

State Health Plans: COVID-19 Updates

Last updated – 3/12/2020

The American Society of Clinical Oncology (ASCO) has developed a summary of regulatory updates from states in response to COVID-19 to assist its members in answering questions they may receive from staff and patients. As this continues to be a rapidly evolving situation, ASCO will continue to monitor developments and update this summary, accordingly. ASCO members are encouraged to consult their state authorities and specific payers for any guidance they may issue. Additionally, ASCO members and their patients should consult with their insurance plan to ensure that these changes apply to their policy; and should not consider this document as official benefit or plan materials. If a state is not listed, no information is currently available publicly. Please contact your state Department of Health and/or Insurance for more information. America's Health Insurance Plans (AHIP) has [information available on certain private payer policies](#) related to COVID-19.

NOTE – these state regulations and requirements do not apply to self-insured plans that fall under ERISA.

STATE	Coverage for Testing	Plans Affected	Other Changes
Alaska	<p>-Health insurers are required to waive any cost-sharing for laboratory diagnostic testing for RSV, influenza, respiratory panel tests, and COVID-19. Cost-sharing should not be a barrier to access this testing to confirm illness.</p> <p>-Health insurers are also asked to waive the cost-sharing for an office visit and urgent care center visit with the above testing, as well as for an emergency room visit with testing for the above. This waiver is applicable for in-network and out-of-network providers, facilities and laboratories.</p>	-Individual and small group plans	
California (In effect until further notice)	-Immediately reduce cost-sharing (including, but not limited to, co-pays, deductibles, or coinsurance) to zero for all medically necessary screening and testing for COVID-19, including hospital, emergency department, urgent care, and provider office visits where the purpose of the visit is to be screened and/or tested for COVID-19.	<p>-Individual and small group plans</p> <p>-Medi-Cal</p>	<p>-Encourages insurers to waive prior authorization requests for services related to COVID-19 or, at a minimum, respond to such requests more quickly than the time frames required by law.</p> <p>-Ensuring the insurer's provider networks are adequate to handle an increase in the need for health care services, including offering access to out-of-network services where</p>

	<p>-Notify, as expeditiously as possible, the insurer’s contracted providers that the insurer is waiving cost-sharing as described above.</p>		<p>appropriate and required, consistent with section 2240.1(e) of title 10 of the California Code of Regulations, as more COVID-19 cases emerge in California.</p> <p>-Ensuring insureds are not liable for unlawful balance bills from providers, including balance bills related to testing of COVID-19.</p> <p>-In the event of a shortage of any particular prescription drug, insurers should waive prior authorization and/or step therapy requirements if an insured’s prescribing provider recommends the insured take a different drug to treat the insured’s condition.</p>
<p>Colorado (bulletin issued, regulation to follow)</p>	<p>-Carriers are directed to ensure that coverage is provided for COVID-19 testing without the requirement that consumers pay co-pays, deductibles or co-insurance.</p> <p>-Carriers are directed to waive cost-sharing for an in-network provider office visit, an in-network urgent care center visit, and an emergency room visit when a covered person is seeking testing for COVID-19.</p> <p>-Carriers are reminded that if an in-network provider is unable to conduct testing for COVID-19, carriers must cover such testing if performed by an out-of-network provider</p>	<p>-Individual & small group plans</p>	<p>-The Division is directing carriers to provide telehealth services to cover COVID-19-related in-network telehealth services at no cost share, including co-pays, deductibles, and coinsurance that would normally apply to the telehealth visit.</p> <p>-To the extent consistent with clinical guidelines, the Division is directing carriers to cover an additional one-time early refill of any necessary prescriptions to ensure individuals have access to their necessary medications should they need to limit close contact with others.</p> <p>-Carriers shall not apply a different cost-sharing amount to an early fill of a prescription due to concerns about COVID-19. This recommendation does not apply to</p>

			prescription drugs with a high likelihood of abuse, such as opioids.
Connecticut	<p>-In order to ensure that cost-sharing is not a barrier to testing for COVID-19, health insurers and health care centers are encouraged to waive any cost-sharing related to COVID-19 laboratory tests. Also, health insurers and health care centers are encouraged to waive any cost-sharing related to an in-network provider office visit, urgent care visit, or emergency room visit when the purpose of such visit is to be tested for COVID-19.</p> <p>-Health insurers and health care centers are encouraged not to apply any penalties for failure of an enrollee, certificate holder or insured to provide notice as would otherwise be required by a health insurer's or health care center's utilization review requirements where such individual has sought testing or treatment for COVID-19.</p>	-Individual and small group plans	<p>-In addition, health insurers and health care centers are encouraged to offer and waive cost-sharing for medical advice and treatment of COVID-19 via telehealth services.</p> <p>- if in-network availability is unreasonable with regards to time and distance, health insurers and health care centers are encouraged to permit enrollees, certificate holders and insureds to obtain testing and treatment for COVID-19 out-of-network and provide coverage for such testing and treatment the same as on an in-network basis. Please note that cost-sharing for such testing is encouraged to be waived.</p> <p>-Except as otherwise indicated under state or federal law, and subject to monitoring by the Department of Consumer of Protection related to controlled substances, health insurers and health care centers are encouraged to authorize payment to pharmacies for a ninety (90) day supply of maintenance prescription medications for individuals.</p> <p>-Upon notification by the Insurance Commissioner, health insurers, health care centers, and any preferred provider networks or pharmacy benefit managers acting on their behalf, are encouraged to extend the time limits for providers, enrollees, certificate</p>

			holders and insureds to submit claims for the testing or treatment of COVID-19.
Delaware	-Encourages carriers to ensure that out-of-pocket costs are not a barrier to people seeking testing for, and treatment of, COVID-19, by covering diagnostic testing and waiving patients cost sharing (deductibles, co-pays and coinsurance), including for in-person and telemedicine visits.	-Individual and small group plans	<p>-Carriers are directed to ensure that, as applicable, their telehealth and telemedicine programs with participating providers are robust and will be able to meet any increased demand.</p> <p>-Carriers should not use pre-authorization requirements as a barrier to access necessary treatment for services related to COVID-19 when medically appropriate.</p> <p>-The Department expects insurers to provide for early refills or replacements of lost or damaged medications and expects this flexibility to continue when the potential for quarantine is high. It is expected that insurers will allow affected consumers to obtain emergency supplies or refills without applying additional authorization requirements.</p>
Florida (Governor's emergency order expires May 8, 2020)			-All health insurers, health maintenance organizations and other health entities must comply with the provisions of section 252.358, Florida Statutes, which allows for early prescription refills in the event the Governor issues an Executive Order declaring a State of Emergency. This mandate remains in effect until the Governor's Executive Order is rescinded or expires.
Georgia	-The Department invites health insurers to consider options to reduce potential barriers of cost-sharing for testing and treatment of COVID-10 during the outbreak.	-Individual and small group plans	-Insurers should not use preauthorization requirements as a barrier to access necessary treatment for COVID-19. They should be prepared to expedite utilization review and

	<p>-The Department asks health insurers to waive any cost-sharing for COVID-19 laboratory tests so that cost-sharing does not serve as a barrier access to this important testing.</p> <p>-Insurers are asked to waive cost-sharing for an in-network provider office visit and an in-network urgent care center visit when testing for COVID-19, as well as for an emergency room visit when testing for COVID-19.</p>		<p>appeal processes for services related to COVID-10, when medically appropriate.</p> <p>-When a vaccine becomes available, the Department requests that insurers immediately cover it with no cost-sharing.</p>
Illinois	<p>-The Department encourages health insurance issuers to consider all feasible and prudent options to reduce the barriers of cost-sharing for testing and treatment of COVID 19 during the outbreak.</p>	<p>-Individual and small group plans</p> <p>-Travel insurance</p>	<p>-To the extent consistent with clinical guidelines, and in a manner prudently calculated to ensure an enrollee's ability to maintain a 30-day supply at home during the outbreak, the Department encourages issuers to cover enrollees for prescription drug refills even when the enrollee has not yet reached their scheduled refill date, provided that the prescription itself would remain valid beyond the refill date. This recommendation does not apply to prescription drugs with a high likelihood of abuse, such as opioids that are restricted to 7-day prescriptions.</p> <p>-A health insurance issuer may not cancel or non-renew coverage based on an enrollee's receipt of, or attempt to obtain, treatment or testing for COVID 19. An issuer also may not deny enrollment in new coverage based on testing for or treatment of COVID 19.</p>
Kentucky	<p>-All insurers shall waive all cost-sharing including copayments, coinsurance, and deductibles for screening and testing for COVID-19 as specified by the</p>	<p>-Individual and small group plans</p>	<p>-When prescription drug coverage exists for insured citizens, insurers shall allow insured individuals to obtain refills of their prescriptions even if the prescription was recently filled, consistent with approval from</p>

	<p>Centers for Disease Control and Prevention (CDC), including hospital, emergency department, urgent care, provider office visits, lab testing, telehealth, and any immunizations that are made available.</p> <p>-All insurers shall waive any prior authorization requirements for screening and diagnostic testing for COVID-19 and respond to any requests for treatment of COVID-19 on a timely basis.</p>	<p>-State government employee plans</p>	<p>patients' health care providers and/or pharmacists.</p> <p>-All insurers shall ensure that provider networks are adequate to handle an increase in the need for health care services, including by offering access to out-of-network services where appropriate.</p>
<p>Maryland (bulletin issued, regulation to follow)</p>	<p>Carriers are asked to consider taking the following steps:</p> <p>-Remove cost barriers to testing.</p> <p>-Carriers are requested to waive cost-sharing for in-network provider office visits and in-network urgent care center visits which result in testing for COVID-19.</p> <p>-Carriers are also requested to waive the cost-sharing for an emergency department visit with testing for COVID-19.</p>	<p>-Individual and small group plans</p>	<p>-Carriers are required to waive any time restrictions on prescription medication refills and authorize payment to pharmacies for at least a 30-day supply of any prescription medication, regardless of the date upon which the prescription medication had most recently been filled by a pharmacist.</p> <p>-Copayments and deductibles may apply to the prescription medication refills</p> <p>-Carriers should review their provider panels to ensure members have reasonable access to providers with the expertise to treat severe cases of COVID-19. Carriers should plan for granting out-of-network referrals pursuant to § 15-830 of the Insurance Article if there are not sufficient numbers of appropriately qualified providers in the provider panel to treat COVID-19. If out-of-network referrals are necessary, carriers are encouraged to enter into agreements with providers to prevent balance billing of members.</p> <p>-Encourage the use of telehealth services, as appropriate, by all members to reduce the</p>

			<p>likelihood of exposure to and transmission of COVID-19.</p> <p>-Consider treatment of COVID-19 an emergency case for purposes of expediting a review of an adverse decision.</p>
Massachusetts	<p>-Expects carriers to relax prior approval requirements and procedures so that members can get timely medically necessary testing or treatment.</p> <p>-Relax out-of-network requirements and procedures when access to urgent testing or treatment is unavailable from in-network providers.</p> <p>-Forego any cost-sharing (copayments, deductibles, or coinsurance) for medically necessary Coronavirus testing, counseling and vaccinations at in-network doctors' offices, urgent care centers, or emergency rooms; and at out-of-network doctors' offices, urgent care centers, or emergency rooms when access to urgent testing or treatment is unavailable from in-network providers.</p>	<p>-Individual and small group plans</p> <p>-BCBS of MA</p> <p>-Health Maintenance Organizations</p>	<p>-Expects carriers to promote tele-health options including removal of applicable cost-sharing for such services.</p> <p>-Forego any copayments for medically necessary Coronavirus treatment at in-network doctors' offices, urgent care centers, or emergency rooms when access to urgent testing or treatment is unavailable from in-network providers.</p>
Missouri	<p>-The Department asks health carriers to waive any cost-sharing for COVID-19 laboratory tests so that cost-sharing does not serve as a barrier to access to this important testing.</p> <p>-In addition, health carriers are also asked to waive the cost-sharing for an in-network provider office visit and an in-network urgent care center visit when testing for COVID-19, as well as for an emergency room visit when testing for COVID-19.</p>	<p>-Individual and small group plans</p>	<p>-Health carriers are asked to review and ensure their telehealth programs with participating providers are robust and will be able to meet any increased demand.</p> <p>-Health carriers should not use preauthorization requirements as a barrier to access necessary treatment for COVID-19, and health carriers should be prepared to expedite utilization review and appeal processes for services related to COVID-19, when medically appropriate.</p>

			<p>-In the event an immunization becomes available for COVID-19, the Department requests that health carriers immediately cover the immunization at no cost sharing for all covered members.</p> <p>- Health carriers are asked, where appropriate, to make expedited formulary exceptions if the insured is suffering from a health condition that may seriously jeopardize the insured's health, life, or ability to regain maximum function or if the insured is undergoing a current course of treatment using a non-formulary prescription drug.</p>
<p>Nebraska</p>	<p>- The Department asks health carriers to waive any cost-sharing, including co-pays, deductibles and coinsurance for CDC-recommended laboratory testing of COVID-19 so that the cost sharing does not serve as a barrier to access to these important tests. In addition, health carriers are also asked to waive the cost-sharing for an in-network provider office visit, urgent care center visit and an emergency room visit when testing for COVID-19. Waiving cost-shares may be done on a retrospective case-by-case basis upon a confirmed COVID-19 diagnosis.</p> <p>- Health carriers are asked to waive any prior authorization requirements associated with COVID-19 testing or treatment.</p>	<p>-Individual and small group plans</p> <p>-Travel insurance</p>	<p>-Health carriers are asked to verify their provider networks are adequate to handle a potential increase in the need for health care services in the event COVID-19 cases are diagnosed in North Dakota. If a health carrier does not have a health care provider in its network with the appropriate training and experience to meet the particular health care needs of an insured, health carriers are asked to make exceptions to provide access to an out-of-network provider at the in-network cost-sharing.</p> <p>-In the event an immunization becomes available for COVID-19, the Department requests that health carriers immediately cover the immunization at no cost sharing for all covered members.</p> <p>-The Department is requesting out-of-network providers and facilities to accept the highest of the health carrier's in-network</p>

			<p>reimbursement as full and final payment and to hold harmless insureds who receive surprise medical bills for health care services as it relates to testing and treatment of COVID-19. In order to protect consumers from unexpected out of pocket costs, the North Dakota Insurance Department encourages providers to use the insured’s in-network laboratory facilities.</p> <p>-Travel Insurance. Unless a travel insurance policy contains an exception applicable to COVID-19, a policy of travel insurance that covers the risks sickness, accident, or death incident to travel presumptively must cover such risks relating to COVID-19. The extent of coverage for health care services, emergency transportation within a foreign country, as well as the costs of returning to the United States for further treatment.</p>
<p>Nevada</p>	<p>-A health insurer shall not impose an out-of-pocket cost for a provider office, urgent care center, or emergency room visit when the purpose of the visit is to be tested for COVID-19;</p> <p>-Shall not impose an out-of-pocket cost for COVID-19 testing</p>	<p>-Individual and small group plans</p>	<p>-Requiring health insurers to inform consumers and providers on matters related to COVID-19; and requiring health insurers to provide coverage for off-formulary prescriptions in certain circumstances.</p> <p>-Shall cover the costs of a COVID-19 immunization as one becomes available.</p> <p>-Issue guidance to inform its insureds and network providers about available benefits, options for medical advice and treatment through telehealth, and preventive measures related to COVID-19.</p>

			<p>-For the purpose of ensuring adequate access to prescription drugs due to shortages caused by supply-chain disruptions, health insurers shall provide coverage for off-formulary prescription drugs if there is not a formulary drug available to treat the insured.</p>
<p>New Hampshire</p>	<p>- Health insurance companies must provide coverage, prior to application of any deductible and without cost-sharing, for the initial health care provider visit and test for their members who meet the CDC criteria for testing, as determined by the insured's health-care provider. This includes in-network provider office visits, urgent care visits, or emergency services to test for COVID-19.</p> <p>-If in-network providers are unavailable to conduct testing for COVID-19, insurers must cover out-of-network testing.</p> <p>-Any prior authorization requirements that typically apply to covered diagnostic tests are suspended with regard to testing of COVID-19.</p>		<p>- Health insurance companies are reminded that they may not deny coverage, including mental health services provided to a quarantined individual, simply because it was provided through telemedicine. Health insurers are directed to ensure that their telehealth programs will be able to meet any increased demand.</p> <p>-Carriers shall be prepared to expedite utilization review and appeal processes for services relate to COVID-19 when medically appropriate.</p> <p>-Carriers shall permit insureds to obtain a one-time refill of their covered prescription medications prior to the expiration of the waiting period between refills.</p>
<p>New Jersey</p>	<p>-The state is advising all carriers to refrain from imposing cost-sharing for any emergency visit at an in-network or out-of-network hospital, any in-network office visit, or in-network urgent care center visit, when the purpose of the visit is to be tested for COVID-19.</p> <p>-Carriers are advised to waive any cost-sharing for medically necessary COVID-19 laboratory tests provided by in-network or out-of-network laboratories.</p>	<p>-Individual, small and large group plans</p> <p>-State Health Benefits and School Employee Health Benefits Plans*</p>	<p>-Carriers should not use preauthorization requirements as a barrier to access necessary treatment for COVID-19 and should be prepared to expedite the utilization management and appeal processes for services related to COVID-19.</p> <p>-In the event a vaccine becomes available, carriers are encouraged to cover the cost of immunization at no cost-sharing.</p>

		<p>-NJ FamilyCare’s CHIP*</p> <p>-State Charity Care program*</p> <p>*provisions vary slightly for these programs</p>	<p>-Provide coverage for prescription drugs to treat COVID-19 at a preferred level of cost sharing.</p>
New Mexico	<p>-Issuers are urged to be familiar with and respond affirmatively to the March 5 statement of the Board of Directors of America’s Health Insurance Plans (“AHIP”) on COVID-19 (AHIP Statement). In particular, our office, like AHIP, encourages all health insurers “to implement solutions so that out-of-pocket costs are not a barrier to people seeking testing for, and treatment of, COVID-19”. AHIP and the OSI encourage all insurers to “take action to...waive patient cost sharing”</p>	<p>-Individual and small group plans</p>	<p>-Issuers are urged to ensure that insureds who may be in a COVID-19 waiting period of self-isolation can obtain a one-time refill of their covered prescription medications prior to expiration of the normal refill waiting period, taking into due consideration risks associated with certain drug classes</p>
New York (A formal emergency regulation has yet to be issued)	<p>-Issuers should waive any cost-sharing for COVID-19 laboratory tests so that cost-sharing does not serve as a barrier to access to this important testing.</p> <p>-In addition, issuers should waive the cost-sharing for an in-network provider office visit and an in-network urgent care center visit when testing for COVID-19.</p> <p>-Issuers should also waive the cost-sharing for an emergency room visit when testing for COVID-19.</p> <p>-If in-network providers are unable to conduct testing for COVID-19, issuers are reminded that they must cover testing out-of-network.</p>	<p>-Individual and small group plans</p> <p>-Large group plans</p> <p>-Medicaid</p> <p>-Student health plans</p>	<p>-Plans must also “devote resources to inform consumers of available benefits; provide and promote tele-health services; encourage and verify whether provider networks are adequately prepared to handle potential increases in demand for services including offering access to out-of-network services; covering the costs of immunizations if they become available; expand access to prescription drugs; and ensure proper emergency care.”</p>
North Carolina		<p>-Individual and small group plans</p>	<p>-Authorization of extra prescriptions during this state of emergency in the State of North</p>

		- State Health Plan for Teachers and State Employees	Carolina is valid for prescription medication requests made within 29 days of issuance of this bulletin (3/10/20), unless extended by an order issued by the Commissioner
North Dakota	<p>- The Department asks health carriers to waive any cost-sharing, including co-pays, deductibles and coinsurance for CDC-recommended laboratory testing of COVID-19 so that the cost sharing does not serve as a barrier to access to these important tests. In addition, health carriers are also asked to waive the cost-sharing for an in-network provider office visit, urgent care center visit and an emergency room visit when testing for COVID-19. Waiving cost-shares may be done on a retrospective case-by-case basis upon a confirmed COVID-19 diagnosis.</p> <p>- Health carriers are asked to waive any prior authorization requirements associated with COVID-19 testing or treatment.</p>	<p>-Individual and small group plans</p> <p>-Travel insurance plans</p>	<p>- If a health carrier does not have a health care provider in its network with the appropriate training and experience to meet the particular health care needs of an insured, health carriers are asked to make exceptions to provide access to an out-of-network provider at the in-network cost-sharing.</p> <p>- In the event an immunization becomes available for COVID-19, the Department requests that health carriers immediately cover the immunization at no cost sharing for all covered members.</p> <p>- Unless a travel insurance policy contains an exception applicable to COVID-19, a policy of travel insurance that covers the risks sickness, accident, or death incident to travel presumptively must cover such risks relating to COVID-19. The extent of coverage for health care services, emergency transportation within a foreign country, as well as the costs of returning to the United States for further treatment.</p>
Ohio		<p>-Individual and small group plans</p> <p>-Travel insurance plans</p>	<p>- A travel insurance policy that covers sickness, accident, disability, or death occurring during travel must cover such risks related to COVID-19 according to the terms of the policy. Many travel insurance policies also must cover cancellation or interruption of a trip or event, emergency transportation</p>

			and/or costs of returning to the United States for further treatment pursuant to the terms of the policy.
<p>Oregon</p>	<p>-Consumers with fully insured individual and group health plans will not be charged co-payments, co-insurance, or deductibles related to COVID-19 for the following:</p> <p>-COVID-19 laboratory testing administered consistent with guidelines issued by the United States Centers for Disease Control and Prevention.</p> <p>-An in-network provider office visit or a visit to an in-network urgent care center to be tested for COVID-19.</p> <p>-An emergency room visit to be tested for COVID-19.</p>	<p>Specific companies have reached an agreement with the state:</p> <p>A-dec; Aetna Inc.; BridgeSpan Health Company; Diamler; Health Net Health Plan of Oregon, Inc.; Kaiser Permanente; Moda Health Plan, Inc.; Oregon Educators Benefit Board (OEBB); Oregon Health Plan (Medicaid); PacificSource Health Plans; Providence Health Plans; Public Employees' Benefit Board (PEBB); Regence Blue Cross Blue Shield; Samaritan Health Plans, Inc.</p>	<p>-Consumers with fully insured individual and group health plans will not be charged co-payments, co-insurance, or deductibles related to COVID-19 for immunization once it becomes available.</p>

Pennsylvania	<p>-Governor Wolf announced that all major health insurers will cover medically appropriate COVID-19 diagnostic testing and associated treatment for consumers and have committed to waive any cost-sharing for the testing.</p>	<p>-The state reached an agreement with the following insurers: Highmark, UPMC Health Plan, Geisinger, Independence BlueCross, Capital Blue Cross, Aetna, Cigna, UnitedHealthcare, Pennsylvania Health & Wellness, and Oscar</p>	
South Carolina	<p>-Please visit link – coverage varies by issuer</p>		
Tennessee	<p>-In the event a healthcare provider orders a COVID-19 laboratory test, the Department requests health carriers to waive any cost-sharing so that cost-sharing does not serve as a barrier to access this important testing. In addition, health carriers are also requested to waive the cost-sharing for an in-network provider office visit and an in-network urgent care center visit associated with the administration of a test for COVID-19, as well as for an emergency room visit associated with the administration of a test for COVID-19.</p>	<p>Individual and small group plans</p>	<p>- If a health carrier does not have a healthcare provider in its network with the appropriate training and experience to meet the particular health care needs of an insured, health carriers are requested to make exceptions to provide access to an out-of-network provider at the in-network cost-sharing</p> <p>- Health carriers should not use preauthorization requirements as a barrier to access necessary treatment for COVID-19, and health carriers should be prepared to expedite utilization review and appeal processes for services related to COVID-19, when medically appropriate.</p>

			<p>-In the event an immunization becomes available for COVID-19, the Department requests that health carriers immediately cover the immunization at no cost-sharing for all covered members.</p> <p>- Health carriers are requested, where appropriate, to make expedited formulary exceptions</p>
Texas	-The state specifically encourages insurers to consider the following: Waive copayments, co-insurance, and deductibles for COVID-19 testing that is consistent with guidance issued by the Centers for Disease Control and Prevention (CDC).	Individual and small group plans	-The state specifically encourages insurers to consider the following: Waive consumer cost-sharing and facilitate expanded use of telemedicine; Cover necessary medical equipment, supplies, and services; Waive penalties, restrictions, and claims denials for necessary out-of-network services; Waive requirements for preauthorization, referrals, notification of hospital admission, or medical necessity reviews for care consistent with CDC guidance; Allow extra time for health providers and facilities to file claims; Authorize payment to pharmacies for up to a 90-day supply of any prescription medication for individuals, regardless of when the prescription was filled.
Utah	-Please visit link , coverage varies by issuer		
Vermont (expires May 5, 2020)	-Insurers are directed to cover any medically necessary COVID-19 testing performed by the Centers for Disease Control (CDC), the Vermont Department of Health (VDH), or a laboratory approved by CDC or VDH, with no co-payment, coinsurance, or deductible requirements for members. This includes in-network provider office or urgent care visits and emergency services visits to test for COVID-19. If in-network providers are unavailable to conduct testing for COVID-19, insurers	<p>-Individual and small group plans</p> <p>-Non-profit hospital and medical service corporations</p>	

	<p>must cover out-of-network testing on the terms outlined above, consistent with Department Regulation 2009-03.</p>	<ul style="list-style-type: none"> -Health maintenance organizations -Association health plans -MEWAs -Student health plans -Governmental plans 	
<p>Washington (in effect until May 4, 2020 unless extended)</p>	<ul style="list-style-type: none"> -Cover, prior to application of any deductible and with no cost-sharing, the health care provider visit and FDA-authorized coronavirus disease 2019 (COVID-19) testing for enrollees who meet the CDC criteria for testing, as determined by the enrollee's health care provider. - Suspend any prior authorization requirements that apply to covered diagnostic testing and treatment of coronavirus disease 2019 (COVID-19). - Ensure compliance with WAC 284-170-200(5), which requires that if a carrier has an insufficient number or type of providers in their network to provide testing and treatment of coronavirus disease 2019 (COVID-19), the carrier must ensure that the enrollee obtains the covered service from a provider or facility within reasonable proximity of the enrollee at no greater cost than if the provider were in-network. 	<ul style="list-style-type: none"> -Individual and small group plans -Large group plans -Short term limited duration plans 	<ul style="list-style-type: none"> -Allow enrollees to obtain a one-time refill of their covered prescription medications prior to the expiration of the waiting period between. -Carriers may take into consideration patient safety risks associated with early refills for certain drug classes, such as opioids, benzodiazepines and stimulants.

<p>West Virginia</p>	<p>- The Commissioner asks insurers to waive cost-sharing for COVID-19 laboratory tests to reduce or eliminate barriers to access testing. In addition, insurers are also asked to waive cost-sharing for an in-network provider office visit, in-network urgent care center visit and emergency room visit when testing for COVID-19.</p>	<p>-Individual and small group plans.</p>	<p>-Insurers are asked to verify their provider networks are adequate to handle a potential increase in the need for health care services in the event COVID-19 cases are diagnosed in West Virginia. If an insurer does not have a health care provider in its network with the appropriate training and experience to meet the particular health care needs of an insured, health insurers are asked to provide access to an out-of-network provider at the in-network cost-sharing.</p> <p>- Health insurers should not use preauthorization requirements as a barrier to access necessary treatment for COVID-19, and health insurers should be prepared to expedite utilization review and appeal processes for services related to COVID-19 when medically appropriate.</p> <p>- In the event an immunization becomes available, the Commissioner requests that health insurers cover the immunization at no cost-sharing for all covered members.</p> <p>-Make expedited formulary exceptions if the insured is suffering from a health condition that may seriously jeopardize the insured’s health, life, or ability to regain maximum function or if the insured is undergoing a current course of treatment using a non-formulary prescription drug</p>
<p>Wisconsin</p>	<p>-The state requests Health Plan Issuers waive any cost-sharing for COVID-19 laboratory and radiology tests so that cost-sharing is not a barrier for access to this important testing. In addition, Health Plan Issuers</p>	<p>-Individual and small group plans</p>	<p>-Health Plan Issuers are requested to develop a plan if their network is insufficient, including making exceptions to provide</p>

	<p>are also requested to waive the cost-sharing for a provider office visit, urgent care center visit, hospital visit and an emergency room visit when the basis for the visit is related to testing for COVID-19.</p>	<p>-Self-funded plans, pharmacy benefit managers and cooperative health plans</p>	<p>access to an out-of-network provider at the in-network cost-sharing level.</p> <p>-Health Plan Issuers are requested to expedite prior authorization requests to the extent possible. Health Plan Issuers should not use prior authorization requirements as a barrier to access necessary treatment for COVID-19 and should be prepared to expedite grievances and appeal processes for services related to COVID-19, when medically appropriate.</p> <p>- In the event an immunization becomes available for COVID-19, OCI requests that Health Plan Issuers immediately cover the immunization at no cost-sharing for all covered members.</p> <p>- Health Plan Issuers are requested, where appropriate, to make expedited formulary exceptions if the insured is suffering from a health condition that may seriously jeopardize the insured's health, life, or ability to regain maximum function or if the insured is undergoing a current course of treatment using a non-formulary prescription drug that is intended to lessen symptoms or the duration of the virus. Health Plan Issuers are also encouraged to make expedited formulary exceptions if there is a shortage of a formulary drug.</p> <p>-The state is requesting that Health Plan Issuers be flexible on prescription drug supply limitations and early refill limitations. Health</p>
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*Also see NAIC coronavirus page: https://content.naic.org/naic_coronavirus_info.htm