How insurance regulators are shaping states’ COVID-19 response

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Andis Robeznieks
Senior News Writer

There is more to state-level advocacy than connecting with governors and legislators. During the COVID-19 pandemic, state insurance commissioners and regulators have played vital, multifaceted roles in facilitating telehealth expansion and other emergency responses.

And, in 2021, they will be at the forefront of working to ensure access to vaccines and shaping a more equitable health system for their states. In Missouri, for example, more than 100 regulations were waived to enhance the state’s COVID-19 response.

“We immediately went to work on reducing or removing regulatory barriers that might delay provision of care, or professionals’ ability to provide care, and to work in whatever manner that was necessary during the crisis,” said Chlora Lindley-Myers, director of the Missouri Department of Commerce and Insurance, during a panel discussion at the 2021 AMA State Advocacy Summit. The meeting was held virtually this year due to the pandemic.

“We’re also ensuring that the quality of care does not lessen while we’re looking to find innovative ways to access care,” Lindley-Myers said.

Missouri also encouraged insurers to extend a grace period of 60 days to consumers with unpaid premiums and moved to require that pay for telehealth services be equal to that for care delivered in person, she added.

Lindley-Myers and the other officials on the panel discussed how regulation, deregulation and policy changes drove expansion of, and payment for, telehealth and removed stubborn barriers to care. They also talked about what’s on regulators’ and governors’ agendas for 2021.
Canceling expiration dates

In Pennsylvania, efforts are planned to codify the “regulatory streamlining” that was done administratively in response to the pandemic.

The goal is to ensure that the lessons learned last “far beyond any expiration of a disaster declaration,” said Alison Beam, who at the time of the summit, was deputy chief of staff to Gov. Tom Wolf. She has since been nominated to serve as secretary of the state’s health department.

A major development sparked by Pennsylvania’s pandemic response has been a proposed “whole-person health reform package,” integrating physical and mental health services in a way that also addresses a person’s social determinants of health.

“We are in the middle of responding to a pandemic that, on its surface, is about impacting our physical health, but our mental health has taken such a toll,” Beam said. “It was self-evident that you cannot isolate these two aspects of health, but nonetheless, it has taken a global pandemic to emphasize it even more clearly.”

California coverage

In California, there was an emphasis on access to coverage for testing and access to coverage in general, said Ricardo Lara, the state’s insurance commissioner, an elected post created in 1988.

This emphasis resulted in elimination of cost-sharing for COVID-19 testing. The state also required insurance companies to develop emergency plans to preserve prescription-drug access, which included measures to relax waiting periods and limits on refills, ensure coverage for medically necessary COVID-19 treatment, and to have contingencies for drug delivery in case of postal service disruption.

California’s vaccine distribution has an equity focus that prioritizes immunizing essential workers who cannot work from home and Black and Latinx communities that have had a disproportionate incidence of COVID-19.

Targeting consumer confusion

Ario noted that Lindley-Myers is serving a term as vice president of the National Association of
Insurance Commissioners, an organization that provides expertise, data, and analysis for state insurance regulators while setting standards and establishing best practices.

"As regulators, we need to know what's occurring in our marketplace, whether it's with the insurance carriers' business practices or consumers' and providers' perspectives on those business practices," Lindley-Myers said. "I want to know why a consumer feels that they're not being properly treated—not just that a claim was denied or not denied, or partially paid, but why did the consumer or provider not understand what the coverages were?"

She listed a few of the concerns insurance regulators study:

- Was the coverage sold properly?
- Did the consumer get confused?
- Does a policy meet the needs of those that it's supposed to serve?
- What are the underlying reasons that complaints come in?

"The states do a good job of analyzing the data they have access to—but not all the concerns can be quantified," Lindley-Myers explained. "There isn't always a data field, frankly, that captures consumer confusion or questionable marketing practices."