As the federal government leads the national response to COVID-19, state and local health departments stand on the front lines. Several states are taking legislative action to mitigate the effects of an outbreak. At least eighteen states have introduced legislation to support state 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. To keep up with COVID-19 state legislation, view our StateScape tracker.

State legislatures are also moving quickly to ensure agencies and local governments have the funding needed to combat the coronavirus outbreak. 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, do not hesitate to reach out to the Center for State Policy.

MEDICAID ELIGIBILITY AND ENROLLMENT
- States can seek federal approval for additional flexibility to connect people to coverage and care
  - Section 1135 National Emergency Waivers
  - Section 1115 Demonstration Waivers
- Increase Medicaid provider payment rates to ensure Medicaid-to-Medicare payment Parity
- Expand Medicaid eligibility to broaden access to care:
  - Medicaid expansion
  - Optional eligibility expansions
  - Optional coverage for legal immigrant children and pregnant women
  - Waivers of eligibility provisions
- 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
  - 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
  - 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

TELEMEDICINE
- Waive originating site restrictions for telemedicine
- Require private health insurance plans to cover telehealth services and reimburse them at parity with in-person health care services
- Require medical malpractice insurers to temporarily expand physicians’ medical liability coverage to include telehealth, if not already included
- Require Medicaid to cover/reimburse for virtual check-ins
o 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
  o 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
  o 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.
  o 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.
  o 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

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.

• 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 (I.e. MD executive order)

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

• 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-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

- 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.

**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
  - Set-up drive through test sites
  - Prioritize testing availability for rural and underserved areas

- 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 (I.e. MA HD 4927)

- Transferring general fund monies to various health contingency accounts (I.e. MN SF 3813)