State policy changes that can help COVID-19 fight

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While individual states cannot allocate trillions of dollars like the federal government, there are many actions state policymakers can take to help ensure that patients have timely access to affordable care during the COVID-19 global pandemic.

The AMA has been monitoring state regulators’ and executive activity in response to COVID-19 through executive orders, Medicaid bulletins and Departments' of Insurance directives, and continues to pull together state policy options for governors, Medicaid directors, and insurance commissioners to consider.

The document is being updated regularly as new policies are put into place and as new issues emerge.

Among the issues addressed:

Cost-sharing

For Medicaid and state-regulated health plans, states should consider the following:

- Prohibit co-pays and deductibles for diagnostic testing.
- Prohibit co-pays and deductibles for visits related to testing, including those that take place in physician offices, urgent care centers, emergency departments, hospitals or other settings.
- Prohibit prior authorization for testing and all services related to testing.

Access to treatment for COVID-19 symptoms
States should consider prohibiting prior authorization for COVID-19 related care, ensure coverage without regard to the network status of physicians or other providers, and ensure that high-deductible plans cover the cost of care as if the deductible has already been met.

**Telemedicine**

States should ensure Medicaid and private payors expand coverage and payment for telemedicine services, including requiring telemedicine services to be paid for at the same rate as in-person visits. They should also take actions to ensure telemedicine is easily accessible, including temporarily allowing coverage for audio-only visits, suspending requirements for an established patient-physician relationship prior to provision of telemedicine services; and suspending restrictions on service originating sites and geographic limits.

States should also ensure that patients have telemedicine access to the physician of their choice; and ensure that physician liability coverage includes telemedicine.

**Access to medications**

Many patients need uninterrupted access to their prescription medications. States can help ensure that happens by waiving time restrictions on prescription refills. They can also prohibit prior authorization or step therapy requirements if the prescriber recommends a different drug in the event there is a shortage of the preferred medication.

**Expanding Medicaid coverage**

States that haven’t already expanded Medicaid eligibility to 133% of the federal poverty level should do so now. States should also expand Medicaid eligibility temporarily to any uninsured state resident with a COVID-19 related diagnoses or symptoms; and suspend Medicaid work requirements and other barriers that disrupt coverage.

**Prior authorization**

States can minimize administrative barriers to ensure there are no delays in care, that patients can
obtain medications easily and quickly, and facilitate rapid transfers from hospitals to less intensive settings.

**Vaccines**

When vaccines become available, all plans should cover their cost without co-pays, co-insurance or deductibles.

**Enforce existing regulations, laws**

States need to enforce what is already on the books. This includes ensuring that networks are adequate to handle the increase in need for health care services, offering access to out-of-network services at in-network cost-sharing levels, and prohibiting prior authorization on emergency care.

**Licensure**

States can temporarily allow licensed physicians to practice across state lines and temporarily allow states to mobilize clinically inactive physicians into the workforce.

**Workers’ compensation**

Volunteer physicians who are not covered by the workers’ compensation laws can be deemed an employee of the state for purposes of making a claim under the state’s workers’ compensation system.

**Liability**

States should provide immunity from civil liability for any harm caused by physicians acting in good faith for care provided in response to COVID-19.

The AMA and the Centers for Disease Control and Prevention are closely monitoring the COVID-19 global pandemic. Learn more at the AMA COVID-19 resource center and consult the AMA’s physician guide to COVID-19.