

## FEDERAL COVID-19 EMERGENCY ACTIONS

The following details the temporary actions taken in reaction to COVID-19, basis of those actions, expiration date and what action could be taken to preserve such policy change after the public health emergency (PHE) is over. These actions should not be considered legal recommendations.

<b>MEDICARE</b>			
<b>POLICY ISSUE</b>	<b>COVID CHANGE</b>	<b>EXPIRATION DATE</b>	<b>CHANGE TO MAKE PERMANENT</b>
Removed geographic & facility/site limitation	HR 6074	When PHE is over/expires	Statutory change needed. However, “rural” is not defined in statute and CMS could use a broader definition. Precedent for this administrative action taken in 2014. Allowing the “home” to be an eligible originating site for other services beyond ESRD & treatment for OUD with a co-occurring mental health diagnosis would require statutory change. This limitation would also mean ability for hospitals to bill outpatient services when the patient is at home would not be able to continue.
Added additional providers to eligibility list (Including FQHCs/RHCs & Allied Health Professionals)	CARES Act – HR 748/1135 Waiver	When PHE is over/expires	Statutory change needed
Allowed audio-only phone for telehealth services/Increased payment amount	CARES Act – HR 748/1135 Waiver	When PHE is over/expires	Administrative action can be used as “telecommunication system” not defined in statute
Expansion of services eligible for reimbursement	Existing law	When PHE is over/expires	Existing power for CMS to determine what services can be reimbursed if provided via telehealth
In-person requirement for renewal/check-in of certain services such as for home dialysis patients, hospice.	1135 Waiver	When PHE is over/expires	Most appear to be CMS requirements which would allow for changes to be made Administratively
Frequency limitations	1135 Waiver	When PHE is over/expires	Most appear to be CMS requirements which would allow for changes to be made Administratively

Supervision requirements	1135 Waiver	When PHE is over/expires	Most appear to be CMS requirements which would allow for changes to be made Administratively. May still encounter state level policy issues.
Temporary waiver of licensing requirement (must be licensed in patient's state)	1135 Waiver	When PHE is over/expires	Would require statutory change
<b>PRESCRIBING CONTROLLED SUBSTANCES</b>			
<b>POLICY ISSUE</b>	<b>COVID CHANGE</b>	<b>EXPIRATION DATE</b>	<b>CHANGE TO MAKE PERMANENT</b>
Allowing use of live video to prescribe without falling into one of the other exceptions	Existing law – activates when a PHE is declared	When PHE is over/expires	Already existing exception
Allowing audio-only phone to prescribe buprenorphine for opioid use disorder treatment	Current DEA authority	When PHE is over or unless otherwise specified by DEA	DEA authority to continue
<b>HIPAA</b>			
<b>POLICY ISSUE</b>	<b>COVID CHANGE</b>	<b>EXPIRATION DATE</b>	<b>CHANGE TO MAKE PERMANENT</b>
OCR to not fine for violations during PHE	Current OCR authority	When PHE is over/expires	Legislation and/or regulations likely needed
<b>STARK LAWS</b>			
<b>POLICY ISSUE</b>	<b>COVID CHANGE</b>	<b>EXPIRATION DATE</b>	<b>CHANGE TO MAKE PERMANENT</b>
Waiver of certain requirements	1135 Waiver	When PHE is over/expires	Legislation likely needed