

COVID-19 Crisis Response - Health Policy Solutions

The COVID-19 pandemic is an unprecedented global crisis. Unprecedented challenges require unprecedented actions from individuals and government officials. We must all work together to think big and take appropriate steps to stabilize and recover from the economic and health impacts of this emergency. Utah will overcome this crisis, but we must remember to focus on those most vulnerable in our communities as we move forward.

Utah Health Policy Project (UHPP) is a nonpartisan, nonprofit organization advancing sustainable health care solutions for underserved Utahns through better access, education, and public policy. In our work with health care consumers, we see that navigating the health care system is incredibly difficult, even in the best of times. Increasing premiums and deductibles, bureaucratic paperwork barriers, unexpected benefit changes, and in-network versus out-of-network charges make accessing coverage and care a challenge.

UHPP advocates for policies that improve health care accessibility, like expanded coverage and more affordability. The COVID-19 pandemic crisis is exposing inequities in our health care system and it will make existing problems worse for families in our communities. However, there are still actionable policies the state and federal government can implement to protect the health and safety of our communities—especially those most in need.

During emergencies, the state and federal government have significant authority to implement policy changes within a much faster timeframe. Quality, affordable, and accessible care for everyone is more important now than ever. UHPP recommends the following policy solutions be considered and implemented as soon as possible:

- 1. Improve access to health insurance coverage**
- 2. Ensure robust outreach to increase enrollment**
- 3. Improve access to testing, treatment, and affordable health care**
- 4. Improve emergency access to providers, prescriptions, and services**

Improve Access to Health Insurance Coverage

Access to health insurance is key to ensure that individuals seek treatment for COVID-19 symptoms, thus protecting their health and reducing the severity of community spread of the virus. The state and federal government must do all they can to improve health insurance coverage and encourage enrollment.

Policy recommendations for the state:

Stop the Medicaid work requirement

Utah is the only state in the country enforcing a “community engagement” work reporting requirement. During a pandemic, when public health officials are emphasizing the importance of social distancing, it does not make sense to continue the Medicaid work requirement. Many individuals do not have internet access at home and were told to rely on libraries and public spaces that are now closed. Further, enrollees are just as likely as the general population to catch the novel coronavirus and must be encouraged to stay home, without risking losing Medicaid benefits.

Governor Herbert should act immediately to halt this rule and encourage Utahns to enroll in Medicaid, rather than threaten coverage termination as a penalty for incomplete paperwork.

Importantly, if the state does not lift the work requirement, Utah may be ineligible to receive additional federal Medicaid funding as approved in the [Families First Coronavirus Response Act](#).

Implement self-attestation for Medicaid and reduce paperwork checks

Under current rules, the state has the ability to **waive secondary verification** of eligibility criteria (except for citizenship/immigration status). Allowing self-attestation of income during this public health emergency will reduce the administrative burden for enrollees and for state eligibility workers, greatly simplifying and streamlining the process. The state should limit verification follow-ups to incidents where stated income does not match electronic data sources.

The state should also **reduce the frequency of eligibility checks** during the COVID-19 crisis, allowing Medicaid enrollees to maintain their coverage without continuously proving eligibility. The focus should be on keeping Utahns covered rather than following business-as-usual bureaucratic procedures.

Further, the state should also **implement continuous eligibility** for all Medicaid populations immediately.

Maximize presumptive eligibility, reinstate retroactive eligibility

While Utah is working to contain COVID-19, the state should maximize the authority of qualified facilities (like hospitals and community health centers) to make presumptive eligibility decisions for potential Medicaid enrollees. The Hospital Presumptive Eligibility ([HPE](#)) program currently leaves out the eligibility categories most vulnerable to COVID-19: seniors and disabled enrollees. Expanding presumptive eligibility to all Medicaid population categories could save valuable time and get Utahns covered at the beginning of their treatment - not weeks later.

Likewise, retroactive eligibility is a powerful tool to get Utahns covered quickly while limiting the enrollee's financial burden due to medical bills.

The Utah Department of Health should act urgently to reinstate retroactive eligibility, and use a state plan amendment to expand presumptive eligibility.

Remove all CHIP and Medicaid cost-sharing

In the face of this public health emergency, the state should rethink any barriers to accessing health care. CHIP premiums and all Medicaid and CHIP copays should immediately be halted. Missed premium payment is the number one cause of lost CHIP coverage, and especially in a time of economic crisis, any cost-sharing can be a barrier to maintaining insurance.

The state must encourage Utahns to seek care if needed, and not take the risk of individuals staying home out of fear of the cost. The Utah Department of Health should immediately submit a state plan amendment to suspend all cost-sharing in CHIP and Medicaid.

Policy recommendations for Congress and the Trump Administration:

Increase federal Medicaid funding

Currently, Utah and the federal government share the financial responsibility of the Medicaid program, with the state paying 32% for the traditional population and a 10% share for expansion enrollees. The [Familist First Coronavirus Response Act](#), signed into law March 18th, increased the federal match (FMAP) by 6.2% for the traditional Medicaid population to help states combat increased Medicaid costs. While this is an important step, the [unemployment rate in Utah is climbing](#) and is certain to continue rising. Recognizing that 6.2% will not be enough to fully help states, the rate should be raised by at least an additional 5.8% – 12% total.

The federal government should increase the FMAP for the expansion population as well, and provide a 100% match for newly-eligible individuals. The House "[Take Responsibility for Workers and Families Act](#)" would provide this enhanced funding for the first three years following expanding the Medicaid program,

with a slow phase down to 90% match. This will help the Utah Medicaid program work well for existing enrollees and support the state budget as it covers a growing low-income population.

Create a new open enrollment period for the ACA individual Marketplace

The federal government should authorize an emergency Special Enrollment Period, allowing anyone to sign up for Affordable Care Act individual Marketplace coverage, even without a qualifying circumstance. This will help reduce the uninsured rate, particularly among vulnerable populations.

Expand Advance Premium Tax Credits (APTC) on individual Marketplace

Congress should consider increasing Marketplace subsidies for all income categories, allowing the option of a \$0 bronze-level plan for all enrollees. Eligibility for APTC subsidies should also be expanded, offered to households over 400% of the Federal Poverty Level, increasing affordability for middle class families.

Permanently revoke public charge rule changes

In early 2020, the Trump administration made significant changes to the immigration “public charge” rule. These rule changes had immediate harmful effects on immigrant communities, including a nationwide chilling effect that has caused decreases in Medicaid and CHIP enrollment. In Utah, [Latino children are 3.5 times](#) more likely to be uninsured than other kids. The state is moving in the wrong direction and this places a strain on everyone in our community, especially during a public health crisis.

The Trump administration should permanently repeal each of the newly-restrictive changes to the public charge rule so that every individual living in the United States has safe access to available health care programs without risking repercussions on their immigration status now or in the future.

The bottom line:

Policymakers in the state and the federal government have many options available to improve access to insurance coverage for Utahns facing an unprecedented public health and economic crisis. They should stop all dissuasive tactics, like the public charge rule changes, and eliminate barriers to public insurance programs as a key part of COVID-19 response efforts.

Ensure Robust Outreach to Promote Insurance Coverage and Increase Enrollment

Public programs like Medicaid, CHIP, and the ACA individual Marketplace do not work well unless people know about them. Since Utah recently expanded Medicaid and eligibility has significantly changed in the past year, our leaders should take steps to inform the public on the insurance options available to them. This is important as unemployment is growing, workers are losing hours, and public safety net programs become increasingly key to saving family budgets.

Policy recommendations for the state:

Governor Herbert should direct state officials to maximize outreach and enrollment opportunities

It is in the state's best interest to be proactive in outreach and encourage enrollment into safety net programs like CHIP and Medicaid. Protecting the health of our most vulnerable low-income residents should be the utmost priority.

The state should partner with community-based organizations and the Department of Health's outreach team to build off existing outreach infrastructure and encourage enrollment into CHIP, Medicaid, and ACA Marketplace. Many of these organizations are resource-deprived and the state should provide grant funding for outreach, with departmental contracts available to community-based organizations with direct access to eligible populations.

Social media and traditional media are critical to reaching Utahns right now as everyone works to socially distance. State leaders should build a social media campaign to advertise public programs and increase enrollment. There should also be a traditional media strategy that includes radio, television, and newspaper outreach. The state has conducted successful outreach in the past, with CHIP, for example. Those efforts should be replicated with even more urgency, funding, and reach.

Direct the Department of Workforce Services (DWS) to expand outreach efforts

Community-based organizations, like UHPP's Take Care Utah, are expert in outreach and enrollment and have made significant progress in this area. These organizations are embedded in the community and should be leveraged to make sure vulnerable populations are efficiently reached.

DWS should work with community organizations to update their website and mailers with helpful assistance information, like job search tools and enrollment assistance. Together, these organizations should be creative and proactive in reaching potential enrollees.

The state should include employers as partners in a public assistance campaign strategy

Employers must be leveraged to communicate outreach messages. Our economy is suffering mass layoffs and employers will be the front line communicators with individuals looking for safety net programs. Relaying important information to employees before they exit the workforce is critical. While employers may be aware of COBRA and include it in their termination information, Medicaid, CHIP and Marketplace plans are a much better and affordable option for individuals and families.

Policy recommendations for Congress and the Trump Administration:

Create full-scale Marketplace public awareness campaign

After opening a new Special Enrollment Period (SEP), the federal government should invest in a large-scale federal advertising campaign to inform the public about available coverage options. The federal government should also utilize traditional and social media to reach as many potential enrollees as possible.

This outreach campaign should include updated information on revisions to the public charge rule, and create a public “welcome mat” message for anyone in need of coverage in an attempt to reverse the chilling effect driving immigrant families away from coverage.

New investment in Navigator and outreach programs

The federal government should substantially invest in state health insurance Navigator programs. Enrollment assistance has proven necessary for consistent coverage and helps people understand how to get signed up, but also how to access health care effectively. The federal government should provide substantial new funds to the state Healthy Kids CHIP outreach programs as nationwide CHIP enrollment trends continue to decline. During this crisis, there must be substantial efforts to ensure that children have health care coverage.

The bottom line:

Without health insurance coverage, many Utahns will be unable to afford testing, or treatment, and so they will not seek it out. Robust public awareness of health insurance options is a critical tool in providing

people with options and getting through this public health crisis. Utah must come together - state officials, employers, and non-profit entities - to reach as many Utahns as possible to ensure nobody is left without coverage during this critical time.

Improve Access to Testing, Treatment, and Affordable Health Care

The United States health care industry is largely profit-driven and does not always work on the side of the consumer. During this crisis, elected officials should focus on patient-centered policies, while being cautious of industry tactics to increase costs in health care, especially for COVID-19 testing and treatments, prescription drug prices, and insurance premiums.

Policy recommendations for the state:

Require fully insured plans and PEHP to cover all COVID-19 testing without cost sharing

As passed in the Families First Coronavirus Response Act, individual and group insurers, Medicaid, and Medicare are required to fully cover “[certain](#)” diagnostic tests, including COVID-19 and other respiratory viruses. This is a key step to accurately provide treatment to infected individuals, and an important precedent for testing cost-sharing.

Although there has been vast improvement on testing availability and access, there are still large [shortages](#) of COVID-19 tests in Utah and nationwide. As we’ve seen from [consumer stories](#), a complicated health care system will lead to gaps in testing coverage, despite Congress’ recent bill. While Utah is securing better access to tests, Governor Herbert should sign an executive order to require all individual and group insurers to eliminate cost-sharing for all diagnostic testing.

Require all health insurance carriers to cover all COVID-19 treatment without cost sharing

One of the most valuable protections health insurance gives to consumers is coverage during unexpected emergencies, exactly like COVID-19. Governor Herbert should sign an executive order that requires insurance carriers in Utah to provide full coverage for all COVID-19 related treatment, including emergency room visits, hospitalization, and prescription medication (similar to the coverage of treatment under Medicaid required by the Families First Act).

The state should look to the [District of Columbia](#), [Massachusetts](#), and [New Mexico](#) who have all passed policy to prohibit cost-sharing for COVID-19 treatment and set the example of how states can ensure affordable access to COVID-19 treatment.

Require short term plans and self-insured plans to abide by state COVID-19 treatment regulations

Any resistance from private insurers to fully provide coverage for COVID-19 will [significantly interfere](#) with efforts made to end the crisis. Requiring all insurance carriers to abide by statewide regulations has been difficult in the past. Insurance plans have developed strategies to sidestep federal and state regulations by selling short term, limited (STLD) plans and by becoming self-insured.

STLD plans, or “junk” plans, provide consumers with very limited coverage. They advertise as cheaper, often to targeted groups of low-income people, but are not upfront about consumer liability for unexpected health care needs. They can be extremely dangerous for consumers during a public health crisis and they interfere, generally, with the health system operating efficiently. STLD plans must expand their emergency benefits to cover COVID-19 testing and treatment.

Several insurance companies in Utah have become [self-insured](#), rather than being fully insured. This allows employers to assume more financial risk of their employees' medical claims, but gives more flexibility to cut benefit packages in potentially harmful ways to consumers.

In order to safely combat COVID-19, Governor Herbert should sign an executive order to require all health insurance carriers, including STLD plans and self-insured carriers, to abide by state COVID-19 regulations.

Policy recommendations for Congress and the Trump Administration:

Prohibit surprise billing

Johns Hopkins University published [research](#) showing that, in Utah, 15.5% of emergency room visits from privately insured people result in out-of-network chargers. This is above the national average of 13.9%. The practice of surprise billing is a product of a badly incentivized health care system, and has [proven to increase](#) in-network payments, and overall health care costs. During the COVID-19 emergency, patients may have little, or no, choice over what facility they are taken to, or who provides care for them and Congress should pass legislation to prohibit surprise billing practices.

Prohibit price gouging

The health care system will soon see a huge influx of patients, and consequently the industry stands opportune to big profits. Congress should enforce policy prohibiting inexplicable price increases from any

of the following industry stakeholders: pharmaceutical manufacturers, hospitals, providers, and clinical laboratories.

The bottom line:

No person in the United States should be deterred from seeking necessary COVID-19 related health care because of financial concerns. Policymakers should provide universal access to testing and treatment of COVID-19, while also minimizing factors that contribute to high costs and financial strife, like surprise billing and price gouging.

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.