



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, contact Eric Waskowicz, Manager, Center for State Policy at ewaskowicz@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 supports)
 - Medicaid Disaster Relief State Plan Amendments (SPAs)
- 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 (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 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. 28 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

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- 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](#) to Congressional leadership prioritizing Medicaid – April 17, 2020
 - [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](#) to Congress in support of an increased Medicaid FMAP and suspension of MFAR – July 10, 2020
 - [Coalition letter](#) to Senate leadership asking Medicaid to be prioritized during next COVID package – July 20, 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)
- 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
- 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.
 - Code: 99451 – interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician,

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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:
 - Telehealth-related [letters and communications](#)
 - [AAFP statement](#) calling on health insurance companies to expand coverage and payment of telehealth, virtual check-ins, and e-visits – March 17, 2020
 - AAFP [Telehealth Toolkit](#)
 - Joint [letter](#) from AAFP, AAP and ACP to Congress outlining principles for telehealth policy – July 1, 2020
 - AAFP [letter](#) in support of the Expanding Access to Telehealth Act – July 22, 2020
 - [Letter](#) from 340 Organizations to Congress urging action on telehealth – June 29, 2020
 - AAFP [letter](#) to CMS on continuing telehealth flexibilities – July 13, 2020
 - 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.
- 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:
 - [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

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- [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
- [CDC Coalition](#) letter to CDC requesting CDC FY 2021 appropriations and emergency COVID-19 funds – November 24, 2020
- AAFP [letter](#) in support of the Small Business PPE Tax Credit Act (HR 7216) – October 28, 2020
- AAFP [letter](#) to Sen. Schumer in support of the Protect our Heroes Act of 2020 – November 20, 2020
- AAFP [letter](#) to Congressional Leadership on tax treatment of loan forgiveness under the Paycheck Protection Program – December 3, 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-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 UnitedHealth Group on COVID-19 – March 11, 2020

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- [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/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 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 letter](#) to HELP on "Preparing for the Next Pandemic" – July 8, 2020
 - [Coalition letter](#) to Sen. Carper supporting the Quit Because of COVID-19 Act – August 13, 2020

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- [Coalition letter](#) to VP Pence expressing concerns with changes to CDC testing guidelines – September 3, 2020

COVID-19 VACCINE DISTRIBUTION

- 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:
 - [Coalition letter](#) to Congressional leadership on COVID vaccine funding – June 1, 2020
 - [AAFP letter](#) to Rep. Underwood in support of H.R. 8091, the Community Immunity During COVID-19 Act – August 19, 2020
 - [Joint letter](#) to Congressional leadership supporting immunization infrastructure and COVID-19 vaccine development – September 10, 2020
 - [Coalition letter](#) to FDA requesting COVID-19 vaccines follow existing FDA standards – September 17, 2020
 - [Coalition letter](#) to health care agencies leaders urging them to focus on science over politics to provide for safe and effective COVID-19 prevention, detection, and treatment – September 22, 2020
 - [Joint letter](#) to Operation Warp Speed on a COVID-19 vaccine – November 17, 2020