auth</td>
<td>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</td>
<td>The Department of Health has permitted the medical board to temporarily waive licensure requirements for out-of-state physicians</td>
<td>Medicaid suspending or expending prior auth for certain services</td>
<td>Medicaid suspending prior auth for FFS and extending existing prior auth</td>
<td>The Department of Health has permitted the medical board to temporarily waive licensure requirements for out-of-state physicians</td>
<td>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</td>
<td>Medicaid suspending or expending prior auth for certain services</td>
<td>Medicaid adopting 12-month continuous eligibility for children under 19</td>
<td>Medicaid waiving annual limit on physician and hospital visits</td>
<td>Medicaid waiving annual limit on physician and hospital visits</td>
<td></td>
<td>Gov 1135 waiver approved 3/23/20</td>
</tr>
<tr>
<td>Arkansas</td>
<td>Coverage parity and payment parity</td>
<td>Medicaid allowing early refills</td>
<td>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</td>
<td>Medicaid waiving annual limit on physician and hospital visits</td>
<td>Medicaid waiving annual limit on physician and hospital visits</td>
<td>Medicaid waiving annual limit on physician and hospital visits</td>
<td>Medicaid waiving annual limit on physician and hospital visits</td>
<td>Medicaid waiving annual limit on physician and hospital visits</td>
<td>Medicaid waiving annual limit on physician and hospital visits</td>
<td>Medicaid waiving annual limit on physician and hospital visits</td>
<td>Medicaid waiving annual limit on physician and hospital visits</td>
<td>Medicaid waiving annual limit on physician and hospital visits</td>
<td>Medicaid waiving annual limit on physician and hospital visits</td>
<td></td>
</tr>
</tbody>
</table>

* newly enacted law broadly requires all plans to cover testing w/o cost-sharing

**existing law in red.**

Arizona—No cost-sharing

Medicaid not permitting prior auth

Lower cost-sharing than same service in-office. (PID 2020-07): Extends coverage for all services provided by telehealth (including in the home); payment parity to in-person services; telephone or video allowed; Medicaid permitting services by telephone, reimbursing at face-to-face rates

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

The Department of Health has permitted the medical board to temporarily waive licensure requirements for out-of-state physicians

Medicaid suspending or expending prior auth for certain services

Medicaid suspending prior auth for FFS and extending existing prior auth

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.

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

Medicaid suspending premiums and cost-sharing

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

Medicaid waiving annual limit on physician and hospital visits

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

Medicaid lifting the requirement to have an established professional

Medicaid allowing early refills

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

Medicaid waiving annual limit on physician and hospital visits

EO Telemedicine EO

<table>
<thead>
<tr>
<th>State</th>
<th>Testing *newly enacted law broadly requires all plans to cover testing w/o cost-sharing</th>
<th>COVID-19 Care</th>
<th>Telemedicine *existing law in red.</th>
<th>Access to medications</th>
<th>Grace periods and related policies</th>
<th>COVID-19 vaccine Coverage</th>
<th>Licensure</th>
<th>Credentialing</th>
<th>Workers comp</th>
<th>Prior auth</th>
<th>Liability protections</th>
<th>Coverage, enrollment, and other access measures</th>
<th>Misc.</th>
<th>EOs, Bulletins, Waivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>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; Medicaid no cost-sharing</td>
<td>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.</td>
<td>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.</td>
<td>60-day grace periods for payments on all insurance policies</td>
<td>Expanded EMAC to volunteer out of state physicians responding to COVID-19</td>
<td>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)</td>
<td>EMAC would provide liability protections to volunteer out-of-state physicians responding to COVID-19.</td>
<td>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)</td>
<td>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)</td>
<td>1135 waiver approved 3/23/20 DOI DMHC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Colorado

COVID-19 testing without the requirement that consumers pay co-pays, deductibles or coinsurance. 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 allowing early refills, waiving supply limits, allowing out-of-network fills, waiving delivery charges for home delivery (source)

Medicaid allowing early refills, waiving supply limits, allowing out-of-network fills, waiving delivery charges for home delivery (source)

Medicaid allowing early refills, waiving supply limits, allowing out-of-network fills, waiving delivery charges for home delivery (source)

Medicaid allowing early refills, waiving supply limits, allowing out-of-network fills, waiving delivery charges for home delivery (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)

Medicaid waiving copays (source)
## Delaware

<table>
<thead>
<tr>
<th>State</th>
<th>COVID-19 Care</th>
<th>Telemedicine</th>
<th>Access to medications</th>
<th>Grace periods and related policies</th>
<th>COVID-19 vaccine Coverage</th>
<th>Licensure</th>
<th>Credentialing</th>
<th>Workers comp</th>
<th>Prior auth</th>
<th>Liability protections</th>
<th>Coverage, enrollment, and other access measures</th>
<th>Misc.</th>
<th>EOs, Bulletins, Waivers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><em>newly enacted law broadly requires all plans to cover testing w/o cost-sharing</em></td>
<td><em>existing law in red.</em></td>
<td>for prescriptions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- No Medicaid co-pays ([source](source))
- Coverage for testing (as EHB)
- Coverage parity; payment at same rate as in-person service.
- Early refills ([source](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 COVID-19 Care
- Suspending Medicaid renewal, suspending CHIP premiums,
<table>
<thead>
<tr>
<th>State</th>
<th>COVID-19 Care</th>
<th>Telemedicine</th>
<th>Access to medications</th>
<th>Grace periods and related policies</th>
<th>COVID-19 vaccine Coverage</th>
<th>Licensure</th>
<th>Credentialing</th>
<th>Workers comp</th>
<th>Prior auth</th>
<th>Liability protections</th>
<th>Coverage, enrollment, and other access measures</th>
<th>Misc.</th>
<th>EOs, Bulletins, Waivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florida</td>
<td>Medicaid waiving prior auth for all services (except pharmacy) necessary for evaluation and treatment; waiving limits on frequency, duration, and scope [source]</td>
<td>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]</td>
<td>Early refills [source]; Medicaid early refills [source]; Medicaid waiving restrictions on mail-orders, allowing supply to exceed limits [source]</td>
<td>Volunteer out-of-state physicians allowed to practice in FL under the American Red Cross or Florida Department of Health</td>
<td>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]</td>
<td>Medicaid waiving co-pays for all services, removing prior auth from many services [source]</td>
<td>Medicaid waiving prior auth for FFS [source]</td>
<td>Medicaid waiving prior auth for FFS [source]</td>
<td>extending emergency Medicaid coverage to noncitizens for COVID-19 care [source]</td>
<td>Plans required to give prompt notice of policies to address COVID-19 Plans can't cancel benefits without informing commissioner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- 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 waiving prior auth for FFS [source].
- Medicaid waiving prior auth for FFS [source].
- extending emergency Medicaid coverage to noncitizens for COVID-19 care [source].
- Plans required to give prompt notice of policies to address COVID-19 Plans can't cancel benefits without informing commissioner.
- Plans required to give prompt notice of policies to address COVID-19 Plans can't cancel benefits without informing commissioner.
<table>
<thead>
<tr>
<th>State</th>
<th>Testing</th>
<th>COVID-19 Care</th>
<th>Telemedicine</th>
<th>Access to medications</th>
<th>Grace periods and related policies</th>
<th>COVID-19 vaccine Coverage</th>
<th>Licensure</th>
<th>Credentialing</th>
<th>Workers comp</th>
<th>Prior auth</th>
<th>Liability protections</th>
<th>Coverage, enrollment, and other access measures</th>
<th>Misc.</th>
<th>Misc.</th>
<th>EOs, Bulletins, Waivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Georgia</td>
<td>*newly enacted law broadly requires all plans to cover testing w/o cost-sharing</td>
<td><strong>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</strong></td>
<td><strong>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:</strong> (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</td>
<td><strong>Early refills (30 days); Medicaid permitting early refills, allowing 90-day supply, extending expiring prior authorizations</strong></td>
<td><strong>Waves licensure requirements for licensed out-of-state physicians</strong></td>
<td><strong>Medicaid suspending prior auth for FFS and extending existing prior auth</strong></td>
<td><strong>Executive order in g:drive</strong></td>
<td><strong>EO</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>Testing</td>
<td>COVID-19 Care</td>
<td>Telemedicine</td>
<td>Access to medications</td>
<td>Grace periods and related policies</td>
<td>COVID-19 vaccine Coverage</td>
<td>Licensure</td>
<td>Credentialing</td>
<td>Workers comp</td>
<td>Prior auth</td>
<td>Liability protections</td>
<td>Coverage, enrollment, and other access measures</td>
<td>Misc.</td>
<td>EOs, Bulletins, Waivers</td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>---------</td>
<td>---------------</td>
<td>--------------</td>
<td>-----------------------</td>
<td>----------------------------------</td>
<td>--------------------------</td>
<td>-----------</td>
<td>--------------</td>
<td>--------------</td>
<td>-----------</td>
<td>---------------------</td>
<td>-----------------------------------------------</td>
<td>-------</td>
<td>----------------------</td>
<td></td>
</tr>
<tr>
<td>Hawaii</td>
<td><em>newly enacted law broadly requires all plans to cover testing w/o cost-sharing</em></td>
<td>provisions of Board Rule 360-3-07. Medicaid FFS waiving the telehealth services originating site limitations, allowing telehealth via phone, webcam, cellphone video (source)</td>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Medicaid suspending prior auth for FFS (source)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Idaho</td>
<td><em>existing law in red.</em></td>
<td>FFS Medicaid expanded reimbursement for covered services at face-to-face payment rate (source) Audio only permitted; Allow provider-patient relationship to be established over telemedicine; Provide coverage of telehealth visits for all in-network providers; allow non-HIPAA compliant communications platforms to the extent the provider does not</td>
<td>Emergency refills up to 90 days (source)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Medicaid suspending prior auth for FFS and extending existing prior auth (source)</td>
<td></td>
<td>Medicaid suspending certain primary care referral requirements (source)</td>
<td>Gov Waived admin rules</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>Telemedicine</td>
<td>Access to medications</td>
<td>Grace periods and related policies</td>
<td>COVID-19 vaccine</td>
<td>Licensure</td>
<td>Credentialing</td>
<td>Workers comp</td>
<td>Prior auth</td>
<td>Liability protections</td>
<td>Coverage, enrollment, and other access measures</td>
<td>Misc.</td>
<td>EOs, Bulletins, Waivers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>--------------</td>
<td>------------------------</td>
<td>----------------------------------</td>
<td>-----------------</td>
<td>----------</td>
<td>--------------</td>
<td>--------------</td>
<td>-----------</td>
<td>---------------------</td>
<td>---------------------------------------------</td>
<td>-------</td>
<td>-----------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*newly enacted law broadly requires all plans to cover testing w/o cost-sharing</td>
<td>Idaho license, but they are encouraged to notify the board. (&lt;source&gt;)</td>
<td>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 BIMAAHN or in a long-term care facility, hospital, or Federally Qualified Health Center. (&lt;source&gt;)</td>
<td>Medicaid suspending prior auth for FFS and extending existing prior auth (&lt;source&gt;)</td>
<td>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. (&lt;source&gt;)</td>
<td>Medicaid relaxing provider enrollment requirements (&lt;source&gt;)</td>
<td>Covering COVID-19 related testing and treatment for uninsured. (&lt;source&gt;)</td>
<td></td>
<td></td>
<td>telereheath</td>
<td>1135 waiver approved 3/23/20</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illinois</td>
<td>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. (&lt;source&gt;) Medicaid reimbursement at face-to-face rates for all covered services; Medicaid waiving originating site requirements (&lt;source&gt;)</td>
<td>Medicaid waiving copays (&lt;source&gt;)</td>
<td>Coverage parity</td>
<td>Expands definition of telemedicine to include audio only. Medicaid: Suspend any restrictions on telehealth (&lt;source&gt;); Medicaid reimbursement for all covered services (&lt;source&gt;)</td>
<td>Medicaid: Suspend any restrictions on telehealth (&lt;source&gt;); Medicaid reimbursing for all covered services (&lt;source&gt;)</td>
<td>Request a 60-day moratorium on policy cancellation for premium nonpayment (&lt;source&gt;)</td>
<td>Waive state licensure requirement for licensed out-of-state physicians to practice in Indiana. (&lt;source&gt;)</td>
<td>Requesting payers remove prior auth for testing (&lt;source&gt;); Medicaid suspending prior auth for FFS and extending existing prior auth (&lt;source&gt;)</td>
<td>Requesting payers remove prior auth for testing (&lt;source&gt;); Medicaid suspending prior auth for FFS and extending existing prior auth (&lt;source&gt;)</td>
<td>Medicaid suspending prior auth for FFS and extending existing prior auth (&lt;source&gt;)</td>
<td>Medicaid relaxing provider enrollment requirements (&lt;source&gt;)</td>
<td>Covering COVID-19 related testing and treatment for uninsured. (&lt;source&gt;)</td>
<td>1135 waiver approved 3/25/20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indiana</td>
<td>No prior auth for testing (&lt;source&gt;); Medicaid waiving co-pays (&lt;source&gt;)</td>
<td>Coverage parity</td>
<td>Expands definition of telemedicine to include audio only. Medicaid: Suspend any restrictions on telehealth (&lt;source&gt;); Medicaid reimbursement for all covered services (&lt;source&gt;)</td>
<td>Medicaid: Suspend any restrictions on telehealth (&lt;source&gt;); Medicaid reimbursing for all covered services (&lt;source&gt;)</td>
<td>Medicaid: Suspend any restrictions on telehealth (&lt;source&gt;); Medicaid reimbursing for all covered services (&lt;source&gt;)</td>
<td>Medicaid: Suspend any restrictions on telehealth (&lt;source&gt;); Medicaid reimbursing for all covered services (&lt;source&gt;)</td>
<td>Medicaid suspending prior auth for FFS and extending existing prior auth (&lt;source&gt;)</td>
<td>Medicaid suspending prior auth for FFS and extending existing prior auth (&lt;source&gt;)</td>
<td>Suspend Medicaid premium payments, delay Medicaid renewal requirements</td>
<td>Medicaid suspending prior auth for FFS and extending existing prior auth (&lt;source&gt;)</td>
<td>Medicaid suspending prior auth for FFS and extending existing prior auth (&lt;source&gt;)</td>
<td>Suspend Medicaid premium payments, delay Medicaid renewal requirements</td>
<td>1135 waiver approved 3/25/20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iowa</td>
<td>Telephone only allowed; remove established patient physician relationship requirement (&lt;source&gt;) Medicaid reimbursing for covered services regardless of patient location (&lt;source&gt;)</td>
<td>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. (&lt;source&gt;)</td>
<td>Medicaid suspending prior auth for FFS and extending existing prior auth (&lt;source&gt;)</td>
<td>Medicaid suspending prior auth for FFS and extending existing prior auth (&lt;source&gt;)</td>
<td>Medicaid suspending prior auth for FFS and extending existing prior auth (&lt;source&gt;)</td>
<td>Medicaid suspending prior auth for FFS and extending existing prior auth (&lt;source&gt;)</td>
<td>Medicaid suspending prior auth for FFS and extending existing prior auth (&lt;source&gt;)</td>
<td>Medicaid suspending prior auth for FFS and extending existing prior auth (&lt;source&gt;)</td>
<td>Medicaid suspending prior auth for FFS and extending existing prior auth (&lt;source&gt;)</td>
<td>Medicaid suspending prior auth for FFS and extending existing prior auth (&lt;source&gt;)</td>
<td>Medicaid suspending prior auth for FFS and extending existing prior auth (&lt;source&gt;)</td>
<td>Medicaid suspending prior auth for FFS and extending existing prior auth (&lt;source&gt;)</td>
<td>Medicaid suspending prior auth for FFS and extending existing prior auth (&lt;source&gt;)</td>
<td>1135 waiver approved 3/25/20</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>Testing requirements</td>
<td>COVID-19 Care requirements</td>
<td>Telemedicine coverage</td>
<td>Access to medications</td>
<td>Grace periods and related policies</td>
<td>COVID-19 vaccine Coverage</td>
<td>Licensure</td>
<td>Credentialing</td>
<td>Workers comp</td>
<td>Prior auth</td>
<td>Liability protections</td>
<td>Coverage, enrollment, and other access measures</td>
<td>Misc.</td>
<td>EOs, Bulletins, Waivers</td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>----------------------</td>
<td>-----------------------------</td>
<td>-----------------------</td>
<td>-----------------------</td>
<td>----------------------------------</td>
<td>--------------------------</td>
<td>------------</td>
<td>---------------</td>
<td>---------------</td>
<td>------------</td>
<td>----------------------</td>
<td>-----------------------------------------------</td>
<td>-------</td>
<td>-----------------------</td>
<td></td>
</tr>
<tr>
<td>Kansas</td>
<td>No cost-sharing for screening and testing, including hospital, ED, urgent care, provider office visits, labs, telehealth.</td>
<td>No Medicaid cost-sharing or prior auth</td>
<td>Coverage parity: Physicians are encouraged to use telemedicine services. [source]</td>
<td>K.S.A. 65-1637(k)(2)</td>
<td>Coverage parity: Physicians are encouraged to use telemedicine services. [source]</td>
<td>Coverage and payment same as in-person unless provider and patient 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]. Early refills (source): Medicaid early refills (source).</td>
<td>No cost sharing</td>
<td>Licensed out-of-state physicians may register with state to provide services in Kentucky [source].</td>
<td>No prior auth for FFS and existing prior auth [source].</td>
<td>Medicaid suspending prior auth for FFS and extending existing prior auth [source].</td>
<td>1135 waiver approved 3/24/20</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kentucky</td>
<td>No cost-sharing for screening and testing, including hospital, ED, urgent care, provider office visits, labs, telehealth.</td>
<td>No Medicaid cost-sharing or prior auth</td>
<td>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]. Early refills (source): Medicaid early refills (source).</td>
<td>No cost-sharing (source): Medicaid early refills (source).</td>
<td>No prior auth for FFS and existing prior auth [source].</td>
<td>No prior auth for screening and testing (source): Medicaid suspending prior auth for FFS and extending existing prior auth [source].</td>
<td>No prior auth for screening and testing (source): Medicaid suspending prior auth for FFS and extending existing prior auth [source].</td>
<td>No prior auth for screening or testing (source): Medicaid suspending prior auth for FFS and extending existing prior auth [source].</td>
<td>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 healthcare provider acts as an ordinary, reasonable, and prudent health care provider who would have acted under the same or similar circumstances. (See 5(b)) [source] for additional information.</td>
<td>No prior auth for screening or testing (source): Medicaid suspending prior auth for FFS and extending existing prior auth [source].</td>
<td>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.</td>
<td>1135 waiver approved 3/24/20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Louisiana</td>
<td>All plans must cover telemedicine; Allow audio only; Health insurance issuers shall</td>
<td>Medicaid covering care related to COVID-19 with no prior auth or copays [source].</td>
<td>All plans must cover telemedicine; Allow audio only; Health insurance issuers shall</td>
<td>Early refills with approval of patients’ health care provider and/or pharmacists [source]; no step</td>
<td>Plans may pend claim when premiums aren’t paid. If policy eventually cancelled, plan must pay [1] for</td>
<td>No cost-sharing (source): Medicaid to offer with no copay when available [source].</td>
<td>Suspend licensure laws for medical professionals and personnel from other states or other countries offering medical services. There are no credentialing requirements with regard to any and all licensed physicians who</td>
<td>No prior auth for screening or testing (source); no step therapy or precertification for 30 day supply of medication</td>
<td>Plans to verify that networks are adequate to handle potential increases, including by offering access to</td>
<td>1135 waiver approved 3/13/20</td>
<td>DOI (applies to HMOs, MCOs, PPOs, PBMs, TPs, and other)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>Testing</td>
<td>COVID-19 Care</td>
<td>Telemedicine</td>
<td>Access to medications</td>
<td>Grace periods and related policies</td>
<td>COVID-19 vaccine</td>
<td>Licensure</td>
<td>Credentialing</td>
<td>Workers comp</td>
<td>Prior auth</td>
<td>Liability protections</td>
<td>Coverage, enrollment, and other access measures</td>
<td>Misc.</td>
<td>EOs, Bulletins, Waivers</td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>---------</td>
<td>---------------</td>
<td>--------------</td>
<td>-----------------------</td>
<td>-----------------------------------</td>
<td>------------------</td>
<td>----------</td>
<td>--------------</td>
<td>-------------</td>
<td>------------</td>
<td>----------------------</td>
<td>---------------------------------------------</td>
<td>-------</td>
<td>----------------------</td>
<td></td>
</tr>
<tr>
<td>Maine</td>
<td>No cost-sharing</td>
<td><a href="source">source</a></td>
<td>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</td>
<td>No cost-sharing <a href="source">source</a></td>
<td>Allow the expedited licensure (at no cost) of qualified physicians licensed in other states and physicians who</td>
<td>Plans can’t refuse to pay claims from providers credentialed within an organization but not at the</td>
<td>No prior auth for testing <a href="source">source</a></td>
<td>Medicaid suspending prior auth for FFS and extending existing</td>
<td>Medicaid waiving timely processing of applications and renewals; expanding renewals deadlines,</td>
<td>Plans must inform enrollees, providers and public of actions taking to comply DOI order and other measures,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Maryland

**Wave cost-sharing for any visit to diagnose or test for COVID-19, including Eds, urgent care centers and physicians’ offices, and lab fees.**

- Make claims payment for treatment for COVID-19 that the health carrier has denied as Experimental.
- Medicaid waiving cost-sharing for treatments for COVID-19.
- Insurers must reimburse for the diagnostic, 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.
- Early refills.
- No cost-sharing.
- 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.
- Limit prior authorization requirements for testing for COVID-19 to only those requirements that are based on the medical necessity of that testing.
- 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-03, Annotated Code of Maryland.
- Medicaid suspending prior authorization.
- Special enrollment (and coverage) available to people without insurance or with short-term health.
- Plans to ensure that networks are adequate to handle potential increases, 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 TWVAIAA Basic group and targeted low-income.**
<table>
<thead>
<tr>
<th>State</th>
<th>Testing</th>
<th>COVID-19 Care</th>
<th>Telemedicine</th>
<th>Access to medications</th>
<th>Grace periods and related policies</th>
<th>COVID-19 vaccine</th>
<th>Licensure</th>
<th>Credentialing</th>
<th>Workers comp</th>
<th>Prior auth</th>
<th>Liability protections</th>
<th>Coverage, enrollment, and other access measures</th>
<th>Misc.</th>
<th>EOs, Bulletins, Waivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mass</td>
<td>Expands plans to “relax” prior auth; no cost-sharing <strong>source</strong></td>
<td>Expands plans to “relax” prior auth; no cost-sharing <strong>source</strong></td>
<td>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; <strong>source</strong>; Medicaid reimbursement for all covered services at face-to-face rates <strong>source</strong></td>
<td>Medicaid permitting audio-only <strong>source</strong></td>
<td>Medicaid early refills <strong>source</strong>; Medicaid allowing exceptions to supply limit, removing prior auth for certain drugs, extending existing prior authorizations <strong>source</strong>; 30 day early refill <strong>source</strong>; Waive signature requirements for in-person prescription receipts and in-home deliveries; remove barriers to mailing prescriptions <strong>source</strong>; 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: <strong>source</strong></td>
<td>No cost-sharing <strong>source</strong></td>
<td>Temporary license for out-of-state physicians to respond to COVID-19 <strong>source</strong></td>
<td>“Relax” prior auth for testing and treatment <strong>source</strong></td>
<td>Medicaid suspending prior auth for FFS and extending existing prior auth <strong>source</strong></td>
<td>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. <strong>source</strong></td>
<td>Medicaid suspending or extending existing prior auth for FFS and extending existing prior auth <strong>source</strong></td>
<td>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. <strong>source</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Michigan</td>
<td>Medicaid waiving originating site requirement <strong>source</strong>; 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</td>
<td>Coverage and payment the same as if the service were provided in person; audio only allowed; Medicaid waiving originating site requirement <strong>source</strong></td>
<td>Medicaid suspending prior auth for FFS and extending existing prior auth <strong>source</strong></td>
<td>No cost-sharing <strong>source</strong></td>
<td>No cost-sharing <strong>source</strong></td>
<td>Medicaid suspending prior auth for FFS and extending existing prior auth <strong>source</strong></td>
<td>Waive state licensure requirement for licensed out-of-state physicians and physicians who retired in last 5 years. <strong>source</strong></td>
<td>Medicaid suspending prior auth for FFS and extending existing prior auth <strong>source</strong></td>
<td>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</td>
<td>Medicaid suspending prior auth for FFS and extending existing prior auth <strong>source</strong></td>
<td>Medicaid expanding presumptive eligibility for those with diagnosis or a presumptive diagnosis of COVID-19 <strong>source</strong></td>
<td>Medicaid expanding presumptive eligibility for those with diagnosis or a presumptive diagnosis of COVID-19 <strong>source</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Source**: [source](#)
<table>
<thead>
<tr>
<th>State</th>
<th>Testing</th>
<th>COVID-19 Care</th>
<th>Teledmedicine</th>
<th>Access to medications</th>
<th>Grace periods and related policies</th>
<th>COVID-19 vaccine Coverage</th>
<th>Licensure</th>
<th>Credentialing</th>
<th>Workers comp</th>
<th>Prior auth</th>
<th>Liability protections</th>
<th>Coverage, enrollment, and other access measures</th>
<th>Misc</th>
<th>EOs, Bulletins, Waivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minnesota</td>
<td>Medicaid waiving cost-sharing for testing services (including in vitro diagnostic products) and testing related services</td>
<td>Medicaid waiving cost-sharing for treatments for COVID-19, including vaccines, specialized equipment and Therapies</td>
<td>Medicaid waiving cost-sharing for treatments for COVID-19, including vaccines, specialized equipment and Therapies</td>
<td>Medicaid permitting services by telephone</td>
<td>prescriber cannot incur any criminal or civil liability or licensing disciplinary action</td>
<td>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. Pharmacist 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</td>
<td>Medicaid allowing 90-day supply of maintenance medications</td>
<td>Medicaid waiving prior auth for FFS</td>
<td>Medicaid suspending prior auth for FFS</td>
<td>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.</td>
<td>Emergency Special Enrollment to MNsure <a href="https://www.mnsure.org/new-customer/enrollment-deadlines/special-enrollment/covid-19-ssp.jsp">https://www.mnsure.org/new-customer/enrollment-deadlines/special-enrollment/covid-19-ssp.jsp</a></td>
<td>1135 waiver approved</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>COVID-19 Care</td>
<td>Telemedicine</td>
<td>Access to medications</td>
<td>Grace periods and related policies</td>
<td>COVID-19 vaccine Coverage</td>
<td>Licensure</td>
<td>Credentialing</td>
<td>Workers comp</td>
<td>Prior auth</td>
<td>Liability protections</td>
<td>Coverage, enrollment, and other access measures</td>
<td>Misc.</td>
<td>EOs, Bulletins. Waivers</td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>---------------</td>
<td>--------------</td>
<td>-----------------------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>-----------</td>
<td>--------------</td>
<td>--------------</td>
<td>------------</td>
<td>----------------------</td>
<td>-----------------------------------------------</td>
<td>-------</td>
<td>----------------------</td>
<td></td>
</tr>
<tr>
<td>Mississippi</td>
<td>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]</td>
<td>Medicaid early refills [source]</td>
<td>MADH early refills [source]</td>
<td>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</td>
<td>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</td>
<td>Medicaid suspending prior auth for FFS and extending existing prior auth [source]</td>
<td>Medicaid suspending enrollment due to failure to pay premiums for working disabled BBA group [source]</td>
<td>Medicaid suspending cost-sharing for testing services, testing-related services [source]</td>
<td></td>
<td></td>
<td>1135 waiver approved 3/23/20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>Testing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>---------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Montana</td>
<td>Some plans voluntarily waiving fees for testing ([source])</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State</th>
<th>COVID-19 Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montana</td>
<td>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)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State</th>
<th>Teledicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montana</td>
<td>Services by telephone or telehealth and waiving requirement of existing patient-physician relationship ([source])</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State</th>
<th>Access to medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montana</td>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State</th>
<th>COVID-19 vaccine Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montana</td>
<td>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])</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State</th>
<th>Licensure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montana</td>
<td>Medicaid suspending prior auth for FFS and extending existing prior auth ([source])</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State</th>
<th>Credentialing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montana</td>
<td>DOI (recommendation to plans)</td>
</tr>
<tr>
<td>State</td>
<td>Testing / Care</td>
</tr>
<tr>
<td>------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Nebraska</td>
<td>Coverage parity; telephone allowed; Medicaid reimbursing services by telephone for patients experiencing mild COVID-19 symptoms; (source)</td>
</tr>
<tr>
<td>Nevada</td>
<td>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.</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>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</td>
</tr>
</tbody>
</table>
New Jersey

**Medicaid waiving co-pays** [Source](source)

- No cost-sharing for testing [Source](source)

**Coverage parity:**
- Telehealth includes telephone, but teledmedicine 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](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 companies from terminating, or making material changes to, plans during the grace period.** [Source](source)

**Licensed out-of-state physicians may register with board for expedited temporary license.** [Source](source)

**Medicaid suspending prior auth for FFS and extending existing prior auth** [Source](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.** [Source](source)

**CHIP waiving premiums** [Source](source)

**External appeals temporarily must be emailed to department – temporary form should be used. Suspending filing fee.** [Source](source)

**1135 waiver approved 3/23/20**
<table>
<thead>
<tr>
<th>State</th>
<th>Testing</th>
<th>COVID-19 Care</th>
<th>Telemedicine</th>
<th>Access to medications</th>
<th>Grace periods and related policies</th>
<th>COVID-19 vaccine Coverage</th>
<th>Licensure</th>
<th>Credentialing</th>
<th>Workers comp</th>
<th>Prior auth</th>
<th>Liability protections</th>
<th>Coverage, enrollment, and other access measures</th>
<th>Misc.</th>
<th>EOs, Bulletins, Waivers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>*newly enacted law broadly requires all plans to cover testing w/o cost-sharing</td>
<td>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.3833); 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 of service.</td>
<td>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].</td>
<td>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].</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>COVID-19 Care</td>
<td>Access to medications</td>
<td>Grace periods related policies</td>
<td>Coverage 2020</td>
<td>Licensure</td>
<td>Credentialing</td>
<td>Workers comp</td>
<td>Prior auth</td>
<td>Liability protections</td>
<td>Coverage, enrollment, and other access measures</td>
<td>Misc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------</td>
<td>---------------</td>
<td>-----------------------</td>
<td>--------------------------------</td>
<td>--------------</td>
<td>-----------</td>
<td>---------------</td>
<td>--------------</td>
<td>-----------</td>
<td>------------------------</td>
<td>-----------------------------------------------</td>
<td>-------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>New Mexico</strong></td>
<td>No cost-sharing for testing, including office visits, ER, and urgent care centers <em>(source)</em>; Medicaid waiving cost-sharing <em>(source)</em></td>
<td>Medicaid waiving maximum supply requirements for maintenance drugs <em>(source)</em></td>
<td>Medicaid waiving maximum supply requirements for maintenance drugs <em>(source)</em></td>
<td>Medicaid waiving maximum supply requirements for maintenance drugs <em>(source)</em></td>
<td>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 liciensure verification. (waived in G: drive)</td>
<td>Credential out-of-state providers <em>(source)</em></td>
<td>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.</td>
<td>Medicaid suspending prior auth for FFS and extending existing prior auth <em>(source)</em></td>
<td>No prior auth for services to those with COVID-19 <em>(source)</em></td>
<td>Gov calls on federal government to issue SEP for FFIs <em>(source)</em></td>
<td><strong>DOIs, Bulletins, Waivers</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>New York</strong></td>
<td>Prohibit cost-sharing in network provider office visits or urgent care center when purpose of visit is to be tested <em>(source)</em>; Medicaid waiving cost-sharing <em>(source)</em></td>
<td>Coverage parity; audio only allowed <em>(source)</em></td>
<td>Medicaid reimbursing for covered services; waiving co-pays for all telemedicine services; no limits on originating sites <em>(source)(source)</em></td>
<td>Medicaid allowing early refills and 90 day supply <em>(source)</em></td>
<td>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</td>
<td>Waive licensure for out of state physicians and NY licensed physicians who are not registered <em>(source)</em> Volunteer physicians may register with ServNY. Allows 2020 graduates from an academic medical program accredited by a medical education accrediting agency</td>
<td>Medicaid suspending prior auth for FFS and extending existing prior auth <em>(source)</em></td>
<td>Suspend prior authorization for hospital services including labs and radiology <em>(source)</em></td>
<td>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 professionals in the course of providing medical services in support of the</td>
<td><strong>Special enrollment period <em>(source)</em></strong></td>
<td><strong>Executive order 202.5, Executive order liability and scope 202.10</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>COVID-19 Care</td>
<td>Telemedicine</td>
<td>Access to medications</td>
<td>Grace periods and related policies</td>
<td>COVID-19 vaccine Coverage</td>
<td>Licensure</td>
<td>Credentialing</td>
<td>Workers comp</td>
<td>Prior auth</td>
<td>Liability protections</td>
<td>Coverage, enrollment, and other access measures</td>
<td>Misc.</td>
<td>EOs, Bulletins, Waivers</td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>---------------</td>
<td>--------------</td>
<td>------------------------</td>
<td>------------------------------------</td>
<td>--------------------------</td>
<td>------------</td>
<td>---------------</td>
<td>--------------</td>
<td>------------</td>
<td>----------------------</td>
<td>-----------------------------------------------</td>
<td>-------</td>
<td>-------------------------</td>
<td></td>
</tr>
<tr>
<td>North Carolina</td>
<td>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)</td>
<td>Medicaid allowing early refills (source)</td>
<td>Medicaid suspending prior auth for out-of-state physicians. (source)</td>
<td>Medicaid suspending prior auth for FFS (source)</td>
<td>Medicaid suspending prior auth for FFS and extending existing prior auth (source)</td>
<td>Medicaid suspending enrollment fees, premiums, and other cost-sharing for individuals (source)</td>
<td>1135 waiver approved 3/23/20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Dakota</td>
<td>Coverage the same as in-person. Audio only allowed; provide coverage of virtual check-ins</td>
<td>Medicaid has suspended first fill and underutilization rejections (source); Medicaid SPA</td>
<td>Medicaid SPA</td>
<td>Medicaid SPA</td>
<td>Medicaid SPA</td>
<td>Medicaid SPA</td>
<td>Medicaid SPA</td>
<td>1135 waiver approved 3/24/20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>Testing</td>
<td>Telemedicine</td>
<td>Access to medications</td>
<td>Grace periods and related policies</td>
<td>COVID-19 vaccine Coverage</td>
<td>Licensure</td>
<td>Credentialing</td>
<td>Workers comp</td>
<td>Prior auth</td>
<td>Liability protections</td>
<td>Coverage, enrollment, and other access measures</td>
<td>Misc. EOs, Bulletins, Waivers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>----------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>------------------------</td>
<td>------------------------------------</td>
<td>--------------------------</td>
<td>-----------</td>
<td>---------------</td>
<td>--------------</td>
<td>-----------</td>
<td>-----------------------</td>
<td>---------------------------------------------</td>
<td>----------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ohio</td>
<td>newly enacted law broadly requires all plans to cover testing w/o cost-sharing</td>
<td>allows one-time 90 day fill, makes exceptions to FDL if drug shortages occur [source]</td>
<td>Grace period for premium payments (60 calendar days)</td>
<td>For employers that employ fewer than 20 pplc, 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 others be ineligible due to decrease in hours worked.</td>
<td>Medicaid SPA extends prior authorization for medications by automatic renewal without clinical review, or time/quantity extensions [source]</td>
<td>covered under TWWIIA coverage group and individuals covered under the Family Opportunity Act [source]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oklahoma</td>
<td>DOI requests plans waive cost-sharing; Medicaid</td>
<td>Coverage parity with in-person service limited to audio-video;</td>
<td>Waive licensure requirements for out-of-state physicians licensed</td>
<td>Medicaid suspending prior auth for FFS [source]</td>
<td>SEP Plans can't increase premiums based on a group's decreased enrollment or participation due to COVID-19</td>
<td>DOI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>Testing *newly enacted law broadly requires all plans to cover testing w/o cost-sharing</td>
<td>COVID-19 Care</td>
<td>Telemedicine *existing law in red.</td>
<td>Access to medications</td>
<td>Grace periods and related policies</td>
<td>COVID-19 vaccine Coverage</td>
<td>Licensure</td>
<td>Credentialing</td>
<td>Workers comp</td>
<td>Prior auth</td>
<td>Liability protections</td>
<td>Coverage, enrollment, and other access measures</td>
<td>Misc.</td>
<td>EOs, Bulletins, Waivers</td>
</tr>
<tr>
<td>---------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>----------------</td>
<td>----------------------------------</td>
<td>-----------------------</td>
<td>-------------------------------</td>
<td>-------------------------------</td>
<td>----------------</td>
<td>---------------</td>
<td>--------------</td>
<td>------------</td>
<td>------------------------</td>
<td>-----------------------------------------------</td>
<td>-------</td>
<td>----------------------</td>
</tr>
<tr>
<td></td>
<td>waiving cost-sharing <em>(source)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wave established patient-physician relationship requirement <em>(source)</em>; Medicaid reimbursing for services via secure telehealth communication devices or phone when necessary <em>(source)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>by a state party to the Emergency Management Compact. Must apply and receive approval from board <em>(source)</em>; No waiver required for retired physicians who have maintained their license.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medicaid early refills <em>(source)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oregon</td>
<td>No cost-sharing <em>(source)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>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 <em>(source)</em>; Medicaid expanded coverage at face-to-face rates <em>(source)</em>; Medicaid allowing services from any setting, services to new patients, audio-only services <em>(source)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medicaid companies must extend grace periods for premium payments, postpone policy cancellations and nonrenewals and extend deadlines for reporting claims <em>(source)</em>; No cost-sharing <em>(source)</em>; 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 <em>(source)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medicaid suspending prior auth for FFS and extending existing prior auth <em>(source)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>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 <em>(source)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>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 <em>(source)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Administrative Order licensing <em>(source)</em>; 1135 waiver approved 3/24/20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>Medicaid asking for early refills; expedited Requesting extension of grace periods.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Suspend licensure requirements for out-of-state <em>(source)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>no prior auth for testing <em>(source)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CHIP allowing self-attestation to complete</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PID encourages health insurers to coordinate closely <em>(source)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1135 waiver approved 3/25/20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Administrative Order licensing <em>(source)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Department of consumer and business services <em>(source)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>Testing *newly enacted law broadly requires all plans to cover testing w/o cost-sharing</td>
<td>COVID-19 Care</td>
<td>Telemedicine</td>
<td>Access to medications</td>
<td>Grace periods and related policies</td>
<td>COVID-19 vaccine Coverage</td>
<td>Licensure</td>
<td>Credentialing</td>
<td>Workers comp</td>
<td>Prior auth</td>
<td>Liability protections</td>
<td>Coverage, enrollment, and other access measures</td>
<td>Misc.</td>
<td>EOs, Bulletins, Waivers</td>
</tr>
<tr>
<td>-------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>---------------</td>
<td>--------------</td>
<td>----------------------</td>
<td>-----------------------------------</td>
<td>---------------------------</td>
<td>-----------</td>
<td>---------------</td>
<td>---------------</td>
<td>-----------</td>
<td>----------------------</td>
<td>-----------------------------------------------</td>
<td>-------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>No prior auth; coverage and no cost-sharing</td>
<td>Medicaid reimbursing for covered services, permitting telephone only services</td>
<td>No cost-sharing, coverage</td>
<td>Temporary licenses (90 day) to licensed out-of-state physicians. Must submit application to board.</td>
<td>No prior auth for testing</td>
<td>Medicaid suspending prior auth for FFS and extending existing prior auth</td>
<td>SEP</td>
<td>Telemedicine saved in G drive OHIC 1135 waiver approved 3/25/20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

services associated with testing including urgent care, physician offices, ERs. Medicaid and CHIP will cover COVID-19 testing and treatment, and prior authorization will be lifted for some services, such as chest CT scans. covered, although there may be a nominal co-pay. 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. at face-to-face rates, services by telephone allowed when appropriate. formulary exceptions, access to out-of-network pharmacy if drug shortage. Medicaid early refills. 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. physicians. Board to expedite process for temporary license. plans strongly encouraged to ease prior auth requirements for treatment of COVID-19 and should expedite appeals processes. Medicaid processing prior auth requests for elective procedures, but setting effective date of July 1. Medicaid suspending prior auth for FFS and extending existing prior auth. plans strongly encourage to ease prior auth requirements for treatment of COVID-19 and should expedite appeals processes. Medicaid processing prior auth requests for elective procedures, but setting effective date of July 1. Medicaid suspending prior auth for FFS and extending existing prior auth. eligibility determinations at application and renewal; delaying premiums; not discontinuing coverage. Insurers to inform PID of activities.

No prior auth; coverage and no cost-sharing.

Medicaid reimbursing for covered services, permitting telephone only services. Private Payor - Expand coverage of telehealth services, permitting telephone only services. Medicaid making exceptions to PDL if there are shortages. Medicaid making prior auth for medications by automatic renewal without clinical review, or time/quantity extensions.

Early refills (at least 30 days and 30 or 90 days for maintenance medication). Medicaid making prior auth for medications by automatic renewal without clinical review, or time/quantity extensions.

No prior auth for testing. Medicaid suspending prior auth for FFS and extending existing prior auth.

Plans should consider reasonably remove and/or reduce barriers to access to services related to COVID-19 that may delay or impede care, including requirements for specialist referrals and prior authorizations, during the state of emergency. Medicaid covering testing for all uninsured.
<table>
<thead>
<tr>
<th>State</th>
<th>COVID-19 Care</th>
<th>Telemedicine</th>
<th>Access to medications</th>
<th>Grace periods and related policies</th>
<th>COVID-19 vaccine Coverage</th>
<th>Licensure</th>
<th>Credentialing</th>
<th>Workers comp</th>
<th>Prior auth</th>
<th>Liability protections</th>
<th>Coverage, enrollment, and other access measures</th>
<th>Misc.</th>
<th>EOs, Bulletins, Waivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Carolina</td>
<td>Medicaid waiving cost-sharing and prior auth [source]</td>
<td>DOI bulletin encouraging insurers to increase access to medical care via telehealth [source] Insurer specific information can be found here: Insurer reimbursing for E&amp;M services regardless of originating site; referring site requirements waived [source]</td>
<td>Medicaid early refills [source]</td>
<td>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]</td>
<td></td>
<td>Medicaid extending existing prior auth [source]</td>
<td></td>
<td>Medicaid waiving cost-sharing and prior auth [source]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Dakota</td>
<td>Medicaid covering with no cost sharing [1]</td>
<td>Coverage parity to in person; Telephone only allowed; remove cost-sharing; suspend regulatory provisions which limit or restrict the provision of telehealth or</td>
<td>Suspended restrictions on dispensing certain medications</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**State Testing**

*newly enacted law broadly requires all plans to cover testing w/o cost-sharing

**COVID-19 Vaccine Coverage**

*existing law in red.

**Access to medications**

**Grace periods and related policies**

**Licensure**

**Credentialing**

**Workers comp**

**Prior auth**

**Liability protections**

**Coverage, enrollment, and other access measures**

**Misc.**

**EOs, Bulletins, Waivers**

---

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]

Medicaid adopted 12-month continuous eligibility; extending timeframe for non-citizens to supply enrollment documentation [source]

Medicaid waiving cost-sharing and prior auth [source]

Medicaid early refills [source]

Medicaid extending existing prior auth [source]

Medicaid waiving cost-sharing and prior auth [source]

Medicaid covering with no cost sharing [1]

Coverage parity to in person; Telephone only allowed; remove cost-sharing; suspend regulatory provisions which limit or restrict the provision of telehealth or

Suspended restrictions on dispensing certain medications

Medicaid allowing early refills, 60-day supply, extending authorizations to May 31 [source]

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

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

1135 waiver approved 3/24/20

EO
<table>
<thead>
<tr>
<th>State</th>
<th>Testing *newly enacted law broadly requires all plans to cover testing w/o cost-sharing</th>
<th>COVID-19 Care</th>
<th>Telemedicine</th>
<th>Access to medications</th>
<th>Grace periods and related policies</th>
<th>COVID-19 vaccine Coverage</th>
<th>Licensure</th>
<th>Credentialing</th>
<th>Workers comp</th>
<th>Prior auth</th>
<th>Liability protections</th>
<th>Coverage, enrollment, and other access measures</th>
<th>Misc</th>
<th>EOs, Bulletins, Waivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tennessee</td>
<td>Medicaid covering certain OTC medications for COVID-19 treatment with no copay [source]</td>
<td>Medicaid-aligned telemedicine policy with Medicaid for all covered services, permitting audio-only; originating state may be home. [source]</td>
<td>No cost-sharing for Medicaid even if out-of-network [source]</td>
<td>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 state; Encourages all technologies allowed, including audio-only; Carriers are urged not to impose prior 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 law.</td>
<td>Early refills—up to 90-day supply of maintenance medications as necessary to respond to and prevent the spread of COVID-19; Medicaid allowing early refills, 90-day supply, out-of-network fills and allowing lock-in location changes, extending expiring authorizations for 90 days [source, source]; TDCI urges carriers to maintain their existing insurance coverage, despite policyholders’ growing concerns about being able to meet deadlines to pay their premiums.</td>
<td>Department requests that health carriers immediately cover the immunization at no cost-sharing for all covered members.</td>
<td>Waiver licensure requirements for out-of-state licensed health care providers to assist with the medical response to COVID-19. [source]</td>
<td>There is a 3 month grace period for health care professional license and facility license renewals due during this Order.</td>
<td>TBI can use name background checks rather than fingerprint checks to check backgrounds of new health care license applicants.</td>
<td>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]</td>
<td>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 make exceptions to provide access to an out-of-network provider at the in-network cost-sharing. [source]</td>
<td>Certificate of need (CON) requirement in order for hospitals to expand beds is suspended.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>Testing</td>
<td>COVID-19 Care</td>
<td>Telemedicine</td>
<td>Access to medications</td>
<td>Grace periods and related policies</td>
<td>COVID-19 vaccine Coverage</td>
<td>Licensure</td>
<td>Credentialing</td>
<td>Workers comp</td>
<td>Prior auth</td>
<td>Liability protections</td>
<td>Coverage, enrollment, and other access measures</td>
<td>Misc.</td>
<td>EOs, Bulletins, Waivers</td>
</tr>
<tr>
<td>-------</td>
<td>---------</td>
<td>---------------</td>
<td>--------------</td>
<td>-----------------------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>----------</td>
<td>--------------</td>
<td>--------------</td>
<td>----------</td>
<td>----------------------</td>
<td>---------------------------------------------</td>
<td>--------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Texas</td>
<td>Testing costs must be covered without imposing any cost-sharing, including deductibles, coinsurance, or copayment requirements. 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)</td>
<td>Coverage parity to in-person Telephone only allowed; waive established patient requirement (source). 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 Plans must provider early refill( 90-day); allow fills at out-of-network pharmacies at no additional cost if the drug isn't available quickly 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</td>
<td>TDI encourages plans to use grace periods for payments, temporary suspension of premium payments, payment plans, and other actions to allow continuing insurance coverage as appropriate. TDI and Gov extending claim-handling deadlines imposed by the state's prompt payment laws for an additional 15 days to help carriers respond</td>
<td>Expeditied temporary license for out-of-state and certain retired physicians. (source)</td>
<td>Workers' compensation insurance carriers must continue or begin providing timely claims adjusting services, 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</td>
<td>Medicaid extending expiring authorizations for 90-days (source)</td>
<td>TDI encourages non-ACA</td>
<td>TDI expects EPOs and HMOs to monitor and verify that their provider networks are adequate to handle increased demand and 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)</td>
<td>TDI: U.S. Congress has passed comprehensive measures to ensure that Americans will not have to pay for COVID-19 testing. The Texas 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>Medicaid Covering with No Prior Auth</td>
<td>Insurance Dept Encourages Insurers to Waive Cost-Sharing for Visits to In-Network Providers, Urgent Care Centers, ERs, and Calls to Telehealth Outlets</td>
<td>Insurance Dept Requested That Insurers Waive Preauthorization Requirements for COVID-19 Testing and Treatment</td>
<td>Utah</td>
<td>Payment Parity to In-Person Services. 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)</td>
<td>Insurance Dept Requested That Insurers Waive Preauthorization Requirements for COVID-19 Testing and Treatment</td>
<td>Insurer Actions: <a href="https://insurance.utah.gov/feature-news/coronavirus">https://insurance.utah.gov/feature-news/coronavirus</a></td>
<td>Issuer: Utah.gov/Feature-News/Coronavirus</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>COVID-19 Care</td>
<td>Telemedicine</td>
<td>Access to medications</td>
<td>Grace periods and related policies</td>
<td>COVID-19 vaccine Coverage</td>
<td>Licensure</td>
<td>Credentialing</td>
<td>Workers comp</td>
<td>Prior auth</td>
<td>Liability protections</td>
<td>Coverage, enrollment, and other access measures</td>
<td>Misc.</td>
<td>EOs, Bulletins, Waivers</td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>---------------</td>
<td>--------------</td>
<td>-----------------------</td>
<td>----------------------------------</td>
<td>--------------------------</td>
<td>-----------</td>
<td>--------------</td>
<td>--------------</td>
<td>-----------</td>
<td>---------------------</td>
<td>---------------------------------------------</td>
<td>-------</td>
<td>----------------------</td>
<td></td>
</tr>
<tr>
<td>Vermont</td>
<td>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</td>
<td>Medicaid waiving all outpatient hospital copays (source), waiving copays on supportive medications (source) legislature encourages DOFR to adopt emergency regulations expanding health insurance coverage for, and waiving or limiting cost-sharing requirements directly related to, COVID-19 diagnosis, treatment, and prevention; (source)</td>
<td>Coverage party but only for services provided by audio-video; Medicaid services provided by telephone paid at face-to-face rates (source) legislature encourages DOFR 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-</td>
<td>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)</td>
<td>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 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 during the emergency, except as otherwise required by applicable federal law or accreditation standards of NCQA, insurer must allow for individual providers to 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 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 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 Medicaid-suspending prior auth for FFS and extending existing prior auth (source)</td>
<td>Extends civil immunity to health care professionals providing COVID-19 related care or response activities. Specifies this includes postponement of non-essential adult elective surgeries 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;</td>
<td>SEP (source) CHIP waiving premiums (source)</td>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**State** | **Testing** | **COVID-19 Care** | **Telemedicine** | **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** |
---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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 originating site; allowing services by telephone, reimbursing at face-to-face rates [source](source) [source](source) | Health insurers have waived early medication refill limits on 30-day maintenance medications. [source](source) Medicaid allowing early refills and 90-day supply [source](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 exchange. Once a grace period is triggered, requirements applicable to the grace period must remain unchanged. [source](source) | 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 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 [source](source) | Medicaid waiving all copays [source](source) | Medicaid waiving prior auth for FFS and extending existing prior auth [source](source) Medicaid waiving prior auth for certain MCO services [source](source) | Health insurers have eliminated prior authorization requirements for medically necessary diagnostic tests and covered services related to COVID-19 diagnosis. [source](source) Medicaid SPA eliminates cost-sharing (deductibles, copays, and coinsurance) for Medicaid beneficiaries [source](source) | Medicaid waiving all copays [source](source) Medicaid asked MCOs to relax out-of-network authorization requirements as appropriate and to pay the Medicaid fee schedule [source](source) Medicaid SPA eliminates cost-sharing (deductibles, copays, and coinsurance) for Medicaid beneficiaries [source](source) | Medicaid waiving all copays [source](source) Medicaid asked MCOs to relax out-of-network authorization requirements as appropriate and to pay the Medicaid fee schedule [source](source) Medicaid SPA eliminates cost-sharing (deductibles, copays, and coinsurance) for Medicaid beneficiaries [source](source) | Medicaid waiving all copays [source](source) Medicaid asked MCOs to relax out-of-network authorization requirements as appropriate and to pay the Medicaid fee schedule [source](source) Medicaid SPA eliminates cost-sharing (deductibles, copays, and coinsurance) for Medicaid beneficiaries [source](source) | Medicaid waiving all copays [source](source) Medicaid asked MCOs to relax out-of-network authorization requirements as appropriate and to pay the Medicaid fee schedule [source](source) Medicaid SPA eliminates cost-sharing (deductibles, copays, and coinsurance) for Medicaid beneficiaries [source](source) |

**Notes:**
- **newly enacted law broadly requires all plans to cover testing w/o cost-sharing**
- **existing law in red**

- Vermont DOFR memo to providers more than 3 years ago must apply for temporary license. Out of state retired physicians are not eligible [source](source) [source](source)
- 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 provided or at a location not in that organization. [source](source)
- [source](source)
- Vermonters’ evolving health needs (source)
- 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)
- Medicaid suspending prior auth for FFS and extending existing prior auth [source](source) Medicaid waiving prior auth for certain MCO services [source](source) | Health plans | 1135 waiver approved 3/23/20 |
<table>
<thead>
<tr>
<th>State</th>
<th>COVID-19 Care</th>
<th>Telemedicine</th>
<th>Access to medications</th>
<th>Grace periods and related policies</th>
<th>COVID-19 vaccine Coverage</th>
<th>Licensure</th>
<th>Credentialing</th>
<th>Workers comp</th>
<th>Prior auth</th>
<th>Liability protections</th>
<th>Coverage, enrollment, and other access measures</th>
<th>Misc.</th>
<th>EOs, Bulletins, Waivers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Washington</strong></td>
<td>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]</td>
<td>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 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] Medicaid SPA enables reimbursement</td>
<td>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 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 EDs issued by any branch or instrumentality of WA or federal government. Plans may delay</td>
<td>Out-of-state physicians must apply for reciprocity through the IMC. [source] Under the law, it ensures that any treatment given during pending credential applications is reimbursed to health care businesses. [source] 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 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</td>
<td>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] Medicaid suspending renewal requirements, allowing self-attestation of income for retroactive eligibility, covering people quarantined in state [source]</td>
<td>[source]</td>
<td>1135 waiver approved 3/19/20 OIC</td>
<td><a href="https://www.governor.wa.gov/agencyfaithful/dmic">https://www.governor.wa.gov/agencyfaithful/dmic</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>Testing</td>
<td>COVID-19 Care</td>
<td>Telemedicine</td>
<td>Access to medications</td>
<td>Grace periods and related policies</td>
<td>COVID-19 vaccine Coverage</td>
<td>Licensure</td>
<td>Credentialing</td>
<td>Workers comp</td>
<td>Prior auth</td>
<td>Liability protections</td>
<td>Coverage, enrollment, and other access measures</td>
<td>Misc.</td>
</tr>
<tr>
<td>-----------------------</td>
<td>---------</td>
<td>---------------</td>
<td>--------------</td>
<td>------------------------</td>
<td>-----------------------------------</td>
<td>---------------------------</td>
<td>------------</td>
<td>---------------</td>
<td>---------------</td>
<td>------------</td>
<td>-----------------------</td>
<td>-----------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>West Virginia</td>
<td>No cost-sharing <a href="source">source</a></td>
<td></td>
<td></td>
<td>for telemedicine at face-to-face rates <a href="source">source</a></td>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>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) <a href="source">source</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Public employees Insurance agency (PEIA) will cover COVID-19 testing at a network provider, at 100% of the contracted allowance, for members. [source](source) Testing of uninsured patient will be covered by Medicaid [source](source)**


For physicians who are evaluating and/or triaging COVID-19 patients, this emergency care falls within a statutory exception to the Early refills [source](source); CHIP allowing early refills [source](source); Medicaid allowing 90-day supply [source](source)

Physicians with inactive status with no pending complaints, investigations, Consent orders, Board orders, or pending disciplinary proceedings, or expired less than 5 years ago with no pending complaints, investigations, Consent orders, Board orders, or pending disciplinary proceedings

Because many elective procedures are being delayed, PEIA is going to automatically expand the time frame for any current approvals to 12/31/2020. [source](source) Medicaid suspending prior auth for FFS and extending existing prior auth [source](source)

Insurers must not issue a cancellation notice or nonrenewal notice if the reason for cancellation or nonrenewal is a result of circumstances stemming from the COVID-19 pandemic. [source](source) Testing of uninsured patient will be covered by Medicaid [source](source)

<table>
<thead>
<tr>
<th>State</th>
<th>Testing</th>
<th>COVID-19 Care</th>
<th>Telemedicine</th>
<th>Access to medications</th>
<th>Grace periods and related policies</th>
<th>COVID-19 vaccine Coverage</th>
<th>Licensure</th>
<th>Credentialing</th>
<th>Workers comp</th>
<th>Prior auth</th>
<th>Liability protections</th>
<th>Coverage, enrollment, and other access measures</th>
<th>Misc.</th>
<th>EOs, Bulletins, Waivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wisconsin</td>
<td>OCI request plans waive any cost-sharing for COVID-19 laboratory and radiology and waive cost-sharing for a provider office visit, urgent care center visit, hospital visit and an ER visit when the basis for the visit is related to testing. <a href="source">source</a></td>
<td>Medicaid reimbursing for currently covered services that can be delivered with functional equivalency to the face-to-face service, allowing any originating site, allowing audio-only <a href="source">source, source</a></td>
<td>OCI requesting early refills. Plans are also encouraged to make expedited formulary exceptions if there is a 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 <a href="source">source</a></td>
<td>OCI requests plans immediately cover the immunization at no cost-sharing for all covered members. <a href="source">source</a></td>
<td>A physician or nurse anesthetist for whom Wisconsin is not a principal place of practice but who is temporarily authorized to 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. <a href="source">source</a></td>
<td>Plans are requested to expedite prior authorization requests to the extent possible. And should not use prior authorization 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 <a href="source">source</a></td>
<td>AB 1038, which, among other things, states that during the COVID-19 situation continues to evolve, plans should continually assess their readiness and make any necessary adjustments <a href="source">source</a></td>
<td>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. <a href="source">source</a></td>
<td>Ryan White funds may be used for emergency care. <a href="source">source</a></td>
<td><strong>state</strong> testing <em>newly enacted law broadly requires all plans to cover testing w/o cost-sharing</em></td>
<td><strong>COVID-19 care</strong> <em>existing law in red.</em></td>
<td><strong>telemedicine</strong></td>
<td><strong>access to medications</strong></td>
<td><strong>grace periods and related policies</strong></td>
</tr>
<tr>
<td>State</td>
<td>Testing</td>
<td>COVID-19 Care</td>
<td>Telemedicine</td>
<td>Access to medications</td>
<td>Grace periods and related policies</td>
<td>COVID-19 vaccine Coverage</td>
<td>Licensure</td>
<td>Credentialing</td>
<td>Workers comp</td>
<td>Prior auth</td>
<td>Liability protections</td>
<td>Coverage, enrollment, and other access measures</td>
<td>Misc.</td>
<td>Misc.</td>
</tr>
<tr>
<td>-------</td>
<td>---------</td>
<td>---------------</td>
<td>--------------</td>
<td>-----------------------</td>
<td>---------------------------------</td>
<td>--------------------------</td>
<td>-----------</td>
<td>---------------</td>
<td>--------------</td>
<td>------------</td>
<td>---------------------</td>
<td>-----------------------------------------------</td>
<td>-------</td>
<td>-------</td>
</tr>
</tbody>
</table>
| Wyoming | Plans should waive cost-sharing for lab diagnostic testing for RSV, influenza, respiratory panel test, and COVID-19.

DOI encourages insurers to liberalize telehealth benefits. Reminds insurers that group insurance

Physicians with a full and unrestricted license in another state may apply to the board through the "consulting"

Medicaid suspending prior auth for FFS

Medicaid suspending premiums for the Employed Individuals with Disabilities |

| that is intended to lessen symptoms or the duration of the virus. *(source)* | specified in the bill and may elect to be covered by Wisconsin's health care liability laws. *(source)* | 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). | 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 faith. (c) The actions or omissions do not involve reckless or wanton conduct or intentional misconduct. *(source) - see pg. 15* | financial assistance including housing, food, utilities, medical supplies, hygiene and cleaning supplies *(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). |
State | Testing | Telemedicine | Access to medications | COVID-19 Care | Licensure | Credentialing | Workers comp | Prior auth | Liability protections | Coverage, enrollment, and other access measures | Misc. | EOS, Bulletins, Waivers
---|---|---|---|---|---|---|---|---|---|---|---|---|---
*newly enacted law broadly requires all plans to cover testing w/o cost-sharing
*existing law in red.

19. Waive cost-sharing for office visits, ER visits, and urgent care associated with testing. [source]

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]

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]

program eligibility group [source]