COVID-19

Analysis & Response

North Carolina Medical Society
Leadership in Medicine

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Introduction

Our state faces one of the defining challenges of our lifetime. The acute respiratory pandemic known as COVID-19, initially dubbed coronavirus and now severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), might have started a world away but it now poses a clear and present danger to many North Carolinians. However, it also provides for all of us – every person in our state –the opportunity to decide how the virus will impact our state and our neighbors. If we act together, effectively, with generosity and compassion, we can and we will come through this crisis a better and stronger place to live, to work and to thrive.

The thousands of physicians and PAs that make up the North Carolina Medical Society (NCMS) remain steadfast in their commitment to this effort and to the Society's mission to improve the health of everyone in North Carolina. This document outlines experiences and priorities of countless physicians, PAs and the healthcare teams who are on the front lines of this pandemic. We hope that it provides you a perspective that is both educational and actionable.

NCMS commends the North Carolina House of Representatives for choosing to work together in a bipartisan approach to develop consensus solutions that are appropriate for the state government to address. The unprecedented challenge that our state and country face requires that we all work together – in our neighborhoods, at our jobs, in hospitals and in government. This crisis is about life and death for NCMS members and all healthcare workers; for all their COVID-19 patients as well as for those family members and close friends who are caring for them.

We strongly encourage the North Carolina General Assembly and all leaders in our state to seek consensus on actions that you choose to take. We will survive this pandemic, but we can relieve suffering for many if we choose to work together and act swiftly. Together, we can position our great state to come through this pandemic ready to continue on the path to improving the lives of every North Carolinian.

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Report Contents:

Note: Due to the unusually short timeline allowed for production, sources are not adequately acknowledged throughout this document. NCMS will provide any source data upon request.

Status Report

The North Carolina Medical Society (NCMS) has been working closely with our partners at the North Carolina Department of Health and Human Services (NC DHHS) as well as NC Emergency Management throughout the preparation and execution of addressing this pandemic. This status report is not meant to replace a full report from NC DHHS or NC Emergency Management, but merely to reflect the professional experience, the perspective and the needs of physicians, physician assistants (PAs) and other healthcare providers working to address this urgent need.

As of the filing of this report, the number of COVID-19 test positive cases had reached 398 in NC. Just this morning, two deaths have been attributed to COVID-19 in NC. Unfortunately, these numbers are expected to grow rapidly, as NC is on the upward curve for disease identification and the resulting outcomes for severe illness. The pandemic has spread from where it initially was identified in more populous counties to more rural counties across North Carolina.

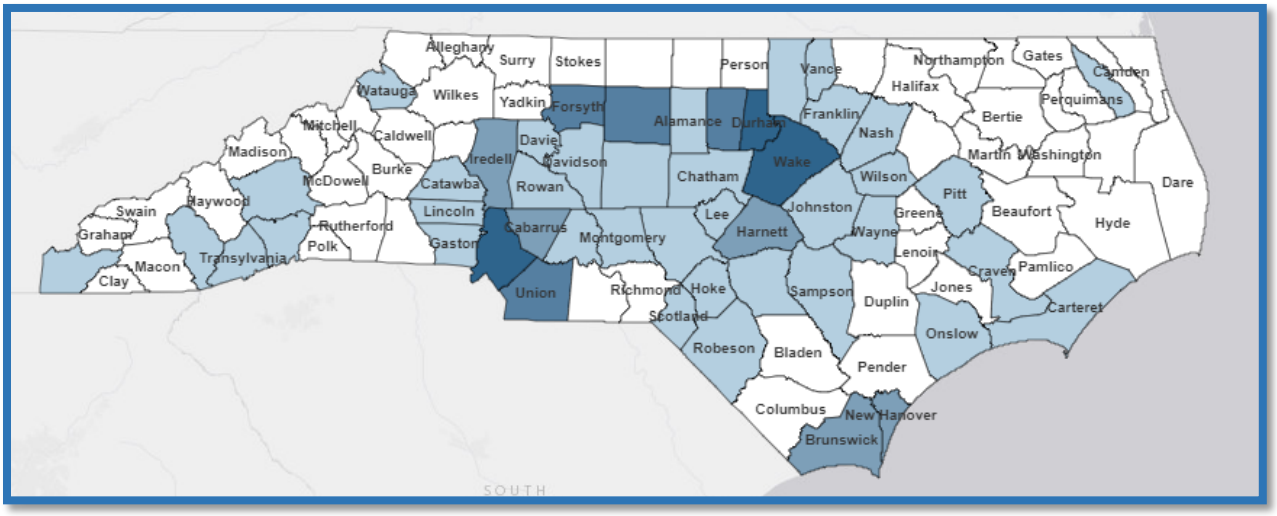

Figure 1. Impacted North Carolina counties according to the NC DHHS COVID-19 Case Count website.

Frontline healthcare teams across NC have been focused on identifying and isolating symptomatic patients with a likelihood of contact with someone exposed to COVID-19. Mitigation efforts have been recommended by NC DHHS and ordered by the Governor to try to get ahead of the potential surge in COVID-19 test positive patients. NCMS supports and applauds the Department's and Governor's actions to date as urgent and necessary tactics to lower the potential peak of patient volume and mitigate its impact on our healthcare system.

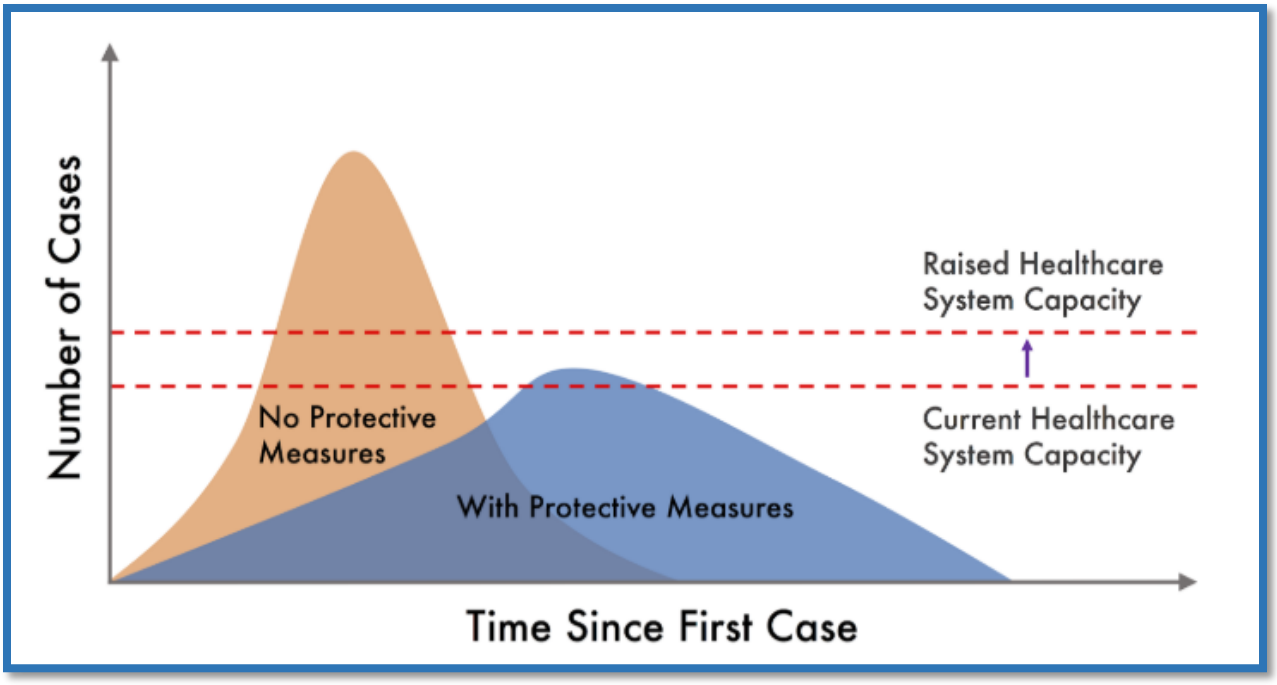

Figure 2. Flattening the curve and increasing healthcare capacity

Even as our state has implemented these tactics, community clinics have been overwhelmed with visits, calls and texts from concerned patients. Physicians, PAs and other healthcare team members have been overburdened by scared and anxious patients demanding testing and looking for ways to protect themselves. Patients have flocked to make shift parking lot triage centers or backdoor access to clinics. This has taxed our frontline offices while they have also been trying to maintain an orderly management of their chronic disease populations, well care visits and usual cold and flu cases. Meanwhile, Emergency Departments have also been managing a volume of potential COVID-19 patients while being swamped with preparation for the impending surge of confirmed patients needing more advanced care.

Community spread (diagnosis without a known contact) has been verified in NC, though presumed for much longer. This will lead to additional measures needing to be implemented to reduce the potential rapid spread of COVID-19. This will require unprecedented cooperation as stated previously by NC DHHS Sec. Mandy Cohen, MD, MPH.

NCMS has been working closely with NC DHHS and other partners. Our physicians' needs have been unprecedented across a larger geographic cross section than they typically face in storm related emergencies. NCMS has also assisted in policy development and distribution of timely updates and medical care guidance changes to our membership.

We have also worked in a coordinated fashion to assist in educating the broader public. The chart below shows a projection of the number of hospital admission requirements that will be necessary without continued mitigation efforts on the part of everyone in North Carolina. Social Distancing and Stay Home campaigns have aided in mitigation efforts. Continued vigilance will be required on the part of everyone. This mitigation management must be accomplished without completely shutting down our economy. Our business partners are essential partners for medical supplies, personal protective equipment and other needed resources.

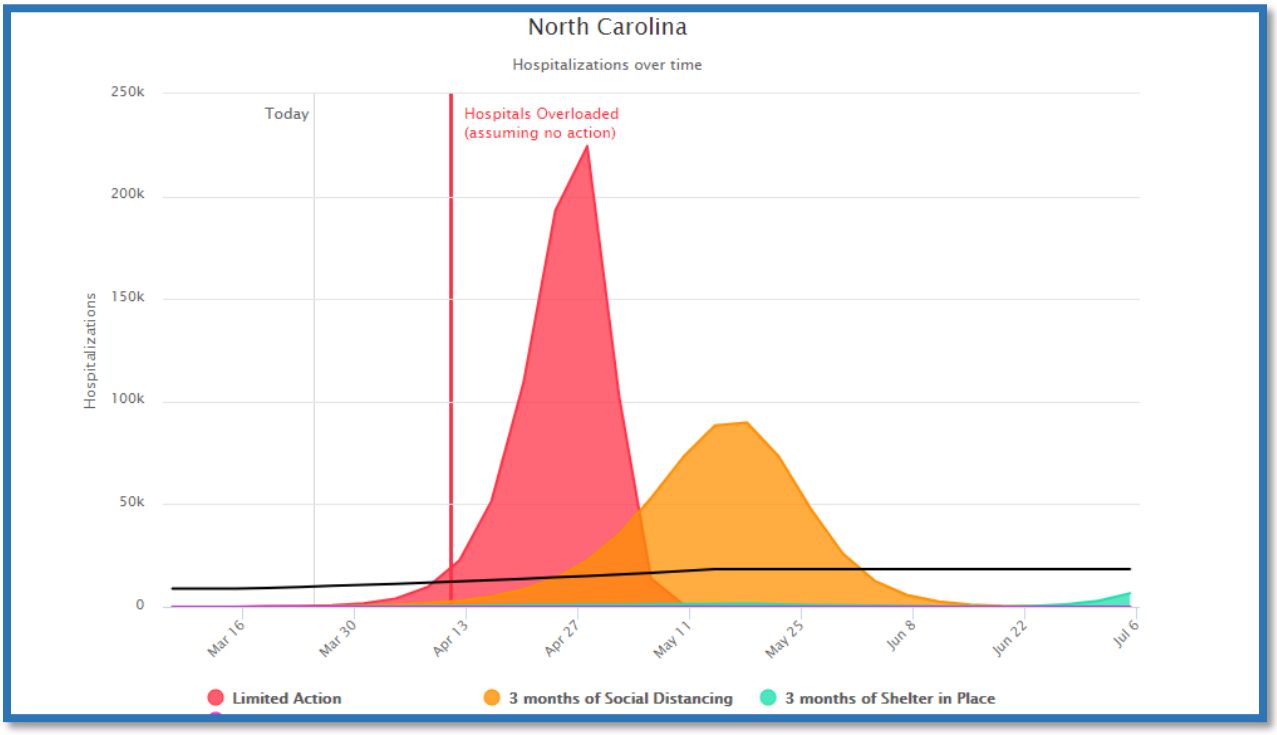

Figure 3. Projections of critical hospital need depending upon community response.

Physician and other clinical practices have been forced to completely change the way they are doing business in the last week. These clinics are taking new but expected precautions while also reformatting how and when they see patients. They are also reorganizing their days to see well patients at separate times from sick patients. Some practices have closed completely as a result of steep reductions in patient visits while others have created mobile triage centers in their parking lots. Still others have redeployed to backfill other healthcare teams. This disruption has been challenging while also providing healthcare teams and staff important lessons that will help them continue to provide quality, safe care in what are often difficult and changing circumstances.

The NCMS Employee Benefit Plan, a Multiple-Employer Welfare Arrangement (MEWA) organized to provide health, dental, life and other benefits to medical practices and their employees, has reported that a number of practices have notified the Plan that they will be reducing hours, furloughing and/or laying off employees during this crisis. Consistent with orders issued by the Governor and in coordination with BCBSNC, the NCMS Plan will provide coverage for covered employees and dependents as long as (i) employers consider them to be active employees during periods of temporary layoffs and/or reduction in hours and (ii) the premiums are paid in a timely manner. We believe this action is appropriate given the circumstances and consistent with other carriers in the market.

It is an understatement to say the COVID-19 pandemic is a stressful time for those who work on the front lines of health care – as well as their families. Helping those in need is rewarding, but also difficult. The result is that health care providers may experience fear, grief, frustration, guilt, insomnia, and exhaustion. Some of the work place challenges they face include:

- Surge in demands – increased volume of patients in need of care with a correlating decrease in workforce, as healthcare personnel may themselves be sick or exposed and unable to work.
- Family and economic stress - including school closures and child care.
- Ongoing risk of infection - Increased risk of contracting COVID-19 and passing it along to family, friends, and others.
- Equipment challenges - Equipment can be uncomfortable, limit mobility and communication, and be of uncertain benefit; shortages occur as a result of increased, and sometimes unnecessary, use.
- Emotional support - Patient distress can be increasingly difficult for healthcare personnel to manage.
- Psychological stress in the outbreak settings.

Now more than ever, it is important that health systems and health care organizations ensure infrastructure and resources that support medical professionals and their care team members adequately. The extreme stress, uncertainty, and often difficult medical nature of the circumstances presented during a pandemic require special attention to the needs of healthcare personnel. We need to help our frontline workers meet basic needs, support their commitment and honor their service.

Challenges

We face unprecedented challenges in our battle with COVID-19. Many of the challenges may already be known and yet many more are surely to be identified. NCMS has identified a number of **primary goals** to guide our analysis of these challenges:

1. **MAINTAIN ACCESS TO UNCONTAMINATED, COMMUNITY, OUTPATIENT PRACTICES FOR THE TREATMENT OF ONGOING ILLNESS AS WELL AS THE REMOTE MANAGEMENT OF MILD TO MODERATE COVID-19 SYMPTOMATIC PATIENTS.**
2. **MAINTAIN VITAL HEALTHCARE INFRASTRUCTURE (PHYSICAL AND MENTAL HEALTH) ACROSS NC TO PREVENT OVERWHELMING THE HEALTHCARE SYSTEM DUE TO COVID-19 OR OTHER URGENT ILLNESS.**

These challenges are not in priority order as they are all important to ensuring that our system of care remains robust and operational over the run of this pandemic.

Personal Protective Equipment (PPE)

PPE is probably one of the most discussed and urgent parts of the crisis for our healthcare delivery teams, though the general public has just recently learned what these letters represent. Many of our NC physician practices have called us this week with questions about continuing to see patients without proper protection only to close later after a team member had contracted the virus.

Everyone on the frontlines of our health care system is making similar, difficult decisions about maintaining the continuity of care demanded of them. These supply challenges are not limited to outpatient settings. Other physicians in healthcare facilities describe experiences of using protective masks and face shields for multiple patient encounters or even multiple days as a result of critical shortages.

Unfortunately, these supply problems will require a multifaceted solution. We should encourage any and all private/university labs, veterinarians, dentists and home builders, to donate masks, goggles, gowns and face shields they may have to their local frontline provider. In the meantime, however, many physicians cannot wait for new masks before caring for their patients' immediate needs. The Federal

Government must release any reserves from its Strategic Stock Pile. Additionally, North Carolina must fashion a way to share existing resources across both outpatient and inpatient settings.

Hopefully, efforts to identify gaps in the communication chain with the state's Emergency Management Regional Collaboratives will help address some supply shortages.

COVID-19 Testing

Testing for COVID-19 is also well documented through media and other sources. An inadequate quantity of tests, ever changing guidelines, lack of proper equipment to conduct testing and the demands of nervous patients have been significant stressors. NCMS members as well as all members of the care team have been pushed to their limits to try to gain an accurate picture of the scope and breadth of this pandemic in NC.

As the virus moves to be acquired through community spread, we will once again need to pivot to a new set of testing guidelines, locations and management. This change is controversial among our membership. Many believe that we need to continue aggressive testing, but tough choices must be made in uncertain times. We continue to rely upon the CDC and NC DHHS for their expert guidance on this matter.

Maintaining Community Outpatient Services

Community practices (private offices, system-based offices and community resourced clinics) have all taken a hit and will continue to feel significant financial pressure in the coming weeks. These financial pressures are in part due to the tax structure utilized in this country to establish physician and other healthcare practices. Cash infusion will be vital during a period of time when normal operations have been dramatically impacted. Cash may be difficult for the State to infuse due to balanced budget requirements, but the North Carolina General Assembly can be instrumental in helping to make sure that Federal stimulus bills include dedicated money for community physician practices.

Additionally, state actions can make a significant impact on the cash flow demands being managed by healthcare practices. Helping to make sure that practices can defer utilities payments for the next three to six months, avoid payment principal on business and student loans by allowing interest only payments during the duration of this emergency and borrow money at zero-little interest for short-term maintenance of salaries, rent and essential medical supplies will determine whether outpatient clinics can remain open or even reopen after this pandemic passes.

This problem will persist with every natural or man-made disaster if we do not start thinking about ways to restructure healthcare practices to retain operational capital without penalty. The current structure

does not incentivize such behavior, in fact it is penalized through our current tax structure. This rethinking will require a collaborative effort between the Federal and State governments. NCMS is working to develop ideas for our elected officials to consider.

Maintaining Emergency and Inpatient Capacity

The most critical action we can all take to help our emergency departments is to slow the spread of the virus through social distancing. It is the tool we must utilize so physicians and the health system can treat patients who desperately need care.

We must maintain emergency room capacity for COVID-19 patients, and patients suffering from other life threatening or urgent conditions. We have seen from other countries like Italy, France, and Spain that the large surge of patients needing care has resulted in too few beds, inadequate equipment supply, and increased risk for all providers. We must do all we can to ensure enough ventilators and bed space for seriously ill patients. According to the Harvard Global Health Institute, coronavirus could result in 10 million to 34 million hospital visits in the United States based on the spike in other countries. Approximately one-fifth of those patients will require intensive care.

We applaud our hospital colleagues for setting up triage areas to reduce the risks of overcrowding and potential exposure to other patients. It is important to note that this virus will cause other delays due to sanitation time of rooms and equipment (examples include: space to assess and treat chest pain, broken bones, labor and delivery). However, hygiene measures in every corner of a large facility, especially waiting rooms, is difficult to enforce at all times.

Establishing dedicated clinics for coronavirus patients could potentially help reduce costs, and better distribution of personal protection equipment. These clinics help keep symptomatic patients away from emergency departments where resources could be scarce. In the middle of this public health crisis it is crucial to consider alternatives that allow flexibility to provide safe, timely, and quality care to all patients.

Health Insurance / Medicaid

Both public and private payers should be required to drastically reduce any and all administrative burdens felt by providers. A streamlined process of standards during this pandemic will greatly aid in physicians/PAs focusing on delivering care to patients instead of dealing with widely differing protocols within the insurance system. NCMS applauds steps taken by NCDHHS to simplify Medicaid, however, all insurance providers issuing the same standards will greatly ease the process of delivering care during this pandemic. This should be across the board and not just for telehealth visits.

Additionally, it is equally important that we consider that emergency public health measures have contributed to a loss of income for consumers and businesses. It is critical that we all work to maintain the security that insurance provides patients when they need it the most. A grace period for copays and payment for coverage is one example of an effort that could aid patients who may need help due to circumstances beyond their control. Additional time to make payments could help patients avoid a coverage lapse or cancellation. We must ensure individuals do not lose their health coverage during this crisis. Insurers should guarantee that patients have access to early refills for prescriptions to enable patients to have all necessary medications.

Mental health service coverage should also be kept at the forefront of all insurers' minds. This crisis will increase the number of patients seeking care due to isolation. Anxiety and fear will exacerbate physical illness as well, so this focus is imperative for us to manage the flow of patients needing urgent care across the outpatient and inpatient spectrum.

Medical Malpractice Concerns

This is an unprecedented time and it calls for unprecedented measures. Physicians and other healthcare providers are being called into action and roles that they are unfamiliar with at best. It is going to take everyone participating outside of their comfort zone to provide the care for a larger population of North Carolinians than have ever presented themselves for care at one time previously.

Because of this, all healthcare workers need additional protections so that they can worry about providing the best care possible under the wildly variable circumstances rather than worrying about if they will be sued later because of their choices. This is a reality unlike anything that we have had to face and the decisions are going to become difficult quickly.

Healthcare workers didn't ask for this scenario. They were thrust into it and they have rushed in without concern for themselves or even their own families. They have stepped up in a time of need and we need to give them that same consideration.

NCMS is examining a number of options to provide physicians and others the space to freely care for those in need without worry about their own personal and professional consequences. Should we expand the scope of services currently covered under emergency medical care to expressly include COVID-19? Should all of those who are caring for our medical needs be given blanket civil liability immunity so long as they do not behave with gross negligence. These are the hard decisions that we must make at a time when we are relying on our physicians, PAs, nurses and countless others to make life or death decisions for us.

Short-term Responses

NCMS favors the following state actions:

1. Support the effort in Congress to include direct stimulus for physician and other health care practices. We estimate that the roughly 8,000 independent practices in NC will need $4 billion in stimulus money over the next six months to maintain essential staffing, facility rental and supply purchase.
2. Require the following payments by health care practices be deferred for the next three months in order to assist in cash flow management;
    a. Utilities bills
    b. Business, mortgage and student loan payment principal
    c. Taxes
3. Mandate uniform telehealth policies in-line with those adopted by Medicaid for administrative simplification and equal treatment for all patients.
4. Assure patients have access to care by mandating all insurance companies to reimburse without regard to network status during the State of Emergency.
5. Allow presumptive eligibility for all COVID-19 related tests and services.
6. Provide blanket immunity from civil liability for the duration of the State of Emergency unless a medical provider acts with willful and wanton behavior (the same standard as currently in NC for an emergency scenario)

NCMS is considering additional recommendations

Additionally, the American Medical Association (AMA) has provided a comprehensive recommendation list that states can consider when addressing this pandemic. NCMS staff have added to the AMA list with feedback from a number of physician and PA specialty societies. This list has yet to be fully vetted by the NCMS Legislative Cabinet or NCMS Board of Directors.

1. Costs for testing

- Prohibit cost-sharing (co-pays, co-insurance, and deductibles) for diagnostic testing (labs) and cost-sharing related to testing including hospital, emergency department, urgent care and provider office visits.
- Prohibit prior authorization for testing and all services related to testing.
- Ensure coverage for testing and related services regardless of network status of the provider.

- Ensure adoption of above policy changes to all plans including high deductible plans, short-term limited duration insurance (STLDI) plans, association health plans (AHPs) and Medicaid plans.
- Require communication to all contracted providers, pharmacies and enrollees of these policy changes.
- Allow flexibility to test pregnant women with symptoms for COVID-19. These patients will be admitted to the hospital and knowing their negative status of COVID-19 could help preserve PPE and allow the patient to be with the baby after delivery.

2. Access to care

Treatment for symptoms of COVID-19

- Suspend any prior authorization requirements that apply to treatment and care related to COVID-19.
- Ensure coverage for the cost of care related to COVID-19 or potential COVID-19 cases without regard to the network status of provider, including no retroactive denials for care, regardless of diagnosis.
- For high deductible plans, cover the cost of care as if deductible has already been met.
- Prevent AHPs, STLDI plans, and non-regulated plans from canceling coverage or refusing to renew coverage based on an enrollee's COVID-19 status.

Telehealth (Medicaid and private payer)

As part of the efforts to address COVID-19 CMS has taken steps to broaden access to telehealth, expanding coverage and making sure telehealth services are paid at the in-person rate. At a minimum we would suggest payers align with these new guidelines.

  - Medicare telehealth coverage and payment fact sheet (PDF)
  - COVID-19 Emergency declaration health care providers fact sheet (PDF)

The federal government has also announced that the Office for Civil Rights (OCR) will not impose penalties on physicians using telehealth in the event of noncompliance with regulatory requirements under the Health Insurance Portability and Accountability Act (HIPAA), thus increasing the types of telehealth technologies physicians can use in their practices.

- Ensure broad coverage and payment for all telehealth services by all plans and payers, including Medicaid, fully insured plans, self-insured plans, AHPs and STLDI plans.
- Temporarily allow coverage and payment for all telehealth modalities, including voice only.

- Suspend requirements that an existing patient-physician relationship must be established prior to the provision of telehealth services.
- Telehealth visits should be treated the same as in-person visits and should be paid at the same rate as an in-person visit.
- Provide coverage and payment of COVID-19-related telehealth services with no cost-sharing (co-pays, co-insurance, deductibles).
- Suspend any restrictions on telehealth, including types of services, originating sites and geographic limitations for telehealth services.
- Suspend annual limits imposed on telehealth services.
- If not already covered, temporarily expand physician's medical liability coverage to include telehealth.
- Ensure patients have access to telehealth from the physician of their choice, if that physician makes it available. Allow physicians to provide telehealth services directly to their patients, without requiring they contract with specific telehealth service.
- Consider additional ways to increase broadband infrastructure to ensure accessibility of telehealth services

Access to medications

- Waive time restrictions on prescription refills and authorize payment to pharmacies for up to a 30-day supply of any prescription, regardless of the date upon which the prescription medication had most recently been filled by a pharmacist. The prescriber should be notified of any refills within 72 hours.
- In the event of a shortage of any drug, waive prior authorization/step therapy if the prescribing provider recommends the patient take a different drug to treat the condition.
- Make expedited formulary exceptions if a patient is suffering from a condition that may jeopardize their health, life or ability to regain maximum function or if the patient is undergoing a current course of treatment using a non-formulary drug.
- Allow enrollees the use of out-of-network pharmacies at the in-network benefit level in the event a shortage of medication occurs at network pharmacies.
- Remove restrictions on the Medicaid preferred drug lists to help avoid medication shortages. This includes ensuring coverage for methadone for Opioid Treatment Programs.
- Loosen requirements around medications that require routine blood work. Many of these medications require consistent treatment and any delay could result in harm.

- Ensure that consultations for ultrasounds are covered via telehealth.
- Ensure payers are covering the cost for remote automated blood pressure monitoring equipment.

Expanding Medicaid coverage

- Expand Medicaid eligibility to 133 percent FPL if the state has not yet opted into Medicaid expansion.
- Expand Medicaid eligibility temporarily to any uninsured state resident with COVID-19 related diagnoses or symptoms.
- Conduct outreach to uninsured populations, simplify enrollment and renewal processes, and expand 12-month continuous eligibility.
- Expand presumptive eligibility and promote 90-day retroactive eligibility.
- Suspend Medicaid work requirements and other barriers that disrupt coverage.
- Seek enhanced federal matching funds for emergency coverage options.
- Expand optional benefits and amount, duration, and scope standards.
- Loosen Medicaid credentialing to ensure access to mental health services.

Prior authorizations

- Minimize barriers to care, including prior authorizations, to ensure there are no delays in care, patients are able to obtain medications easily and quickly, and to ensure rapid transfers from hospitals to less intensive settings.

3. Vaccines (when available)

- Cover the costs of vaccinations with no cost-sharing (co-pays, co-insurance, and deductibles) and apply to all plans including high deductible plans and short-term limited duration plans.
- Communicate above policy to all contracted providers and enrollees.
- Declare all vaccines to not qualify as supplies under the tax definition by the Department of Revenue
- Consider allowing perishable medical supplies like vaccines to be written off if they expire during this pandemic.

4. Enforcement of existing responsibilities/laws

- Verify that networks are adequate to handle the increase in need for health care services, including offering access to out-of-network services where appropriate and at the in-network cost-sharing level.
- Prior authorization on emergency care is prohibited regardless of whether the care is in- or out-of-network.

- Plans, at least, must comply with existing utilization review timeframes for approving requests for urgent and non-urgent care.
- Involuntary Commitment – allow a fax to satisfy the required documents for magistrates.

5. Licensure

- Temporarily allow licensed physicians to practice across state lines. (Note: if considering broad language to include reciprocity for all healthcare professionals, include language clarifying that healthcare professionals are subject to the scope of practice laws of the host state and may not exceed the scope of practice established by their home state.)
- Temporarily allow states to mobilize clinically inactive physicians into the workforce.

6. Workers' compensation

- Volunteer physicians who are not otherwise covered by the workers' compensation laws of the state may be deemed an employee of the state for purposes of making a claim under the state's workers' compensation system.

7. Liability

- Provide blanket immunity for all healthcare workers acting without willful, wanton disregard for human life during this State of Emergency
- Provide immunity from civil liability for any harm caused by volunteer physicians acting in good faith for care provided in response to COVID-19.
- Apply NC's burden of proof in an Emergency scenario (clear and convincing evidence) to this State of Emergency

8. Miscellaneous

- Payers' systems and those of network providers need to be able to bill and process the new COVID-19 billing codes.
- Insurers should submit their plans to meet these requirements to their state Department of Insurance.
- Adopt scarce resource standards currently being considered by NC DHHS.
- Consider the purchase of additional ventilators as a part of the state stockpile for emergency response.
- Create a rainy-day like fund for public health emergencies.

Long-Term Considerations

While we know and agree there is a need to focus on the immediate problems before us related to the pandemic, we also know this is not the last time there will be a natural disaster or unexpected emergency placing extraordinary demands on our health system.

One factor making all those problems more severe, whenever they occur, is the inability of medical practices to establish enough financial depth to survive major interruptions in cash flow. The problem affects the people who work in medical practices across the state, and their patients.

Today, we have physicians statewide who are working to deal with the unprecedented health challenges of the COVID-19 pandemic, but who are also distracted by the collapse of their medical groups caused by business disruptions.

When we've dealt with the problems at hand, we would like to return to the General Assembly with some recommendations to address the long-term financial stability of our medical groups, and the specific steps our General Assembly can take to stabilize this critical resource.

Additionally, a complete debrief of our emergency response needs to be conducted in order to identify and improve coordination and response to the next statewide crisis. This experience has opened all of our eyes to new strategies for coordination, working across industries and opportunities for innovative partnerships to solve previously unknown problems. This is a rare learning opportunity. We must seize this opportunity in order to be better prepared for the inevitable next epidemic or state emergency.

Recommendations

This report covers the situation as we currently understand the status, pressures and needs of front line workers across NC. We are fortunate to enjoy close coordination with many healthcare partners that have enabled us to provide you with this comprehensive analysis. The needs of our health care response will continue to evolve rapidly for the foreseeable future. We very much look forward to working with the NC General Assembly and others to continue the coordinated battle against this pandemic. Please contact us with your feedback so that we can address these problems promptly and efficiently.

While we continue to examine the many proposals outlined in this report, NCMS recommends the following actions for your immediate consideration:

Federal Actions

- Financial stimulus specifically targeted for medical practices to pay for essential staff, rent and medical supplies beginning as soon as possible (identified in the third stimulus bill by the US Senate)
- Personal Protective Equipment distributed immediately through the Strategic Stock Pile
- Telemedicine policies for Federal and ERISA plans in line with State regulations

State Actions

- Cash flow assistance for medical practices through deferral of utilities, loan payment principal and taxes for up to six months
- Low interest or no interest loans for struggling practices in addition to Medicaid hardship payments
- Require alignment across insurer policies for the duration of the State of Emergency to reduce administrative burden and confusion of patient treatment
- Presume Medicaid eligibility for those who are without or have lost insurance because of COVID-19
- Assure timely access to care by temporarily waiving network status as a condition of reimbursement so that patients may see available healthcare providers
- Expand the scope of emergency medical services to include care delivered during the COVID-19 State of Emergency and specifically include COVID-19 as a part of the God Samaritan Statute