



COVID-19 Proactive Solutions for States



Expanding access to health care & health insurance

1. Allow telehealth across state lines, without a face-to-face visit first, for all providers

To aid in caring for at-risk and under-served communities, providers in good standing should be able to offer care to residents across state lines without having to jump through hoops. States should authorize any provider to use telehealth, as long as the provider holds an active, unencumbered license in good standing for a health care profession which is issued by any state or federal jurisdiction, and has never held a license to provide health care services or prescribe controlled substance that has been subject to discipline by a licensing agency in any state or federal jurisdiction. This framework should not include mandates on coverage or payment rates, which could drive up spending in a time when limited resources need to be targeted.

2. Open AHP options for small businesses to help with recovery

As the economic fallout from the COVID-19 public health emergency sets in, small businesses will need every tool available to offer affordable coverage to their employees, including Association Health Plans (AHPs). State insurance departments should conform state regulations to federal AHP rules to the fullest extent possible, and work with the legislature to update state laws where necessary to allow full AHP flexibility.

3. Expand short-term plans as a bridge for those out of work or without insurance

Compared to COBRA, short-term health insurance plans are often more affordable options for comprehensive coverage that can be purchased right away to help individuals and families with potential interruptions of workplace coverage. State insurance departments should waive any restrictions on short-term plans that do not allow plans to last up to 12 months, with renewals up to 36 months, to fully maximize flexibility under federal rule, and work with the legislature to update state laws when necessary to allow full short-term plan flexibility.

4. Protect patients with substantial medical bills who are in payment plans before their finances are ruined

Individuals who are hospitalized for COVID-19 are likely to experience high out-of-pocket medical costs. Medical debt can lead to credit impairment, which has long-term financial ramifications that could ultimately hurt economic recovery. States should prohibit health care providers from impairing patients' credit if they are negotiating or have negotiated a payment plan and prohibit providers from reporting medical debt if the debt is purely balance bills. Relevant consumer protection agencies should provide an avenue to challenge the reasonableness of the charges before their credit is impaired. States should also prohibit debt collectors from impairing individuals' credit for medical debt without the express written consent of the health care provider.



5. Provide price transparency and shared savings for patients in time of need

No patient should avoid coronavirus-related treatment and care out of concerns about the unknown cost of care ahead of time. States should work with the legislature to ensure that providers and insurers disclose real cost estimates to patients. This transparency can be paired with shared savings for patients seeking high-value care at providers with lower costs, preserving resources to be spent on the most vulnerable. This transparency must be delivered automatically when appointments are scheduled or when patients seek information for follow up-care for COVID-19.

6. Protect access to high-value providers, even when out of network

In many markets, independent providers are being pushed out of insurer networks, even when they provide high-quality care for lower costs. States should allow spending at lower cost out-of-network providers to count toward any in-network out-of-pocket responsibility for the patient.

7. Expand direct health care arrangements

Building off the benefits of direct primary care (DPC), setting in place a framework for direct health care arrangements will allow patients to work with providers directly for those dealing with longer term effects of the virus or those with chronic conditions. These straightforward monthly subscription-based arrangements allow providers to spend more time with patients to deliver the highest quality care—all while saving money. State insurance departments should issue a bulletin clarifying that subscription-based direct health care arrangements are not considered insurance and will not be regulated as such.

8. Allow employers to more easily provide telehealth services to employees

In many cases, employers may want to provide standalone telehealth benefits to their workers but could expose those benefits to regulation as group health plans under state laws. State insurance departments should issue a bulletin clarifying that telehealth benefits are not considered insurance and will not be regulated as such.

9. Suspend Certificate of Need (CON) laws to help medical response

Certificate of Need (CON) laws require hospitals and other facilities to seek permission to build new facilities, expand facilities, add modern technology, or offer certain services. States should suspend CON laws to ensure hospitals and other providers can rapidly respond to public health emergencies by creating mobile or temporary facilities, expand facilities, and add needed technology or equipment.

10. Give employers access to claims information

Many companies, particularly smaller ones, do not have access to basic information about how their health care money is spent, making it impossible to determine how to structure benefits to maximize value from the plan, or whether it makes sense to self-insure or join an AHP. State insurance departments should clarify that experience-rated employers are entitled to receive up to 36-months of claims data from their insurers upon request, so that employers can make the best decisions for their employees in a post COVID-19 world.

11. Encourage Health Reimbursement Arrangements (HRAs)

As companies try to stay afloat, new federal rules for Health Reimbursement Arrangements (HRAs) could be helpful to keep coverage in a challenging time. State labor departments should notify employers in the state about the new federal HRA rule and the opportunity it presents for businesses.



Helping doctors, nurses, and pharmacists

1. Allow hospitals to hire qualified medical professionals needed in this crisis

Health worker shortages could be mitigated by lifting licensing restrictions that prevent qualified practitioners from working merely because they earned their license in another state. State licensing and registration authorities should issue licenses to medical professionals who hold active, unencumbered licenses in good standing from other states without limiting the ability to earn a living and contribute in the fight against COVID-19.

2. Allow retired medical providers to reactivate their license immediately for in-person care and telehealth

Creating an immediate pathway to reinstate retired health care professionals' licenses would extend critical access during the public health emergency. State licensing and registration authorities should automatically reinstate retirees' health care licenses, unless the individual had their license suspended or revoked at the time of retirement.

3. Grant pharmacists more flexibility to keep drugs available for patients that need them

Pharmacists should be authorized to process refills without a refill authorization if the patient is already on file, if it is not a Schedule II drug, and if the pharmacist contacts the prescribing doctor within 72 hours. This can help facilitate social distancing, as well as ensuring individuals have access to critical prescriptions. States pharmacists' licensing boards or agencies should issue emergency regulations that allow refill flexibility to the greatest extent practicable.

4. Suspend scope of practice restrictions to allow providers to practice within the full extent of their training

Scope of practice restrictions frequently prohibit health care providers from practicing to the full extent of their training, while "supervision" requirements often limit the flexibility of nurse practitioners or physician assistants. State licensing and registration authorities should suspend scope of practice restrictions and supervisions barriers that are preventing the health system from freeing up providers to do more.

5. Grant Continuing Medical Education (CME) credits for health care professionals battling COVID-19

In addition to their work to combat the virus, medical professionals must complete Continuing Medical Education (CME) credits. This extra burden is one more duty and expense that falls on health providers as they work to fight COVID-19, which is why it should be paused or credited. State licensing and registration authorities should pause the CME requirements for all health care workers and instruct the boards or agencies to award CME credits for time spent battling COVID-19.



Managing fragile state budgets

1. Enhance welfare program integrity to preserve welfare funds for the truly needy

States must grapple with declining state revenue just as they try to provide more aid to those hit hardest. The department which administers food stamps and Medicaid can do more to cross-check state datasets to verify eligibility for benefits. State agencies overseeing welfare programs should implement program integrity measures in food stamps and Medicaid, such as cross-checking lottery winnings, death records, employment records, and out-of-state EBT transactions, as well as submitting waivers to reduce abuse of “presumptive eligibility” determinations, to reduce abuse of automatic renewals, and to implement fraud lock-outs and biannual eligibility redeterminations.

2. Conduct unemployment system cross-checks to help keep unemployment insurance (UI) trust funds solvent

As unemployment spikes due to COVID-19, and some states enroll individuals in shorter than normal timeframes, it will be critical to ensure that only those who are truly eligible are gaining access to the program. This will help keep the UI fund solvent for the truly needy. State labor departments should cross-check unemployment claims against the National Data Integrity Hub, new hire records, prison records, and related data with other state agencies.



Removing barriers to work

1. Waive occupational licensing fees for the year

Waiving licensing fees for the next year could help people keep their credentials and their jobs. Americans invest a lot of time and money to earn occupational licenses, and late payments caused by the COVID-19 crisis shouldn't lead to losing one's livelihood. State licensing boards or agencies should waive licensing fees for 12 calendar months.

2. Allow professionals subject to continued learning requirements more time to satisfy them

Due to closures and the risk of traveling to fulfill this requirement, state licensing boards or agencies should extend or suspend any continuing education requirements for the professional licenses they govern for, at a minimum, the duration of any public health emergency created by COVID-19.

3. Allow businesses to hire qualified workers needed in this crisis

Manufacturing, transportation, industrial maintenance, and other sectors have scrambled to meet unprecedented demand during the COVID-19 emergency. However, credentialed professionals are currently locked out of the state workforce if their license is out-of-state, preventing skilled workers from filling jobs at the height of need for consumers. State licensing boards or agencies should issue licenses to workers in industries relevant to the COVID-19 crisis who possess an active, unencumbered license from another state.

4. Expedite approval for registered apprenticeship programs needed in this crisis

Registered apprenticeship programs will be critical to filling needs during this public health emergency, allowing individuals to obtain on-the-job training for desperately needed positions like paramedics, licensed practical nurses, truck drivers, ventilation technicians, and others. State apprenticeship agencies should expedite the registration process for employers and other sponsors of apprenticeship programs in response to the COVID-19 public health emergency.



Removing barriers to work (continued)

5. **Adopt flexible work rules to allow more individuals to work from home**

Millions of people across the country are self-employed and work as independent contractors, giving many the flexibility to work from home. Inconsistencies in tax laws can make it difficult for them and people in similar situations to find work. State labor departments should conform to the common law test to determine whether an individual is an “employee,” consistent with IRS regulations, to the greatest extent possible, and work with the legislature to update state laws where necessary to allow flexible work opportunities.

6. **Expand opportunities to start a home business**

With Americans encouraged to stay home, the closing of certain types of business has negatively impacted many individuals’ earning power. Individuals who operate home-based businesses should be exempt from any mandate to, or ban from, doing business within a distributor or wholesaler network. Local ordinances should be preemptively eased within reason. State regulatory agencies should adopt a remedial approach to oversight of home-based businesses aimed at helping keep them in operation. Overly onerous local ordinances, including zoning, should be preempted. Exempt home-based businesses from any mandates to operate, or not operate, through a wholesaler or distributor, allowing direct-to-consumer or direct-to-retailer sales. Waive licensure and inspection requirements during the state of emergency.

7. **Suspend laws that prevent people working from home**

Some state and local governments prevent people from safely working at home through a patchwork of regulations, licenses, and permits. States should suspend laws and regulations that prevent people working from home due to requirements to conduct business under the supervision of a licensed professional or at a designated place of business.

8. **Allow temporary or expiring licenses to remain in place during the emergency**

In order to keep medical personnel treating patients and other important professions operating—as well as to allow workers to quickly start to work again—those with temporary or expiring professional or medical licenses should be extended, barring a complaint or accusation of misconduct. State agencies that oversee licensing should maintain the active status of any license until at least 30 days after the end of the COVID-19 public health emergency, barring disqualifying misconduct by the license holder.

9. **Allow commercial trucking additional flexibility for essential freight movement**

It is critical to keep trucks moving with as little disruption as possible. State transportation departments should adjust trucking regulations, including seeking any necessary permissions from the federal government, related to size and weight such that the conveyance of essential items can be done more timely and efficiently by commercial and public entities to respond to the COVID-19 public health emergency.

10. **Reduce barriers to work for those who fall behind on student debt**

If the only thing keeping someone from working is the fact that they are behind on student loans, then now, of all times, is when they should be reinstated. State licensing boards or agencies should immediately suspend any practice of stripping professional licenses or certifications of individuals simply for being behind on their student loans and immediately restore the professional licenses or certifications of individuals whose credentials were stripped due to student loan delinquency.



Removing barriers to work (continued)

11. Allow licensed professionals who require supervision hours to conduct those virtually

With concerns about providers getting sick while treating patients, flexibility should be given for those in training to obtain supervision in multiple ways. State licensing boards or agencies should issue emergency regulations to allow more avenues for those in training to obtain the hours they need, including permitting virtual time to replace classroom time, and supervision to occur via telephone or video.

12. Hold businesses harmless on their Unemployment taxes and get people back to work

Allowances should be made for employers who make formal offers of at least substantially similar work to at least 85 percent of their laid-off workers within four weeks of the end of the public health emergency and succeed in re-hiring at least 50 percent of those jobs offered. This would help employers return to “business as usual” as quickly as possible, prevent future closures and relocations, and get individuals who were laid off back to work in jobs they already know. State labor departments should lock in unemployment tax rates for 2021 and suspend penalties for claims made during the state of emergency for employers who re-hire laid-off workers after the public health emergency.



Easing the financial burden on families

1. Extend tax filing deadlines to align with new IRS deadlines

Delaying state filing deadlines to match the new July 15 federal deadline will provide businesses and workers a temporary financial cushion to soften unnecessarily deep cutbacks and layoffs. It will also grant them additional time to plan expenditures in light of rapidly changing circumstances. State revenue departments should extend annual and quarterly tax filing deadlines to align with new IRS deadlines.

2. Extend vehicle registration and inspections

Families have been told that avoiding the kinds of lines and crowds at the DMV and inspection stations may save them from COVID-19 infections. Saving them the financial costs associated with such trips, as some states have already begun to do, will help them balance their checkbooks too. States should temporarily extend vehicle registration and inspections until 60 days after the end of the COVID-19 public health emergency.

3. Extend the validity of expiring driver's licenses

Americans struggling to keep their jobs as the COVID-19 public health emergency unfolds should not have to worry about taking time off from work to renew their valid but soon-to-expire driver's license. States should temporarily extend the validity of expiring driver's licenses until 60 days after the end of the COVID-19 public health emergency.



Easing the financial burden on families (continued)

4. Provide flexibility for church and community spaces to support neighbors

Many churches or community centers have facilities that could be used to produce food or other goods to serve the community. These facilities normally require special licenses or permits to be open for such purposes, and additionally may require extensive inspections and compliance from local or state health or food administration agencies. State licensing and inspection agencies should suspend rules that would prohibit churches or other community charitable organizations from producing food or other goods to assist the community.

5. Direct local governments to suspend inspections and permits to the extent possible

The social distancing required by local, state, and federal governments is presenting challenges to securing permits and inspections. States should direct all relevant state agencies to suspend inspections and permits required for the installation of appliances, electrical, HVAC, and plumbing services. Removing these barriers will help residents remain in their homes and protect individuals from contracting and spreading COVID-19 to others. At a minimum, states should direct building inspection and permitting offices to offer virtual inspections or other expedited permitting processes.

6. Waive fees and raise caps for hunting and fishing licenses

Hunting and fishing provide low-cost supplements to millions of Americans' food supplies and provides entertainment that promotes the goal of social distancing. States should waive fees for hunting and fishing licenses through 60 days after the end of the COVID-19 public health emergency and relax or eliminate caps on the number of licenses available for appropriate game and areas where possible.

7. Waive regulations to increase availability of childcare

States have imposed numerous regulations on child care services for various reasons, such as capacity limits and requiring directors to be certified teachers or hold a bachelor's degree. These restrictions drastically reduce the availability and supply of child care services to working families in a crisis like COVID-19. State child care licensing authorities should waive all regulations not essential to minimum standards of safety and health for the duration of the COVID-19 public health emergency.

8. Suspend parking violations that do not impede access to emergency services

Overnight parking rules and parking hour limits pose a problem for those—especially in highly populated areas—who must frequently venture outside to move their vehicles to avoid parking tickets. State agencies and local governments should suspend overnight parking rules and parking hour limits while traffic and commuting patterns are low and freeze fine increases for the next 90 days to the extent possible under the law.

9. Authorize towns and cities to postpone property tax due date

As personal and business budgets are stretched thin, states should allow and encourage municipalities to postpone property tax due dates until later in the year. Municipalities should also waive late payment penalties and extend the deadline for exemptions and deferrals.