



While the federal government led the national response to COVID-19, state and local health departments also stood on the front lines and continue to take legislative action to mitigate the effects of an outbreak. Every single state has introduced legislation to support action related to COVID-19, including resolutions to encourage certain practices and bills that involve workforce protections or medical coverage, or are related to actions taken by the governor in a state of emergency.

State legislatures are also moving quickly to ensure agencies and local governments have the necessary funding to combat the pandemic. As states continue to debate legislation, please consider the following advocacy asks that would be helpful to our members and the patients they serve. For technical assistance, please contact Julie Harrison, Manager, Center for State Policy, at jharrison@aafp.org.

MEDICAID ELIGIBILITY AND ENROLLMENT

- States can seek federal approval for additional [flexibility](#) to connect people to coverage and care:
 - Section [1135 National Emergency Waivers](#) (e.g., 43 states, including [California](#), suspend fee-for-service prior authorizations)
 - Section [1115 Demonstration Waivers](#) (e.g., [North Carolina](#), [Washington](#) allow states to modify eligibility criteria for long-term services and support)
 - Medicaid Disaster Relief State Plan Amendments (SPAs)
- Increase Medicaid provider payment rates to ensure Medicaid-to-Medicare payment parity (18 states have implemented policies requiring payment parity, five states have payment parity in place with caveats, and 27 states have no payment parity¹).
- Expand Medicaid eligibility to broaden access to care:
 - Medicaid expansion
 - Optional eligibility expansions (e.g., [Alaska](#), [Washington](#), and [West Virginia](#) temporarily cover certain non-resident individuals in the state)
 - Optional coverage for legal immigrant children and pregnant women
 - Waivers of eligibility provisions (e.g., states can extend the timeframe to complete Medicaid application)
- States can conduct outreach and adopt policy options to help get and keep eligible people enrolled in coverage:
 - Provide virtual and telephonic outreach and enrollment assistance to enroll new Medicaid beneficiaries
 - Presumptive eligibility and eligibility verification (e.g., [California](#) and [Louisiana](#) accept self-attestation for all eligibility criteria, except citizenship)

¹ Executive Summary: Tracking Telehealth Changes State-by-State in Response to COVID-19 - December 2021(JD Supra)

- and immigration status, when documentation or electronic sources are not available)
- Provide 12-month continuous eligibility for children
 - Suspend or delay Medicaid eligibility renewals to reduce administrative burden on patients and Medicaid agency staff and minimize potential coverage disruptions (e.g., 13 states, including [Georgia](#), delay or extend timeframe for families to complete CHIP renewals)
 - Suspend periodic eligibility data checks between renewals to reduce administrative burden on patients, Medicaid agency staff, and other state and federal agencies, and minimize potential coverage disruptions
 - Addressing Medicaid enrollees' social determinants of health in response to COVID-19, (e.g., [MN Food Security Work Group](#), [CA Project Roomkey](#) to address housing insecurity)
 - Eliminate deductibles, copayments, coinsurance, and other cost sharing, as well as enrollment fees and premiums (e.g., [Vermont](#) eliminating copayments for outpatient hospital visits; [Massachusetts](#) eliminating copayments on acute inpatient hospital stays for all members)
 - AAFP federal advocacy:
 - [Coalition Letter](#) on Medicaid Priorities in Reconciliation - October 8, 2021
 - [AAFP Letter](#) to Congress in Support of Health Provisions in House Reconciliation Bill - September 23, 2021
 - [Joint Letter](#) to Congress in Support of One-Year Continuous Medicaid and CHIP Coverage – September 14, 2021
 - [Joint Letter](#) Calling for Extended Medicaid Postpartum Coverage to One Year – September 9, 2021
 - [Joint Letter](#) to Congressional Leadership on Medicaid Priorities – August 9, 2021
 - [AAFP Letter](#) of Support for Medicaid in the U.S. Territories Act - August 4, 2021
 - AAFP letter supporting the Ensuring Access to Primary Care for Women and Children Act of 2020, which would match Medicaid payment rates for primary care clinicians to at least those of Medicare – June 25, 2020
 - [AAFP letter](#) to HHS on health system resilience – July 8, 2020
 - Joint letter supporting the Helping MOMS Act (H.R. 4996) for the COVID-19 package – July 23, 2020
 - AAFP letter to Senator Brown in support of the HAPI Act (S. 4864) to reduce cost-sharing for vaccines under the Medicaid program – November 18, 2020

TELEMEDICINE

- Waive originating site restrictions for telemedicine (e.g., [Nevada](#) allows patients to participate from home when providers are at a distant site)

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- Continue to provide pandemic-era medical access, coverage, and protection (e.g., Connecticut extended HB5596 until 6/30/23 that allows out of state physicians to provide care to CT residents (HB6672)).
- Require private health insurance plans to cover telehealth services and reimburse them at parity with in-person health care services (e.g., [New Jersey](#) requires insurers to waive any cost-sharing for telehealth services and ensures reimbursement parity)
- Require medical malpractice insurers to temporarily expand physicians' medical liability coverage to include telehealth, if not already included
- Enact legislation to ensure standard of care is met to protect patients and their health with proper evaluation of scope of practice for health professionals
- Empower patients by providing autonomy through transparency of care costs, insurance coverage, visit details, informed consent, and HIPAA regulations
- Expand state broadband access to HIPAA-compliant telehealth technologies and internet access (e.g., Colorado (HB 21-1109) is deploying broadband connectivity into underserved areas and looking for ways to discount these technologies for those who need it.
- Allow telehealth prescribing of medications by licensed professional, including controlled substances.
- Digitize Medicare recipient accounts for ease of patient access to information regarding eligibility, coverage, and renewal.
- Require Medicaid to cover/reimburse for virtual check-ins
 - Code: G2012 - This is a brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
- Require Medicaid to cover/reimburse for store and forward technology
 - Code: G2010 - This is a remote evaluation of recorded video and/or images submitted by an established patient, including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.
- Require Medicaid to cover/reimburse for ECONSULT or Interprofessional Consultations:
 - Codes: 99446-99449 – interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional.

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- Code: 99451 – interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time.
- Code: 99452 – interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/request physician or other qualified health care professional, 30 minutes.
- State Medicaid agencies should ensure coverage and payment parity between telehealth and in-person medical services (NOTE: this averts the need for a separate Medicaid SPA submission)
- State Medicaid agencies should reimburse health care providers for additional telemedicine costs such as technical support, transmission charges and equipment – this can be in the form of add-on payment or separately reimbursed as administrative costs
- Temporarily suspending certain Medicaid requirements for coverage of telehealth services to make it easier for services to be provided (e.g., eliminating face-to-face first visit requirements)
- [State Telehealth and Licensure Expansion Dashboard](#) by the Alliance for Connected Care
- AAFP federal advocacy:
 - [Group of Six Letter](#) to Congressional Leadership Urging Action on Telehealth Joint Priorities - February 8, 2022
 - AAFP Telehealth Survey Summary from members regarding telehealth usage, challenges, resources, and demographics- September 2021
 - Telehealth-related [letters and communications](#)
 - [AAFP Letter](#) of Support for Primary and Virtual Care Affordability Act – October 8, 2021
 - [AAFP Testimony](#) to Senate Commerce Subcommittee – October 7, 2021
 - [AAFP Letter](#) Supporting the Evaluating Disparities and Outcomes in Telehealth Act – July 28, 2021
 - [Joint Letter](#) to Congressional Leadership on Post-COVID Telehealth Policies – July 26, 2021
 - AAFP Testimony to Senate Finance Committee – May 21, 2021
 - AAFP [Telehealth Toolkit](#)
 - AAFP Telehealth and Telemedicine [Policy](#)

ECONOMIC RELIEF

- State-funded small business relief funds specifically to provide dedicated financial support to all physicians and their practices who are experiencing adverse economic impact on their practices from suspending elective visits and procedures.

State Advocacy on COVID-19

- Emergency actions to make childcare available for critical personnel, including health care providers and first responders, while schools and daycare facilities are closed for the duration of the COVID-19 outbreak (e.g., MD [executive order](#))
- Provide directed payments through managed care organizations (e.g., [New Hampshire](#) MCOs providing temporary add-on payments to safety net providers including federally qualified health centers, rural health centers, critical access hospitals, and providers of residential substance use disorder treatment, home health, personal care, and private duty nursing services)
- AAFP federal advocacy:
 - AAFP Letter to HRSA on Provider Relief Fund Reporting Burden - August 18, 2021
 - [Joint Letter](#) to House in Support of the Eliminating the Provider Relief Fund Tax Penalties Act - April 19, 2021
 - [Coalition letter](#) to CMS asking for relief for clinicians in value-based arrangements – March 18, 2020
 - [Coalition letter](#) to Congress urging financial relief to physician practices – March 20, 2020
 - [Coalition letter](#) to HHS requesting one month's revenue for Medicare/Medicaid-enrolled physicians, clinicians – April 7, 2020
 - [AAFP letter](#) to HHS urging immediate financial relief/payments for practices and reforms to care delivery – May 2, 2020
 - [AAFP letter](#) to Congress requesting financial relief, alternative payment model – May 7, 2020
 - [Coalition letter](#) to Congressional leadership prioritizing primary care in any further relief packages – June 8, 2020

PRIVATE INSURANCE

- Require insurers eliminate prior authorization for screening and treatment related to COVID-19 (especially for hospitalization, post-acute care, and medical equipment needed in the home) to facilitate expeditious care
- Require insurers to waive cost sharing for COVID-19 testing and treatment
 - Prohibit balance billing (e.g., [Wisconsin](#) requires insurers to hold enrollees harmless for out-of-network COVID-19 services, prohibits balance billing for out-of-network services)
- Require insurers to provide coverage for telehealth services at parity to in-person services, when a telehealth option is appropriate and available, when National Emergency Declaration or Public Health Emergency Declaration is in place
- State-based exchanges should establish a special enrollment period when National Emergency Declaration or Public Health Emergency Declaration is in place
 - Conduct outreach and provide virtual and telephonic enrollment support to attract and enroll newly eligible individuals in qualified health plans

State Advocacy on COVID-19

- State-based exchanges should allow/encourage mid-year eligibility redeterminations for exchange subsidies (advanced premium tax credits/cost-sharing reductions) for individuals facing COVID-19 related economic hardship
- States utilizing the federal exchange, Healthcare.gov, should request that CMS establish a special enrollment period when National Emergency Declaration or Public Health Emergency Declaration is in place
 - Request that CMS conduct outreach and provide virtual and telephonic enrollment support to attract and enroll newly eligible individuals in qualified health plans
 - States extending the Open Enrollment period for the federal exchange (e.g., [California](#) extended Open Enrollment through January 31, 2021)
- Prevent association health plans, short-term, limited duration insurance plans, and non-regulated plans from canceling coverage or refusing to renew coverage based on an enrollee's COVID-19 status.
- Waive time restrictions to allow early refills of prescription medication (e.g., [Florida](#))
- Premium payment relief (e.g., [Oregon](#) required insurers to provide grace period for non-payment of premium for minimum of 60 days, requires insurers to suspend all cancellations and non-renewals during grace period for duration of Emergency Order)
- AAFP federal advocacy:
 - AAFP Letter to CMS on Coverage and Payment for Separate Vaccine Counseling - December 20, 2021
 - [AAFP letter](#) to UnitedHealth Group on COVID-19 – March 11, 2020
 - [AAFP statement](#) to Congress calling on health insurance companies to expand coverage and payment of telehealth, virtual check-ins, and e-visits – March 17, 2020
 - [AAFP letter](#) to the National Association of Insurance Commissioners urging continuation of telehealth flexibility – July 9, 2020

PUBLIC HEALTH AND SAFETY

- Designating counties and/or state a disaster area to free-up additional state resources, including National Guard activation
- Governor and/or local mayors should take actions to encourage social distancing such as restricting mass gatherings, closing or limiting restaurants, bars and night clubs, and closing or limiting gyms and public entertainment venues
- Establish a single, easily accessible source of information where the public and health care providers can view information about testing locations (e.g., [Utah COVID-19 testing webpage](#)):
 - Set-up drive through test sites
 - Prioritize testing availability for rural and underserved areas

State Advocacy on COVID-19

- State/local public health agencies should establish clear protocols for health care providers to request personal protective equipment in the event of a shortage. If state and local PPE supplies are depleted and commercial supplies are unavailable, state health officials may recommend the governor or the governor's designee request federal assistance from the HHS. State health department should work with State Health partners if any shortages are occurring (some states have stockpiles and/or contacts with manufacturers). If a State makes a request for federal assets, the HHS Assistant Secretary for Preparedness and Response is responsible for approving and directing the deployment of products from the Strategic National Stockpile to the state in need.
- Allowing any first responders (health care providers included) sickened/affected by the coronavirus to have their time off treated as "work-related" or "Emergency Hazard Health Duty" and not subject to leave/sick leave accrual (e.g., Massachusetts [HD 4927](#))
- Transferring general fund monies to various health contingency accounts (e.g., Minnesota [SF 3813](#))
- Face covering requirements (e.g., [Ohio](#) requires masks for all individuals when in an indoor location that is not a residence, outdoors without social distancing, and in public transportation)
- Mandatory quarantine for travelers (e.g., [Connecticut](#) executive order requires mandatory self-quarantine for travelers from states with high COVID-19 levels)
- AAFP federal advocacy:
 - AAFP Letter to HELP Committee on PREVENT Pandemics Act - February 3, 2022
 - [Joint Response](#) to Healthy Future Task Force Security Subcommittee RFI - January 31, 2022
 - [AAFP Testimony](#) to Senate HELP Committee on COVID Response - March 9, 2021
 - [AAFP statement](#) in support of continued access to reproductive health services during the COVID-19 pandemic – April 2, 2020
 - [Coalition letter](#) to HHS urging data collection and public release of COVID testing/mortality by race – April 8, 2020
 - [Coalition letter](#) to Congressional leadership on reducing maternal health disparities during COVID-19 – June 9, 2020
 - [AAFP letter](#) to Ways and Means leadership on COVID racial disparities – June 10, 2020
 - [AAFP RFI](#) to HHS on health system resilience, including COVID-19 – July 8, 2020
 - AAFP [joint letter](#) to President Biden calling for the prioritization of frontline physicians' mental health and overall wellbeing.

COVID-19 VACCINE DISTRIBUTION

State Advocacy on COVID-19

- States have created tailored vaccine distribution plans that are regularly updated and include information on vaccine distribution phases, sign up information to be a vaccine provider, deadlines for program enrollment, reporting requirements, and more. State plans can be viewed on our [webpage on COVID-19 vaccine distribution](#).
- AAFP federal advocacy:
 - [Joint Letter](#) to HHS and CMS Urging Expanded Access to COVID-19 Tests and Vaccines for Medicare and Medicaid Enrollees - January 24, 2022
 - [Joint Letter](#) to the White House on Omicron COVID Response - January 7, 2022
 - [Joint Letter](#) to the White House on COVID Vaccine Distribution to Physicians
 - [AAFP Letter](#) to President Biden on COVID-19 Action Plan - September 13, 2021
 - AAFP Testimony to the House Select Subcommittee on the Coronavirus Crisis - July 1, 2021
 - [AAFP Letter](#) to House Energy and Commerce Subcommittees on COVID-19 Vaccines - January 29, 2021