

Improve Emergency Access to Providers, Prescriptions, and Services

The Centers for Medicare and Medicaid Services (CMS) released [new guidance](#) for states to maximize their health care workforce during the COVID-19 emergency using 1135 waivers. So far, [23 states](#) have taken advantage of these flexibilities. 1135 waivers add emergency options for the state, which can be used to address some of the following emergency-response policies.

Policy recommendations for the state:

Improve access to providers, including efforts to avoid shortages

As the need for health care climbs dramatically in the coming weeks and months, the need for health care providers will become even starker. The state should take steps to increase flexibility for out-of-state practitioners, waive certain screening requirements, and come up with creative incentives and solutions to ease gaps in the health care workforce in Utah.

Utah officials take advantage of these options and [apply for a 1135 waiver](#) to “relax provider enrollment requirements to allow states to more quickly enroll out-of-state or other new providers to expand access to care.”

Add prescription drug flexibilities to improve emergency preparedness

Many individuals are unable to secure more than a 30-day supply of prescription medication, and it is rare to be able to refill prescriptions earlier than a few days before a prescription runs out. Yet, the CDC recommends keeping extra necessary medications on hand, especially during the uncertainties of COVID-19, and while social distancing and isolation are encouraged.

Medicaid should re-examine prescription limits, and consider allowing patients to **obtain higher quantities** (90 days) of certain medications (specifically medications not in risk of supply shortage).

The state should allow **early prescription refills** throughout this emergency to accommodate the CDC-recommended on-hand supply and reduce the risk of individuals running out of their prescriptions. [Fifteen states](#) have already taken this important step.

Medicaid should also cover **home delivery** of prescriptions and medical supplies.

Address emergency medication-assisted treatment for substance use disorder

The state should follow [SAMHSA's guidance](#) and allow patients with opioid use disorder (OUD) to receive up to 28 days of take-home medication to ensure continued treatment during social distancing. Prescribers should be given the flexibility to judge appropriate emergency OUD prescribing. Pharmacists should be required to give Narcan with opioids, especially if dispensing larger quantities than usual.

Relax prior-authorization rules in Medicaid

The state should submit an 1135 waiver to suspend prior authorization requirements for all services offered under the Medicaid fee-for-service program. The state should investigate authority to suspend prior authorization requirements for Accountable Care Organizations (ACOs) since so many Medicaid beneficiaries receive coverage through managed care.

Additionally, the state should apply to extend pre-existing prior authorizations for Medicaid beneficiaries until the state of emergency has ended. These changes will reduce administrative barriers that can keep Medicaid beneficiaries from receiving timely care.

Add temporary housing support to homeless Medicaid enrollees

Utah's homeless population is growing, and this will continue as the economic impacts of COVID-19 worsen. The state should give temporary housing support (six months or more) for Medicaid enrollees who are homeless or who are at risk of homelessness. [Arizona](#) recently requested this authority in an 1135

waiver, and this request is in line with Utah's recent 1115 waiver request to expand housing support for Targeted Adult Medicaid.

Expand services offered for enrollees receiving Home and Community Based Services

Since Utah has a 1915 Medicaid waiver to provide home and community based services (HCBS), the state can amend it during this emergency. The state should take steps to modify benefits and expand eligibility of HCBS services to better meet the needs of these enrollees. [6 states](#) have already received approval to

do so in response to the COVID-19 crisis. The state needs to think creatively about the needs of enrollees receiving HCBS services at this time, including allowing services provided at alternate sites, addressing caps on services, expanding covered benefits, and easing provider qualifications. Utah should follow guidance from CMS to use [Appendix K](#) authority to amend its 1915 waiver.

Build on telemedicine expansion efforts

During the 2020 session, the Utah legislature passed HB313 expanding access to telehealth by increasing covered services. However, the bill was amended during the process, removing provisions that would have ensured out-of-pocket costs for consumers equal to in-person services, and matching compensation for providers. In light of the COVID-19 epidemic, and [updated guidance](#) from CMS, the state should consider revisiting these provisions—ensuring complete parity between in-person and telehealth services and otherwise strengthening and expanding telemedicine as much as possible. There should be clarity ensuring that phone-only visits are covered for patients without video-call capabilities. All telehealth improvements should go into effect immediately.

The Utah Department of Health should build on the work of the legislature and strengthen Utah’s telehealth capabilities right away. The state should work to ensure that providers have the technology and network capacity needed to maximize telehealth during this pandemic and beyond.

Add COVID-19-specific services to Medicaid

There are services that may become crucial during this COVID-19 crisis that are not currently covered, including in-home mental health visits, physical or mental wellness checks, nutrition services, and housing services. The state should use 1915 or 1115 waiver authority and think creatively about what new services may need to be covered during this pandemic.

The bottom line:

During times of emergency, like COVID-19, consumers, prescribers, and practitioners need additional flexibility. The state should act quickly to ensure existing regulations do not barrier access to providers and prescription drugs. The state should utilize various authorities to relax usual rules and build on telemedicine and services within Medicaid to ensure the health care needs of Utahns are being met.