



Thomson Reuters Regulatory Intelligence

Health Policy Tracking Service

COVID-19 COVERAGE

June 14, 2021

The COVID-19 pandemic has created unprecedented challenges for healthcare providers and health insurers. The following is a selection of federal and state actions as well as news and analysis articles from the [Health Policy Tracking Service](#) as published in its bi-weekly Snapshots. The selection includes Regulatory Intelligence and Reuters news coverage. More COVID-19 news and information can be found via the [TRRI platform's search facility](#).

Additional COVID-19 resources are also available on the [Thomson Reuters COVID-19 Resource Center](#). For a regularly updated list of U.S. state updates on insurance-sector regulatory changes related to the COVID-19 epidemic, please click on this link: <http://go-ri.tr.com/fuaD4N>.

IN THIS OVERVIEW

FEDERAL AND STATE COVID-19 LEGISLATIVE AND REGULATORY ACTIONS

- State Actions on COVID-19 Issues

OTHER NEWS AND SUMMARIES

- Nursing Homes Among "Safest Places" for Seniors Following 98% Drop in COVID Cases

REGULATORY INTELLIGENCE AND REUTERS NEWS

- Criminal Charges Announced Against 14 in COVID-related Healthcare Fraud Schemes
- HHS Reminds Health Providers and Insurers that COVID Testing, Vaccines Must Be Free

COVID-19 COVERAGE

COVID-19 LEGISLATIVE AND REGULATORY ACTIONS

STATE ACTIONS

Colorado

[2021 CO H.B. 1005](#) (NS), engrossed June 7, concerning the establishment of the Health Care Services Senate Reserve Corps Task Force and making an appropriation.

Connecticut

[2021 CT H.B. 6470](#) (NS), amended/substituted June 1, to ease healthcare access by making permanent certain changes related to home health, telehealth and utilization review in the medical assistance program that were implemented by executive order during the COVID-19 public health emergency.

¹ This COVID-19 Coverage Snapshot was compiled by members of the publisher's staff.

Louisiana

- [2021 LA H.B. 103](#) (NS), enrolled June 8, provides for liability relative to the administration of COVID-19 vaccinations.
- [2021 LA H.R. 107](#) (NS), enrolled June 1, requests the Department of Health to ensure that Medicaid managed care organizations cover and pay for certain respiratory panels.
- [2021 LA S.R. 184](#) (NS), adopted June 6, established a task force to study health care outcomes in this state, with particular emphasis on access to care and the role that physician assistants should play to assist with the shortage of health care providers.

Michigan

[2021 MI H.B. 4667](#) (NS), engrossed June 2, immunizations; COVID-19 vaccination passport; prohibit governmental entity from producing, issuing, or providing an incentive for under certain circumstances.

New York

- Remove an existing regulatory barrier that precludes maintenance reimbursement for residential CSE programs. See [2021 NY REG TEXT 571823](#) (NS).
- To require confirmatory COVID-19 testing in several settings to improve case statistics and contact tracing. See [2021 NY REG TEXT 584716](#) (NS).

Oregon

[2021 OR H.B. 3407](#) (NS), introduced June 8, relating to vaccination against COVID-19; declaring an emergency.

Rhode Island

[2021 RI S.B. 877](#) (NS), amended/substituted June 1, prohibits insurance carriers from charging out-of-pocket expenses to the insured for expenses related to the COVID-19 pandemic and mandates that all COVID-19 testing or vaccination is free.

South Carolina

[2021 SC S.B. 838](#) (NS), introduced June 8, relating to providing health services to minors without parental consent and to prohibit the administration of the COVID-19 vaccine without parental consent.

Washington

- The department is extending the amendment of the rules listed below to ensure nursing homes are not significantly impeded from admitting and caring for residents during the COVID-19 outbreak. These amendments will continue to align state nursing home rules with federal rules that are suspended or amended to help facilitate care during the COVID-19 pandemic. The federal rules were amended to delay the requirement by thirty days for a preadmission screening and resident review (PASRR) screening prior to admission to a nursing home. See [2021 WA REG TEXT 563902](#) (NS).
- The department is amending the rules listed below to assure nursing homes are not obstructed from offering the COVID-19 vaccine to residents and staff because of clinical interference from required tuberculosis (TB) testing. Current state rules specify that nursing homes administer TB testing to residents and staff within three days of employment or admission, unless the person is excluded from testing under the rules. See [2021 WA REG TEXT 584753](#) (NS).

OTHER NEWS AND SUMMARIES

Nursing Homes Among “Safest Places” for Seniors Following 98% Drop in COVID Cases

Data over the past year indicate that U.S. nursing homes are currently “the safest places to be” for frail older adults, who are most susceptible to the virus. According to new data from the National Investment Center for Seniors Housing & Care (NIC), COVID-19 cases at skilled nursing facilities have declined 98% since mid-December (when vaccinations started). In fact, nursing home infections have accounted for just 0.3% of all cases in the U.S. since mid-May.

According to the NIC, the drop in nursing home cases has outpaced the drop in case counts among surrounding populations, which in some areas were on the rise, even as vaccines become more readily available. In December 2020, new nursing home fatalities accounted for about 74% of overall fatalities for older adults over 85 years of age. By April 2021, that share dropped to 28%. Currently, more fatalities are occurring in the general population of older adults over 85 years of age than in those living in nursing homes.²

REGULATORY INTELLIGENCE AND REUTERS NEWS

[Criminal Charges Announced Against 14 in COVID-related Healthcare Fraud Schemes](#)

(Regulatory Intelligence) - The U.S. Department of Justice announced criminal charges against 14 defendants for their alleged roles in various healthcare fraud schemes that “exploited the COVID-19 pandemic” and resulted in \$143 million in false claims.³

“These medical professionals, corporate executives, and others allegedly took advantage of the COVID-19 pandemic to line their own pockets instead of providing needed health care services during this unprecedented time in our country,” said Deputy Attorney General Lisa O. Monaco in a release.

The suspects were charged in 7 federal districts across the United States. Some were accused of using marketers to offer COVID-19 tests to Medicare beneficiaries at senior living facilities, drive-through COVID-19 testing sites and medical offices to induce the beneficiaries to provide their personal identifying information and a saliva or blood sample. These defendants are alleged to have “misused the information and samples” to submit claims to Medicare for “unrelated, medically unnecessary, and far more expensive” tests, including cancer genetic testing, allergy testing and respiratory pathogen panel tests.

When COVID-19 testing was performed, often the results were allegedly not shared with the beneficiaries or their primary care physicians, thereby risking further spread of the coronavirus.

Proceeds from the fraud schemes were allegedly laundered through “shell corporations and used to purchase exotic automobiles and luxury real estate.”

² Beth Mace and Omar Zahraoui, “Nursing Homes Are Now Safe, But Data Raises Questions,” *NIC* (June 2, 2021), <https://blog.nic.org/nursing-homes-are-now-safe-but-data-raises-questions>.

³ Melissa D. Berry, Criminal charges announced against 14 in COVID-related healthcare fraud schemes, Thomson Reuters Regulatory Intelligence (June 3, 2021) at <http://go-ri.tr.com/yZ6tP6>.

"It's clear fraudsters see the COVID-19 pandemic as a money-making opportunity — creating fraudulent schemes to victimize beneficiaries and steal from federal health care programs," Deputy Inspector General for Investigations Gary L. Cantrell of Health and Human Services Office of Inspector General said in a release.

Another fraud scheme involved defendants who allegedly exploited relaxed telehealth regulations intended to increase access to care during the pandemic. These defendants are the "first in the nation" to be charged for allegedly submitting claims for "sham telemedicine encounters that did not occur." These defendants are also alleged to have offered and paid bribes as part of the scheme.

Other defendants were charged for allegedly misusing Provider Relief Fund monies that were included in the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

The Center for Program Integrity, Centers for Medicare & Medicaid Services (CPI/CMS) also announced that it took adverse administrative actions against more than 50 medical provider for their involvement in healthcare fraud schemes relating to COVID-19 or abuse of CMS programs to encourage access to medical care during the pandemic.

HHS Reminds Health Providers and Insurers that COVID Testing, Vaccines Must Be Free

(Regulatory Intelligence) - U.S. Department of Health and Human Services Secretary Xavier Becerra this week reminded COVID-19 vaccination and testing providers that they are to administer COVID-19 vaccines free of charge to patients. The letter also reminded group health plans and health insurers of their "legal requirement" to provide coverage of COVID-19 vaccinations and diagnostic testing without any cost to patients, and that failures to comply can lead to enforcement actions.⁴

Becerra, in a letter to providers, said COVID-19 vaccines and their administration are "free for any individual living in the United States, regardless of their insurance or immigration status." According to the terms of Centers for Disease Control and Prevention (CDC) COVID-19 Vaccination Program Provider Agreement, providers must administer COVID-19 vaccines at "no out-of-pocket cost to patients" and cannot require patients to have additional medical services to receive the COVID-19 vaccination. Providers cannot "charge any type of fee if COVID-19 vaccination is the sole medical service provided."

Becerra acknowledged that providers incur costs when administering COVID-19 vaccines. The letter encouraged providers to "see reimbursement through Medicare, Medicaid, private insurance, or other applicable coverage."

Most group health plans and health insurers are statutorily required to cover COVID-19 vaccines recommended by the Advisory Committee on Immunization Practices of the CDC without cost-sharing by patients.

If providers administer vaccines to uninsured or underinsured patients, they may bill the Health Resources and Services Administration COVID-19 Uninsured and COVID-19 Coverage Assistance Fund programs for vaccine-related fees.

If providers accidentally billed and received payments from patients for COVID-19 vaccine-related fees, those payments should immediately be returned to their patients.

⁴ Melissa D. Berry, U.S. HHS reminds health providers and insurers that COVID testing, vaccines must be free, Thomson Reuters Regulatory Intelligence (June 11, 2021) at <http://go-ri.tr.com/IvdDd3>.

Becerra further said that providers who fail to follow the CDC vaccine program requirements may be reported to the HHS Office of Inspector General for possible enforcement action. Health plans and health insurers that fail to comply with the legal requirements may be reported to appropriate state insurance departments or to the Centers for Medicare & Medicaid Services for possible enforcement action.

The United States had administered nearly 305 million doses of COVID-19 vaccines as of June 10, with approximately 52% of the population receiving at least one dose, according to Reuters.